

TESTIMONY OF

**CATHI FONTENOT, M.D.
MEDICAL DIRECTOR
MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
CHARITY HOSPITAL AND UNIVERSITY HOSPITAL CAMPUSES**

BEFORE

THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON ENERGY AND COMMERCE

U. S. HOUSE OF REPRESENTATIVES

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TESTIMONY OF CATHI FONTENOT, MD

Mr. Chairman and members of the committee, thank you for the opportunity to share our Hurricane Katrina hospital experiences with you. I believe that the Medical Center of Louisiana at New Orleans, as the designated regional disaster hospital provider, was as prepared as we could have been for the horrible event that started on August 29.

As the regional HRSA hospital provider, our pre-Katrina disaster plans did not include evacuation. Instead, we prepared to take care of disaster victims in the event of a hurricane or other emergency.

As a routine annual exercise, the hospital conducted “Code Grey” drills which included identification of employees and physicians who are assigned to be present in Charity and University Hospitals, which comprise the Medical Center of Louisiana, for the duration of a weather event after the code is activated.

In the past, MCLNO has activated Code Grey status approximately twice yearly. The usual Code Grey activations last about two days, and then are over with resumption of routine activities. This activation was much different in that the hospitals (Charity and University) suffered substantial damage, including loss of electricity and water for the five days post storm and forcing reliance on overwhelmed generator power. It also was necessary to utilize the additional supplies and equipment we had ordered as part of our annual preparation for hurricanes.

At the time of the storm, University Hospital had a census of 167 patients and Charity, approximately 200.

I will provide you with a synopsis of our preparation:

Summer of 2000

Purchased 1000 5 gallon buckets with lids for future use as human waste containers.

June 1st annually

Purchase 12,000 gallons of bottled water, 1,000 gallons bleach, 14 days of pharmaceutical stocks above normal usage, and 14 days of nonperishable food supplies above normal usage.

Specific Hurricane Katrina Preparations

Thursday 8/25/05

Conducted dietary and pharmacy assessment of inventories in advance of the storm.

Saturday 8/27/05

8 am: Katrina crosses Florida and heads for the Gulf Coast.

11 am: CEO of MCLNO emails all employees to inform them of a Code Grey watch and anticipated activation.

2 pm: Administrative team meets to review code grey plans and the decision to activate the following morning. Physicians are notified to discharge all patients who can be safely discharged.

4 pm: Notified department directors of Code Grey warning and plans for activation the following morning. Environmental assessments and movement of essential equipment (water, body bags, generators) from warehouse to facilities completed. Media notified of intent to raise Code Grey status to full activation

Sunday 8/28/05

7 am: code grey activation begins. Incident command center established at University campus. Prestaging of supplies, generators, plywood and water vacuums completed. Announcement made to media of closure of hospital to all but emergency services. Patients moved away from windows as winds approach tropical storm force.

Monday 8/29/05

Loss of electrical power at both campuses with emergency generators beginning automatic operation within 2-3 minutes of power loss. Three feet of water surrounded University campus.

Rising water late afternoon despite no rain. Sump pumps operating in basements. Pumps ultimately overwhelmed by rising water and hospitals dependent on portable generators.

Running water lost.

Tuesday through Friday, 8/30-05 – 9/2/05, were spent treating patients and triaging for planned evacuation. The ultimate evacuation from both campuses was accomplished Friday 9/2/05 by both boats and helicopters, four days after the loss of power.

Loss of patient life was minimal and limited to critically ill patients.

The lessons learned from this disaster include the absolute necessity of improved and reliable communication devices. Our hospital police radios were reliable but required frequent battery change and recharges. Cell phones were unreliable, as were satellite phone systems. Our Ham radio operator was effective in establishing contacts.

Better coordination with governmental agencies to ensure communication between military, fire and law enforcement personnel is required. For example, if we could have had some notice that the levee system had failed, rather than just watching as the water rose, we could have better anticipated the need for vertical evacuations inside the facilities.

Clearly, evacuation plans need improvement in the timeliness of getting patients out of such a devastated facility. This will require careful planning with outside entities. Heliports should be considered at any healthcare facility for possible medical evacuations.

The Medical Center of Louisiana historically has been a vital partner in planning for disaster preparedness and we look forward to our future role. We are committed to improve upon the past and plan for the future.

Thank you for the opportunity to share our experiences.