Cutting Edge Issues in Public Health Preparedness - A Tale of Two Cities:
New Orleans Hurricane Katrina and the Minneapolis Bridge Collapse

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MI-1DMAT
Helicopters are being off loaded every 1 ½ minutes
Tarmac temperatures >110 degrees
No one is being transported out
4 DMAT team members >300 pt
Supplies? What supplies?

• Urinals
• Bed pans
• Sheets
• Stretchers
• Oxygen
• Gloves
• Hand cleaner
• Food
• Water
Expectation: FEMA, NDMS, DMAT are well organized to effectively mobilize critically needed healthcare teams

• Reality: At the airport, DMAT arrived sporadically with variable supplies and poorly coordinated leadership
  • No command structure in place for above team commanders at the site
  • When command team was brought in:
    • No communications
    • No plans
    • They were quickly overwhelmed
Thousands of ill and injured evacuees began seeking healthcare in at the airport and in Baton Rouge

- Every hospital and clinic is full
- Health care volunteers amass
  - Where to treat more patients?
  - Equipment?
  - Credentialing?
  - Standard of care vs. Sufficiency of Care
Expectation: National evacuation plans will be well planned and efficiently implemented

• **Reality:** The air evacuation assets were sub-optimally coordinated and the ground evacuation assets were ineffective and led to huge delays.

  - DMAT leadership multiple times tried to stop evacuation of evacuees.
  - Military could not easily interface with civilians.
Triage

- Disease state
- Transport
- Logistics
Expectation: During extreme circumstances, the 1st priority is to lives at risk and political and individual agendas will be second.

• Reality: Primarily it is politics as usual with a lack of Sr. leadership skills in emergency management which negatively impacts the event.
**Expectation**: Training of upper level and middle level management will positively improve outcomes during the response.

- **Reality**: Innovative surge facilities were opened.
- **Reality**: Yes, there was a noticeable difference in the reactions and actions of those who had training and those who had not.
Status: Over 2000 sick and injured patients, Plus over 10,000 evacuees… “we’re Going to Need God’s Help”
Evacuation

Not thought of immediately by the upper levels
Surprised?

• >50 years of social science literature told us what to expect.
  - People react as they would normally in a stressful situation
  - Communication fails
  - Initially there will always be chaos
  - People will not always do what you want them to do i.e. evacuate
  - Command and control often fails
Observed Human Responses

- Super human
- Ignore what is too horrible to look at
- There are 3 major categories of leaders
  - Fixed thinkers
  - Critical thinkers-who think outside of the box
  - Spin in circles
Disaster Myths

• People panic
• People will not behave well is stressful situations that occur suddenly
• Government will take care of us
Things that I learned

• All bad things eventually come to an end
• Sometimes it takes the outsider to move things along
• People will gravitate to what makes them more comfortable
• There will always be chaos until there is enough structure to support order
• Above all people try to do the right thing