

On Sunday, August 28, 2005, Hurricane Katrina struck the Gulf Coast with Category 3 winds.

(Dramatic Music and Wind Noise)

(Melancholy music)

On Monday, August 29, residents contemplated the vast destruction from wind, deadly storm surge and lingering floods.

(Dramatic music)

Less than a month later, on Friday, September 23, 2005, Hurricane Rita, also with Category 3 winds, struck the Texas/Louisiana coast.

Reporter: At around midnight tonight, it will be three times that strength!

About 80 to 90 miles per hour for about 4 to 5 hours! Transformers have been exploding, we can see sparks flying up and down...

STATISTICS: Hurricane Katrina Landfall: August 29, 2005 - Category 3

Katrina Deaths: 1,826

Damage: \$81.2 billion

Evacuated: 1.5 million

In-State Shelters: 46,000

Out-of-State Shelters: 30,000

Katrina Federal Disaster Declarations: 90,000 square miles

Hurricane Rita Landfall: September 23, 2005 - Category 3

Rita Deaths: 120

Damage: \$11.3 billion

NARRATOR: Late summer of 2005 saw two of the most destructive hurricanes to ever hit the United States. The damage was terrible and the disruption to the lives of thousands of people was monumental. Hurricanes Katrina and Rita were

devastating by any measure. In fact, it is estimated that about one-and-a-half million people were evacuated from Louisiana. As a result, thirty-thousand out-of-state and over forty-six thousand in-state shelters had to be setup to accommodate the displaced. One city in particular, Houston, Texas, stepped up to the overwhelming challenge of assisting a massive number of displaced citizens. Evacuees as they became known. In the days and weeks following the storms, a virtual army of private citizens, corporations, charities, churches, and professional organizations descended on the George R. Brown Convention Center, the Astrodome, and Reliant Center to create virtual cities-within-a-city. All geared towards assisting and serving the needs of those essentially rebuilding their lives. The massive humanitarian rescue and rehabilitation mission that followed in Houston, created a new appreciation of and a model for success in dealing with massive disasters. The purpose of this program is to review the measures that were taken to quickly and efficiently establish the infrastructure necessary to house, cloth, feed, and otherwise support a huge number of people in a very short time - so that your community might benefit from the experience in Texas. But more specifically, we will examine the special needs required to support people with disabilities during the trying times of a large-scale disaster.

LEX FRIEDEN: We're here with Dr. Mike McKinney and Dr. Aashish Shah. They are both working at the George R. Brown Convention Center in Houston, which has been turned into an evacuee city in downtown Houston. Dr. Shah and Dr. McKinney are equally responsible for different aspects of the treatment of these people who have come here from the flooded areas. We're particular interested in the way people with disabilities and special needs are being served in this domain. Dr. McKinney, we are standing here in front of a group of people. I suppose they're all evacuees. What's the nature of the work that's going on right in this area?

DR. MCKINNEY: That right there's the eye clinic, optometry clinic. We're testing vision and then they get an exam by an optometrist or an ophthalmologist, whoever's back there. And we have volunteer people who are making lenses on site. The Lions Eye Bank, they have been here and Lenscrafters right now, in fact, they're making them. So as of yesterday morning, we had already issued 1,300 pairs of glasses.

LEX: And people have had to pay for those or they've been donated by the vendors?

DR. MCKINNEY: No. Donated by the Lions' Club and then by Lenscrafters and by U of H, University of Houston Optometry's been here. They've all been donated.

LEX: And people needed glasses because they left home without them?

DR. MCKINNEY: There's three things that they've-- one of them, well some of them could have left home without them, some of them left home with them and didn't get over here with them. They lost them in the flood. Some of them had contacts and after a while, you know, the contacts get old. They got to have something to be able to see with. And the third part's that real important that we ignore is there was a whole bunch of unmet need before it ever rained in New Orleans. And we're taking care of some needs that frankly, have been neglected for a long, long time.

LEX: That's interesting. So that's basically a population that you've identified from the evacuees who have not received adequate health care before they experienced this disaster.

DR. SHAH: Absolutely. You know, for the most part, we're looking at a population that came-- the majority, the bulk of the folks here in the shelter from New Orleans. And approximately 33% of the population of New Orleans is below the poverty line. So statistically, you have a large number of folks who didn't traditionally have access to care and couldn't keep up with the routine items that we might take for granted, such as routine vision care, dental care. And this shelter, while providing care for the folks that are in the shelter, it also serves as a hub for those in the community, those less fortunate that can come to. Our focus is for those who have been displaced from New Orleans and other states--Louisiana, Mississippi--but what is coming to mind is we have all come together at the table and created a system that can address the needs not only for the folks that are coming from various states because of Katrina, but also for people in the community as well.

LEX: So, in a sense, you've set up a public health system and an acute care center for people who are just in the population here. They happened to get here as a result of the flood, but they may well have needed health care before and you've identified that and given them what they need.

DR. SHAH: Absolutely. And, of course, given the circumstances that we're not a full service clinic, but we're addressing most of the needs that, you know, any clinic could really accomplish. And what you will see is a great example of when the private sector, public sector, city, county, teaching institutions, private hospitals, we all get together - what we can accomplish. And this was done in a matter of hours.

DR. MCKINNEY: All of these are displaced, though, by Katrina. We tried to-- there is a need here for the people in Houston for this same kind of service,

but the ones that we're taking care of here, we're pretty tight with about whether or not they were displaced.

DR. SHAH: Absolutely.

LEX: That's an interesting question. Would you say that there are people in cities throughout America now whose health care needs are not being met?

DR. SHAH: Absolutely. Before Katrina, the City of Houston had approximately 500,000 folks whose needs weren't met, either because of access issues, financing issues, or couldn't get plugged into the right system. And that seems to be a problem as well. So one of the things that the medical community and the professional community have come up with to address the long term needs of the city after the Katrina immediacy has worn off is how do we deal with the 200,000 now that are coming to our community, in addition to take care of the needs of the additional 500,000 that were already here who didn't have the access? So in a way, this is a proving ground and we're testing out models and are going to try to implement long-term strategies from what we've learned here.

LEX: So you're not only learning about how to care for people in the course of a disaster, but also how to care for people in the community who don't have adequate health care to begin with?

DR. SHAH: Oh, absolutely. Wouldn't you agree?

DR. MCKINNEY: Yeah, well that's- that's what we're hoping to get out of this.

LEX: And the population that's come to this shelter are basically people who have not been able to go to other places to stay. They haven't been able to

find a motel or they didn't have the means to stay in a motel. They didn't have family members to stay with. They were simply homeless and they wound up in this shelter.

DR. SHAH: Well, it's a mixture. I mean, certainly we had a large number initially in the first few days of people being transferred from the Superdome and people who were, you know, rescued and came here. But throughout the several weeks, we've seen folks who were in hotels, who couldn't afford to be in hotels, people who were in hotels and became sick and needed to seek the care, people who were in special needs facilities who could no longer sustain the special needs. So we've had a good influx of people from varying backgrounds, not just necessarily folks who lost a house and didn't come from a place. In addition, this facility served as a pressure release for the surrounding communities, the shelters and the spontaneous shelters, the Red Cross shelters, so they could decompress a bit and come here and save on their resources to address the long term.

LEX: Did you get a lot of people here who were at some of the outlying shelters who were identified as having special needs and they didn't have the resources to meet those needs there, so they sent them down here?

DR. MCKINNEY: Yeah. I mean, part of that, we - It doesn't take long in situations like this to develop a reputation. And then- and it became known that this-- if you had special needs, that this was the place that you wanted to come. And I would say that probably initially the first day or so it was people that were staying here. And after about three or four days, I would say that right now, probably 20% at most of the people that we see in the clinic are people who are living here. Most of them are living outside the community. We had special needs the first night, I guess the first- second night, they

evacuated a facility over in Louisiana and they brought 74 mostly kids, not all kids, 74 people with special and we housed them for 24 hours, made arrangements for another place in East Texas that would see to their care.

LEX: What was the nature of their particular diagnosis?

DR. MCKINNEY: We had. There was cerebral palsy, there was people with mental retardation. There was autism. And we gave them special isolation. I mean, we tried to meet their- meet their real needs. And we made arrangements for them to be in a less stressful environment than this shelter.

LEX: Did you receive a lot of patients from hospitals who were discharged, who went from the flood to the hospital and then came here?

DR. MCKINNEY: There were-- well, I don't know. I mean, there were people that went- that were released from the hospital. We saw a guy here that was.. or excuse me, a woman that was three days post kidney transplant.

DR. SHAH: I mean, for the most part, those that were in hospital facilities, their transfer of care was managed through the federal disaster.. national medical disaster system. So those folks were a little more fortunate in the sense that there was a nationalized system in place to transfer folks from hospitals that were devastated to other hospitals in surrounding communities. So, you know, so in my personal experience I didn't see a lot of folks that came from a hospital per se in Louisiana and came here. For the most part, we were able to coordinate their care to go from hospital to hospital or hospital to other facility.

LEX: What about other people who may have gone to Herman Memorial Hospital and then been discharged there. Did you wind up with some of those folks?

DR. SHAH: Oh certainly we did. And certainly in the course of taking care of people through our clinic, we would send folks to the hospital for additional care and then have to coordinate them coming back, once their care was taken to completion or their final diagnosis was met. But you have so many varied folks involved with this. I mean, just coordinating the transportation, the medical aspect, everything was intertwined. So you have a large command center upstairs that helps deal with all those issues.

DR. MCKINNEY: And a lot of the people who were getting chronic care. And they were getting the care in Louisiana--people on dialysis, people that had chronic heart disease. That was the most of what we saw was people- or the most severe things that we saw were people who were getting chronic care in Louisiana that had been without it for seven days.

LEX: What kind of conditions? What were those people facing?

DR. MCKINNEY: I mean, it was end-stage renal disease. I mean, that was a major thing. We've set up, you know, arrangements with all the dialysis centers and made transportation and made arrangements with them. They- and the dialysis centers all stepped up.

LEX: Some of them were in shock?

DR. MCKINNEY: Some of them were uremic poisoning, for sure. I mean, they.. there were- we had, I think you may have met the young one man that was- had been staying on the street with his daughter because he was already having the

CNS symptoms and it- he didn't know how to seek help and his little daughter was too young to know how to seek help. And he was in danger.

LEX: What about mental health exacerbations? Many people who are stable under ordinary circumstances tend to find themselves not able to cope in the case of disasters. Did you run into a lot of those patients?

DR. SHAH: We ran into a fair number of those patients. Now obviously, with some of the long-term symptoms we won't see that for three to six months down the road. But that didn't mean that we didn't address that issue. University of Texas, Baylor, private therapists, private social workers, MHMRA, we all got involved, the city, and have developed a mental health task force and we have a plan in place that addresses the immediate needs from a mental health, psychosocial issues, as well as long term needs. And with the anticipation that down the road you will - we will be getting more devastating news once they start the cleanup process and get a firm handle on who's died and contacting family members.

LEX: So those people who have chronic conditions haven't simply been discharged here with no plan for follow up.

DR. SHAH: No.

LEX: Exactly. When they've been here, once you've treated them, you've discharged them with a plan for follow up.

DR. SHAH: Oh, absolutely, we-

LEX: They will be in the system and cared for from now on.

DR. SHAH: And that's one of the larger goals of Mike and myself among the other healthcare organizations and groups in the city are trying to develop this. We have a system in place that can easily- easily get overwhelmed. And so now, with this max influx of people coming in, we want to make sure that we don't overwhelm that system, as has happened in the past numerous times. And so our eye now is long term, developing a health care system that can address the needs of the additional folks in town. In addition to that, also addressing the needs of those who have been here who didn't get their needs taken care of.

LEX: I know a little bit about rehabilitation and the needs for educating patients before they get out into the community who've experienced trauma. Many of these people have experienced trauma, maybe not physical trauma, but certainly in terms of the upset in their lives. Have you the resources here and have you been able to provide them with any guidance and counseling about how to deal with that trauma as the days go past, they realize some of them have lost family members, they've lost property and so on?

DR. SHAH: We have gotten the resources through the community at large. Like I said, the coalition earlier with mental health MHMRA, mental health professionals and the various med schools and facilities and private physicians and therapists and social workers have all gotten together. Obviously, we need more of that. But for the immediate needs, we have it being addressed. And once again, it's one of those things. I think mental health, special needs and our health care system tend to be the two areas that are not given as much importance as they require. And when situations like this arise, you see the importance of it. Because while we can address the physical-medical issues at this moment, it's that long term, "How do I start over with my life?" the despair, the frustration, the anger, these issues that build and will either, if

not addressed immediately and in a positive manner, will end up derailing somebody trying to go forward. And that's our goal. It's, you know, it's not just about taking care of a medical need, it's about getting these people's lives back to normal. And certainly we don't want to put them back in a sense of day-to-day living that they were in New Orleans, or wherever they were, we want to bring them up to a better standard. And that's going to take some time and effort. But the community as a whole at large has rallied. It's amazing the amount of resources that are out there. And the hard part for us has been trying to coordinate it all. And you can see, it's being very well coordinated.

LEX: Dr. McKinney, how would you say this facility and the collateral services that you have here compares with existing medical facilities and resources in a typical community in Texas or some other state in the region?

DR. MCKINNEY: Well, I mean, just what we have here, it was a response. So it's a very focused response. I mean, we took resources that normally serve 5 million people and we concentrated them a whole lot. So, if you would have asked most of us whether those resources were even here, two days before the storm, we would have had serious doubts, serious doubts. So I would say that other places in the state probably have- they have some of these resources. Houston's medical community is a little more- it's a little larger and more diverse than other places. But I think they probably do exist. I think it's a matter of volunteerism. I mean, everybody showed up. We concentrated it. Everybody contributed their expertise. It was very egalitarian. It didn't- that- the rule of the day was if you know how to do something, do it.

LEX: Have you experienced an influx of help from other communities?

DR. MCKINNEY: Oh yeah, oh yeah. They.. I mean, first off, it's not just University of Texas. I mean, it's been the whole health care community, the private docs, Baylor, all the hospitals and doctors from other parts of Texas initially and I mean from Vermont, Connecticut, New York, California, Wyoming.

LEX: So you just put them to work when they showed up.

DR. MCKINNEY: They come in, we credential them, check to make sure they're licensed where they came from. And there was an expedited process where they could get a temporary license in Texas. And we put them to work. And they wanted to do that. I had people calling-- there's a group in Kansas and a group in New Mexico that we just kind of said, "Wait, and we'll call you."

LEX: This center's been up now nearly two weeks. How long do you expect to be in business here, the way we are today?

DR. MCKINNEY: Well, I would say that our -- I'll just tell you what our intentions are and that, you know, tune in in an hour and we may change our mind. But there is so much demand, ongoing demand, that I think that it has to exist until such time as the community centers and every- the things out in the community are sufficiently staffed and prepared to handle. We're seeing mostly people that need to be seen. And for us to- our average over the last two weeks has been 600 or a little over patients per day. And for us to just dump 600 patient visits on the community or community centers, that would be worse than short-sighted. We're just not going to do that so we'll probably be here they've given us permission to be here for another two weeks. We'll see how long we- if we can figure out a better way of doing it quicker than that, that's what we'll do.

LEX: I guess the other thing you've said that's important to me, is don't wait on somebody else to come and do it. Don't wait on the federal government. Don't wait on the state health department. Don't wait on anybody, just do it.

DR. MCKINNEY: Yeah, I don't normally use Charles Barkley as a moral guide, but he had the best quote of all. He had said, you know, he was fussing about getting the kids in school. He said, "You kids get in school." He said, "You lived in New Orleans and you were dependent on the government- on the mercy of the government. And you come here and you want to be at- on the mercy of the government." And he goes, "The government is not merciful." Both of us being from that, we can say that. But they... but that-- Charles Barkley had the right, you know, you've got to take care- you've got to take care of yourself and all the- all the rest of us, we got to take- we've got to do what we can do. We cannot wait for somebody to send us a voucher or somebody to agree to pay for something. If there's good to be done, just do it.