



Statement

of the

American Medical Association

to the

Subcommittee on Health and Subcommittee on
Oversight and Investigations
Committee on Energy and Commerce
U. S. House of Representatives

RE: Assessing Public Health And The Delivery
Of Care In The Wake Of Hurricane Katrina

Presented by Ardis D. Hoven, MD

September 22, 2005

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**ASSESSING PUBLIC HEALTH AND THE DELIVERY OF CARE
IN THE WAKE OF HURRICANE KATRINA**

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Mr. Chairman and Members of the Subcommittee, my name is Ardis D. Hoven, MD. I am a practicing internal medicine and infectious disease specialist in Lexington, Kentucky, and a member of the American Medical Association's (AMA) Board of Trustees. On behalf of the physician and medical student members of the AMA, I am honored to have this opportunity to discuss with the Subcommittees the public health and delivery of care issues raised in the wake of Hurricane Katrina.

Introduction

The Gulf Region has experienced not only the worst natural disaster to hit the United States in recent memory, but also an unprecedented public health disaster. Our thoughts and prayers continue to be with all of the survivors, but they clearly will need much more. Portions of the public health and health care delivery infrastructures in New Orleans and the Gulf region have been either entirely wiped out or severely damaged. The health care needs of Hurricane Katrina's victims, especially those who were unable to or did not evacuate to safety before the storm hit, were overwhelming in the immediate aftermath of the disaster and continue to be significant. And, given the unprecedented displacement and dispersal of hundreds of thousands of Katrina evacuees across the country, addressing their ongoing health care needs has become even more challenging.

Hurricane Katrina and its devastating aftermath are a reminder to this country and to the medical community, similar to the attacks of 9/11 and the subsequent anthrax attacks four

years ago, that we must remain constantly vigilant and prepared to respond to disasters, whether natural or man-made. Katrina has demonstrated that there remains significant room for improvement in terms of our planning and preparedness for, as well as coordinated response to, catastrophic events. The AMA has been working hard to address specific issues that have affected patients and physicians as a result of Katrina, and stands ready to work with Congress, the Administration and other organizations to meet the challenges presented by Katrina and to ensure that we are better prepared to respond to the next major disaster.

Background

Whether resulting from natural disasters such as Hurricane Katrina, unintentional events, or terrorism (Oklahoma City and September 11th), physicians and other health care professionals have a long history of treating mass casualties and responding to disasters. Physicians are among the first to respond in emergencies and have distinct, critical roles to play in the nation's response to disasters. Indeed, physicians have an ethical obligation to do so. One of the long-standing, basic principles of the AMA's Code of Ethics is the physician's responsibility to participate in activities contributing to the improvement of the community and the betterment of public health. This public health obligation has been continuously reaffirmed since the Code was first adopted more than one hundred years ago. In 2004, a new ethical principle was adopted stating that "Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters."

Given the physician's obligation to the health and safety of communities and the nation, organized medicine has a duty and responsibility to ensure that every physician is equipped with the knowledge and skills to discharge his or her public health responsibilities, especially in helping our nation respond to disasters. As the leading voice for physicians, the AMA has a long tradition of involvement in helping to lead the response to terrorism and disaster preparedness. The AMA was closely involved in the response efforts in the immediate aftermath of the 9/11 terrorist attacks and subsequent anthrax events. Our activities included the development of a comprehensive Web presence for clinicians and the public; collaboration with both federal and private sector agencies; communications through press releases; and outreach to and involvement of the federation of state, county, and specialty medical societies represented in the AMA's House of Delegates, which is comprised of over 150 separate groups that work together to advance the agenda of physicians and their patients.

At the 2001 AMA Interim Meeting, the AMA's policy-making body, the House of Delegates, mandated that the AMA develop a major national initiative to rebuild the nation's public health infrastructure and ensure that physicians, in partnership with public health agencies, have the capacity to respond to future medical disasters. In response, at the end of 2002, the AMA established the Center for Disaster Preparedness and Emergency Response – now called the Center for Public Health Preparedness and Disaster Response (CPHPDR) – to develop and disseminate a comprehensive disaster management education and training program for physicians and other health professionals. More information on the Center's activities is provided later in this testimony.

Ongoing and Long-term Challenges

Physicians have been at the forefront of the response to Hurricane Katrina since the beginning, from those working in hospitals, clinics, and other facilities in the disaster zones, to the thousands of others who immediately volunteered to help rescue and treat evacuees. The response from the physician community has been both overwhelming and heartening. Even under the best of circumstances, however, which these were certainly not, it became quickly obvious that physicians and other health care providers were overwhelmed by the scope and severity of this disaster, and systems to accept physician volunteers were sorely in need of improvement.

The challenges of providing medical care in the midst of this disaster were unprecedented. With flooding widespread across the region and power and communications networks out, physicians and other health care professionals in hospitals desperately tried to keep patients alive, and appear to have mostly succeeded, even when their back-up generators failed. Phone communication, both on land-lines and through cell towers, was difficult if not impossible, making it difficult to coordinate rescue and evacuation efforts. Security issues, especially in New Orleans, posed unique challenges in some evacuation attempts of patients and staff from hospitals.

Emergency medical facilities had to be created literally overnight at shelters and other locations, such as the one at Louis Armstrong New Orleans International Airport. Many patients treated by physicians at these facilities and at health clinics often had no medical records and were not always able to remember either their diagnoses or the names and dosages of their medications. Many evacuees presented with dehydration, and physicians saw thousands of patients with chronic medical conditions, such as diabetes, hypertension, heart disease, and depression, who had been without their medications for days. Special needs patients, such as those who needed dialysis treatments and those with cancer, presented special challenges both in terms of immediate treatment and the need to find alternative treatment facilities over the longer term. Physicians also had to deal with (and continue to deal with) issues regarding legal consent to treatment for minors or those individuals who are unable to provide consent; privacy concerns; and licensing waivers and immunity from liability for volunteers.

The medical concerns and threats in the initial aftermath to Katrina are now moving into the next phase. Physicians in the disaster zones are gearing up for they call a “second disaster,” as residents return to their homes and businesses to try to assess the damage. Some of the worst injuries, such as chainsaw accidents and falls from scaffolding, often occur as residents try to recover what is left of their property. Mention also must be made of the psychological impact of this disaster and the ongoing need for mental health support services. Since much of the health care delivery infrastructure is either destroyed or non-operational, existing facilities will continue to be stretched thin.

Based upon our observations and information provided by our members who have been on the front lines in Katrina’s aftermath, it is clear that much work needs to be done in the months and years ahead, both in terms of rebuilding the hurricane-ravaged areas and in our

emergency planning, preparedness and response capabilities. The public health and health care delivery infrastructures have been either completely destroyed or have sustained significant damage across the affected Gulf Coast. Existing facilities that are operational are under extreme stress as they assume even greater responsibilities to fill the gaps created by the loss of so many facilities. Physician offices, cancer, imaging, dialysis and rehabilitation centers, hospitals, clinics, long-term care facilities, pharmacies, laboratories, etc. need to be rebuilt or repaired, not to mention resupplied, with information technology systems, equipment and inventory. Patients are scattered across the country, with ongoing, chronic needs, and, in many cases, with no medical records at all, which presents unique challenges to physicians and other health care professionals providing care.

It has become clear that the physicians and medical societies in the areas affected by this disaster have been completely overwhelmed by it. As with so many others in the disaster region, physicians are dealing with damaged or destroyed homes and communities. At this point in the post-Katrina period, physicians are having difficulty in planning ahead for the recovery effort because there are so many unknown variables, such as:

- how quickly communities will be rebuilt and have functional power, water and sewage;
- how many people will return and when and where they will return;
- whether clinical and administrative staff will be available to help run a medical practice; and
- what other facilities, such as hospitals, will be reopening or opening in the affected areas.

Assuming that people do return to these communities, physicians do not know what businesses will be there and whether the returning residents will have any health insurance that will allow the physicians to cover their costs of practice. While we would welcome incentive programs to bring physicians back to the post-Katrina communities, there are many factors well beyond physicians' control that will affect their ability to practice any time soon in these communities. Yet, we know that most physicians want to be reconnected with their patients, and patients with their physicians, and the AMA will do everything we can to help achieve these goals.

We are in the first phase of what clearly will be a lengthy, multi-phase assessment of the needs of our members. At this time, the AMA has identified the following needs for additional funding, both in the short-term and over the long-term:

- Assisting displaced physicians in re-establishing their practices or relocating – this is a serious patient access issue. We urge Congress to include funding specifically targeted to help physicians rebuild their medical practices in any health care recovery legislation under consideration.
- Patients in the affected areas need health insurance coverage. America's health insurance plans should have the opportunity to be a part of the nation's health care safety net. Where individuals who have been displaced had private health insurance at the time the hurricane struck, the government should assist them in paying their

premiums or providing COBRA coverage for them so that they do not join the swelling ranks of the uninsured.

- Detection, monitoring and treatment of emerging infections – along with functioning diagnostic labs, both public health labs and private sector labs. Although historically, widespread outbreaks of infectious disease following hurricanes in the United States are rare, surveillance for potential localized clusters of disease must occur, especially among persons in crowded community shelters. There already have been infectious diseases reported, with several deaths (vibrio infections) and we must remain vigilant and have the capability to monitor the threat of additional infections. Indeed, physicians are being asked to rapidly report to their local public health department any suspicious cluster of infections associated with displaced persons, so it is important that these local departments are prepared to respond. Support will be needed for ongoing public health surveillance to monitor and detect potential human health and environmental hazards in the affected communities.
- The need to ensure sufficient supplies of CDC-recommended vaccines, such as tetanus and hepatitis, and the ability to restock supplies used during this emergency. The vaccine supply infrastructure remains fragile in the United States and it is clear that Katrina has exposed weaknesses in our immunization record keeping. It is time to rededicate efforts to creating a nationally viable immunization registry for children and adults, a concept the AMA has long supported.
- Clean-up of contaminated areas: flood waters were contaminated with sewage (e-coli), lead and other toxic substances.
- Comprehensive and long-term mental health services for displaced persons and first-responders.
- Research funding to study the basic epidemiology and science of disasters, which would include retrospective data collection and sharing of best practices and lessons-learned to better prepare for the next disaster.

In addition, physicians and other health care professionals must be better trained in how to respond to disasters. The AMA continues to address this need through its Center for Public Health Preparedness and Disaster Response, and its National Disaster Life Support (NDLS) Program courses. These courses include Core Disaster Life Support (CDLS), Basic Disaster Life Support (BDLS), and Advanced Disaster Life Support (ADLS). As of April 30, 2005, a total of 11,165 participants had been trained. With a grant from the Department of Homeland Security (DHS), the Center is working to train more than 4,000 first responders using an electronic version of the Core Disaster Life Support course. The Center has also developed and disseminated a CD-ROM, “Management of Public Health Emergencies,” as a virtual library for physicians and other community responders.

In addition to its training activities, the Center has been expanded to effectively address the design and implementation of programs to enhance the role of physicians and organized medicine in public health preparedness policy, advocacy, and leadership at the community level. With a grant from the CDC, the Center is working to address health system preparedness by facilitating interaction among acute care, EMS, and public health organizations involved in the response to traumatic injuries from terrorism and other disasters. Under another contract, the Center (together with the AMA Medical Education

group) is helping the Health Resources and Services Administration (HRSA) develop and test guidelines for states to establish interoperable “Emergency Systems for Advance Registration of Volunteer Health Professionals” (ESAR-VHP) for persons willing to respond to public health disasters. The Center is dedicated to building and sustaining a coordinated and integrated public health response system and will continue to work with, as well as support the efforts of, HHS and DHS in this regard.

The AMA believes that over the long-term, it is critical to develop a more integrated system between clinical medicine and public health in order to better prepare for and respond to future emergencies. Obviously, much remains to be done, especially in shoring up the public health infrastructure, which, across the Gulf Region, has now been devastated. While physicians are better educated and prepared than they were post-9/11, much more needs to be done to bridge the gap between practicing physicians and public health networks.

AMA Activities in the Immediate Aftermath of Katrina

Building on our experience from the response to the events of 2001, the AMA quickly stepped forward after the hurricane to facilitate communications and the dissemination of information among public and private first responders. Many of our AMA activities are ongoing and include the following:

- On Wednesday August 31, the AMA Center for Public Health Preparedness and Disaster Response activated a Katrina response team to work on internal coordination, Web site issues, member and employee communications, medical education, Federation relations, and legal issues. During the last 3 weeks, AMA staff have fielded innumerable phone calls and email messages from AMA members, medical societies, government agencies (CDC, HRSA, HHS), volunteer organizations (American Red Cross, Project Hope), and others addressing personal/professional issues such as temporary licensure, housing, medical supplies, medications, physician volunteer concerns, and projected needs. Currently, AMA staff and the Board of Trustees, through its Task Force on Disaster Preparedness, are working with medical societies affected by the disaster to develop a needs assessment to better inform our response strategy.
- Working with HHS and the state medical societies, we identified ways for physicians to volunteer in the affected areas and areas to which evacuees have moved, issued a press statement on how physicians could help with Hurricane Katrina medical relief efforts, and created links on the AMA’s website regarding volunteer information. To date, 33,000 medical professionals have signed up to volunteer through HHS.
- The AMA created a comprehensive Web resource, which includes links to relevant government and private websites, containing information on how physicians can volunteer through HHS and the states, as well as information on a wide range of topics, such as insurance claims (both private and public); public health and safety concerns; patient privacy; Medicare and Medicaid; licensing, liability, and other legal issues; medical student, resident and research issues; pharmaceuticals; individual assistance programs; and state displaced physician and patient tracking resources.

- We have served as a liaison with the federal government for issues arising from physicians and state medical societies on the front lines, trying to ensure that government regulations are clarified and exceptions are created so that patients are ensured access to care. We want to take this opportunity to commend officials at the Centers for Medicare and Medicaid Services, in particular, for their responsiveness to our questions and concerns, as well as the Centers for Disease Control and Prevention (CDC). The AMA has been working with CMS to secure a waiver under the Stark rules so that hospitals in the Gulf region can help provide assistance to displaced physicians without fear of violating federal regulations. The AMA applauds the CDC for their efforts to advance the AMA website with its information specifically geared towards the physician community, to identify ways to collect patient information through their Keep It With You medical record forms and to keep clinicians apprised of quick breaking news through their clinician registry and the COCA (Clinical Outreach and Communication Activity) emails/conference call systems. The collaboration and coordination of efforts between our organizations is greatly appreciated as we strive to address the needs of so many affected by the devastation.
- We are continuing to work with several state licensing boards to expedite credentials verification for physicians displaced by Katrina, and are doing all we can to get physicians back on the front lines to care for their patients. We have also been working to ensure that physicians who have been volunteering or who volunteer in the future in the affected areas or in areas overwhelmed with evacuees have liability protection. We want to praise the House of Representatives for their recent passage of H.R. 3736, the “Katrina Volunteer Protection Act of 2005.”
- The AMA is in discussions with HHS about participating in the newly created Hurricane Katrina Relief Prescription Information Network. This new network of databases, known as “KatrinaHealth,” contains prescription records for Katrina victims and was created by the HHS’ Office of the National Coordinator for Health Information Technology in collaboration with the Markle Foundation and other public and private groups. KatrinaHealth is designed to give physicians caring for Katrina evacuees access to their prescription medication history. The AMA has been requested by HHS to assist in this initiative by participating in the authentication of the credentials of physicians seeking access to KatrinaHealth.
- Several national medical specialty societies have also established programs to ensure continuity of care for special patient populations. For example, both the American Society of Clinical Oncologists and the American Society of Therapeutic Radiology and Oncology set up online message boards and telephone services to help connect displaced cancer patients undergoing chemotherapy or radiation treatment with cancer specialists who could restart their care. Special efforts also had to be made to reconstruct the patients' treatment regimens. In addition, the American Psychiatric Association has been working closely with the Substance Abuse and Mental Health Services Administration to treat displaced psychiatric patients and others in need of mental health services following the disaster.

Conclusion

The AMA believes that it can and should play a critical role in bridging the gap between medicine and public health not only through its current mission of physician education and training, but also through its ability to convene and bring to the table the appropriate partners from the private and public sectors to develop and activate a system to link local physicians with the public health system seamlessly, so that we can be even better prepared for the next disaster. The AMA stands ready, able and willing to work with Congress, the Administration, state and local governments and private entities, to help in addressing this major challenge. We would be greatly honored to help in any way possible.