



**Hurricane Katrina Disaster Relief
Atlanta District
Oral History Interview with**

**Barbara Wood
Director of Compliance
1971--2009**

**Philip Campbell
Director of Compliance
1977 – 2016**

**Laurie Farmer
Special Assistant to the Regional Director
1990 -- present**

**FDA Oral History Program
Final Edited Transcript
September 28, 2007**

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Oral History Abstract

The sudden and widespread devastation caused by Hurricane Katrina in August of 2005 required the emergency mobilization of U.S. Food and Drug Administration (FDA) employees for disaster relief, the supplementation of New Orleans District staff and the relocation of FDA offices and employees from flood-impacted areas. The Atlanta Regional Office dispatched employees for emergency relief and incorporated FDA employees forced to relocate from Louisiana offices. This transcript includes interviews with three members of the Atlanta Regional Office involved in response measures to Hurricane Katrina: Barbara Wood, Phil Campbell and Lauren Farmer.

Keywords

Hurricane Katrina; disaster relief; floods; Atlanta Regional Office; Incident Command Center; emergency response; New Orleans District Office

Citation Instructions

This interview should be cited as follows:

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Interviewer Biography

Suzanne Junod, Ph.D. is an historian in the FDA History Office at the U.S. Food and Drug Administration. Soon after beginning her career at FDA in 1984, Suzanne helped to organize the FDA History Office. She is a subject matter expert in FDA history and her scholarly writings have been published in *the Food, Drug, and Cosmetic Law Journal*, the *Journal of Federal History*, and the *Journal of the History of Medicine and Allied Sciences*, as well as edited compilations. She is an active officer in the Society for History in the Federal Government. She earned her Ph.D. at Emory University in Atlanta, where she studied under James Harvey Young.

FDA Oral History Program Mission Statement

The principal goal of FDA's OHP is to supplement the textual record of the Agency's history to create a multi-dimensional record of the Agency's actions, policies, challenges, successes, and workplace culture. The OHP exists to preserve institutional memory, to facilitate scholarly and journalistic research, and to promote public awareness of the history of the FDA. Interview transcripts are made available for public research via the FDA website, and transcripts as well as audio recordings of the interviews are deposited in the archives of the National Library of Medicine. The collection includes interviews with former FDA employees, as well as members of industry, the academy and the legal and health professions with expertise in the history of food, drug and cosmetic law, policy, commerce and culture. These oral histories offer valuable first-person perspectives on the Agency's work and culture, and contribute otherwise undocumented information to the historical record.

Statement on Editing Practices

It is the policy of the FDA Oral History Program to edit transcripts as little as possible, to ensure that they reflect the interviewee's comments as accurately as possible. Minimal editing is employed to clarify mis-starts, mistakenly conveyed inaccurate information, archaic language, and insufficiently explained subject matter. FDA historians edit interview transcripts for copy and content errors. The interviewee is given the opportunity to review the transcript and suggest revisions to clarify or expand on interview comment, as well as to protect their privacy, sensitive investigative techniques, confidential agency information, or trade secrets.

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Interview Transcript

SJ: I'm here in the Atlanta Regional Office on Friday, September 28, 2007 and I'm talking with Barbara Wood, a pharmacist who worked hard during Hurricane Katrina, and I'm just asking her to reflect on a very difficult and very hectic time this past year. Barbara, how long have you worked for FDA?

BW: I need to make one correction. I've worked with deploying, to help to deploy the pharmacists. I'm not a pharmacist.

SJ: Very good. I knew that you would be talking about pharmacists, correct?

BW: Yes. Yes. Okay. I have been with the agency for 36 years. I started in June 1971 as a chemist and I worked in the Bureau – at that time, it was called the Bureau of Drugs and I worked out of the Parklawn Building there in Rockville. And since that time, I moved to Atlanta in the latter part of '74 and worked for 13 years in the laboratory there, in the Southeast Regional Laboratory as a drug analyst and from that time, came to work for the Atlanta District as a compliance officer. In 1991, I started my current job as Director of Compliance for the Atlanta District. So, that's in a nutshell my career.

SJ: Perfect. And tell us a little bit about how you heard about Katrina.

BW: Okay. My involvement as the Director of Compliance was to help my district director, who is my immediate boss, in deploying needed personnel to that area. Before we actually set up an Incident Command Center, we were really kind of going in all kinds of directions just trying to answer the needs of the state as they requested from us, you know, different pieces of the puzzle that they needed just to try to help, you know, people in any kind of way that we

could. So, once we established the Incident Command Center that was led up by Malcolm Frasier, our Associate Regional Food and Drug Director at the time. At that time, I became a part of the logistics team, and that was the team to put together whatever personnel that they needed in the area. We worked along with the state. We worked along with our state cooperative program group that's here.

And so, immediately, I was assigned the pharmacy piece, and that is to help get deployed the pharmacists that were needed on the ground to actually go to the different pharmacies there in the Louisiana, in the New Orleans area to, number one, see whether or not they were still functional in any way, and then number two, just sort of do a brief inspection to see just what the conditions that they would find once they got there. So, I mainly had to look throughout the Centers because we don't have any pharmacists out here in the field. So, I had to look through the centers, with the help of the Center directors, to try to identify persons that we could call upon.

The starting point was the Commissioned Corps. The Commissioned Corps was a great place because their people, you know, are ready to be deployed at the drop of a hat. So, that's where we started and try to deploy pharmacists and to try to get everything lined up, you know, for them to be deployed to the New Orleans area to help out in any way they could in terms of, you know, getting the businesses back up and running. So, that was mainly my function.

I handled most of the logistics. I called the individuals personally. I talked with them on the phone. I did whatever it took to try to arrange flights. I worked with them to try to get housing. Most of them ended up going into what got to be known as the "tent." But, you know, I must say it was a really, really good time seeing people pull together and be willing under short notice to just pack their bags and go and really not knowing, you know, just where they're going to be landing.

A lot of the, you know, normal type logistics that we had in our normal trip, you know, we just didn't have time to complete all of that, you know, for this emergency. But, they were very willing. And so, we were able to deploy I think six – I think they were doing like two week

tours if I recall correctly and then we deployed a second group. Then, pretty much after that, they kind of backed down and the state was saying, you know, they pretty much had looked at all the facilities and they had either put a sign on the door saying that it was condemned, that the drugs or whatever could not be used, or in some situations where they felt it was okay, then they also gave them some type of a notice saying that they could use the medicines.

So, it was a very, very interesting experience. I worked also in direct conjunction with [unint.] and making the daily wrap ups and the daily reports that they were doing for the regional office. So, once we came together and we formed that Command Center, then we functioned more as a team. I was reporting in, you know, daily, as to successes or lack thereof in doing what we were asked to do. So, that's kind of my piece.

SJ: How many hours a day were you working?

BW: I would say on the average – oh, gosh. It just depends because on the days that I was really trying to get them there, then I spent several hours, probably half a day sometimes just, you know, trying to call them all, make sure they had what they needed and they understood who was supposed to be picking them up at the airport, you know, where they were supposed to meet.

SJ: And Laurie said she was trying to find them places to stay.

BW: Yes. Yes, that's true. That's very true because we were trying to prevent them having to go to Tent City because they really didn't have any conveniences at all there. I mean it was just really a big tent. We was trying to get them in, you know, hotels if we could get them in a hotel, but the hotels had problems as well, you know, in terms of water and that kind of thing. So, we had to think in terms of their safety. So, it was a lot of logistics, but overall I would say the thing that I saw more than anything is how people are willing to come together and work together and

put aside, you know, some of the things that we think that we need and must have. You know, they was willing to –

SJ: Oh, like hot showers and hot food?

BW: Exactly. Exactly. So, that was the wonderful part about it. And there was really one young lady, one pharmacist who just kind of stepped up to the plate and really just became like the leader for that group. I mean that was just something she just took on of her own and just did outstanding and kind of being the focal point for that group.

BW: And they were able to complete, like I say, all the inspections that they needed to complete. Actually, in as short a time as the state had projected. So, the third group that I was actually planning on deploying ended up not having to go down.

SJ: So, they got it done in two groups.

BW: They actually got it done in about, I guess, four weeks because it was two groups that ended up going down, yeah.

SJ: And each stayed about two weeks?

BW: Yes. They each stayed about between 10 to 14 days. Most times 14 days, yeah, at that time. It was a great experience and I know it was a terrible, terrible event. But, I think, again, it was a way that the agency was responding. We have emergencies where we have crisis. I think we really are family. We're family. We come together and we are out there, and we're doing what we have to do. So, that was my experience with a lot of this, a very good emergency experience and I would do it again if asked to.

SJ: Excellent. Well, you were efficient.

Phil Campbell: We could work it all out. And with the first wave of people who left from here – they took a lot of supplies and things. They took water and food, protective gear, and then we also had to go down and get shots for hepatitis and tetanus and get tested for respirators and all that stuff and get qualified for the respirators and things. So, there was a lot going on getting ready to go down.

SJ: Who gave you that guidance?

PC: Ann Gallman. I forget her official title, but any health and occupational issues over at our laboratory, she had helped advise us as to what was needed. And I guess they got some input from CDC and all of that as to what – you know, you didn't know what you were going to encounter when you went down there. But, the first people that went down, it's kind of interesting; since there wasn't a place to stay, they rented a 35-40 foot travel trailer to take down there just so we'd have a place to stay. But, you know, I didn't go down until about – once they started going down, about two weeks or a week and a half into it. The fellow who was working down there in the Secretary's Emergency Response Team (SERT), that's kind of where all the agencies had a seat at the table and tried to coordinate with one another, with the local and the state, county and USDA and CDC. And one of the groups includes all the health-related groups and the FDA kind of loosely fit into that.

But, you know, these were the people that were trying to set up healthcare, trying to setup hospitals, stand up hospitals again, or get any kind of critical medical gear down there. They handled getting the ship, one of the military ships down for about a week to take care of the people. They were responsible for the shelters and even looking out after the animals that had survived.

SJ: Which turned out to be a huge problem.

PC: It was incredible, but that was the group that we were associated with. The FDA's role, we were trying to work with local and state officials getting the restaurants up and running and in checking on pharmacies. It was kind of convoluted, but we were working getting daycares up and restaurants up, and we were working closely with CDC in that regard. We also had the traditional part of the industry that we regulate. All the investigators were gone, or they were displaced and, you know, we were trying to track all those guys down. So, that was another piece that we were trying to work on also as part of this challenge.

For the Emergency Response Team, we were – whatever came up that might relate to an FDA-related article. They would come to you and say, you know, “What are you doing? What people do you have? Can you handle this?” and there were a lot, of course, government agencies, a lot of meetings and a lot of reports, trying to keep everybody up to date as to what each agency was doing. I was down there about two and a half weeks and towards the end of it – I mean initially, it was 12, 14, 16 hour days, and it was really incredibly tiring every day. But, we started to wear down after about the first month. Towards the end we got down to 10 hours, 11-hour days, which was nice.

I stayed at a private school. There was a lady down there who ran a home for blind children in Baton Rouge where the SERT was and had she not opened that school up, I don't know where we would have stayed because we were down there with a lot of Reservists and every room was just absolutely filled. The gymnasium was just nothing but a sea of cots, and she cooked for everyone and initially, I mean there were no restaurants. So, I mean I don't know what we would have done. This lady, this was a wonderful lady who tried to look out after everyone, and she did try to cook and she tried to look out to see everyone had a cat.

But, you know, initially, the room I was in, I thought they were kidding. I didn't know what to expect driving down there. I was just glad to, you know, get gas in the car. You get

down to about half a tank and you start worrying about, you know, where am I going to get gas again? But, the first room I was in, I think, there was about eight of us on cots in this, you know, little dorm room, you know, and then about two weeks into it, I had progressed to the point where I got one of the two man suites, which was nice. You know, I put in my time and was fortunate to get that. But, what else?

SJ: Were you staying with other FDA people?

PC: Well, yeah. I was there with the guys that were going out – initially, I was. Those were the guys actually going out and doing the visits to the restaurants and facilities, which was just an adventure, trying to get around in New Orleans.

SJ: You were in New Orleans proper?

PC: I was in Baton Rouge. That's where the SERT was. After the first couple of days, we found some hotel rooms for our guys so they could actually get close to their work. But, you know, there just was no rooms. You found about a hotel room, word, you know, spread and you fight to get out there and you put two, three, four people in each room.

FEMA controlled most of the hotel rooms down there and they would go down and buy it out in blocks, and we had a tough time getting rooms for our people. But eventually, all that worked out. But, after the first few days our investigators went on down there and I was the only one left at the SERT, but the people there were the same Commissioned Corps guys who worked in that same group as I was working in. We spent a lot of time together.

SJ: And what were you primarily doing? Visiting warehouses?

PC: No. I had to sit at the SERT representing FDA. I was there by the phone, waiting on the next call. You never knew where it was going to come from or what it was going to entail or if it's going to be a product that we regulate, or if not, find out who does regulate it and, you know, run interference. It could be someone calling who didn't have their medicine and, "Where do I go to get medicine?" You know, that's not really us, but you tried to help any way you could.

SJ: We have "Drug" in our name.

PC: But, you had to find an answer. You had to find someone who could provide it and there was, you know, a truck that the air conditioner went out, full of food, "What do we do?" And then, how do you discard it, all this food coming out of the restaurants and things? How do you get rid of it?

You know, at first, the States were – traditionally, we don't do that kind of work, but the States asked us to come down because they thought they were going to be overwhelmed. But, unfortunately, they weren't because restaurants were just not opening up like they had hoped and to this day I don't think they've opened up like they had hoped. And I'm not sure they'll ever really recover. Particularly in the first weeks and months, the devastation is just – you just really can't appreciate it watching it on TV. It just was overwhelming.

I think, you know, they were very appreciative that we got down there as quickly as we did, although they probably didn't need the numbers that they requested initially, but in the end, it worked out.

SJ: So, how long did you end up staying?

PC: Two and a half weeks, and I was never so happy to get out of anywhere in my life. I was ready to come home, and when I went down, I replaced the guy that had gone down first. Initially, they started pulling people. "Okay. We're ready. We found a place. Let's go." And I

replaced a guy who was an investigator. He's since retired, and he was down there about ten days and he just had enough and made his feelings known.

So, once we got that call, I started packing and I went down pretty much the next day to relieve him. And then a gal from Charleston replaced me after that. But, you know, the first guy in, he had the hardest time because he had no clue as to what to expect or what was going on, or what the conditions were. At least when I went in, I had a clear picture of what was expected and what the living conditions were actually going to be and, you know, he kind of paved the way. But, two and a half weeks and awful long days; I was ready to come home. No question about it.

SJ: Ten days for the first person; two and a half weeks for the second. How long --

PC: For the investigator after me, it was about two weeks. My greatest accomplishment was, I think, that we started making plans to start staying elsewhere and reducing our role because it really wasn't an emergency at that point. At that point, the States felt more comfortable with what they had to do and, you know, we promised them if you ever need more people, we'll certainly come down here, and we kept a presence down there, but not the large numbers that we had initially.

SJ: Well, I think you're right. I think there wasn't much to salvage.

PC: Yeah, and as far as the industry, I mean a lot of it that we regulate down there is the seafood industry, and it was all gone, you know, and I don't think that will ever come back.

SJ: You really don't?

No. I really don't. I mean it's going to be a long time.

SJ: That is –

PC: And I don't know what will happen to New Orleans District Office. You know, I don't know if they'll ever go back down there because now the people are scattered. Initially, clearly, everybody wanted to go back at some point. You know, they get established elsewhere. And now they're still working out of two resident posts down there and are really crowded. So, you know, there's issues FDA still hasn't resolved. They are based out of Nashville. The New Orleans District Director of Compliance is in Nashville, TN. There's not a district office in New Orleans.

SJ: Yeah. I still don't think people quite get the devastation if you haven't been down there.

PC: No. You can't. There really is no way, and you try to – you know, you call back home and you try to describe it and you just couldn't. They'd go out with the other agencies in the helicopters and they would bring back a lot of the shots, photographs and things. It's just unbelievable. It's such a large area.

SJ: Atlanta has actually, as I understand it, has taken in a huge refugee population here and pretty much assimilated them into --

PC: Yeah, and most of those are not going to go back.

SJ: Yeah. That speaks a lot about Atlanta as a city.

PC: Right. I mean a lot of cities; Baton Rouge really got hammered in the traffic, you know, because all those people – again, even in Baton Rouge, the traffic is horrible. If you wanted to go to a restaurant when they started opening back up, you’re talking about hours.

SJ: Really?

PC: Yeah. I mean it was unbelievable. So, it was an interesting time. It’s something to talk about. I’m not so sure I’d be so quick to volunteer next time. I think I’m about through with hurricane duties.

SJ: Hopefully there won’t be any more for volunteer for – although, I hear the weather patterns are making it more likely.

PC: Well, we really were lucky the last couple of years, very lucky. So, I mean they’ll come back. I’m sure we’ll be quick to volunteer too.

SJ: Well, thank you very much for giving us a snapshot of your experience.

[BREAK]

SJ: Today is Friday, September 28, 2007 and we’re here in the Atlanta Regional Office with the Regional Director's Special Assistant, Laurie Farmer and we’re talking about Hurricane Katrina and the devastation it causes and FDA’s reaction to it. So, Laurie, tell us a little bit about what you remember and what you were involved in while the emergency was unfolding.

LF: Okay. Hurricane Katrina was a very interesting thing to deal with, Suzanne. One thing that was so interesting and unique in the emergencies that we’ve dealt with in the past is that the

District Office, the responding office was devastated. It was basically gone and in the past when we have had devastations, we haven't had an office completely gone.

So, what we did is in the Atlanta Regional Office, we setup an Incident Command System, which luckily we had all been – the managers here have been training on and now there's an ICS system. The National Incident Management System that the President has mandated for emergency response was something that we were working on as an initiative as far as getting our managers trained in this region because we do have a lot of hurricanes in the south, and in the Southeast. So, Incident Command System response, ICS response is something that we've been working on as an initiative.

So, I was one of the few people in the south, in this building, in the Atlanta Southeast Regional Office that had the higher level of ICS training. So, when the incident occurred, I'm not sure exactly, but it seems like September 25th about, I'm sure you have that, but I remember the Regional Director coming to me and saying, "You're giving a management briefing this morning on ICS, how we're going to structure ourselves, and then I will decide who sits in each of these ICS slots."

So, that happened very quickly and at that time, Gary Dykstra, the Southeast Regional Director, appointed his deputy, Malcolm Frasier, to be the incident commander and I was the Logistics Chief, handling everything that you can imagine related to logistics as far as deploying people and getting them back; getting them there and then getting them back. These are teams of people that came from all over the country, FDA people, and we did have a few state people that assisted us. And then also, you know, getting the financial approval for those kinds of things and making sure that they had all the equipment and safety equipment. It was quite an experience where everybody came together and responded quickly.

One of the first things that was done, though, as a result of just trying to stand up our Incident Command System was first, we needed to make sure that all our people, our FDA people were safe and secure and they had their families. And immediately, the Southeast Regional Director announced to employees using our emergency response systems that we have

in place, which are e-mails, telephone, a central headquarters contact, was the message was getting out that they wanted all of our employees to move to safety and to Nashville. So, we would have calls in the morning and afternoon about – they were situation calls and some of them were just among ourselves and others – I think the afternoon ones were reporting to headquarters of our status.

I remember one morning call that I was listening to – you know, we were accounting for all the employees, where is each person. I was on this call and one person that was identified was Mark Rivero. We hadn't heard from Mark; we don't know what's happened with him. In FDA, we are like a family and Mark is somebody that I went to basic training with. And so, when I heard his name and I knew that he hadn't been found, I was very concerned.

And so, after the meeting – he was the only one that hadn't been found. And I went to my desk and strangely enough, not five minutes later after I sat down, I get a phone call and it's Mark. And he said to me, "Laurie, I can't get in touch with anybody, no one in my office. I can't find my office. I can't get in touch with anybody in Nashville. Help me. I want everybody to know that I'm okay and I'm with my parents and I'm in New Orleans and we're in the French Quarter." And so, I was able to tell him, "Thank, God. Give him information on how to find you. You are our last one we were looking for, and you are the last one to know that you're safe," and we were all just so thankful. So, I'm always going to remember that about Mark being the last one calling in and just reaching out to just anybody that he knew anywhere in the country within FDA. I'm sure he had tried lots of people, but he ended up just connecting with me. And that morning, I was so concerned about him. So, it was almost like God's hand reaching out to him and for us to make sure that he was okay.

Let's see. What else about Hurricane Katrina? We had a great relationship with Emergency Operations and Headquarters FDA Emergency Operations. Ellen Morrison and Dorothy Miller are former ROA employees, and we consider them our own, our people. They consider themselves part of us. And so, it was very easy to quickly work together. There was this longstanding trust that we all had with them. Yet, it was still necessary to have an Incident

Command Post physically close to the devastated area here in Atlanta where we knew the people; we knew their situations; we knew their families; we knew their children and where they might scatter.

So, it was actually probably one of the most rewarding experiences I've ever had working for FDA because everybody came together and all the different disciplines that work in FDA and we worked many, many hours and no one ever complained. That's one best things we do in FDA is respond to emergencies because who work for the FDA work here because they're passionate about the mission and this was a test of our passion, of that mission. Of course, everyone rallied as they always do and this was the biggest emergency that I'd experienced and I was full throttle in the middle.

I remember when we were trying to find some lodging for some folks, it was crazy and we were able to find like two or three beds for the School for the Blind kind of thing. So, it was getting to that detail, like where were specific beds that our people could lay their heads down.

SJ: Phil Campbell talked about that.

LF: Yeah.

SJ: Some lady took them in and cooked for them.

LF: That's beautiful. I love it. I love it. And Phil was one of the people that worked right on the ground, that he was deployed and went out there and he worked in the HHS Emergency Response Center and it was so important for those people to understand the ICS language because it's so much more like military response when you're in an Incident Command Center like that. So, it was just a great experience and one rallied, and I hope you get a lot of feedback from everybody. But, that's my view of it.

SJ: What kind of days were you guys putting in hours-wise?

LF: I mean we would work until we went to bed. I mean what we would do is we would work here and then we would go home and have dinner with our families and then continued to work. We all worked all night on e-mail and called each other. So, that was probably a good six weeks of that. But, because I know my family and so many people I know and love experienced so much trauma that families didn't question what you were doing. In fact, I remember talking to my son about it. We watched the Weather Channel and talked about it. He said, "Well, mom's having to spend all this time working because we're helping people that need help," and then later, we was able to really personally experience it because he had a child come to his classroom who was moved. He and his family decided to move here at least while New Orleans was rebuilding and this child spent his third grade year in my son's class and we were able to talk about the experience that his friend Keenan had and he was able to talk about it from at least my perspective and us watching the Weather Channel. And so, it really brought it home to us. We had some people that were on my son's football team that had several family members come in and have to live with them.

So, we personally experienced in our community a lot of influx of families that were devastated. So, there was never a question of what we knew to do as far as maybe taking some away from our families, but for the greater good of others.

SJ: You said it was about six weeks of chaos and a couple of people ended up relocating here to Atlanta, a couple of employees.

LF: A couple of employees did end up relocating here and I experienced that in my community as well. What happened was that people scattered to where they had friends and relatives after Katrina and communities reached out to them by providing housing and jobs and FDA was open to helping people with jobs. And so, the people that I'm aware of when they first

came here, it was viewed as a temporary situation because they were going to go back home. Many of these people are still here today because they still see that New Orleans isn't rebuilding like they want it to be and there's just been so much devastation and they found a new life here. So, FDA was very open to allowing people to come and transfer and, again, that's a testament of FDA being a great family.

And then the regional director took many trips to Nashville to meet with the employees, talk with them. They had EAP counselors all the time there meeting with employees. It was devastating. I remember the [unint.] came down and brought gift cards and we were all sending things and money to help our friends in FDA, all of them, to try to regain their lives. So, many of those folks still live in the Nashville area. There are some that want to move back to New Orleans. There is the long-term hope that there will be a New Orleans district office as the industry grows, but that district in Nashville is growing, but time will tell and the industry will help dictate that, how we change.

SJ: Exactly. Well, thank you so much for talking to me.

[END OF INTERVIEW]



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Agreement Pertaining to the Oral History Interview of

As a conditional gift under Section 231 of the Public Health Service Act, as amended (42 U.S.C. 238), and subject to the terms, conditions and restrictions hereinafter set forth, I, _____, hereby give, donate, and convey to the National Library of Medicine ("NLM"), acting for and on behalf of the United States of America, all of my rights and title to, and interest in, the information and responses provided during the interview conducted at _____ on _____ and prepared for deposit with the NLM in the form of recording tapes and transcripts. This donation includes, but is not limited to, all copyright interests I now possess in the tapes and transcripts.

Title to the tapes and transcripts shall pass to the NLM upon their delivery and the acceptance of this deed by the Director, NLM. The Director, NLM, shall accept by signing below.

I place no restrictions upon the use of these tapes and transcripts by the NLM.

The NLM may, subject only to restrictions placed on it by law or regulation, provide for the preservation, arrangement, repair and rehabilitation, duplication, reproduction, publication, distribution, exhibition, display, and servicing of the tapes and transcripts as may be needful and appropriate.

Copies of the tapes and transcripts may be deposited in or loaned to institutions other than the NLM, including the U.S. Food and Drug Administration. Use of these copies shall be subject to the same terms, conditions, and restrictions set forth in this agreement.

The NLM may dispose of the tapes and transcripts any time after title passes to the Library.

Date: 6/22/17

Signed: Barbara G. Wood

Last position held: Director of Compliance, AHI-DO

Date: _____

Interviewer: _____

I accept this gift on behalf of the United States of America, subject to the terms, conditions, and restrictions set forth above.

Date: _____

Signed: _____
Director, National Library of Medicine



National Institutes of Health
National Library of Medicine
Bethesda, Maryland 20894

Deed of Gift

Agreement Pertaining to the Oral History Interview of

Laurie Farmer

As a conditional gift under Section 231 of the Public Health Service Act, as amended (42 U.S.C. 238), and subject to the terms, conditions and restrictions hereinafter set forth, I, Laurie Farmer, hereby give, donate, and convey to the National Library of Medicine ("NLM"), acting for and on behalf of the United States of America, all of my rights and title to, and interest in, the information and responses provided during the interview conducted at _____ on _____ and prepared for deposit with the NLM in the form of recording tapes and transcripts. This donation includes, but is not limited to, all copyright interests I now possess in the tapes and transcripts.

Title to the tapes and transcripts shall pass to the NLM upon their delivery and the acceptance of this deed by the Director, NLM. The Director, NLM, shall accept by signing below.

I place no restrictions upon the use of these tapes and transcripts by the NLM.

The NLM may, subject only to restrictions placed on it by law or regulation, provide for the preservation, arrangement, repair and rehabilitation, duplication, reproduction, publication, distribution, exhibition, display, and servicing of the tapes and transcripts as may be needful and appropriate.

Copies of the tapes and transcripts may be deposited in or loaned to institutions other than the NLM, including the U.S. Food and Drug Administration. Use of these copies shall be subject to the same terms, conditions, and restrictions set forth in this agreement.

The NLM may dispose of the tapes and transcripts any time after title passes to the Library.

Date: 6/26/2017

Signed: _____

Last position held: Acting Director, Office of State Cooperative Programs

Date: _____

Interviewer: _____

I accept this gift on behalf of the United States of America, subject to the terms, conditions, and restrictions set forth above.

Date: _____

Signed: _____
Director, National Library of Medicine



National Institutes of Health
National Library of Medicine
Bethesda, Maryland 20894

Deed of Gift

Agreement Pertaining to the Oral History Interview of

Philip

As a conditional gift under Section 231 of the Public Health Service Act, as amended (42 U.S.C. 238), and subject to the terms, conditions and restrictions hereinafter set forth, I, Philip Campbell, hereby give, donate, and convey to the National Library of Medicine ("NLM"), acting for and on behalf of the United States of America, all of my rights and title to, and interest in, the information and responses provided during the interview conducted at Atlanta FDA office on 9/28/07 and prepared for deposit with the NLM in the form of recording tapes and transcripts. This donation includes, but is not limited to, all copyright interests I now possess in the tapes and transcripts.

Title to the tapes and transcripts shall pass to the NLM upon their delivery and the acceptance of this deed by the Director, NLM. The Director, NLM, shall accept by signing below.

I place no restrictions upon the use of these tapes and transcripts by the NLM.

The NLM may, subject only to restrictions placed on it by law or regulation, provide for the preservation, arrangement, repair and rehabilitation, duplication, reproduction, publication, distribution, exhibition, display, and servicing of the tapes and transcripts as may be needful and appropriate.

Copies of the tapes and transcripts may be deposited in or loaned to institutions other than the NLM, including the U.S. Food and Drug Administration. Use of these copies shall be subject to the same terms, conditions, and restrictions set forth in this agreement.

The NLM may dispose of the tapes and transcripts any time after title passes to the Library.

Date: 7/3/16

Signed: [Signature]

Last position held: Director Compliance Branch

Date: _____

Interviewer: _____

I accept this gift on behalf of the United States of America, subject to the terms, conditions, and restrictions set forth above.

Date: _____

Signed: _____
Director, National Library of Medicine