



## **Improved Health Care and the Rebound of the New Orleans Vietnamese Community after Hurricane Katrina**

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Ten years ago, Hurricane Katrina struck the Gulf Coast and left behind unparalleled devastation. As the levees failed in New Orleans, most neighborhoods were flooded, including New Orleans East, home to the majority of the city's Vietnamese-Americans. Like other groups in the city, Vietnamese New Orleanians faced numerous challenges on the road to recovery. Slowly but surely, they have rebuilt a remarkably vibrant community – aided by already strong community ties and shared experiences of overcoming previous adversities as immigrants from a war-torn land. In some ways, the Vietnamese community today is stronger than it was before Katrina – and improvements in access and utilization of health care are part of the brightening picture.

### **Health Care for the Vietnamese Community before Katrina**

The majority of Vietnamese immigrants in our study reside in Versailles, a close knit village in New Orleans East located a good 15-mile distance from downtown New Orleans. Before the hurricane, the city's health care system was already straining to provide necessary services to its population – including to the Vietnamese community. Nearest to Versailles was Methodist Hospital. With 306 beds, this hospital along with Chalmette Medical Center and Lakeland Medical Center, served a population of approximately 200,000, including the Vietnamese.

Among the Vietnamese New Orleanians themselves, language limitations, cultural beliefs, limited transportation options, and financial constraints either prevented many from getting health care or prompted others to want care from providers who share their background. Only two such providers were located in the community pre-Katrina. In our data, two out of five respondents had strong Vietnamese cultural preferences. More than one-third of working-age adults did not have health insurance; a significant proportion did not own a house prior to the hurricane. Despite such barriers, slightly more than two-thirds of our respondents had obtained routine health care in the year before the hurricane – care to deal with physical health problems. Reported mental illness was rare – for example, just five percent in our sample reported suffering from depression post-Katrina – and access to mental health care was virtually non-existent.

### **Ups and Downs After the Hurricane**

Hurricane Katrina destroyed the health care system along with homes, businesses, and other vital facilities. People in the New Orleans Vietnamese community had one of the highest rates among ethnic groups of returning to the city after the disaster, but with virtually no access to nearby health care. The nearest emergency facility was Tulane hospital, 15 miles away, and only one of the two Vietnamese doctors remained in the community. Given all of this, overall health care utilization by the local Vietnamese declined in the year after the hurricane. But at the same time, disparities in health care access by education, home ownership and health insurance coverage were actually reduced by one year after the hurricane, compared to what those August 26, 2015

disparities had been previously. How could inequalities decrease with so much disruption?

We argue that such reductions in inequalities soon after the disaster – reductions which proved temporary – did not happen because of any immediate improvements in health care services. Nor did individual health care practices improve. Instead, reductions in health care inequalities among the Vietnamese happened because of the emergency influx of free health care services to meet urgent needs of survivors in the months following the hurricane. However, as the emergency eased, free health care services were no longer widely available. By 2007, routine health visits among the Vietnamese had dropped, reversing the earlier reductions in disparities in access to care we saw soon after the hurricane. Also, utilization of mental health care services remained non-existent, despite signs of declining mental health status for Vietnamese residents in the years after Katrina. Health care providers we interviewed mentioned signs of mental illness among the Vietnamese, who may not complain directly because of a perceived cultural stigma attached to mental illness. Our interviews revealed that there is, indeed, a high level of public stigma attached to mental illness and mentally ill people among Vietnamese Americans.

## Major Achievements Ten Years Later

As we commemorate the 10th anniversary of Hurricane Katrina, the Vietnamese of New Orleans are now enjoying much better access to primary health care. Several Vietnamese doctors and pharmacists are now working in the area, and quality primary care is available at a new community health center, opened in 2008 in the partnership between the Mary Queen of Vietnam Community Development Corporation and Tulane University. These facilities offer Vietnamese much better access to care. The health center was among the first that Tulane helped opened as part of its initiative to build a full system of neighborhood-based primary care in New Orleans. The center has recently moved to a newly constructed building within easy walking distance from the community, and it offers extended hours and Vietnamese interpreters. Psychiatric services are also offered, a new priority for the Vietnamese community. A little further away, Methodist reopened as New Orleans East Hospital nearly a decade after Katrina, with 80 beds serving 160,000 nearby residents. This is a much lower capacity compared to Methodist hospital prior to Katrina, but still a benefit for people in New Orleans East. New health facilities are doing tremendous work far beyond initial revival goals for this part of New Orleans.

Many community characteristics grounded in culture and immigrant experience have contributed to the recovery of Vietnamese Americans in New Orleans, but perhaps more important is the increased community engagement and mobilization within the community. Several community-based organizations were established or strengthened as a result of the disaster, notably Mary Queen of Vietnam Community Development Corporation, Vietnamese American Young Leaders Association and Vietnamese Initiative in Economic Training. Successes like the closure of the Chef Menteur landfill in 2006 and the election of the first ever Vietnamese American Congressman in 2009 point to a strong political voice of the Vietnamese in the city. There is little doubt that the Vietnamese will be better prepared to continue addressing mental and physical health needs and meet the challenges ahead.

**Read more in Mai Do, Nhu-Ngoc Pham, Stacy Wallick and Bonnie Nastasi, "Perceptions of Mental Illness and Stigma among Vietnamese Populations: Findings from a Mixed Method Study." *Journal of Immigrant and Minority Health* 16, no. 6 (2014): 1294-1298; and Mai Do, Paul Hutchinson, Kathryn Mai, and Mark VanLandingham, "Disparities in Health Care among Vietnamese New Orleanians and the Impacts of Hurricane Katrina." *Research in the Sociology of Health Care* 27 (2009): 301-319.**

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