

Limited care makes island a health risk

Galveston's single emergency room sees cleanup injuries, animal bites

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The Rev. Paul Banet, 87, priest at Galveston's Holy Rosary Catholic Church, visited the emergency room at UTMB in Galveston on Thursday after feeling faint.

The Rev. Paul Banet learned about Galveston's health hazards firsthand when he returned to the island last week to check on repairs to his church.

Overcome by heat, Banet became woozy, fell and couldn't get up. Brought to Galveston's only emergency department, Banet, 87, was diagnosed with a prefainting condition that warrants overnight monitoring in the elderly.

With no functioning hospital on the island, Banet had to be transferred Thursday to North Cypress Medical Center in Houston.

"I'll be more careful the next time I return," said Banet, who is about to retire from Holy Rosary Catholic Church after 16 years as its priest. "I'll prepare better for the heat, drink more water and make sure I'm in air-conditioned places."

Banet was among the first Galvestonians returning to the island last week to feel the public health threat left by Hurricane Ike. Experts say the general conditions — spotty power and sewage services, water drinkable only after boiling and extremely limited medical care — make for a potentially dangerous brew.

The dangers extend well beyond heat exhaustion to disease-carrying mosquitoes, rats and other critters; injuries from chain saws and debris clearing; carbon monoxide poisoning caused by generators; downed power lines; car crashes at inoperative traffic lights; falls and water- and food-borne infections.

Little beyond basic care is available to those who become sick or injured.

"It's not like it used to be, that's for sure," said **Dr. Mark Guidry**, Galveston County's chief health officer. "I wouldn't say there's a public health crisis, but there's certainly a public health threat to those returning now."

The period following severe weather events is typically the toughest. A 2006 report by the Association of State and Territorial Health Officials said that while conventional wisdom might suggest most injuries are sustained during an event, the days after actually present the greatest injury risk.

For instance, in the three weeks after Hurricane Katrina's landfall in 2005, the Louisiana Department of Health and Hospitals recorded 7,508 health events among residents and responders. More than two weeks after Ike hit, the number of Galveston health events is still relatively slight.

"We definitely learned lessons from the misfortune of Katrina victims," said Dr. David Callendar, president of University of Texas Medical Branch at Galveston.

The damage suffered by UTMB, which provides about 85 percent of Galveston's medical care, magnifies the health risk to residents.

UTMB closed to in-patients

UTMB is expected to resume control of its emergency department early this week as the disaster medical team returns to Boston. But Callendar said it will likely be four to six weeks, and maybe more, before the hospital is able to care for in-patients, so extensive was the damage.

All told, some 750,000 square feet of the UTMB complex's ground-floor facilities were flooded. Water rose as high as 6 feet, requiring 36 consecutive hours of pumping, and it ruined information systems, electrical wiring and pharmaceuticals. In all, UTMB officials estimate the cost of the storm at \$610 million, mostly in repairs but also including \$270 million in interrupted business.

Keith Lindsay, commander of the Ike disaster medical assistance team, said the scenes throughout Galveston reminded him of New Orleans and Biloxi, Miss., after Katrina.

"The similarity was mostly visual — water damage, building damage, boats on freeways and in urban areas," said Lindsay, a paramedic. "Fortunately, the patient load has not been similar."

Lindsay said the ailments in Galveston have been easily managed for the most part, ranging from wounds, diarrhea and dehydration to animal and spider bites.

Making the choice

Just past the causeway, residents surveyed the wreckage last week and tried to decide whether it was livable. Elkie Salas, whose son has asthma and allergies, returned to find her house had been flooded, the floors still wet, mold on the walls, dressers and ceiling, and furniture ruined.

Galveston County health CEO Guidry, touring the neighborhood, advised her it was no longer safe for a special-needs child, and Salas heartily agreed. Guidry gave Salas rat poison and mosquito repellent to spray on while she cleaned the house and tried to salvage belongings.

Across the street, Mary Chavarria decided to stay in her home, which had sustained little damage. She figured she could put up with no gas or electricity, thanks to battery-operated lights and a generator she knew she should keep outside. She said she was concerned about some neighbors who weren't as knowledgeable about the possible threats to their health.

Maureen Lichtveld, chairman of environmental health sciences at Tulane University School of Public Health and Tropical Medicine in New Orleans, offered some advice: "The thing to remember is, it's going to take time for life to return to normal and for the public health threat to go away.

"People are resilient," she said, "but rebuilding without gas or electricity and with limited access to care is a stress that won't go away for a while."

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