

Focusing on Children in Disasters: Evacuation Planning and Mental Health Recovery
Testimony Before the Ad Hoc Subcommittee on Disaster Recovery
Homeland Security and Governmental Affairs
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Madame Chair, Ranking Member Graham, and Members of the Subcommittee;

I am Teri Fontenot, President and CEO of Woman's Hospital in Baton Rouge, LA. It is a privilege to come before you today to describe my hospital's response to the evacuation and care of critically ill patients in the horrific aftermath of Hurricane Katrina, our preparations for Rita, Gustav, and Ike, the important lessons learned from those events, and our recommendations for emergency management and medical treatment of neonates.

Woman's Hospital is 70 miles northwest of New Orleans and a two hour drive from the gulf coast. Hospitals are usually a place of refuge rather than a complex evacuation site, so the need to evacuate one or a whole city of hospitals had not been considered. But in the catastrophe of Katrina, Woman's Hospital did just that by taking over the management of the evacuation of 122 infants and high-risk obstetrical patients from flooded hospitals in New Orleans in four days. Working with our heroic colleagues in New Orleans hospitals under unfathomable conditions, not one transferred baby or mother died. Unquestionably, this remarkable achievement was the result of dedication and hard work by thousands of people, not because of carefully crafted and effective planning.

In fact, the chaos was overwhelming. Blackhawk helicopters brought men, women, and children day and night to our hospital. We received, stabilized, and transferred many patients to other facilities. But the most critically ill infants and women remained at Woman's. For a month after Katrina, we cared for twice the usual number of critically ill infants, and delivered 150 babies from the affected areas. For several days there were 125 infants in our 82 bassinet NICU. We also received and provided care for over 1,100 other patients, and worked with area churches to provide shelters for 110 newly-delivered mothers and families.

This feat was successful because of our incredibly dedicated staff and an expansion to our neonatal intensive care unit that was completed just weeks before Katrina. An evacuation drill had also been held earlier in 2005 that yielded valuable information about needed equipment and processes. Fortunately, we responded adequately, but coordinated planning by all agencies involved could have vastly improved the response.

You may recall that Hurricane Rita hit three weeks after Katrina. For Rita and each storm since that time, neonates and high risk obstetrical patients were evacuated to Woman's from hospitals *before* the storm – a key lesson learned.

In early 2006, we organized a series of important activities to ensure that we could apply all that we learned. Providers of obstetrical and neonatal services throughout Louisiana convened and produced a plan for emergency management of neonates. We also contacted neighboring states to discuss evacuation, especially if Baton Rouge became the disaster site, since no other hospital in our state has the capacity to take our large number of NICU patients. We took part in research with Tulane University to study the effects of the stress of the storms on maternal and infant outcomes, and we are the officially designated provider for infants in Louisiana's Medical Institution Evacuation Plan. In short, we are committed to anything and everything that will prevent the chaos of Katrina. Today, most hospitals in Louisiana have strengthened their infrastructure and plan to 'shelter in place', with the notable exception of especially fragile patients, such as ill newborns. Those hospitals still depend on us to transport and care for their infants.

Woman's Hospital's performance after Katrina, and the three hurricanes since that have threatened the Louisiana coast, demonstrate that an expert organization with adequate capacity is critical for the emergency management of certain populations of fragile patients. The expert hospital would be the coordinator of care and have capacity to care for displaced patients. Named Operation SmartMove, it is an initiative that will ensure that infants and mothers throughout the gulf south have a safe place, as well as a network of care and services designed to mitigate the devastating stress and overwhelming anxiety of recovery.

A remarkable opportunity exists to further implement these concepts as we build a replacement hospital. Surge capability was included in the original design, but has been removed due to the high interest rates on tax exempt debt and deep Medicaid cuts to hospitals. Building standby and surge capacity is now unaffordable for us, although hospitals throughout Louisiana have counted on us three times in less than four years to fulfill this need. External financial support for the capital and standby costs for hospitals to be ready at all times is critical for proper disaster preparedness.

Another extremely important change is the amendment of the Stafford Act so that private organizations that respond will qualify for reimbursement of costs associated with evacuation. Many private organizations assist or replace governmental agencies before, during, and after disasters, yet are prohibited from directly receiving FEMA funds.

The relocation of our hospital to the new campus will provide a unique learning opportunity for other responders. Representatives from hospitals like Woman's from across the nation will participate in a real-time evacuation drill as our NICU is moved from one campus to another.

Your concern about the impact of disasters on children is appropriate and important. On behalf of the staff of Woman's Hospital, we are excited to share our experience and knowledge to improve the response and management of our most vulnerable citizens. I will close with a huge thank you to Senator Landrieu for her ongoing support of Woman's Hospital and Operation SmartMove. Thank you for the opportunity to speak today and I look forward to answering questions.