First-hand Encounter With Hurricane Katrina’s Aftermath

CCT RN DESCRIBES NEONATAL EVACUATION FROM NEW ORLEANS

Midnight, Tuesday, August 30

We just returned to Birmingham from New Orleans, simultaneously transporting four neonatal patients. We left the Birmingham airport at 5:50 PM via the Critical Care Transport (CCT) jet, and Lifesaver met us at New Orleans airport with their helicopter, because there was no ground access due to flooding. Lifesaver took three CCT crew members from the airport to Oschner Medical Center. On the flight to the airport, all you could see was destruction and water, and I thought “truly a saddening sight,” but during the helicopter flight, it got worse. We were much closer and could see more destruction, more water, looters, police and emergency personnel, and uncontrolled fires all over.

Oschner’s heliport was underwater, so we landed on the parking deck. With equipment in hand, we walked down six flights of stairs — all elevators were out of service — through the hospital, where there was caution tape and leakage throughout the hallways. We then climbed up two flights of stairs to the second floor unit, where they had moved the babies; they were originally on the 10th floor, but Hurricane Katrina had blown out all the windows on that floor.

We entered the makeshift nursery, and the first two staff members we encountered were on the phones, crying, talking to someone on the other end, and trying to cope. All unit staff were overjoyed to see someone had come to help. They had requested help from all over, but told us we were the only ones to show up that day. They thought we were coming for only one patient, and when we told them we had resources to transport four, they were shocked. When we said we thought we could return tomorrow, they were even more excited.

The unit nurse practitioner pulled me aside and asked me “How bad is it out there, looking from the air? I mean, is it really as bad as they say?” I said “Yes, ma’am, it is, maybe worse, and my heart is broken for all of you down here.” With that, she had to walk away.

All the staff were working in T-shirts, shorts, and flip flops due to the lack of ventilation. It was at least 110 to 120 degrees in the unit, and the babies were in open cribs or warmers that were off, dressed only in diapers. Some had elevated temperatures. All the staff had been there 4 days, and they didn’t think they would be able to leave until Sep-

continued on page 2
As of September 2, UAB’s Critical Care Transport (CCT) Team had evacuated seven babies from the Gulf region — six from Ochsner Medical Center in New Orleans and one from Lafayette, Louisiana. CCT brought five babies to UAB’s Regional Neonatal Intensive Care Unit and took two to Children’s Hospital in Birmingham.

“The main problem was communication; we were ready to go when we got the request from Louisiana, but had trouble finding out how to get into the city and where to go,” CCT Chief Transport Nurse Laura Lee Demmons says. “We are coordinating efforts with Lifesaver in Birmingham to shuttle patients out by helicopter and then fly them out to a fixed-wing jet.”

Of the five babies UAB received, one was discharged Wednesday, August 31. The four remaining babies — two boys and two girls — range in age from 35 weeks to 43 weeks. Two babies are in serious condition, one is in fair condition, and one in good condition. UAB will continue to keep a close watch on the babies’ conditions.

UAB and the UAB Health System are developing a coordinated team responsible for triaging all requests for volunteers and monetary and food donations. In addition, UAB is establishing a fund where donations can be made for these babies and their families. The hospital does not need diapers or other infant-related items and cannot accept flowers or other gifts. More details will be available on the UAB Web site (www.uab.edu) and hotline (205-975-0544) as they become available.

In addition to receiving a white coat, students took an oath, signed the SOM Honor Code, and received a pin and a book, On Doctoring — a collection of stories, essays, and poems edited by Richard Reynolds, MD, and John Stone, MD.

Robert Centor, MD, associate dean of medicine, gave the keynote address. Dr. Centor emphasized the medical profession’s lofty goals. “You are joining a wonderful profession. You have the opportunity to explore the human body’s complexity. You will learn anatomy, physiology, and biochemistry and problems that arise from disorders. But always remember why you study medicine. Always remember our goal is to help individual patients.”

White Coat Ceremony Welcomes Matriculating Class of 2005

The School of Medicine formally welcomed the Class of 2009 during an impressive White Coat Ceremony on August 8 at the Alys Robinson Stephens Center. Friends, families, and faculty gathered for the medical school ritual where students receive their first white coat — a symbol of dedication to the pursuit of knowledge in order to help individuals.

White Coat Ceremonies, a practice now followed by medical schools nationwide, mark students’ commitment to caring for patients.

“The White Coat Ceremony is not unique to the School of Medicine,” says Helen Hughes Evans, MD, associate dean for students. “However, we were one of the first schools to embrace this phenomenon, which has spread to medical schools across the United States.” School of Medicine (SOM) Dean Robert Rich, MD, delivered welcoming and closing remarks.

The Medical Alumni Association cosponsored the event by providing the white coats. Alan Dimick, MD, medical alumni representative, told the graduates: “May this white coat remind you every day of your goals and ethics in your lifelong pursuit of integrity through your service to mankind.”

For students taking the Oath of the New Generation as part of the White Coat Ceremony, the white coat represents a commitment to the pursuit of knowledge in order to help individuals.
In his capacity as OHR director, Dr. Warnock reports to Vice President of Research Richard Marchase, PhD. Dr. Warnock also chairs the Executive Steering Team, which is composed of personnel from UAB Health System, SOM, and UAB Central Administration, and is providing direct oversight for the SiteMinder initiative and its Project Steering Team.

At a recent information session for researchers designed to outline OHR’s functions and goals, Dr. Warnock said, “OHR will address structural issues that impede clinical research at UAB — as a principal investigator on such projects, I’m familiar with the problems, and I’m excited about taking on this task. Our direct charge is to cut through inefficient administrative ‘back and forth’ between different UAB entities — to bore through firewalls between the Health System and the university, for example.”

**OHR’S GOALS ARE:**

◆ Enhancing effectiveness of UAB clinical trials

*continued on page 4*

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**SURFING THE INFOBAHN**

**GOLF**

Plan now to participate in the UAB Insight Specialty Update 2005 CME Event and Benefit Golf Tournament on October 10.

Planned by golfers for golfers, this popular tournament benefits the University Hospital’s Patient Assistance Fund and the UAB Emergency Medicine Education Fund.

www.health.uab.edu/golf

The CME Specialty Update features UAB specialists discussing 2005’s most significant advances.

www.health.uab.edu/specupdate

To access a Synopsis article from the last 2 years, visit our Web site at www.health.uab.edu/synopsis. You can search by date or subject in the left sidebar.
develop a coherent, streamlined human research strategy.”

SiteMinder is destined to become an integral part of that research strategy through its ability to provide access to large volumes of complex data coming from multiple clinical trials, continues Dr. Warnock. The system offers real-time continuous access to critical information. Since its inception in February, the Project Steering Team has gathered comprehensive data defining current processes for conducting clinical research at UAB, purchased SiteMinder hardware and software, and is working to develop uniform fee schedules for research costs at The Kirklin Clinic® and University Hospital.

Cancer Center investigators are pilot testing SiteMinder software. After this beta-test phase, the software will undergo system-wide review, giving university investigators the opportunity to test the system and suggest revisions. Based on investigator input, SiteMinder will be reconfigured and fully implemented at the Cancer Center early next year, with a target time frame of March 2006 to December 2007 for system-wide rollout.

SiteMinder will be fully integrated with Cerner, IDX, and Health-Quest. Dr. Warnock has great optimism about the future of clinical research at UAB, noting the National Institutes of Health’s (NIH) new roadmap emphasizes translational research, an area in which UAB excels. NIH is also requiring greater transparency and accountability, creating new challenges for investigators and research sponsors.

“We cannot afford to ignore the market and regulatory forces that are shaping our efforts,” he says. “The challenges and solutions before us span the spectrum of UAB’s clinical research enterprise, and OHR will play a pivotal role in growing that enterprise in an appropriate and mutually beneficial fashion.”

Reynolds Historical Lecture

“Protection or Control? Women’s Health, Sterilization Abuse in Alabama, and Relf v. Weinberger” will be presented by University of Alabama Assistant Professor of History Gregory Dorr, PhD, on September 22 at noon at the Reynolds Historical Library in the Lister Hill Library of the Health Sciences.