

LEX FRIEDEN: Have you adopted, in a virtual sense, some of these patients here?

DR. AASHISH KIRAN SHAH: I have. You know, the hard part is being a physician. Now, when I work for the city, I get less of the time of interacting with the patients and more of the planning and development. And so I do miss that. But you can't help but become emotionally connected, you know, particularly in the first few days when you were seeing everybody come in and you were seeing everything that was going on and hearing the stories. It just draws you in, I mean--

LEX: What's your job with the city?

Dr. Shah: I am the Chief Physician for Public Health Preparedness. So my role is to basically plan for events like this. And implement strategies in the health department that would address issues that come up in the case of a manmade disaster or natural disaster.

LEX: How long have you been in this position?

Dr. Shah: I've been doing this for about five months now.

LEX: So you weren't here in the last storm?

Dr. Shah: Right. Oh, I was in Houston, but I wasn't here in the City and in this capacity in the last storm, yeah.

LEX: Did you feel like you were prepared?

Dr. Shah: For this?

LEX: Yes.

Dr. Shah: I think we are prepared in the sense that we got the job done. Do I think anybody is ever prepared for something of this nature? I think the answer is unequivocally no.

LEX: If Katrina had hit Houston instead of New Orleans, what would the situation have been? What would be the status now?

Dr. Shah: That's a hard thing. From what I know, I would think that, you know, the physical devastation would be there, obviously. I mean, you can't control for that. But our evacuation plans and our processes are such in depth that I don't think we would have had the degree that they had in New Orleans. Now that's not to say-- I don't want to second guess anybody and I don't want to speak for anybody. But when a Category 5 hurricane is knocking on your door, there's bound to be major issues. And I was hired specifically from the health department standpoint, to address these things and implement changes. So I can say because I was hired and it's a new job, we haven't made all those adaptations that we need to.

LEX: But are communications-- have we solved the communication problem they obviously had in New Orleans?

Dr. Shah: Have we- have we solved that?

LEX: Yeah.

Dr. Shah: Yes and no. I mean, when-- and I keep on coming back to this. When a storm knocks out every bit of infrastructure, there is no reliable communications. I mean, you're relying back to walkie-talkies and satellite telephones, as a matter of fact. And these are things that we have in place. We have certain items, particularly walkie-talkies. But you don't have enough for a city to use. And so, from that standpoint--

LEX: And you don't have batteries to last forever.

Dr. Shah: Right. And you can't recharge. And these issues are going to present themselves. And so I don't firmly believe that anybody will ever be prepared for the type of... the magnitude of destruction. Where I want us to be is to avoid the kind of issues that occur where people were left behind, people were stranded, or people didn't get a public awareness as such. I mean, that's what some are saying. Like I said, I want to preface everything by saying I'm not judging what was done in other states or who did what or finger pointing.

LEX: You've obviously studied Houston's emergency preparedness plan.

Dr. Shah: As much as I can.

LEX: I've read it, too. And there are provisions in there for people with special needs and people with disabilities.

Dr. Shah: Absolutely.

LEX: Do you feel like those are adequate? That which is in the plan now? Or does it need review after this experience?

Dr. Shah: All our plans are fluid. So ironically, by the time we finish a plan, it's time to look at it again and review it. Everything is constantly being reviewed. I personally will never be satisfied with what's on paper. It always has to be adapted. It has to be tested. And you have to look at it from a practical standpoint. Because as we learned here, a lot of things that were on paper don't necessarily happen when it's for reality.

LEX: But from a practical standpoint, there are provisions in the plan now to evacuate low income people without mobility from the city?

Dr. Shah: We are-- yeah, we are working on that. And like I said earlier, that these are areas that traditionally haven't been given the importance they need to have. And so while it is acknowledged, I don't think it's addressed to the depth that it needs to be. And that's what the long term goals are going to be.

LEX: Some of the pundits say that part of the problem in New Orleans is that that city had not addressed the needs of the poor people and the mobility impaired people. Do you have any sense of whether that's true or not?

Dr. Shah: I can only tell you from my experience with what I've seen and the people I've talked to. I don't think that the lack of preparedness was limited to just the indigent and mobility limited. I think it went across the board. I think had they addressed planning in a different way, I think we would have still seen issues of access to mobility and limited mobility and indigent resources. But I think simple things like evacuating sooner, getting out there, letting people know they need to evacuate. I think those things would have alleviated some of the issues.

LEX: What would you advise communities to do to be ready to meet the needs of disabled people in a disaster?

Dr. Shah: First and foremost, they need to do an assessment of their community, see what they have. And at the same time in a parallel structure, understand what resources are out there and build alliances, even if it's just meeting once face-to-face so you know who are your resources and who are the people that are going to depend on those resources?

LEX: What about involving the population of people with disabilities? Is that practical?

Dr. Shah: Oh yeah, empower them in part of the planning and the development.

LEX: Through public hearings and outreach and so on?

Dr. Shah: Oh, absolutely.

LEX: What about finding people with special needs to include on some of the planning committees that sit down in your office?

Dr. Shah: Certainly, certainly.

LEX: These are things that you will do now or that you would advise other cities to do?

Dr. Shah: These are things we have implemented-- at least, I can speak for myself. We have implemented this in our planning by involving representative groups out there to represent these special needs folks and their particular issues. But once again, you don't want to draw lines and say okay, we're going to look at just this group. There are always varying groups. And so you want to build the broadest coalition possible. Because sometimes out of these group meetings, someone will mention something that you never think about. And it may not be related to any entity that either one represents. It's just a concept. One of the things that came out of all of this was how to deal with pets. And it had nothing to do with really a medical issue or a human services issue or a public works issue. It was just something that came out of it and made us think about how do we deal with that.

LEX: Are there pets here?

Dr. Shah: No. There's no pets here, but we've made provisions for the pets to be picked up by the humane society, SPCA.

LEX: So people are told they have to give their pets over to the SPCA, but they'll be reunited with them when they leave here?

Dr. Shah: Right, right. And that's just from a health and sanitary standpoint.

LEX: That's a public health issue? What if a blind person needed a guide dog?

Dr. Shah: Oh, we'd let that. I mean, that's a distinction.

LEX: Has that happened here?

Dr. Shah: Not to my knowledge, no.

LEX: Why would you treat that differently?

Dr. Shah: Well, first of all, you're looking at different scales. But and the second part is I look at a guide dog as an essential. It would be akin to saying to somebody who has a wheelchair, "You can't bring a wheelchair in here." There's a distinction here. While I have pets and I'm deeply tied to my pets, I can appreciate the fact that if we had 2,000 people with 2,000 pets, we wouldn't have the facilities, sanitary issues become paramount and then from then, health issues. But isolated seeing eye dogs we make those provisions. We make those provisions all the time with elderly, special needs, any kind of-- anything that we can accommodate here within reason, we try to do. But you can't have that many pets in a small place. I mean, it's a public health issue.

LEX: So you really wouldn't regard a blind person's guide dog as a pet?

Dr. Shah: No, I don't even think of that. And from the friends of mine who I have who have working dogs or seeing dogs, they're never to be regarded as a pet.

LEX: You're very sophisticated.

Dr. Shah: Thank you.