



## After Katrina

by Richard Streiffer, MD, Professor and Chair

SUBJECT: Hurricane KATRINA  
DATE: Friday August 26, 2005

here it comes. watch care-  
fully the next 24 hours

That was the final email that I wrote on Friday afternoon, August 26, before leaving the med school for home. Katrina still looked like it was headed for the Florida panhandle but was beginning a turn that could take it towards Louisiana. You know the rest of the story.

By the afternoon of Monday August 29, 2005, New Orleans was in ruins and the School of Medicine, as well as the entire University, were completely shut down, with no functioning infrastructure. For the next few

days, chaos reigned, rumors were rampant, our future was a big cloud, made tolerable only by attention to personal necessities required when one leaves most of one's possessions behind.

Gradually, over the next couple of weeks, as the Medical School administration struggled to establish a center of operations in Houston (with the assistance of 4 Texas medical schools), members of the Department of Family and Community Medicine reconnected, largely through email and text messaging. We were really spread out - Texas, Arkansas, Virginia, Michigan, Tennessee, Georgia, Indiana, and all around Louisiana - and all very uncertain about our own properties as well as our institution. Friends of the Department, preceptors, and colleagues from around the country called and emailed when they could find my

personal email address or when cell phones worked momentarily. They all offered to help if they could, especially with student rotations. It didn't take long until students began to find us, too. Being somewhat obsessive-compulsive creatures, many were anxious to set up make shift rotations, perhaps at an emergency shelter or with a local family doc, or else they had already done so, so as not to lose time and potentially credit.

On September 12, the Department 'reopened' in a temporary location in Baton Rouge, through the generosity of the Family Medicine Residency of the **Baton Rouge General Medical Center**, my pre-Tulane home of the 1990s. I can't really begin to express enough gratitude to those folks for what they did for us - **Dr. Flip**

*continued page 2*

## News Briefs

*[Note: A newsletter was in preparation at the time that Katrina struck. Excerpts of news from that issue, which never made it to press, are included.]*

### 2005 Clerkship Appreciation Dinner

The sixth annual Clerkship Appreciation Dinner was held June 18, 2005 at the Renaissance Arts Hotel in New Orleans, sponsored by Tulane University Hospital and Clinic and the Department, to honor the physician preceptors who teach and mentor our Clerkship students. **Edwin Bonilla, MD** of DeRidder, La., was presented the Preceptor of the Year Award, and **Richard Field, Jr, MD** of Centerville, Ms was recognized for his special contribution to Tulane medical student education over the years.



*Standing (L-R) Drs.: Hector Cabrera, Daniel Bouchette, Edwin Dennard, Christian Mayorga, Cuong Le, Al Rees, Edwin Bonilla - Seated (L-R) Drs.: Jim Theis, Rick Streiffer, Pam Wiseman, Dick Field, Sharon Bass, Jejei Feinberg, Abdelhalim "Monir" Hussein*

## News Briefs cont'd

### TRuMED

Tulane's Rural Medical Education program (TRuMED) begin classes in August 2005. Those students are: **Michelle Collins**, Pineville, La, (Louisiana College); **Brett Goodwin**, DeRidder, La (Duke University); **Sara King**, Portland, Or, (Tulane School of Public Health and Lewis and Clark College); **James "Bart" Kyle**, DVM, Welsh, La (LSU and LSU Vet School)

On May 4, 2005, prior to the matriculation of the new class, members of the TRuMED Steering Committee convened to review the progress of TRuMED during its first recruitment year. Joining us again was program consultant, **Howard Rabinowitz, MD**, of the Physician Shortage Area Program, (PSAP), at Jefferson Medical College, along with **Ian Taylor, MD**,

**Roberts** and **Rob Chasuk**, the residency faculty, and especially their staff – **Letecia, Connie, Sandra, Mary, Bonnie**, and others. From that site, our Clerkship Coordinator, **Roberta Cartaginense** and Clerkship Director, **Dr. Pam Wiseman** were able to re-organize and re-launch the Family Medicine Clerkship using our usual preceptors around the region. Thirty students came for "Katrina Block 2" Clerkship orientation (really, it was a reunion) at the General on September 26, which included **Dr. Karen Slaton's** session on Post-Traumatic Stress Disorder. Two subsequent "Katrina blocks" were launched and administered from Baton Rouge until we re-occupied our offices in New Orleans in December.

When able to get back into New Orleans for the first time, around mid September, it was a very happy surprise to find our clinic facility at Uptown Square relatively intact. Though there was no power, 3 windows were broken, the fridge was foul



*Rick Streiffer, MD (Chairman), Brett Goodwin, Jerry Keller, MD, Bart Kyle, Kevin Englande, Kara Loubser, Michelle Collins, Sara King, Margaret Larman (TRuMed Coordinator)*

**PhD**, Dean of the School of Medicine, **Marc Kahn, MD**, Associate Dean of Admissions and Student Affairs, and **Barbara Beckman**, PhD Assistant Dean of Admissions, Louisiana AHEC representatives, and pre-health advi-

sors from five area colleges (Tulane, Loyola, Louisiana College, Nicholls State and the University of Southern Mississippi, Long Beach).

### After Katrina cont'd

and a carpet in the break room (where spilled food had sat for nearly a month in the heat) even fouler, the clinic was actually ready for use. On October 10, with cell phones for communication, bottled water for handwashing and consumption, and MREs for lunch, a hand written "OPEN" sign went up, and the first patients returned to the Family Health Center.

Everyone helped the Department get back on track. **Eliei Oliveira**, our technology guru who was in Tennessee, just happened to have the guts of our web site with him on a DVD. He restored it at a temporary web address, pretty much before anyone else in the University. **Dr. Eddie Dennard** found all of the Transitional Residents, and **Dr. Becky Meriwether** did the same with the Preventive Medicine residents, and each, with Residency Coordinator **Adrienne Miester's** assistance, guided their group through the difficult transitions into new rotations and sites. Meanwhile, **Dr.**

**Tonette Wood** placed the MD/MPH students and hosted seminars for them in Baton Rouge. **Margaret Larmann** kept in touch via email with students, applicants and colleges concerning TRuMED. **Dr. Sherri Godbey** took a temporary position in a clinic for Tulane staff in Houston. Dr. Dennard took a temporary assignment with the VA Hospital in Jackson, MS, and **Drs. Ravi Vadlamudi, Rade Pejic, Jim Theis** and **Pam Wiseman** all completed various medical volunteer work and returned to help re-open the clinic.

In early November, with a spare room in the clinic as a temporary administrative office. **Kevin Englande**, Department Administrator, returned from Arkansas, and **Liz Duquesne**, Executive Secretary, who holds the dubious honor of being the first amongst us to get a FEMA trailer, began to work from that site, making the best of cell phones and coffee shops to internet access. Around that time, Kevin and **Sue Pollack**, formerly our admin-

istrator, took an escorted hike up the 17 flights of the Tidewater building to ‘rescue’ needed documents and equipment from our administrative offices – fortunately, once again, they found the Department offices intact.

As Medical School buildings were gradually made habitable again, we were allowed to return to work from our offices, though with strictly controlled access and for limited hours. Our re-entry occurred December 1, and as of the end of December, we shut down and departed from our temporary site in Baton Rouge.

\* \* \*

Despite progress in many ways, things remain incredibly disrupted in both our personal and work lives, often by minor needs that we really took for granted in the past – only 1 working elevator for a 24 floor building; no where to get lunch within 2 or 3 miles; no refrigerator in the office for lunches; groceries that close by 7 pm (an improvement over 5 pm); mail service twice a week, if that, and delays of 2- 4 weeks when mail does come. Members of the department lost a lot personally to Katrina and Rita. Several are living in rented units or in trailers or with family members. All of us have work to do to our homes. Some are still not sure where they will live long term. We’ve all learned a lot about insurance, and construction, and urban planning, and patience.

Our patients are returning – but many are moving permanently, too. Some have died prematurely due to the emotional and disruptive effects of the storm, particularly some of the elderly who clearly were victims of the stress. All of us who see patients have had to develop a new opening to our office visits: *So, how did you make out? Where were you staying? How long have you been back? How’s your job situation?* We’ve all seen many, many depressed, anxious, traumatized folks, separated from families and from their regular doctors and from their homes

– they all have stories, and some of them are incredibly painful.

Katrina did not discriminate. Its effect is universal, crossing gender, race, socioeconomic status, even school-loyalty. The resilient youth, like our medical students, are moving on. We aging baby boomers can’t seem to talk about much else besides the storm, who got laid off, insurance adjusters, the mayor, or what the paper said today about the redevelopment plans. The cleared streets, piles of sheet rock debris, ubiquitous roofing work, and the many freshly cut tree stumps are all evidence of progress, frustratingly slow thought it seems.

One of the hardest aspects has been the “separations.” Tulane University did what was necessary to survive, painful thought it was. No organization of this size can sustain \$250 million in damage to its properties, even with insurance coverage and then be \$50 million in the red and expect to be around for another year. At the medical school, our major revenue source, our practice, was severely affected by the dramatic demographic changes in the city. Unfortunately drastic adjustments were necessary. The faculty and staff of the medical school has been reduced by about a third, using mission criticality as the key decision point. Within Family and Community Medicine, 5 individuals were affected by either separations or volunteer resignation. No practicing family physician was separated, reflecting recognition of the importance of primary care to our future as an organization. Tulane is not the only organization to have to make these type of tough decisions when facing the question of survival – take the recent actions of venerable Ford Company. There is no one standing by to bail out Tulane – it had to be proactive to survive.

\* \* \*

The Medical School will unequivocally return to New Orleans in July 2006, in time for the new academic

year. Applications for the new class are very strong, and we anticipate a full contingency of 155 students in the T1 class, including 4 to 6 TRuMED (rural program) students and perhaps more Louisiana students than in memory. Tulane Hospital, as I write this, has a firm re-opening date for mid-February. Our clerkship, with its well developed curriculum, web site and distance learning methods, and its superb network of community-based volunteer faculty, has really become a model of student education that Tulane will need to adopt more broadly.

No one really knows what we will look like in the future. We will surely exist in a smaller city, one that might not be able to sustain 2 medical schools, 3 children’s hospitals and every conceivable subspecialty fellowship. Big Charity “of old” will be relegated to tales told to children by their aging doctor grandparent. We will be a more community-based, decentralized medical school with less dependency on the state-run teaching hospital. We will continue to have a remarkable student body, one that is even more service- and community-oriented, if that can be, then our past students. I hope we will be an institution that embraces a rational health care delivery system in the city, one based on primary and preventive care. And, I hope that our redesigned medical school will focus more in general on the health care needs in “our own back yard” of Louisiana then perhaps we have in the past. It will be a good time for primary care, and, I believe that Family Medicine specifically will play a vital role in the rebirth of both the School and the local health care system.

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To you who called, wrote, took in our students and our staff, or found other ways to support Tulane and New Orleans these last several months, we sincerely thank you.



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## Match 2005

Thirteen Tulane graduates from the Class of 2005 entered Family Medicine residencies in July 2005. They and their residencies are: **Nathaniel Brigham**, Bremerton Naval Hospital, Bremerton, Washington; **Heather Christie**, Duke University, Durham, NC; **Kevin Guillory**, East Jefferson Medical Ctr., Metairie, LA; **Fasih Hameed**, Sutter Medical Center, Santa Rosa, CA; **Jay Hansen**, Mercy/Mayo Family Prac., Des Moines, IA; **Cara Kawahara**, Providence Milwaukie, Milwaukie, OR; **Christine**

**Liu**, Image Family Practice, Tulsa, OK; **Benjamin Salter**, University of Wisconsin, Madison, WI; **Tristan Sevdv**, Eglin Air Force Base, Ft. Walton Beach, FL; **Courtney Siems**, Baylor College of Medicine, Houston, TX; **André Viator**, Kenner Regional Med Ctr., Kenner, LA; **Robert "B.J." Williams**, Ventura County MC, Ventura, CA; **Michael Zeringue**, John Peter Smith Hospital, Fort Worth, TX.



*Standing (L-R) Becky Meriwether, MD, Edwin Dennard, MD, Jay Hansen, Ben Salter, Tristan Sevdv, Michael Zeringue, Rade Pejic, MD, Pam Wiseman, MD, little Eli Wiseman, Seated (L-R) Roberta Cartaginese, Ravi Vadlamudi, MD, and Jim Theis, MD*

## 2005 Family Medicine Awards

**The Family Medicine Excellence Award** is given each year to the graduating Tulane Medical School student who is entering a Family Medicine Residency and who best demonstrates a commitment to, and models the principles of Family Medicine. The 2005

recipients were: **Fasih Hameed**, and **Michael Zeringue**.

**The Scott Gregory Kramer, M.D. Family Medicine Award** was created by a generous endowment by Drs. Rade and Leslie Pejic in 2001,

on the occasion of the graduation of their son, Rade N. Pejic, MD, from Tulane University School of Medicine, and presented to the highest-ranking graduating senior who is pursuing a career in Family Medicine. The 2005 recipient was **Cara Kawahara**.