Rebirth: Pediatrics Residency Training 5 Years After Hurricane Katrina Through the Eyes of Trainees

Geographic circumstances: We were in Hurricane Katrina in 2005 but not in the flood zone; we are currently training in Children’s Hospital of New Orleans, which was evacuated after the levees broke.

About the authors: Luke Wall—I grew up in Springfield, Louisiana, about 50 miles outside of New Orleans. My family has been in south Louisiana for generations and has always made a living from agriculture and commercial fishing. I attended Louisiana State University in Baton Rouge and then Louisiana State University Health Sciences Center in New Orleans for medical school. When Hurricane Katrina made landfall, I was in my third year of medical school. My wife and I had purchased a house just outside of New Orleans, and we were expecting our first child. My home and the entire medical school campus, including Charity Hospital (where I had been rotating), were flooded. The medical school temporarily relocated to Baton Rouge. I spent the next several months living with family and commuting several hours per day between our temporary dwelling, rotations in Baton Rouge during the day, and our vacant home near New Orleans to work on repairs at night. We sold our home in 2009 and moved closer to our family. I recently matched for a fellowship position in allergy and immunology, which will begin July 2011, at Louisiana State University New Orleans. After fellowship, I plan to continue practicing in the New Orleans region.

Christy Mumphrey—I grew up in Slidell, Louisiana, just across Lake Pontchartrain from New Orleans. I attended the University of South Alabama in Mobile. When Hurricane Katrina made landfall, I was in my third year of medical school but was home in Louisiana visiting my family. We made the decision to go to my house in Mobile the night before the mandatory evacuation. Because of the magnitude of the storm, we soon realized that we needed to leave Mobile as well. We spent 5 days in Panama City Beach, Florida, where a hotel graciously did not charge us for the rooms after they realized that many of the evacuees had lost everything. After power was restored to my house in Mobile, we made our way there. There were 15 family members and 11 animals residing in my small 1200-ft² home for 2 weeks until they could return to their battered homes. I had always planned on returning to Louisiana for my residency, but I felt even stronger about it after Katrina. I was thrilled to return and train near the place I grew up, surrounded by my family. I will be continuing my training as a neonatology fellow at Louisiana State University New Orleans. After my training is complete, I plan to continue practicing in the New Orleans region.

As 2 people whose heritage has been embedded in south Louisiana for generations, we were each deeply affected by Hurricane Katrina. We will never forget the thick feeling of despair that loomed over the entire region for a seemingly endless period of time. The rancid air and
physical destruction mixed with the desperate affect of now-homeless friends, family, and neighbors was enough to give the impression that New Orleans had become a hopeless city. These feelings of despair seemed to cling to us like the polluted sludge that the water left in its wake. Reflecting on these experiences as we write our thoughts brings forth heavy emotions and vivid images that are forever ingrained in our minds.

Despite the destruction that we personally experienced during the storm and its aftermath, we each decided to pursue pediatrics residency training in New Orleans. We now serve as the chief residents. We began our training at Louisiana State University and Children’s Hospital of New Orleans on July 1, 2007, nearly 2 years after landfall.

At the transition of each academic year, the residency program holds a gathering to say hello to the new interns and wave goodbye to the graduating residents, appropriately titled the “hello-goodbye brunch.” When we attended our first hello-goodbye brunch, we remember watching our program director, Dr Bonnie Desselle, moved to tears as she recognized the devotion that the graduating residents had demonstrated not only to our city but also to our program. Many of these residents had been placed in an unimaginable situation, on lockdown in the hospital as Katrina made landfall. They had made the decision to complete their training in New Orleans despite having options to transfer elsewhere. These residents had only completed 1 year of training when the disaster occurred. Their homes had been destroyed, their families were displaced, their city and medical school were flooded, and their hospital was closed. It was inspiring to see that their camaraderie and genuine love for both this program and this city had enabled them to successfully complete their residency training despite all they had endured both personally and professionally. This experience opened our eyes to the fact that we were not only in a unique and special place but also that we were personally being charged to make an impact on the recovery of the city we each call home.

As we began our careers as resident physicians, large areas of New Orleans were still completely uninhabited. On a daily basis, our intern class was presented with lasting effects of this storm. Families and children were flocking back to the city. For many of them, the clinic that was once their medical home no longer existed. Their immunization records were destroyed. Most of them had received sporadic medical care in various states, or no care whatsoever, before finding their way back home. For most of them, home was now a FEMA (Federal Emergency Management Agency) trailer or makeshift housing. We were often astonished by the experiences shared by the parents of our patients. They had literally traversed a flooded hell before being rescued from the city. And without fail, the guardian giving this account (the child never spoke of it) would raise a serious concern about the child’s behavior. It seemed each visit we were addressing problems such as “he’s failing school,” “she threatened to kill herself,” or “he nearly got arrested.” In the setting of a city in which every child recently had a life-altering traumatic experience, mental health services were almost nonexistent. This situation all too often left physicians feeling as though they could not properly serve the needs of their patients. Caring for storm-tattered children being raised by physically, emotionally, and financially exhausted parents has been the greatest challenge of our residency.

We were also faced with managing children with chronic diseases who were just returning to the city in 2007. Most of these patients had received inconsistent care in the previous 2 years. Some of them were returning to environments that were not suitable for their medical condition. We are reminded of a preadolescent patient with cystic fibrosis who returned home to a FEMA trailer. Being at end stage and having frequent exacerbations, her pulmonologist decided that her chances of surviving in the hospital were much greater than if she continued living in an unsuitable trailer. Her family was unable to obtain permanent housing, and she was rejected from the lung-transplant list. She became part of the family of Louisiana State University Pediatrics and Children’s Hospital for the final 15 months of her life while residing on our sixth floor. Society as a whole had failed her, but her medical team gave her the best life possible. Katrina continues to claim her victims; more than 3 years after landfall, this patient died a homeless, helpless remnant of the storm.

Walking through the hallways of Children’s Hospital today, 5 years after Hurricane Katrina, all departments of the hospital are well polished and functioning to capacity. At the time of landfall, the hospital fared much better than most in the community, escaping the floodwaters and evacuating days after the storm. Secondary only to the condition of the city as a whole and the ineffective city water supply on which the hospital depended at the time, Children’s Hospital closed its doors for the first time in its 50-year history. Since that time, many changes have been implemented. A new state-of-the-art PICU resides on the sixth floor, no longer necessitating vertical evacuation of these patients from ground level. The hospital has installed a new helipad and now has an independent water supply. Other improvements and amenities include a stockpile of air...
mattresses and disposable toilets. Our security plan has grown to include dozens of police officers who will remain on-site for hurricanes in addition to the firefighters who were in-house for Katrina. New and improved communication systems are in place as well. Having successfully conducted the evacuation of nearly 100 patients after Katrina without any state or federal assistance, Children’s Hospital of New Orleans has been charged with the responsibility of coordinating all regional pediatric and neonatal evacuations in the future. In the face of another disaster, Children’s Hospital is as prepared as possible to internally assume complete responsibility for the children of this facility for up to 3 weeks.

“Code gray” is the term we use for lockdown of the facility secondary to inclement weather. Children’s Hospital and the Louisiana State University pediatrics residency program have separate code-gray policies that have been revised since the storm. We no longer carry the “laissez-faire” attitude with regard to hurricanes that was prevalent before Katrina when New Orleans was so often spared. Preemptive communication is now a priority. For the Louisiana State University residents, we ensure that they are well informed of the overall plan, what to expect, and how to prepare both personally and professionally. In an attempt to have the minimum number of most experienced residents present, interns are now exempt from code gray.

We enacted our new plans and improvements in September 2008, when Hurricane Gustav made its way to our coast. Although that storm cannot be compared with Katrina, the changes that had been implemented allowed us to weather the storm without incident and make a seamless transition from code gray to recovery status followed by full operations. We feel that we are as prepared as possible to face any future threats.

Citywide, although recovery is still in progress, many great improvements have been made over the past 5 years. Much of the infrastructure has been repaired. Most of our patients no longer live in FEMA trailers. From our continuity clinic downtown we no longer see Tent City, a post-Katrina village of dozens of homeless people living beneath the Claiborne Avenue overpass. For quite a while the city was exclusively spoken of in 2 eras: before and after Katrina. This frame of mind has been most evident in the recurrent phrase that has pervaded every conversation: “since the storm.” After all, apart from those who are old enough to recall Hurricane Betsy in 1965, for the people of this region there is only one storm to speak of. This terminology and this way of thinking are gradually becoming less prominent. It seems now that we carry the aura of “the great city that was once changed by Katrina.” Perhaps we, the people of New Orleans, are moving from denial, anger, and depression into the stages of acceptance and hope. Although Katrina is, and forever will be, part of who we are, the throbbing soreness represented by the before/after frame of mind is beginning to become less vivid.

We must admit that at times the whole event slips our minds. Uptown, where Children’s Hospital resides, the hospital and community are thriving and everything has superficially appeared normal for quite a while. Simultaneously, we recognize that some of our patients are living in areas of the city where entire blocks have not yet been rebuilt. Katrina’s mighty wake still carries every bit of its power in the minds of our patients. Their lives and their relationships were altered forever. This fact continues to be manifest by those who come through our doors on a daily basis with significant psychiatric morbidity. The resources for these children are much stronger now, but they still fall short of the enormous demand within our city. Nevertheless, our city is built of resilient children, families, and medical personnel. We have not only survived this great natural disaster called Katrina, but in many ways we are defeating her. We live in a new and exciting time in New Orleans; we call it “rebirth.”

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