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November 29, 2005

Dear Friend,

Hurricanes Katrina and Rita completely destroyed the medical and public health infrastructure of the Greater New Orleans area and much of Southern Louisiana. As a result, the city's residents are bereft of medical care. Many of the residents afflicted with chronic medical conditions and illnesses are experiencing a continuous decline in their health. As they return to their homes and begin to rebuild their lives, they will be further exposed to illness, traumatic injuries, and psychological disorders due to unhealthy environments and continued emotional stress. Medical care is critical to their survival and success and must be brought to bear immediately in order to reduce the morbidity and mortality of the evacuees.

Humanitarian Aid International Consulting, Inc., (HAIC) is a 501(c)3 organization that provides services to a disaster stricken area to ensure that the critical medical infrastructure is in place to respond to, recover from, and mitigate the effects of a manmade or natural disaster. HAIC "fills the gap". HAIC was born out of the need to provide immediate response and intermediate recovery services for healthcare infrastructure damaged as a result of a disaster.

(HAIC) and its strategic teaming partners, in concert with the Louisiana Department of Health and Hospitals (LDHH), will provide a state-wide system of mobile modular primary medical care services to the evacuees. HAIC teaming partners are Southern University System (SUS), the National Consortium of African-American Children (NCAAC), Voxiva, Inc., and Beyond Rx.

HAIC will deploy eight mobile primary care clinics to locations determined by the LDHH. Each system includes a primary care clinic, a mental health clinic dedicated for support groups, a staff housing module with showers and restrooms, and a command vehicle. Each system includes power generation and environmental control. The modular medical systems maintained by HAIC will be staffed by local medical and nursing personnel with external volunteer support. In addition to the medical and behavioral health services, HAIC will provide access to prescribed medications, electronically gather acute and chronic disease surveillance data, and enroll additional patients in Medicaid.

Given the length of rebuilding Louisiana's medical and public health infrastructure, HAIC will commit its services to Louisiana for up to 18 months with LDHH periodic reviews.

HAIC expects to provide approximately 484,000 patient visits per year. The minimum Medicaid cost per visit is \$67.42 for Federally Qualified Healthcare Centers.¹ HAIC expects savings of 43% (or \$29.23) per visit. In addition, HAIC expects to offset that cost by billing Medicaid and third party insurers to provide additional savings. With projected savings the total cost to provide these much needed services is approximately 12.8 million dollars.

¹ This does not include cost for pharmaceuticals, laboratory and x-ray. Source: CareSouth Data Profile, State Budget and Control Board taken from presentation of Dr. Shekar Associate Administrator for Primary Care and Associate U.S. Surgeon General, Health Resource and Services Administration, March 2004

Finally and most importantly, every chronic disease patient that is treated at HAIC facilities translates into uncompensated care savings at the already overtaxed emergency rooms. The average cost for medical care at an emergency room (non-trauma related) is \$295². It is expected that an evacuee who does not receive primary care and appropriate medications will become sick and end up at the ER. Our primary care intervention assures that the majority of these patients never need to visit the ER.

We appeal to you today to assist us in providing this very important service. Your contribution will enable us to deploy, establish and operate our mobile healthcare systems at LDHH pre-determined sites. Your contribution will help support four Walk-up Clinics which can support 46,080 patient visits each. We also provide three Intermediate Clinics which can manage 69,102 patient visits each, and finally, there is one large clinic which can manage 92,160 patient visits annually.

Your contribution of \$30 will enable an evacuee to seek and receive primary health care services, assist them in stabilizing their health, and hopefully enable them to begin to rebuild their lives. As you can imagine, time is of the essence. We need to be on the ground by the end of December so that we can provide these critical and desperately needed services. Your quick response will be greatly appreciated.

It is my fervent hope that you will contribute the funds required to provide these critical medical services. To contribute go to our “How Can I Help” webpage at www.haic1.org to contribute.

Sincerely,



Thyra Lowe
Executive Director

HAIC “Fills the Gap”

² Bamezai, Anil. The Cost of an Emergency Department Visit and Its Relationship to Emergency Department Volume. *Annals of Emergency Medicine*. May 2005.

Post Hurricane Katrina Health Fact Sheet

The Kaiser Family Foundation reports that approximately 1.1 million Louisianans were displaced and over 400,000 individuals lost their jobs as a result of Hurricane Katrina. Numbers are still being compiled regarding the impact of Hurricane Rita. Before the Hurricane, Louisiana was one of the poorest States in the Union and had a 22% uninsured rate. As a result of the Hurricane these percentages have increased exponentially.³

The public health and medical infrastructure in New Orleans and surrounding Parishes is a 100% loss. Currently, there are no hospitals fully operating in New Orleans and Oschner is the only hospital within thirty miles of New Orleans and surrounding Parishes in operation. The only Level 1 Trauma Center for the entire gulf region—Charity Hospital or “Big Charity” is not in operation and may never return.⁴ Current population estimates of returning citizens are varied between 70,000 and over 150,000 for New Orleans alone. Many surrounding Parish citizens never left the area. This is especially true in Plaquemine Parish, St. Bernard and parts of the 9th Ward of New Orleans. As of today, the State of Louisiana does not have a Medicaid waiver (it is stalled in the House of Representatives) and therefore, Medicaid enrollment is not meeting the needs of the newly uninsured and those individuals who were never insured.⁵

The health impact from post traumatic stress disorder (PSTD), mold, and the lack of utilities and potable water only compound these problems. The National Center for Post Traumatic Stress Disorder states that traditionally around 4-5% of natural disaster victims will develop PTSD and many of those develop into Acute Stress Disorder needing major interventions. However, when the disaster is very large and the recovery is prolonged that number can increase to 7% and depending upon age, ability to recover quickly, and exposure to traumatic circumstances as the ones the evacuees from New Orleans Superdome and Convention Center witnessed, these numbers can soar to an even higher percentage of individuals experiencing Acute Stress Disorder. Early intervention is the key to reducing the duration and severity of PTSD.

It is important to note that the public health infrastructure for the State is now broken. Many Federally Qualified Healthcare Centers that provided the majority of primary care for indigent populations no longer exist. The state and local public health employees are overtaxed and have been working long hours since the hurricane. The EMS systems in New Orleans and Hurricane Rita affected areas are working at maximum capacity and the approximately 6,000 physicians (most of whom lived and worked in New Orleans) are either no longer in the area or have left the State.

HAICs visits to Louisiana including an extensive site survey of New Orleans and surrounding parishes highlighted the utter devastation of the region. There are currently only two Air Force Expeditionary Medical Support Teams (EMEDS) one in St. Bernard Parish and one in New Orleans and one Disaster Medical Assistance Team (DMAT) team in New Orleans. These teams are serving the ever increasing returning population.

Both the EMEDS and the DMAT teams are slated to pull-out in the next several weeks which will leave New Orleans and surrounding Parishes without any healthcare whatsoever.

Without intervention, the morbidity and mortality numbers will certainly increase and without immediate intervention may even exceed the original death toll from the Hurricane and flooding. **Most of these deaths and long term illness are preventable if a temporary, comprehensive and integrated primary healthcare system is established.**

³ The Kaiser Commission on Medicaid and the Uninsured Report #7387 page 5

⁴ The Kaiser Commission on Medicaid and the Uninsured Report #7387 page 2

⁵ The Kaiser Commission on Medicaid and the Uninsured Report #7387 page 1

HAIC TEAMING PARTNERS

Southern University

Southern University and A&M College System (SUS) is one of the oldest Historic Black College and Universities (HBCU) and is the only historically black university system in the United States. The system includes five different campuses including New Orleans, Baton Rouge, Shreveport and a Law School and Agricultural Research and Extension Center. SUS has 17,000 students and has been in existence since 1880. SUS offers 86 baccalaureate degrees, 23 associate degrees and 12 certificate degrees. In addition, SUS offers 26 masters' degree, one post masters degree, and 5 doctoral (PhD) programs. The SUS system has an annual budget of over \$200 million dollars and physical assets of over \$380 million dollars. SUS serves as the facilitator and convener for HAIC services in the State of Louisiana.

NCAAC

The National Consortium of African-American Children (NCAAC) is made up of 100 member organizations whose mission is to advocate on behalf of and promote and provide services to African-American children including those who are in poverty, uninsured or underinsured. NCAACs role as a strategic partner with HAIC is to conduct outreach and recruit mental and behavioral health providers to collocate with each of the HAIC medical systems and provide much needed care to the evacuees suffering from post traumatic stress disorder and other underlying psychosocial mental health conditions.

NCAAC working in cooperation with their 100 member organizations have committed to provide outreach and recruit volunteers who are professional psychologists, psychotherapists, licensed social workers and other mental and behavioral health providers to provide medicine management, referrals, and support group services to address the issues of post-traumatic stress disorder, substance abuse, depression and other mental health issues that either existed before the Hurricanes or are now existing or exacerbated as a result of the hurricanes. NCAAC will also provide training for local mental health and behavioral health providers so that they can manage the needs of emergency and healthcare workers who serve the evacuees.

Voxiva

Voxiva provides practical technology solutions that let distributed organizations exchange information and communicate more effectively. By leveraging the web, phone, fax, email and SMS, their information systems enable real-time data collection from the field, data analysis and decision support, structured communication and information sharing. They will maintain all equipment and software and ensure 24x7 reliability. Their customers do not have to install or maintain equipment or buy devices.

Voxiva systems are deployed to track diseases, monitor patients, manage programs, report crime, and respond to disasters across Africa, Asia, the Middle East, North and South America. Voxiva customers include Ministries of Health in Peru, Iraq, Rwanda and India, the US Centers for Disease Control, Food and Drug Administration, Department of Defense, Agency for International Development, Washington, DC Department of Health, the International Rescue Committee and the World Bank. Voxiva has operations in Asia, Africa, South America and the United States.

Pharm Assess, Inc.

Pharm Assess, Inc., is a prescription benefit management (PBM) company established in 1996. They offer prescription card programs and consulting services to self-funded groups, third party administrators, hospice organizations and unions. Their services include on-line prescription claims processing, access to independent and chain pharmacies nationwide, customer service help desk support, formulary rebate management, flexible plan designs, production of member ID cards, maintenance medication programs and client DUR reporting.

In addition, they provide third party assistance for independent pharmacies in supporting contracting with PBMs and other third party payers. Their services offer, maintaining a national network of independent pharmacies, contracting with third party payers, staffing a customer service help desk to assist pharmacy network participants on questions and / or issues regarding third party payers, maintaining a cash card program and reconciliation of third party claims on behalf of pharmacy network participants.