

FOCUS[®]

The magazine of the Joint Center for Political and Economic Studies

A SIMPLE ACT, A GREAT CAUSE

By John Lewis



There are many who may not understand today why December 1, 1955, will long be remembered throughout American history. That was the day a quiet, somewhat shy, 42-year-old African American seamstress named Rosa Parks was ordered to get up and give her seat to a white passenger on a city bus in Montgomery, Alabama. For many years, countless times, all day, every day, all throughout the American South, African Americans had submitted to that humiliating demand. But that one December day, Rosa Parks simply refused to get up. It is true, she volunteered for the local NAACP chapter in Montgomery, but she had not planned to protest that day. She was just trying to get home. She was tired, and she had had enough.

Through that one simple act, Rosa Parks displayed nothing short of raw courage. It was dangerous—very dangerous—to defy the customs, traditions, and laws of racial

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Playfair

While 2005 has been a year with its share of disappointments—one need only reflect upon the dispiriting news of repeated ethical lapses among some members of the U.S. Congress and other national leaders, the disasters inflicted by a string of hurricanes, and the continually mounting loss of life in Iraq—2006, like any New Year, offers the prospect of improvement and progress. Both the difficulties of 2005 and the optimism of 2006 are illustrated by articles elsewhere in this Magazine.

All of us mourned the death of Rosa Parks in 2005. As John Lewis points out in the lead article, the story of Rosa Parks is that of a single act of courage under extremely dangerous circumstances; it is also an act that changed the Nation forever and whose power to inspire each new generation of Americans continues unabated.

Similarly, Ambassador James A. Joseph's interview concerning the Louisiana Disaster Recovery Foundation holds out the promise that finally the Nation and the region will come to grips with the realities of rebuilding, renewing and reinvigorating. There is much that is hopeful in the planning and activities underway for the resurrection of New Orleans and the restoration to a better life of all elements of her population, although these efforts are just at their beginning. There are other reasons to be hopeful about the promise of the coming year. One year ago, in the January/February 2005 edition of the Magazine, Thomas Playfair was introduced in this column. Readers of that issue will recall that the original Thomas Playfair was the legendary Ted Berry of Cincinnati, the first African American to be a member of that city's City Council, its first black Vice Mayor, and eventually its first black Mayor.

Theodore Moody Berry was both a local elected official and a national statesman. Under his leadership, Cincinnati was one of the incubators of the idea of the Community Action Program, which was later adopted by R. Sargent Shriver to be the centerpiece of President Lyndon Baines Johnson's War on Poverty, itself a lynchpin of his Great Society. Ted Berry was called to Washington D.C. to oversee the implementation of the community action program concept on a national basis as assistant director of the Office of Economic Opportunity in the Johnson administration. He also oversaw the establishment and first five years of operation of Head Start, the Neighborhood Legal Services Program, and several other related initiatives.

This past week in Cincinnati another generation of black elected leadership took the stage. A second Ted Berry, the son of the first, was installed as an elected Judge of the Municipal Court of Hamilton County, the Court of general jurisdiction in Cincinnati. Several generations of black leadership, elected, appointed, as well as grassroots, were present in the large ceremonial courtroom in the Municipal Court House there on Main Street. The current Mayor of Cincinnati, Mark Mallory, was present, as was his brother William Mallory, an elected municipal Judge, and their father, the senior William Mallory. The senior Mallory had teamed up with the first Ted Berry decades ago to bring a lawsuit challenging the discriminatory impact of Cincinnati election practices on the ability of black Cincinnati voters to participate fully in the political process.

Among the presiding judges at the ceremony was Nathaniel Jones, former longtime general counsel of the NAACP and now Senior Judge of the United States Court of Appeals. In his remarks, the new Judge Ted Berry acknowledged that he and all of his generation of black leaders stand on the shoulders of the generation of his father, the senior Mallory and Judge Nathaniel Jones. They also stand on the shoulders of Rosa Parks, John Lewis, and a host of others, a number of whom were present in that court room.

The prospect of a new generation of leadership is always a hopeful one. A particular aspect of new and emerging leaders is that they bring enthusiasm, talent, and a new spirit of commitment. When their gifts are combined with the wisdom, competence, and experience of the current generation represented by, among others, the National Caucus of Black State Legislators who met in Washington in December, and the group of black elected officials who will be meeting at the Joint Center in Washington in February, the outlook is particularly promising.

Our challenge for the coming year is to ensure the realization of that promise by working with new, emerging and current leaders to continue the assault on the national problems of race, poverty and injustice. Our goal must be to assure that our Nation realizes, as Congressman Lewis points out in his article on Rosa Parks, that, despite our many apparent divisions, we are—all of us—one people bound on one national journey to a common destination: a place of decency, equity and opportunity, and that either all will arrive together or none will.

Thos. Playfair

Thomas Playfair is a pseudonym for the president of the Joint Center for Political and Economic Studies.

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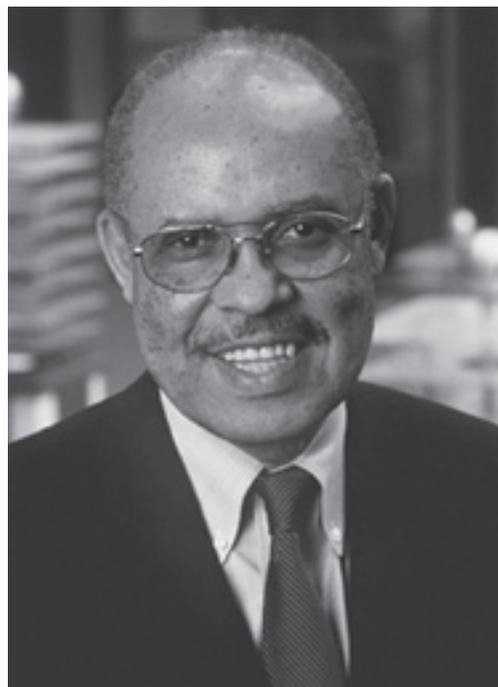
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The Rebuilding Process: Ensuring a Voice for Everyone

An Interview with Ambassador James A. Joseph, Chairman of the Louisiana Disaster Recovery Foundation

The Louisiana Disaster Recovery Foundation was created by Governor Kathleen Babineaux Blanco during the first week following Hurricane Katrina to provide recovery assistance to Louisiana citizens in need through grant making to a network of Louisiana charities, and non-profit and governmental agencies. The foundation is focused on betterment, rather than only relief and recovery; stresses partnerships with local philanthropic institutions; and works to ensure the full participation of all of those affected in rebuilding efforts and the most effective use of public and private funds. LDRF is working collaboratively with partner organizations in the state that are also assisting in the rebuilding effort—the Louisiana Recovery Authority (LRA) and the Louisiana Family Recovery Corps (LRFV).

LDRF is chaired by Ambassador James A. Joseph, founder and executive director of the United States – Southern Africa Center for Leadership and Public Values at Duke University and the University of Cape Town, and professor of the practice of public policy studies at the Terry Sanford Institute of Public Policy at Duke. He has served four U.S. presidents, most recently as President Clinton's Ambassador to South Africa. He has also been president of the Council on Foundations, a senior officer at Cummins Engine Company, and is the author of several books on philanthropy and civil society.



Focus: Ambassador Joseph, although Hurricanes Katrina and Rita are long gone, the affected communities are still attempting to recover from the devastation and destruction left in the wake of the storms. As someone who is working closely with these communities in Louisiana, you are familiar with the situation on the ground. What can you tell us about current circumstances there?

Dr. Joseph: As a result of Hurricanes Katrina and Rita, around 1.5 million Louisiana residents have been displaced. 350,000 of that 1.5 million are in Louisiana, which means that the rest are spread out across the country. They have been displaced to areas in which it is difficult for the state of Louisiana to be in contact with them. Obviously, steps have been taken to be in touch with them. One of the steps is an attempt to do a survey of needs in the places where people are and to develop a core of caseworkers who can help families get the services they need.

When more than a million people are displaced around the country, however, there are going to be implications for

the way that they are proportionally determined for congressional representation. It is projected that Louisiana will lose such a significant number of people that it is likely to lose a congressional seat. It is also projected that Louisiana will lose more than 200,000 jobs this year and next year, and that the state government will lose at least a billion dollars in revenues. At the same time as they are projecting that kind of loss, the state has just received a bill for \$3.7 billion from the federal government for the state's share of the hurricane recovery costs. So there are the policy issues having to do with the shortfall in revenue and the recovery costs that the federal government has put on them, and then add the social needs of all of those people displaced around the country, most of whom are outside the state of Louisiana.

Focus: Are discussions already underway as to how to pay for these?

Dr. Joseph: The governor has just recently proposed ten percent cuts that the state legislature is in the process of debating at the moment. By the time

this issue comes out, they will probably have resolved that. The cuts are across the board in order for them to balance the budget.

Focus: Despite these substantial fiscal hurdles, what has been done to facilitate the recovery and rebuilding process?

Dr. Joseph: The state government created the Louisiana Recovery Authority, which is a body of the government that works with federal agencies to receive and allocate federal funds for rebuilding the state infrastructure. They will also be holding conferences and engaging experts and representatives of the people to get input on how to determine priorities and allocate resources—and here we are talking about billions of dollars that will be coming in for that purpose. In addition to the Recovery Authority, the government set up the Louisiana Disaster Recovery Foundation, which has humanitarian purposes that are very different from those of the Authority. Governor Blanco chose to create a special fund (LDRF) for private donations, called Louisiana's fund for

Louisiana's people, in which the people and their representatives determine the priorities for the use of those funds. A very positive thing is that the government decided to create the foundation as an independent, non-profit organization that represents the people of the affected areas, with a board that is made up of people from all of these areas.

Focus: *Is Governor Blanco coordinating this entire recovery and rebuilding effort or is this more of a collaboration across private and public sectors?*

Dr. Joseph: It is a collaboration. The Recovery Authority brings together all of the parties for collaboration, including the business community. What Governor Blanco has done is remarkable—she has made an effort to make sure that all of the players are involved in all of the deliberations on the rebuilding process. Also, take the Louisiana Disaster Recovery Foundation. The governors of Mississippi and Alabama have a governor's fund for private donations. Governor Blanco decided that the private donations would go into a foundation that was governed by representatives of the people. That is unique. I personally would have hoped that each state would do that.

Focus: *The Louisiana Disaster Recovery Foundation was established in order to support long-term family restoration and recovery, and to provide assistance to citizens in need. How does LDRF provide this support and assistance?*

Dr. Joseph: What we can do as a foundation is to fund the organizations that are working in areas such as education, housing, and health care to ensure that there is good public policy and good private response. We will be identifying those organizations working on relief and recovery that 1) we consider to be doing or to have the potential to do the best jobs; and 2) that are working with people on the ground because we want to make sure that the folks who

have traditionally not had a voice will have a voice. LDRF is a non-profit organization, tax-exempt under the 501(c) section of the Federal Revenue Code, which means that it has to make grants to qualified organizations—that is, organizations that are charities or tax-exempt.

The foundation has just been set up and the money has not yet been transferred from the government to the foundation. That is in process at the moment. We also have to meet all of the requirements

All of us who watched what happened in New Orleans in particular know that to rebuild it the way it was is not sufficient because you simply institutionalize poor people living in underserved poor areas. So we want to make sure that these people have input into how to rebuild Louisiana better than it was, rather than simply rebuilding it as it was.

for a foundation in terms of conflicts of interest, policies for grant making, and all that sort of thing, to ensure that this is not only effective, but transparent and accountable. We have done all of that groundwork and will now be inviting proposals from qualified organizations.

Focus: *Do you see LDRF as having a unique function in the recovery process?*

Dr. Joseph: Yes. Recovery and betterment has to do with the long-term planning and process. All of us who watched what happened in New Orleans in particular know that to rebuild it the way it was is not sufficient because you simply institutionalize poor people living in underserved poor areas. So we want to make sure that these people have input into how to rebuild Louisiana better than it was, rather than simply rebuilding it as it was. LDRF is going to ensure that this happens by funding those organizations that are representative of the people.

Focus: *You mentioned the issue of persistent poverty—the hurricanes*

exposed many problems that are symptomatic of broader, long-term issues that plague this nation, including enduring poverty. How can LDRF work to address such issues?

Dr. Joseph: There is no question that one of the things that came out of this is the enduring nature of poverty. Although it had become invisible to some people, it was suddenly visible again, and there clearly need to be policies aimed at eradicating poverty.

The Recovery Authority will be making recommendations on legislation; they are going to have to consider housing policies, children and family policies, among many others. At LDRF, we will be funding organizations to make sure that the voices on the ground are always a part of these policy deliberations.

Focus: *How has the issue of race come into play during this recovery and rebuilding process? During the weeks following Hurricane Katrina, race was at the forefront of the national debate about failures to protect the country's most vulnerable citizens from the natural disaster, since the bulk of the hurricane victims were black as well as poor. Has the issue of race receded into the background, or do you find that it is still salient in post-hurricane restoration efforts and policy development?*

Dr. Joseph: Given the politics of Louisiana, race always plays a part. People always want to underplay the role of race, but having seen it in visual display, we can see that it is no coincidence that most of the poor people

who were affected were black. Two-thirds of the people affected in New Orleans were black. A problem right now is that only the folks who can get to their homes—the people from the Garden District and the French Quarters, who are predominantly white—have returned to the city. Most of the black people from the Ninth Ward are living in shelters and

The mechanisms that have been set up to deal with relief and recovery are representative of the people and very conscious of the role that race plays in the state and in the country.

trailers, and they are the ones who are displaced across the country. A lot of these people do not plan to return, which will have a significant impact on the way that New Orleans looks after this recovery effort.

But, the governor has done the right thing, at least with this foundation, in appointing people who reflect the diversity of the state so that everybody will have a voice. If I look at the composition of the board of LDRF, which I chair, it is diverse in terms of race, it is diverse in terms of regional representation, and it is diverse in terms of gender. The same is true for the Recovery Authority, which also has a black chairman. I am sure that they will consider the implications of race and poverty in all that they do. So the mechanisms that have been set up to deal with relief and recovery are representative of the people and very conscious of the role that race plays in the state and in the country.

Focus: You have a vast amount of experience in government, business, education, and philanthropy, serving in positions from U.S. Ambassador to South Africa during the Clinton administration, to Under Secretary of the Interior during the Carter administration, to executive director of the U.S.-Southern Africa Center for Leadership and Public Values at Duke University. How is your past experience informing how you approach the challenge of chairing this foundation?

Dr. Joseph: The reasons I agreed to do this are: 1) I am a native of Louisiana; 2) I have established foundations; 3) I have served as president of the Council on Foundations and have written about and fully understand the difference between philanthropy and charity, for instance, or between a foundation and other non-profits. They were looking for someone

who knew about the uniqueness and creative possibility of foundations. I see philanthropy as having the possibility for strategic intervention, whereas charity is immediate relief that people need. To give you an analogy: if a man is drowning, the first thing you want to do is save him—that is charitable relief. But once he is safe, you want to know why he was in the water and why he is likely to go back in the water. That is what philanthropy can do.

Focus: Upon accepting the invitation to serve as chair of LDRF, you said

We now have an opportunity to create a different and better Louisiana. We do not have enough money for the foundation to rebuild Louisiana, but we do have enough money to make sure that the people are at the table.

that you looked forward to helping to transform the disaster that hit Louisiana into an unprecedented opportunity. In what ways do you see this recovery process as a unique opportunity?

Dr. Joseph: The truth of the matter is that Louisiana was not satisfactory the way it was. We all know that now—whether you are talking about education, housing, poverty, or race. People who have gone to other parishes in the state—like the ones who are in Lafayette or the ones from New Orleans who are in Baton Rouge—they suddenly

realize that they are now in a much better educational system than the one they left, for example. And so the ones who return will never settle for things as they were and they will clearly be agitating and advocating for a better and improved educational system. In housing, clearly we discovered that there was a lot of substandard housing and in the rebuilding effort, I think there are going to be pretty high standards in terms of what kind of housing is provided. There are also going to have to be some efforts to attract new jobs for the families whose lives have been altered by the hurricane.

We now have an opportunity to create a different and better Louisiana. We do not have enough money for the foundation to rebuild Louisiana, but we do have enough money to make sure that the people are at the table and at the deliberations where the money really is—the federal funds that are coming into the state. So I see it as an opportunity for the people who have not been at the table—the people who were affected, the poor people—to be a party to these discussions. There is also an opportunity to rebuild the non-profit sector in Louisiana. I hope that the legacy that this foundation leaves whenever it goes

out of business is a strengthened non-profit sector, with some very strong non-profit organizations representing the marginalized and the poor.

Focus: Thank you very much.

This is an edited transcript of an interview with Ambassador Joseph, conducted by Susanna Dilliplane, general editor at the Joint Center, on November 21, 2005.

discrimination and segregation in the South. The Brown vs. Board of Education decision had been issued by the Supreme Court only 18 months before. In reaction, violence and intimidation erupted all across the South, and there was great tension and hate. In August of 1955, a 14-year-old African American boy named Emmett Till had been murdered and mutilated by two white men while he was visiting his uncle in Money, Mississippi.

I believe there is a force—call it God or the spirit of history—that tracks us down and selects us to participate in a cause much greater than ourselves. Rosa Parks followed her own compass that day, and she allowed herself to be used for good. She could have been killed. Instead she was arrested, booked, and taken to jail because she would not give up her seat on a public bus. When the African American community of Montgomery heard what had happened to the demure and beautiful woman they knew as Rosa Parks, the news spread like wildfire. People began to say: “If Rosa Parks can do it, so can I.”

By sitting down, Rosa Parks was standing up, and with her she carried the hopes, dreams, aspirations, and yearnings of hundreds and thousands of oppressed people. She inspired an entire generation to take a stand by sitting-in at lunch counters and restaurants, by standing-in at theaters, by integrating public transportation on the Freedom Rides, and by organizing voter registration campaigns in the deepest and most dangerous parts of the South. It was also in response to Rosa Parks’ protest that a new, young minister named Martin Luther King, Jr. was called upon to be the spokesperson and leader of the movement that would ultimately become the Montgomery Bus Boycott.

Dr. King was reluctant at first. He had had no intention of becoming the lightning rod of a nonviolent civil rights Movement. His childhood experiences in Atlanta had graphically depicted the risks involved in that. He had planned a life as a Baptist preacher in the tradition of his father and only wanted to lead a congregation closer to God. But when Rosa Parks refused to give up her seat, he knew, like every other African American in Montgomery knew, that the time was ripe for action.

There are some who have suggested

that southern blacks accepted segregation, but nothing is further from the truth. They were acutely aware that resisters could be fired from their jobs, evicted from their farms, run out of town, jailed, beaten, and even killed. The appearance of compliance was a key to their survival. But most black people chafed at the chains of Jim Crow, and many were waiting for just the right moment to strike a blow against segregation. Rosa Parks’ refusal to give up her seat presented that long-awaited opportunity.

Her one simple, elegant act ignited a powerful nonviolent movement that changed America forever. She was the spark that lit a bonfire of resistance that had been lying dormant just under the surface of southern life. She has said that her experiences during the summer of 1955 were pivotal to her decision. That July, Rosa Parks had been involved in a school desegregation workshop at the Highlander Folk School in Monteagle, Tennessee. She was inspired during that training by an “atmosphere of equality with members of the other race,” and she said that she was reminded of her own innate worth, of her God-given divinity, and of her inalienable rights as a human being.

Her one simple, elegant act ignited a powerful nonviolent movement that changed America forever.

That reaffirmation of faith formed the basis of her refusal on December 1st. Her work in a civil rights movement founded on philosophical principles and religious precepts assured her that there is a higher law that can be invoked, a higher law that reaches beyond the injustices of humankind to confirm our individual equality and freedom. She determined that day that she would accept mistreatment no longer. She submitted to the leading of her spirit and chose that moment to stay in her seat. When authorities said she would be arrested and taken to jail, she gave them her permission in another statement of liberation. She said: “You may do that.”

Although there had been others who had refused to get up before and others who had been arrested and taken to jail, it was the integrity of Rosa Parks that made her the focal point of black Montgomery’s resistance. She was widely reputed in the

community as a humble, dignified, upright woman. The idea that such a reasonable, respectable citizen could be arrested and taken to jail underscored the injustice of segregation.

Jail was meant for persistent offenders or the incorrigible reprobate, not for a decent, law-abiding neighbor like Rosa Parks. In the mind of her community, she symbolized the vulnerability of even the finest citizen laboring under the senseless oppression of Jim Crow. A sense of righteous indignation spread among 50,000 black Montgomery citizens. Those who had been organized for years and were ready for a bus boycott were joined by those who surprised even themselves by their courage in the moment. The stalwart and the faint-at-heart determined to stand together, inspired by one woman whose life story crossed boundaries that existed even in the black community of Montgomery.

So, when we pay tribute to Rosa Parks, we are saluting more than the mother of the modern day Civil Rights Movement. We are honoring one of the founders of the New America, perhaps ultimately even a founder of the Beloved Community, a true democracy where we can all lay down the burdens of race and class.

The story of Rosa Parks reminds us that we are all one people, one family—the American family, the human family. And she reminds us that the dignified, nonviolent resistance of a single person has power—power to inspire a generation to greatness, power to make presidents, governors, and members of Congress do what is right, even if they had not intended to, and power to ignite the humanity in all of us to answer a higher calling. Rosa Parks teaches us that no matter what the challenge is, even in the face of death, sometimes each of us is beckoned to stand up, speak up, and speak out against the injustice of our day and time. If we do, maybe, just maybe, it might change a nation. And if we are as lucky as Rosa Parks, it might even change the world. □

John Lewis is U.S. Representative for the 5th District of Georgia.

HEALTH REPORT

More than 23 million Americans live in areas where a hurricane catastrophe is not a matter of “if,” but “when.” According to long-time National Oceanic & Atmospheric Administration (NOAA) meteorologist Joseph Golden, the five places in the United States at the greatest risk for calamities and hurricanes are: Tampa Bay, Florida; Mobile, Alabama; Houston, Texas; New York City, New York; Long Island, New York; and Miami, Florida. A fifth of those living in these cities—millions of men, women, and children—are poor, and if the lessons learned from Hurricane Katrina hold true, many will not have the resources they need to save themselves when disaster hits.

Congress and the Bush administration must re-evaluate threats to domestic security and the allocation of resources to FEMA and local jurisdictions in light of placed-based population vulnerabilities. To that end, public health leaders with strong community networks should be included in related decision making processes. African Americans and members of other communities of color, who suffer disproportionately high levels of poverty and the attendant health and socioeconomic disparities, have the most to lose if preparations do not include them—and perhaps the most to gain from effective inclusion in preparedness strategies.

The leaders of the nation’s most diverse and most vulnerable communities must focus on two primary areas as they address issues of preparedness and recovery: public health capacity and communication. These two areas provide the foundation for all other aspects of disaster recovery and community resilience. Both require regional and community collaboration and cooperation, and demand immediate investment in new technologies and training for first responders.

The Hidden Opportunity

The process of optimizing disaster preparedness and response capacity offers unique opportunities for healing some of this nation’s deepest wounds and racial divides. The lack of diversity and equal representation of persons of color in the health care and public safety systems hampers response capacity within

An Inclusive Approach to Emergency Preparedness

By Gail C. Christopher

communities of color. At the time of the 9/11 disaster African Americans constituted only three percent of New York City’s firefighters. Images from Katrina projected far too few persons of color among the first responders and volunteers. Such racial disconnects undoubtedly hampered evacuation and recovery efforts, and local and state governments have a renewed imperative to ensure more diverse health care and public safety workforces. Indeed, effective emergency response requires well-trained responders from diverse backgrounds, as well as proper coordination of at least twelve different agency-based emergency support functions (ESF): Transportation; Communications; Public Lands and Engineering; Fire Fighting; Information and Planning; Mass Care; Resource Support; Health and Medical Services; Urban Search and Rescue; Hazardous Materials; Food; and Energy (Figure 1).

Yet, historic distrust and alienation undermine such cooperation and impede life-saving reactions to official instructions concerning evacuation or quarantines. As predicted by a report issued by The New

emergency response plans? There are public health-community collaborations taking place across the country that can work to strengthen critical components of effective response plans, such as enhanced public health capacities, and to foster higher levels of citizen empowerment and inclusion, and more effective racial and cultural communication.

The 2004 report of the National Association of County and City Health Officials (NACCHO) examines whether collaborations in public health practice and emergency preparedness can work. The report describes the experiences and lessons learned through dialogues held among representatives of five Turning Point Partnerships: the Chicago Partnership for Public Health (Illinois), the Gila River Indian Community (Arizona), Healthy New Orleans (Louisiana), the New York Health and Mental Hygiene Advisory Council (New York), and the Tri-County Turning Point Partnership (Oregon). Launched in 1998, Turning Point Partnerships were specifically designed to transform and strengthen public health infrastructures through inclusive cross-sector collaborations so that states,

Figure 1. 12 Emergency Support Functions (ESF)

Transportation <i>Department of Transportation</i>	Resource Support <i>General Services Administration</i>
Communications <i>National Communications System</i>	Health and Medical Services <i>Department of Health and Human Services</i>
Public Works and Engineering <i>Department of Defense/U.S. Army Corps of Engineers</i>	Urban Search and Rescue <i>Federal Emergency Management Agency</i>
Fire Fighting <i>Department of Agriculture/Forest Service</i>	Hazardous Materials <i>Environmental Protection Agency</i>
Information and Planning <i>Federal Emergency Management Agency</i>	Food <i>Department of Agriculture/Food and Nutrition Service</i>
Mass Care <i>American Red Cross</i>	Energy <i>Department of Energy</i>

Source: Michael Colvard, The Role of the Oral Health Care Professional in Disasters, Disaster Emergency Medicine Readiness Training, Presentation, College of Dentistry, University of Illinois at Chicago.

York Academy of Medicine in 2004—and as demonstrated by the excessive loss of life and property in New Orleans’ Ninth Ward—far too many African Americans were not prepared for the disaster and were unable or unwilling to heed orders from municipal authorities. Many of those who did follow official instructions faced their deepest fears—inhumane and unequal treatment by the authorities that they had trusted.

What does it take to establish and maintain coordinated, culturally responsive

communities, and tribes would be better able to protect and improve the public’s health in the 21st century. Ideally, such partnerships could also serve as catalysts for the new public health emergency preparedness work associated with post-9/11 efforts to enhance homeland security.

At the time of the dialogues, no Turning Point partnership was actively involved in formal emergency preparedness efforts, but all were quick to point out the potential to build upon and work with local public

health-community collaborations in order to develop effective disaster plans. To do this, the emergency planning process would have to include the following:

- State and local government and nonprofit sector leaders would need to promote multiple uses of emergency preparedness funding within public health practices and other practices, especially uses that strengthen communications and the workforce.
- Planners from all agencies would have to work to engage communities during the earliest phases of their planning efforts, using creative outreach and culturally (including language) appropriate mechanisms.
- Representatives from diverse disciplines and communities would need to share many learning and collaborative experiences before an emergency occurred, with inclusive training and simulations. Ethnic media would also need to be part of the “drills,” as they play a key role in reaching diverse communities.

Inadequate Progress

Use of public health-community partnerships may help to accelerate needed progress in disaster planning, especially given the poor progress to date on implementing recommendations of the 9/11 Commission on crucial aspects of emergency preparedness and response. In September 2005, one year after the release of the 9/11 Commission’s report, progress in four key public health areas was ranked unsatisfactory or minimal.

1. Adequate Radio Spectrum for First Responders

First responders still do not have adequate radio spectrum allocation or related technology to ensure communications connectivity among civilian and government authorities. Legislation is pending in Congress that would facilitate progress, but extensive grassroots and community mobilization, education, and advocacy may be required to assure its rapid passage. Such communications failures clearly exacerbated the post-Katrina tragedy.

2. Unified Incident Command System

The use of a Unified Incident Command System (ICS) is essential for minimizing civilian and responder casualties. While some local, state, regional, and federal jurisdictions have adopted ICS, the role of public health-community collaborations has not been clearly delineated and key public health resources have yet to be utilized in emergency plans. Public health-community collaborations are vital to achieving an effective Unified Incident Command System given the magnitude of health issues in first responses.

3. Allocation of Homeland Security Funds Based on Risk and Vulnerability

Katrina forced the nation to broaden its understanding of homeland security to acknowledge the inevitability of hurricanes, flu epidemics, floods, blackouts, and other threats that are not necessarily related to terrorism. This perspective helps to identify places that are at a higher risk for disaster and enables more effective resource deployment.

4. Regular Assessment of Threat

The 9/11 Commission recommended that the

Department of Homeland Security regularly assess the types of threats the country faces to determine the adequacy of government plans, the readiness of the government to respond to the threats that the United States might face, and the progress made to implement plans to protect America’s critical infrastructure.

Post-Katrina failures reflect the unsatisfactory or minimal grades awarded for progress on these four key public health areas. In addition to assessing the types of threats, the Department of Homeland Security should lead an intergovernmental initiative to ensure that inclusive and culturally competent strategies are understood and utilized in order to prevent the creation of a new health disparity among communities of color: greater risk of suffering and death in the event of a disaster.

Conclusion

Disasters, both natural and man-made, reveal the best and the worst of fragile human systems. Governments, infrastructures, regions, communities, families, and individuals are relentlessly challenged during such difficult times. The apparent inevitability of unprecedented disasters, such as category four or five hurricanes and terrorist attacks, must convince this nation’s leaders, particularly those representing communities of color, of the need to better identify and address systemic weaknesses and vulnerabilities in order to effectively plan for emergencies and minimize the loss of human life. □

Gail C. Christopher is vice president for health, women and families at the Joint Center, and director of the Joint Center Health Policy Institute.

52nd Annual Conference of the National Council of Negro Women



Back row (left-right): Dr. Marilyn Gaston, Ms. Barbara J. Sabol, Dr. Beverly Jacques Anderson.
Front row (left-right): Dr. Katura Felix-Aaron, Dr. Dorothy Height, Dr. Gail C. Christopher.

Civil rights icon, Dr. Dorothy Height, called on the Joint Center Health Policy Institute to organize a national town hall meeting on health issues for African American women during the 52nd Annual Conference of the National Council of Negro Women held in Washington, D.C., in December 2005.

Hurricane Katrina had a devastating impact on women of New Orleans and the Gulf Coast region. These women were more likely to be poor and to lack health insurance, and less likely to earn good wages than women elsewhere in the United States. They were also disproportionately African American.

ECONOMIC REPORT

Will It Be a Prosperous New Year for Katrina Survivors?

By Margaret C Simms

Each New Year brings best wishes for everyone. The question is, will they be realized for those who survived the natural disasters of 2005? Throughout the fall of 2005, attention—albeit sometimes incomplete attention—was given to the immediate needs of those who were displaced by Hurricane Katrina and subsequent storms. As time passed, many policy analysts, community activists, and policymakers began to focus on some of the longer-term needs of Gulf Coast residents. For example, organizations such as PolicyLink, based in Oakland, CA, the Economic Policy Institute, based in Washington, D.C., and a national coalition of black social scientists, among others, have issued statements on the principles that must guide the rebuilding process. This long-term focus has also generated proposed legislation in Congress, as well as more detailed policy recommendations from leading research organizations.

“Ten Points to Guide Rebuilding in the Gulf Coast Region,” issued by PolicyLink, typifies the principles espoused by many. From an economic perspective, two of the major principles are key to rebuilding communities in a way that promotes long-term stability and prosperity. First, mixed-income communities need to be developed in order to reduce concentrated poverty and provide better access to good schools, employment, and community amenities. Second, improved employment opportunities should be available for those who wish to return to their communities. In the short term, these opportunities could take the form of jobs created by the rebuilding process. In the longer term, residents should be given access to job training and educational opportunities that prepare them for better jobs. In legislation that reflects these principles, the Congressional Black Caucus introduced a bill in early November 2005, which addresses the immediate and longer-term needs of Gulf Coast residents. H.R. 4197—the Hurricane Katrina Recovery, Reclamation,

Restoration, Reconstruction and Reunion Act of 2005—includes several provisions that focus on the areas identified as essential to a strong recovery for individuals and for communities, such as housing and community rebuilding (Title IV), education (Title V), expanded opportunity and small business (Title VIII), and the eradication of poverty (Title XII).

Building Diverse Communities

Prior to Hurricane Katrina, many low-income residents in Gulf Coast communities lived in areas of concentrated poverty and had to spend excessive proportions of their incomes on housing. As reported in the Economic Report of the November/December 2005 issue of *Focus*, nearly one-half (48.3 percent) of New Orleans residents spent more than 30 percent of their income on housing. According to the Brookings Institution’s Metropolitan Policy Program, over 50,000 of New Orleans’ poor people lived in areas where the poverty rate exceeded 40 percent. Neighborhoods of concentrated poverty are associated with a number of negative factors: high crime rates, poor schools, limited job opportunities, and poor health outcomes.

When Gulf Coast residents were dispersed to other cities following Hurricane Katrina, some policy analysts viewed this movement as a good thing because it gave people the opportunity to move away from areas of concentrated poverty, thereby improving the conditions in which their families lived. A report completed by the Center for Budget and Policy Priorities (CBPP) in November 2005, however, indicates that this rosy picture is not a likely outcome in the absence of specific action by government agencies. In the report, titled “Bringing Katrina’s Poorest Victims Home,” authors Will Fischer and Barbara Sard point out that housing scarcity in the region is likely to increase the cost of housing, both for renters and homebuyers. If market forces are allowed to work, the lowest

income households will end up (once again) crowded into neighborhoods with inadequate housing and paying rents far above 30 percent of their meager incomes. Federal assistance, through the expansion or modification of existing housing programs, is the recommended avenue for alleviating the negative impact of rising housing prices. The authors place little faith in President Bush’s proposed “Urban Homesteading” as a general solution because of the program’s small size and the fact that the neediest households will not be able to become homeowners—at least not in the short term.

Fischer and Sard estimate that about 58,000 households from the eight counties and parishes hardest hit by Hurricane Katrina would need some form of housing assistance. If the 26,000 existing housing assistance vouchers are still available, that would leave around 32,000 in need of assistance. Of that remaining number, just over 10,000 households would be in a position to take advantage of homeownership subsidies. Approximately 16,000 would need rental subsidies. Fischer and Sard recommend an expansion of Section 8 vouchers, both tenant-based and project-based, as the best way to address the housing needs of this very low-income group. In line with this recommendation, the Congressional Black Caucus bill provides for 300,000 additional tenant-based vouchers, which would be available to all eligible persons, rather than just this lowest income group. This would minimize the impact of these newly eligible households on those already on the waiting list. Because tenant-based Section 8 vouchers allow renters to choose their own housing (provided that the landlord will accept the voucher), members of these households will have a wider range of housing choices and could move to more diverse communities.

Employment, Training, and Education

Employment is clearly a prerequisite for residents to be economically viable in their rebuilt communities or in the communities to which they have migrated. As of late 2005, however, many displaced residents had not made successful

transitions to new employment. The Economic Policy Institute's analysis of Bureau of Labor Statistics (BLS) data reveals that unemployment rates were in the neighborhood of 50 percent among evacuees who were still away from home two months after the hurricane hit the Gulf Coast. According to BLS data, unemployment rates for all evacuees—both those who had returned home and those who were still displaced at the time of the survey—approached 25 percent overall and over 40 percent for African Americans and Hispanics. For those who were back home, the unemployment rates were much lower for all groups, with rates for African Americans and Hispanics virtually the same as those for non-Hispanic whites (see Figure).

Having a job, however, does not necessarily translate into a living wage. Employment in New Orleans and in many other parts of the Gulf Coast is dominated by tourism (i.e., hotels and restaurants), especially among people of color. A return to jobs in this industry is not likely to lead to increased economic opportunity. Poor job opportunities in the Gulf Coast, and in New Orleans in particular, are related to three factors: low educational attainment, overall lack of job availability, and discrimination. In metropolitan New Orleans, the proportion of residents with college degrees lags behind the nation as a whole. According to the Brookings Institution, this metropolitan area ranked 80th out of 100 large metropolitan areas in terms of educational attainment in

2000. Lack of education, however, does not tell the whole story. A Joint Center analysis of trends in high-tech employment, for example, shows that the share of these jobs held by African Americans in New Orleans was disproportionately low, even after adjusting for their lower educational levels. It is not clear whether this is the result of discrimination, lack of access to job networks, or transportation problems. Because these types of jobs tend to pay higher wages, it is important to identify the barriers for African Americans in these occupations.

What is clear is that bringing jobs back to New Orleans and other affected areas is a prerequisite for generating better job opportunities. The New Orleans area showed much slower growth than the nation as a whole over the past three decades and many of the higher-paying jobs—in the longshoreman and oil industries, for example—had stagnated in recent years. The Brookings Institution outlines a strategy for identifying growing industries in the region and attracting them to the affected areas. In addition to job creation strategies, however, more targeted policies that address the problems of low-income residents and people of color will be needed, including revised and expanded job training programs and better transportation systems. Policy recommendations include tying the local job training system more closely to the jobs available (Brookings) and designing transportation systems that allow those without automobiles to access

employment outside their neighborhoods and downtown areas (PolicyLink). These recommendations dovetail with more general recommendations promoted by those in the workforce development field, and by smart growth and regional equity coalitions.

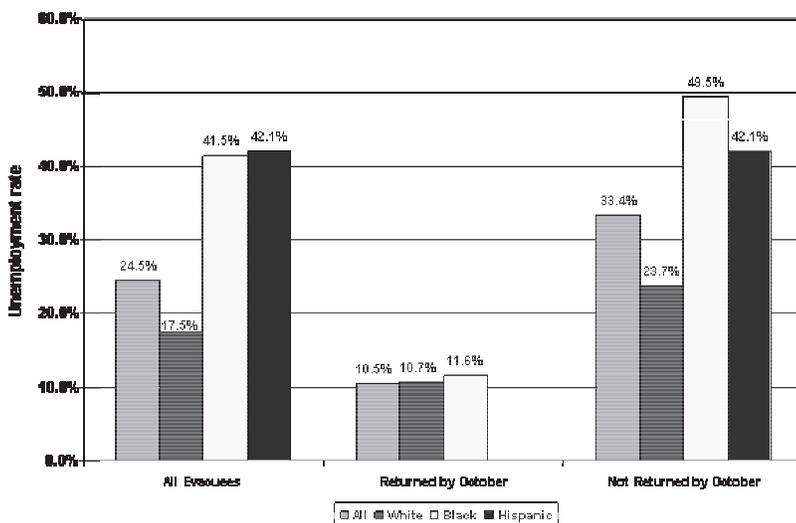
The CBC bill requires federal hurricane reconstruction contractors to provide apprenticeship and pre-apprenticeship opportunities, and to hire at least 40 percent of their workers from the local community. These two requirements would not only provide short-term employment, but would also upgrade the skills of many of the workers, providing them with long-term advantages in the job market. In a recent briefing paper released prior to the legislation, the Institute for Women's Policy Research responded to similar proposals to engage local residents by recommending that special attention be given to the inclusion of women in these programs, as they are often the major breadwinners in low-income families.

Beyond Katrina, Rita, and Wilma

The proposed Congressional Black Caucus legislation is comprehensive in its approach to addressing the many problems and needs of Gulf Coast residents. If it is passed, however, its long-term legacy will arise from the final section of the bill, which calls for the eradication of poverty within ten years and asks the President of the United States to present a plan to achieve this goal within six months of the adoption of this legislation. Such a plan, if well designed and fully executed, would enable U.S. residents to better protect and support their families, both in good times and in times of disaster. □

Margaret C. Simms is vice president for governance and economic analysis at the Joint Center. For additional information on PolicyLink, <http://www.policylink.org/EquitableRenewal.html>; the Economic Policy Institute, <http://www.epi.org/content.cfm/bp166>; the statement of black social scientists, http://www.epi.org/content.cfm/webfeatures_viewpoints_rebuilding_new_orleans; the Center for Budget and Policy Priorities, <http://www.cbpp.org/11-2-05hous.htm>; the Brookings Institution, http://www.brookings.edu/metro/pubs/20051012_neworleans.htm; the CBC legislation, <http://thomas.loc.gov/>; the Institute for Women's Policy Research, <http://www.iwpr.org/pdf/D464.pdf>.

Unemployment rates for Hurricane Katrina evacuees, October 2005



Source: Economic Policy Institute, *Economic Snapshot for November 9, 2005*, based on Bureau of Labor Statistics special tabulations from the Current Population Survey, Oct. 2005. http://www.epi.org/content.cfm/webfeatures_snapshots_20051109

POLITICAL REPORT

Hurricane Katrina: Health Impacts in Louisiana and the Federal Response to the Loss of Health Coverage

by Marsha Lillie-Blanton

The unprecedented devastation wrought by Hurricane Katrina has sparked a national conversation about poverty, race, and the government's response to Americans in times of need. The storms caused massive damage in three of the poorest states in the nation—Louisiana, Mississippi, and Alabama. Images of African Americans, left in the New Orleans Superdome and Convention Center to fend for themselves in squalid conditions, provide a chilling reminder of the inequalities that persist in the United States. Katrina has focused our attention on the intersection of issues of race and class, which define opportunities in America in ways that fundamentally affect most health and disease outcomes.

It is no surprise that Katrina's impact on individuals was closely linked to their economic conditions. Before Katrina, 40 percent of African Americans in Louisiana had incomes below the federal poverty level, compared with 13 percent of whites (Exhibit 1). While initial relief efforts focused on food, housing, and the reopening of businesses, recovery efforts are now beginning to address the many public health challenges created by the storm and floods, including cleaning up environmental hazards and rebuilding the public health infrastructure. This article focuses on Louisiana, where the flooding destroyed much of the infrastructure of one of its major cities, New Orleans.

Katrina's Impact on Health and Medical Services

Katrina's impact on public health is just now beginning to be systematically assessed. Louisiana is a state with a unique culture and a rich history—and also has one of the poorest health profiles in the nation. The hurricane multiplied the health care needs of Louisiana residents, while damaging the capacity of the health system to meet those needs. People with chronic health problems (such as diabetes or kidney disease) or who are exposed to contaminants in the water, air, or soil may have the most immediate medical needs. Equally challenging will be the mental

health needs that arise from the emotional trauma associated with the loss of a home, the death of a family member, or extended separation from one's family.

The storm that destroyed homes and businesses did not spare hospitals and clinics. Unlike many other states, Louisiana has an extensive network of public hospitals that care for the poor and uninsured. Before Katrina, Charity Hospital in New Orleans, called "Big Charity," was one of the

largest and oldest continuously operating public hospitals in the country. Now it has suspended operations altogether, as have several other hospitals in New Orleans. Clinics and hospitals in other parts of Louisiana are facing the challenge of accommodating an increase in patients, many of whom are uninsured.

Racial Disparities in Health and Health Coverage

Katrina is likely to widen racial disparities in health and health care. On measures of health status for infants, adults, or the total population in Louisiana, African Americans fare poorly compared with whites (Exhibit 1). For example, African

Exhibit 1. Health and Health Coverage - Louisiana and the United States

	Louisiana	United States
Total Population in Thousands (2004)	4,516	293,655
Demographics		
Percent Living in Poverty (2003-2004)		
Total	22%	17%
White	13%	12%
African American	40%	33%
Hispanic	18%	29%
Other	26%	19%
Health Status Indicators		
Infant Mortality (per 1,000 births), 2001		
White	6.5	5.7
African American	14.4	14.0
Adult and Adolescent AIDS Case Rate (per 100,000 population), 2004		
White	9.2	7.7
African American	65.8	73.9
Hispanic	27.8	26.8
Mortality from All Causes (per 100,000 population), 2002		
White	933.0	828.9
African American	1204.9	1085.7
Other	440.0	508.0
Health Coverage of the Non-Elderly		
Percent Uninsured (2003-2004)		
Total	21%	18%
White	17%	13%
African American	28%	21%
Hispanic	NSD	34%
Other	NSD	19%
Percent with Medicaid (2003-2004)		
Total	16%	13%
White	9%	9%
African American	27%	25%
Hispanic	NSD	22%
Other	NSD	13%

Notes: 1) NSD – Not Sufficient Data; 2) Data on mortality for all causes are age-adjusted; 3) In the analysis of poverty, a family is defined according to their health insurance unit, which groups individuals according to insurance eligibility, rather than by relatedness or household. In 2004, the federal poverty level for a family of three was \$15,067.

Source: Kaiser Family Foundation, www.statehealthfacts.kff.org; U.S. Census.

Americans in Louisiana have an age-adjusted mortality rate that is 30 percent higher than whites and approximately 10 percent higher than African Americans nationally. In Louisiana, the adult and adolescent AIDS case rate is seven times higher for African Americans than for whites. These statistics mirror national comparisons by race, but they demonstrate the extent of the health needs of African Americans who have been displaced and traumatized, and who are now trying to recover from Katrina.

Hurricane Katrina has increased the number of people who are impoverished and uninsured, while jeopardizing health care resources previously available to medically underserved populations. Before Katrina, African Americans were 50 percent more likely than whites to be uninsured in Louisiana (28 percent of blacks versus 17 percent of whites), even with about a quarter (27 percent) of African Americans covered by Medicaid. The fact that African Americans have lower rates of job-based coverage than whites accounts for part of the racial difference in coverage. This gap could narrow or widen because so many people—black and white—who were displaced by Katrina have lost employer-sponsored insurance coverage, as well as their jobs, and have been added to the uninsured population. In addition, evacuees once enrolled in Louisiana's Medicaid program may find themselves in the ranks of the uninsured in the states to which they relocate.

Federal Responses to the Loss of Health Coverage

Several states, including Louisiana, have looked to the Medicaid program to address the health needs of people affected by Katrina. The loss of health insurance coverage is, without question, only one of many problems facing Gulf Coast evacuees, but considerable evidence suggests that health insurance affects a family's financial well-being as well as access to quality care.

It is unrealistic to expect impoverished evacuees or the states in which they now reside to cover the costs of their medical care. Just as the federal government is expected to contribute to long-term reconstruction efforts, a federal role is now needed to ensure that public health and medical care needs of Katrina's victims are addressed.

Both the Bush administration and Congress have developed proposals to provide temporary coverage to Katrina survivors. The administration developed

a Medicaid waiver template for states with evacuees that provides for Medicaid coverage and uncompensated care assistance for evacuees. Twelve states now have Medicaid waivers to assist Katrina survivors. In September 2005, bipartisan legislation (S.176) was introduced in the Senate to extend Medicaid eligibility to Katrina survivors. Hearings were held, but the Senate took no action. In November, all 42 House members of the Congressional Black Caucus introduced Katrina recovery legislation (H.R. 4197), which calls for an extension of Medicaid coverage and for federal payment of private insurance premiums. Hearings were not held on this bill; however, the budget reconciliation bills passed in November by the House and Senate both include increased federal Medicaid financing for victims of Katrina.

One of the major advantages of using Medicaid for the purpose of helping Katrina survivors is that the funds follow each Medicaid beneficiary, which is useful given that so many evacuees are currently residing outside of Louisiana. One of the concerns about using Medicaid is that, as a federal/state program in which states pay a share of the costs using a matching formula, the Medicaid formula may need to be adjusted to assist states in providing the required funds.

An issue brief from the Kaiser Commission on Medicaid and the Uninsured (KCMU) identifies several options for addressing the challenges of using Medicaid as a vehicle for temporarily assisting Katrina victims without health coverage, including:

- *For the three states most directly affected by Katrina (Louisiana, Mississippi, and Alabama), the federal government could: (a) obtain legislative authority to pay 100 percent of the costs of Medicaid coverage for those who are impoverished or displaced, but who are still living in those states; or (b) pay 100 percent of the costs of coverage for all Medicaid beneficiaries in these states, whether they were displaced by Katrina or not.*
- *For the states of refuge, the federal government could finance 100 percent of the costs of Medicaid enrollment for evacuees who relocated to those states.*
- *Since many poor adults without dependent children would not qualify for Medicaid under current rules, the current limits on program eligibility could be adjusted so that Medicaid covered all individuals displaced or impoverished by Katrina.*

- *Given the potential urgency of certain medical needs, states could develop a streamlined enrollment process similar to that used for the disaster relief program in New York after 9/11.*

These options, discussed in greater depth in the KCMU issue brief, could help to address the challenges that states face, as well as those facing Katrina survivors as they attempt to regroup and rebuild their lives. Although congressional negotiators may reach agreement on options that are less expansive in scope than those discussed here, relief efforts that build upon the Medicaid program are the most efficient way of financing the health care needs of low-income Gulf Coast residents affected by Katrina.

Conclusion

Hurricane Katrina foreshadows what could occur if and when another geographic area with a sizable population historically disadvantaged by race- and class-based inequalities faces a disaster comparable to this storm and its aftermath. The reverberations of the storm across the country provide an opportunity to see the shortcomings of a health safety net with state-specific boundaries. It is in the nation's interest to address the health care and coverage needs of Katrina survivors with limited economic means.

Over a million Louisiana residents were displaced by Katrina, including an estimated 400,000 New Orleans residents. Some will return to their home state to rebuild; others will relocate elsewhere. This extraordinary migration will affect the health indices of Louisiana as well as those of the states that become the new home of evacuees. While federal assistance is not the only way to address the health care and coverage needs of people affected by Katrina, it is a more sensible approach than expecting state governments to bear the full costs or allowing those who have suffered so much to endure further hardship. □

Marsha Lillie-Blanton is a vice president for health policy at the Henry J. Kaiser Family Foundation. The views expressed in this paper are those of the author and do not necessarily reflect the positions of the Foundation. For information on the issue brief from the Kaiser Commission on Medicaid and the Uninsured: <http://www.kff.org/uninsured/7387.cfm>.

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Cleaning Up Toxic “Time Bombs” Left Behind by Katrina

by Robert D. Bullard and Beverly Wright

Management of Hurricane Debris – Lessons Not Learned

Before rebuilding and reconstruction in New Orleans and the Gulf Coast can begin in earnest, mountains of debris and toxic waste must be cleaned up and disposed of in an environmentally sound way. Hurricane Katrina toppled offshore oil platforms and refineries, sending shock waves through the economy—the most noticeable effects of which were felt by consumers at the gas pump. Hurricanes Katrina and Rita temporarily closed all oil operations and most natural gas operations in the Gulf region, which supplies 29 percent of U.S.-produced oil and 19 percent of U.S.-sourced natural gas. Katrina caused six major oil spills that released a total of 7.4 million gallons of oil, or 61 percent as much as the 11 million gallons that leaked into Alaska’s Prince William Sound from the Exxon Valdez in 1989.

The storm hit 60 underground storage tanks, five Superfund sites, and 466 industrial facilities that stored highly dangerous chemicals before the storm. Katrina also disabled more than 1,000 drinking-water systems, leaving a trail of “toxic soup” in the sediments deposited all along its path. The American Water Works Association (AWWA) estimates that repair and replacement of the water supply infrastructure alone will cost approximately \$2.5 billion.

The “Katrina Cough” – A Symptom of a Larger Health Threat

The Environmental Protection Agency and the Centers for Disease Control and Prevention report that Katrina left behind “a complex array of environmental health problems” stemming from polluted floodwaters, broken sewage treatment systems, oil and chemicals, pesticides, toxic sediments, sludge, and lead and arsenic in the soil. Before Katrina, New Orleans was struggling with a wide range of environmental health concerns, including an old housing stock with significant amounts of lead paint. More than 50 percent (some studies estimate around 70 percent) of children living in the inner city neighborhoods of New Orleans had blood lead levels above the current guideline of 10 micrograms per deciliter, which is defined as the “level of concern” by the Centers for Disease Control and Prevention. Childhood lead poisoning in some black neighborhoods in New Orleans was as high as 67 percent.

Environmental health problems related to environmental exposure were hot-button issues in New Orleans long before

Katrina’s floodwaters emptied out the city. The location of New Orleans on the Mississippi River Industrial Corridor increased its vulnerability to environmental threats. Dozens of toxic “time bombs” along the petrochemical corridor—the 85-mile stretch from Baton Rouge to New Orleans—made “Cancer Alley” a major environmental justice battleground. Dirty air also resulted in high asthma rates and frequent visits to emergency rooms by both children and adults.

Health officials are now seeing a large number of evacuees afflicted with “Katrina cough,” an illness believed to be linked to mold and dust. Individuals who normally do not have allergies have been coming down with the illness. It is especially worrisome for people with health problems—such as AIDS, asthma, and other serious respiratory illnesses—who may re-enter their homes. Molds are not just an irritant; they can trigger episodes and set up an infection when normal immune systems are weakened. Individuals with such weakened immune systems can develop life-threatening infections.

Generally, government air quality tests focus on toxins, such as benzene, in areas where Katrina caused oil spills. The government does not have regulatory standards for either indoor or outdoor levels of mold spores. Independent tests conducted by the Natural Defense Council (NRDC) in mid-November found dangerously high mold counts in New Orleans air. The outdoor spore counts in most flooded neighborhoods tested by NRDC—including New Orleans East, the Lower Ninth Ward, Chalmette, Uptown, Mid-City, and the Garden District—showed levels as high as 77,000 spores per cubic meter at one site in Chalmette, and 81,000 spores per cubic meter at another site in the Uptown area. The National Allergy Bureau of the American Academy of Allergy and Immunology considers any outdoor mold spore level of greater than 50,000 spores per cubic meter to be a serious health threat. Mold spores are known triggers of asthma attacks, and they will likely exacerbate existing health disparities between black and white populations. For example, African American children are three times more likely than white children to be hospitalized for asthma and five times more likely to die from asthma than white children. Although African Americans represent 12.7 percent of the U.S. population, they account for 26 percent of asthma deaths.

Katrina left behind an estimated 22 million tons of debris. More than half of this debris (12 million tons) is in Orleans Parish. In addition to wood debris, EPA officials estimate that 140,000 to 160,000 homes in Louisiana may need to be demolished. These homes include over one million pieces of “white goods,” such as refrigerators, stoves, and freezers, which require disposal. An additional 350,000 automobiles must be drained of oil and gasoline and then recycled; 60,000 boats may need to be destroyed; and 300,000 underground fuel tanks and 42,000 tons of hazardous waste must be cleaned up. It will take at least a year to complete the clean-up.

Weeks after Katrina struck, the Louisiana Department of Environmental Quality (LDEQ) allowed New Orleans to open the 200-acre unlined Gentilly Landfill so that construction and demolition waste could be dumped there. Federal regulators ordered this unlined landfill closed in the 1980s. In November 2005, just four days after environmentalists filed a lawsuit to block the dumping, the landfill caught fire.

LDEQ officials insist that the landfill meets all standards. Some New Orleans residents, however, question the suitability of dumping Katrina waste in the old landfill. They point out that this same method was used in 1965, when New Orleans opened the unlined Agricultural Street Landfill and buried debris from Hurricane Betsy. Two predominantly black New Orleans subdivisions, Press Park and Gordon Plaza, as well as Moton Elementary School, were built on a portion of the 95-acre landfill site, creating a “Black Love Canal.” The Agricultural Street Landfill became a Superfund site in 1994 due to toxic contaminants such as metals, polycyclic aromatic hydrocarbons (PAHs), volatile organic compounds, and pesticides.

Cleaning Up and Clearing Out

The Army Corps of Engineers is charged with cleaning up miles of sediments laced with cancer-causing chemicals, toxic metals, industrial compounds, petroleum products, and banned insecticides, all of which are currently concentrated at levels that pose potential cancer risks or other long-term hazards. Much of the contaminated topsoil on which 110,000 of New Orleans’ 180,000 flooded homes sit can be scooped up and replaced with clean soil. Cleaning up the muck that seeped into houses, however, is a major challenge.

The environmental clean-up problem is complicated by both the economic reality that many homeowners may not have the resources to rebuild and the political reality that some New Orleans interest groups do not include all of the city's neighborhoods in their clean-up and rebuilding plans. Rebuilding schemes that allow African American neighborhoods, such as the Lower Ninth Ward, to undergo minimal clean-up or be "yielded back to the swamp," while ensuring that similar low-lying white areas are cleaned up and rebuilt, represent a form of "ethnic cleansing." This issue has heightened the anxiety level among Lower Ninth Ward residents and middle- and upper middle-income African American residents in New Orleans East neighborhoods, who want to return home.

Conclusion

A racial divide is apparent in the way that the U.S. government cleans up toxic waste sites in the nation. White communities see faster action and better results than communities in which blacks, Hispanics, and other minorities live. This unequal protection often occurs whether the community is wealthy or poor. Katrina survivors have a right to know what the government is planning regarding the clean-up of contaminated soils, airborne cancer-causing agents, and household mold in storm-affected areas. A major environmental justice concern is precisely how and when contamination in neighborhoods is cleaned up. It is important that government officials not repeat the mistakes made in 1965, when the debris from Hurricane Betsy was disposed of in an African American community—later to become the Agricultural Street Landfill Superfund site community.

Planning for a "smaller and more upscale" New Orleans is taking place at the same time that the U.S. Department of Housing

and Urban Development (HUD) tripled the size of the Orleans-Jefferson renewal community zone, a designation that gives tax breaks to businesses that locate in economically stressed areas. The renewal community zone is authorized to expand from the current 50,000 residents to as many as 200,000. The expansion will provide millions of dollars in tax credits, deductions, and financing options for businesses, and will encourage businesses to hire and train local workers. It is not yet known who will benefit from this expansion since Katrina wiped out up to half of New Orleans' 115,000 small businesses. It is clear, however, that shrinking black New Orleans neighborhoods—resulting from lower clean-up standards, and prohibitions on housing and residential development in "low-lying" areas—translate into shrinking black wealth, black votes, and black political power.

Policy Recommendations

Enforce Existing Environmental and Health Standards

The EPA should uniformly enforce current environmental laws. Clean-up standards should not be weakened or compromised in low-income and minority neighborhoods. Allowing waivers of environmental standards could compound the harm already caused by Katrina and undermine health protection of the most vulnerable members of our society.

Enforce the Environmental Justice Executive Order 12898 to ensure equal funding, equal clean-up standards, and equal protection of public health in minority and low-income communities

The EPA, the Federal Emergency Management Agency, HUD, and the Army Corps of Engineers need to enforce the Environmental Justice Executive Order 12898 during the clean-up and rebuilding process

in the Gulf Coast region. For the next 24 months, these entities should submit a monthly report to Congress on their compliance with this executive order in order to ensure that minority and low-income communities do not receive disparate treatment.

Independent Environmental Testing and Monitoring

Because of the loss of trust in government, especially among African Americans and other vulnerable groups who were left behind, independent testing and monitoring of the water, soil, sediment, and air in the affected areas is needed, using the best testing technology and methods available. These independent tests must provide an assessment of current contamination levels, as well as continuously monitoring these levels.

Healthy, Clean, and Safe Schools for Children

It is imperative that schools and the land on which they sit are safe, clean, and free from health threatening contamination. Existing schools and school grounds should be tested and remediated to reflect the most protective existing clean-up guidelines set by the EPA. Repairs, rehabilitation, and construction of new schools should use the best "green-building" materials and technology to ensure maximum energy efficiency, as well as healthy indoor air and natural light for improved learning. Studies show that children learn faster and do better on standardized tests in classrooms with more daylight.

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