

A doctor's message from Katrina's front lines

Hemant H. Vankawala, MD

September 7, 2005—Hemant Vankawala (Figure), 34, is a doctor with one of the nine Disaster Medical Assistance Team (DMAT; part of the Federal Emergency Management Agency) medical groups set up at Louis Armstrong New Orleans International Airport, treating evacuees from New Orleans. He is an emergency room physician in Dallas, Texas, and joined a Dallas-based DMAT just 2 months ago—just in time for the biggest natural disaster in American history.

Here are excerpts from an e-mail he sent to family, friends, and colleagues about his experience.

My team was activated 11 days ago. For the past 8 days, I have been living and working at the New Orleans airport, delivering medical care to the Katrina hurricane survivors.

Let me start by saying that I am safe, and after a very rough first week [I] am now better-rested and fed. Our team was the first to arrive at the airport and set up our field hospital. We watched our population grow from 30 DMAT personnel taking care of six patients and two security guards [to] around 10,000 people in the first 15 hours.

These people had had no food or water or security for several days and were tired, frustrated, sick, wet, and heartbroken. People were brought in by trucks, buses, ambulances, school buses, cars, and helicopters. We received patients from hospitals, schools, homes . . . the entire remaining population of New Orleans, funneled through our doors.

Our little civilian team, along with a couple of other DMAT teams, set up and ran the biggest evacuation this country has ever seen. The numbers are absolutely staggering.

In hindsight, it seems silly that a bunch of civilian yahoos came in and took over the airport and had it up and running—exceeding its normal operating load of passengers—with an untrained skeleton crew and generator partial power. But we did what we had to do, and I think we did it well.

Our team has been working the flightline, off-loading helos [helicopters]. Overnight, we turned New Orleans' airport into the busiest helicopter base in the entire world. At any given time, there were at least eight to 10 helos off-loading on the tarmac, each filled with 10 to 40 survivors at a time, with 10 circling to land. . . . It was a non-stop, never-ending, 24-hour-a-day operation.



Figure. Hemant Vankawala, MD, helps a Hurricane Katrina victim at Louis Armstrong New Orleans International Airport.

The CNN footage does not even begin to do it justice—the roar of rotor blades, the smell of jet-A [fuel], and the thousands of eyes looking at us for answers, for hope. . . .

Our busiest day, we off-loaded just under 15,000 patients by air and ground. At that time, we had about 30 medical providers and 100 ancillary staff. All we could do was provide the barest amount of comfort care. We watched many, many people die. We practiced medical triage at its most basic—“black-tagging” the sickest people and culling them from the masses so that they could die in a separate area.

I cannot even begin to describe the transformation in my own sensibilities, from my normal practice of medicine to the reality of the operation here. We were so short on wheelchairs and litters we had to stack patients in airport chairs and lay them on the floor. They remained there for hours, too tired to be frightened, too weak to care about their urine- and stool-soaked clothing, too desperate to even ask what was going to happen next.

Imagine trading single-patient-use latex gloves for a pair of thick leather work gloves that never came off your hands—then you can begin to imagine what it was like.

We did not practice medicine. There was nothing sexy or glamorous or routine about what we did. We moved hundreds of patients an hour, thousands of patients a day, off the flightline and into the terminal and baggage area. Patients were loaded onto baggage carts and trucked to the baggage area . . . like, well,

From the Department of Emergency Medicine, Baylor University Medical Center, Dallas, Texas.

This message was originally published by NPR (see <http://www.npr.org/templates/story/story.php?storyId=4836926>) and is reprinted with permission.

Corresponding author: Hemant Vankawala, MD, EmCare, 1717 Main Street, Suite 5200, Dallas, TX 75201 (e-mail: hemant@vankawala.com).

baggage. And there was no time to talk, no time to cry, no time to think, because they kept on coming. Our only salvation was when the bureaucratic Washington machine was able to ramp up and streamline the exodus of patients out of here.

Our team worked a couple of shifts in the medical tent as well. Imagine people so desperate, so sick, so like the five to 10 “true” emergencies you may get on a shift . . . only coming through the door non-stop. Now imagine having no beds, no [oxygen], no nothing—except some nitro, aspirin, and all the good intentions in the world.

We did everything from delivering babies to simply providing morphine and a blanket to septic and critical patients and allowing them to die.

During the days that it took for that exodus to occur, we filled the airport to its bursting point. There was a time when there were 16,000 angry, tired, frustrated people here. There were stabbings, rapes, and people on the verge of mobbing. The flightline, lined with two parallel rows of Dauphins, Sea Kings, Hueys, Chinooks, and every other kind of helicopter imaginable, was a dangerous place—but we were much more frightened whenever we entered the sea of displaced humanity that had filled every nook and cranny of the airport.

[It’s] only now that the thousands of survivors have been evacuated—and the floors soaked in bleach, the putrid air allowed to exchange for fresh, the number of soldiers [outnumbering] the patients—that we feel safe.

I have met so many people while down here—people who were at Ground Zero at 9-11, people who have done tsunami

relief, tours in Iraq—and every one of them has said this is the worst thing they have ever seen. It’s unanimous, and these are some battle-worn veterans of every kind of disaster you can imagine.

For those of you who want to help, the next step is to help [evacuees] who arrive in your local area. The only real medical care these survivors will receive is once they land in a safe, clean area far from here. For the 50,000 people we ran through this airport over the last couple of days—if they were able to survive and make it somewhere else—their care will begin only when providers in Dallas and Houston and Chicago and Baton Rouge volunteer at the shelters and provide care.

And yes, there are many, many more on their way. Many of the sickest simply died while here at the airport. Many have been stressed beyond measure and will die shortly, even though they were evacuated. If you are not medical, then go the shelters, hold hands, give hugs and prayers. If nothing else, it will remind you how much you have and how grateful we all should be.

These people have nothing. Not only have they lost their material possessions and homes, many have lost their children, spouses, parents, arms, legs, vision . . . everything that is important.

Talk to these survivors, hear their stories and what they have been through. Look into their eyes. You will never think of America the same way. You will never look at your family the same way. You will never look at your home the same way. And I promise, it will forever change the way you practice medicine.