Dr. Greg Henderson, a pathologist, shares his personal accounts of what he learned from a medical perspective during a disaster by being the only medical doctor at the Convention Center in New Orleans in the days following Hurricane Katrina.

1. **Personal responsibility is your most important survival tip: Develop your own Disaster Survival Kit and Family Emergency Plan**

   - There is no doubt that a crisis on the scale of Katrina demands an organized and systemic approach. That approach can be aided, however, if each individual prepares to be somewhat self-sustaining immediately following a disaster. That means having a waterproof first-aid and a Disaster Survival Kit in an easily accessible location.

   - Based on my experience in New Orleans, and my years of medical training as a doctor, the top five things to include in a **Disaster Survival Kit** include basic necessities, but things that are not always available immediately following a crisis:

     - Bottled water – lots of it – to wash wounds and to stay hydrated
     - Non-perishable food, such as cereal or granola bars.
     - Personal Special Needs and Medications - such as prescription antibiotics, asthma inhalers, epinephrine, etc. If possible, have a back-up prescription ready.
     - Waterproof First Aid Kit* including band aides and antibiotic cream such as Neosporin
     - Soap or alcohol based hand gels

   - Depending on the severity of the crisis, there will likely be assistance available from organized disaster relief teams at some point. In the meantime, however, having some of the basic necessities could make a significant difference to you personally.

   - One thing that Katrina exposed is that we are a nation of chronic diseases and if the medications are taken away, it is critical.

   - Other immediate care survival items to have stashed away include Electrolyte Replacement Solution, such as Gatorade.
In addition to creating your Survival Kit before a disaster, it is important to develop a **family emergency plan**. For example, determine a place where you and your family will meet if you should get separated during a crisis. What are the different special considerations you should address if you live in a flood plain, a tornado alley, or an earthquake zone?

Other important things to plan for well before a crisis hits: Where do you go in the house if a storm is approaching? Are your important phone numbers and personal papers in a secure area where you can access them easily?

For disaster planning tips or for a more extensive list of First Aid and Disaster Survival Kit items, visit the College of American Pathologists' web site at www.cap.org.

2. **The people living in areas that are prone to any disaster, natural or man-made, are the people best qualified to rapidly respond to these disasters.** Like politics, all disasters...medical and otherwise...are local.

In a disaster situation, local government and medical organizations should have the responsibility and the authority to control the flow of services.

The local and regional residents know the areas best. They know the weak points, and they know where the most vulnerable and helpless are likely to be. They are also most able to tailor and deliver the most immediate and rapid response and medical assistance to the victims of disaster.

In fact, for example, during the aftermath of Hurricane Katrina, Ochsner Foundation Hospital's 7,000 employees provided uninterrupted service to the New Orleans area. Ochsner was one of just three hospitals that remained open and fully operational to serve the community throughout Katrina and its aftermath, and the organization is playing a key role in the recovery of the New Orleans medical community.

Ochsner was able to perform so well during this crisis because we take storm preparation very seriously. In the past, we've traveled around the country to other disaster sites to learn lessons to update our own preparations. We've made numerous improvements for ourselves but I would say that the real key to our success here has been our culture. We're very team-oriented and performance-orientated. Whatever the next problem is, there are always going to be some new things that you can’t anticipate. The real question is “what is your capacity to deal with change?”
Ochsner Foundation Hospital, the biggest healthcare organization in the state of Louisiana, has made significant changes to its facilities and crisis plans following Katrina. They have added new back-up generators, established a new command center which activates in a crisis, developed a new fleet of boats to be available during a crisis, and extensively reviewed their overall disaster plans.

As part of the commitment to help prevent this type of situation in the future, many of the hospital’s leadership have also made themselves available to other institutions around the country offering their disaster learnings.

As much as we would like to turn to the federal government for response, including medical response, this nation is too large and too diverse to ever hope that a federal response will be able to surpass the capabilities of well-organized local/regional teams.

Realistically, the federal response should always be counted on only as a back-up, secondary response force.

I believe strongly that each community should have its own Civilian Medical Response Teams which are composed of local people who are trained and ready to act in case of a disaster. Again, it is the local people who know their community best. They are most able to be agile as they are most familiar with the area and the people. They know the infrastructure.

In terms of New Orleans, it is still most vulnerable at the municipal level, as the city is still wounded from the last storm. Since 911 the country has looked to federally organized systems for support, but not focused on the local response. The local community response was really the orphan child and is a critical piece of a community’s recovery.

3. Your local and regional governments and medical organizations need to plan for the perfect storm but be able to “improvise” on the spot.

Despite our necessary and best efforts to plan for disasters, disasters have a peculiar way of not conforming to our expectations.

While disaster plans had been in place in New Orleans, no one was ready for the wrath of something as devastating and monumental as Katrina. No one was ready to be cut off entirely from supplies and communication lines and to have the whole infrastructure destroyed. No one was ready to be cut off from civilization, as we know it.
Katrina was really “the perfect storm” in so many ways. The ability to improvise and maneuver on a dime during that time was essential, as it is in any disaster, even one on a lesser scale than what we faced in New Orleans.

That being said, it is still absolutely essential to have a logical, well-conceived, but relatively uncomplicated plan, which considers and prepares for as many eventualities as possible, including potential medical issues. The plan should never be "we will just wing it".

At the same time, however, we must also be willing to modify or even throw away the plan and "wing it" if the situation demands.

Last year in New Orleans, there was a plan, but, as many plans it was not necessarily thought through to the final eventuality. But no matter how much you plan, it is hard to account for everything. For example, you can have enough buses, but if the bus drivers decide not to show up, as was the case in New Orleans, what do you do?

This is something medical professionals are very familiar with. We are often forced to regularly depart from strict guidelines and adapt therapy to the specific patient’s needs - a principle that long ago was deemed ‘the art of medicine’.

In fact, I am proud to observe that a significant source of response in New Orleans was the local medical community. For instance at Ochsner, the staff had to improvise to get the patients out when the temperature hit 110 degrees and the hospital lost power. In addition, in the laboratory the machines started to shut down due to the heat. The pathology department also had to improvise. Surrounded by water, Ochsner was literally an island. One of the staff climbed onto the roof and spelled out "OPEN" with bright orange biohazard bags so the helicopters would know where to go.

Because, while Katrina painfully exposed many flaws in our national and local response systems, the heroic often improvised.

Individual actions of many local and national people who successfully came to the aid of victims on-site is a testament that this spirit is still alive and well in this country.
4. True personalities surface when the going gets hot. What will be revealed about you when the heat gets hot enough to show who you really are?

- The heat of the crucible of disaster is hot enough to burn off most every person’s facade and expose their true character. In such times, some followers become leaders, some of the weak become very strong, and the good begins to shine through in some who have been written off as evil. I saw this first-hand in the days following Katrina.

- Unfortunately, in each case the reverse can also be true.

- When the heat gets hot, you should never discount the character of any man or woman based upon your pre-formulated ideas, despite how defensible your pre-formulations may be. The best preparedness is to spend less time formulating often erroneous ideas about other people’s character, and more time inspecting your own and asking the question, “what will be revealed when the heat gets hot enough to show who I really am?”

The College of American Pathologists Also Supports Hurricane Recovery Efforts

- Last September, immediately following Hurricane Katrina, the College of American Pathologists Foundation established the Hurricane Relief Fund to help re-establish medical pathology services to medically indigent patients in Louisiana.

- As a result the Foundation awarded more than $140,000 to help meet the medical needs of victims of Hurricane Katrina.

- Those funds offered financial assistance to help those communities affected by Hurricane Katrina re-establish medical pathology services to medically indigent patients.

- The Foundation awarded the dollars through organizational grants and resident stipends. The organizational grants served to re-instate the delivery of medical pathology services – funding equipment, salary support or supplies. The resident stipends helped to replace uninsured lost or destroyed educational tools and other related training needs, such as travel expenses and lodging required to continue their training.