

After Katrina

"This Was Our Finest Hour in the Catholic Health Ministry,"

a Physician at One Texas Facility Says

Michael Finley, MD, vice president, medical staff affairs, CHRISTUS St. Michael Hospital, Texarkana, TX, helped provide medical and social service care in that city for hundreds of evacuees from Hurricane Katrina. Just days afterward, Dr. Finley described the experience in a phone interview with Julie Minda, lead editor of Catholic Health World (CHW).

Some of Dr. Finley's remarks appeared in a subsequent CHW article ("Texarkana Opens Its Arms to Evacuees," September 15, p. 8). However, no second-hand account could match the sense of immediacy conveyed by Dr. Finley's own words. Here is what he said in the interview.

THERE WERE TWO WAVES OF PEOPLE.

The first was made up of those who had responded to warnings and left the New Orleans area before the hurricane hit. They loaded themselves in cars and filled local hotels and motels here and in little towns around here. About 1,500 people came to Texarkana in the first wave. They didn't stay long.

Then the storm struck. We saw no more evacuees in Texarkana for a few days. Then those people who had been unwilling or unable to leave came. This was the second wave.

The local response was coordinated by the manager of the local office of emergency management, who let everyone know about the flow of people. We had to hold back and not rush to Baton Rouge, where we knew we'd just be in the way. We had to wait and let the response begin to be organized.

On Friday, September 2, we who work at St. Michael's exchanged information with Texarkana's other hospital. We intended to split the patients that came in, and notified doctors to be on standby. We waited, but no evacuees came that day.

Nothing happened until Saturday afternoon, when we were notified that seven to 10 buses were incoming. We mobilized at the Southwest Center, a city facility that is similar to a YMCA. The facility had a fellowship hall, tennis courts, and a parking lot. We chose it as our central place to work.

The evacuees who were brought to the Southwest Center had been triaged first in Louisiana. They arrived at the Southwest Center two buses at a time. We gave them physical exams first. We sent 12 evacuees to local hospitals.

The people looked stunned. They had muddy clothes. They were quiet. There were lots of children. The grown-ups were using cell phones to try to reach people they knew.



Finley

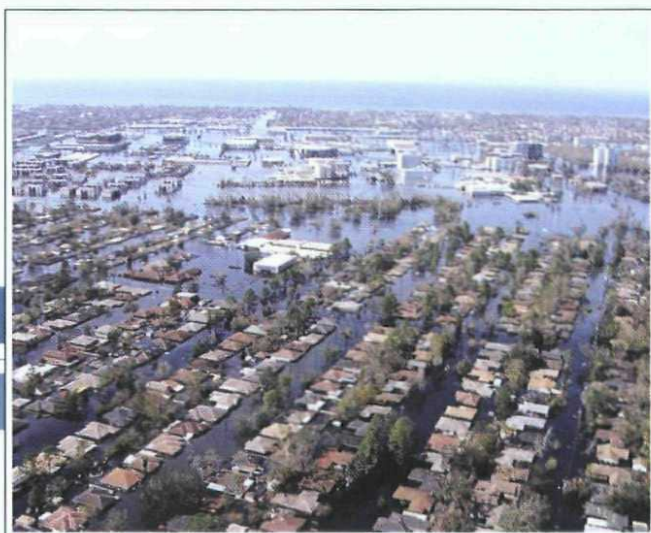
Many had small cuts or needed blood pressure medicine or other medications.

The ER directors ran the triage area with volunteer help. I had called some of my colleagues—including those who were retired. Especially those in the older generation were enthusiastic about helping. They said they had been waiting to help.

There were a number of children on the buses, but fortunately none of them were lost or separated from their families. They became more and more animated the longer they stayed in the center. Each person who arrived got a bag of supplies tailored for his or her age group—clothes, soap, and so forth. These bags were donated by local groups, which had also been coordinated by the local emergency management office.

At one point, we ran out of immunizations. But local hospitals and pharmacies donated medical supplies to the effort. Wal-Mart filled prescriptions for free for a certain period of time.

The doctors working at the Southwest Center were so busy that they had no time to keep charts. There was a lot of confusion, but the emergency management office helped. Without that central command, we couldn't have done it.



New Orleans in
early September

After the evacuees were examined, they were sent to one of five shelters.

On Sunday and Monday, the medical directors took turns checking on the evacuees in the shelters, making rounds to check on them. It was clear we'd need to make several rounds to check on them each day—the people were traumatized. They needed to *know* that people were checking on them.

It was an amazing process to take in all these people.

We expected another bus to come in Sunday, but it didn't come.

While we were at the Southwest Center, local people came by offering cash, offering their homes and apartments to help. But the people we're helping need to be in shelters now—the next phase will be to determine who is staying in Texarkana and help them find more permanent housing.

People want to help but don't know what to do. The magnitude of it is so overwhelming. People are, without a second thought, offering evacuees their homes and vacation homes. One man offered his ranch and several cars. Some of the nurses went to Sam's Club to get supplies for the hurricane victims. The manager heard what they were doing and gave them all the supplies for free.

There has been an outpouring of empathy. But what I am hearing from the evacuees is that we haven't seen what they have seen, that we can't imagine what they've been through. It's an ongoing tragedy. These people are traumatized. We plan to provide mental health through our clinics. This is truly a disaster in progress.

"This is a once-in-a-lifetime experience, a once-in-a-lifetime opportunity to respond to a large group of people in need."

This enthusiastic giving will have to continue for a long time. The difficulty will be in taking care of the people who came in the second wave. Many were already dependent on the government, for welfare, food stamps, and the like. Now all that has to be reestablished.

Churches are taking turns providing meals. The evacuees' children were enrolled in schools by Tuesday. Local companies are offering the evacuees jobs. CHRISTUS has a matching fund—it has promised to match the total amount from all sources given to hurricane relief.

We exist to extend the healing ministry of Jesus Christ. This is the chance to do it. This is what the sisters came here to start. These evacuees have been stunned. But if anything defines Catholic health care, this does. Most of the people coming here are the poor and vulnerable.

We're currently focused on one-on-one care. For example, there's a 23-year-old man who needs major repair on both knees; we had to coordinate to get someone to care for him and now to give him rehab. There's a hemorrhagic stroke victim who is separated from family members. We're trying to locate the family members; it's a monumental task. I remember one patient, a man of about 30 with five children. His girlfriend had to go to the hospital. He was so concerned about keeping in touch with her. And he kept his children close by him.

This is extremely complex, detailed, social service work. The nurses and staff are protecting their patients. Everyone wants to take care of them because we know what they've been through.

The resilience is there. I saw a little five- or six-year-old girl who was talking to her doll, combing its hair, and singing a little song.

This is a once-in-a-lifetime experience, a once-in-a-lifetime opportunity to respond to a large group of people in need. I think the sisters who started our hospital would be proud. This is our finest hour in Catholic health care. ■

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