

**From the States:
An Update with Beth Scalco,
Louisiana AIDS Director
August 28, 2006**

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JACKIE JUDD: Beth, when we spoke about a year ago, your 50 staff members were scattered far and wide. Your office in New Orleans obviously was not habitable, even reaching each other by cell phone or any kind of telephone was almost impossible. You had retrieved the electronic files from the office. Where does all that infrastructure now stand a year later?

BETH SCALCO: Well, we've made tremendous progress on some things and probably slower progress on others. In regard to getting back into our building, we were able to actually find alternate space in New Orleans as of October the third, we were operating out of Kindred Hospital, who gave us four hospital rooms where we placed 28 staff members and set ourselves up and began providing services. And we stayed there until November first, where we were allowed to move into our old building. Then, unfortunately, in February we were evicted from our old building because it had so much damage that the insurance company didn't want any occupancy. So we were then relocated about three blocks over to a new building at 1010 Common, where we currently are residing.

JACKIE JUDD: And did most, you said 28 staff members, did you lose the others permanently?

BETH SCALCO: Well, we started with 57 staff members and over the course of the year, we have lost 23 of our staff

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members. Some immediately and then some you know, months after as they made decisions that they were not going to stay in New Orleans basically. So we have seen a 40-percent reduction in staff and I think that's been one of our biggest challenges because there's not a workforce to recruit from. We don't have people moving into New Orleans so we're re-circulating the same employees, which is leaving us with a big shortage in potential staff members.

JACKIE JUDD: How are you hoping, at least, to attract more staff members?

BETH SCALCO: What we're trying, I mean we're looking for options; we're trying to bring people in. Again, the biggest problem is the housing shortage and the rentals are so high. So it's very hard to attract folks in. I think what we're now trying to do is to look for more short-term employees, like contract employees who agree to come in to do a certain project rather than a permanent staff member. We're recruiting heavily into the schools, the public health schools, we're taking in as many graduate students as we can and try to train them. And we're trying our best to piece things together to at least get us through the short term.

JACKIE JUDD: And when we spoke last year, you said that there were 7,400 people in the New Orleans with HIV/AIDS, 1,600 in New Orleans on the ADEP Program. Where do those numbers now stand?

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BETH SCALCO: Well, of the 7,400 we have actually been able to obtain information on 2,900 people, which means that they have in some way bumped up against our system, whether it's medication or they've come in for Ryan White services or another surveillance program from another state has reported information on those individuals. So we know the whereabouts of 2,900. What we are doing currently is some estimates based on our surveillance information by looking at the migration patterns of the 2,900 to try to make some estimates of what happened to the population that we don't have any information on.

JACKIE JUDD: That's almost 4,500 people.

BETH SCALCO: Right and you know, when we look at the 2,900 what we found is approximately 1,800 of the 2,900 returned to the New Orleans area. Which means about a third did not return and if we apply that to the total population, what we're looking at is that we believe that about 60-percent of the 7,400 have returned, while the remaining group has not returned to the New Orleans EMA.

JACKIE JUDD: And for those who have returned, what kind of services are they getting now compared to before Katrina?

BETH SCALCO: You know, I'm happy to say we do our HIV outpatient clinic and the Medical Center of Louisiana did reopen, it took them several months. However, they reopened

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in around December. And so primary medical care services began to be provided again as well as ADAP access to our ADAP program, although we were driving prescriptions back and forth from home in Louisiana into the New Orleans area to meet that need, the HIV outpatient clinic actually opened their own pharmacy about the end of January. I think what's lacking right now is the clinic does not have all the specialty services that they had prior to the storm so if you or an individual has a more complex healthcare needs, you're often having to be referred into the Baton Rouge area, which is about an hour and 15 minutes away in order to get those types of services.

JACKIE JUDD: And transportation, I'm sure, is a challenge and financial resources to get there a challenge?

BETH SCALCO: Right and I think we've really had to reprioritize some of the services that are being offered, both by the State and by the City and so a much larger amount of funding that was coming into the City has been redesignated for transportation services in order to get people to those more distant locations to get their health care.

JACKIE JUDD: One of the things that you worried about last year was the stress that would be created by this severe dislocation and what that stress would do to an immune system of someone who is already HIV positive. There was

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contaminated water, inconsistent access to care, of the people who have come back into the system; did their health status change significantly because of Katrina?

BETH SCALCO: I think what we saw is that we had lots of folks who had interruptions in their medication regimen and this of course did result in you know, lower T cells, higher viral loads, and so I think that we saw that, and of course, we are seeing across the City increased stress level, increase in suicides, substance use, a variety of mental health issues and unfortunately that is one thing in the City that is still lacking is that we do not have a large number of services available to address those type of mental health needs.

JACKIE JUDD: Are you seeing or do you have any sense of whether there is more risky behavior going on? I know that is very hard to judge, but again, that was one of the things that you wondered about last year, whether because of this crisis, people would engage in risky behavior that they wouldn't have done before Katrina.

BETH SCALCO: I think that's going to be one of those things that we're going to need a little bit more time to analyze the pre-Katrina data to the data that we've had one year post Katrina to look to see if there's been any significant increase in HIV infections. What I can tell you is that in our testing program we are seeing new infections.

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We are seeing new diagnoses, and so we would not be surprising to us if we are having a population who has so many other priorities that safe behaviors might not have made it to the top of the list.

JACKIE JUDD: I want to go back to what we were talking about earlier in terms of your staff. Greatly reduced, but you've also now said that the patient population is greatly reduced. So, do you need to rebuild back to 50 or 57 or 58, even though you're dealing with a much smaller population?

BETH SCALCO: I think we're certainly not moving to say okay, we need everyone of those positions and in fact, we're combining a lot of the job responsibilities. Two positions now become one. I think what is important to note is our program is not only responsible for providing services to people who are HIV infected, but we're responsible for preventing HIV infection and we're responsible for CDC surveillance of HIV infection. So although we might see a decrease population that we have to take care of, the other responsibilities certainly haven't been decreased and in fact, what we find if you look at something like a prevention program, is very targeted interventions that were mapped out neighborhood by neighborhood before. We've had to really start back over from the drawing board to figure out where is the population? Where is the population residing? Who is

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the population? Because we have an influx of individuals who were not in Louisiana previously have now come to assist in the rebuilding efforts.

JACKIE JUDD: They're transient workers?

BETH SCALCO: Yes. And a lot of cultural differences, we do not find ourselves prepared to have a large number of Spanish speaking staff, so I think that although our work is now different, it's not necessarily less though.

JACKIE JUDD: Beth, how would you say Federal resources helped your office during this crisis?

BETH SCALCO: You know, I think that that was one of the areas where we had a lot of difficulty. The way that the current Ryan White structure is really led to a lot of problems. So, for example, the City received some money under Ryan White, the State received some other. As people were moving from one place to the other, and even one state to the other, we found that what was available was vastly different. And the eligibility was vastly different. So somebody could have been eligible for services in New Orleans and they got to Baton Rouge and all of a sudden they made too much money for it to be eligible or that particular service wasn't offered. So we often had clients caught in a system that really was not at standardized. In addition to that, on the Federal resources, there are a lot of conditions of award and we knew we couldn't make those conditions of award such

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as we have to match state dollars to the federal dollars that we received. And although we asked for waiver, we're really had to pursue some legislative changes in order to have that need addressed. And I certainly thought that that would be a lot easier given the state of affairs of things here after the hurricane. So I have to say I was a little bit disappointed in those aspects of the Federal resources.

JACKIE JUDD: When we talked again last year, you at the time, it was such a chaotic time, you said that you were taking and advising your staff members to take everything in four hour chunks of time.

BETH SCALCO: Yes.

JACKIE JUDD: What are you up to now?

BETH SCALCO: It's interesting that you ask that because when we've thought about that and quite frankly we don't do anything that's past three months at a time. You know, as we're planning what's going to be going on, what's on the calendar, all of us stop at three months and say, you know, we really can't plan that far ahead because we're just not quite sure of certain factors which might influence what's going on at that particular time.

JACKIE JUDD: Like what?

BETH SCALCO: Well, you know, is it going to be easier to recruit employees. I think one of the big things for us right now was, do we get through another hurricane

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season without a hurricane? You know, how far can we mentally plan, or do we want to feel like, okay we got through the season without a hurricane and now we're feeling like we can truly move forward. Or are we going to be hit with something that could have us go 22 steps backwards?

JACKIE JUDD: Before Katrina, how long was your planning cycle?

BETH SCALCO: At least six months to a year.

JACKIE JUDD: Oh my, so you've cut it back significantly?

BETH SCALCO: Right, we have a little ways still to go.

JACKIE JUDD: Okay, and your hopes for 2006 when we talked last year, among those things it included getting the staff back up and running. It sounds like you've done that. Telling patients where to go for assistance, it sounds like you've been able to do that. Identifying systems of care, it sounds like that continues to be the biggest challenge.

BETH SCALCO: Right. I think identifying systems of care and then also getting some of the community based organizations that existed prior to the storm up and running again and we've made significant progress. One of the things that we're really happy about is that Elizabeth Taylor donated a mobile clinic to the New Orleans task force and the New Orleans task force has worked successfully with the AIDS

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Healthcare Foundation to staff that clinic. So although we're seeing shortages over at the HIV Outpatient Clinic, what we now have is a new resource and it's going to be a mobile clinic and we think better able to reach into areas that have seen a significant increase in population that didn't reside there before. The other thing that we've been real pleased about is that some of our national partners helped to bring private foundations to New Orleans to see what had happened and I'm happy to say that the Ford Foundation has contributed half a million dollars to assist community based organizations to rebuild their infrastructure. So I think that those are two really big things that we were able to accomplish this year to help get us back on our feet.

JACKIE JUDD: And a final question. One of the things that strikes me during our conversation, Beth, is that so much of what impacts patient care doesn't have to do with healthcare per se, things like having a place to live, being able to afford an apartment and how dependant are you on other system getting up and running, such as housing before you can really say we're back where we need to be?

BETH SCALCO: Oh, I think we're totally dependent and I think that feeds into my three month plan because we're often having to see is this going to be fixed and ready to roll? You know, we had areas; the ninth ward didn't have any

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electricity until July of 2006. You can't get folks in to begin to fix their homes unless there's electricity there. It's again, hard for me to recruit any staff if there's no open apartments available for people to rent or if the rents have gone up 35-percent. So it is going to be, we are extremely dependent on these other infrastructure issues in order for us to be fully on our feet.

JACKIE JUDD: I know you're planning only out three months, but what would you like to be able to say about the situation this time next year in 2007?

BETH SCALCO: Well, I would like to be able to say that certainly on the healthcare front that we have fully operational clinical services that have specialty care that the clients need. Also, we're still experiencing a shortage of hospital beds. We'd like to see that that's addressed and that we have enough hospital beds. And then, again, the mental health and substance use needs that those are being fully addressed for the population. And then finally, that we've made a bigger dent into the housing. I'm still surprised as I drive from neighborhood to neighborhood that many of the neighborhoods look like they did the day after the storm. There's been no progress. So I would hope a year from now that that drive that I'm taking, I'm going to really see some difference in those neighborhoods.

JACKIE JUDD: We will check back with you then.

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BETH SCALCO: Thank you.

JACKIE JUDD: Thank you.

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