

# Patient Access to Care in a Disaster Situation

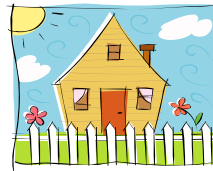
Presented to  
Advisory Committee on Blood Safety and Availability  
September, 2005  
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# Katrina and her Aftermath

- Here in the 21<sup>st</sup> century, we take many things for granted:

- Shelter



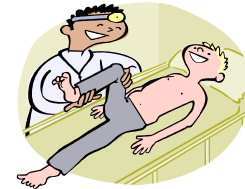
- Food



- Ability to earn a living



- Access to health care

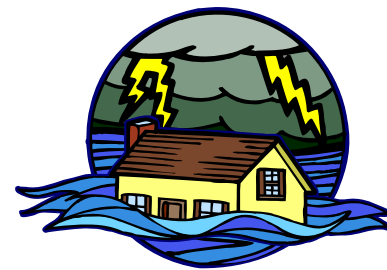


- Transportation to wherever we want to go whenever we want or need it



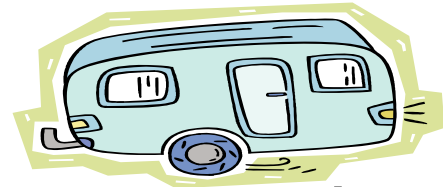
# Category 4 and 5

- Up until now, no one has experienced the wrath of a **Hurricane** like Katrina
- No other natural disaster has equaled the wrath and destruction Katrina brought to New Orleans + Mississippi and Alabama Gulf Coast



# Reaction & Response

- Warnings were given and evacuation routes posted & pursued
- Some left
- Others had no means of transportation
- City of N.O. didn't provide school buses or MTA buses to enable those people to escape



# Evacuation

- The evacuation process went fairly smoothly for those that left on cue
- For others a 2 hour drive turned into 14
- People ran out of gas, didn't take enough food, water and batteries



# Protocols

- State leaders delayed asking for federal help causing delays in all sorts of assistance
- Traditional modes of **communication** were wiped out
- How do you find patients?
- How do family members find each other after being separated in the evacuation process? (**Now provided as of 9/14**)



# Making Medical Care Accessible

- I will use as an example the model set up at the Cajundome in Lafayette, LA
  - Lafayette Parish Medical Society, American Red Cross, Churches, United Way, Salvation Army and city and parish government groups got together to put things in motion to care for the evacuees
  - The first shelter was set up at the Cajundome for people and at Blackham Coliseum for pets



# Medical Care

- Members of the Parish Medical Society along with interns and residents both from LSU Medical Center in Lafayette and those who evacuated from New Orleans put together a **triage clinic** at the Cajundome
- A **special needs center** was set up in the Heymann Center for patients with special medical needs (next door to Lafayette General Hospital)





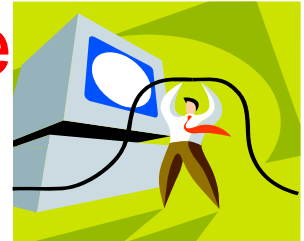
# Medications

- Physicians emptied their **sample closets**
- Manufacturers made medicines available through their **compassionate care programs**
- Chain pharmacies agreed to fill anyone's prescriptions and distributed a lot of the compassionate products free



# University Hospital System

- LSU Medical system & Tulane University Hospital computers were housed in New Orleans and no records could be accessed.
- Sadly, there was friction between this group of volunteers and the Red Cross and the volunteer physicians left leaving all needing care to report to local ERs



# HFA's Home Office in Lafayette

- HFA set up a **conference call** with all of the clotting factor manufacturers along with representatives from NHF
- We identified United Blood Services in Lafayette to house & distribute compassionate factor thru their existing system to 50+ hospitals from just South of Alexandria to New Orleans
- Evacuees to Texas being cared for by the Gulf States HTC and those in Dallas and San Antonio



# Physician Coverage

- HFA contacted two groups of hematologists here in Lafayette who treat patients with hemophilia to provide **Rx** and treatment for patients in South Louisiana displaced by Katrina until HTC personnel could be relocated
- As of 9/12, Cindy Lessinger, MD Tulane HTC Director has been housed gratis in our HFA offices complete with telephones, desks, fax and e-mail.



# Financial Assistance

- HFA has set up a Hemophilia Disaster Relief Fund for hemophilia patients for needs other than medical



- Connecting family members separated during evacuation is a major problem.



# Other areas of Need

- HFA was contacted by Rep. Bobby Jindal's office to ask for input on health care needs in the face of Katrina to help to put together next phase of relief and cut through as much red tape as possible



- This began my survey of all of the heads of the various services surveying needs to I.D. gaps in service



# OBSTACLES

- Defiance of individuals not wanting to leave affected area
- Lack of adequate search & rescue personnel and delay in requesting Federal Aid
- Slow response by FEMA & Red Cross and bottlenecks of registering & getting aid to the evacuees
- Need better screening process to I.D. people with medical problems
- Parents of hospitalized newborn babies not notified where their babies were transferred creating massive efforts and detective work to reunite the families



# Aftermath

- Evacuees were not given a choice of which city where they were being sent
  - If given a choice some could have gone where they had family and not had to remain in mass shelters
- All of the above lead to Mental Health Issues which might seem to be another whole subject and unrelated





# Mental Health & Special Needs Community

- Many persons with special needs whether it be hemophilia, diabetes, high blood pressure, multiple sclerosis, immune deficiency, Alpha 1 Antitrypsin or anything else have a major negative impact upon their condition through stress



# Preparation for Next Time

- Make sure state officials invite Federal help immediately – eliminate need for Governor to ask
- Have sound plan prior to onset and put it in place at least 2-3 days prior to hit
  - Old adage better to be safe than sorry
- Establish back up communication methods including pharmacies (Satellite phones?)
- Each vulnerable state should establish specific chain of command with areas for which each division is responsible & designate facilitator



# Chain of Command

- Be ready to **incorporate outside help** such as boats, EMT help, fire & police personnel, search dogs, construction clean up, utility crews
- Have **mass transportation strategy** for evacuation beyond area of storm's path understanding lower income population does not have access to personal transportation
- I.D. medical centers outside storm's path to be designated as triage centers for various patient populations with computer backup



# RESPONSE

- In a recent statement released by the OMB, they stated that proper response to a disaster should be “unified, coordinated and effective.”



# Actions Taken

- I have e-mailed entire Louisiana delegation with the problems
- Many responses from them & referrals
- I have received feedback from FEMA that was less than satisfactory
- Feedback just recently from VP of Quality Assurance for ARC who is investigating lack of response



# Disappointment

- This group and others met following 9/11 to discuss what would happen if we had another terror attack. While Katrina was not the type of attack we were discussing, it has had the same and yet in some ways more devastating results.
- **We still have a lot of work to do. ACBSA should be included in emergency planning process for the future**

