SUPPLEMENT ARTICLE

Caring for Children of Caretakers During a Disaster

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AUGUST 29: LANDFALL: We were ready for any disaster. As Hurricane Katrina headed straight for the Mississippi Gulf Coast, our hospital braced for what we knew would be a real disaster. The University of Mississippi Medical Center (UMC) had just revamped the disaster plan, adding an often overlooked child mental health piece that was primarily written by our social worker in the child development clinic. Our division of developmental and behavioral medicine had identified the needs and strategies for service in 3 major areas: one group would cover the emergency department to help with anxiety, grief, and separation issues; another would serve as a holding service for children not requiring hospitalization whose parents were missing or required hospitalization; the final group was in charge of any more severely affected children who required more intensive psychological services.

I met with our division; we reviewed our plan and made assignments. We were very proud of our plan and ready to implement it.

The UMC administration encouraged nonessential personnel to go home to be with their families as the weather worsened in Jackson, Mississippi, 200 miles from the Gulf Coast. Katrina was predicted to still be a hurricane when it got to Jackson, which tested our plans for the UMC to remain open.

Child Care Needs

The UMC did remain open, but the schools and child care centers closed. Suddenly, our hospital was no longer focused on just how to care for the evacuees but also how to get essential personnel in to work, not only physically but also emotionally. We quickly found out that if the clinics and floors were all to stay open, there was a very large number of staff that was essential to the running of the hospital, and their family needs would be interrupted. We did not need just medical staff; we needed many more to support the hospital. The burning issue now was that if we were to get the hospital employees in to work, they had to have a place for their children to stay.

The hospital administration then called on our division not only to give mental health services but also to organize child care for employees. How could we do that? There was no child care facility, and we had never run such a service. This was something that many at our hospital had wanted, but it had never materialized. After some fairly panicked discussion with the chair of our pediatric department and the director of human resources, our hospital school and child-life personnel began to create a makeshift child care center.

We identified a space with power, water, and bathrooms. We sent out a call for volunteers to look after children. Incredibly, by the evening of the storm (with winds clocking up to 100 mph in Jackson), 30 children were cared for overnight by a rapidly pulled together child care center in the nursing auditorium.

AUGUST 30: 1 DAY AFTER LANDFALL

Our preparations paid off. The UMC survived the hurricane and was open to care for the ill and injured. We were prepared for but were not receiving evacuees; the majority of them were being diverted to hospitals out of state. Apparently, disaster coordinators assumed that the UMC was crippled from the hurricane.

Our well-developed mental health plan was still not being put to use, but our staff, which was prepared to handle mental health needs, was needed for the ever-

Key Words: Hurricane Katrina, child care, caretakers

Abbreviations: UMC, University of Mississippi Medical Center; MCAAP, Mississippi chapter of the American Academy of Pediatrics

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expanding child care center. Thousands in our area were without power and telephones, which complicated staffing and supply issues. The hospital was open at full capacity. We needed staff, and the staff needed a place for their families. Incredible as the day before, our makeshift child care center was caring for more than 100 children. The head of the nursing school was called in to give us more room, because we could no longer house the children in the auditorium.

We were providing care for children of all ages, from neonates to older adolescents, who obviously had very different needs. They also needed to be separated. Food, entertainment, infection control, and safety were huge issues. Our food service set up regular meals and snack times. Because there was no way to uphold the state standards for space and arrangement, the Department of Health was called for advice and clearance. We were advised to do our best.

Volunteers from all areas were called in to help. We had many donations of toys, sanitary wipes, and cleaning supplies, and all were needed. The bumps were many, but the dedication was great.

SEPTEMBER 1 THROUGH 4: 2 TO 6 DAYS AFTER LANDFALL

Feeding, comforting, and entertaining these children were primary goals, but there were other huge concerns including safety and behavioral issues. We now had between 130 and 180 children per day. There was incredible dedication from those who were helping run the center. There was also extreme exhaustion and an increasing appreciation of those who do this type of work everyday.

SEPTEMBER 5 (LABOR DAY): 7 DAYS AFTER LANDFALL

The UMC contracted with a church-run child care center to take over. Many hugs and thanks were given to all who had helped. We had made it through the initial week. Slowly, things were getting back to normal at the medical center and in the Jackson area. Many were still without power, and gas was in short supply, but we were making it.

As the child care needs were resolving, the mental health needs were growing. What had happened south of us, closer to landfall, was becoming more and more apparent.

SEPTEMBER 9: 11 DAYS AFTER LANDFALL

Chapter Involvement

The Mississippi chapter of the American Academy of Pediatrics (MSAAP) meeting was held in Jackson. We thought long and hard about having it. Should we take the time to do this meeting with all the present needs? The decision by the leadership was that it would be a great time to decide together what we could do to help further. The meeting was one of the largest that we have had. Our relief efforts were very well organized that day. There was talk of supplies and shelter that were needed and some talk of the exhaustion and sadness, but not much about the mental health issues.

SEPTEMBER 10: 12 DAYS AFTER LANDFALL

One view of the miles of devastation made it apparent to my husband and me that there was no doubt that once people began to realize the impact of what had really happened, there would be huge future mental health needs of all those affected. We were devastated, and we had not lost our homes!

NOVEMBER 15: 11 WEEKS AFTER LANDFALL

A meeting, led by hospital administration, was held at the UMC to seriously evaluate the feasibility of having a child care center at our hospital.

NOVEMBER 29: 13 WEEKS AFTER LANDFALL

Mental Health Issues

A trip by a few representatives of the MSAAP made it clear that there would be long-term needs in the area of mental health. There are many amazing people on our Mississippi coast who have worked tirelessly to help those around them. Anxiety, depression, anger, and grief were in the faces of most of those who met with us. Determination and hopefulness of recovery was also there. The MSAAP now has a meeting planned on the Gulf Coast at which we will bring together people from several agencies to discuss a coordinated effort to help children and their families through this disaster. We will be busy implementing that plan, which will likely be needed for a very long time.

LESSONS LEARNED

Essential personnel must have a safe place for their children or they cannot come to work. Disaster planning must include a contingency plan for hospital employees who need to be assured that their children are safe, secure, and well taken care of when a disaster appears. After years of bantering as to whether our hospital should have a child care center, serious discussion is developing. Two formal meetings have been held already, and we are modifying our disaster plan to include an emergency child care center for our employees.

Our original mental health plan was not needed or used acutely, but in a situation that has an influx of evacuees, it would certainly be useful. The real mental health needs for our state's children and their parents are now (3 months post-Katrina) and expected to increase. The grief, anxiety, and adjustment to the losses are severe.

COMMENTS

Thanks to the AAP on both the state and national level, and other granting agencies, we have a plan to serve our coastal area. The needs will not end soon. I am proud of and grateful for all of the incredible teamwork that has occurred and know that it will continue.

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