

San Antonio Mental Health Disaster Consortium: Hurricanes Katrina and Rita, A Personal Perspective

Margaret Cole Marshall, APRN-BC

TOPIC. *This is the personal perspective of the author's experience during Hurricanes Katrina and Rita. As a member of a professional mental health volunteer organization, this chronicles 3 months' experience in the local shelters.*

PURPOSE. *Difficulties with organizational support and structure hampered the effectiveness and functioning of this volunteer organization in the shelters. To identify lessons learned from this experience.*

CONCLUSIONS. *It is essential to identify where each mental health volunteer group fits into the organizational structure and what the role of each is. Volunteers need to be scheduled and relieved at regular intervals to rest so as to prevent stress reactions.*

Search terms: *Disaster, hurricane, lessons learned, mental health professional volunteers, nursing, organizational support and structure, stress, volunteer organizations*

Margaret Cole Marshall, APRN-BC, is an Associate Professor at the University of Texas Health Science Center at San Antonio School of Nursing.

It was the beginning of the semester and I was heading into a Faculty Assembly meeting on September 2, 2005. I had been watching the news for the last week and saw that Hurricane Katrina had hit New Orleans; there was tremendous damage and the population was suffering from lack of adequate help and resources. The chair of the San Antonio Mental Health Disaster Consortium called and asked me to come to a shelter being set up at Kelly USA, as San Antonio was starting to get evacuees from New Orleans after Hurricane Katrina. The dean of the University of Texas Health Science Center at San Antonio School of Nursing announced that all faculty with their students could participate and help in the disaster shelters and strongly encouraged our engagement.

The Disaster Plan

As I climbed into my car and headed to Kelly USA (formerly Kelly Air Force Base), I reviewed how we came to this point. After the 9/11 disaster in New York City, a group was formed in San Antonio, Texas, which was named the Alamo Area Mental Health Disaster Consortium and later changed to the Mental Health Disaster Consortium (MHDC) to include more counties from a broader area around south Texas. The purpose of this group was to prepare for the mental health aspects of disasters. It was understood that the MHDC would be "roamers" during a disaster. A main objective is for mental health staff to provide nonintrusive, largely unstructured, emotional support (Leskin, Huleatt, Herrmann, LaDue, & Gusman, 2006). That meant we would walk around the shelters and talk to the people, assess who needs mental health care, refer them to the appropriate place/agency, give support, as well as walk among the cots of sleeping areas and

San Antonio Mental Health Disaster Consortium: Hurricanes Katrina and Rita, A Personal Perspective

Table 1. Lessons Learned from Hurricane Katrina and Rita

1. Establish clear guidelines about who is in charge and who is responsible for what services and supplies. Organizational line of authority defined.
2. Psychotropic drugs need to be stockpiled along with other generic drugs to be available during a disaster.
3. Develop a plan for the care and supervision of children who are separated from their families and other vulnerable people.
4. Define more specifically who fits into Special Needs.
5. Establish a method for rotating volunteers so they can maintain and focus to continue helping the victims. This includes debriefings.

halls, assess needs, and be available to talk to anyone. The purpose of MHDC volunteers at the shelter sites was for them to help evacuees with mental health assistance and support. Immediate needs such as safety, food, shelter, and psychological first aid were the priority. This is the Disaster Mental Health Services Model (Ruzek, 2006). Members of the MHDC, all of whom were volunteers, included psychologists, social workers, chaplains, psychiatric nurses, and other mental health providers.

Federal funding and attention had been given to cities to develop programs to deal with terrorism and bioterrorism. Community agencies attend our monthly MHDC meeting: United Way, military representatives stationed in San Antonio, Bexar County Health Department, Center for Health Care Services, a faith-based community representative, City of San Antonio Emergency Management, Bexar County Sheriff's Office, Employee Assistance for U.S. Postal Service, Northeast School District/School Counseling Services, San Antonio Baptist Association, Red Cross Mental Health, and several other agencies or groups. The chair or another member from our MHDC committee attends other monthly meetings in San Antonio on disaster planning. This includes the Southwest Texas Regional Advisory Council–Mental Health (STRAC) and the Emergency Hospital Disaster Group–Mental Health (EHDG-MH). Coordination and communication are high priorities so everyone knows who the players will be during a disaster. The purpose is to prepare, educate, and train for disaster, particularly bioterrorism. Disaster and response scenarios have been created and directed

toward coping with disasters in our local area. I am a member of the MHDC as the psychiatric nurse (president of the local San Antonio Psychiatric Nurses Association) who had a list of psychiatric nurses in the local area who were interested in disaster nursing.

Although the Center for Health Care Services (CHCS) was to be the legal mental health authority during a disaster, it became unclear where the Red Cross mental health and the Mental Health Disaster Consortium fit into this organizational chain. The original belief was the MHDC had a memorandum of understanding (MOU) with the city of San Antonio and came under the City of San Antonio Emergency Management.

There was difficulty with knowing who was in charge of the shelter operations and who was making decisions (see Table 1). Communication in the shelters was a problem. We, in the MHDC, used our own cell phones, as there were no other telephones available to us.

The Initial 72 Hours

How this disaster, Hurricane Katrina, would forever change the way how all of us would look at disasters and disaster planning would become evident in the next several months. None of our prior planning entailed a disaster in another state that would impact our city. I arrived at Kelly USA the day they started receiving evacuees amidst the crowds and chaos. For the first 72 hrs, the airplanes and buses arrived continuously, 24 hrs a day. The evacuees were still in the clothes they had worn in the filthy waters of New Orleans. Some of them had no idea where they were

because they were put on airplanes and buses without being informed to which city that they were going. The most serious medical cases were taken off the airplanes and sent directly to hospitals. All the hospitals in San Antonio had a plan and communicated with each other so those triaging knew which hospital had beds and what type of beds were available. Everyone was triaged as they came off the airplanes.

There was difficulty with knowing who was in charge of the shelter operations and who was making decisions.

As each airplane arrived, it was met officially by someone who made announcements, to include "Welcome to San Antonio." An amnesty was announced for illegal or contraband items, such as guns, knives, and drugs because they would not be allowed in the shelters and had to be left there on the airplane. They were given the schedule, told how things would happen, and that buses would take them to a shelter. The four main shelters used during the first 4 days of evacuation were two large Kelly USA buildings, a closed Levi Strauss manufacturing plant (for people with special needs), and a closed Montgomery Ward store at a shopping mall.

Within the first 72 hrs, San Antonio had processed 12,000 people from New Orleans. The building I was in at Kelly USA had processed about 3,000 people in this period. As each evacuee came into the building, they were logged in and given a wristband for a cot within a specified sleeping zone. There were four very large rooms, called zones, each providing about 750 cots for sleeping. Every evacuee was directed down the hall to the medical area to be cleared physically. Some skipped over the medical area because they

wanted to get to the dining area to eat. The dining area was serving food 24 hrs a day for the first several days. Many restaurants in San Antonio had donated food, so there was more than one choice from the menu. Everyone also was directed to the showers where their clothes were taken and replaced with donated clean clothes.

The cubicle where the MHDC team was located was in the intake corridor. It gave us a good vantage point to observe behaviors and to talk to people as they came in. I took aside one lady who appeared anxious. She was wearing the same clothes she had on while in the waters in New Orleans. While talking with her, I handed her a replacement set of clothes. She just sat and cried, seeming to be overwhelmed by the gesture. A 10-year-old girl ended up in the building by herself, as her mother, a heroin addict, was taken directly to a hospital from the airplane because she was going through drug withdrawal. This child had no idea where her mother was and if she was going to return. Several hours later, after being given methadone, the mother returned to the shelter. In the meantime, this child followed me wherever I went. Her mother was not feeling well, so this child spent a lot of time with me. Every morning, her mother went to the methadone clinic in another part of the city. Each day this child looked forward to my returning to the shelter. This family adopted us, the MHDC group, and we adopted them because they needed a sense of belonging to help them adjust during this time of upheaval. We continued to follow the families even when they moved into an apartment in the community.

The Separation of Family Members

A priority for all the evacuees was trying to find their family members. Some had ended up in different states or cities. When evacuees were taken to a hospital, there appeared to be no mechanism to check if family members were with them, and if a child, who would be responsible for them. When children are left without adult family members, a mechanism needs to

San Antonio Mental Health Disaster Consortium: Hurricanes Katrina and Rita, A Personal Perspective

be in place to care for and supervise them in the hospital or shelter. This oversight created much anxiety for both the children and the parents who were taken to different locations for various reasons. Families could not seem to find out which hospital their loved ones went to and when they would return.

This is an important deficit in the disaster plan that needs to be addressed with a better plan and mechanism for keeping families together when possible and when not, being sure the family members are a part of the process and informed. The evacuees filled one of the walls in the hallway with paper notices with their names on them and what family members they were looking for. There was an entire room full of telephones they could use for free to aid in locating others. There also was another room full of computers where evacuees could look up lost family members and add their own names on the Red Cross Web site.

Identifying the Special Needs People

Initially, considerable time was spent directing people to various places within the building and helping them move to the areas where they needed to be. They were worn out and quickly settled in to sleep. Time also was spent picking out people who appeared demented or unable to care for themselves and moving them to the Special Needs area to be further relocated to the appropriate building. It became evident early on that there was no definition of "Special Needs." Was it an unaccompanied child, those in wheelchairs, those who were blind, mentally handicapped or impaired, elderly or mentally ill? Another lesson to be learned: define Special Needs to assist with triage and identification of needed resources.

Others, who may have self-identified as in need, or were identified by others as needing mental health assessment and care, were escorted by the MHDC volunteer providers in the Center for Health Care Services cubicle where full mental health assessments were being performed by the CHCS, medications prescribed, and admission to a psychiatric hospital, if appropriate,

arranged. It was evident during this process that we did not have the needed psychotropic medications to give to this population and none were readily available. The local pharmaceutical representatives were contacted and immediately donated a tremendous amount of psychotropic drugs to the shelter. A lesson learned is that we need to have psychotropic drugs as part of the regular stockpile of disaster supplies.

Stories of Courage

As I write, several families whom I met come to mind. One young lady to whom I shall refer as Denise had four small children, ages 6, 4, 3, and 2. She did not evacuate New Orleans when Hurricane Katrina hit. But, when the levees broke and the water began to rise, she knew she had to leave. She found a large plastic garbage can and placed clothes at the bottom of it. Then she put three of her children in it and dragged it along in the water. A neighbor carried the fourth child. They waded in the water until they came to a higher area where there was a road. An army truck was passing by and picking up people. They got in the truck and the driver took them to a college and dropped them off. Denise cleared out one of the rooms at the college and put all four of her children in that room. She was there about 4 days. Each day one of the men in the group would go wading in the water, break into a store, and bring back drinks, food, and clothes for all of them. From there, they were picked up and taken to the airport and put on an airplane to San Antonio.

It was evident during this process that we did not have the needed psychotropic medications to give to this population and none were readily available.

Another mother with her 10-year-old child realized when the levees broke she also had to leave. The water was over the child's head, so a neighbor carried her on his shoulders. When they arrived at a higher road, all the others in the group took off down this road. The mother asked a policeman there if this is where people were being picked up. The policeman said no, that they were picking up people at the bayou. So, the mother turned around to go back home. However, she could not carry her daughter and the water was too high. She found a child's swimming pool, emptied it out and put her daughter in it. She dragged her as far as she could and was so tired she stopped at her house to rest. Because they lived on the second floor, they could stay there overnight. In the morning they proceeded to the bayou and were picked up there by helicopter and were taken to the airport.

Another woman with three children, ages 14, 11, and 9, went to the Superdome in New Orleans. She stated that during the hurricane, it was an acceptable place to be. Her only concern was the amnesty for surrendered contraband that was announced to anyone going into the Superdome. She looked into the barrel where people were dropping off contraband. She was horrified to see guns, knives, drugs, and drug paraphernalia. After the first night, when the levees broke, thousands more came into the Superdome. The air conditioning and lights went off. The bathrooms were overflowing and unusable. It became unbearable. She was frightened for her children. She also reported standing in line for about 18 hrs outside the Superdome. They were waiting for the buses to take them to the airport.

Complications of a Second Disaster: Hurricane Rita

Just as things seemed to be settling down at the shelters in San Antonio, Hurricane Rita hit Beaumont and the rest of the east Texas coast on September 23, 2005. On Thursday, September 22, all hotel rooms were booked to capacity in San Antonio in anticipation of the coming hurricane. The roads from Houston to San Antonio were clogged. Normally a 3-hour drive, it

took some people 2 or 3 days to get to San Antonio. As vehicles approached San Antonio, the occupants were notified by Transguide and radio to stop and check in at the Southcross Mall, a newly identified triage center. As people checked in, they were directed to go to different shelters. More shelters were opened to accommodate this new influx of people.

On Friday, September 22, 2005, I received a telephone call from the chair of our MHDC. One hundred fifty psychiatric evacuees had just arrived from Houston and were in need of medications. I called a psychiatric nurse practitioner who came and brought the psychiatrist with whom she works to spend the day and evening doing assessments and prescribing medications. Although many of these psychiatric evacuees had adequate medications brought by the director of this personal care facility, there were gaps and some did not have their medications. I arrived at one shelter and immediately started dispensing medications to the 150 evacuees. As soon as they were given their medications, they were put on buses to be moved to another shelter, the Levi Strauss building mobilized at the start of the Katrina evacuation, because this was designated the Special Needs Shelter for this current evacuation.

Evacuating a Psychiatric Facility with a Workable Disaster Plan

The director of a personal care facility, who brought three staff members with her, told me her story and how she arrived in San Antonio. Initially, when it looked like Hurricane Rita was going to hit Houston, the director called the Texas State Health Department asking to change her disaster plan which originally called for them to evacuate to the Astrodome. She could not get through to get approval. At the same time the director was trying to find where to take her residents, a local television program was reporting on the importance of taking your animals to evacuate with you. A relative of the director heard the program and knew of the plight of the psychiatric patients. The director's relative felt that the people should come

San Antonio Mental Health Disaster Consortium: Hurricanes Katrina and Rita, A Personal Perspective

first, so she became involved in the decision-making process by bringing attention to the particular needs of the hurricane evacuees. The director's relative was interviewed on television and asked why there was no help to evacuate a large number of patients in a personal care facility. Someone in San Antonio heard this story and called to say they would be sending buses to pick them all up and bring them to San Antonio. Before they left to come to San Antonio, in preparation for this trip, the director assigned her nurses to prepare bags of medications for each resident for 5 days. She then assigned a resident leader for each 10 residents and directed the residents to prepare luggage and whatever else they needed for the trip. It took them 2 days, including one night, to travel from Houston, normally a 3-hour drive. On the way, one of the buses caught fire. The others pulled over to the side of the road, ran back to that bus, and started pulling all the facility's residents out of the bus. The bus was totally burned as well as all the luggage, but every one of the clients got out safely. All the people from that bus crowded into the other buses and spent the rest of the trip standing or sitting in the aisle between the seats.

I was most impressed with this director and her organization. All the residents of that facility knew what medications they were on and the dosages. We always talk about how patients need to be educated about their medications. During this disaster, if each of these people had not known their own medications, it would have been an impossible situation. They stayed at the shelter for 3¹/₂ days before getting on buses again to return to Houston.

Evacuating Psychiatric Facilities Without a Workable Disaster Plan

It was not so successful a venture for another group of psychiatric patients from another facility. The next day, seven psychiatric boarders from a care facility in Beaumont, Texas, appeared at the Special Needs shelter in San Antonio. It had taken them 3 days to get here. The clients related that the staff of their care facility

in Beaumont had handed one of these residents a bundle of medications and said to give them to the others, and then sent them off by themselves. On the first day, a town where they arrived had no room for them at their shelters. The next day, they traveled to another town, but were told they could stay only one night. The next day they made their way to San Antonio. By this time, they were out of medications. Again, one of the lessons learned is that there needs to be a better way to have emergency psychiatric medications available and a plan for psychiatric boarders. I spent many hours on the telephone calling pharmacies, doctors, and those in charge of the shelters to get authorization and the medications, especially late in the evening.

The Challenges of the Evacuees in a New City

With all these stories, it does not begin to capture the events and resulting emotions that occurred both with the volunteers but mostly with the evacuees. Initially, there was relief to be in a safe place. Then there was anger and frustration when things did not occur fast enough, followed by the stress of trying to locate other family members. These people were coming to a new city, San Antonio, which has about a 60% Hispanic population and its own culture. New Orleans has its own very different culture. The evacuees from New Orleans had to make adjustments as they moved out of shelters into apartments and into the community. Different social and cultural issues and stresses developed as some of these evacuees moved into the community. Mental health issues now began surfacing that had not appeared earlier.

Disasters are supposed to have a time limit. More than a year later, there still are ongoing issues as the evacuees remain in San Antonio with no home to which to return. There is need for continuing support for the evacuees. It is a process that will continue for some time yet.

Challenges of the Volunteers

There were an overwhelming number of volunteers in the early stages of the disaster. However, after about

72 hrs, volunteers became exhausted and the numbers began to drop off. A lesson learned: we need to establish a rotation schedule for volunteers so they do not become exhausted and become casualties themselves. I spent many months involved and saw the process of exhaustion in myself. It has been very tiring, especially with a full-time job, spending evenings and weekends at the shelter. It has taken me longer to settle back into my usual routine and regain my usual energy. This disaster experience has changed me, especially to be touched by so many of the evacuees and their experiences. I am still changing and trying to understand all the changes I have been through.

We need to establish a rotation schedule for volunteers so they do not become exhausted and become casualties themselves.

Practice Implications

Psychiatric nurses play an important role during disasters, whether roaming throughout the shelters to identify those evacuees who have serious psychiatric symptoms and taking them for further assessment and treatment or monitoring the needs and giving emotional support to those in the shelter. See Table 1 for suggestions on planning for the next disaster.

Author contact: marshall@uthscsa.edu, with a copy to the Editor: mary@artwindows.com

References

- Leskin, G. A., Huleatt, W. J., Herrmann, J., LaDue, L. R., & Gusman, F. D. (2006). Rapid development of family assistance centers. In E. C. Ritchie, P. J. Watson & M. J. Friedman (Eds.), *Interventions following mass violence and disaster: Strategies for mental health practice* (pp. 257-277). New York: Guilford Press.
- Ruzek, J. I. (2006). Models of early intervention following mass violence and other trauma. In E. C. Ritchie, P. J. Watson & M. J. Friedman (Eds.), *Interventions following mass violence and disasters: Strategies for mental health practice* (pp. 16-34). New York: Guilford Press.

Copyright of *Perspectives in Psychiatric Care* is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.