My Life With Hurricanes

Geographic circumstances: During Hurricane Katrina I received and triaged evacuees 325 miles from ground zero. I subsequently moved to Galveston, Texas, a town ravaged more than once by powerful hurricanes.

About the author: I am currently working on the Gulf Coast in the division of general pediatrics at the University of Texas Medical Branch (UTMB) in Galveston. In the 1970s I attended medical school at Louisiana State University in New Orleans. After that I went to UTMB for my general pediatrics residency. I practiced general pediatrics in Longview, Texas, for 32 years afterward. I served as president of the Texas Pediatric Society. Currently, I am chapter vice-chair for the Texas chapter of the American Academy of Pediatrics (AAP) and a member of the AAP Committee on Practice and Ambulatory Medicine. I made a practice change partially because of Katrina but more as a result of an intense period of storms that affected the central Gulf Coast during the last 5 years. As a result of these storms UTMB has more actively sought innovative ways to meet the needs of people it serves so as not leave medical services vulnerable to hurricanes. I am the medical director of a new outpatient facility that serves both subspecialty pediatrics and general pediatrics. I am now living on the Texas coast as part of the faculty and am keenly aware of the needs for organized responses for the benefit of children in particular.

I am a New Orleans native and have lived my entire life in the Gulf South region. I was reared in a family with strong Acadian heritage thanks to my mother and her forebears. The existence and effects of hurricanes have been part of a way of life for my family and countless others in this region. Stories that I can recall from aunts and uncles go back to their recollection of storms of the early 1940s. The stories always centered on the specific effects and damages caused by each storm. Hurricanes are remembered on the coast by much more than an arbitrarily chosen name (naming is an addition of the last 55 years). They have always been life-changing events for people caught in their paths—changing where they live or how they make a living. Recovery from these storms has always been difficult, if it occurs at all.

Longview, a midsized community in northeast Texas where I practiced general pediatrics for 32 years, is ~200 miles from the Texas coast. It is far removed from the direct effects of hurricanes, although lesser problems are well known to anyone in the Gulf South. The impact of hurricanes on coastal communities transfers indirect affects to all of the states in the region.

The personal history of my life is significant in that it has kept alive, in a direct way, an attachment to those who have been devastated from time to time by hurricanes.

Audrey, Betsy, Carla, and Camille were earlier hurricanes that were associated with great damage and loss of life along the north central Gulf Coast and directly affected my family. Camille destroyed with

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amazing thoroughness the home my family (and those of many others) had built in Pass Christian, Mississippi. This was a place where family attachments and memories were developed over 25 years. It was a great personal loss but paled in comparison to the losses so many others suffered with these storms. It kept the reality of what hurricanes were able to do alive in my mind even though I was removed from the coast for much of my adult life.

A particularly catastrophic storm collided with the Alabama, Mississippi, and Louisiana Gulf coasts in 2005: Hurricane Katrina. Soon after the passage of the storm the city of New Orleans began to fill with water from key breaks in levees, as has been well described. For me, seeing this happen was heartwrenching, and the intensity of the feeling was escalated because of my connections to New Orleans. The ensuing damage from flooding was horrendous and triggered a displacement of many thousands of people along the upper Gulf Coast on a scale never before imagined. Every governmental and private relief agency in the region was strained well beyond capacity.

The severity of the destruction and displacement forced many smaller communities to develop centers de novo. Small community centers sprang up all over the region and, thanks to an amazing outpouring of volunteerism, provided care to untold thousands of people. I certainly had that experience in my community of 75,000 in northeast Texas. Volunteers opened and ran a facility for 2 weeks to provide direct care for ~500 and indirect care for ~5000 displaced people who ended up in our county. We found volunteer nurses, pharmacists, and physicians to triage and provide the most immediate care to many who stopped in transport buses on their way to Dallas. People with dehydration, diarrhea, leg wounds, and much more received triage, support, and treatment. Working in this primitive delivery of care gave us a high level of gratification and allowed us to experience the satisfaction of filling important needs for many who possessed only a need for care and help.

Within 3 weeks the Gulf Coast was impacted a second time by Hurricane Rita, which devastated the Texas/Louisiana border area and placed added demands on an already stressed system.

The vast needs generated by the twin storms of 2005 highlighted many deficiencies in our ability to respond well to a major natural disaster. In the weeks, months, and even years after Katrina, much time was devoted to searching for more effective and timely responses. Perhaps our greatest failing was our inability to address the needs of children who were so terribly affected during this time. Many of us spent much time educating planners and policy-makers on the unique vulnerabilities of children. Attempts to change the way children’s physical and emotional needs in the midst of disaster are addressed by relief agencies were not always successful but, without doubt, progress was made. We all repeatedly experienced poorly planned responses that did not take children into account. In the months after the hurricane, the provision of information and changing of plans to accommodate children with and without special needs was a task that required communicating and educating planners who saw these problems in ways that were not “children-centric.”

In 2008, another hurricane devastated the Texas coast: Ike. Galveston Island suffered extensive damage, primarily from flooding. The University of Texas Medical Branch was effectively closed for several weeks and then forced to open under strained and limited circumstances. The work by faculty and staff to salvage the functions of this large institution was heroic. Governmental response at all levels was somewhat improved, and better planning from the lessons learned from Katrina was evident, although there was much room for improvement to be optimized.

The University of Texas Medical Branch and the city of Galveston are still recovering from the impact of this storm. Many differences inherently exist about the coast around Galveston when compared with the Louisiana coast and the city of New Orleans. These differences make it difficult to apply all lessons learned in each disaster to benefit the next calamity.

My experience over the last 5 years has resulted in changes completely unanticipated on a personal level. I experienced the catastrophic damage to 2 cities that have special meaning in my life. I witnessed profound damage to New Orleans, the city in which I was educated in medicine and spent my young adult years and the city that contains much of my heritage. On the other hand, Galveston was where I was trained in pediatrics and embarked on my medical career. Witnessing both cities nearly ruined by natural disasters in such a short period of time was deeply troubling.

Natural disasters inevitably bring about change for people, communities, regions, and institutions. University of Texas Medical Branch made many changes, including the establishment of the position that I now hold: Medical Director of a new facility that has been developed partially in response to the effects of Ike. Taking on this new position represents a completely unanticipated recovery response for a pediatrician who practiced in a private group setting for many years. I would not have received this opportunity had not the institution responded to the damage and effects of Hurricane Ike.

The last 5 years since Katrina and other storms have been difficult for
many people. During this time those affected have been forced to “think outside the box” to find ways to recover. The process of recovery has demanded from those of us who care for children in this region a probing set of questions to be answered over time. We realized how poorly we plan for natural disasters and how poorly we address the needs of children caught up by them. Finally, as part of the evolving response to the impact of hurricanes, some of us find ourselves adapting to different communities and even different careers as we struggle to recover from these storms. The pediatricians of the Gulf Coast region have identified many changes needed in our systems of health care and disaster intervention. The historic commitment of pediatricians to their communities was sorely tested and shown to endure during these times of crisis. The lesson is to continue to pursue this involvement in meaningful ways applicable to the region. Chronicling the experiences of pediatricians in this region responding to multiple natural catastrophes is valuable and translates into a benefit for the future that allows us to revisit and refine policies that we are developing now (on the basis of our experiences during and after these disasters) to ensure that they remain pertinent over time.
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