NEW ORLEANS --- Far below the leased Gulfstream 4 jet, an unending stream of buses headed west along I–10. Inside the aircraft, CDC Director Julie Gerberding faced the planeload of staff she was flying into the devastated city.

"We don't know what you are going to find in New Orleans," she said. "The conditions there are very grim. Please, do not take any chances with your safety."

Their airport escort underscored her point: two Humvees carrying armed members of the Georgia National Guard's 190th and 178th military police companies, protection for three CDC staff heading into New Orleans to investigate disease and environmental threats.

It was the first stop in a multiday tour of refugee centers and mobile hospital units set up to counter Hurricane Katrina's health threats. Riding along with Gerberding were senior specialists in infectious disease, environmental health and engineering, along with the Center for Disease Control and Prevention's chief of global migration and quarantine, his presence an acknowledgment of the complexity of caring for the massive wave of refugees.

En route, the group debated strategies for short-circuiting Katrina's most-feared possible consequence: an invasion of a packed shelter by large outbreaks of fast-moving disease.

"I'm worried about measles. I'm worried about pertussis [whooping cough]," said Dr. Martin Cetron, the quarantine chief. "Imagine the effect in one of those shelters of one patient with multidrug-resistant TB."

The group came quickly on the first evidence of the storm's disruption: the New Orleans airport's main terminal, now an evacuee center ringed by sheriffs deputies and served only by evacuation flights, where a medical triage unit has treated more than 1,000 patients a day.

Gerberding met the federal government's other top health officials — including Health and Human Services Secretary Mike Leavitt, Surgeon General Dr. Richard Carmona and the heads of mental health, minority health and Medicare/ Medicaid — for a lightning tour.

As dozens of Blackhawk and Chinook helicopters packed with rescued residents lined up for their turn to land, the group threaded its way between triple-parked ambulances and past dozens of frail elderly lying on military stretchers inches above the ground.

"I am very worried about the mental health of the people of the city who have lived through this trauma," Gerberding said. "These people probably lost loved ones, lost their homes, lost their jobs — may even have lost each other, because they can't find each other in the shelters. I can't imagine anything more devastating."
The officials flew from New Orleans to Baton Rouge, meeting with volunteer medical staff and touring a massive triage center set up on the basketball court of Louisiana State University's Pete Maravich Center, before flying on to Texas.

They are scheduled today to visit Houston, where the Astrodome has become an emergency shelter for tens of thousands of evacuees, and San Antonio, where hospitals accepted some of New Orleans’ most critically ill patients.

The growing CDC effort is taxed by the wide range of health problems in the storm’s aftermath, Gerberding said.

The agency is on guard against injuries and infectious disease: It is urging that adults and children in shelters be vaccinated unless they can provide records that prove they already received their shots.

But the CDC is also doing environmental analysis, loaning doctors to provide clinical care for evacuees, watching for long-term mental health effects and restocking hospitals with medical supplies from the Strategic National Stockpile.

So far the CDC has sent 108 staff from Atlanta to sites in Alabama, Mississippi, Louisiana and Texas. More are expected to leave today.

Asked if Katrina would become the largest operation the CDC has undertaken, Gerberding responded: "It's impossible now to tell. I think certainly it will be the most long-lived."

One unexpected stress was on view Sunday in the New Orleans airport atrium. Under the pyramidal glass roof stood two rows of triage chairs fenced off behind yellow police tape, and three roofless treatment tents for the mildly, moderately and critically ill.

The unit has treated two heart attacks and delivered two babies, one by Caesarean section, said Dr. Maurice Ramirez, a Tampa emergency physician with Florida's Disaster Medical Assistance Team 3, but has been overloaded with chronically ill elderly whose problems have suddenly become emergencies.

"People have been without medicine or in some cases without dialysis for days and now coming up on a week," he said. "We're starting to see what happens when you have chronic illnesses that were once well-controlled suddenly have no treatment at all."

Beverly Bedder huddled in a corner with her wheelchair-bound mother, Blanche Guilfoyle, who turns 93 on Saturday, and pushed quarters into a pay phone in a fruitless attempt to reach the Red Cross.

"My mother is a diabetic, and takes blood pressure medication, and I have high blood pressure," said Bedder, who was plucked from her home by boat. "We have family in Breaux Bridge who will care for us, but they are not allowed into the airport. I fear if we get on a flight, we will be taken far away."

The airport atrium was thronged Sunday with 35-person disaster teams from nine states and five-person strike teams from six other states, including one from Medical College of Georgia in Augusta.

As the federal health leaders ran across the tarmac to Leavitt's plane, volunteers gathered in the atrium for a Catholic prayer service by the Rev. Jose Lavastida, the dean
of academic affairs at Notre Dame Seminary in New Orleans and a Naval reserve chaplain.

With his residence destroyed and the seminary inaccessible, Lavastida had come to the airport, delivering last rites to dying patients doctors sequestered in a quiet room.

"The Gospel is so clear," he told the relief workers. "You will be blessed. You are doing it for the least of our brothers and sisters, and so you are doing it for the Lord."