Assisting Hurricane Evacuees in Houston and Louisiana

By Skip Skivington, MBA, Editor

On Saturday, September 10, 2005, the California Emergency Medical Services Authority called. The US Surgeon General’s Office had requested that the state provide medical support in the Houston area to treat Hurricane Katrina evacuees. This population had critically depleted local medical resources and their ability to provide adequate care.

By early Monday morning, an 11-member Kaiser Permanente (KP) medical team from Northern and Southern California was on their way to Houston. As part of KP’s Procurement and Supply organization, the Health Care Continuity Management Department was developed following the 2001 anthrax attacks, and has programwide responsibility for responding to and managing emergency and crisis situations.

Unfortunately, most of the Houston and Louisiana logistical and medical mission objectives and requirements had not yet been clearly developed by our federal hosts, including travel arrangements, appropriate multilevel emergency credentialing and licensing, and team member replacement procedures if the mission continued.

On Saturday, September 17th, I joined the Houston team to provide additional, frontline support and overall team leadership. Team one was treating hundreds of patients per day at various clinic locations in both the Louisiana and Houston areas. Team members saw patients in schools, churches, shopping centers, convention centers, and other nontraditional locations.

On September 21st with Hurricane Rita approaching the US Department of Health and Human Services ordered an evacuation of all emergency workers. Two days after Rita made landfall, the US Surgeon General’s office requested additional medical support. Within 48 hours I led a new 24 member KP medical team back into the greater Houston area. Austere medical operations continued with our physicians, nurses, and mental health providers seeing hundreds of needy patients each day in incredibly spartan locations with improvised medical supplies and equipment. In addition to the medical team, Al Carver, Vice President, National Pharmacy Operations, provided an overnight shipment of critically needed vaccines (100 doses of Hepatitis A, 500 doses each of tetanus, hepatitis B and pneumococcal vaccine) during Team two’s deployment. Team two remained in Houston until October 14th.

Each person involved with this mission continues to share their personal experiences and the incredible stories of survival from the patients. Participation in the mission was life affirming and in many cases was life-changing. This experience affirmed individual decisions to enter the health care profession. Even though each evolving day of the crisis brought on new challenges every person associated with the mission indicated they would, without hesitation, volunteer again to go on a similar mission.

— Skip Skivington, MBA, Interim Vice President of Supply Chain and Director of Operations, Procurement and Supply, Program Offices

KP Hurricane Disaster Response—Houston

By Annette Saunders, LCSW, MBA
Colorado Regional Headquarters, Denver, Colorado

The opportunity to be part of a KP team who volunteered their time and expertise in providing quality patient care with hurricane evacuees was one of the most personally rewarding and satisfying experiences in my life. Team members were giving, caring, selfless, hard working, committed and fun with the clear goal of patient care foremost in their mind and hearts. We actively listened to evacuees expressing their concern about basic survival, grief over the loss of loved ones and loss of meaningful possessions, concerns about where they were going to live and how they were handling difficulty with sleep, nightmares, and anxiety. In addition to talking with them about their experiences, we helped with immediate problem solving when we could and helped them to connect with community resources. The team also took care of each other to lessen the impact of vicarious trauma. The shifts were split when possible, we helped each other to take a break when it was clear it was needed, we heard and gave positive feedback and affirmations to each other and we talked a lot about our experiences. We are Kaiser Permanente! ✶
kp in the community

I had the privilege of staying in Houston for one week of the two-week deployment. It was by far the most profound week of my life. The way 20 strangers came together and worked as a team, identified needs, and sought out solutions made me so very proud to be a part of the KP family. I know there will be many stories of how KP was able to help those in need. I wonder if those whose lives we touched realize how they have touched and changed our lives.

Assisting the Evacuees in New Orleans—Letters Home

I was deployed with FEMA’s Urban Search and Rescue (US&R) system to run medical operations for 800 federal US&R personnel in New Orleans. US&R teams made more than 6500 rescues. The following are excerpts from my e-mails to friends and family.

9/12/05: We entered a house and found a 91-year-old wheelchair-bound woman calf deep in water. After 13 days trapped in her house, her legs were in very poor condition and she was very dehydrated having run out of water 4-5 days earlier. With some wound care on scene and a helicopter transport to a hospital. Each rescuer got a kiss on the cheek.

Highlights:
• Decontamination procedures for the highly polluted waters are a major medical issue for our rescuers.
• Roaming packs of dogs are becoming an increasing hazard for rescue personnel.
• Only three open hospitals.

My helicopter flights leave me astonished at the devastation. The massive displacement of people and damage to this city is almost beyond comprehension.

9/16/05: We completed a primary search of all residential units in the city of New Orleans and are starting secondary searches of areas under deepest water. The water continues to recede about a foot per day making our search easier. The mud in the streets is up to a foot thick in places.

The evidence of the suffering and displacement of people lies everywhere. Almost every elevated freeway and areas of high ground where people gathered are littered with blankets, clothing, dolls and strollers, personal possessions, stranded cars, and more—

9/17/05: We all got a huge lift when we found one more person alive—the story made national news. It was a 71-year-old diabetic man, still wearing his last two hospital bracelets. He had not eaten in 16 days and was surviving on sips of water from a 32-ounce cup. He survived the initial flood in his attic for over a week.

9/20/05: I toured the area most ravaged by a broken levee where blocks of houses were simply torn from their footings and washed away (the 9th ward). To stand on that levee and look out over the sea of rubble gives a perspective on this calamity that the scenes on television do not. Life is simply so fragile. Despite how we seek comfort and security, life at its essence is uncertain.

9/25/05: Fortunately, the damage from Hurricane Rita was not as bad as it could have been. What was once dry is now under 2-5 feet of water, so teams are once again continuing to search in more difficult conditions. The good news is that we only have a little left to complete all operations in New Orleans. I will be heading home tomorrow.

Thank you for all of your help and support. This effort is truly a group effort by many more than just the rescue personnel here.

Assisting Hurricane Evacuees in Houston and Louisiana

By Hilde Hith, RN, BS
Bellflower Medical Offices, Southern California

By Hernando Garzon, MD
Sacramento Medical Center, Northern California
Working The System

By Reza Borhani, DO
Hayward Medical Center, Northern California

As an Emergency Physician, I frequently experience the difficulty of working a patient through the “system”—This is by far one of the most challenging aspects of my work. Unfortunately, during the disaster relief, this process was again one of the most demanding tasks. I was, however, amazed at how well my team members accomplished this. Team members gave their own money to patients unable to receive free medication because of the nuisances of the “free medication” system. Team members relentlessly tried to get specialty care providers (dental, vision, etc) for patients in need of specialty services. Colleagues pushed their medical capabilities to the limit, trying to maximize the help given to the victims. I have never been so proud to be part of the KP Medical Group and it was truly an honor to serve with such a wonderful group of people. Finally, I want to recognize those who stayed behind, covered our shifts, and managed short-handed.

From Katrina to Rita:
The Answer is Blowing in the Wind

By Evan Bloom, MD
South Sacramento Medical Center, Northern California

I had the opportunity to work in several different sites in Houston, but probably saw more patients at St Agnes than anywhere else. Although I’m a pediatrician, I ended up treating quite a few adults. Many from the shelters had developed a respiratory illness, which had spread rapidly in the crowded conditions. Medical emergencies arose from the crowded conditions and the heat. One day I helped a woman who had a prolonged seizure while in line and an elderly man with a probable MI. I treated children with chronic health issues left unattended because of the collapse of the medical infrastructure. I asked one mother if her frail child was okay. She replied “Well, they pronounced him dead in July.” He had suffered head trauma in a motor vehicle accident. When taken off the ventilator, he would no longer eat well. I got some Pediasure® to feed him through his gastrostomy. I did the same for another child with congenital heart disease who was supposed to be on continuous feeds overnight. There were some kids due for regular well-child checkups; I managed that and gave them their standard immunizations. It seemed to create a little normality in their lives. At the Hong Kong Mall clinic, there was a woman who, when trying to clean the mold from her home in New Orleans developed a facial rash. Upon finding her home unlivable, she returned to Houston.

One of the hardest things to watch was the reaction of evacuees to the approach of Hurricane Rita. In the hotel with us were many evacuees from the New Orleans area. As they watched the news reports they realized that they would have to move again—many of them were in tears.