The windows to the Junior Call Room exploded into the darkness. Over the next few hours, we could hear other windows doing the same all the way down the hallway. Water started to creep in from under locked doors.

There was relatively little activity in the Charity emergency room. Several fingers had been smashed in doors, and people were apparently falling off roofs all over town, but they either were not able to get to the hospital or did not want to. The power went out, and the generators supported only basic backup electricity. This also meant the elevators, the computers, the pager system, and the overhead PA system were out. The operating rooms were unavailable, being on the 12th floor, so a MASH-like, two-bed OR was created in the first floor casting clinic.

The levees had failed, and the streets were filled with water. We launched the canoe into the streets of New Orleans on our first unsanctioned reconnaissance mission.

We headed to University Hospital to round on our few patients there and to check out the overall situation. The streets were littered with debris, dead birds, oil slicks, and human waste. After checking our patients, we boarded the canoe, agreeing to make a return trip with some critical medicine that was no longer available at University Hospital.

As we headed back down to University Hospital, we noticed a fire and rescue truck sitting.
for “hurricane duty” on the last weekend of August 2005.

As Dr. Belongie left his apartment for Charity Hospital on Saturday, hurricane reports led him to load his 17 foot canoe into his truck, transport it to the hospital, then lash the canoe to a pillar in the hospital’s parking garage. In the days to come, the canoe enabled the Tulane residents to provide a valuable, water-based shuttle service, sharing supplies and gasoline for generators between hospitals.

The hurricane struck early Monday morning, August 29. During the next three days, the team served patients at the three hospitals despite stifling heat, loss of electricity and power to elevators and computers, waters that rose two to three feet deep in hallways and hospital rooms, little communication with the outside world, and growing concern for their patients’ and their own safety.

“After the hurricane, Tulane’s orthopaedic residency program had to find another location to continue our training,” Dr. Belongie said. “Tulane wanted to keep us together as much as possible, and nearby, so we would return when the program was able to operate again.”

A large number of hospitals and clinics opened their doors to the residents. “But everyone knows Campbell Clinic, because they wrote the book,” Dr. Belongie said, referring to Campbell’s Operative Orthopaedics, used as a textbook in many medical schools and hospitals. “We all knew that Campbell Clinic is an elite residency training program.”

Dr. Azar said, “The residents who came to us from Tulane have fit well into our resident rotations and have allowed more of our faculty members to have one-on-one opportunities for teaching. They bring different perspectives to our established routines and provide a new viewpoint from which we can evaluate our program. They also have made us more appreciative of our circumstances and have made us realize how quickly circumstances can change.”

Tulane Hospital expects to have its orthopaedic residency program operating again by July 1, 2006.

Wednesday, Aug. 31

The big plan for the hospitals was to get all the patients evacuated by helicopters, then the staff would be free to leave. At this point, there was reason to believe that our lives were in danger the longer we stayed. Looters were running loose in the streets, and a helicopter had been shot at while evacuating patients.

What we endured was but a tiny ripple within Katrina’s wake. The scope was so huge that the city and the nation were stunned, delaying the initiation of meaningful relief efforts. It will take a long time to return a sense of normalcy, and things will truly never be the same.