

Katrina Changed Us (and Me) in So Many Ways

Geographic circumstances: I volunteered to serve incoming evacuated children 350 miles from New Orleans and remain committed to the institution and area.

About the author: I am currently a full-time faculty member at Texas Children's Hospital and associate professor of pediatrics and clinical chief in the section of emergency medicine at the Baylor College of Medicine. I serve as assistant medical director for the City of Houston Fire Department Emergency Medical Services. I am a member of the Section on Emergency Medicine Executive Committee for the American Academy of Pediatrics. I am involved in local, statewide, regional, and national committees related to pediatric emergency medicine and prehospital pediatrics. I continue to credit much of my current motivation in disaster preparation and response to my incredible experience during the Katrina event.

It is safe to say that the mere mention of Hurricane Katrina continues to stir up good and bad memories for those of us who helped with Houston's response to the New Orleans evacuees. I tend to be a "glass-is-half-full" person, so most of what I remember and see today as a result of Katrina is the good in people. Our city opened its arms without hesitation to more than 200 000 evacuees, both before and after Katrina's arrival in New Orleans. As a result, we as a people and a city are better for it.

CHILDREN GET A SEAT AT THE TABLE

Before 2005 and Hurricane Katrina, pediatrics was an afterthought, at best, in the minds of most of our region's disaster planners. After learning of the first group of 25 000 evacuees en route to the Houston Astro Arena Complex several days after the storm struck, we (the emergency pediatricians of Baylor College of Medicine and Texas Children's Hospital) inserted ourselves without invitation into the mass casualty medical response. We arrived at the facility unannounced on day 1, established our clinic, and, despite some push-back, remained on site throughout the crisis to the official conclusion of Harris County's medical response. Initially, the officials in charge of the response were slow to warm up to our presence, labeling us a "rogue" clinic with a misguided mission. However, those arguments were muted by the pleas for help from both the outnumbered and underprepared personnel and the desperate families in need of medical attention. In the wake of the Katrina response, things have changed dramatically. Pediatric leadership can now expect to be invited to most disaster-planning meetings in the region. To my knowledge, every disaster committee in the state of Texas now includes a pediatric representative or advocate, and every plan, though not perfect, reflects the needs of children. I consider this a huge win for children in Texas.

HOSPITALS DEVELOP SURGE PLANS

Texas Children's Hospital (TCH) was always proactive in planning for internal disasters before Katrina. Its focus changed abruptly and dra-

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ABBREVIATIONS

TCH—Texas Children's Hospital

CMOC—Catastrophic Medical Operations Center

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matically after learning that more than 200 000 Katrina evacuees, 30% of whom were expected to be children, would be arriving from New Orleans. This would certainly produce a surge of pediatric patients to its community practices and affiliated emergency centers. As it planned and responded to an increase in outpatient pediatric volume, rumor was circulating that an additional 25 000 patients, many of whom were unaccompanied children, were on their way to Houston with conditions that included injury, starvation, chronic illness, and dehydration. Without blinking an eye, the late Dr Ralph Feigin, our physician-in-chief during Katrina, threw every resource within his control at the response. Within hours we had created the Mobile Pediatric Emergency Response Team (MPERT),¹ which functioned essentially as a miniature TCH emergency department. Over the next 2 weeks, the MPERT cared for more than 3000 patients, transporting only 50 from the Astro Arena to regional hospitals. The MPERT has been activated twice since Katrina in response to the 2009 H1N1 influenza pandemic,² and the lessons learned from both activations have actually resulted in improved processes and flow hospital-wide. In addition, hospital leadership now better understands the effects of surge and has repeatedly devoted resources to its early recognition and response.

“REGIONALIZATION” AND “COLLABORATION” HAVE BECOME BUZZ WORDS

The Texas Medical Center in Houston was severely affected in 2001 by Tropical Storm Allison² with massive flooding and the closure of multiple hospitals. One of the products that resulted from the lessons learned during that event was the creation of the region's Catastrophic Medical Operations Center (CMOC).³ Its purpose was to cen-

tralize the region's response to disasters. Except for the annual tabletop drill, its true benefit would be theoretical until Katrina. The CMOC was activated soon after it was determined that Katrina would strike the Gulf Coast. Although its operations continued to evolve during the response, its basic mission remained the same: to maintain the integrity of the region's medical response and prevent the maldistribution of resources. For more than 2 weeks, the CMOC coordinated the emergency medical services response and the delivery of patients and supplies to and from the Astro Arena, the George R. Brown Convention Center, and hospitals all over the region. It has responded to crises several times since then and continues to benefit from lessons learned during Katrina. Most importantly, the CMOC now has 2 permanent seats at the table devoted to leaders who represent the region's pediatric and special needs populations. CMOC leadership during the Katrina response showed that regionalization and collaboration among institutions both public and private is crucial to delivering a successful disaster response.

NATIONAL DIALOGUE BEGINS

In my opinion there was little national dialogue regarding pediatric disaster response before Katrina. Whereas 9/11 began the conversation on disaster preparedness, Katrina focused the attention specifically on children. This focus was a result, in part, of the large number of ill, injured, and displaced children, many of whom arrived in distant evacuation centers unaccompanied by family members. Governmental entities started to listen to organizations that make the welfare of children their primary mission: the American Academy of Pediatrics (AAP), the National Association of Children's Hospitals and Related Institutions (NACHRI), and Emergency Med-

ical Services for Children. The dialogue has now made it to the highest levels of government and resulted in collaborations between the NACHRI, the AAP, and the National Disaster Medical System; much of this dialogue is a result of lessons learned from Hurricane Katrina and the H1N1 influenza virus.

PEDIATRICIANS PLAY AN ACTIVE ROLE

Harris County's planned pediatric response to the 25 000 Superdome evacuees fell short of the actual need; it would depend heavily on the effort of local and national volunteers including retired military personnel, physicians-in-training, subspecialists, and community providers, some native to New Orleans. This massive volunteer effort demonstrated to disaster planners that when needed, this workforce is accessible, eager to help, and, if organized appropriately, can meet the needs of a short-term disaster response. It also reemphasized the need to develop a more efficient pre-event process for recruiting, credentialing, and scheduling volunteers. Since Katrina, efforts have been made to identify and credential physician volunteers through programs such as the Medical Reserve Corps (www.medicalreservecorps.gov/HomePage).

FUNDING AND REIMBURSEMENT REMAIN A STUMBLING BLOCK FOR ENTITIES EAGER TO VOLUNTEER

One problem that still needs a solution is funding and reimbursement for planning and response. Disaster preparation is still a hobby for most physicians, even those considered to be leaders in the field. Most of them volunteer their services between their day jobs and pay for their own travel to disaster-related events. The same can be said about affiliated institutions including TCH. Like all children's hospi-

tals in this country, TCH treats first and asks questions later. The Katrina Mobile Pediatric Emergency Response Team was fully funded by the hospital without any hope for reimbursement. If the need arises again, I am confident that TCH will step up and provide whatever care is needed to the region's children. Unfortunately, that is not the case for other entities, especially those with narrow profit margins. For example, emergency medical services agencies from across the United States responded in force to Texas' request for additional equipment and providers; few received reimbursement for their expenses. As a result, few have since stepped up to volun-

teer for future events without a compensation guarantee. This is a national problem that needs a national solution.

I AM A BETTER CLINICIAN, LEADER, AND PERSON

Personally, I am forever grateful for the opportunity to serve during Houston's Katrina response. I had a choice. It was midnight and I had just returned home from work when I received the call from our office administrator: a physician being interviewed on site at the Astro Arena was obviously overwhelmed and desperate for help. Although I knew that others would likely heed the call, I made the personal and

difficult decision to respond. Fourteen days and more than a thousand patients later, my life and the lives of other volunteers were changed forever. We were caring for people who had lost everything. They had every right to be angry, but instead they were the most gracious families for whom I have ever cared. The faces and stories are etched forever in my mind. The benefits to my institution and city are immeasurable. I cringe at the thought of what my perspective on life would be like today had I not responded to the call. I wish the people of Louisiana and its fellow states along the Gulf Coast well and will be forever indebted to what they taught me during one of the worst moments in their lives.

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