

Gustav Strikes the Louisiana Bayou

Leonard J. Chabert Medical Center Staff and OR-2 DMAT Team Up to Provide Acute Care for Houma

First Responder Perspective by Lewis Rubinson, MD, PhD, With Helen Miller, MD, and Jon Jui, MD, MPH Oregon-2 Disaster Medical Assistance Team

he 2008 hurricane season brought the largest preevent activation and deployment of US Health and Human Services personnel and resources in the recent history of emergency response. At the peak of activity, all US Public Health Service—commissioned corps members—more than 6000 officers—were activated and the entire National Disaster Medical System (NDMS) was on alert, activated, or deployed. Teams supported multiple events: a total of 28 teams for Hurricane Gustav, 1 for Hurricane Hanna, and 41 teams for Hurricane Ike.



The cover photograph was taken in the wake of Hurricane Gustav, as the 35-member NDMS Oregon-2 Disaster Medical Assistance Team (OR-2 DMAT) was setting up its base

of operations in the parking lot of an abandoned supermarket parking lot in Houma, LA. Leonard J. Chabert Medical Center had been evacuated of patients before Gustav made landfall and it suffered severe structural damage, which kept it from reopening quickly after the storm had passed. Chabert provides a large proportion of safety net health care for a population of more than 100,000 individuals; under normal conditions its annual emergency department volume is roughly 35,000 visits, and the hospital has 147 inpatient beds. After Gustav, as residents of the bayou community were allowed to return to their homes, Chabert hospital personnel worked feverishly to reestablish services for the residents. The OR-2 DMAT members, 1 US Public Health Service pharmacist, and, subsequently, CA-4 DMAT worked collaboratively with Chabert medical staff as a stopgap for the community's acute care needs. The OR-2 DMAT site cared for 60 to 90 pediatric and adult patients per day, with conditions ranging from prescription refill needs, upper respiratory infections, and soft-tissue trauma and infections to acute coronary syndromes.

NDMS employs medical professionals on an intermittent basis to temporarily supplement federal, tribal, state, and local teams. The system provides personnel, supplies, and equipment for medical response to a disaster area. NDMS also provides patient movement from a disaster site to unaffected areas of the nation, and definitive medical care at participating hospitals in unaffected areas.