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State laws become roadblock to medical response in crisis

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The day after Hurricane Katrina hit the Gulf Coast a year ago, Dr. Dan Diamond was watching the TV coverage from his home in a Seattle suburb. He was furious.

Diamond, a family practitioner, was reacting to an interview with a New Orleans pathologist named Dr. Greg Henderson. Henderson explained that he'd set up an emergency clinic in the lobby bar of a Sheraton hotel. He'd gotten his medical supplies by raiding a nearby Walgreens.

"Please send us doctors and nurses," Diamond remembers Henderson saying. "People are sick and dying all around."

There were a lot of reactions to Henderson's plea, but Diamond's was one of the strongest.

"I had a full-blown temper tantrum at home," he says. "I was so frustrated."

The source of Diamond's anger and aggravation was simple. He belongs to a group called Northwest Medical Teams. They are volunteer medical personnel who respond quickly to natural disasters all over the world. In the past two years, they've helped after the tsunami in Indonesia, an earthquake in Pakistan and a flood in Guyana.

But they couldn't go to New Orleans.

The problem was that medical personnel from other states were not licensed to practice in Louisiana. Nor in Texas or Mississippi, for that matter. There is a cumbersome procedure to go through, and in the chaos of a scene like the aftermath of Katrina, the red tape was incredible.

"We needed doctors," says Dr. Juliette Saussy, director of emergency services in New Orleans.

"Communication was gone. It was pandemonium in the area. A million people said they were in charge, and none of them were talking to each other."

A year later, there's a possible solution -- one that Diamond and many other health care workers support. The Uniform Law Commissioners, a nonprofit legal group made up of lawyers from all over the country, has come up with the Uniform Emergency Volunteer Healthcare Practitioners Act. Under the act, medical personnel would be registered and their credentials checked in their home states. Then, in the event of a national emergency, they'd be able to help immediately anywhere in the United States.

The act, which was recently endorsed by the American Bar Association, is being promoted on a state-by-state basis. Some 15 states are expected to consider adopting the act in their upcoming legislative sessions, with the hope of national acceptance in the future. California legislators did not consider the matter this year, but may discuss it when the next session begins in January.

It sounds like a great idea, because the current system couldn't get much worse.

"I'm a physician, not an attorney," says Diamond, "but this just seems like the right thing to do. Our group was on the ground in the tsunami (in Indonesia in 2004) in 48 hours. And it took us five days in New Orleans."

"There's definitely a surprising void," says Liz Jacobs, spokeswoman for the California Nurses Association. "We ended up stepping into a total vacuum. We were inundated with nurses from all over the country asking, 'Can you get us down there?' "

At some point, frustration took over. Jacobs, who eventually went down and worked at Earl K. Long Medical Center in Baton Rouge, says two of her "adventurous RNs just went down there." They ended up dodging the roadblocks and walking into the flooded areas, where they were met with open arms.

Saussy says Diamond's group "kind of snuck in," but she was delighted to see the six doctors. She was at the Convention Center in New Orleans, where they were swamped.

"He said, 'I'm a family practitioner from Seattle, Wash.,' " Saussy said. "I said, 'Cool. Let's go to work.' "

"We were busier than a one-armed paperhanger," Diamond says. "But if we could have been there three days earlier, it would have made a huge difference" -- and possibly saved some of the more than 1,800 people killed by Hurricane Katrina.

Saussy points out that her experience with Diamond is another good example of how the Emergency Volunteer Act could be helpful.

"The act would facilitate the pre-credentialing process," she says. "We'd know ahead of time if they had a license and if they had done the verification."

That's valuable because a disaster like Katrina attracts all kinds. Saussy says many well-intentioned folks showed up out of nowhere. Most were helpful, but who knew what qualifications everyone had? At one point, a man who identified himself as a doctor set up an emergency clinic.

"I remember thinking, 'I hope he doesn't just play a doctor on TV,' " Saussy says.

At the end of the day, an enormous amount of good was done by a group of people who wanted to help. Jacobs and her group managed to send 250 nurses to the site and became known as the "California Angels." Diamond's organization, Northwest Medical Teams, ended up running the mass casualty triage at the overwhelmed Convention Center.

They helped out because they felt it was something worth doing. But they also knew, Diamond said, that there was always a chance their good intentions might get them in trouble, at least until their presence was approved. More than one doctor has hesitated to help out of fear of facing some kind of legal action.

Diamond, for one, has never been one of them.

"I always stop at traffic accidents," he says. "Some doctors don't. But I always do, because I hope if I am ever in car accident, a doctor will stop for me."

It shouldn't be that hard. Offering help to someone in need should be an act of compassion, not courage.

C.W. Nevius' column appears regularly. His blog, [C.W. Nevius.blog](http://C.W.Nevius.blog), and podcast, "News Wrap," can be found at sfgate.com. E-mail him at cwnevius@sfchronicle.com.