Lessons Learned From Katrina: 
One Department’s Perspective

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Friday, August 26, 2005, was a Friday like many other Fridays during hurricane season in New Orleans. There was a strong hurricane, Katrina, the eleventh in a very active season, approaching the Florida Keys. The expert meteorologists were predicting a track that would bring her into the Gulf of Mexico and swing northwest straight up the mouth of the Mississippi River and into New Orleans. This was not an uncommonly predicted track for a hurricane in the Gulf. A relatively large number of storms start their paths there with their sights set on New Orleans but begin to veer eastward or westward as they encounter various prevailing obstacles, such as an atmospheric high pressure system, warmer pockets of water, or protective barrier islands. Consequently, New Orleanians had their eyes and ears open for the latest weather reports, debated the possibility of this being the “Big One,” but were not necessarily ready to evacuate because yet another hurricane was predicted to make landfall.

Things began to heat up on Saturday, August 27, as the storm continued to follow the predicted track. People began to batten down the hatches, put up storm shutters, board up windows, and fill bathtubs with water. Many heeded the pleas from Mayor Ray Nagin to begin evacuation on Saturday. The major thoroughfares out of the city began to experience heavy traffic flows. Some of the luckier people were able to get flights out of the city before the airport was shut down. By Sunday morning, the storm was imminent, traffic out of the city was at a standstill, and everyone was pretty certain that this was, indeed, the Big One. Contraflow traffic routes were initiated, a mandatory evacuation was called, and thousands of panicked people were stranded for hours on interstates so heavy with traffic that many feared that they would be stuck in their vehicles on the interstate over Lake Pontchartrain, unable to make it to safety before the storm hit.

Most of our faculty, residents, and staff at Tulane were able to evacuate to “higher ground,” staying in hotels when they could find a vacancy, being taken in by family and friends, or, in the case of some, evacuating to a “shelter from the storm” in a distant town and being taken in by complete strangers who reached out to their fellow Americans in a time of extraordinary need. Everyone assumed that they would return to New Orleans within 2 or 3 days, clean up their yards, patch a few roofs, and get on with their lives. Then, on Monday, August 29, all hell broke loose. People sat glued to their televisions as reports came in that there were several breaks in the levee system. The situation went from bad to worse as New Orleans spun out of control. Some of our people were able to return to the city to help as First Responders, doing whatever they could to try to help the panicked population who were stranded in a flooded city with nowhere to go, with very little to eat or drink, and with very little hope of rescue and survival. The rest of us who were stuck in temporary quarters soon realized that we would not be returning to New Orleans for some time and would have to find more permanent living arrangements where we could regroup and resume the responsibilities of everyday existence.

Once faculty, residents, and staff had evacuated to their secondary evacuation spots, it became abundantly clear that our department should have had its own disaster plan and communications officer. As it turned out, our residents quickly organized themselves around a Yahoo group and began to collect information about each other’s whereabouts, phone numbers, and other contact information. Since it sounded like a good idea, our departmental administrator set up a Yahoo group for our faculty and staff and we began communicating through this link, since the Tulane server was still down (as it turned out, it would be down for several months).
When it became apparent that most people would not be allowed back into the Greater New Orleans area and that we would not be able to occupy our departmental offices for several weeks, the decision was made to set up temporary headquarters at the state hospital in Jackson, La. The leadership there graciously provided us with access to one or two rooms where we immediately installed a router so that laptop computers could be operated off of a Wi-Fi system. Since mail was not going to be delivered or accessible in New Orleans, we also rented a post office box for the department in downtown Jackson. This made it possible for us to continue to correspond with the outside world and to continue to bill and collect for services rendered by our faculty who were on various contracts with the State of Louisiana. At this point we began to feel the distinct disadvantage of not having a remote backup server on which we could have relied for much needed data for historic reference and ongoing projects.

The establishment of the Yahoo group allowed us to check on the safety and welfare of our faculty, staff, and trainees, and we actively encouraged people to tell their evacuation stories, feeling that it would be therapeutic to share experiences with one another. Many heart-wrenching stories were posted and support poured out from many individuals.

Faculty and residents who were normally assigned to hospitals or community mental health clinics in the Greater New Orleans area were reassigned to mental health clinics, health clinics, or shelters in the Baton Rouge area to assist in caring for the evacuees. It immediately became apparent that patients needed electronic medical records and detailed education regarding their condition, medications, and treatments. A number of chronic patients had no idea what medications they were taking nor the correct dosage of those medications. Patients who had previously been enrolled in methadone maintenance programs had to be reassessed and reassigned to treatment programs that could handle their need for methadone. Here again, the dosage of the medications was often unknown or inaccurately reported. When the need to evacuate arises, it would be best if patients have their pertinent medical records with them in writing or in a flash drive format that they can carry with them.

After about 3 weeks, we were notified that the Tulane University School of Medicine was going to “move in” with the Baylor College of Medicine in Houston, Texas, and had been offered the use of their facilities for the remainder of the academic year (1). Furthermore, we were also notified that opportunities would be made available for our house staff not just at the Baylor College of Medicine but at the other Texas-affiliated medical schools as well (2). Thus, it was going to be imperative that we move a core group of faculty to the Houston area. Fortunately, we were able to work with the Veterans Integrated Service Network, which allowed us to move three psychiatrists and two neurologists from the New Orleans Veterans Affairs (VA) Medical Center to the Houston VA. This included our director of medical education in psychiatry. Our vice chair and director of medical student education in neurology also volunteered to move to Houston, as did our residency training director in psychiatry. This gave us a critical mass in psychiatry and neurology, enabling the teaching of our medical students in psychiatry and neurology and our residents in psychiatry. As it turned out, many of the neurology residents were able to stay in the Greater New Orleans area for their rotations, although two were granted permission to do rotations out of state for several months until they could move back into the New Orleans area.

By early October, we had faculty at work in Houston, throughout central Louisiana, and in Little Rock, Ark. In addition, we had faculty and staff disbursed throughout 20 or more states from Maine to Florida and from southern California to Oregon and many states in between waiting for the chance to return to New Orleans.

We realized that it would be important to try to help people remain connected and, thus, scheduled a series of weekly and biweekly meetings, each of which was connected as a conference call so that faculty, trainees, and staff could phone in and be updated on departmental developments. Furthermore, the Chairman started sending out a weekly e-mail message to try to connect with those who might not have been able to participate in the conference calls. Once communication was set up within the department, we began to network with other departments, the State Office of Mental Health and Department of Health and Hospitals, the VA, other federal facilities, and national professional organizations. Appendix I provides a list of various tools and strategies to help sustain a working environment postdisaster.

As events unfolded, it became apparent that most of us were suffering from some degree of acute stress response that might include anxiety or irritability, depression, cognitive slowing, indecisiveness, or other such symptoms. Support groups were organized for faculty, staff, and trainees both in Houston and in New Orleans (3). Individual counseling was also provided by our psychology faculty.

Leadership of both the school and the department felt that hope for the future needed to be extended and that...