Hurricane Katrina: "a speaking sight", or, washday in Durant

This is how the situation stood: the government apparently had plenty of warning, but "all was kept very private"; then they acted "as if they had had no warning, no expectation, no apprehensions, and consequently the least provision imaginable was made for it in a public way". Before the calamity struck, "the richer sort of people" were able to get out of town, so those who stayed behind were mainly the poor. To add insult to injury, "there were a great many robberies and wicked practices committed". Afterwards, "sorrow and sadness sat upon every face . . . the voice of mourning was truly heard in the streets . . . it was enough to pierce the stoutest heart in the world to hear them".

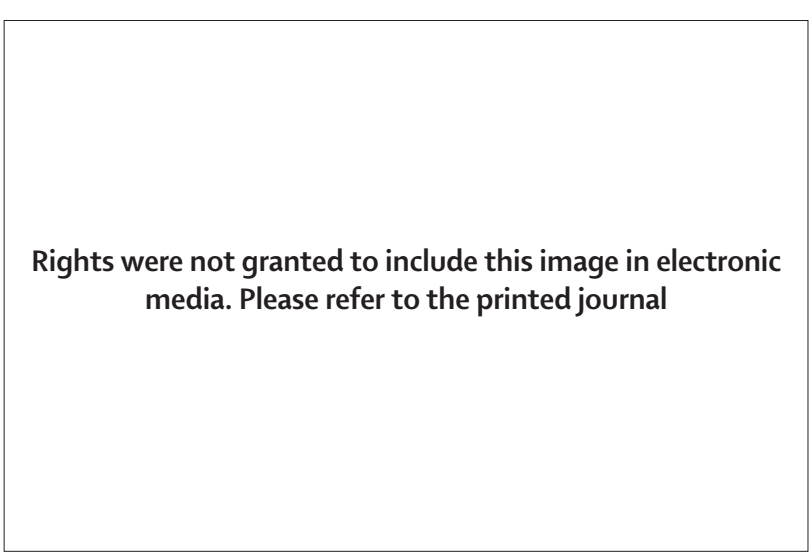
The account above did not appear in last week's *New Orleans Times-Picayune*, or, for that matter, in any other account of hurricane Katrina, which struck the US Gulf Coast on Aug 29. It was written in 1722, by Daniel Defoe, in *A Journal of the Plague Year*,[1] about the epidemic that ravaged London in 1665. As recent events have shown, around three centuries later nothing much has changed.

Before I realised we were living in an 18th-century novel, I thought we were in an Absurdist play, something by Beckett, perhaps. The government failed on every level—federal, state, and local—this, after 4 years' worth of endless talk about the urgent need to prepare for whatever catastrophe was going to be visited on us after Sept 11, 2001.[2,3] The President and his cronies appeared weak, uncomprehending, and weirdly out of touch with reality—after they were pried away from their vacations, I mean. The Governor of Louisiana thought things were being taken care of by the mayor of New Orleans, whose "plan" was apparently for the state to do something to get the feds to do something. About the so-called Federal Emergency Management Agency (FEMA), the less said, the better. The blistering criticism that has followed its bungled efforts appears richly deserved. The whole appalling scenario can be summed up in the words of one of Defoe's characters—"'tis a speaking sight".

Even after officials finally snapped to the realisation that they were in charge of what may be the greatest natural disaster in American history, things lurched on in their tragicomic way. FEMA alerted the state director of public health in Charleston, South Carolina, that 180 evacuees were being flown there for medical treatment. Dr John Simkovich had 37 min to mobilise a team of doctors, nurses, and other personnel. But (back to Beckett) it was like waiting for Godot, as the group never arrived. FEMA had sent them to Charleston, West Virginia, instead.

The light in this near-complete darkness is the rise of ordinary people—individuals, community groups, and churches especially—to the occasion. In my father's tiny hometown of Durant, Mississippi, 250 miles from New Orleans, one Baptist church is feeding and sheltering some 80 people. Every detail has been organised, right down to a daily rotation for doing the laundry. And what's going on in Durant is being replicated in small towns and big cities all over the affected area, and in far-flung communities. Businesses, hospitals, schools, and countless numbers of volunteers are simply bypassing official channels to take care of the overwhelming needs of evacuees for food, money, clothing, housing, drugs, and medical care. The needs are overwhelming, and so are the numbers, with the state of Texas alone receiving nearly a quarter of a million people. The mayor of Houston says his city has turned into a humanitarian ship, where the needs of displaced persons will take priority over all other considerations. And the mayor of Dallas spoke for many when he said, "We will do what the government can't".

Once the immediate crisis has faded, a national conversation will have to take place in America—about poverty, race, class, preparedness, and all the other factors



Reuters

Volunteers sort through baby clothes at Hurricane Katrina Evacuee Supply Depot

that led to this utterly shameful, disgraceful situation. Perhaps then Defoe's words will finally be heard—and heeded: "I have often reflected upon the unprovided condition that the whole body of the people were in at the first coming of this calamity upon them, and how it was for want of timely entering into measures and managements, as well public as private, that all the confusions that followed were brought upon us, and that such a prodigious number of people sank in that disaster, which, if proper steps had been taken, might, Providence concurring, have been avoided, and which, if posterity think fit, they may take a caution and warning from."

Faith McLellan
The Lancet, New York, NY 10010, USA

Thanks to Anne Hudson Jones for her timely reminder of the relevance of Defoe's work.

1 Defoe D. A journal of the plague year. New York: Barnes and Noble Publishing, 2004.
2 Editorial. Katrina reveals fatal weaknesses in US public health. *Lancet* 2005; **366:** 867.
3 Loewenberg S. Louisiana looks back on a week of disaster. *Lancet* 2005; **366:** 881–82.

Sexual and reproductive health: call for papers

Today, *The Lancet* issues a call for papers on sexual and reproductive health. The last International Conference on Population and Development in Cairo in 1994 marked the beginning of a new era for sexual and reproductive health.[1] There was widespread acceptance of a broad definition of sexual and reproductive health that extended beyond the absence of disease and recognised the rights of women and men of all ages to enjoy a healthy sex life and the freedom to decide if, when, and how often to reproduce. Although there has been some progress since 1994—a gradual integration of services for family planning and those for the management of sexually transmitted infections (STIs), and the recognition of the need for information and services for adolescents, for example—sexual and reproductive ill-health still accounts for almost 20% of the burden of ill-health for women and 14% for men.[2] Not unexpectedly, the burden is greatest in the poorest countries where services are limited, and, within countries, in the poorer segments of the populations who often have limited or no access to the services that exist.

In developing countries and countries in transition, more than 120 million couples have an unmet need for safe and effective contraception.[3] Even in the developed world, despite easy availability of effective contraceptives, high rates of unintended pregnancy and abortion continue to be of concern. Worldwide, an estimated 45 million unintended pregnancies are terminated every year. 19 million of them are unsafe abortions, almost half of these are done in very young women, and around 68 000 women die every year as a direct result of the use of these unsafe procedures. An estimated 340 million new cases of sexually transmitted bacterial infections and millions of viral infections, including 5 million new HIV infections, occur annually.[4] Many, even in the developed world, go unrecognised. Although the public is at least vaguely aware of the dismal statistics for HIV/AIDS, rarely does the effect of STIs on fertility or their relation to cervical cancer receive attention.

Perhaps more than any other area of health, sexual and reproductive health is affected by sociocultural factors, including gender disparities, taboos, and strongly held behavioural norms. Arguably too, health-care policies and the delivery of services are also directly affected by political ideology. For example, the occurrence of deaths due to unsafe abortion is clearly related to a country's abortion laws. More restrictive abortion laws are associated with higher rates of deaths.[5] Concern about deterioration of sexual morality and the spread of STIs delayed approval of the combined oral contraceptive pill in Japan for 35 years. By contrast, sildenafil was licensed for use by Japanese men only 6 months after the application had been filed.[6] Similarly, in the USA, some pharmacists refuse to provide not just emergency contraception but even the combined oral contraceptive pill because of their views on morality.[7] Sexual and reproductive health services in many developing countries are scattered or physically inaccessible, and they are often poorly staffed, resourced, and equipped. Even in the developed world, family planning and STI clinics have been regarded as poor relations, finding it difficult to overcome their historical beginnings as charitable organisations.

Even in countries where the provision of sexual health services is of good quality and affordable (or, as in the UK, even free) sexual ill-health, particularly STIs, is increasing.[8]