

Dear Colleague:

In the still-terrible sequelae of hurricanes Katrina and Rita that will remain with us for many years to come, it's worth pausing for a moment to consider the role of a philanthropy such as the Robert Wood Johnson Foundation in responding and in helping to ensure that the devastating human effects of such an unprecedented national disaster are an artifact of the past and present rather than of the future.

Surely our first obligation is to join with others to help relieve the suffering and address the enormous, almost unfathomable, health and human services needs of the multitudes displaced and laid low by the storms. As I'll describe shortly, we're deeply engaged in that essential work of philanthropy in helping those "on the ground" in the Gulf region put lives and systems back together.

But as we've learned so starkly in the past weeks, simply restoring or ameliorating eroded, debilitated systems that have systematically failed the most vulnerable among us just won't suffice. We must do far better than that, and it is the unique role of philanthropy to be a catalyst for transforming systems, like our dysfunctional systems of public health at the local, state and federal levels, to protect and succor all Americans, but especially those in greatest need. We cannot expect the private sector, which we have seen do so much so quickly to help the people of the Gulf region, to take on such a responsibility over the long haul. Nor can we expect those government agencies and their public officials who are usually focused on short-term relief, to take the lead on massive long-range challenges like the ones we face in the Gulf. Philanthropy can and should be an agent that catalyzes the long-term painstaking commitment that must be made if we and our children, and their progeny, are to see positive, transformative change and put our rhetoric into practice. But an important part of our catalyzing has been drawing together those institutions, including government, to commit to the long term sustained rebuilding of the debilitated systems that were in dire need of transformation even before Katrina and whose needs are so great that their continued existence is in doubt. That will be the subject of future communications with you, but for now let me explain what RWJF has been doing to be responsive to the suffering of the those who remain in the Gulf region and those who are caught in this national diaspora.

In this, as in most natural disasters, the poor, minorities, and other vulnerable peoples were severely affected with little or no resources to tide them over. Evacuees from the storm were transported to communities across the nation for shelter, care and resettlement. The severity of the damage means that many will not be able to return for months or years if at all.

The Robert Wood Johnson Foundation immediately began to assess the situation to determine ways to help provide relief and support. The initial focus was on the rescue and relief effort. As many of our grantees have repeatedly told us, this foundation doesn't always move with the greatest alacrity, but in the case of Katrina, we acted with record-breaking speed in getting resources to where they needed to be. In the first days after the storm hit, grants totaling \$1.5 million were given to the American Red Cross and the Salvation Army to support the social service relief provided to evacuees. Services included shelter, clothing, food, financial support, and reunification for displaced family members. An additional grant of \$1 million was made to the Centers for Disease Control Foundation, which is authorized by Congress to assist the CDC with its mission to respond to the public health needs of affected communities. In addition to its role of providing CDC teams on the ground with needed resources that were difficult to obtain within the federal system on a timely basis, the CDC Foundation reached out to state health departments in Mississippi, Louisiana, Alabama and Texas to identify urgent needs. Requests were made through the CDC emergency operations center and verified by CDC field staff. The grant supported activities such as supplying medications for displaced people in Louisiana and Alabama, providing equipment for health department staff to set up operations in impacted areas and vaccinations for health department staff from other states going to Louisiana.

After the initial phase of the disaster, RWJF focused on near-term recovery, supporting the work of groups that are performing assessments of the mental health, substance abuse services and primary care needs in the affected communities. Grants will be made on an as-needed basis to local community based service organizations to help with the replacement of equipment or supplies as well as the delivery of services. We have made grants to support efforts of faith based organizations in Louisiana, Mississippi, Alabama and Arkansas and have supported a matching grant fund to help restore the network that coordinates and delivers supportive home and community-based services to older persons and their caregivers in the affected communities.

RWJF program officers and RWJF National Program Offices assessed the needs of grantees in the involved areas and those impacted by large numbers of evacuees, and we have provided grants to serve elderly evacuees in Houston and Atlanta. Additional grants will be given to assist other current and former grantees in responding to the needs of their communities and maintaining effective programs.

Since Katrina came ashore, foundation staff have been actively engaged in making personal contributions of time and

money. Many staff have participated in volunteer activities in their home area or in the affected states.

Our work is now focusing on the longer term recovery in Alabama, Louisiana, Mississippi and Texas. We will allocate \$10 million over three years to support this recovery. This work will focus in four areas:

- 1) **Vulnerable Populations:** The needs of vulnerable populations will be met with a special focus on mental health and substance abuse services. Networks of service delivery will need to be restored and reconnected with people who had used those services in the past. Attention will need to be focused on filling gaps in providing post-traumatic stress disorder treatment for survivors in the impacted areas and those who were evacuated.
- 2) **Public Health Infrastructure:** Work in this area will include restoring a system of preventive services at the local level through governmental and non-governmental systems. In addition, support will be needed where gaps appear in the public system of providing health care services to the poor in rural and urban settings.
- 3) **Healthy Rebuilding:** The extent of the devastation will require the restoration of communities throughout the Gulf region. In many areas entire communities will need to be rebuilt. This presents an opportunity to rebuild those communities in a way that promotes rather than impedes health. There is a strong evidence base that has been created, in part, by RWJF on how to build healthier communities. We will be seeking opportunities to provide local leadership with the resources they need to use this knowledge in the rebuilding efforts.
- 4) **Recovery of Health Records:** As a result of the destruction caused by the wind and water of Hurricane Katrina, millions of medical records were destroyed. Entire medical record departments of hospitals and provider offices were wiped out. As those providers restore their operations, support will be given in partnership with federal, state and local governments and other private and philanthropic organizations using currently existing health information technology.

As our hearts and our hands continue to go out to those so deeply affected by the storms of August and September, we are looking forward to the months and years ahead, to when we can say that Katrina represented a true sea-change that caused us to transform a region, and the nation, for the better. I look forward to your comments as to how we might do that.

Sincerely,

Risa Lavizzo-Mourey, M.D., M.B.A  
President and Chief Executive Officer