Episode 50 – Four-wheeling mobile medicine

Intro music: 0:00

Podcast introduction: 0:09
Welcome to MedBoard Matters. This is your host Jean Fisher Brinkley, Communications Director for the North Carolina Medical. Thank you for joining me for our third and final licensee story remembering Hurricane Helene, which hit western North Carolina a year ago in late September 2024. Through interviews with licensees who live and practice in the western part of our state, we have taken you to a flood bound Mission Hospital in Asheville and a busy pop-up medical clinic in the small town of Swannanoa. In this episode we meet PA Joshua Newton, who owns his own primary care practice in Spruce Pine, a Mitchell County town of a little more than two thousand residents. Helene hit Spruce Pine hard. So hard, in fact, that it took PA Newton, working alongside his neighbors, three days just to cut out to the end of his street. When he made it to his second story practice in downtown Spruce Pine, he found that the flood waters had stopped just inches from the practice's front door. That was about the only piece of good news. Everything at ground level had been underwater and was still awash in inches of mud. Buildings were wet, musty and possibly structurally unsound. It was clear no one would be open for business for some time. So, PA Newton did what made the most sense to him at the time. With patients unable to get to him, he hopped on a four-wheeler and rode out to find them.

Interview with PA Joshua Newton: 1:44
JN: My name is Joshua Newton. My practice is the Clinic of Joshua Newton, PA-C. We are located in Spruce Pine, North Carolina, which I always say is halfway between Boone and Asheville.

JFB: Okay. We are talking about your experiences during and after Hurricane Helene. Can you tell me when the storm was on its way and you knew a hurricane was headed in your general direction. What your concerns were or what your fears were?

JN: Sure, absolutely. So we have the luxury in our practice to look out on the Toe River and everything. And so we watched the water rise for the three days of rain right before the storm hit. And we already saw the flooding and everything, and then it'd kind of come down, and we actually went and tore it out the night before. And so we were kind of worried about, all right. So like, how is this going to affect all the low-lying things? How is this potentially going to affect access to the clinic? Some of the, communities that we know that have to cross the river or whatever else. But to be honest, we were'nt necessarily worried about our office, even though the coffee shop underneath of us, when I was leaving that night, they were taping everything and putting sandbags in front of the door. So they were going, you know, what we thought was overboard. But I also thought, oh, that's great. Like they're super prepared.

JFB: Yeah.

JN: We live way up on a hill up above the creek that's-

JFB: Okay.

JN: Pretty darn small. And so we're like, all right, we're not going to wash away. We thought maybe we might lose a tree or something is everything. So we kind of went to bed pretty peaceful and calm and everything that night.

JFB: Yeah. And how did you actually fare?

JN: Not as great as I had hoped.

JFB: Yeah. So what what what was reality like? Yeah.

JN: Yeah. So that little creek turned into a raging river that, you know, wiped out most of our road access down to the main interstate. Our biggest thing is, is there was a tremendous amount of tree loss. So it took us three days of cutting out from our actual house. One day was the first 100 feet, the next day was the next hundred, and then the last day was the last half a mile. And it was each way as we'd go. We'd had on a new family that was joining us, cutting out because, you know, you share the road and they're all out there, and we had to get tractors just to get the cars out and everything. And they were some pretty gigantic trees that had fallen. And many of them had missed our house by inches. And maybe taken out gutter work. We had one or two that were on the house that they hadn't created major holes in, but they were enough we had to get a roof replaced and then finally the next day we got down to the clinic. So the clinic, the water was ten inches from our floor because we were on the second floor. It made it up that high.

JFB: Wow. Ten inches from your floor. So you didn't get flooding. Okay.

JN: So it rose a full 47 feet is what we were able to calculate out where the river was at to how far. And it was essentially, I think it's like maybe ten feet in the floor underneath of us and everything that it had flooded out. And so when we came in, of course, you know, the building was damp smelling and dark and you could see the mud up on those steps. And it was just the last two steps there that hadn't been touched by the mud and everything. And we had lost all of our vaccines, all of anything that was in the refrigerator in the freezer. They were long. So by the time we got there, the power was out. And pretty much it was interesting because I went into shock almost about like, how do we operate? Like-

JFB: Yeah.

JN: Do I just take all my supplies home and we're going to, you know, figure this out and be on the go or whatever, or like, is this building even technically safe for us to be in? The whole downtown had feet of mud in it and everything. And so at that point we had we knew nothing. We didn't know if we were even technically allowed to be in that building. So we kind of didn't explore around too much. We just sort of got the basics of what we needed-

JFB: Right.

JN: Anything that was really valuable and got out of the building right after.

JFB: Okay, so tell me a little bit about your practice, like who your patients are, where they come from, and, you know, just a little bit about, you know, what your typical day might look like.

JN: Yeah. So I've been lucky enough to practice in this area for about ten years doing primary care. So I kind of have I always say womb to tomb, but it's like, you know, you got granddaughter, grand baby, whatever, all the way up to grandpa, grandma. And we have definitely I would say a larger percentage of our patients are over 65. We do a lot of Medicare patients, but we have a lot of young families and everything. It is a very tight knit, set of patients. They all seem to be related and know each other and everything else. And I see, you know, somewhere around 30 patients a day. So we stay really busy. And we, we do everything we possibly can, you know, we do sewing up fingers and cuts and everything to just do in your basic family medicine, diabetes and COPD and older.

JFB: Sure.

JN: We also do a lot for the local corporations where we do their occupational health. We do their physicals-

JFB: Vaccinations. Yeah.

JN: Yep. That's a good half of the practice trying to do that. And yeah. So we have lots of vaccinations for our pediatric patients, for our elderly patients. So you know, it's a busy practice but it's primary care. We just kind of cover whatever walk in the door.

JFB: Sure.

JFB: So okay. And what geographic area do you draw from. How far away are people coming from to see you?

JN: Sure. So we're based in Mitchell County. We definitely get plenty from Yancey County, McDowell County, Avery County around us. I think the furthest I've ever had is I had a patient who used to come from Colorado to see us. A lot of them are people that I've built long term relationships with. They move away, they'll come back, you know, periodically to see us and everything. We have a lot of snowbirds-

JFB: Okay.

JN: Too that travel back and forth from Florida. So that makes our population kind of fun. But we definitely pull as far away as like Weaverville and into Tennessee for large portions of our patient population.

JFB: Okay. Yeah, I suspected it was probably a pretty wide geographic area just because the area is not overflowing, you know, with primary care providers. So you described what must have been an extremely exhausting and hectic first three days. At what point did you start to really seriously think about your patients and being like, how am I going to get back to taking care of my patients?

JN: It was pretty much right after about those first three days. So when I was talking to my daughter, we talked about those first three days were just survival, you know, we were trying to look at the bigger picture, but you really couldn't. We ended up having a meeting where they brought together all the local business owners that were downtown business owners, since all of us had, you know, either had shops destroyed or had been affected by all the outages and the damage and everything else. And that's when we started thinking about like, all right, what's the bigger picture of this start to look like? And then that started connecting us into the EMS services and everything else that were going on in the area. And we started attending these, I think they started out as like maybe three or foure times a week, meetings that were held at the Senior Citizen Center, which was like the hub for all the emergency services, and that's where they bring in all the different community groups. And I was sort of the sole medical one to start out there in the area going, you know, like, hey, we're here to help check out whoever you guys have, whatever your needs are, because, you know, a lot of what they're talking about is clearing debris, rebuilding roads-

JFB: Right.

JN: Trying to do search and rescue. But it was probably, you know, I'd say maybe day five, six somewhere in there, we're starting to get to the point where we're beyond trying to rescue people, now we're trying to make sure that everybody stays safe and healthy and trying to, you know, start going out, doing well checks on people. And pretty much we just took whoever was there.

JFB: Yeah.

JN: It didn't matter who saw who or whatever they needed. We were going to find and we became a repository for medical supplies to try to get those out.

JFB: Okay, so what kind of traffic were you saying? I mean, were you seeing patients coming into your clinic or finding you at that senior center, or where were you actually physically practicing?

JN: Yeah. So that was really interesting because one of the very first things I did, and actually I talked to another PA friend that's up in Boone, and she kind of the same thing. We went over to the emergency rooms pretty quickly and were like, hey, we're here, we can help. And pretty much their first response was, well, nobody's here. And we don't, and that's because so many of the patients were trapped. They couldn't get out and, you know, they had various issues and everything. So in the early days, a lot of what I was dealing with, I'd have a neighbor that walked down and say, I have a UTI or UTI symptoms. Can you help me out? You know, we had friends that cut down trees and stuff like that. They had gotten cut scrapes, stab wounds with trees. That was a lot of what we were dealing with. Well, pretty quickly once we started going out to see now we're finding all these people who are very isolated, like they don't have any kind of transportation either you can't get to theirs without a four wheeler, or their car got crushed by a tree or, you know, whatever else. And then we start dealing with a lot more complicated stuff. So all the stuff that I got donated, I swear it was primarily because we were worried everybody was going to chop their hand off with a chainsaw. And in reality, a lot of what we were dealing with more was, oh, I'm a diabetic and I haven't had my insulin for three days. You know?

JFB: Oh, wow. Yeah.

JN: Yeah. And so that was some of the very first things that we were trying to get. We were definitely trying to get some basic vaccines like tetanus and stuff because of the wounds. But a lot of what we were getting was insulin and GLP ones and a lot of the diabetic meds. We have one patient that was like a heart transplant patient, and we had to work to get his meds delivered to a fire department because there was no other way to, like, have a central place for it and everything. And we also started taking care of the volunteers, and that was a whole different set of injuries. So then you would have, they've all caught COVID because they're all in the same housing together and somebody came down sick or, you know, we had one poor girl, a tree fell on her and everything and broke her arm. And, you know, so it kind of ended up spreading the whole thing. But it wasn't as much trauma. It was a lot more like, stabilizing and maintaining chronic-

JFB: Yeah.

JN: Issues and a lot of, like, emotional trauma stuff, too.

JFB: Yeah. So at what point did you decide to go out there and do the home visits? Is that something that you normally did or was this a new thing?

JN: Yeah. No, no. So I've always tried to do home visits. We've generally done them primarily for like elderly and shut ins and stuff like that.

JFB: Yeah.

JN: It's hard to do them as a major practice, but I haven't done them in large numbers. We pretty much decided once we sat in on one of those meetings and they were talking about how they were going out and doing welfare checks on everybody, and that there were a lot of medical needs. And I was like, all right, well, rather than trying to get these people to us when they can't even get out of their houses, let's start going to them. And then what we had to do is sort of figure out, there's one of me and there's all these different places. And so we would split up and like, my nurse might go on this trek triaging these patients and figuring out what she can do. I might go see these ones that we know are more complicated. And they started making a whole routine where they would go out and do wellness checks, and then they would bring me back a list of the ones that were the most severe or had the biggest needs or whatever else. And then I would spend my afternoon going and seeing those patients.

JFB: Okay. So, when you say, “they,” your nurses or the rescue workers?

JN: The rescue workers and my nurses and everything.

JFB: Okay, okay.

JN: But it was just basically the rescue workers because you imagine, like they had so much larger of a group-

JFB: Yeah.

JN: And everything, so. And a lot of these were not even necessarily rescue workers at that point. A lot of them were untrained community members-

JFB: Okay, just people who lived in the area.

JN: Yeah, or volunteers or whatever that have managed to make their way up there that had four wheelers. So we always had a rule that you had to have a local on the four wheeler, because you don't want to be rolling up somebody's house and not kind of know the area and everything else-

JFB: Yeah.

JN: Because obviously nobody knew what was going on. There was a lot of chaos.

JFB: Yeah.

JN: There was a lot of hesitancy initially, you know, we had guns pulled on people just because they're like, you're so isolated after this-

JFB: Yeah.

JN: The breakdown in communication and everything.

JFB: Right, they didn't know if you were there to loot, you know, for. Yeah.

JN: Yeah, absolutely.

JFB: So, so how did that work? If you had people out there who had been in touch and they're like, hey, I'm a nurse, I work with PA Newton, and we're just trying to make sure people are okay, see if you need anything. So those people knew that, I assume it was communicated to them that somebody was going to follow up with them, that you were going to be by for a visit at some point. Did you actually have the means to communicate with with people like were people? Did people have self-service back or?

JN: No.

JFB: No. So how did how did that work? You just had to sort of show up when you could show up. And they didn't know in advance that you were coming back?

JN: Yeah, exactly.

JFB: Okay.

JN: So I mean, initially in some of the areas towards the southern part of the county, we started getting cell phone coverage at this point where you could text maybe, but it was very, very spotty.

JFB: Okay.

JN: The majority had no communication access at all. So it reminded me a lot of when I had done some stuff before for hospice, you would essentially just drive up into the holler and kind of casually walk up very, you know, cautiously and go talk to that person. And that's where we would get everything. We'd have no history. They wouldn't really know who I was, why I was there, you know, anything else. So there's kind of a quick breakdown of, hey, I'm here to help medically. Kind of tell me some of your background, what's going on. Thankfully, because the people were going out and doing the wellness checks, they would at least be more aware of the fact that somebody is coming up. So most of the time-

JFB: Yeah.

JN: By the time we were going there, it wasn't like we were the first person to get to that house. But there were times when we would go check on someone, we would see that, oh, there's a lot more damage up this road. We might go exploring and we'd start getting into houses where nobody had been to check, and we'd have to do things like, oh, they needed water, or they need one of the cleanup crews to come cut trees out so they can actually get a car or whatever else.

JFB: So you would collect that information and then pass it on back to the people at the hub.

JN: Yep.

JFB: Okay. So this was a mix of people who were not your patients before Helene. And then there were people who were your patients, already.

JN: Yes.

JFB: Mix of those. So first of all, had you you know, I assume you were familiar with four wheelers driving a four wheeler, because I certainly wouldn't be, you know, if someone said, you hop on this four wheeler, you know, visit people, I'd be like, no, I need somebody to drive me. You know?

JN: I mean, being a good country boy, I've ridden a four wheeler a couple of times and everything-
JFB: Okay.

JN: But yes, it was definitely there was a little learning and all, and so-

JFB: Okay.

JN: And I should make a side comment because you mentioned that about my patients versus the other patients.

JFB: Yeah.

JN: So one of the things that grew from this is beyond the initial well checks and trying to stabilize patients that had ailments and needs medically, we started identifying our patients that we knew were either in high-risk areas or were high risk individuals, especially people that had a lot of chronic diseases or were elderly. And we started traveling out to them. And at that point-

JFB: Okay-

JN: The road-

JFB: So you were kind of going over your patient roster. Yeah.

JN: Yeah, exactly. And then we started taking like jeeps and, you know, my, my Bronco and stuff like that. And we were really going a lot further out. But, you know, it wasn't quite the same as the initial.

JFB: Yeah. Yeah. So talk to me about like some of the experiences you had walking up to, you know, someone brand new or an existing patient, you know, just, you know, how did that go down? Like what were some of the things, the most memorable encounters that you had and how did you respond?

JN: Yeah, I mean, that's, that's a weighted question just because, to be honest, a lot of this was so traumatizing that you kind of push a lot of it back. So sort of go through, you're just focused on how can I help this person.

JFB: Yeah.

JN: You know, I, I remember, you know, we did quite a few around in the Spruce Pine area with people that were really sick to the point that they could not move out of their house, like even if they had transportation or whatever, they were absolutely stuck there in the home. And, you know, just trying to bring them heat and water.

JFB: Okay.

JN: And oftentimes that was the key things for why their health needs were off. And sometimes just sitting and talking with them.

JFB: Okay.

JN: That was very emotional and everything.

JFB: Yeah. So like frail people who just couldn't get the basic needs.

JN: Yeah, exactly. Yeah.

JFB: Okay, okay.

JN: I think some of the more emotional ones for me, just because you see somebody that's so susceptible and so, you know, just they are I don't want to say the weakest among us, but they are the ones that we're supposed to care for.

JFB: Yeah.

JN: And we really tried to do everything we could to help them out. There were also some really interesting experiences of going and trying to get histories on patients that really couldn't tell me anything about what their diseases were, and some extravagant stories about what they thought was actually wrong with them. And, and, you know, we have no way to verify any of that. Yeah. And I had one diabetic fellow like that, and he went into a whole it was a good 30 minute story about how he had had used some kind of heavy metal poisoning from a mine years ago and-

JFB: Oh, my. Yeah.

JN: How it was affecting his long-term health. And we were trying to pull out the threads of like, all right, well, what about that is now causing you acute issues at this moment.

JFB: Yeah. Yeah. Interesting. So I, I think I know the answer to this, but was this volunteer work on your part? I mean, I assume you weren't billing, you know, for services when you were out there doing this.

JN: Yeah, this was all volunteer. We never got paid any. We didn't get any grants back for it or anything else. It was kind of one of those things where we just, we knew that's what we had to do for the community. And to be honest, for the first few months, I don't think we were really thinking about financially what mattered. We knew we had enough in the bank to cover our staff members' salaries, so I continued to pay them through the storm while we did all of this, and we were just going out and making sure that the community's needs were met and that everybody was stable and okay before we started worrying about how do we get our practice back on its feet.

JFB: Right, right. From a business perspective. So let me ask you a question. Why did you do this? You know, I think given what happened, how hard hit the community that you lived in was hit, nobody would have faulted you if you were at home with your family just trying to get your house back in order. People would have understood that, oh, the practice is not open right now. There's damage, there's flooding. Why did you hop on the four wheeler and head out there to help? You know what made you do that when you didn't have to?

JN: So, you know, being honest and transparent, I think in those first couple of days, there was some selfishness, some survival where I sort of I felt guilt that I wasn't immediately at the hospital on day one. You know, the E.R. doc that I work with and everything, that's where he was. When we communicated, he was always at the field hospitals, and he was right there. But I love this community, and I just-

JFB: I know this is emotional. Yeah.

JN: I just I wanted to take care of them.

JFB: Yeah.

JN: So, just to give them the love and support that I got. So, I apologize.

JFB: Oh no. No

JN: that's a hard question.

JFB: Yeah. But it's just I think it just goes to the heart though. I mean that's kind of what we're trying to show is just people's hearts that like what makes you you know, I think I said in the first one that what struck me in talking with you and others for this project is just it makes you feel good that you're talking to people who are practicing medicine for the right reasons, because you want to help people. You want to take care of people. And it sounds like that's right where you were.

JN: You know, that's exactly how I felt. I mean, that I felt like in our moment of crisis when we were trying to get out in those first couple of days, every one of the neighbors was lined up, helping to cut out. You know, we were all working together and I felt like I couldn't be a member of my community if I wasn't doing the same for everybody else. And using the skills, the knowledge, the abilities that I had, that's what we did in the beginning. My wife works in construction, and so a lot of times we were at those meetings for me with my medical knowledge, her with her construction knowledge, just trying to figure out anything we could do for the community if they needed leadership, help to get things set up, whatever else. But I knew that even if it was a kind, comforting word to some of these people that were stuck in dire situations or whatever where they were struggling, we would be there to try to support them.

JFB: Right. At least they had that human contact. They know that somebody cares. You know, they matter. Tell me about some of the visits with your established patients and what that was like, because these are people that you had relationships with. You knew these people. They knew you.
JN: Yeah, those and I will definitely try not to tear up. But those were hard because those were-

JFB: Yeah.

JN: You know, like you just see them and we we both light up and we just you immediately go, you hug. Those were very warm moments and everything. And then it was so great because every time I would

come across one of my patients, they weren't sitting at home. They were all out in the community helping. You know, I remember one of the very first ones, he lives in this little area called Loafers Glory. It was destroyed, like just absolutely decimated because of where it sits in then the bend of the river. And he had a, tubing place there. And here he is sitting in a lawn chair with a sign up that says free internet, free supplies. You know, there's just trash and debris everywhere from where the storm had destroyed. And he's there handing out everything he can find and he can get his hands on, you know, and he wasn't concerned about his own health. He wasn't concerned about anything else. He was bringing coloring books to little kids so that that was-

JFB: Aw.

JN: You know, that they had what they needed and everything. So that that way they could be distracted and happy during those moments. And so it was, there was a lot of happiness in me, too, seeing that they were all safe. The majority of my patients made it through all of this quite well. You know, there was plenty that lost their homes. There were some that were in some amazing moments that I'm surprised that they're alive. But at the same time, they were able to get through. And so I love those memories of being able to see them in those moments.

JFB: Were there any situations where you feel you're being able to go out to the patients really made a difference? You know, like you saved someone's life or you prevented maybe a hospitalization?

JN: You know, I don't know that I've actually really thought about that. I'd probably have to give that more thought to think-

JFB: Okay.

JN: Through-

JFB: I just wondered, you know, or maybe I'll ask it a different way. Were there situations where you went out and you found somebody who was really in desperate need of acute medical attention, and it was like, boy, it's a good thing I'm here.

JN: Yeah, primarily, usually there were a few diabetics.

JFB: Yeah, yeah.

JN: And some of those that had gone days and days without their insulin-

JFB: Yeah.

JN: They were, you know, they weren't all the way to ketoacidosis, but they were pretty darn close-

JFB: Yeah.

JN: And everything. I mean, I am thankful that overall the medical community in our area did a good job that you know, even in some of these isolated hollers, that there were people there right away. So a lot of times when I'm going and seeing somebody, I wasn't the first medical person to have been there-

JFB: Okay.

JN: In the first few days, because I used to be the Medical Director of the Mountain Community Health Partnership here. I had the phone numbers of most of the providers in the area, and so I was communicating with one NP that was up in Poplar and another one that was over in Green Mountain. And like they had set up and sort of pitched their tent and set up their own little medical clinics in that area, and they were letting me know what supplies they needed, what they were triaging. And those were the people who truly, probably saved a lot of lives in the moment.

JFB: Yeah.

JN: And I have to admit that I was there to support those. But because of the isolation we faced initially, we weren't getting to those areas for days. You know, they had already been there helping them out and everything.

JFB: Okay. Tell me a little bit more about that, because I do want to make clear that it wasn't just you out there climbing over trees, you know, to get to people that there were a lot of others who did similar things. So you were checking in with people that you knew in the area from that previous role and hearing what they were doing. I mean, was everybody literally out there doing what they could?

JN: It was really interesting and heartwarming. And it speaks back to something that you said before about people who do this for the right reasons and everything.

JFB: Yeah.

JN: Because I'm going to be honest, the organizations weren't the ones running this. It was the people running this and everything. So Doctor North had set up a place in Buladean, and he was there at their community center, helping out people and everything. One of the NPs that I used to work with, Randy Edwards, she had her where she lived in Green Mountain and one of the other NPs, Tiffany Woody, that lived over there. People in the community knew that that's what they do. They knew that they have that knowledge. They were seeking them out. But also they went on their own and were, you know, setting up their shop and everything. Lindsey Jensen, another NP, she went to the, First Baptist Church here and was checking out patients. Doctor Brie Folkner, she went to the high school where people were, were located, and she was immediately checking out patients. You know, they all just kind of.

JFB: Yeah.

JN: Stepped right into those roles. And, you know, like I said before, we were at those meetings more for the larger organization. But part of the reason for that, truthfully, too, was a lot of these people were already out there where they lived, helping their neighbors at that moment and everything.

JFB: Okay. And how long you I think you said it was a couple of months before you really started to think about getting the practice kind of up and running and doing full time practice as you had been. Were you out doing these field visits all that time or, you know, how long were you sort of, and what was your routine during that time? Like when did you start? When did you end, you know, that kind of thing?

JN: Absolutely. And I mean, it all kind of blurs together, especially in the-

JFB: I'm sure.

JN: First few weeks or whatever, because it feels like it was months and months, but it took us five weeks before we were actually starting to try to get our clinic open. And at that point, you know, we didn't end up getting water and sewer for probably three months after we opened. So a lot initially was you get power back and maybe you got some internet, but you don't have anything else to be able to open. So that meant that we were in this weird hybrid model to start out with.

JFB: Yeah.

JN: Where, you know, initially we are going out and doing these like, well, checks or helping out with the critical ones based on the well checks. Then we start opening up the office and trying to bring in patients. But we also take some of our time to say, okay, well, you know, we've only got a trickle of a handful of people. Let's go out and find some of the people that we know need things. Mostly, it was very interesting for me as those months progressed there, because you would see which area was being opened up. So in the first, you know, week or so of the practice, like Spruce Pine, was where we saw and then, you know, maybe a week later or something like that, I might see from Ledger, and then I might see someone from Bakersville, and eventually it gets to like Cane Creek and then, you know, you get further out in these further isolated areas that were harder hit. So that by a couple of months in, we're finally seeing, you know, those patients that are all the way from relief that was completely wiped off of the map and all. And so because of that, it took us a few months before we are back into the normal routine of, okay, patients are calling in, they're making regular appointments. You know, you mentioned asking like, did people come and find me? There were plenty of times that patients would just be like, oh my God, you're open. You're, you're alive.

JFB: Yeah.

JN: You're like seeking us out. And then I'm like, yeah, come by the office. We've got it all back where you can come on in there and everything. In the beginning we didn't have any cell phone, and so everybody would drive to the edge of the mountain. And that's where you could reach a tower down off of the mountain. And so that would be this massive gathering place. And that's where I would quickly be reunited with a lot of patients that I didn't know what their status was or whatever else.

JFB: Right.

JN: And of course, people would tell me, like, well, do you have any samples of this particular medicine? Or they would say, well, you know, I happened to be seen in the field tent for this condition, and I think I'm doing all right. I may come by and see you next week or something. For the first couple weeks, all of that was still just we weren't taking any payment. We weren't doing any, were trying to do whatever we could to try to help these people out, because we hadn't got back to the point of even trying to think about resuming-

JFB: Yeah.

JN: Normal operations.

JFB: Yeah.

JN: It's just now we're in a building instead of in a car, you know?

JFB: Gotcha. Okay. You know, I mean, this certainly isn't going to be a major focus of this, but I imagine that you took a financial hit because of this. I mean-

JN: Yeah.

JFB: You know, as much as people often don't recognize it, a medical practice still is a business. And you have to have revenue so that you can pay your staff and pay your rent and, you know, get all of your supplies and vaccines. How much did that impact you?

JN: It was rough. The biggest thing I found was, you know, we lost over $100,000 worth of supplies.

JFB: Oh, wow.

JN: And then how do we get those back? All right, I get an office, but you come in with your six-month-old child, I don't have any of the vaccines that they need, you know? And how do I get money to buy those vaccines? So that that way I can get them back in here.

JFB: Yeah.

JN: So we were lucky we were able to take out some loans. But that was hard because we've only been open for two years at that time. It was one year we were already leveraged from the financing of opening the place. There have been a couple of small grants that were able to help us out, but even now I can say that we've been able to make ourself whole about getting back all those supplies financially. You know-

JFB: Sure.

JN: We're still far the but hey, the place is open and we can see patients-

JFB: Right.

JN: And we'll figure it out from there.

JFB: So yeah. So you just had to go a bit more into debt.

JN: Yeah, that's pretty much exactly what we did.

JFB: Yeah.

JN: So and thankfully there were resources to do that. So.

JFB: Yeah, I guess I kind of missed that your practice was so new. So it had been a relatively recent move for you to go out and hang out your own shingle?

JN: Yes-

JFB: Is that right?

JN: So I practiced in that area for ten years, but I only went out on my own in the last two years.
JFB: Yes, I see okay, okay. Great. Now, obviously even almost a year later, this is still a very emotional topic for you. How did you deal with that aspect of it in the immediate aftermath of just going out there doing these long emotional days, were you able to take time for yourself, or how did you cope with it? Because it must have just been exhausting physically and emotionally.

JN: I think the truth answer is I haven't cope, and that's the reality I have to face, is that I still have to go through a lot of this. In the beginning, and for, I would say, at least six months after every morning, I would start with about 30 minutes and just cry my eyes out and I would end with the same and all. And it was just an emotional purge. Just because every day, every patient that came in, I my first question would be, well, how did you fare? What all went on with you? Like, what do you need? We were lucky enough to be able to be connected to a number of sources of funding. So we were able to get people housing, we were able to get them money, you know, food, supplies, everything else. But that also meant each time I was taking on those deeply emotional stories of what they had-

JFB: Absolutely.

JN: And trying to help them. You know, I had one 80 year old lady that told me about crawling through the woods, escaping the flood and everything. That was hard to hear. So-

JFB: Yeah.

JN: Yeah, and I mean, it's not happening to me, but that trauma is still something that you-

JFB: Yeah.

JN: Absorb. So I know for me, like even now, I have pulled away from family, from friends, you just sort of become a bit of a turtle because you're trying to heal those scars. And I described it to somebody the other day that it it almost just feels like somebody took a giant knife and slashed across your heart, and you have that scar and it heals, but it's just there. You feel it every day, you know? So now we're to the point where we have new businesses that are opening up. We're all moving forward. Most of the people, their houses are getting rebuilt. We're all in the happy, shiny, whatever else. And so we're trying to go back and sort of find that emotional respite, that healing, and try to regrow some of the bonds that we, you know, much of it in the beginning was you had to focus on taking care of everyone else and their needs, because that was what we could do to help out the community at that point. So trying to do a little maybe now more just to work through the difficult emotions and focus on personal needs on that.

JFB: Did this whole experience, I mean, did it change the way you think about medicine at all?

JN: Yeah, yeah, it changes the way I think about my community for sure, because it just makes me all the more attached to it, you know, like, it makes me, I love my job. Before I did this, I used to work for NASA and I used to do medical research there, and it was always difficult. You come home at the end of the day and you'd be like, oh, I did this cool research study. But then you're like, who did I help? Like, where in the world can I point to where that person's life is better because of what I did today? I couldn't, so I quit the job. I said, I don't want to do that if I didn't make the world better. So now I appreciate that every day I feel like, all right, I can go home saying I did something. I helped somebody's life and I'm not tallying that up. I feel bad because it would be great to tell you this deeply emotional stories of, oh, well, here's this one individual. And, you know, they were bleeding out and I was able to apply pressure for whatever. It's the little things, it's little tiny things. But at the same time, I know and I have patients that tell me every day, thank you. You saved my life. You've helped me so much and I can feel good about that.

JFB: Well, that sounds amazing. So, you know, when you were talking about the scars and how emotional it is, it made me, of course, think of burnout, which is such a big problem among medical professionals. But it sounds like your passion for medicine is intact. And if not, you know, it's even deepened.

JN: Absolutely. Yeah, I, I will not change my job. No.

JFB: Good. And how about personally, I mean, we talked a little bit about your home, but how has your home and your family come through this whole experience?

JN: I think we've done pretty well overall. I mean, you know, it took us six months and we were finally able to get a new roof on the house and everything. And the problem was with my wife and I being so

deeply seeded in the community, we were so busy trying to work on everyone else's projects that ours got put on the back burner. But you know, they weren't so catastrophic that we weren't able to go on. We were lucky compared to what a lot of people had and everything. I think my, I have a 13-year-old daughter. I think she had a rough go. There's probably a lot of trauma there that she still hasn't dealt with because, you know, she's watching us run out and help out the community and she's worried about us and everything. So but she's done good because she's had her own roles and she works at a local resort that has horses and she works in the barn, so she helped them rebuild. She helped take care of the horses. You know, she's been able to be right in the middle. She works at a lot of the different volunteer efforts in town. You know, handing out animal feed and helping clean up different places. And so that's been, you know, a lot of our recovery has been that able to share that service of the community to her. But you know, overall, I'm thrilled that we're all alive and that we're doing as well as we're doing. So.

JFB: Yeah, that sounds great. I mean, it's so hard with kids, but I think that the opportunity to sort of be part of the rebuilding, I think must be reassuring that, yes, things get broken, but you can fix them. Yeah.

JN: Yeah.

JFB: And people do fix them. They come together and they, they make it whole.

JN: And so it's important. And I'm glad to learn that lesson. So, yes.

JFB: That's great. I don't really have any other prepared questions. I just wanted to ask you, you know, any final thoughts or anything that I haven't asked you about that you wanted to say regarding this whole ordeal? You know?

JN: Yeah. No, I, I'd love to say thank you to all the people that helped us through this and everything. That means a lot, so.

JFB: Well, thank you so much. I know this has been an emotional up and down for you, and I really do appreciate you putting yourself out there and being willing to do this.

JN: And thank you for telling the story, I appreciate that.

Episode closing: 38:04

That brings us to the end of this episode of MedBoard Matters. Thank you for listening. As we come to the close of our *Remembering Helene* podcast series. I want to extend a sincere thank you to PA Newton, Dr. Benjamin Gilmer and Dr. Julia Draper, as well as the many other licensees we interviewed, for sharing their experiences. If you have comments, questions or stories of your own to share, send them to us at podcast@ncmedboard.org. You can find show notes at www.ncmedboard.org/podcast. While we have come to the end of our individual licensee Helene stories, we still have more to share from our many other interviews with licensees from across western North Carolina. We'll be reviewing some of the lessons learned from Helene in an upcoming episode soon. After all, the Southeast still has

two more months of hurricane season left and it's never too late to prepare. If Hurricane Helene taught North Carolina anything, it's that no one in our state is safe from severe storm damage. Thanks again for listening. I hope you will join us again.