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Lessons learned in UNC Schools of Public Health and Medicine prepare physician to respond in Hurricane Katrina’s wake

As the water from Hurricane Katrina was rising outside Touro Hospital in New Orleans, several medical workers tried to convince Dr. Richard Vinroot to give up on the stroke victim he was trying to save. The woman needed a tube inserted down her trachea so she could breathe, and there was no anesthesia, no electricity, nothing at all except the doctor’s hands and the plastic tube.

“I almost was not able to get the tube down her trachea,” Vinroot says. “Some of the others said, ‘Rich, you’ve got to let her go, but I just couldn’t. And eventually I was able to insert the tube so she could breathe. The next day, we got her out on a helicopter, and now, she’s somewhere in Houston, and she’s alive.”

Vinroot, a graduate of the University of North Carolina at Chapel Hill Schools of Medicine and Public Health, was a second-year emergency room resident at Charity Hospital in New Orleans when Hurricane Katrina roared into the city Aug. 29, 2005.

“I was off the day the storm hit, staying with some friends,” he says. “They evacuated, but I decided to stay and see what I could do to help. I went to Touro Hospital because it was near my house. About 200 patients were in Touro when Katrina struck. Doctors, medical staff and other hospital workers tended to them as best they could without electricity, water or most of the modern medical equipment they had pitched in for the storm. It really became a scary situation,” Vinroot says. “Every day, the water got higher and there was less and less help as people left to deal with their own families. You couldn’t blame them. We were evacuating people as fast as we could, but we were carrying some people down nine flights of stairs because there were no working elevators. Everybody pitched in — even the security guards and cafeteria workers.”

Eventually, all the patients were evacuated from Touro Hospital. Vinroot, however, was evacuated to Baton Rouge, La., to work triage. However, he couldn’t get the people of New Orleans out of his mind. So he hitched a ride back to the waterlogged city via a medical convoy and proceeded to provide medical treatment to patients waylaid at the Superdome and the airport. Later, he joined the city’s search and rescue effort.

“I think I was better prepared than most of the people I was working with to face a situation like this because of my training at the (UNC) School of Public Health and the Med School,” says Vinroot. “A lot of managing health care in a disaster is taking a team approach, and knowing you need to integrate with the military, local public health officials, local sanitation officials. This is not just a doctor/patient, one-on-one situation – we all have to work together.”

Vinroot is one of an increasing number of medical students who earn a master’s degree in public health (MPH) as well as a medical degree (MD). Most earn the MPH in Health Care and Prevention, offered through the School of Public Health’s Public Health Leadership Program (www.sph.unc.edu/phlp).

“About 20 percent of the UNC Medical School students are now getting their MPH along with their MD,” says Dr. Russ Harris, professor of medicine in the School of Medicine and adjunct professor of epidemiology in the School of Public Health. “It helps them understand the needs of an entire population, as well as the needs of individual patients. That’s what Rich was able to do so well in New Orleans. Putting the two degrees together is great preparation for a life of service.”

Vinroot, 35, first graduated from UNC-CH in 1993 with a bachelor’s degree in Southern History. He then went back to his hometown, Charlotte, N.C., and worked as a portfolio manager.

“But I just wasn’t happy,” he said. “I had always wanted to be a doctor. I just hadn’t had the self-confidence to go for it.” But with encouragement from his father, Richard Sr., former mayor of Charlotte, and his mother, Judy, a public school teacher, he went back to school. He completed his MD in 2003 in Emergency Medicine, and his MPH in 2004 in Health Care and Prevention, with a Global Health Certificate.

Following Hurricane Katrina, Vinroot says he tried to return to his residency program at Charity Hospital, however the state closed it. He then went to work in New Orleans’ convention center military tent hospital, and, when needed, took on ambulance and medical helicopter shifts and shifts at a clinic across the Mississippi River.

Since it is unlikely Charity Hospital will reopen, Vinroot says he’ll have to find somewhere else to finish his Emergency Room residency. However, he looks beyond these immediate problems and sees the big picture.

“So many people lost everything in this storm,” Vinroot says. “I was lucky – I gained a thousand times more than I ever lost. And I keep thinking about how we’ll do it better next time, wherever that is. And I know this will happen again somewhere, and I’ll be there.”

- By Kamena Duhane
As the water from Hurricane Katrina was rising outside Touro Hospital in New Orleans, several medical workers tried to convince Dr. Richard Vinroot to give up on the stroke victim he was trying to save. The woman needed a tube inserted down her trachea so she could breathe, and there was no anesthesia, no electricity, nothing at all except the doctor’s hands and the plastic tube.

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- By Ramona DuBose

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**Saving dogs, cats – and alligators? Pets and livestock all part of disaster management**

Bill Gentry knew he’d be helping rescue dogs, cats, horses, and some cattle as the coordinator for volunteer animal rescue in Mississippi following Hurricane Katrina. He also wound up helping rescue donkeys, rabbits, iguanas, chickens, geese and ducks as well. But alligators?

“I’m not sure where the two alligators came from,” said Gentry, a veteran of numerous disaster management relief efforts and the director of the community preparedness and disaster management program in the department of health policy and administration at UNC’s School of Public Health, “but we’re pretty sure they weren’t pets.”

Gentry led a 12-person team from North Carolina in coordinating the delivery of supplies, medicine and veterinary care to Mississippi animal shelters and clinics impacted by the storm. The team also managed delivery of the donated goods that arrived from around the country, including dog and cat food, bales of hay and even fishing gear.

“People have been overwhelmingly generous,” said Gentry, a former state emergency management official. “We had palette upon palette of donated supplies.”

Gentry and his team were called to Mississippi as part of a cooperative effort among states to assist each other with disaster relief. Called SART (State Animal Response Team), the group consists of animal experts, including veterinarians, and typically provides relief for 10 to 14 days. North Carolina has been a national leader in animal rescue disaster management efforts and the director of the community preparedness and disaster management program in the department of health policy and administration at UNC’s School of Public Health, “but we’re pretty sure they weren’t pets.”

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**Incubator projects help counties share ideas, resources to improve public health**

Tobacco is banned on school campuses in four North Carolina counties, thanks to programs started by local health departments who shared their ideas and pooled their resources to develop an anti-smoking campaign for youth in their areas.

The “Touch No Tobacco” (TNT) initiative was a cooperative effort undertaken by North Carolina health departments working in conjunction with the UNC School of Public Health’s North Carolina Institute for Public Health — the service and outreach arm of the School, and the North Carolina Division of Public Health. The TNT project, which is funded by the North Carolina Health and Wellness Trust Fund, is one of several “incubator” projects coordinated by the Institute.

The two-year-old incubator initiative, funded this year with $1 million in recurring funds from the North Carolina General Assembly, develops voluntary partnerships among local health departments and public health stakeholders to establish and enhance essential public health services, particularly for under-resourced counties.

“The incubator projects help counties share ideas, resources to improve public health services or introduce new essential services,” said Leah Devlin, N.C. State Health Director. “The result is that, working together, we can do more to protect and improve public health in our state.”

Last year, the incubator initiative provided grant-writing resources for county health department workers in 11 North Carolina counties that allowed them to successfully pursue funding from the North Carolina Health and Wellness Trust Fund to develop tobacco use prevention and cessation projects in their schools. The counties used these funds to launch the “TNT” initiative among high schools (and middle schools) in their counties. Youth involved in the TNT projects in Currituck, Dare, North Hampton, and Warren counties convinced their county school boards, through lively presentations, to adopt tobacco-free policies on school campuses. The other counties participating in the TNT project are Beaufort, Bertie, Camden, Edgecombe, Hyde, Martin, and Pasquotank.

“This is an example of counties coming together as an incubator and leveraging state funds to secure additional funds,” said John Graham, the project’s coordinator and the deputy director of the Institute, which manages the funds for the TNT project and will later coordinate an evaluation of individual incubator projects as well as an evaluation of the overall initiative.

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**Nearly 1,000 animals were rescued and placed in temporary shelters, where they stayed until they were recovered by owners or placed for adoption.**

Gentry said it’s personally satisfying to assist in the animal rescue side of disaster management, in part, because of the immediate impact. “It’s very rewarding to see people reunited with their animals,” said Gentry.

“There’s an immediate return on the work that you’re doing that is often unique in disaster situations.”

The work can also get personal in ways a veteran disaster management professional doesn’t anticipate. During Hurricane Dennis, Gentry befriended a 2-year-old Dalmatian and later brought it home for adoption.

But even volunteers like Gentry have their limits. “Before I left for Mississippi, my wife said, ‘Honey, be safe and come home soon. But don’t bring back any more animals, please.’”

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“They believe the incubator slogan ‘Better together’ is born out in the results of incubator activities over the last year,” Graham notes. “We expect these collaborative efforts to grow stronger in the coming year.”

For more information on the North Carolina Institute for Public Health, visit their Web site at www.sph.unc.edu/nciph.
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Gentry was the coordinator leads a donkey to shelter. Bill Gentry, of the UNC Institute’s director.

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FOR ADOPTION.