

AASHISH KIRAN SHAH, MD: Obviously thought went into flow and utilization of space, but how things work are people come in through the back side at the registration which is behind this, they get triaged through varying tables that have nurses and professionals discussing with them what are their healthcare issues, what are their needs, and then they're funneled into our clinic facilities. We have a table dedicated just to first aid, so minor cuts and bruises, things that can be done really quickly. We have a fast tracking side which is discreet. If you know what you need, you just go there and get it taken care of. We have an adult medical section. We had an ob/gyn area for women's issues, we have on the other side, on this side back here a pediatrics area and then we also have a lab and this is where once again the private sector came in and helped support us in addition to our other resources where Quest Diagnostic came in and ran our lab. Over to the left, you can see Luxottica has the Gift of Sight Van and they've been grinding glassware and providing glasses for free. In addition, the University of Houston School of Optometry has also volunteered their services. Over to your left down, you can see the pharmacy with Walgreen's and Wal-Mart. They both stepped up to the plate and supplied us. And it was amazing. Within a couple of hours, they brought this mobile unit, put it together and they were ready to go. And they have a full service pharmacy there.

LEX FRIEDEN: Now, did you have these plans in place?

Dr. Shah: Most of these plans came about from people knowing each other and just putting things together.

LEX: So at some point, the Mayor said, "We're gonna put a shelter in this center. You guys tell me what we need and do it within..?"

Dr. Shah: We started on.. I can't remember the day, everything blurs. It was the Friday before Labor Day. We started at noon. We physically walked out and said, "This is gonna go here, this is gonna"- and by nine o'clock, we were ready to take patients and evacuees into the shelter.

LEX: So is laying out a clinic and- in a period of eight to ten hours and having it operational, is that in a textbook? Do you learn that in medical school?

Dr. Shah: No, that- it's like all things. You know, there's a textbook way of doing things and then there's a real world way of doing things. And, you know, and being a planner, I always thought that what you needed to have is a hard and fast- a firm plan. And what I've learned out of all of this is that really you shouldn't have a plan per se, but you really should have a template with all your resources that you can pull from almost like a salad bar kind of approach where you can go to and say, "I need this and this and this," and you pull from it and then you implement it based on the incident that's going on.

LEX: So if you had not had relationships with these providers before this disaster, you wouldn't likely have been able to get- draw on them as quickly as you were able to.

Dr. Shah: As quickly. I think the thing really that was our success is some of these folks we didn't have formal relationships with, but came and said, "We want to help." And it was about building a relationship and everybody having a common goal saying, "We just want to help. How do we coordinate it?" And I keep on going back to that coordination theme because that's the hardest part.

LEX: Were there things offered to you that you weren't able to take advantage of?

Dr. Shah: Not to my knowledge. Most everything we were offered, we were able to use in some shape, way or form. And a good example was Cedars Sinai sent out a pediatric clinic, mobile pediatric clinic to us. And while we were fully staffed here to deal with that, the physicians spent some time here working, but took the van and went out into the community and it was a mobile RV that could, you know, see eight patients at a time and it was utilized at some of the shelters and some of the clinics.

LEX: So patients come in they sign in, give you their FEMA number, whatever identification they have.

Dr. Shah: Whatever identification they have. It's not necessarily a FEMA number.

LEX: Okay, they come to the clinic waiting area and there are nurses there who triage them as soon as they come in just like an emergency room.

Dr. Shah: Absolutely.

LEX: And depending on what that triage team decides, they may go to- immediately into a trauma area, a treat..

Dr. Shah: We had a little trauma area - suppose somebody was having chest pain or collapsed, they- we'd have a little trauma area for them. But if it was, you know, "I have diabetes and I need to be seen," then they go to the adult medicine area.

LEX: And you delivered babies here?

Dr. Shah: No babies were delivered here, but we had to send some pregnant women over to the hospitals to be delivered.

LEX: Okay, so you did have that resource. You could..

Dr. Shah: We did. We had- one of our first groups of physicians were a group of ob/gyns from the UT school.

LEX: And what would you regard as some of the most extraordinary cases you've treated in the clinic?

Dr. Shah: I think all of them are. I can't distinguish any. I mean I'm sure there are some that stand out in some of the physicians' minds eyes, "Oh, I've never seen this," or you know, "This is something unusual," but for me, it's really about the people. The disease or the pathology was secondary. It's really about taking care of the people for me.

LEX: So I mean you'd have to say lives were saved here.

Dr. Shah: I would agree with that. I would say that.

LEX: And some of these people, their lives were saved first when they were evacuated from the flooded and stormed area.

Dr. Shah: I would say I think in this area, people were lifted up. That's a better way of looking at it rather than saving somebody. I mean they were physically saved from a floodwater, but we were just trying to return to back to normal. And some people have never seen normal.

LEX: Can you estimate the portion of people who you've seen that had pre-existing condition that probably weren't treated before you actually saw them here?

Dr. Shah: For the most part, every single one of these patients in some shape, way or form. Like I said, demographically, you're looking at a lot of indigent patients so they may have had some access to healthcare or limited access to healthcare or none at all. And we saw a very large number of folks who hadn't been diagnosed with anything and..

LEX: But from a technical standpoint, objectively speaking, you would say that some of the people who you've treated here actually are better off from a physical health standpoint than they might have been before the flood.

Dr. Shah: Well, looking at it as a physician, yes. If they've come through and sought care and received that care, then they're better off than not having that care at all. And also not to forget, we also had mental health here. So while some came purely for medical reasons, some needed just to talk to somebody.

LEX: What kind of mental health services were provided here?

Dr. Shah: We have social workers, we have psychologists, psychiatrists, we have Alcoholics Anonymous, Narcotics Anonymous, we have grieving groups..

LEX: So those are in some of the kiosks here, some of the cordoned off areas?

Dr. Shah: Some in the kiosks and there's crisis counseling right- as a matter of fact, right next to us. And then we have counselors wandering the facilities to talk to folks and then varying groups in different areas.

LEX: Trained Counselors? Or just volunteers?

Dr. Shah: Trained and volunteers.

LEX: What kind of training did the volunteers get?

Dr. Shah: It was all coordinated through our mental health disaster committee and I don't know the specifics, but there was training involved.

LEX: Did the Red Cross have a specific role in this shelter?

Dr. Shah: The Red Cross is more of a coordinating board as far as what was going on in the communities. And the Red Cross was obviously overwhelmed with their own set of shelters. And we worked with them closely to assess what their needs were, what we could provide to them. They also worked with us closely to send people from the Red Cross shelters to us to help take care of their medical needs.

LEX: Has the city actually sent physicians and social workers and other healthcare providers to the outlying shelters?

Dr. Shah: We have. We sent physician teams, public health nurse teams. We also sent epidemiologists to do assessments of their sites to look for possible areas of infection, public health threats. So we had a lot of resources committed together.

LEX: Have you identified any public health threats?

Dr. Shah: Not due to..

LEX: No cholera, no..

Dr. Shah: No. Now, there have been infections and there have been outbreaks of viral diarrhea, but it's expected in the population we have.

LEX: Expected as a result of the flooding and their exposure to the floodwaters?

Dr. Shah: Partly that and partly expected in the numbers of people you have. When you get that many people together, particularly babies, adults, young, old, healthy, unhealthy, you're expecting you're gonna see some of these. I wouldn't characterize anything that I'd say that we've had outbreaks or anything unusual. Everything we've seen from the public health standpoint has been expected.

LEX: What about the prognosis for these people?

Dr. Shah: That's hard to say. I mean from a medical standpoint, obviously we're taking care of folks and trying to get them to a sense of normal and healthiness, but I think long-term from a mental health standpoint, from a financial standpoint, that remains to be seen. And I mean it depends on their community and their resources. And I hope the outpouring from the community continues.

LEX: Where will they get follow-up?

Dr. Shah: In our community clinics, our county clinics, our city clinics and the hospital district clinics. We are working to coordinate all of these efforts so that we can say at discharge planning, "You have X problem or Y problem," or, "You're gonna be housed in this area and this is the closest clinic to you so we want to you seek follow-up at that clinic."

LEX: And what if they go back to another community? You just give 'em recommendations for follow-up? They're responsible then themselves.

Dr. Shah: Right.

LEX: Have you treated any people with chronic impairments that you've had to hospitalize?

Dr. Shah: There have been some and one in particular- or one area in particular has been the area of dialysis. We have had patients that because of their acuity, we've had to send them to the hospital to get stabilized and then come back. And most of the dialysis patients can be taken care of on an outpatient basis once they're stabilized.

LEX: I know at TIRR (the Institute for Rehabilitation and Research), we have identified at least two patients out at the Astrodome with spinal cord injuries

who before this disaster had never been rehabilitated. And they had 15 years post injury..

Dr. Shah: And they're getting rehab?

LEX: They are now.

Dr. Shah: Good.

LEX: But, that's kind of remarkable. It's hard for me to believe. And I- you know, I think if the public learns about the reality of this population before the flood and the lack of adequate healthcare services that people have, it will you know, help change the attitudes of the public about what we need to do and to ensure better services for our population. Do you think the Houston community that's been exposed to this recovery effort will have a different attitude, a more supportive attitude for public health as a result of this?

Dr. Shah: I think so. I mean I think the philosophy of the community as a whole has embraced public health, you know, in supporting fellow man. I think that that resolve has only been strengthened by what we've accomplished.

LEX: But one reality that we have to live with is that these people have received extraordinary care in the name of an emergency.

Dr. Shah: That's true.

LEX: And after the emergency is over, what is the likelihood that we'll go back to the same old, same old, not enough money to support to healthcare, not enough money to have resources to meet the needs of immigrants, not enough services to be provided to the uninsured population and so on?

Dr. Shah: Well, these are always gonna be issues that we have to deal with, but once again, when we look around, if we really set our minds to it, we can do it. Whether it's a short-term or a long-term goal, that remains to be seen, but I think every single one of us that are at least involved in planning, all the entities that are involved are committed to a long-term solution and not a short-term solution.

LEX: So your feeling is that this has simply been an example for the public and the policymakers of how things can be done right if resources are not an issue at a given time.

Dr. Shah: Well, I'd qualify that. Resources are always an issue and you can't- no entity can sustain volunteerism for eternity. But it demonstrates that if the politics and the money can be resolved, the parties can get together and make things work. I mean if left to our own devices and money is not the issue, and it always is the issue, we've got to be realistic about it, the policies each one has or the philosophies each one have are immaterial. We all get together and we can make it happen. And we can put a system in place that works. Now, this is not meant to be a permanent solution, but it is a great foundation or a building block to say, "Look, we all came together initially and we had the great idea of helping, you know, everybody. We can continue that spirit forward."

LEX: The people with extraordinary needs, people with chronic impairments and disabilities, in your opinion, do they receive care that's equal to that of the general population?

Dr. Shah: So that's a loaded question because what you have here is people receiving care. We still have a lot out in the public that haven't received care. Like I said earlier, there's approximately five hundred thousand folks in our city alone who before all of this happened weren't receiving their care for various reasons. So...

LEX: And predictably, a disproportionate number of those might have been people with chronic impairments.

Dr. Shah: Oh, absolutely. It's hard to gauge that, but it's a fair assessment.

LEX: So again, this may be an example of how to provide good care for everyone regardless of whether they have extraordinary needs or not.

Dr. Shah: It's brought to the surfaces the resources that are out there and it's a matter for us now to tap into those resources to the fullest.

LEX: You talked about discharge planning. Has that been a challenge to find adequate housing and support services in the community after they leave these shelters?

Dr. Shah: Everything's been a challenge, but it's not because, you know, people aren't willing to help or the resources aren't there. It's a matter of coordinating the resources and also tempering people's enthusiasm with patience. And everybody wants to get out, everybody wants to start their life over and, you know, when we're depending on city, state and federal, it's gonna take time.

LEX: Is there a single example of a person with an extreme situation who you haven't been able to help?

Dr. Shah: I can't think of any honestly and maybe we haven't been able to address every single issue to the degree that everybody wants, but we've been able to positively impact everybody that's sought our help.

LEX: Dr. Shah, one concern that's been expressed both by policymakers in Washington and disability advocates has been that people with a lot of care needs have been evacuated to and even sent from shelters to nursing homes. Have we done any of that here? Have we...

Dr. Shah: Initially, we had a special needs population, particularly in the aging that we needed to find technical specified care for them. We had several private entities come and volunteer their services that represented varying levels of nursing care, or skilled care, and then we coordinated with our agency on aging in the state to ensure that we're not just sending people to fulfill one corporate agenda or another, but that we have all these resources and effectively utilize those resources.

LEX: Are there people that you had to discharge to those settings who might have been living independently before this disaster?

Dr. Shah: I'm not aware of that because each patient that- or- person that was gonna get sent to the- who required the special needs all received a nursing assessment. So presumably, an assessment was done to see what their level of functioning, what their requirements are, and based on our collaboration between these private entities, the city and the state, we were able to find the appropriate venues for these folks.

LEX: So the principle was if they were living independently, engaged in self-care or with the aid of someone they managed themselves, before they got here that's where they were discharged to, the same environment?

Dr. Shah: That's what we tried to accomplish. Now..

LEX: Were there any exceptions that you know of?

Dr. Shah: Not that I'm aware of. Not that I'm aware of. We tried to best replicate where the person was beforehand throughout this.

LEX: Was that a principle that you and Dr. McKinney dictated in the beginning? Is it one that just comes natural to well-trained physicians or what- how did you get there?

Dr. Shah: I think it's a- I think it was a natural philosophy. I mean we went to the folks and said, "Address what they need now, but put 'em back where they were," and not in a literal sense, but in a holistic sense. We wanted to give them- I say this over and over again, a sense of normal.

LEX: And you applied that to everyone, even the most severely disabled person you saw.

Dr. Shah: Across the board, you know, and it's hard, you know, as you can imagine when you have all sorts of folks in flux. You have no access to medical records, you don't know what their history was, so you do the best for the person at the time and try to make an assessment. And that's really where the art of the health and human services component came in. And you tried to make an assessment of okay, where was this person functionally, where were their levels? You could gather information. If you could find family, you would talk to them, assess what their needs are and tried to meet or address those needs.

LEX: Do you believe that that principle of put 'em back as well as possible in the situation they were in before the flood from the standpoint of self-care, healthcare and so on, do you believe that's a kind of a principle that could be incorporated into emergency preparedness compact and through a...

Dr. Shah: I think it already is incorporated into emergency preparedness. Never once have we tried to say, you know, all we're gonna do is address the wound today. We're gonna put a Band-Aid on it and send 'em out. We've always tried to go from the immediacy, the healthcare issues, the human services issues, and then the long-term issues, housing, jobs, training, education. Having HISD register children here at the facility to be integrated into our school districts is an example of that. I don't think any one group has really taken it upon themselves to say, "Our goal is just to do today's work." It's about long-term. And certainly you build. You know, the first day we were in operation and we did things a little bit different. Week two, we did things different. And by this point in the game, we are looking more at how do we transfer this facility into the community 'cause we have community assets that need to be resourced.

LEX: How many physicians are working here at any given time?

Dr. Shah: Oh, a lot. We have just in recent, we have nearly fifty plus between the Kaiser Permanente group and Scripts from California.

LEX: And healthcare professionals?

Dr. Shah: All ranges; nurses, doctors, medical students, there's nursing students.

LEX: How many of those?

Dr. Shah: It just varies. We- a tremendous outpour from the community. And what the UT system..

LEX: I mean at some given point, there may be several hundred healthcare workers?

Dr. Shah: Oh, absolutely. In a roster, there are that many. The UT system which was overseeing the scheduling and staffing created an online scheduling software piece where people could get online, volunteer their services and then schedule time. So we had a tremendous amount of folks involved from the highest trained to the lowest trained to the lay volunteer. I mean it's so difficult to put a number on that.

LEX: And the service provider to customer ratio, what would you say that..

Dr. Shah: You know, I don't know. I do know though that we had more than enough folks involved in taking care of these people.

LEX: So it's probably a better ratio here than in any ordinary healthcare setting.

Dr. Shah: I can't- I wouldn't- I wouldn't say that. I don't know, but all I can say is we had a lot of folks involved.

LEX: It's a good hypothetical question. You know, that's the way they measure hospitals is how many healthcare workers per patient and...

Dr. Shah: Well, it's hard to say because a lot of the activities here were group activities. You triaged in groups, you got 'em through in groups, so it's hard to say. You may have had thirty folks wandering around, but it's not one to one. You know, it's hard to say.