

## CAMPBELL CLINIC BENEFITS FROM SKILLS OF RESIDENTS DISPLACED BY HURRICANE KATRINA

Orthopaedic surgeons expect to see and learn a lot during their residency training. But Dr. Duane Belongie wasn't expecting his residency experience to include using a canoe to shuffle supplies between hospitals or transport two premature babies to safety in the days following one of the nation's most devastating natural disasters.

A resident at Tulane University Hospital in New Orleans, Dr. Belongie is one of four Tulane residents displaced by Hurricane Katrina who are now serving a portion of their residency at Campbell Clinic. Also receiving training at Campbell are Tulane orthopaedic residents Dr. Lauren Friend, Dr. Greg Jeansonne, and Dr. Matt Bernard.

"We are in the surgeon training business," said Dr. Fred Azar, Campbell Clinic's Director of Resident Education.

"It would have been disastrous for the Tulane residents to miss a year of their training. Taking them into our program was a concrete thing we could do to alleviate part of the aftermath of Hurricane Katrina, which disrupted so many lives in so many ways."

The Tulane residents have been at Campbell Clinic since October 2, 2005, approximately six weeks after Hurricane Katrina struck New Orleans. Storm damage and widespread flooding in the city caused the closing of the Tulane hospital, Charity Hospital, and Louisiana State University (LSU) Hospital in downtown New Orleans, where the doctors were serving their residencies.

Dr. Belongie and Dr. Lauren were among nine Tulane orthopaedic residents and staff members who volunteered

### EXCERPTS, DR. BELONGIE'S KATRINA JOURNAL

#### Monday, Aug. 29

*The windows to the Junior Call Room exploded into the darkness. Over the next few hours, we could hear other windows doing the same all the way down the hallway. Water started to creep in from under locked doors.*

*There was relatively little activity in the Charity emergency room. Several fingers had been smashed in doors, and people were apparently falling off roofs all over town, but they either were not able to get to the hospital or did not want to. The power went out, and the generators supported only basic backup electricity. This also meant the elevators, the computers, the pager system, and the overhead PA system were out. The operating rooms were unavailable, being on the 12th floor, so a MASH-like, two-bed OR was created in the first floor casting clinic.*

#### Tuesday, Aug. 30

*The levees had failed, and the streets were filled with water. We launched the canoe into the streets of New Orleans on our first unsanctioned reconnaissance mission.*

*We headed to University Hospital to round on our few patients there and to check out the overall situation. The streets were littered with debris, dead birds, oil slicks, and human waste. After checking our patients, we boarded the canoe, agreeing to make a return trip with some critical medicine that was no longer available at University Hospital.*

*As we headed back down to University Hospital, we noticed a fire and rescue truck sitting*



for “hurricane duty” on the last weekend of August 2005.

As Dr. Belongie left his apartment for Charity Hospital on Saturday, hurricane reports led him to load his 17 foot canoe into his truck, transport it to the hospital, then lash the canoe to a pillar in the hospital’s parking garage. In the days to come, the canoe enabled the Tulane residents to provide a valuable, water-based shuttle service, sharing supplies and gasoline for generators between hospitals.

The hurricane struck early Monday morning, August 29. During the next three days, the team served patients at the three hospitals despite stifling heat, loss of electricity and power to elevators and computers, waters that rose two to three feet deep in hallways and hospital rooms, little communication with the outside world, and growing concern for their patients’ and their own safety.

“After the hurricane, Tulane’s orthopaedic residency program had to find another location to continue our training,” Dr. Belongie said. “Tulane wanted to keep us together as

much as possible, and nearby, so we would return when the program was able to operate again.”

A large number of hospitals and clinics opened their doors to the residents. “But everyone knows Campbell Clinic, because they wrote the book,” Dr. Belongie said, referring to *Campbell’s Operative Orthopaedics*, used as a textbook in many medical schools and hospitals. “We all knew that Campbell Clinic is an elite residency training program.”

Dr. Azar said, “The residents who came to us from Tulane have fit well into our resident rotations and have allowed more of our faculty members to have one-on-one opportunities for teaching. They bring different perspectives to our established routines and provide a new viewpoint from which we can evaluate our program. They also have made us more appreciative of our circumstances and have made us realize how quickly circumstances can change.”

Tulane Hospital expects to have its orthopaedic residency program operating again by July 1, 2006.



*would be free to leave. At this point, there was reason to believe that our lives were in danger the longer we stayed. Looters were running loose in the streets, and a helicopter had been shot at while evacuating patients.*

*What we endured was but a tiny ripple within Katrina’s wake. The scope was so huge that the city and the nation were stunned, delaying the*

*initiation of meaningful relief efforts. It will take a long time to return a sense of normalcy, and things will truly never be the same.*

*at the foot of the interstate ramp. The water was too deep for the truck to go further. When we got to University Hospital, a neonatal intensivist asked if we could transport two ventilator-dependent preemies to the fire truck. They asked if we were EMS or emergency medicine residents. When we replied that we were orthopaedic residents, they showed us how to deliver short, quick breaths to the infants. So off we went with preemie number one, then returned for number two. Shortly, the diminutive pair was whisked away to the children’s hospital.*



### **Wednesday, Aug. 31**

*The big plan for the hospitals was to get all the patients evacuated by helicopters, then the staff*