

hypercholesterolemia (17.1%), diabetes (13.4%), psychiatric illness (13.4%) and pulmonary disease (13.3%) suggested significant chronic disease burden. Substance abuse, HIV, and TB were rare. Of the evacuees with chronic disease, 42.4% lacked their medications upon arrival; 34.5% arrived at the shelter with symptoms warranting immediate medical intervention including dehydration (12.3%), dyspnea (12.0%), injury (10.0%), chest pain (9.3%), and fever (8.5%). Infected wounds, suicidal ideation, and recent sexual assault were rare. Known history of chronic disease and lacking medication upon arrival were the greatest risk factors for presenting with acute symptoms (OR 3.24; CI 1.96, 5.35).

Conclusions: The displaced, sheltered Katrina population was vulnerable and carried a significant acute and chronic disease burden; population-based knowledge guides relief preparation and response.

Keywords: disease burden; evacuees; Hurricane Katrina; shelter; vulnerability

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Public Health Issues Associated with a Radiological Medical Emergency Involving Mass Casualties

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The public health community will play a number of key roles in the event of a nuclear or radiological emergency such as a terrorist attack involving a radiological dispersal device. These activities include: (1) treating immediately life-threatening injuries; (2) developing and implementing criteria for entry into and operations at the incident site; (3) monitoring the health and safety of workers reporting to the event; (4) field investigations and monitoring of people for radiation exposure and contamination; (5) assuring the safety of shelters for people displaced by the event, as well as assuring the availability of healthy food and water supplies; (6) coordinating the gathering of biological samples and laboratory analysis of these samples; (7) implementing a wide range of disease control and prevention measures; (8) developing medical intervention recommendations; (9) treating impacted citizens; (10) dealing with contaminated decedents; and (11) establishing a registry and evaluating the long-term health and medical impacts on the public and emergency personnel. The Centers for Disease Control and Prevention (CDC) is developing guidance, training, and information materials that may be useful to the public health community. Some of these materials are currently available on the Internet at <http://www.bt.cdc.gov>, and others are in various stages of development. This presentation will highlight some of these materials, and the audience will be encouraged to comment on current CDC activities.

Keywords: disease; mass casualties; preparedness; public health; radiological dispersal device

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Combined Clinical and Public Health Response in the Aftermath of Hurricane Katrina: Operation Assists and Utilization of Mobile Medical Units

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In the immediate aftermath of Hurricane Katrina, the Children's Health Fund (CHF) and the National Center for Disaster Preparedness (NCDP) at the Columbia University Mailman School of Public Health combined resources to create Operation Assist (OA). The CHF is a non-profit organization that provides comprehensive medical care to underserved children in rural and urban sites across the US using fully equipped, mobile medical units (MMU). Initially, deploying MMUs and medical teams from five of its national sites, OA was able to provide health services in Mississippi and Louisiana. Venues were coordinated with state emergency response officials, but the MMUs were able to follow displaced populations who moved en masse from one shelter to another. Units were able to provide a wide range of services including vaccinations, wound care, acute and chronic care, and mental health support. The staff include experienced, physician-led health care teams, and are equipped with a computerized patient database and satellite communications capability. Operation Assist coordinated services through the New York headquarters of the CHF, rotating teams through sites in the affected areas. More than 12,000 medical encounters were provided within the first three months. Services have been provided continuously, and now are supported by newly raised funds. Through the coordination with NCDP, OA also conducted extensive field surveys of health and mental health needs among displaced children and families living in a variety of shelter settings. Data and analyses collected in these surveys have helped to drive program development and ongoing advocacy on behalf of displaced persons.

Keywords: advocacy; children's health; displaced population; healthcare; Hurricane Katrina

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Hurricane Relief Efforts Outside of an Overcrowded and Overworked Hospital

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National Disaster Medical Assistance Teams (DMATs) established an aid station outside of West Jefferson Hospital, the only operating hospital on the West Bank of New Orleans. There was a pressing need for both routine and emergency medical care. The Georgia-3 DMAT took over operation of a three tent facility on the lawn of the hospital from the Oregon DMAT team on October 26. Treatment tents were set-up as Red for Emergent and or