

The CA-6 Chronicles



The latest news and information
from the California Bay Area Disaster Medical Assistance Team, DMAT CA-6
— Visit us at www.dmatca6.org —

Vol. 6, No. 3

March, 2006

Caregivers to the Nation...Building a bridge between hope and despair

Mark Your Calendars

- **17 Apr** – Plans Section meeting, 1900 hrs, Oakland. See details in Section Updates below.
- **22-26 Apr** – NDMS Conference, Reno, NV. Details in the March newsletter.
- **30 Apr** – Rough & Ready load-out, Menlo Park & Moffett warehouses, 1000 – 1500 hrs. NEW DATE, and sign-ups required!!! See Logistics Update below for more information.
- **04-07 May** – Rough & Ready '06, Moffett Field. Sign-ups now closed. Information to follow.
- **13 May** – Rough & Ready '06 unload & cleanup, Menlo Park & Moffett warehouses, 1000 – 1500 hrs. Sign-ups required!!! See Logistics Update below for more information.

Commander's Corner

By David Lipin, Commander

Welcome to the March, 2006 issue of The CA-6 Chronicles.

Well, our March on-call ends in two days, hopefully uneventful days considering we don't yet have our cache back. But it's already en route, so there's some good news, at least!

This issue of our newsletter has two good articles on post-Katrina medical care in New Orleans. They're both very revealing from a disaster healthcare perspective, because they're indicative of how fragile our healthcare system is in the U.S. Definite food-for-thought from a disaster-preparedness perspective, particularly here in the San Francisco Bay Area. Most

hospital disaster preparedness, such as it is, focuses on the immediate post-event timeframe, but these articles illustrate the longer-term disaster impact on a healthcare system, particularly in a heavily populated urban center. I urge you all to consider the similar effects of a Bay Area earthquake on your healthcare institution and its ability to resume and sustain operations beyond the immediate disaster.

Reading even deeper "between the lines", one could also begin to forecast ramifications on NDMS. Katrina taught the nation to demand a faster and more robust federal disaster response, which may translate into more prolonged post-disaster missions as well as an increasing number of pre-staged deployments. This could potentially have dramatic impact on NDMS; in fact, some may argue that it's been happening slowly for several years already, and Hurricane Katrina has only served to accelerate it.

Well, enough philosophy for one month!

Rough & Ready 2006

Sign-ups for Rough & Ready are now closed. If you're a new member who has submitted a completed application, you should contact Bonnie Atencio, our Administrative Officer, at administration@dmataca6.org by Friday, March 31st if you'd like to attend as a non-federal participant.

All members who signed up have the opportunity to order shirts, but need to get that info to Bonnie by this Friday as well.

We'll have exercise details in the next newsletter. We're also working on getting a USERRA letter for those members who need them.

Future Team Members!

Congratulations to Beth Mulcahy and family on the arrival of twins Nicolas and Colby Martin at 36 weeks. A wonderful Valentine's Day present!



Beth says, "The whole family is doing great at home - all catching sleep when we can."

Interview with Jack Beall

There is a good, 30-minute interview with Jack Beall, Chief, NDMS Section available on the web. Jack explains the concept of NDMS, and discusses the issues and complexities involved with the system.

The interview is available online at: <http://www.domprep.com/index.las.so?pgID=3&arID=1586>. You must register (free) for access to this site.

Business Cards & Ethics

This is just a reminder that you should not represent yourself as a federal employee or a representative of the non-profit team without explicit pre-approval. This extends to printing business cards with DMAT CA-6, NDMS, FEMA, DHS, or any similar reference on them.

The non-profit team is in the process of redesigning its business cards. We'll let everyone know when this is complete, after which the team will gladly give you a template that you can take to your local copy service store.



GAO Katrina Report

Hurricane Katrina: Status of the Health Care System in New Orleans and Difficult Decisions Related to Efforts to Rebuild It Approximately 6 Months after Hurricane Katrina

From the GAO, March 28, 2006

[Editor's note: this is an abstract for the report. The full report is available on the GAO website at <http://www.gao.gov/new.items/d06576r.pdf>].

Among the challenges facing New Orleans in the aftermath of Hurricane Katrina is the significant destruction and disruption of health care services. Hurricane Katrina, which made landfall near the Louisiana-Mississippi border on the morning of August 29, 2005, and the subsequent flooding caused by the failure of the New Orleans levee system resulted in one of the largest natural disasters to hit the U.S. Among other things, the hurricane resulted in the sudden closure of hospitals and loss of other health care providers, including one of the largest hospitals in the area, Medical Center of Louisiana at New Orleans (MCLNO), which suffered extensive damage and remains closed.

MCLNO, consisting of Charity and University Hospitals, is part of the statewide Louisiana State University (LSU) system and served as the primary safety net hospital for many local residents. About half of its patients were uninsured, and about one-third were covered by Medicaid. Furthermore, MCLNO also served as a major teaching hospital and the only Level I trauma center in the area. The availability of health care services is one of the factors that can affect whether and how quickly residents return to the area.

To conduct our review, we obtained information on

(1) estimates of the availability of health care services;

(2) efforts by state and local officials to plan for the rebuilding of the health care system; and

(3) assessments of the damage to the MCLNO facilities, cost estimates for repair or replacement, and the costs that are eligible for federal funding.

Since Hurricane Katrina hit New Orleans, the health care infrastructure was severely damaged and the availability of health services declined significantly. The area's only Level I trauma unit was closed, and the number of staffed hospital beds in the City of New Orleans was estimated to be about 80 percent less in February 2006 than before Hurricane Katrina, according to figures reported by hospitals.

At the time of our visit, many safety net clinics in the city were closed, and those that were open were reported to have limited capacity. Relatively little was known about the status of physicians and other health care workers. Efforts to rebuild the health care system were being affected by several factors, including uncertainty about how quickly the population would return and how a future health care system should be configured, particularly since some experts noted that New Orleans had an oversupply of hospital beds before Hurricane Katrina.

Residents are expected to return to the area slowly, and their return will be affected by the availability of housing and other services. Uncertainty about how quickly the population would return to New Orleans, as well as who would return, was making it difficult for local officials to plan the restoration of health services. Although various planning efforts were completed or underway, at the time of our visit no clear consensus had emerged.

The MCLNO facilities, which were either in poor physical condition or needed significant repairs prior to Hurricane Katrina, sustained significant damage from the hurricane. Prior to the disaster, both hospital facilities had documented deficiencies and were having difficulty meeting health care standards. Because they were affected by the disaster, the facilities are eligible for federal aid under the Public Assistance program managed by FEMA.

FEMA's estimate for repairing the damage was considerably lower than an LSU estimate prepared by ADAMS, a consultant to LSU. Because the lower FEMA estimate determines federal funding, LSU is likely to receive less federal funds than it expected. The LSU repair estimate of \$117.4 million for University Hospital and \$257.7 million for Charity Hospital, which included correcting some pre-disaster condition deficiencies, exceeded 50 percent of the buildings' replacement value and indicated that replacement of the facilities was the best option.

However, FEMA's estimate of \$12.4 million for University Hospital and \$23.9 million for Charity Hospital, which included only those repairs required to return the facilities to pre-disaster condition, totaled significantly less than 50 percent of each building's replacement value. Although FEMA has decided that these facilities are only eligible for reimbursement of repair costs, should LSU repair the facilities, the total reimbursement could increase as additional problems are discovered.

Therefore, given the uncertainty about the ultimate amount of the federal contribution and the uncertainty of how a future health care system should be configured, LSU faces a complicated decision about whether to repair Charity and University hospitals or build a new facility.

Section Updates

By the DMAT CA-6 Section Chiefs

Administration/Finance Section (Bonnie Atencio)

Ever wonder what forms need to be filled out, what needs to be on the form/s, or who is responsible for what information when you are at a deployment? Well... the Admin Section is actively recruiting members. Members should be willing, and able, to assume the AO responsibility during deployments either solely, or in addition to your regular designation. We'll do filing and some paperwork during work days. Prep for what to expect, paperwork-wise during deployments will be discussed, as well as brainstorm on ways of making some of our cumbersome red tape a little less cumbersome.

We are also seeking a person, or persons, who would be willing to assume responsibility for recruitment and retention (R&R), including the mentoring aspect of R&R. The groundwork has already been laid for this role, now the time has come for a more aggressive approach to R&R. Fresh blood and new ideas are desired here. If either of these descriptions looks appealing to you, let me know at administration@dmatca6.org.

If you haven't yet registered at the Employee Personal Page, now is the time to do this. We have had several members with questions regarding their pay, W-2s, etc., and the consistent response from FEMA is that most of the answers are going to be found at this web site. In the near future each member will be responsible for much of the information that is on this site. There is a time lapse of about two weeks from first registration to receiving your password. So, if you need a quick response to a financial question, you won't get it unless you've already registered. SO...go to www.nfc.usda.gov. List yourself as a FEMA employee. On the right-

hand side of the page is a green circle that says EPP, with Employee Personal Page is written under it. Click it to register. This takes about 2 minutes, so DO IT NOW! It's like getting a passport when you have no plans to go abroad. When you want to go, you don't want to wait months to get the document. Same here. Do it, PLEASE!!!

Operations Section (Terry Holbrook)

Hello again!! Well, lots seems to be happening in the Ops section these days, and it is my fervent prayer that all of this activity means we are on a track of some kind, and if the gods are good, it is the right track.

There was a wonderful Clinician's meeting for 6 hours on the 11th, and covered many of the medical issues and medical support issues we have been mentioning for months, if not years. We browbeat folks into reviewing our Wildland Policies, reviewed the training schedule as it pertains to us, discussed the most expedient way to approach the Clinical Skills Check-offs, and did some pretty beneficial post Katrina discussions...just the things we thought we might have some power in improving on our next really acute deployment. We began to look into the issue of whether RNs or NP/PA's can pronounce or declare death in disaster situations, and if so what the regulations are regarding training, etc. We began discussions of the roles of the Infection Control Nurse and the Deployment Medical Screening, etc. It is somewhat unclear how this will all be structured, and how to do it, but that will be ironed out in the next months. Like I said, there was lots and lots of energetic discussion, and it was a pleasure to be a part of it.

Logistics Section (Bill Bush)

Greetings, sports fans... it's a wonderful day at the track and...

Oh, wait...wrong audience....PAY NO ATTENTION TO THE MAN BEHIND THE CURTAIN...

Now, where was I? Oh yeah....Welcome to this month's update on the Logistics Section.

We recently sent a crew back to the FEMA warehouse in MD to rehab and inventory the cache. This was a good thing, because we actually inventoried the equipment in FEMA's warehouse and addressed some of the shortages on the spot. It's on its way back to us by ground shipment, and should arrive in a couple weeks.

We're going to need folks to help us when it arrives out here on the Left Coast, in packing it and getting it ready for Rough & Ready at Moffett Field. After Rough & Ready, we're going to have to repack the whole cache according to the truck load plan. One of the lessons we learned from the Katrina deployment was that the dozens of boxes we have to deploy with need to be sorted and stored in a systematic manner. We have been given an interim load plan to use, so we're going to be storing our stuff according to that plan.

Speaking of Rough & Ready, we're going to need to load up our trucks and move to Beverley.....no, that's not right. We're going to need to load up our trucks for the exercise. In the real world, we'd be loading trucks as people are going through the Mobility Line, but in the interest of saving time and heartache, we're going to preload our trucks. That being the case, **I'm changing the Logs Day from Saturday, April 29 to Sunday April 30.** That way, our stuff sits in the truck one less day, in the cold/wet/heat/whatever-weather-we're-having-at-the-moment. That will also give us some extra time to recover from the bowling alley at the NDMS Conference. We'll be unloading May 13th, so keep those days handy. Because those days would require us to enter the inner sanctum of NASA at Moffett, I'm

going to need a list of names to be put on the visitor list for the Moffett/NASA gate. Send me an email at logistics@dmata6.org telling me you're interested in helping and on which date(s), and I'll get them on the entry list at NASA.

The Unit Leaders for Commo, Fleet, Equipment, Supply, Facilities, Transportation, and Personal Gear are still in search of a few good men and women to help them in getting us up and ready to go at a moment's notice. Drop me a line at logistics@dmata6.org if you're interested in any of these, and we'll hook you up.

Oh, did I mention my email address was logistics@dmata6.org? Am I supe yet??? Oh, wait...never mind.

That's it for now, folks... as always, bye bye and buy Bonds...

Plans Section (Kathy Burgardt)

The Plans section is recruiting new members (it is not too late to join) and getting ready for our April 17 meeting. This will be an in-person meeting in Oakland at Brandon Bond's abode. If you'd like to join us, please email Kathy Burgardt (kathy@burgardt.net) for directions and an agenda. Our long term goal is to publish a policy and procedure manual, and our immediate goal is to develop the best possible Mobilization and Home Team procedures.



Patients Needing Care Overwhelm New Orleans's Hospital System

By Felicity Barringer, New York Times, January 23, 2006; photos of Charity Hospital courtesy of pbs.org.

NEW ORLEANS, Jan. 18 - The emergency rooms of this bedraggled region are facing their own emergency. As thousands of residents have begun returning in the weeks since New Year's, there are far more sick people than there are doctors, nurses, beds and equipment to take care of them.

The slow repopulation of the city picked up speed after the holidays as more schools reopened and, in the words of one emergency room doctor, the sicker people began to return. But only seven of what had been 15 adult acute-care facilities in the city and three surrounding parishes are open, and only one-third of the acute-care beds.

Hundreds or perhaps thousands of doctors and nurses never returned to New Orleans after the flood; long-term and psychiatric hospitals, not to mention hospices and rehabilitation centers, are now almost nonexistent in and around the city.

As a result, the returning residents have filled the functioning hospitals in and immediately around the city to capacity and beyond. Waiting times in emergency rooms have extended to as much as six hours, medical personnel at three hospitals reported.

Early one recent morning, doctors and nurses at East Jefferson General Hospital in Metairie, just

outside of New Orleans, were already caring for five seriously ill or injured patients in the emergency room - because the hospital had no more beds to admit them to - while still managing a full load of incoming emergency patients near the entrance. Then two trauma victims from a car accident were brought in, followed by someone showing signs of appendicitis.

The staff had to "play musical chairs" with the accident victims and remaining patients to find everyone a bed and care for them, said Cheryl Carter, the nurse who directs emergency care.

"That's pretty much every day, pretty much every hospital," Ms. Carter said. "The waiting rooms look like a war center or a MASH unit. We look for more and more different ways to manage emergencies."

The city's sickest residents were among the first to leave New Orleans after Hurricane Katrina and should be the last to return, but that is not happening, said Dr. John Wales, chairman of the department of emergency medicine at East Jefferson, which for days has had more patients than it has beds. "I think they're coming back and the doctors who took care of them are not around," he said.

The Touro Infirmary is the only full-service hospital now functioning within the New Orleans city limits, and the lack of beds in the city has pushed patients to suburban hospitals like East Jefferson and filled them up. (Children's Hospital is also open in the city.) The situation is likely to get worse as flu season, which usually begins around late January here, hits its stride.

The thought of next month's Mardi Gras festivities has local doctors so worried they have formed a committee just to plan for care during the first large-scale, signature event in the distorted post-hurricane world. Dr. Juliette

Saussy, who runs the 911 emergency medical service for the City of New Orleans, said that during Mardi Gras, the number of ambulance calls typically tripled, from an average of 120 a day to 360.



“There’s a resource problem right now,” said Dr. Peter DeBlieux, who heads the emergency department of Charity Hospital, a venerable institution for the city’s poor, which no longer has a building and is operating out of Air Force tents in a far corner of the convention center. Patients with broken arms, he said, have at times been referred to Houma and Baton Rouge, cities that are, respectively, 50 and 80 miles away.

Five hospitals in the city, severely damaged by the storm, have been unable to reopen, including the Medical Center of Louisiana, the only Level 1 trauma center on the Gulf Coast, which is a combination of Charity and nearby University Hospital.

Some hospitals have opened neighborhood clinics or parking-lot tents for walk-in care, but some may never reopen, or may take up to a year to find the money to rebuild. The state wants to replace Charity, and its planned renovations to University Hospital could take several months or up to a year.



The city’s rebuilding commission said in a report this week that if 65

percent of the region’s prestorm population returns by July 1 - as many experts have predicted - the city will need to triple the number of hospital beds available, which would require hiring 2,550 medical staff members in less than six months and an “extraordinary expense” in housing them and paying them enough to return.

Cynthia Matherne, the designated regional coordinator for emergency management in an area that includes New Orleans and the parishes of Jefferson, St. Bernard and Plaquemines, said the problem of limited medical resources put pressure on emergency rooms from all directions.

“The problems we have are multiple,” she said. Ordinarily, patients who have been stabilized after an emergency episode are gradually moved out to long-term acute care, rehabilitation or psychiatric facilities.

“But these have not reopened,” Ms. Matherne said. “So all the psych patients end up being held in the E.R.s. And when you’re trying to discharge patients, there’s no long-term care to discharge them to. There’s no discharge to hospice care because there’s none available.” Home health aides are virtually nonexistent, she added.

“Hospitals are confronted with the question: How you are going to discharge these people?” Ms. Matherne said.

Dr. Saussy, of the New Orleans medical emergency response office, described a parallel problem among the ambulance units in the city. Because only Touro, with 273 beds, and Children’s Hospital, with 125 beds, are open, city ambulances must often go to the three hospitals in nearby Jefferson Parish - East Jefferson General (444 beds), West Jefferson Medical Center (330 beds) and Ochsner Clinic Foundation (350 beds, expanding soon to 484).

“We have to wait hours to offload a patient,” Dr. Saussy said. “That

means we’re not going to have that unit available to answer the next 911 call.”

Ms. Matherne said the number of acute-care beds in the four parishes before the storm was 5,063, with an average of 4,083 filled each day. “Right now we’re right at about 1,750 beds,” she added.

Charity Hospital, once a magnet for some of the most severe medical emergencies - and for patients least likely to have insurance - is shuttered, leaving a jury-rigged emergency room under tents within the convention center. Dr. DeBlieux said 100 to 200 patients a day arrived with complaints ranging from major trauma or strokes to breaks and sprains.



Psychiatric patients are now being sent to emergency rooms unused to them. “We are overwhelmed with urban psychiatric patients we wouldn’t have seen,” said Dr. Joseph S. Guarisco, the chairman of emergency medicine at Ochsner.

Charity’s lease at the convention center runs out in a few weeks, and the hospital is making plans to move its emergency room to another hospital building in Jefferson Parish.

In the early weeks after Hurricane Katrina, military medical units from the Army, Navy and Air Force set up temporary medical facilities around the city and helped with everything from diabetes to births to immunizations, but most of these units are gone.

For patients, a medical emergency usually means a long wait, unless it is life-threatening. Ben Cohen, who is 28 and lives in the Midcity neighborhood, started to have intense abdominal pain on Jan. 15 and spent four hours in the Touro

emergency room before he was admitted. While there, he watched the single doctor on duty cope with a shooting victim and two trauma cases from a car accident.

“To their credit,” Mr. Cohen said, “they did as good a job as they could have.”

Dr. Wales at East Jefferson, like other emergency room directors, is trying to get more staff members to come back, particularly nurses and technicians and orderlies. “The issues include getting your existing staff a place to live,” he said. “But they can’t come back because there is no place. They won’t come back without their families.”

Dr. Wales added, “At many levels, the disaster continues to unfold.”



Contra Costa County EMS Pre-Hospital Care Coordinator

*From Lauren Kovaleff, Asst Dir,
Contra Costa County EMS*

Contra Costa County EMS is recruiting for an additional Pre-Hospital Care Coordinator. This individual will be tasked Quality Improvement activities and clinical coordination of a countywide EMS/Fire Training Consortium.

If you or someone you know might be interested please see our EMS website at www.cccems.org for a link to project description and application information. The final filing date has been extended until March 31, 2006.



Safety Corner

Past Safety Topics

By Walt Sanders, Safety Officer

I’ve had a couple of inquiries asking “When was that Safety thing on...” The sundry topics touched upon are spread out over several years. Here is a quick index of topics and associated Newsletter Issue. The Newsletters are all archived at the bottom of our website Reference page, which can be reached via the Menu on the Members page.

1999

Feb: Safety First
May: El Toro Safety Lessons

2001

Mar: Physical Conditioning
Apr: A Little Field Safety
May: Beware of Field Injury
Jun: Fire Extinguishers in the Field
Jul: Hydration
Aug: Lyme Disease

2002

Jan: Safety Officer Duties
Feb: Respiratory Protection
Mar: Personal Water Mgmt
May: Fluid Borne Pathogens

2003

Jan: Need Safety Personnel
Feb: Smallpox Vaccination
Mar: Forklift Safety
May: DOD Smallpox Vaccinations, SARS
Jun: Tularemia, CDF Fire Support

Aug: Respiratory, West Nile, Safe Water
Sep: Safety Gear Checkup
Oct: Sequelae of Smallpox
Nov: Everything about Sunscreen

2004

Jan: Skin Infections
Feb: Cache Loading & Unloading
Mar: Sunscreen Follow Up
May: Appendicitis in the Field
Jul: Diesel Exhaust
Sep: Montezuma’s Revenge
Oct: Flu Season
Nov: CA-6 Team Member Fire Response
Dec: Sleeping Bags

2005

Feb: Survive a Tsunami
Mar: Pandemic “Bird” Flu
Apr: West Nile Virus Alert
May: Personal Contingency Plans
Jun: Be Careful with DEET
Jul: Foreign Missions
Aug: Skin Refresher
Sep: Sewage Exposure
Nov: Winter is Upon Us
Dec: Some Interesting Stats

2006

Feb: Disaster Synonymy
Mar: Safety Corner Index

Stay safe, Walt.