

## **Episode 43 – NC DHHS’s response to Hurricane Helene**

**Intro music: 0:00**

### **Podcast introduction: 0:10**

On the morning of Friday, September 27, Hurricane Helene barreled into Western North Carolina, leaving unprecedented levels of devastation in its wake. The storm has since been confirmed as the most damaging and deadly in North Carolina history. This is Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. Helene dumped 40 trillion gallons of rainfall and left a trail of death and destruction. More than 100 lives lost. 1,400 landslides. 6,000 miles of roads and 1,000 bridges and culverts washed out or damaged. And an estimated 126,000 homes destroyed. The state of North Carolina estimates the storm’s damages at about \$53 billion dollars. Through it all the North Carolina Department of Health and Human Services has been working tirelessly, alongside state and federal emergency response agencies, the National Guard and countless nonprofit organizations, to meet the needs of the tens of thousands of North Carolinians who have been injured or displaced. I had the opportunity to speak with State Health Director Dr. Betsey Tilson, one of the senior leaders managing the state’s response to Helene, about all of the things NC DHHS has been doing to safeguard the health and safety of people impacted by the storm.

### **Interview with Dr. Betsey Tilson: 1:37**

JFB: Doctor Tilson, welcome and thank you so much for speaking with me.

BT: Well, thank you so much for having me. And this is an important opportunity to get word out to our people across the state. So, I appreciate it.

JFB: Well, of course, as you know, I've asked you to talk with me about Hurricane Helene and all of the things that DHHS is doing to help North Carolinians impacted by this storm. I'd like to kick off our conversation by asking you just to set the scene a little bit for our listeners, perhaps by talking about NCDHHS’ role in disaster response generally, and then about the magnitude of the devastation caused by this particular hurricane.

BT: Well, thank you, Jean. First off, I just really want to express my gratitude not only for this opportunity, but also for the Medical Board. They have really stepped up as part of this response. And this is just one other way that the Medical Board has stepped up. So, thank you. And the whole Medical Board team, you've been a great partner to DHHS and to North Carolina. Yeah, and just to set the scene first about the magnitude and the breadth and the depth of this disaster, I really don't like to use the word unprecedented often, but it truly is unprecedented. And I'm not sure that people really can wrap their brain around the level and the depth of devastation in such a broad geographic area of our state. And I say about that because as we talk about the acute response and then the recovery response, I want to put that in context, because it's going to be a long recovery because of the amount of devastation. And not just devastation to people's houses, to our businesses, but to our fundamental infrastructure out west. Our communication channels, so our fiber cables, were down, our power was down. More than a half a million people lost their power, our water systems heavily damaged, so incoming potable water for people to drink. We had more than 150 water systems on boil advisory, but

also our wastewater systems. More than half of our sewage and wastewater systems were damaged. And it wasn't just our wastewater systems were flooded and needed to be cleaned; they were just destroyed. Our water mains were gone, our pump houses were gone. So, our roads, we had more than 650 roads closed. So, when we think about the infrastructure damage, it's going to be a long, long road for recovery.

JFB: Right, that anyone who has seen footage from western North Carolina, I think it's pretty clear looking at the video, that it's not just the problem was not just that people were in crisis, it was how do you even get to that?

BT: That's right. And then how do you give basic those basic needs that people need? We take for advantage that or that we have clean so that we have clean sources of water and that we have sewage. Those core infrastructures were gone and still are gone in many of our communities. So, I say that because as we think about especially the impact to our practices and our people, understanding that we are going to have to rebuild a lot of infrastructure to get our...our western part of the state up to its glory. And then the other piece just to highlight is this has been really the deadliest storm. As of today, we have 98 confirmed storm fatalities. That is definitely higher than our past storms. And it is just tragic for those families, for those providers caring for those families. But it just it's been really, really hard for our families and our providers with that level of fatality as part of the storm. So, I set that as the kind of context that has really guided our acute and our long term response. So, I'll move a little bit to what DHHS has been doing. And I would say DHHS certainly has not been in this alone. We have been working very closely with our federal partners, with our Department of Public Safety, Department of and Emergency Management and our local governments, as well as so many of our private partners as well. This has been a whole of government and a whole of our private response as well. But from a DHHS standpoint, some of the things that we've been doing, and we've been thinking about it is what did we need to put into place to immediately save lives, and what do we need to put into place to aid that recovery? And there's a piece of it thinking through the mental health impact of this, which was immediately obvious and is going to be ongoing needs of that as well. So just for example, some of the things that we've been doing is again trying to meet people's basic needs. Do they have clean water, do they have food? And so making sure that and with our Emergency Management, our National Guard partners, making sure we were having shipments of food and water out there, more than 55,000 tons of food and water getting shipped out there, more than 10,000 cases of formula getting out there, so we're sure that our infants can feed as well. Making sure people had shelters. We at the peak we had almost 30 shelters with more than 1200 people in those shelters and making sure that those people also had access to physical health care, prescriptions, behavioral health, health care, making sure substance use treatment were available. And then a lot of proactive outreach to our vulnerable population, especially those people at home who, maybe were oxygen dependent or dependent on electricity for their medical needs. So, we had identified more than 23,000 medically vulnerable people, including more than 11,000 that were electricity dependent. So did proactive outreach to those folks, making sure people who are on dialysis, making sure that we reached out to them. So, they got connected into lifesaving dialysis, reached out to all of our licensed care facilities like our nursing homes, adult care homes, making sure they were okay. Did they have power, did they have water? All of our foster care kids and where were they? And are we sure that they are safe? So, we did a lot of that immediate work, also immediate work

in reaching out to our critical health care services. Right, so within a couple hours after the storm, we reached out to all 22 of our adult care hospitals, figure out what their status were. Did you have power? Did you have water, making sure we got those resources to our acute care hospitals so they could really care for people critically injured? We deployed our federal disaster medical teams to support the hospitals as well as field hospitals. We established three mobile medical units that could go out to the community that were completely cut off to any health care. We have, we activated our emergency medical services warehouse out in Mocksville, which really became the logistical hub of supplies coming in and out, ambulances coming in and out, health care providers coming in and out, and making sure people had oxygen, making sure people had epinephrine, and then really working with the Baxter site, which was damaged in the storm, trying to make sure we helped get that Baxter up and back and running so we could get these solutions out. And then we worked a lot and still are working and will continue to work to get our community health sites back up and running. Our safety net sites, our federally qualified health centers, our primary care, our women's health sites. But our real critical points of community access. We've done a lot of work in supporting them so they can serve their patients. Then, in partnership with many other organizations, including the Medical Board, pulling as many flexibilities that we needed in terms of health care workforce, in terms of, regulations in different health care facilities, did a lot of work and continue with our mental health support, which we can talk more about, making sure, again, we had mental health support in our shelters and in our health care facilities, making sure people had access to crisis lines, making sure people had access to substance use treatment. And then a couple other areas is thinking about other public health support. We surged a lot of staff out to our local health departments, including environmental health specialists, public health nurses in the shelters. Our public health team oversees the fatality management, so making sure we're working with the different autopsy centers across the state. Our environmental health team is working with restaurants to get them back up and running, also working with our schools and our childcare centers to help them think about how to reopen. And we're working on getting private wells, making sure people have kits, disinfecting kits and testing kits for their private wells, and working with support on the septic tank, getting vaccines out to the field for vaccine preventable diseases, including tetanus, which is a big deal post storms. And then we'll also talk into as we're thinking forward is what are the health threats that we expect post storm put into place surveillance and monitoring, and then a lot of guidance for clinicians on what to think about, in terms of, of health threats. So that's just a little bit of a snapshot

JFB: Just a little.

BT: What we've been doing and what we will be doing, then we can drill into more of those in detail as we go.

JFB: Well, thank you. I think that's a great, great overview. You mentioned a couple things I wanted to circle back to. One is you mentioned at the peak there were about 1200 people in shelters. How have things evolved over the last month? You know, I'm not sure when the peak was, but I'm just curious how needs have changed in the months since the storm.

BT: Yes, we had 29 shelters, including three that were specifically medical shelters, that we could provide a higher level of medical care, for people in those shelters, those shelter numbers have been coming down as people are able to then get into more stable housing, which is what we expect. We definitely do still have shelters open, about 400 people still in shelters. And as we start moving through the storm, what we have found in past storms, and we're finding now is the people who were unhoused before the storm or had very fragile housing before the storms, are the ones that tend to stay in the shelters longer. And then we're really going to have to work hard on figuring out how we can stabilize them post storm, since they were unstably housed in the beginning. But a lot of our people have moved out of the shelters and they're in more stable housing, but there will be a long tail on that one because, again, people were unstably housed before the storm, and we have lost so much housing stock. Our housing was wiped away. And so, there's going to be a really large housing need in the future, which will they'll be a tale of people in shelters, because it's going to be a challenge to get people stably housed after.

JFB: Sure. It also sounds like a huge concern, and I'm thinking of some other reports and surveys and things that I had looked at, that water is still just far and away. It probably tops the list of concerns. It really can't be overstated what you were talking about earlier, about how the water system was just devastated. And, you know, without water, it's really hard to live.

BT: Yeah, that has been the hardest piece of this response is clean water coming in and sewage water going out. Now it is getting better and more and more of our systems are coming online. So, it is improving, but it still is going to be a long tail to get all those systems up and running. And so, there is many points of distribution of for people to be able to get drinking water. And then more and more again of our wastewater system are getting up and running as well. But people are still using gray water but using non-potable water in order to flush toilets. Many of our restaurants and medical practices are still using porta potties and portable hand-washing stations, so it's getting better. But there still is a long tail of that. And...and we've been able to some of our critical sites been able to get big tanks of potable water into those sites, especially our medical sites, so that they have clean water to wash their hands, and then for hygiene as well. But that has been one of the hardest challenges is water.

JFB: Right. I'm perhaps just fascinated with this, but thinking about all of the infrastructure that was destroyed, could you talk a little bit just about logistics, like how you're moving people, how you're moving supplies, how you're moving water in the midst of this crisis? Because you're talking about doing all of this higher level, really important work, you know, with health and safety. But you have to figure out the logistics before you can do that work. So, I'm just wondering sort of how the state overcame some of those challenges.

BT: Yeah. And this is where our partnership with Emergency Management and the National Guard and the Army and the military and FEMA have all really stepped in. They are the logistics experts. So, we can think through what are the critical supplies? People need oxygen. People need medications. But it is our Emergency Management and FEMA that are the logistics experts. So it has been a herculean effort that airplanes coming in, and getting supplies and helicopters coming in and especially getting to more remote areas, there have been ATVs, there have been trucks, there have been mules that have been

able to have to get up to areas, very mountainous areas that were not, we couldn't get vehicles up. So, every which way we've been trying to get supplies and really leaning a lot on our National Guard, on our Emergency Management and our military to be able to get those resources out. As I mentioned, we have a warehouse, in Mocksville, which is the western part of the state that has served as the logistics hubs to be getting supplies in and out. And we have really leaned on our military, our public safety and our Emergency Management partners to logistically get it out to places.

JFB: Okay. What about also telecommunications, IT and that kind of thing? Just people we're so dependent on technology. Medicine, you know, like any other industry, perhaps even more so than some industries. That has been another critical need. What's been going on with that to try to...to give people the connectivity they need to do their work?

BT: Well, there's been so many challenges with the storm, but one communication was out, right? And so, it's really hard to think how do we get how do we understand even on the ground, what are the issues? And then how do we make sure people know help is coming when communication is down, and our regular communications are down. So, one, I will say that communications are coming back up, which is good. So, we are making progress in that, cell phone coverage is back up in areas, internet is coming back up in areas. We're still not 100%, but it is coming back up. In the beginning, we had a lot of people deployed on the ground. And so, we could get on the ground, Intel coming back up. And then we were also relying a lot on radio PSA's because we knew people weren't necessarily access to the internet. And so, we're trying to figure out in person or radio how do we communicate back in and out through Emergency Management? They were laying new fiber down in order to get internet back up. There have been a mass deployment of Starlink since satellite internet up to be able to get some temporary internet access while they're rebuilding the more permanent one. We've been deploying some of those to our practices as well, so they can get back up and running as they're trying to rebuild that communication piece. So, it's slowly rebuilding there. And again, we have a lot of these temporary satellite internet access points that help to provide that access. We also have comfort stations that are being set up across the area as well, so that people can go to those confrontations. They have showers, they have food, they have charging stations, they have internet access as well. So, for some of our people who don't have access in their home, there's points of access that they can go to in their communities.

JFB: Okay, great. Could we talk a little bit about the work that we have partnered with DHHS on and talk about, I guess mostly the directory that we've developed of open practices and how DHHS has used that information.

BT: Yeah, I would love to. And before we get to that too, I also want to just give a huge shout out to the Medical Board for the flexibilities they immediately put into place, truly allowing out of state licensed clinicians to come in.

JFB: Yes.

BT: And then really fast track that temporary licensing that was just being able to surge that workforce was incredibly important. And then also being able to reactivate retired or folks who hadn't been immediately practicing but be able to get more of that flexibility to get those care workers into the field.

JFB: Thank you for mentioning that. That is, in fact, the very first step that we took. I think it was over the weekend, actually. We got the emergency license applications reactivated. We were sort of fortunate. You know, we had done this before with Hurricane Florence, initially. And so, the infrastructure for us at least was right there waiting to be reactivated. So very, very glad that we were able to help in that regard.

BT: Yeah, that was great. And we really appreciate that. And then, you know, as we started thinking through our clinical access point. So, as I mentioned, we had stabilized our hospitals, but we also wanted to think about how do we how can we stabilize some of our community access sites. So, people weren't having to go to the hospital for all of their non-acute needs as well. So one of the first places we started was our pharmacies, because when we looked at our monitoring data from the hospitals, what we were seeing is a lot of people were coming to the emergency department for prescription refills. So, first thing was we wanted to be sure people had access points out of the hospital to get the prescription refills. And so, the Board of Pharmacy had created a list of open pharmacies so we could see what was open and what counties, and then the areas that we saw gaps. We worked with our private partners to be able to establish mobile pharmacies there. So pretty quickly, we had at least one point of access to pharmacies in all 25 counties that people could get their prescriptions. And then there was flexibility in the Pharmacy Board, being able to get prescriptions filled in pharmacies outside of their regular pharmacy. So that was week one. And then three quarters through week one we said we need to do the same thing with our community practices so that we know who's up, who's not up, so that we could identify those gaps so we could work then to make sure that we had our community practices up as well. And so that the Medical Board leaned right into that. And thank you so much, and really quickly established a site where practices could say if they were open or not, that served three really important purposes. One, it gave information to people so they could see is their medical provider open or not? Two, it also gave our care managers a really important piece of information because as they were reaching out to these medically fragile people and trying to work with them, they needed to know were their practice open or not, and how could they link people back to medical care. And then three, it was a source of really important information to DHHS to say, where do we have gaps? And then it helped us think through where do we then target our support to get practices up so that we were sure we had coverage in all of our counties.

JFB: Okay. Well, I should pause and say, I mean, we were obviously delighted we were able to help with that. And I'm excited to tell you that I think with all of the data that we have received and we've uploaded, we had some stakeholder organizations gathering information, of course, and providing that to us so that we could get it into the directory where now we've had more than 1600 practices of all types. I should also say the Medical Board, of course, licenses physicians and physician assistants. This practice directory is broader than that. So, we do have things like, you know, hospitals, dialysis centers, things that normally, you know, we don't regulate. But we are including in this because, of course, you know, we're trying to get as much information out to the public as possible. And I just want to give a

shout out to all of the wonderful stakeholder organizations that have helped to collect information, especially when people are in crisis. Another thing, of course, that I think we've talked around it a little bit, but, you know, the medical providers who are in western North Carolina, not only are they, you know, serving their patients, but they may also be dealing with devastation of their homes, their businesses, you know, family members and that type of thing. So, it's an especially stressful time. It's been really sort of inspiring to me to sort of read the notes that people are submitting with information about their practice and just see how hard the medical providers in our state are working to do what they can. Even practices that are only partially open. It really sounds like people are just doing everything they can to continue serving their patients in their communities.

BT: I could not agree more. When you hear the stories, our providers are so committed to their community, to their patients, they are going above and beyond being incredibly creative to figure out, how do I do, whatever I need to do to serve my patients. Its...it's been truly inspiring. And I can't applaud our providers high enough for what they've been doing to serve their people.

JFB: Yeah. I wondered if we could perhaps transition to something that you'd mentioned early on, which is we've talked about efforts to meet immediate needs, but I'm very interested in hearing about what comes next and what you're watching for. Now, we have all these people who are displaced and people who don't maybe have reliable access to clean water. You know, it's people are just upset. And so, what are the things that you're looking for as far as illness, injury, you know, that that we need to be looking out for in the affected areas of the state?

BT: Yeah, that's really important, we're thinking a lot about it. So first, when I think about the kind of three buckets of looking forward, one is continuing to try to shore up our providers. I'm going to talk a little bit more about that. And then what are the health threats, and then I'll also want to dive in a little bit in the mental health supports, because that has been acute and will absolutely be a long term health threat. So, the first thing, just continual work and shoring up our medical providers so that they can continue to serve their patients. So along with the Medical Board list of open and close practices, we also partnered closely with the Medical Society on understanding of our practices, not just are you open and closed, but what are the needs to your practices, the way that the state and or other organizations can step in to get those practices a little bit more operational. So, we were using and have used that data specifically in some of our hardest hit counties, which include Avery, Buncombe, Madison, McDowell, Mitchell, and Yancey, where they really were hit hard. And we went in and looked at and reached out to all of our safety net sites our critical access points. So, all of our federally qualified health centers, primary care, including family medicine, internal medicine, pedes, our women's health services are some of our behavioral health providers, especially our substance use treatment providers, some of our hospice and palliative care providers, those really critical access points. We reached out to all of them in those areas to understand do they have acute needs right now? And then we've been working to fill some of that. Some people, they needed staffing. So, for example, one of our federally qualified health centers, they had a migrant health clinic coming up. And so, we were able to provide a staff for them so they could continue with that clinic. We've been getting sources of clean water out to some of our practices. We've been getting Starlink and internet service out to some of our practices. One of our practices who their staff couldn't get back home, they basically were living at the practices. So, we were

able to deploy like shower stalls for them so they can shower and do those basic needs at their practice. So, and we're going to we're continuing to do that as well. You know, some of our practices we're able to submit information in that survey, tell us what they need. But those are practices by definition that had internet access. I could do that.

JFB: Sure, right, yeah.

BT: So also through our Office of Rural Health and through other organizations, we're also finding other practices that have needs. So, we'll continue to do that. Second, as we think about emerging health concerns post-storm, there's some things that we are doing. One, as I mentioned, we already have a robust surveillance mechanism through all of our emergency departments. And we'll be continuing to track that to see trends immediately after the storm, it was acute injuries. So, thinking through motor vehicle injuries, drownings, burns, electrocution, those kind of things that we were tracking that those are mostly down. Now we're really looking at infections. So respiratory infections and remember we're heading into flu and Covid and RSV season. Make sure people stay up to date on vaccines, we will talk more about that. And then gastrointestinal illnesses, you know, with the concern of water, we're anticipating we'll be seeing more of those. We're monitoring outbreaks at our shelters, looking for food borne outbreaks, water borne outbreaks or stray outbreaks in shelters and especially some of our residential communities. And then we are specifically looking for what we call priority diseases that we don't usually see, but that includes tetanus, nontoxic cholera, leptospirosis and measles. So, we're specifically looking for any of those. So that's our surveillance and monitoring. And we have a really nice document, I think, that we want to be sure, providers are aware of...of what to look for. And those categories are, and in each of those categories, we have the risks, we have prevention strategies and then we have clinical considerations. If you're seeing patients, these are things that you should consider. And so that includes GI illness. So, we help you figure out what are the most common bacteria and what do you want to think through. Again, respiratory illness. Remember flu and Covid and RSV is...is around, thinking about wound or...or injuries, right? So as people are it their skin is in contact with contaminated water, what do we need to worry about? If you see a puncture wound or are injuries. Vector borne diseases? Right. We've got a lot of mosquitoes out. And so, thinking through what are those vector borne mosquitoes that might be more out and about. Carbon monoxide poisoning, people especially gets cold. They may be bringing their propane tanks and generators inside. Mold, concerns what to think about in terms of mold. Nitrates and methemoglobinemia, especially if people are drinking, well water that have contaminants. Overdose prevention, right? Times of stress. We've tried to make sure people have access to substance use providers, but we always worry about overdose prevention. And then also thinking about domestic violence and sexual violence. When you're in times of trauma like this, violence tends to go up. And so being on the outlook for those.

JFB: Right.

BT: Exactly, exactly. So those are our major buckets. And we have really what I think is really nice guidance for clinicians on those particular illness.



JFB: You just answered my question, but I was going to say let's talk about that. Is it primarily for clinicians or is it also for the public? I've seen a lot of things about clean water. And you know how to determine if the water is safe and steps you can take to avoid infection and things like that. But talk a little bit about the resources that are available and who they're for.

BT: Yeah. So, the first thing is I would make sure people know we have what I think is an incredible resource website. If you just go to NC DHHS, we have a Hurricane Helene Recovery Resources website. It's just on, if you just Google NC DHHS, it's right there front and center. It is a great website with resources for all sorts of people. So, for the public as well as providers, all of our resources are on that page. We have a lot of guidance that's directly for people, them understanding what are the health threats, what they can take. So, there's a lot and there's really nice kind of one pagers as well, that if clinicians want that information that they can give out to patients as well, we have them in our communication toolkit as well. So, lots of public facing messaging that's web based. Or again, some of our people can't access the web based so that we do have nice print copies that can be handed out. And then we specifically have a portion of that website that is for our providers. And so that covers things like, again, the guidance that I was just talking about. But it also has things for providers on hygiene in your practice, if you don't have a ready supply of clean water and sewage. So how do you think of that practice hygiene in that setting?

JFB: You know, that's interesting you mentioned that in particular. I'll just share, I have had multiple questions about that from licensees who, you know, want to help their patients, but they also want to do the right thing, and they don't want to violate health codes. You know, some are concerned about liability. So, it's great to know that that information is out there to guide them.

BT: Yeah. Not only is there information, it's specifically called "Guidance to Outpatient Health Care Facilities Experiencing an Interruption in Water Service." So, we have all that. And you'll also see there's a second under notice and alerts, specifically a memo from the Department of Labor. They're the ones that really kind of oversee the OSHA regulations for our practices. And you'll see a statement from them basically saying that in times of disaster and especially hurricane, as long as practices are taking reasonable steps to adhere to those hygiene, of which following our guidance is one of them, that that is acceptable and that there is there will not be that holding practices to the perfect OSHA standard during that. So, there is that memo from the Department of Labor specifically on that.

JFB: That's good. Okay.

BT: Yeah. Then also the mental health support pieces as well.

JFB: Oh yes. Absolutely.

BT: Yeah. And not again, not just that, so for the public for patients, but also for providers. Right. Our providers have been at ground zero. And so, we want to be sure that providers are taking care of themselves, as well as continuing to care for their patients, which I know they are doing. So, we have lots of support. Again, you can find that on that on the same Helene Recovery Resource website, but we

have lots of access to crisis resources. So, we have crisis hotlines. We have our 988 crisis hotline that can be for anybody, providers or people. We have peer warm lines as part of that crisis hotline that they just want someone to talk to. They don't necessarily need a licensed clinician. They want a peer to talk to, we have that. We have specifically a disaster distress hotline. We have hotlines for people with disabilities, and we specifically have a help for helpers. It's the Hope for NC website and hotline, specifically for our first responders and for our volunteers and for our health care providers who are helping people. So that is the Hope for NC is a really important tool because we want our providers to take care of themselves as well as others. A lot of our walk in clinics are up and that people can access in-person services as well as online services. And we just received notification that we will be getting almost \$3 million in funding from federal government in order to get on the ground. Crisis counselors that can be working directly in the community, face to face talking through with people and connecting them into resources as well. So, all of those are up on our website as well. Lots of behavioral health support that I would want providers to share with their patients. I also would want providers to take advantage of for themselves, because it's been really traumatic for so many of our people.

JFB: Very, very important. And I probably would be remiss not to say that this storm, this disaster comes at a time when we know burnout and depression is at an all-time high among medical professionals, so this certainly can't help that. So, we definitely want to have people taking advantage of those services available to them.

BT: Yeah. And you know, it's as we've been calling practices, you can just hear the love and the concern and the strain in their voice. And, and even just having someone call and reach out to them, just that people are saying that that has been so helpful. So, I just would you know, it's that human connection, right? And just making sure that people know that we're there for them, they're there for somebody else. And just trying to foster that human connection and not making people not to feel like they're alone and they're isolated in this. And so just bridging that connection to other people is just incredibly important during this time.

JFB: Well, thank you for mentioning that. I was going to ask, you know, what you were hearing, sort of from the front lines. You've spoken to that a little bit. And I also wanted to mention it's been really fascinating to see the results that North Carolina medical society is getting, the impact survey that they have been asking medical professionals in parts of western North Carolina affected by the storm to fill out. One of the stats that they've reported that stuck with me is that, I think it's around 17% of practices in the area, are not in a position to be open right now and that really has stayed pretty steady since the beginning, since they started gathering that information.

BT: You know, and a couple clarifications on that. I just really want to express my gratitude, the Medical Society, for stepping up and organizing that, but also that the other piece of that is that they partnered with other professional associations as well. So, Academy of Family Physicians, the Pedes Society, Old North State, so many of our professional associations that maybe have different members really making sure that all of the members of our different professional associations could use this kind of single portal to assess those needs. And so, I really applaud the Medical Society for standing up in that and then also being such a proactive partner with our other associations as well. As we've been reaching out, the good

news is that the majority of practices that we're reaching out that had needs immediately, those needs have been resolved and they're kind of back up and running. So that's really good. And they didn't have power, they didn't have internet, they didn't have water. They're back up and running. So, it's definitely getting better. Again, we are still working with those practices that they aren't up and running and providing some support for them. We've had the response to that survey has definitely trickled and slowed down. And so now it's that kind of more proactive outreach again. And we're working with our Office of Rural Health, we're working with some of our safety net sites that are reaching out to this practice that maybe couldn't access that in the beginning. And still trying to reach out to our harder hit practices as well. So, I feel like the needs of the practices is slowing down. The piece that is now going to be a long haul will be the financial support for the practices. So, you know, there's some practices we could get up and running. They need a staff member. They needed internet, they needed water. But a lot of our practices just had massive devastation in terms of they lost their whole facility or, you know, they lost all of their supplies and that which we couldn't, you know, we couldn't fix in the short term. So that's where understanding the financial impact of this and the Medical Society is, is really, helping to take a lead on this, as well as estimating what's the financial impact, because our practices are small businesses just like our other small businesses.

JFB: Absolutely.

BT: And then thinking through how do we estimate that financial loss and then work to try to get funding out to the practices. You saw or many people may have seen the governor's estimation and request for this first tranche of funding. He estimates and...and this still this estimate will be evolving, as we understand more and more, but estimates there's probably at least \$53 billion worth of damage.

JFB: I did see that.

BT: And yeah, and the most first tranche, the governor and the governor's budget, what it was needed was almost \$4 billion for immediate relief. And that included grants to our small businesses. We can consider our practices, small businesses, grants to get them up and running. General Assembly has now given two tranches of...of dollars, about \$873 million so far to try to address those financial needs. But that's going to be more and more and more and understanding and really trying to get that financial need out to our practices to really be able to get people back. So that'll be a long tail is just the...the financial impact and then the investment back into our practices.

JFB: Yeah. Another statistic from that impact survey was I think it was 1 in 4 practices had staff who were not able to get into work or who were dealing with, you know, personal issues that kept them from being able to reliably come to work. So, I think that just sort of points to the long term recovery that's in store. You know, for everyone there, not just in medical practices, but everyone.

BT: Yeah. And again, in some of those situations, we've been able to deploy some of our volunteer staff. You know, there was a portal that licensed clinicians could volunteer. We had more than 6000 licensed clinicians be willing to volunteer, which is just amazing. We've actually closed that registration portal because we have so many people who are willing to volunteer. Now, we've been going through that

portal and finding licensed and unlicensed, to some extent, clinicians to be able to place right to help with some of that staffing support. The other piece, though, is that their patient demand has gone down because a lot of our patients or their patients couldn't get to them, or they have moved out of the area. So, our practices are facing the cost of the storm, and the damage to their property, but also lost revenue because their patients are not being able to get in and don't have staff to see their patients. So, they're kind of getting a double hit. And that's same with a lot of our small businesses as well. They've had the damage and then they aren't getting the people coming in and utilizing those practices that adds to that financial impact.

JFB: Well, thank you for mentioning that. You mentioned early in our conversation about the importance of medical professionals, the workforce surging to help in the immediate aftermath of the storm. What advice, if any, do you have for medical professionals who are listening, who still want to help? Or would like to know what they can be doing to support their colleagues or support the residents in western North Carolina.

BT: Well, first off, I just want to thank any of those health care professionals who have already volunteered and registered in that site. That's and again I said more than 6000 people did it. That is amazing. And I think right now we don't have a need for more people to raise their hand to say that I'm willing to volunteer since we have so many and we'll be moving through that list. But I think our providers that are out of the area, they may start seeing surge of patients that have moved from the western part of the state to other parts of the state. So, you know, being aware of that and being open to new patients, if they're coming from the other part of the state, that would be really helpful. Even if they're not volunteering in western North Carolina, they can help to pick up patients that might be migrating out of western North Carolina. I think that's...that's really important, too. And then truly, I think a lot of our providers are connected. So, if they have colleagues and friends who are in the west, even just picking up the phone and calling them and just checking on them and seeing how they are, that professional support can speak wonders as well. And then again, also making sure our providers are aware of these health threats. Again, we talked about some of those major health threats, and I think it's important for people in the west, but also people from the west will be moving and migrating. So just being alert to all of those, even if you're in an unimpacted part of the state, you may well be caring for a patient that came from the impacted part of the state.

JFB: Right. And we will absolutely link and promote on our podcast show page to those resources that DHHS has collected and created. We have covered an absolute ton of ground in this conversation, but I will just invite you, is there any parting words that you'd like to offer or anything that we haven't touched on that you would like to mention before we conclude?

BT: I think we really touched on the high notes just to emphasize that the amount of devastation of this storm is going to mean that the tale of recovery is going to be really long, and the cost of the recovery is going to be really long. And so DHHS we're going to stay in with our providers, with our people out west, and it's going to take a long time and a lot of investment for us to recovery. So that's the first thing is just in that mindset that we're going to continue to need to keep our people out west in our minds and continue to...to provide resources to them as well. And then again, just to be sure that clinicians are

aware of things that they don't normally see, but that are aware of what are these health threats post storm and be alert to that as well, so that we can be providing the best care for our patients wherever they are. And then just three, just unbelievable gratitude for our people, for our first responders, for our providers, for our patients, just for our people being so resilient. And then so many of our private and public organizations that have just stepped up and partnered to this, seeing that partnership and that just desire to serve has been really great. And so, I, I do think there's a healing and resilience property of gratitude. And there's been so many bright points and bright spots that I'm just incredibly grateful for everybody in North Carolina who's really stepped up.

JFB: Well, thank you, Doctor Tilson, for your time today for speaking with me. And thanks to you and everyone at DHHS for everything that you've been doing.

BT: It's our pleasure. I wish we didn't have to do it all, because I know that that translates into tragedy and devastation for our people. But we are always willing to serve, and that is what we do day in and day out.

JFB: Well, thanks again.

**Episode closing: 41:47**

That brings us to the end of this episode of MedBoard Matters. I hope you enjoyed my conversation with State Health Director Betsey Tilson. I know I learned a lot and I hope you did too. If you would like to know more about NC DHHS's response to Hurricane Helene, visit our show page at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast) . We have linked to a few of the resources Dr. Tilson referenced if you'd like to take a look. If you have comments, questions or information to share, contact us at [podcast@ncmedboard.org](mailto:podcast@ncmedboard.org). Thank you for listening and I hope you will join us again.