

# For Med Schools, Katrina May Have Silver Lining

BY ALICIA AULT

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New Orleans' two medical schools, Tulane University and Louisiana State University Health Sciences Center, seem poised for a post-Katrina recovery that may put them on better footing than before the floods wiped out much of their infrastructure and dispersed their faculty, residents, and student bodies.

But although Tulane and LSU officials are optimistic, success is far from guaranteed. "The next 6-12 months will be absolutely critical," said Barbara Beckman, Ph.D., dean of admissions at Tulane.

For now, officials at both schools say that the downsizing at the schools may have a silver lining: It may better prepare the institutions to serve a smaller city with fewer physicians, patients, and hospital beds yet potentially more uncompensated care.

In late February, the U.S. General Accountability Office estimated that only 456 beds were open at three hospitals in the city. That was down from 2,269 before the storm. (See box.) Outside the city, about 1,528 beds of a total 1,814 had reopened.

Since the hurricane last August, 132 medical faculty members at Tulane and 270 at LSU have lost their jobs. The LSU faculty were furloughed, but most are not expected to return, Dr. Larry Hollier, chancellor of the Health Sciences Center, said in an interview.

Because LSU is primarily supported by the state, it has more of an uphill battle than does Tulane, which has benefited from its hospital being owned by HCA Inc., Dr. Beckman said.

Physically, 21 of 22 LSU buildings were seriously damaged by the hurricane and subsequent flooding. All of LSU's teaching

facilities were under at least 5 feet of water at some point, according to Dr. Hollier.

In the months after the storm, the university was losing \$13 million a month, and at the end of 2005, it was facing a \$50 million deficit even after \$63 million in cut-backs. In February, LSU received \$50 million in federal hurricane relief money, which was distributed by the state-run Louisiana Recovery Authority to help cover resident and faculty salaries.

"I never had any doubt we would keep it going," Dr. Hollier said. But his job is far from over.

Initially, all seven of LSU's teaching hospitals were out of commission, leaving many of the school's residents at loose ends. After the storm, LSU moved its residents to hospitals outside the city and across the state, in particular, to Baton Rouge. Some are now back at work in New Orleans.

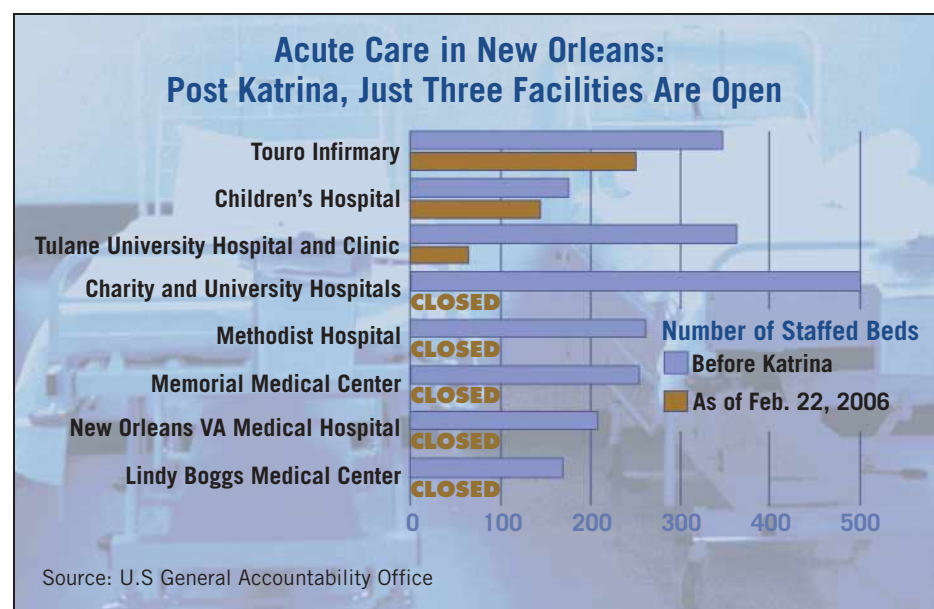
But just because LSU found positions for its residents doesn't mean the school was going to be paid for their salaries and

upkeep. Under the federal graduate medical education program, schools are required to have affiliation agreements, and LSU does not have any with those new facilities. The school sought a waiver from the

Centers for Medicare and Medicaid Services to receive payment for those new slots, and in April, CMS announced its intention to grant the waiver to LSU and all the schools affected by Katrina in an interim final rule. The waiver, which would let schools receive payments retroactive to the storm for residents at any institution, will become final later in the year.

Tulane sought the same waiver, said Dr. Ronald Amedee, dean of graduate medical education. Before the storm, the school had 46 fully accredited programs and 521 residents and fellows in the city.

**'[These] people came here and did not see water marks on buildings and debris piled up in the street as a negative—they saw it as a positive.'**



With the evacuation and closures, 217 were transferred to Texas Medical Center, 200 to other sites in Louisiana, and 110 to facilities across the United States. Before the storm, Tulane had agreements with 13 institutions; residents are now at 91 different hospitals, Dr. Amedee said.

LSU had 802 residents at 12 teaching hospitals around the state before the storm. Most were moved to other hospitals in Louisiana, and 100 have been granted permanent transfers.

On a brighter note, the chaos in New Orleans has not dissuaded future physicians from seeking residencies at city institutions. Tulane's 70 residency slots were easily filled; 20 are from the medical school's 2006 graduating class.

Dr. Amedee said the school attracted top-tier candidates. But they were different from those in years past—many have done charity work in developing countries or with organizations such as Habitat for Humanity, and many are seeking a dual MD and master's degree in public health.

"This is a group of people that came here and did not see water marks on buildings and debris piled up in the street

as a negative—they saw it as a positive," he asserted.

At LSU, 76 of the 172 students in the graduating class decided to stay in-state for training.

Tulane moved all 155 of its first- and second-year students to Baylor College of Medicine in Houston, where they are taking classes from the 150-200 faculty still on the Tulane payroll.

The third- and fourth-year students are taking electives in Louisiana, Texas, and elsewhere. Tulane aims to reopen its medical school in July.

Most LSU students were relocated to the school's main Baton Rouge campus, but the schools of public health and graduate studies returned to New Orleans in January.

Dr. Hollier said he expected the medical and nursing students to start attending classes in the city in July, and medical school applications are on par with previous years.

At Tulane, about 8,000 students have applied for 155 positions. "I've got an over-filled class," said Dr. Beckman, but "what's different this year is the enthusiasm level. I wouldn't be anywhere else, and I think that's what the students feel."

## Want to Help Out in an Emergency? Here Are Two Ways

BY MIRIAM E. TUCKER

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PHILADELPHIA — Two government-affiliated programs provide a way for physicians and other health care professionals to serve as volunteers in the event of a national, regional, or local emergency, Dr. Anand K. Parekh said at the annual meeting of the American College of Physicians.

The Medical Reserve Corps (www.medicalreservecorps.gov), formed in 2002 under the auspices of the U.S. Surgeon General's office, is a nationwide network of community-based groups of credentialed and trained volunteers. About 73,000 Medical Reserve Corps volun-

teers serve in 404 units in 49 states.

The Emergency System for Advance Registration of Volunteer Health Professionals (www.hrsa.gov/esarvhp) registers health professional volunteers in advance of an emergency, with 13 state systems fully operational thus far. Although it is federally funded by the U.S. Health Resources and Services Administration, it is state-run and state-operated.

Those who are interested in volunteering should contact their state public health departments, said Dr. Parekh, a medical officer in the U.S. Department of Health and Human Services' Office of Public Health Emergency Preparedness and special assis-

tant to the science adviser to the secretary of HHS.

In general, the Medical Reserve Corps (MRC) is an option for those who want to become actively involved in volunteer services by receiving training in advance as part of a local unit. The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), on the other hand, functions more as a reserve unit: The state keeps your name on file and calls only if an emergency arises.

Both groups were involved in the response to Hurricane Katrina. In the communities directly hit, 6,000 MRC volunteers supported local relief efforts. Another 1,500 MRC volunteers

from elsewhere expressed willingness to deploy to the affected areas, and 600 of them actually did so.

Along with the 13 established ESAR-VHP state systems, another 7 state systems were temporarily launched within 2 weeks after the hurricane hit.

In all, more than 8,300 health professional volunteers assisted Katrina victims through ESAR-VHP, Dr. Parekh said.

Both of the programs are still evolving, and currently efforts are underway to standardize the credentialing procedures and to increase pre-event training opportunities.

As of now, only "federalized" volunteers who engage in a national emergency response receive liability protection. Some states and localities also provide such protection; however, it is not uniform throughout the country.

### LETTERS

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