



SCHOOL OF MEDICINE

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Dear Committee Members,

We write to you in support of The Uniform Emergency Volunteer Health Practitioners Act (UEVHPA). Our experience attempting to assist during Hurricane Katrina in 2005 gives us a unique perspective on the importance of this act. After reading our story we hope you will understand the importance of passing this act.

As a brief background, both Jim and I are general surgeons. We moved from Alabama to New Orleans in 2003. However, during the summer we lived in Bay St. Louis MS, about 60 miles from New Orleans. On August 27, 2005 we had just begun the move back into the house in New Orleans when the reality of a large hurricane headed our way began to sink in. Jim had a trip planned to the northeast. Having been assured that there was sufficient medical coverage at Tulane, we boarded up the house in Bay St Louis and evacuated to Pensacola FL, so Jim could make the planned trip. Jim had been scheduled to leave on the 28th, but with the increase in power of the storm he cancelled out of concern for the family and for the residents and staff which would need relief at Tulane.

Like everyone else we watched the news continuously as the storm hit Bay St. Louis and New Orleans on August 29th. We had early contact with other physicians at Tulane Hospital through a satellite phone, but lost contact during the immediate aftermath of the storm. As we watched on a neighbor's satellite television, CNN announced on the morning of August 30th a need for any available physicians to help in the Bay St Louis area. As soon as the storm passed we loaded the car up with fuel and all the identification we had and headed out to Bay St. Louis to aid the physicians in the emergency room there. I made a "homemade" sign which we placed in the dash of our car to let the police and guard know that we were physicians.

Once we arrived in Bay St. Louis we were shocked with the situation these brave and lonely physicians had been dealing with. The waters had risen about three feet inside the building – swirling furniture and equipment around from room to room, upending trash and depositing muddy silt in its wake. We sloshed through the Emergency Room. It was trashed. Muddy waters were still ankle deep. Two helicopters were on the ground carrying away the last of the stranded inpatients.

Health Sciences Center

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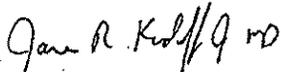
Many people had lined up trying to get into the hospital for shelter. They were turned away. The pharmacy had emptied its supply trying to get as many people treated as possible. The hospital personnel seemed somewhat surprised that a call for help had gone out over CNN as they were trying to shut down all functions given their lack of further resources. We left then and went to the EOC to try and find out if our services were needed anywhere in the area. All the information we could get indicated that the New Orleans hospitals had evacuated all their patients and we were told that all the Tulane doctors had gone to Baton Rouge (which later proved to be false). After a diligent search by the EOC director he contacted the hospital in Gulfport, MS. They stated that they were the only functioning hospital on the coast, had only one surgeon present, there for 4 days already, and would love to have some more surgical support. We left Bay St. Louis and headed over to Gulfport. They were very surprised to see anyone come in to help, they had not even considered the fact that many physicians would want to help in such a situation.

The chief of staff Don Gaddy and the administration when to work immediately with what identification we had to determine that we were who we claimed to be and would be able to help out with the immediate surgical needs. They were able to contact the hospital in Montgomery, AL where I had practiced two years earlier. Apparently I was still listed as active staff there and they were able to send an affidavit regarding my eligibility to practice surgery. Jim, however, had a bit more difficulty because he was on staff at a flooded, "closed" hospital unable to provide information regarding his medical license. We stayed to aid the surgeon in the hospital. But despite significant effort by the administration, they couldn't get sufficient information and approval for us to receive temporary privileges to allow him to leave the hospital for some rest after a long 96 hour stint. After we had come and gone they were able to establish a system that eventually allowed 40 physicians of all specialties to help their beleaguered staff.

Much effort was expended to try to grant temporary privileges for us during a time when efforts could have been used in many other ways. However, the administration understood the need to try to accomplish this to aid their one, tired surgeon. A disaster of similar proportions, natural or man-made, could happen in any state. With the passage of The Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), physicians in the middle of the disaster will be able to get relief. Hospital administrators can concentrate on the task at hand instead of spending valuable time clearing physicians available to help. The population so in need of medical care during these times will be able to receive it from well rested, certified, caring, volunteer physicians.

Sincerely,


Melanie L. Korndorffer, MD FACS



James R. Korndorffer, MD FACS