A Doctor Who Weathered Katrina Now Tends Victims Of Harvey

By SHEFALI LUTHRA • 21 HOURS AGO

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Dr. Ruth Berggren stands outside Charity Hospital in New Orleans in 2005, where she had earlier cared for patients during Hurricane Katrina.

CHERYL GERBER / AP

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As Dr. Ruth Berggren digests the calamity affecting her new home state of Texas, she admits to some PTSD.

In 2005, she was an infectious-disease doctor at Charity Hospital in New Orleans when Hurricane Katrina hit, and she became one of a small number of physicians (http://www.nejm.org/doi/full/10.1056/NEJMp058239#t=article) left to care for 250 patients for six days, trapped by flooding and without running water or electricity.

"I remember what it was like to be standing on the balcony of the ninth floor of Charity Hospital looking out over the floodwaters," Berggren says.

She spent weeks and months dealing with the aftermath before moving to Texas, where she heads the University of Texas-San Antonio's Center for Medical Humanities and Ethics, part of its Health Science Center.

In response to Hurricane Harvey, she has spent time volunteering at a makeshift clinic in a San Antonio middle school, once again treating victims of the storm — elderly patients who lost their walkers and people who in the rush to evacuate had forgotten medicines.

Storms such as this place a heavy burden on the local health system. Hospitals worked to keep caring for patients as flooded streets promised complications for people trying to deliver refuge and health care (http://www.npr.org/sections/health-shots/2017/08/30/547327581/in-houston-most-hospitals-up-and-fully-functional).

Harvey is the first major storm since the federal government revised emergency preparedness standards for hospitals, in response (https://www.nytimes.com/2014/03/12/us/us-citing-urgent-need-calls-on-hospitals-to-improve-disaster-plans.html?mcubz=0) to Katrina and 2012's Superstorm Sandy. Now, health care institutions that receive Medicare or Medicaid dollars must have (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html) disaster preparedness plans, including relocation strategies (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf) for at-risk patients and mechanisms to maintain basic power.

Berggren says she has seen improvements in preparing for disaster since Katrina, and shared her distinctive perspective. The interview has been edited for length and clarity.

What kind of burden does a storm like Harvey place on local hospitals, and on the health care system?

The first responders are always the people there locally. They're being affected by the disaster at the same time as the population is. You have sort of a dual role.

Where I saw this burden take its biggest toll at Charity was two or three days after the storm. The people who had the hardest time were the folks who didn't know the safety or whereabouts of or well-being of their loved ones. [Berggren's husband and 12-year-old son were at Tulane's hospital, and her daughter was with friends in Houston.]

Hurricane Katrina shone a spotlight on challenges that can arise at a hospital navigating a natural disaster. Are there lessons learned that we're maybe seeing applied here in Harvey?

It does look like they were far better prepared, with regard to having protection for their power supply and for water in these hospitals.

You can never really be fully prepared. What I recall before Katrina is there was kind of a set of misplaced priorities. We had to all undergo about four hours of training about sexual harassment in the workplace because Tulane was worried about that that year in particular — and had had exactly zero hurricane preparedness. We didn't even know what Code Gray was. [It alerts staff to severe weather, a combative person or other safety risks.]

I think that whole region along the Gulf Coast is much more attuned to the fact that we have to prioritize educating health professionals about disaster preparedness. I see better preparedness in the medical community and I like to think that's part of the Hurricane Katrina legacy.

What challenges should we expect in the storm's wake?

There are always going to be vulnerable people, disenfranchised groups of people. If they're not gotten out and they become further deprived of food and shelter and having their basic needs met, you're going to see, unfortunately, I fear, the potential for violence. We had the experience at Charity Hospital of getting shot at by snipers, and we never knew who they were. We assumed they were disenfranchised people who had become desperate and been deprived of food or perhaps medication.

It's going to be very hard to get regular services back up and running. I would say mental health is going to be a big problem. We saw a number of suicides in New Orleans after Katrina. People have a bit of a sense of despair when they become aware of the scope and scale of the disaster.

Post-Katrina it took many, many, many months to see the mental health counselors and psychiatrists return. I would hope that in the intermediate-range and long-range planning for disaster recovery that mental health is given a really high priority.

Next, I would worry about some infectious-disease issues. There's a lot that's been written about Houston's risk for a Zika outbreak. Of course, the way you combat Zika is you get rid of standing water — and what does Houston have right now?

Lots of standing water?

Lots of standing water! They have had a superb proactive public health response up until now. I only hope the state continues to support that.

We have a lot of people living with chronic illness in general. When it's tuberculosis, when it's HIV, those people need their medications on a regular schedule, without interruption.

There were a lot of logistical hurdles in New Orleans, post-Katrina, in keeping patients on their full HIV regimens and full tuberculosis regimens. My patients with AIDS and tuberculosis who were evacuated without their medications — it took a long time before they could get to a place where they really felt they could confidently tell their health care providers what their needs were.

I had AIDS patients contacting me and saying, "Is it OK if I take my pills every other day to make them last longer?" And that's exactly what you don't want to do.

With people saying recovery will take months and even years — what sort of long-term impact might we see on the health system in Houston?

Physical infrastructure will take time to repair, but you can still provide funding to help people access care.

Houston doesn't have to have all the floodwater evacuated and the buildings pristine to provide health care to vulnerable people.

Having moved from Louisiana to Texas, what is it like for you watching another major hurricane play out in your new home?

I'm comparing and contrasting constantly. I'm always checking the news. I'm checking in with my resident who's assigned at Ben Taub. I'm seeing things that are being done a lot better and I'm seeing things that I wish could be done differently.

Disasters bring out the best and the worst in people. We always want to look to criticize and identify the mistakes, but these are also opportunities to see how good we really can be.

The capacity of our people to take care of one another and to rise to the occasion and to go beyond themselves is just so inspiring.

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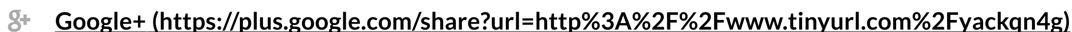

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