

Louisiana PHL Finds Hurricane Recovery Slow Going

One year after Hurricane Katrina unleashed floodwaters on New Orleans, life is ebbing back. Steve Martin, director of laboratory services for the state of Louisiana, said in a telephone interview September 20, "Most of the jazz and heritage sites are back up and operating. Tourism is picking up again and the first Saints home game is this week. Each of those brings a little more confidence."

But the real barometer of progress lies beyond Bourbon Street and the Superdome. Said Martin, "If you came in for a convention and they drove you in from the airport, you're not going to see areas that are blighted. It's the neighborhoods where most of the people lived in this community that have been damaged the most." And life in the neighborhoods has been slower to return.

In a city renowned as the "Big Easy," Martin said, "People are worried." The immediate repairs to the levees enclosing Lake Pontchartrain were temporary fixes and, said Martin; many residents are waiting to see how FEMA and US Army Corps of Engineers reconstruct the floodwalls before making long-term investment decisions. "There's a lot of anxiety every time there's a tropical storm... A lot will depend on the confidence people have in the levees and in the government."

And yet, overall Martin is optimistic that greater New Orleans will recover. "People have to be very patient," he said. "It's not going to be the quick recovery that some people hoped for... People have changed the way they're building and where they're building and that slows down the recovery process, but I think it's going to improve things."

As for the Louisiana PHL, it too is seeking to regain a sense of normalcy. At one point after the double whammy of hurricanes Katrina and Rita, three of

four branch facilities were out of commission. Fortunately, the regional laboratories in Amite and Lake Charles suffered no major damage and reopened within a couple of weeks.

The main branch of the laboratory, however, will never reopen; at least not in its previous location. The laboratory had been situated in the seventh and eighth floors of an office building in downtown New Orleans. That building was flooded beyond repair and is slated to be demolished. After a nomadic period during which Martin's base of operations moved from New Orleans to Shreveport to Baton Rouge, he is now working from rented warehouse space in Metairie, a New Orleans suburb.

From there the state laboratory director is overseeing the construction of not one, but two laboratories: a temporary, leased facility in Metairie and a permanent new facility on the campus of Louisiana State University (LSU) Medical School in New Orleans, about six blocks from the original New Orleans branch laboratory.

The process has been slow. Even though site preparation for the new facility began about four weeks before Katrina reached shore, the state legislature re-examined all spending decisions in the wake of the storm. "There's so many infrastructure needs down here that they went back through everything," said Martin. It took almost a year for Martin to get the okay to carry on.

The architect, contractor and major subcontractors have only recently reconvened to develop a new timeline for the \$23 million construction project. After Katrina, there will also be changes to the original design, notably a raised building foundation and extra generator capacity. (Martin explained that many hospital and research laboratories lost all their refrigerated reagents after Katrina even

with back-up power to the refrigerators, because they had no power to run the air conditioning. "As hot as it gets here in late August, and with 80 to 90% humidity, where there isn't any circulation of air the temperature gets probably up over 100 degrees," said Martin. "Their low temperature freezer compressors should have saved their reagents, but they burned out.")

Until the new building is complete in three years or more, Martin will set up shop in a former medical clinic that is under renovation. But until that project is finished, much of the testing that was previously performed in New Orleans will remain outsourced.

The University of Iowa Hygienic Laboratory is conducting newborn screening for Louisiana infants. The Texas PHL is conducting TB and water testing. The Arkansas PHL is conducting drinking water testing. The EPA laboratory in Houston is conducting heavy metals testing. And the LSU medical center in Shreveport is performing hepatitis and other miscellaneous clinical testing.

Staff too are dispersed. "We still have people who are essentially homeless," said Martin. "In small rental apartments that are way too expensive, waiting to resolve insurance claims."

Of the 84 people working in the New Orleans laboratory prior to Katrina, almost half are not returning to work. The remaining staff members have been spread out among other branches of the state PHL and other parts of the state government. Eventually Martin plans to bring them back to New Orleans. He recognizes, however, that filling his 38 vacancies will be a challenge until people "feel comfortable they can live in this area and feel safe."

Another problem is equipment. Since the old laboratory was on the upper

floors of a building, testing instruments suffered little direct storm damage. However, they likely have suffered some damage as a result of a year of non-usage, sitting in a building with no utilities. But no one knows for sure—and there's the rub. "It didn't float away down the Mississippi," said Martin. "We could see it. But with no way to move it and prove it's not functional, we can't file the paperwork with the insurers; it doesn't fit any part of the regulation for a lost piece of equipment."

After giving FEMA officials a dozen or more tours of the dead building, and after months of arguments between the Louisiana government and FEMA, Martin has resigned himself to the arduous and expensive task of actually removing the equipment. This has involved a call for bids to supply construction elevators, choosing a vendor, awaiting shipment of the elevator parts from Maryland to New Orleans, overseeing the assembly of the elevators on-site and arranging to have

10-foot square entry holes blasted into the side of the building.

"Things are moving forward," said Martin. "But getting approvals to do things has been a slow process." Once workers relocate the testing equipment, vendors will run diagnostic tests and determine whether any of it can be repaired.

At some point thereafter—when both functional laboratory space and instrumentation are available—Martin can focus on the next hurdles to re-establishing testing programs. Testing protocols will have to be completely re-validated, and technical staff—many of whom have been away from the bench for the past year—will have to redo their competency testing. "It's like we're starting a new lab," said Martin.

In addition to overseeing his \$10 million to \$12 million annual budget and carrying on with routine public health testing, Martin is contending with new, post-disaster needs. Hurricane Katrina devastated the health care infrastructure

on the Louisiana coast, and local public health clinics are only now beginning to reopen and re-establish clinical testing programs. Some of Martin's staff members are providing technical assistance to set up protocols for CLIA waived testing and to train clinic staff—some of whom are new employees. Said Martin, "Many of those clinics lost everything. They don't have procedure manuals; they don't have back-up information. It's ground zero." Moreover, an influx of construction workers into the coastal area has put added pressure on the public health system as many temporary workers lack health insurance and a medical home.

Before Katrina, said Martin, "We had focused on emergency preparedness as our lab helping other people; we hadn't really planned on what to do if we became the people who needed help." When the new laboratory is up and running, he will approach emergency planning differently: "Widen the scope and lengthen the time period." Said Martin, "We just never looked out for ourselves like we should've."

2006 ASTHO Meeting Discusses PHL Significance in EPR

The Association of State and Territorial Health Officials (ASTHO) convened its 2006 annual meeting in September. The theme of this year's gathering was "Leveraging Public Health Leadership," and focus areas included an array of traditional public health concerns, as well as current issues related to immunization and pandemic preparedness. Specific attention was directed toward the collaborative activities of public health partners, both traditional and non-traditional. Topics covered included information technology, workforce, public health and health care providers, mental health in terrorism events and natural disasters, laboratory issues, healthy communities and public health in state legislatures. In addition to state health officials, this year's participants included federal representatives, local foundations, non-profit associations and academia. The meeting provided a forum for these groups to gain an

improved understanding of each others' roles, as well as to plan collaborative efforts to enhance the nation's public health infrastructure.

In an ongoing effort to promote and maintain effective partnerships between state public health laboratories and state health officials, APHL hosted a session, "State Public Health Laboratories: Lessons Learned from the Front Lines," moderated by M. Rony Francois, MD, MSPH, PhD, secretary of health, Florida Department of Health (FDH). The session examined the state public health laboratory response to Hurricane Katrina: speakers included APHL's executive director, Scott Becker, MS; the former director of the University of Iowa Hygienic Laboratory (UHL), Mary Gilchrist, PhD; and David Beall, PhD, microbiology administrator, FDH.

Becker and Gilchrist shared experiences related to the public health impact of

and response to the storm and discussed short- and long-term laboratory response/recovery issues and intrastate laboratory assistance. Becker focused on APHL's coordination and outreach efforts during the hurricane and described the impact of the storm on Louisiana's state PHL system. Gilchrist's presentation highlighted the UHL's efforts to provide interim newborn screening services for Louisiana when its state laboratory was rendered incapable. As of September, the UHL had performed newborn screening tests on 72,462 infants born in Louisiana.

Beall discussed hurricane-related challenges that Florida's laboratory system has faced in past years, elaborating on how these lessons helped Florida laboratory staff deal with situations that arose in the aftermath of Hurricane Katrina. Beall described the challenges impeding sample processing and results communication when in a crisis situation.