



# Feature Column

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## Towards A Healthier Arkansas

A Message from the Arkansas Department of Health

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### **The Public Health Response to Hurricanes Gustav and Ike**

*Special Feature Article*

**(LITTLE ROCK--)** They returned to Arkansas in time for the Labor Day weekend, just like they did three years ago, some of them to the same Arkansas getaway they visited back then. No one knows for sure how many there were, but it's safe to say that there were thousands of them. Some were surprised to find themselves in Arkansas. Some would soon be homeless. Others, the lucky ones, would get to go back home with a big mess to clean up.

They came to our hospitals, to shelters around the state, to hotels and restaurants, to countless private homes, even to State Park camping grounds.

For 233 patients, it was a very unusual hospital visit. For these, some of whom were critically ill, the trip to Arkansas became necessary when Hurricane Gustav turned on New Orleans and the Louisiana coastline to the west. They made the trip on large military transport planes, specially outfitted with medical support equipment and with trained doctors and nurses on board. The entire operation was organized under the National Disaster Medical System, headed up locally by Rex Oxner, area emergency manager, Central Arkansas Veterans Healthcare System.

When the first C-130 transport plane cut its engines at about 11 p.m. in Little Rock at Central Flying Service, no one really knew what to expect. According to Alyce Wagner, a patient advocate from the Arkansas Department of Health (ADH), there was an eerie silence as the assembled force waited for the doors to open. "I'll never forget it. None of us really knew what we were about to have to deal with," she said.

Inside were the first of the patients that would be delivered from Louisiana hospitals by plane—10 C-130 Hercules and three C-17 Globemaster transport planes arrived over a 24- hour period, all specially designed for medical transport.

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The planes were outfitted with what are called “litters,” stretchers with special supports for those too ill to sit up. Those patients were securely placed in stacks of four patients, one above the other, in rows back into the plane. There were many patients in wheelchairs with medical treatment equipment attached. A few patients were able to walk with assistance, but they all had one thing in common—they needed to be in the hospital.

What happened next was extraordinary. The process of moving patients to local metro area hospitals began with getting some of the most critically ill patients off the plane and on their way to the hospital without delay. A well-organized team of Air Force enlisted men and women accomplished this with exact precision within minutes, and the patients were taken to ambulances waiting nearby. Health Department computer software containing bed availability at the 13 metro area hospitals told the team where patients needed to go.

At the Central Flying Service hangar, the patients who were not immediately whisked away were triaged—in areas marked Red, Yellow and Green—so that the most serious cases could be seen by physicians prepared to take care of them. For these doctors, patient care was paramount. Each patient was placed in a hospital best equipped to handle the specific case. The triage area was busy, but an air of calm efficiency and good cheer prevailed. Dr. Marlon Doucet of Central Arkansas Veterans Healthcare System, himself a Louisiana native, was overheard asking if one of the patients had brought any boudin with him. This brought a smile to a difficult time for someone far away from home.

The ground transport team consisted of Emergency Medical Services first-responders from all over the state. These volunteers travelled from the four corners of Arkansas to help move patients into their temporary hospital homes. By August 30, there were 21 Arkansas paramedic-level ambulance crews at a staging area in Alexandria, Louisiana, ready to assist in the evacuation of Louisiana citizens. Crews conducted nursing home evacuations and the transportation of critically ill patients to shelters prior to the arrival of the hurricane. Then, when the storms had passed, they were enlisted again to help get them back home safely.

Meanwhile, those who were able to travel on their own began to show up at shelters in Arkansas, and many came back to the same shelter they had stayed in during the Katrina recovery phase. In all, there were 48 shelters in 24 Arkansas counties that housed 2,791 evacuees. As before, some have no home to return to.

Prior to the opening of the shelters, ADH environmental health specialists had inspected the facilities to assure that food and water safety and shelter sanitation issues were addressed. Nurses and ADH personnel were on hand at all shelters alongside workers from the Department of Human Services (DHS) and volunteers for the local area communities and churches to answer whatever needs arose. The problems they faced ranged from the need for prescription medicine to kidney dialysis. Local county health officers were pressed into volunteer service to help provide prescriptions, and medicine was paid for out-of-pocket by nurses who saw no other alternative. Carol Minter, RN, in Lafayette County worked all day on Sunday, August 31 to get blood pressure meds to an evacuee staying at Camp Canfield.

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She drove from her home in Lafayette County to the nearest pharmacy that was open on Sunday in Magnolia in neighboring Columbia County, bought the medicine with her own money because it was the quickest way to take care of the problem, and then drove back to Camp Canfield to hand deliver it. Also in Lafayette County, a mother arrived with 13 adopted special needs kids, two of whom needed IV medication weekly, and was able to find help through the Lafayette County health unit.

According to Dr. William Mason, Incident Commander for the ADH Emergency Operations Center (EOC), the ADH nurses were able to stay on top of communicable diseases that might have caused very serious problems by carefully monitoring each shelter for health problems. "These people are sometimes in crowded, enclosed situations. The possibility that a communicable disease could spread through a camp and make many people sick very quickly is something we work hard to prevent," Mason said.

As soon as the evacuees settled in, the wind and rains came, creating problems here at home. With more than 140,000 Arkansas residents in the dark, medicines were moved from their refrigerated storage at local health units affected by the outage to nearby hospitals or locations on generator power.

The largest single shelter in the state again this year was at Ft. Chaffee. Here, too, the health problems required special treatment. Dr. Bryan Clardy, who is in charge of the Medical Reserve Corps. (MRC) in Ft. Smith, heads up a team of volunteer doctors, Health Department nurses and support staff at Ft. Chaffee that serves a critical role. As in Little Rock, the evacuees were triaged upon arrival, and some were taken to area hospitals. Most, however, were cared for in a makeshift hospital at the base, staffed by volunteer doctors and nurses. Clardy said that the MRC team had between 1,200 and 1,500 patient encounters during their stay at Chaffee. Without that temporary hospital facility, most of the evacuees with serious medical needs would have been taken to hospitals in Ft. Smith, hospitals that were not prepared to handle such a surge.

"Opportunities like these make me fully aware of the reasons I chose to go into public health. Seeing people work together who would not ordinarily mix, all in an effort to serve someone in need—that is the real reward in this work," Mason said.

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