Medical emergency: Facilities and care in New Orleans in the aftermath of Hurricane Katrina

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A recent article published in the *New England Journal of Medicine* sheds light on the ongoing tragedy in the aftermath of Hurricane Katrina and reveals a system in crisis.* Further, the ongoing tragedy, now hardly addressed by the mainstream media, highlights the continued criminal negligence and indifference shown by the Bush administration toward the people of New Orleans.

Authors of the article, Dr. Ruth Berggren, an associate professor in infectious diseases, and Dr. Tyler Curiel, a professor in hematology and oncology at Tulane University Medical School, are a part of the medical community participating in the rebuilding of the New Orleans healthcare system. They reveal that seven months following Hurricane Katrina, medical services are "unacceptably primitive" to meet the demands of the community, many of whom who are yet to return to the city.

The April 13 article, entitled "After the Storm—Health Care Infrastructure in Post-Katrina New Orleans," highlights the lack of government assistance in rebuilding the healthcare system as well as in providing the urgent and immediate healthcare needs of the community devastated by the hurricane and the subsequent flooding of the city. Such inaction has also highlighted the divide that exists between those who can afford health insurance and those who cannot.

Currently, the population of metropolitan New Orleans is approximately 24 percent smaller than before the hurricane; however, only 15 of 22 area hospitals are open. This equates to 2,000 beds, which is fewer than half of the usual 4,400 beds. Before the hurricane, according the *New Orleans Times-Picayune*, New Orleans was below the national average when it came to hospital beds, having only 3.03 hospital beds per 1,000 population, compared with a national average of 3.26 per 1,000 for US cities. Today, after the hurricane in a city with a reduced population, there are 1.99 per 1,000.

The current outpatient resources include physicians who can provide primary care consultation and to a very limited extent sub-specialty consultation. All these facilities experience complications in patients with untreated chronic diseases—in particular, hypertension, diabetes and AIDS. On-site access for testing facilities for infectious diseases such as tuberculosis and HIV are not available, and essential general laboratory testing facilities are available to those with health insurance, with those who are not insured having to travel 75 miles to the state hospital at Baton Rouge.

Using an example given of a person in the HIV outpatient clinic, taking care of an uninsured man who is coughing, Dr. Berggren comments, "I can't get a smear on him to diagnose Tuberculosis in the city of New Orleans, I'd have to send him out of the city or I have to collect his sputum specimens and send them to Texas." As this patient is under the state health system, he would require the services of the state health laboratory, which is currently not operational due to the hurricane.

Many of the poor who do not have health insurance remained in New Orleans during the hurricane and will likely not have access to transportation out of the city to access these medical services. Dr. Berggren noted that "the CDC [Centers for Disease Control and Prevention] facilitates this sort of testing in developing countries like Haiti, why is this not taking place within the city limits of New Orleans?"

Healthcare for the poor before the hurricane in New Orleans was run through Charity Hospital and Louisiana State University. The flood after the hurricane destroyed these hospitals, and they have not reopened, nor have their

outpatient clinics reopened. While there are some satellite clinics starting to open up, there is much confusion among the residents of New Orleans as to where they can get essential medical services in the city and what it will cost.

Post-traumatic stress disorder and suicide are current urgent public health issues in New Orleans, as they would be with any city in the aftermath of a major natural disaster. There are insufficient numbers of mental health facilities and care providers to deal with the current crisis. Prior to Hurricane Katrina, New Orleans lacked mental health care beds for the seriously mentally ill. The facility at Charity Hospital for these patients is now closed.

"We know of a number of suicides in our own medical community that are of grave concern to us," Dr. Berggren said. "We don't have any statistics, none have been provided by the city, but we share a concern that suicides are up as well." There is suicide among both medical staff and patients. Two physicians committed suicide after the hurricane, and it is believed by their colleagues that they were related to the aftermath of the hurricane and were experiencing severe post-traumatic stress disorder.

Many believe that mortality has also increased substantially in the aftermath of the hurricane, although specifics are difficult to obtain. The Louisiana Department of Health is still struggling to complete the compilation of 2005 data. As a crude indicator, there were 25 percent more death notices in the *Times-Picayune* in January 2006 than there were in January 2005. Stress exacerbating underlying health problems is blamed for some of these deaths.

When asked about the government assistance to this, in particular to the combating of the high rates of post-traumatic stress and other post-disaster medical emergencies in New Orleans, Dr. Curiel stated, "We look at the government's involvement in the chronic phase of this pretty much the same as we saw their involvement in the acute phase. They come on the media and they talk very fine rhetoric about the money that has been put aside and the resources that are available, but in that first week after Katrina when we were stuck in Charity Hospital with the flood waters all around us we were hard pressed to see where that rescue effort was, even though they were talking about it on TV. In the chronic phase [after the hurricane] it's the same thing."

Government promises of up to $2.1 billion have been quoted as set aside for healthcare after the hurricane; however, there is currently not a single government-sponsored healthcare clinic in the city. Dr. Curiel said, "We are still taking care of patients in tents and department stores, patients were being seen at the Audubon Zoo, this is really unacceptable."

The authors report that of the 600 physicians working at the Ochsner Medical Clinics in the city, 40 have resigned following the hurricane, as part of 1,500 of the clinics' 7,400 employees resigning. The reasons are many; however, this was often due to spouses no longer having employment, children's schools being closed or housing not being available.

One New Orleans nurse who resigned her post in frustration explained that "the patient rooms are crowded, the staff is stressed, and there are serious supply shortages. Our standards of quality are tough to meet when the system is so strained." Staff shortages cause bottlenecks at many hospitals. Elective surgery has been postponed at some hospitals owing to a lack of anesthesiologists.

Without rapid, coordinated and effective help from government agencies, the authors fear that disproportionate human suffering and death will continue to plague Greater New Orleans. Reflecting recently on the vast scope of the rebuilding effort, Fred Lopez, vice chair for education at Louisiana State University School of Medicine, observed, "The desperate week we spent inside Charity after Katrina is the one that everybody saw on CNN, but that was the easiest week of the last six months."

* Berggren, R.E., and Curiel, T.J, "After the Storm—Health Care Infrastructure in Post-Katrina New Orleans," *New England Journal of Medicine*, 2006 April 13; vol. 354, no. 15: 1549-52. http://content.nejm.org/cgi/content/full/354/15/1549