

LEX FRIEDEN: Have the facilities at Reliant and the Astrodome, have they actually been able to model some of the good things you've done here? Change some of their procedures and vice versa?

DR. AASHISH KIRAN SHAH: Absolutely.

DR. MIKE MCKINNEY: Yeah. We had the advantage of, like I said, we changed things on the run. So we made some wrong decisions. The good news was we got to take advantage of the wrong decisions that Astrodome had already made. So we made different wrong decisions.

Dr. SHAH: You know, and and I've got to give my kudos to the county. I mean, they, in a matter of hours, decided to do what they did. And we were fortunate to, you know, in a sense, learn from them. We looked at what they did and then decided, "How can we do it here?" and "What do we need to do differently?" or "What strengths of theirs can we utilize? What things do we want to change?" And it's been this constant back and forth about, you know, finding best practices and implementing them.

LEX: So would you say the county and the city have been working in tandem, in parallel?

Dr. SHAH: Tandem. It's a seamless operation. And originally, the way this operation was working was everything was coordinated from their population and their command and just came over here. It was, in essence two facilities under one unified command. And that's the way it's always been. And this is not about boundaries. This is not about what state you're from or whether you're city or county or public or private. It's about taking care of people. And that's what our goal has always been.

LEX: Dr. Shah, if somebody from our community came up here to the door and needed health care, what would you have to do with them, somebody who's not an evacuee?

Dr. SHAH: Well, we accept everybody who comes through the door. Now our priority is not to- our mantra, I should say, is we don't turn anybody down. The priority has always been to take care of the folks that have been in the shelter, because that's what we originally set up for. But we're not going to turn anybody away who shows up.

LEX: There may well have been Houston citizens treated here in this clinic?

Dr. SHAH: Could have been, probably. And to us, it didn't matter. We took care of whoever showed up.

LEX: That's commendable. (MUSIC)

LEX: We're here with Kathy BARTON with the City of Houston Health Department. And Kathy, what is the place that we're in right now?

KATHY BARTON: Well, we're in one of the three playrooms that was set up to.. for the kids that came into our shelter operation. This one was set up by the Houston Public Library and the Children's Museum of Houston. They brought- the library brought in the computers and the books and the Children's Museum brought in the other materials that the kids play with during the day. They call this

the quiet room, though I've heard it get kind of loud from time to time when the kids come in after school.

LEX: How many kids were in here at any given point in time when the center was in full swing?

KATHY: I think the most I ever observed in here was probably about forty at a time.

LEX: So it's not overcrowded.

KATHY: Oh, no.

LEX: There's plenty of things for kids to do. Now most of them this afternoon are on the computers, right?

KATHY: They like their computer games.

LEX: -laughs- And you told me that the computers here in the playroom and library were the first ones up in this shelter.

KATHY: Well, they were the first ones for the residents. We certainly had our shelter management computers in place before then. They set these computers up thinking that the parents could access them for their e-mail and signing up for FEMA, but it quickly became apparent that the kids were monopolizing them so they put in another computer room for the adults around the corner for their use.

LEX: Wow. And what do the kids do on the computers?

KATHY: They play a lot of games and I'm sure they check their personal e-mails also.

LEX: So they have internet access and the whole nine yards. Kathy, what has been the role of the City Health Department in this milieu of agencies that have cooperated to provide these services?

KATHY: Well, we are working within this shelter and also outside of this shelter in our multi-service centers to make sure that the evacuees have access to the services that they need including FEMA and Red Cross and clothing and access to food stamps and all of those other things, particularly in our outside venues.

LEX: So you've set up resource centers in some of the community..

KATHY: In all of the multi-service centers.

LEX: The multi-service centers?

KATHY: Yes. And then within this particular facility, we have been monitoring the health of the residents, evaluating what data we were able to collect from the health center and then from our personal interviews with the residents. We've also been providing immunizations where they are needed. We very quickly on the first full day that we were open, we were able to link up with the Louisiana State Immunization Registry so that we could check all of these kids' immunization records and provide them with whatever immunizations they needed. Also, anyone who came into the shelter that had floodwater exposure might need a

couple of immunizations, tetanus and hepatitis A. And so we have been able to provide that for all the residents also.

LEX: Good grief. Kathy, would you describe this as a kind of super shelter?

KATHY: I would describe this as the way major shelter operations will probably occur in the future.

LEX: And we've heard a lot of complaints about the lack of coordination between different agencies and different levels of the federal government and the state and local governments. Have you experienced that here?

KATHY: Well, I think that the shelter operation has been very good and that has been locally put together by the Mayor and the various departments of the city working with the convention center facility and certainly we welcomed the Red Cross and the FEMA operation to join us.

LEX: How many shelters does the City of Houston actually operate in Houston? Is this the only one?

KATHY: This is the one.

LEX: Okay. And in addition to the city, the county operates several shelters as I understand.

KATHY: Well, the county has the Reliant Complex and they were utilizing three facilities over there at the height of the evacuation. And I believe that they're trying to consolidate that because their population is a fraction of what it was a week ago.

LEX: And that's the Astrodome and Reliant Center and so on that people have heard about. In addition to that, does the county have any shelters in outlying areas or are those operated by..

KATHY: Those would be Red Cross shelters in... yeah.

LEX: Red Cross, and other local agencies?

KATHY: Yes, yes.

LEX: Okay. This center was actually started as a kind of overflow for those out there in the Reliant Complex, right?

KATHY: Correct. They opened on Wednesday after the hurricane and we opened our doors on Friday night. So they had two days on us.

LEX: How long did you have to plan this after the Mayor decided we were gonna do it?

KATHY: Well, when I came in about noon on that Friday, there were maybe a hundred beds blown up and the rest of the space on the first floor was empty. And by seven o'clock that night, the clinic was fully built out, there were many, many beds available and we received our first guest that night, about two or three hundred people who were moved in from Baytown.

LEX: Kathy, you call these people guests, you call them residents. I mean that's your philosophical approach to serving

these people, right?

KATHY: Yes.

LEX: They're not refugees, they're not evacuees, they're not patients.

KATHY: No, they're certainly not patients.

LEX: They're residents.

KATHY: Yes.

LEX: And the city's prepared to integrate them as residents in the community at large too.

KATHY: The city is working very hard to ensure a good transition into a more permanent housing situation for them.

LEX: Many of these people have healthcare needs. We've been in the clinic and we know that. The city obviously in its planning to integrate these people has taken into account the fact that there will be challenges for our healthcare providers and our human service, community service providers in terms of adopting a new population of perhaps two hundred thousand people. Do you feel like people who go through the process, they get seen, triaged, become residents here with a name badge and everything else, do you feel like you have a good enough handle on what their eventual needs will be to do good planning from the standpoint of City Health and Social Services?

KATHY: Well, I think that there are a number of groups that are in evaluating that and evaluating what exists in our community and what additional services we may need. I know the Health Department epidemiologists have been looking, assessing the various needs in this shelter and the smaller shelters outside. The UT School of Public Health has also been assisting in needs assessments for this client population. Even Harvard came in to do a needs assessment on related to our guests. So I think there's gonna be plenty of study and assessment and the challenge will be can we meet that need once we get past this crisis.

LEX: From an anecdotal standpoint, just being here as an observer, you have no doubt seen people with disabilities who you could identify. Can you describe the range of those types of disabilities you've been able just to observe?

KATHY: Certainly we have observed the hearing impaired because there is an area where they congregate to receive services so you can certainly observe them. There are a number of people who seem to have mobility problems. And I don't know if that is a permanent situation or if it is simply because this building is so big and relatively exhausting to walk around. And then we've also observed people who may be developmentally delayed that need special assistance.

LEX: And what about those people who need equipment, wheelchairs and so on, that perhaps lost them during the evacuation process? What's happened to them?

KATHY: Well, we have been working with a group at the Metropolitan multi-service center to come up with at the very least some temporary equipment for their use.

LEX: Are there any particular services available for people in this shelter that you would recommend other shelters in the future incorporate into their planning and their operation?

KATHY: Well, I think one of the great things about this particular operation is that it was in a new convention center that was totally malleable to the environment that we needed. It has big rooms that can be turned into small rooms and small rooms that can be turned into larger rooms. And it has elevators, it is handicapped accessible from the various floors and through the various doorways and so that is much easier to manage a large population than being in a smaller, older building.

LEX: So one thing you would recommend is if you don't have a new convention center, get one. -laughs- I guess that's impractical.

KATHY: -laughs-. Yeah, absolutely. And if you have a convention center, put it on your list of considerations for evacuation locations because I don't think most municipalities had contemplated using their convention centers prior to this.

LEX: Kathy, this is a small town that's been developed here. There's a post office, a school, table, a playroom for the kids, housing, and so on. Is that another basic parameter that you started with, we want to provide all the services that people are accustomed to receiving at home in this milieu?

KATHY: No, I don't think it was that we wanted to provide all the services they were accustomed to getting; I think we needed- we wanted to provide all the services that they needed right then. And what they needed when they first came in was a comfortable bed, a shower and food. And as the days went on, by the third day, the second or third day, we started bringing in the other services, FEMA, the playrooms, the television rooms, the computers so that they could access that because their needs changed after the second day.

LEX: Would you say this is.. I don't want to overstate it, but to some extent, the fact that Houston has been able to put together this shelter that in my opinion should be emulated, is that a function of leadership, community leadership, community volunteerism? What makes it unique?

KATHY: Well, I think it is certainly a function of leadership and it is certainly a function of community generosity that we would be willing to forego the events that would have been cash-paying events in here for the period of time necessary and that we could provide such an efficient service for the residents to get them back on their feet.

LEX: And for that matter, all the individuals who have been detailed over here from their companies, other sponsors from the city, from other cities, from other agencies and so on, that's been remarkable.

KATHY: It has been remarkable, but it certainly wasn't anything we didn't expect. We've been hurting before and so we know what it takes.