

**Hurricane Katrina: HEALTH CARE: Medical system strains to cope in Louisiana
Crowds fill few centers that are open**

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OPELOUSAS, La. --- The stocky blond police officer with the New Orleans twang that sounds like a Southern version of Brooklynese stood out in the room full of dark hair and French accents. They all had one thing in common, though: They were waiting for dialysis treatment.

Joe Hayes, who comes from Plaquemines Parish south of New Orleans, abandoned his home two days before Hurricane Katrina's landfall. He had an urgent reason: At 33, his kidneys have completely failed. He can go no more than three days without dialysis.

Hayes needed a place that could provide the procedure and would be safely out of the storm's path. With one day to spare, he found it in Opelousas in the heart of Cajun country, 162 miles northwest of his severely damaged Belle Chasse home.

"I would have gone anywhere to get dialysis," Hayes said at Opelousas' Miller Dialysis Center, where he was about to undergo a four-hour treatment (compared to the eight-eight sessions he would get at home). His cheeks and ankles were puffy with excess fluid his kidneys could not eliminate. "I know there are people in New Orleans who died because they didn't get it."

On this day, Hayes has abundant company in the clinic behind Opelousas's lavish cemetery. The mass arrival of New Orleans patients hints at the enormous challenges facing southeast Louisiana as it grapples with the storm-wrought collapse of its health care system.

Despite intensive assessment in the two weeks since Katrina, no one can yet say when New Orleans will once again have medical care, or what the system will look like when it does.

The question is complex and urgent.

There is still a risk of disease across New Orleans. Some areas remain flooded with a brackish mix of sewage and chemicals, and on the north side of the Mississippi River the water supply is still unsafe.

And there are plenty of people at high risk of injury. The nominally evacuated city harbors thousands of temporary residents: military members patrolling neighborhoods, contractors driving tank trucks through intersections with no traffic control, and tree and power crews operating heavy equipment. Jefferson Parish reopened some communities Wednesday, and Orleans Parish, the heart of the city, may allow residents to enter dry but debris-heaped neighborhoods next week.

Yet only five hospitals of the approximately 50 in greater New Orleans are running at some level, none of them in Orleans Parish. Many in the city remain flooded, and some were looted.

Most doctors' offices remain closed with their phones disconnected. Most medical care is being provided by temporary clinics staffed by relief organizations. And crucially for a city abuzz with power saws, there is no longer a Level One trauma center.

"I think it will be months rather than weeks before the health care system fully comes back," said Dr. Vincent Berkley, a nephrologist with the Indian Health Service who heads a U.S. Public Health Service task force tasked with restoring the system.

At the Ochsner Clinic Foundation, a massive privately owned institution where the PHS task force meets daily with New Orleans health care leaders, Berkley listed the difficulties: power, water, infrastructure to safely dispose of human and medical waste, and staff.

"I worry about those who do laundry, housekeeping, maintenance, technical workers, all the people who really keep a hospital running" and are likely to have fled the city, he said.

At the three hospitals that never closed — Ochsner, East Jefferson General Hospital and West Jefferson Medical Center — keeping going is an urgent concern.

Ochsner has a few hundred patients but is boarding and feeding 2,500 of its staff and their families. East Jefferson, which accepted patients through the storm by boat, has 150 inpatients compared with its usual 350, said Dr. Mark Peters, its president and chief executive officer, who slept for a week on his office floor.

"Our medical staff's practices have no revenue coming in for their employees or themselves," he said, estimating that the hospital is losing \$500,000 a day.

If doctors and nurses leave the city or hospitals downsize, "in two to three months as people return we could not have enough beds," Peters added. "If we have a flu epidemic this winter, we could be facing a second evacuation of patients."

The loss of health professionals poses another problem: So many medical records were lost in wrecked or flooded offices that far-flung patients must rely on doctors' memories.

The problem is particularly acute for cancer and AIDS patients who require complex, sustained drug regimens. Dr. Jesse Penico, who has an AIDS practice in Metairie, said patients who have his cellphone number have called from across the South seeking prescription refills.

No one can estimate how many of those patients — or the uninsured who were once seen at now-closed Charity Hospital or dialysis patients now tethered to new clinics — will return to New Orleans.

Hayes, the former police officer, is looking at staying in Carencro, the Cajun town where he bunks at the home of a French-speaking widow and where he applied this week to be a deputy sheriff.

"I'll stay where I can get the treatment that makes me feel the best," he said. "I don't see no point in going back."