

The Right Prescription...

Moving Medical Clinic from Danger

Nurse Practitioner Marie Anderson checks the flood level at Drayton's medical clinic in 1997 and wonders if the town's only medical office will ever reopen. Photo courtesy of City of Drayton.



North Dakota's historic 1997 Red River Valley flood nearly spelled death for one small-town medical clinic.

Inside the building, water reached 6 inches high. A thick layer of mud covered the floor. Mold was beginning to grow. Even after scrubbing and disinfecting the building, medical staff thought the health risk for patients with certain illnesses was too high to treat them inside the structure. So instead, the staff treated these at-risk patients in their cars.

But that was only half the problem for Drayton, population 900, a town that faces an almost yearly flood threat. The clinic building, which also housed a local dentist, was at risk to flood again and again—even though it sits about 35 feet above the normal river level. In fact, the river did get into the clinic's crawl space again in the spring of 1999—the 10th recorded flood since 1980 alone.

Also, the riverbank—which had become increasingly unstable because of poor soil conditions—had eroded dangerously close to the back of the building. As a result, there wasn't enough room or stability behind the structure to build an emergency dike that would protect the clinic from a rising river. Even the weight of the one-story building was putting enough stress on the riverbank that some predicted the ground eventually would collapse, sending the clinic tumbling to the river.

In short, it became paramount to do something. The town's small hospital had closed in 1975, making it imperative that the clinic—which had been treating the sick and injured for nearly 50 years—remain operational and safe.

So local officials rolled up their sleeves and went to work to find a solution. They needed a new building, they needed money to pay for it, and above all, they needed to make sure the clinic was

better protected from the next flood. Through a creative public-private partnership, they got it all.

Local officials quickly realized that the city couldn't afford to build a new structure. But with the help of a regional planning council and a local economic development corporation, a financial package was put together to purchase and remodel an existing building on the edge of town. The package included donations from several local organizations, part of a flood-recovery grant to the county from the U.S. Department of Housing and Urban Development, an additional grant from the U.S. Economic Development Administration and flood insurance proceeds from a National Flood Insurance Program policy.



Anderson is all smiles now that the clinic has moved to larger, safer quarters away from the river. The move was possible because of a local, state and federal public-private partnership aimed at keeping medical services in the community.

The project has been a huge success and the clinic's new prognosis is for a long and healthy existence.

Since July 1999, the clinic has been operating from larger, newly remodeled quarters about half a mile from where it once overlooked the river from the city's Main Street. Now, there is no underground space that can fill with groundwater seepage or river water. In fact, before the building was constructed in 1990, the entire property had been raised 1 foot to comply with the city's floodplain ordinance regulating construction in a special flood hazard area.

Roadways border three sides of the property, and because they sit much higher than ground level, the streets can act as dikes to keep flooding at bay. To protect the fourth side, the city could build an emergency dike as needed. The emergency dike only would be necessary if water got past a main, temporary dike the city has to build on Main Street each time the river gets too high.

And finally, to provide financial protection, the city has purchased flood insurance for the building just in case structural protective measures don't work and flood damage does occur.

Because of these disaster-resistant measures, the chances of the facility being damaged again are significantly reduced if not eliminated, according to local officials and clinic staff. And that improves the likelihood that the clinic can remain open for patient care, even if flooding threatens other areas of the city.

"The clinic is in a much better position now," said Carol Gardner, Drayton city auditor. "It's not perfect because Drayton is along a river. But we couldn't protect it where it was before. It was hanging on the edge of the riverbank. Now it's very protectable."

Clinic nurse Shirley Jensen agrees.

“This area here would be easy for them to protect if they had to,” said Jensen, who has worked at the clinic for 20 years and been through more than one flood at the old building. “This facility is so much better than what we had.”

Marie Anderson, a certified family nurse practitioner who runs the clinic day-to-day, says the new space also has many other benefits for staff and for patients—many of whom come from as far away as 40 miles.

Now, there are four exam rooms instead of two. Lab and office space has been expanded. There is a separate room just for instrument sterilization. There’s an actual nursing station. And there is a handicapped-accessible bathroom—a big plus for wheelchair patients who, before, could only get into the bathroom with assistance because the doorway was too narrow for a wheelchair.

“Coming here is like a whole new world,” said Anderson, who vividly remembers watching the old building flood in 1997 and thinking that the clinic’s future was bleak. “I never dreamed we would have this much space.”

Gardner also lauds the success of the clinic relocation, which has kept a vital service in the community.

“Losing the clinic would have been bad,” said Gardner. “As with any small town, a lot of our people are getting up in years. It would have been a very negative impact if people had had to go out of town for medical care.”