

Hurricanes Katrina and Rita: Professionally Fulfilling, Personally Painful

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My experiences with Hurricanes Katrina and Rita were both professional and personal. As a New Orleans-born physician, I was honored to be among the health care professionals and the legions of volunteers in Houston and Harris County, Texas, who contributed to the coordination and provision of medical care during a time of national crisis. The mobilization of health care and disaster medicine resources in Houston and Harris County was perhaps, surpassed only by the city of New York's response, post-9-11. It was, indeed, Houston's finest hour.

When the first planeloads of evacuees arrived in Houston on August 31, 2005, few of us could imagine how my adopted hometown would be changed, likely forever, and how we would be tested as a community. I could not guess then how gratifying it would be to care for some of my fellow New Orleanians who, overnight, became both my patients and my neighbors.

On a personal level, the arrival of my parents, two adult siblings, one niece and one nephew at my family home in Houston created new and unexpected "up close and personal" interactions that challenged us all. Indeed, the Riley family "Feng Shui" soon became unbalanced. In the blink of an eye, the census in our four-bedroom household went from four to twelve. My sister and her husband and their two kids lost their home and all of their possessions to Hurricane Katrina. My parents' home in New Orleans was heavily damaged and rendered uninhabitable, until just recently, due to extensive wind damage and a proliferation of mold. They, too, lost most of their personal possessions.

To add insult to injury, my semi-retired father, Emile Edward Riley, Jr., M.D. (Meharry '60), arrived at our doorstep in poor health after an 18-hour journey by car that normally took five and one-half hours. Within a month and a half—just after Hurricane Rita bore down on the southeast Texas coast—he would enter a Houston hospital and suffer a massive stroke that would leave him profoundly dysarthric and hemiplegic for the rest of his days. This turn of events was particularly painful to me, as my dad was and is my first hero (his Katrina-damaged Meharry diploma adorns a wall in my office). These dialectical experiences, seared into my consciousness forever, are not unlike those encountered by many others in the aftermath of two mighty Gulf Coast storms.

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Houston's and Harris County's Finest Hour

As the vice-president for health affairs and governmental relations at Baylor College of Medicine in Houston and chairman of the Harris County Hospital District Medical Board, I was among a small group of medical staff leaders that sprang into action when evacuees began to arrive in the city. We quickly decided that the best venues available to create a local “Katrina Clinic” were the aging and somewhat mothballed “eighth wonder of the world”—the Houston Astrodome—and the downtown George R. Brown Convention Center.

On August 31, 2005, the first trickle of evacuees began to arrive at both sites. A mere two days later, a torrent in excess of 20,000 people flooded both facilities. Many had not changed clothes or had much food in days. More important to the health care team, many had no access to their medications or to routine dialysis, nor did they have medical records or even pill bottles to authenticate their prescription needs. Their medical and dental providers back home could not be reached because, like the Houston evacuees, the caregivers, too, had fled the floodwaters to find refuge in communities across the region and around the nation.

To coordinate care and to make quick decisions about how best to organize what seemed like an impossible task, representatives of Houston Mayor Bill White's office; the county executive, Robert Eckels; Harris County Hospital District's CEO, David Lopez, and the health care infrastructure of Texas Medical Center; and, the city of Houston came together at a makeshift command center.

The needs were many: sphygmomanometers to take blood pressure readings; glucometers to test blood glucose levels; metered dose inhalers for asthmatics and emphysemics; insulin; syringes; ambulatory oxygen tanks; and tetanus vaccine, to name just a few. The most important of the city's considerable health care assets to step forward was the Harris County Hospital District—the hospital and community clinic safety net for residents of Harris County. The full medical, nursing, and ancillary staff of the District was deployed. Everything imaginable—from portable X-ray machines, ultrasound equipment, IV fluids, and most everything else we normally expect in a hospital—was placed at our disposal.

Resident physicians and faculty from both Baylor College of Medicine and University of Texas–Houston Health Science Center descended on the Astrodome and the downtown Convention Center to provide care. Shift assignments were made and coordinated by a designated “Katrina Medical Director” from the Baylor faculty.

I personally worked more than five 12-hour shifts in those early days, directly treating patients alongside community physicians and supervising the work of house staff and other volunteer physicians, nurses and dentists. I tended patients suffering with just about every imaginable problem—from toothaches to respiratory ailments to sore throats to advancing coronary artery disease.¹

I gained a new appreciation during those long but fulfilling days for the men and women of our uniformed and armed forces who provide such services on a routine basis all over the world. The work was both exhilarating and exhausting. And while videotape loops showing looting and civil disorder flashed regularly on TV sets around

the globe, the decency, civility, gratitude, and genuine appreciation of many of the 20,000 New Orleans residents evacuated to Houston found no such audience.

I will always remember the many words of thanks and the hugs I received from countless evacuees after tending to their medical needs. It made me proud to be a healer and to assist in ameliorating their misery. It also made me proud to be a native of New Orleans.

My Beloved New Orleans and Family: The Challenges Ahead

As a proud native of the Crescent City, I have often reflected on the lessons learned from my post-hurricane experiences and on the challenges ahead. New Orleans will likely never be the same. In some ways that is desirable and in others it is regrettable. Nonetheless, the rebirth and renewal of a great American city is underway, albeit stuttering and frustratingly feckless at times. As part of that renewal, the medical, dental, and health care renaissance of New Orleans should and must be a national priority. The challenges are many and seemingly intractable. However, the collective resolve of this nation's health care leaders is needed to vitiolate the movement to address the health care of those who will return, over time, to contribute to that renewal. In my view, such resolve is a national and international imperative.

Personally, my post-Katrina visits to New Orleans to address family recovery are still very poignant. As a young man just out of Yale University, before I began my itinerant journey on the path to becoming a physician-educator and health care administrator, I returned home and devoted five years of my life to serving the city of my birth on the staff of New Orleans' first African American mayor. I love and still miss New Orleans. Since my departure in the late 1980s, New Orleans has been the setting, in an existential way, for nurturing family connections and connectedness. The city is part of me and part of who I am. That is why I will always cherish the opportunity I had to serve it, in yet another manner, as a physician in those sweltering days of late summer 2005.

Four months post-Katrina and -Rita, on the beautiful morning of January 31, 2006, my father succumbed to complications from his stroke and passed away. It would be just a short three months later when I would be approached about the opportunity to lead his *alma mater*, Meharry.

I now view my leadership of Meharry Medical College as a very special calling to continue serving New Orleans and the entire Gulf Coast community by preparing young men and women to contribute to the biomedical science, public health, medical, and dental workforce of that recovering region. For I know that future generations of Meharry graduates, like my father and many others before him, will continue to migrate to the Gulf region to address the stark disparities in medical and dental care that existed before and that exist even more so now after two great storms.

In this special issue of the *Journal of Health Care for the Poor and Underserved*, readers will find a superb set of papers that cogently analyze the extant health care infrastructure and workforce in New Orleans; highlight the challenges and tasks ahead; take stock of the progress to date; and amplify the clarion call to action that is needed. It is my honor, as the 10th president and chief executive officer of Meharry Medical

College, to reflect on a seminal moment in my professional and personal life as my first contribution to this wonderful journal.

Note

1. Riley WJ. The Houston effort: caring for Katrina's victims. Presented at: the Houston Forum, Houston (TX), December 2005.