

By Howard Larkin

# When will ophthalmology return to New Orleans?

*Scattered clinical staffs, closed hospitals and relocated training programs raise questions*

**M**ore than three months after hurricane floodwaters inundated New Orleans, the doors to the building that houses the McDonald Southern Vision Institute remain closed and under guard, still classified as a biohazard site.

Across the city, doors to other leading ophthalmology clinics as well as to teaching hospitals and medical schools also remain closed to physicians, patients, and staff. Only one hospital has reopened inpatient facilities in the city – with about 100 staffed beds – to serve a city-wide population of about 100,000 people.

Clearly, the rebuilding of ophthalmology and other medical services has barely begun in this once-great center of healing, teaching, and research on the United States Gulf Coast.

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Indications are that it may be a long time before major ophthalmology training and research centers return to New Orleans – if they ever fully return.

For instance, the Tulane University School of Medicine has relocated to Baylor University in Houston until the end of the 2005-2006 academic year. Although some Tulane medical researchers have moved back into the New Orleans campus, their primary jobs are far from scientific discovery as they assess the damage from flood waters and the loss of power to freezers containing tissue samples. “Research came to an abrupt halt,” says Delmar Caldwell MD, chair of Tulane’s department of ophthalmology. “Even the patients are gone, though we’re starting to see some of them coming back.”

Among the worst research casualties of the flooding was the loss of many samples from one of the world’s longest-running studies of paediatric heart disease. In all, Tulane researchers estimate that the medical school may have lost as much as \$100 million in study materials, time, and grants.

While researchers and medical school offices began moving back on campus late last year, and limited emergency and primary care medical services resumed in late fall, most specialty clinical services will not reopen until at least this spring. Tulane’s ophthalmology clinic, which has been operating at about one-fifth its former capacity in a nearby suburb, is scheduled to reopen in April. Even then, the first floor of the campus building it occupies will remain sealed because of contamination from the toxic flood waters and resulting mold. In early December, Tulane announced layoffs of about 10% of its staff.

Next door to Tulane, the city’s other medical school, the Louisiana State University Health Sciences Center, has laid off more than 300 employees – including 127 doctors – citing a money shortage. The money shortages at the Tulane and Louisiana State medical schools arose as soon as the five New Orleans hospitals affiliated with the school closed.

## Reduced budget

Before the hurricane, the hospitals received millions of dollars every year in payments from the U.S. federal government for services provided by medical residents. As soon as those hospitals closed, the payments stopped. Tulane’s Dr. Caldwell says the \$3.5 million he needs to run the 18-resident ophthalmology program has been reduced to about \$500,000. The way the program is structured creates a Catch-22, he says. “We won’t get the money back until we move all the residents back, and we don’t have enough patients to do that.” Dr. Caldwell says he hopes to negotiate an arrangement to bring back some of the patients as hospital volume begins to increase.

Even publicly-owned medical facilities face dramatic cuts. Financial analysts expect thousands of lay-offs within the state’s charity hospital system because of reduced tax revenues from the loss of business in the New Orleans area. When – and even if – New Orleans medical centers such as Charity Hospital, University Hospital, Memorial Hospital, and Lindy Boggs Hospital reopen remains uncertain.

Tenet Healthcare Corp., which operates the Memorial and Lindy Boggs hospitals, has announced a plan to restructure its services into a regional health system and has pooled the medical staff of its

hospitals in towns and cities that surround New Orleans. A Tenet spokesperson said that while Tenet plans to reopen a surgery center and 50 inpatient beds in New Orleans within the near future, he admitted that the fate of the hospitals would depend in large part on how many people return to New Orleans.

In published statements, Larry Hollier, MD, the acting chancellor of the L.S.U. Health Sciences Center, echoed those sentiments, saying that when and how many staff will return will depend on the ultimate demand for services in the New

Orleans area. As the city prepared for the New Year, medical school officials said they were worried that the school could run out of money without emergency appropriations from the state or federal government.

Attracting enough qualified staff, particularly nurses, to meet demand is a problem even for the hospitals and clinics that have reopened in New Orleans. The Touro Infirmary, the only hospital serving adult inpatients in the city, is able to staff only about 100 inpatient beds, down from an average of about 170, according to Touro’s president, Les Hirsch. Many



nurses and other staff have found jobs in cities to which they evacuated.

Many former New Orleans residents with children are not willing to return because the New Orleans schools are mostly closed. Many have simply disappeared without contacting the hospitals where they worked. With a national nursing shortage, officials at Tulane have complained loudly that hospitals in other parts of the country are actively poaching staff.

#### Housing a problem for Medical staff

Housing is another problem throughout the New Orleans area. Touro is housing 50 employees and their families in an unused nursing home facility; it is even using some of the hospital beds that it

cannot staff. Touro and other hospitals in the surrounding area are appealing to hospitals throughout the United States to send staff temporarily to help alleviate the shortage.

Individual ophthalmology practices are finding themselves in the same situation, sometimes unable to reopen or operate at normal capacity because they cannot find their staff.

With the fate of the city's levee system still uncertain, businesses and some residents may be hesitant to move back in. Engineers designed the levees that failed to withstand a category 3 hurricane; Hurricane Katrina hit the coast as a more-severe category 4 storm. As investigations proceed into whether the levees failed because their construction

was inadequate or their designs were simply overwhelmed, a debate has erupted over whether the city should rebuild the levees to withstand a category 5 storm, the most powerful possible.

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**Les Hirsh MD**

In any case, the levees will not be restored for at least a year, and upgrading them to category 5 strength would add an estimated \$5 billion in costs. No one knows where that money will come from. If businesses decline to build in the majority of New Orleans – which lies below sea level – the city may never return to its pre-hurricane population of about 450,000.

#### Renewed signs of life

Despite all this, New Orleans isn't dead. In fact, it shows strong signs of returning to life. Restaurants in the famed French Quarter are back in business; plans are even under way to celebrate Mardi Gras, albeit on a reduced scale. Frequent visitors to the city complain that highway traffic congestion is returning to pre-flood levels, even though the city remains largely unoccupied.

Suggestions from urban planners that the lowest-lying sections of the city be demolished are meeting with ferocious opposition from former residents.

And help is coming in to restore medical services. Private hospitals and health care systems in other parts of the United States continue to send monetary and staff aid. More than 800 have volunteered to help out, though arranging assistance is time-consuming, hospital officials say.

Tulane, one of the city's largest employers, is moving quickly to restore medical and academic programs. “All of the residents are scheduled to come back on July 1,” Dr. Caldwell says. “We will need them on the retina and cornea services.”

He anticipates that much of the ophthalmology clinic volume will return

even if the population does not. Many clinic patients come through the U.S. Veteran's Administration medical program, which serves former soldiers from the entire state.

“We anticipate that the VA hospital will be back up and we will be able to establish some VA clinics early on.”

Dr. Caldwell is optimistic about New Orleans' future. “I am 100% sure it will comeback, and I think it will be a better town.”

It is going to take time, though. As the year begins, even basic services are lacking. Land-line telephone service has yet to be restored to much of the city, including sections that did not flood. City water and electricity are slow to return, and the prospect of removing the stinking debris that is all that remains of hundreds of thousands of houses is a daunting task.

Yet, for most of America, the crisis is past. While gas prices jumped over \$3 per gallon after the storm disrupted oil production, they have fallen back near \$2. Natural gas prices remain high, but the U.S. economy has mostly shrugged off the impact of Hurricane Katrina.

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That worries the president of the Touro Infirmary, Les Hirsh. “The impact on the rest for the country was negligible. The impact on New Orleans was and is colossal,” Mr. Hirsch explains. “Seeing it on TV doesn't do justice to the devastation. It is like there was a war. There are tens of thousands of people living here who need health care.”

He pauses.

“Please don't forget about us in New Orleans.”

