



In the wake of Katrina

An update on the Louisiana State University School of Medicine in New Orleans

Fred A. Lopez, MD

The author (AQA, Louisiana State University, 1991) is associate professor and vice chair of the Department of Medicine at the Louisiana State University Health Services Center, and the assistant dean for Student Affairs at the Louisiana State University School of Medicine in New Orleans. He is the secretary-

treasurer of the AQA chapter at LSU. His previ-

ous article for *The Pharos* was "In the eye of the storm: Charity Hospital and Hurricane Katrina" in the Winter 2006 issue (pp. 4–10). All photos are courtesy of the author.

August 29, 2006, marked the one-year anniversary of Hurricane Katrina's arrival along the Gulf Coast. Its epic devastation has been well chronicled, and the city of New Orleans continues to rebuild its infrastructure,

including its homes, neighborhoods, schools, and health care system. The losses were enormous and did not spare the academic medical institutions, which have had to sustain their multiple missions of research, health care, student teaching, and postgraduate training while relocating and rebuilding. According to Dr. Larry Hollier, dean of the Louisiana State University—New Orleans School of Medicine and chancellor of the LSU Health Sciences Center (LSUHSC), "With lost revenue streams and property damage of more than two hundred million dollars, we also lost more than twenty percent of our medical school faculty over the past year, as well as about twenty million dollars in research funding."

The School of Medicine pursued a phased return to New Orleans in 2006, after spending much of the prior academic year at the Pennington Biomedical Research Center, a 403,000-square foot research complex located in Baton Rouge, Louisiana. During that time, LSUHSC faculty, fellows, house staff, and students lived on the *Finnjet*, a

Baltic ferry docked along the Mississippi River. According to Dr. Hollier, LSU's commitment to its students and the health of Louisiana's citizens is what allows the school to persevere: "As the source of the majority of Louisiana's health care professionals, we were able to safeguard not only immediate access to care but also future access by reestablishing our academic programs. A testament to the fortitude of faculty and students alike, attendance was ninety-eight percent on September 26, 2005, the day classes resumed in borrowed space in Baton Rouge." Significantly, the fall 2006 enrollment of medical students was unchanged from pre-Katrina levels, with no notable change in the number of applicants.

While basic science courses are again being taught at LSUHSC's downtown New Orleans location, clinical experiences for medical students are increasingly diverse, with more community-based rotations within the city of New Orleans as well as at other LSU Health Care Services Division sites in Baton Rouge, Lafayette, and Houma.



Emergency services returned to the downtown New Orleans area shortly after the storm, and were located at the site of an old department store until November 2006.

Facing page, the Veterans Administration Medical Center New Orleans in 2005 and today.

Much has changed, including the possible indefinite closure of the venerable Charity Hospital, an icon since 1736 for the public health care system in New Orleans. According to Cathi Fontenot, medical director of the Medical Center of Louisiana-New Orleans (MCLNO), "Prior to Katrina, the Medical Center of Louisiana, comprised of Charity and University Hospitals, as well as upwards of seventy outpatient clinics, provided one hundred thirty thousand emergency room visits and two hundred seventy thousand outpatient visits annually to the citizens of Louisiana. Seventy percent of the patients cared for by this system were uninsured, thus dependent on the safety net for medical care." She notes as well that "the Medical Center provided training for six hundred house officers on a daily basis from the LSU and Tulane Schools of Medicine, as well as training experiences for medical students from both facilities. Additionally, training programs from the LSU and Charity Nursing schools, Xavier School of Pharmacy, the LSU School of Allied Health, Delgado Community College, and other community training programs for health professions of all types participated in caring for patients in this rich clinical environment." In addition to the diminishing of health care services for its patients and loss of teaching opportunities for its trainees, the closure of University Hospital impacted the recruitment of residents. Dr. Charles V. Sanders, chair of the Department of Medicine at LSU, notes, "The ramifica-

tions of University Hospital's continued closure on this [past] year's match were severe for our categorical and preliminary internal medicine and combined programs. The 2006 match was the first time in my thirty-six years at LSU that the Department of Medicine did not recruit a single LSU student to our categorical medicine program." Many view these developments as an impetus to enhance their teaching programs by diversifying experiences in the community-based hospitals, resulting in exposures that will complement their public hospital experiences. Dr. Sanders also notes that he is very optimistic about the positive impact of University Hospital's reopening on LSU's training program.

Indeed, University Hospital's mid-November 2006 reopening represents an important step in the recovery process, albeit on a smaller scale. In the interim, emergency medicine services for MCLNO were delivered in a former department store in downtown New Orleans. The LSU/MCLNO Level-1 Trauma Center was re-established at the Ochsner Clinic Foundation's Elmwood Hospital until February 2007, when it returned to the University Hospital campus. In addition, the United States Department of Veterans Affairs and LSU are discussing potential collaborative plans for constructing new teaching hospital facilities in downtown New Orleans. In collaboration with the U.S. Department of Health and Human Services, the Louisiana Recovery Authority's Health Care Committee has been asked to redesign health care in the New Orleans area and the rest of the state. Rebuilding and recruitment are ubiquitous, but much work still remains. Office space is limited and support staff decreased. The sense of

cohesiveness of clinical departments faces the challenge of the scattering of programs and individuals to multiple clinical sites within and outside the city. Students are perhaps the most sensitive to this tangled environment and the most entitled to address its needs. Brad Culotta, president of the Class of 2007, and Jonathan Foret, president of the school's chapter of Alpha Omega Alpha, comment: "Anxiety and stress levels are increased as students attempt to excel in an already rigorous curriculum with many unknown variables about current and future training. The LSU School of Medicine has traditionally taken pride in the fact that many graduates match to LSU residency programs. We cannot think of a more crucial time for state and local governments to take action in increasing funding and rebuilding of the medical school and its university hospitals." This belief, that our mission is not only important but indeed essential, creates a pervasive mood of strength and optimism. Says Dr. Hollier, "Friedrich Nietzsche was right when he said, 'What doesn't kill us makes us stronger.' We are building back smarter, better, and with a heightened strength of purpose forged through the knowledge that we have been tested and we have triumphed."

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The author's address is:

Louisiana State University Health Sciences Center
 Department of Medicine
 Box E7-17
 2020 Gravier Street
 New Orleans, Louisiana 70112
 E-mail: alopez1@lsuhsc.edu