

From my perspective

Like the rest of the nation, we at the American College of Surgeons were deeply saddened by the human toll that Hurricane Katrina wrought on New Orleans and the surrounding Gulf coast region this summer. In the wake of such enormous tragedy, we simply wouldn't be human if we didn't feel a tremendous sense of loss and vulnerability.

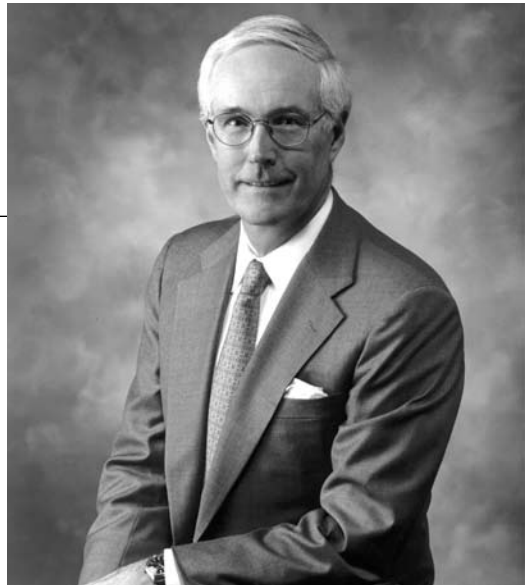
These feelings of helplessness are particularly frustrating for members of the medical and surgical professions. We are trained to take control when catastrophe, natural or manmade, strikes. We plunge into the maelstrom and try to salvage as many lives as possible.

It's not surprising, therefore, that so many physicians, residents, interns, nurses, and even administrative staff stayed at their institutions throughout the hurricane and in its aftermath to ensure that patients were evacuated safely. I've heard several surgeons recount instances in which they or their residents dodged gunfire to get patients onto helicopters, worked handheld ventilators to keep children alive, and carried patients down darkened stairwells on their backs. Such heroics warrant our most profound respect and deepest thanks. We will highlight some of these stories in an upcoming issue of the *Bulletin*.

Despite these individuals' best efforts, some patients perished. The September 14 *New York Times* reported that staff at Memorial Medical Center in New Orleans, where 45 bodies were discovered earlier that week, said they could do little more than comfort patients. Charity and University Hospitals, both part of the Louisiana State University system, reportedly did not have the money to hire helicopter companies to evacuate patients. Hence, they were among the last to be evacuated and were forced to rely almost exclusively on the military and federal agencies for rescue activities. The two facilities were unable to evacuate their 28 infant patients (18 in intensive care) until the morning of the Friday after Katrina hit and the levees broke. A total of 20 bodies were left behind at the two facilities; 12 of the patients had died before the storm.

What went wrong?

Whenever an inevitability (such as a hurricane slamming into the southeast portion of the country, an earthquake in California, a tornado



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ripping through the plains) turns into a calamity, people are driven to point fingers and try to find some rational explanation for how the situation became uncontrollable. Many of the physicians who were on site in New Orleans report that their hospitals were prepared to make it through a typical hurricane, stocked with enough extra food, generators, and supplies to last at least a week. What they weren't prepared for was the levees breaking and Lake Pontchartrain overflowing into the city. Moreover, the response from federal, local, and state relief agencies was clearly inadequate and too slow. As Simon Winchester noted in the September 8 *New York Times*, “The last time a great American city was destroyed by a violent caprice of nature, the response was shockingly different...” Referring to the earthquake that upended San Francisco in 1906, killing 3,000 people and leaving 225,000 homeless, Mr. Winchester noted that the entire nation responded to the disaster with speed and determination. Troops were quickly dispatched into the city to control looters and blast through

some of the wreckage. The mayor requisitioned boats to the Oakland telegraph office to inform the country that San Francisco was in ruins and needed help. Relief trains began arriving that same night. Congress convened and quickly passed legislation to pay all bills.

At the time of the San Francisco earthquake, no government-run agencies, such as the Federal Emergency Management Agency, were in place to declare when disaster had struck and how to respond. The people of San Francisco reported their dire situation, and the state and federal government heard their plea and acted accordingly. It was that simple.

Emerging from the flood

Despite the crippling slow pace of relief efforts in New Orleans, I believe that this historically significant and unique city will eventually emerge from this tragedy with the same grace as San Francisco did nearly 100 years ago. To help the hurricane survivors—patients and surgeons—the College has been working at several levels.

First, Operation Giving Back was in regular contact with the major federal agencies that coordinated the response and through an electronic alert to our members provided surgeons with regular updates on how they could offer their services. Many of you volunteered your time and skills. The College applauds your generosity and compassion.

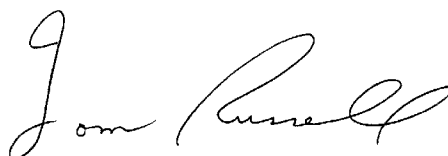
In addition, our Job Bank is helping displaced surgeons find positions elsewhere. Equally as important, the surgical boards' residency review committees are assisting trainees who need to be placed, at least temporarily, in other programs. I would strongly encourage all program directors to embrace these residents. By all accounts, they were key in evacuating patients and deserve the highest respect and consideration. Some of their stories will be told in the upcoming *Bulletin* article that I mentioned earlier.

In an effort to ensure that our members are prepared for any disasters—natural or man-made—that may occur in this country, we continue to offer educational programs in disaster preparedness. Our Governors' Committee on Blood-Borne Infection and Environmental Risk monitors these types of situations and develops recommendations on how surgeons can prepare

for cataclysmic events. In addition, our Advanced Trauma Life Support® course trains health care professionals in providing prompt and effective care for individuals who are injured or otherwise in need of emergency care.

Finally, I am proud to say that the College still plans to hold its 2007 Clinical Congress in New Orleans. Many of you have fond memories of the city, and we have always had a good experience dealing with the convention center and hotels. By bringing our meeting there, we will be doing our part to help the city of New Orleans rebuild.

To those individuals who lost family, friends, homes, and livelihoods to Hurricane Katrina, we offer our condolences and solemn wishes for better days ahead. To the medical professionals who fought to save lives under the most grueling and primitive of circumstances, we extend our thanks and admiration. All of you exemplify that a disaster may demolish buildings and infrastructures but not the human spirit.



Thomas R. Russell, MD, FACS

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.