LOUISIANA          DISASTER ON OUR DOORSTEP

EDITOR’S NOTE: Dennis Whitehead, M.D. ’75, author of the following article, is chief of emergency services at Dickinson County Healthcare System in Iron Mountain, Michigan, a rural community located in the state’s Upper Peninsula. In the autumn 2005 issue of Buffalo Physician, Whitehead reported on a five-week medical-relief mission he undertook to western Indonesia in response to severe earthquakes that devastated that region in the months following the December 2004 tsunami.

As the autumn issue of Buffalo Physician was going to press, Hurricane Katrina hit the Gulf Coast. We contacted Whitehead and asked him if he had been involved in relief efforts. We learned he had just returned from New Orleans, where he had spent six days working in and around the city as a volunteer with the Louisiana Department of Health and Hospitals.

At our request, Whitehead agreed to report on his Gulf Coast experience in this issue of Buffalo Physician.

The lessons of Katrina

By Dennis C. Whitehead, MD ’75

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Photo by John Fleck/FEMA

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the October 2001 issue of Scientific American included an article predicting the worst natural disaster the United States would likely face in the next decade, and it was not about an earthquake on the West Coast.

“Drowning New Orleans” explored what would happen if the eye of a strong hurricane passed just to the west of the city, much of which lies below sea level, and discussed in detail how the levee system protecting the area was in dire need of reengineering.

National Geographic’s “Gone with the Water,” published in October 2004, described how the continued loss of coastal wetlands would significantly worsen the effect of a hurricane on the city.

On August 29, 2005, New Orleans’ luck ran out. Katrina, a Category 4 hurricane, came ashore just east of the city at the Louisiana-Mississippi border. Areas immediately east of the eye felt the worst storm surge since Hurricane Camille in 1969. New Orleans, which had considerable wind and water damage, initially looked like it had dodged the big bullet. Within a few hours, however, several levees, built to withstand Category 3 hurricanes, gave way.

A day later much of the city was under water. Television showed us the devastation, the floating bodies, the desperation of those still trapped in the city.

Health-care services in the city and for those displaced by the disaster were strained beyond measure. I had a few days off and wondered if I could help. The American College of Emergency Physicians’ website (acep.org) stated that the Louisiana Department of Health and Hospitals (DHH) was hoping for outside medical assistance.

When I contacted DHH they asked for my Louisiana license number. Living in Michigan, I naturally didn’t have one, so they told me to make a written request for an application. This didn’t seem like an efficient way to handle their pressing medical needs. Fortunately, a few days later, the Louisiana legislature passed emergency legislation, allowing DHH to grant temporary licenses to physicians from any state.

The day after this news was announced, I called DHH from work to confirm my arrival time for credentialing in Baton Rouge.

Don Jacobs, a family practitioner who at age 75 is the dean of our hospital’s medical staff, happened to be in the Emergency Department and overheard my conversation. Don had been quite interested in my Indonesia experience, and when he learned I was leaving the next day he announced he was coming too. Kathy, one of our emergency nurses, also decided to come, as did Sheryl, a critical care nurse married to one of my skydiving buddies. On September 4 we climbed into my four-seater plane for the five-hour flight to Louisiana.

Baton Rouge is 70 miles from New Orleans on Interstate 10, and only relief traffic was allowed within 15 miles of the city. Driving into the city on the deserted freeway was quite eerie and reminiscent of science-fiction movies.

Network television trucks bristling with satellite dishes jammed Canal Street at the Riverwalk. We reported to NOPD’s temporary headquarters at one of the big downtown hotels, only to be informed the precinct building to which we were assigned was under ten feet of water. We were told to hang around for a while to see if any emergency services came up, but there already were ambulances there with enough personnel to handle any problems likely to crop up in this makeshift bureaucratic zone.

As our team discussed what to do next, a police lieutenant approached and asked if we knew anything about a
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cholera outbreak. Since cholera might cause panic among those still in the city I asked where she got this information and how I could confirm it.

She took us to a clinic in one of the hotels where rumor had it three patients had been so diagnosed. The emergency physician who had just come on duty reported that the doctor he had relieved mentioned treating three firefighters with diarrhea, but he had not heard anything about cholera.

With cell service down in most the city, I asked the lieutenant to get me a satellite phone to call the Orleans Parish Health Department. After an hour of phone calls I was finally able to determine that the diagnosis was idle speculation by the first clinic physician. I was able to help squelch the potential rumor, which had already been heard by some of the news media. The Orleans Public Health Department issued a statement that no cholera had been detected in the parish and the rumor died out.

Following my brief stint as a public-health official we examined NOPD SWAT team members who had been wading through filthy flood waters for days. Several had infections, which we treated.

We then stocked up on food and water before leaving for downtown to assist with a sweep of a large public housing project for the elderly. There were rumors that many ill patients remained in the high rises, although after two hours of searching we didn’t find anyone.

Everywhere inside these sweltering buildings there was an overpowering smell of decaying flesh, but it all came from food rotting in refrigerators. In the lobby I noticed a newspaper box that still had the August 28 issue of the Times-Picayune in it, advising residents to evacuate before Katrina hit.

While driving away from the projects, many people in the poorer neighborhoods came out to greet us, most of whom had remained inside when the ubiquitous APCs (armored personnel carriers) had been patrolling the streets. We offered water and MREs (meals ready to eat) to anyone we saw. Many accepted our offer to take them to the helipad near the Convention Center for evacuation.

(Everything you heard about how bad things were at the Convention Center was true; it was an abounding mess.) During the days that followed the storm, there were many news stories about people who stayed behind because they were not allowed to take their pets; however, we encouraged people to bring them. After all, the primary idea was to get people out, not leave pets behind. We did not hear of any military personnel refusing transport of properly restrained pets during our stay there.

We encountered many people still in the city who had medical problems, especially diabetics with uncontrolled sugars. Power was out and unrefrigerated insulin was going bad. We examined people wherever we found them, and got tips on shut-ins nearby whom we visited in their beds. We convinced a few folks who had been thinking of properly restrained pets during our stay there.

The next morning I went to the DHH physician coordinator and told him of the success we had the previous day. I requested we be assigned the same ambulance.
crew and allowed to resume our evacuations in the neighborhood we had covered. The coordinator cut me off in mid-sentence: “Look, we can’t have a cowboy operation here and we expect you to fulfill whatever assignment we give you.”

I was quite surprised by his tone, and told him that disaster-site managers I had worked with in the past had actively solicited information on what was effective in the field and that I was trying to be a helpful member of the relief team. When I asked him to reconsider, he barked, “That’s not going to happen, and if you try to go back there without authorization you will be arrested!”

He had an assignment for Don and me in Baton Rouge, helping to triage 11 busloads of critical patients arriving from the medical staging area at the New Orleans airport. I gave the rate coordinator the list of potential evacuees who were waiting for us, but I have no idea if that information was ever transmitted.

Don and I hitched a ride with some Tennessee nurses to a recently closed Kmart well suited for triage. The facility already had cots and partitions, ancillary supplies, and facilities for registration. As we entered, the pharmacy area was being stocked with medications.

We met up with three other doctors and several more nurses who had also been assigned to the site. We were told patients would be arriving within the hour, and in fact a few patients came in after driving from rural areas on the Mississippi border that morning, having heard the facility was being opened. I treated four patients and got them discharged quickly.

We were told the buses would be arriving any moment, but after another 90 minutes went by I began to wonder what was going on. As nighttime rolled around an apocalyptic state trooper came in and said there had been a decision to close down the facility. He said he would try to find out where the buses were going and was back in a few minutes to say the facility would indeed be staying open to receive the patients, which were due to arrive at any time.

After another hour of staring at one another, we were told to go immediately to the LSU baseball stadium, as the bus was being stocked with medications.

It began to get dark, and one of the ambulance squads left in disgust. M REs were brought in for us to eat, and I found some baseballs in the dugout to juggle.

At 9 p.m. we were told the buses were just pulling into the city and to get prepared. Don put on some gloves. At 10 p.m. we were told the buses were entering the campus.

At 10:30 p.m. a campus officer pulled up and announced: “There was one bus, only two patients were on it, and it went to the football stadium. Thanks for sticking around.”

Don and I agreed she was the most remarkable person we met on the trip. We rode back to DHH in an ambulance driven by a couple of Wyoming paramedics whose cursing was so colorful I was tempted to offer them a job. On our return we found the triage coordinator to repeat some of what I had heard, but I couldn’t find him, which is probably just as well.

TOP: The indomitable Dr. Rachael Murphy, center, and one of our paramedics. I hope St. Tammany’s Parish proclaims a day in her honor. CENTER: Every home in this Slidell, Louisiana, neighborhood on the shore of Lake Pontchartrain had considerable damage. Several residents spray painted messages for FEMA, most of which were unprintable. BOTTOM LEFT: Working in Banda Aceh and Louisiana this year, I’ve seen a lot of boats where they shouldn’t be. BOTTOM RIGHT: This vending machine was in the lobby of the retirement highrise we swept. Everything the paper warned of happened. This was no different.
When we got back to DHH we found out she had already reserved our services for the next day. Don had made such a hit with the rural patients—just as he does in our rural community—that she was assigning him to other shelters the following day.

I was so tired I didn’t even bother eating after we got back. Don and I collapsed on the cots in the little office and fell fast asleep. The next day Don had made such a hit with the rural patients—just as he does in our rural community—that she was assigning him to other shelters the following day.

Don and I readily climbed up front after he elicited a promise from me that I wouldn’t kill him. We dropped Don off with Dr. Murphy in Covington, where he got a driver to take him to various shelters throughout the parish. Dr. Murphy asked the medics and me to do a site assessment and take pictures for her in Slidell, where the eye of the storm had passed directly over. Sitting on the northeast shore of Lake Pontchartrain on the Mississippi state line, Slidell took a big storm surge and was one of the most heavily damaged towns in the state.

After finishing the survey and meeting with police officials there we received a radio call asking for assistance in New Orleans. Rescue boats in the flood areas had found new evacuees with medical problems, and available doctors were being asked to report to the Lakeview area to assist.

Normally New Orleans is a 20-minute commute across the I-10 bridge from Slidell. However, because Katrina had destroyed the interstate in both directions, we were forced to detour around the west side of the lake to get into the city. All National Guard and Coast Guard boats were deployed in the flood area when we arrived; however, I did go out on a bayou boat with a woman and her boyfriend. The woman’s mother lived in the flood area and was missing, so they wanted to check her house to be certain she was not trapped in the attic as so many others had been in the city. Fortunately she was not trapped in her home as they had feared (she was later discovered to be safe with a relative), so we stopped by and addressed the authoritie/

One thing is certain in hindsight and humility: you never know what you’ll encounter until you actually get there. Elected officials, disaster coordinators, and field personnel at all levels can better appreciate missed opportunities and mistakes in hindsight, and I’m reluctant to criticize anyone who genuinely tries to help. I have less tolerance for those who stubbornly maintain they would not have done anything differently even though things could clearly have been done better.

If I had a wish for New Orleans, it would be that we let the coastal marshlands regenerate. It would also be nice if the world’s largest convoy of dump trucks could bring in enough fill to raise the city above sea level, but that isn’t going to happen. Katrina taught us much, as was almost immediately evident in the response to Hurricane Rita. Future disasters will teach us new lessons, as long as we have the humility to heed them.