PERSPECTIVE

BY **Steven L. Kanter,** MD
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I recently visited New Orleans, and the individual driving me back to the airport told me about his experiences during Hurricane Katrina in 2005. He and his family evacuated to Atlanta in a van loaded with a mattress and a small grill. During that long trip, his children could sleep on the mattress and he could grill food for his family. He was one of the fortunate individuals who survived, but he bore witness to significant loss and suffering.

His personal story, like so many others, reminds us of the central role that academic health centers play during natural disasters, providing urgent and emergency care, among other services. The three commentators in this issue of *Leadership Perspectives* share their personal stories as leaders who have experienced major disasters, learned from the challenges, and built programs and infrastructure that draw upon the best of what academic health centers have to offer. Their insights, based on severely trying events, can provide an exemplary guidepost for all.

Mark Stacy, MD, dean of the Brody School of Medicine and vice chancellor for health sciences at East Carolina University, highlights the importance of academic health centers to ensure that post-disaster services reach everyone in the community. This entails a disaster preparedness management structure to "unify disaster response in strategic ways." An essential element of this unified response is a respect for the local healthcare providers who can provide the personal response to individuals in their communities.

Ari Fahrial Syam, MD, dean of the Faculty of Medicine at Universitas Indonesia, raises the importance of the role that academic health centers play, not only with immediate healthcare response for those injured, but also in post-disaster health efforts, such as identifying the victims and honoring their families' traditions. Importantly, he notes that crisis management in times of natural disasters requires a strategic eye for the human resources and the healthcare facilities needed for quality medical care.

LouAnn Woodward, MD, vice chancellor for health affairs and dean of the School of Medicine at the University of Mississippi, discusses the overwhelming experience of responding to one of the most powerful hurricanes that hit the U.S.—Katrina. That experience led to a "deliberate decision to never again be unprepared and overmatched when responding to a crisis" and to the development of a proactive crisis management program, including construction of a Center for Emergency Services, to fully integrate all emergency resources and responder training.

Academic health centers are trusted on local, national, and global levels to provide urgent and emergency care in times of crisis such as hurricanes and floods. And the only way an academic health center can be maximally effective is to be prepared.

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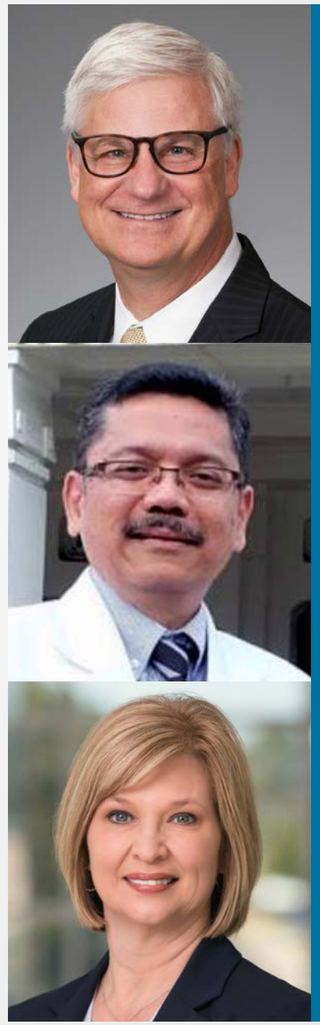

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Mark Stacy, MD // *Dean, Brody School of Medicine*
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Reaching out to help neighbors in need is part of the culture in eastern North Carolina. When a storm rolls into this region, students, staff, and faculty immediately begin to move into action. As a relatively new community member, I find it uplifting to see responders differentiate into niches for providing care, distributing supplies, arranging for transportation, enabling communication, and even facilitating pet rescue.

Nonetheless, given all the options across hospitals, the university, and surrounding communities, some people in need of services still fall through the cracks. To reach everyone in a region hit by one of these events, a disaster preparedness management structure has been initiated to unify disaster response in strategic ways.

Initial efforts focused on cataloguing the variety and scope of needs and timeline within broad categories of preparation, rescue, and relief. While a hurricane appears to be an equal opportunity event, health impact is not. Preparation well in advance is essential for a person with end stage renal disease requiring dialysis and a specialized bed. Emergency support, communication, and transportation are essential needs for care of people affected by flooding, injury, or dwelling damage.

Storm recovery occurs in many stages and durations. Differentiating the efforts of preparation, rescue, and relief allows for volunteers to be aligned with efforts that match skills, expertise, and personal preferences. Volunteering for an activity that is not well suited for a participant is not an effective use of resources and may tarnish an experience for a learner.

While this organizational construct promotes more efficient utilization of people and supplies, it is essential that local efforts remain the primary delivery system. The doctor's office in a small town is often the hub of medical care and the first place to go during a weather emergency. Hurricane Florence reminded us that a physician and a nurse, using only power from a generator, could treat a man suffering a heart attack and care for a woman giving birth. This team, cut off by locally flooded roads, then summoned a helicopter for transport and continued care for three people—who will always have a story to tell.

These highly personal experiences remind us of the humanity in healthcare and service to one another. A robust organization in the background furthers a message that help is on the way.

> "While a hurricane appears to be an equal opportunity event, health impact is not."

Ari Fahrial Syam, MD, MMB, FACP, FACG // *Dean of Faculty of Medicine*
Universitas Indonesia

Located along the Pacific Ring of Fire, Indonesia has to cope with the perpetual challenges of many natural disasters when healthcare services and logistics are undoubtedly required. As one of the leading health institutions in Indonesia, the Faculty of Medicine University of Indonesia responds to crises with both humanitarian assistance and disaster relief programs. For example, UI *Peduli* (UI Cares) is a program supported by alumni with the government in which we delegate our staff and students from various fields to volunteer as teams in times of disasters. This crisis management program responds to multiple concerns.

In 2018, several earthquakes and tsunamis in Lombok, Palu, Donggala, and Sunda Strait claimed over 2,500 lives and left more than 11,000 others injured. This experience tested our crisis management—not only in providing immediate healthcare relief to survivors, but also in responding to post-disaster health impacts. In addition to the constant flow of injured victims, unidentified bodies and risks of infection from decaying human remains presented another immediate concern.

As part of our crisis management program, we send out experts from the Forensic Medicine Department to carry out a Disaster Victim Investigation process. These responders properly identify the dead to enable immediate, yet appropriate, burial that both respects the deceased's family while also reducing infectious hazards. Additionally, we consign our best staff and students to help out at local healthcare settings around and within a disaster area, from primary care to public hospitals to areas of medic shortages.

Commonly, the majority of post-disaster patients present traumatic injuries, most of which are fractures. We have developed triage systems with both quantity and quality in mind. Based on their fields of practice, our healthcare professionals are assigned responsibilities ranging from pharmacology to surgery.

It is important to note that in times of natural disaster, crisis management requires maintaining focus on both human resources and healthcare facilities. Our institution engages in capacity building programs that equip local doctors with both logistics and proper training in order to maximize their performances and prepare for potential crises. We also include mobile clinic units in our disaster response medical service infrastructure, especially for survivors lacking access to healthcare delivery settings.

In managing crises, our goal is to not only sustain and improve our contributions in the nation's disaster response and preparedness in the aftermath stages, but to also focus on implementing preventive measures.

> "...in times of natural disaster, crisis management requires maintaining focus on both human resources and healthcare facilities."

LouAnn Woodward, MD // *Vice Chancellor for Health Affairs and Dean, School of Medicine*
University of Mississippi Medical Center

In the Central Gulf Coast states, many of us divide history into two parts—'Before Katrina' and 'After Katrina.' After all, the powerful hurricane that made landfall on the Louisiana coast in 2005 is still the costliest natural disaster in U.S. history, at $125 billion, with as many as 1,800 deaths attributed to the storm and its aftermath.

Although New Orleans rightly received much of the national attention, many areas along the Mississippi Gulf Coast were destroyed by the winds and storm surge. In the lower third of Mississippi, nearly all of the hospitals, nursing homes, clinics, and ambulance services were forced to shut down and evacuate patients by whatever means available.

Before Hurricane Katrina, the University of Mississippi Medical Center (UMMC) did not have a formal statewide role for disaster response, so expectations of us and our own expectations of ourselves were low. Our experience in major medical emergencies had primarily been to react locally, receive patients, and possibly assist around the margins. We did all that and more during Katrina.

Once the storm passed, however, the Mississippi State Department of Health asked UMMC to send emergency personnel to the coast to help victims. We mounted a seat-of-our-pants operation of eight volunteers who became completely overwhelmed by the magnitude of the need. We also were asked to coordinate all ambulance movement in the affected area, which we did with cell phones, spotty radio coverage, and sticky notes on a dry erase board.

After Katrina, we made a deliberate decision to never again be unprepared and overmatched when responding to a crisis. We completely overhauled our emergency response capability to be more proactive and forward leaning, so UMMC is now able to play a lead role in statewide crisis management.

Today, among other capabilities, we are able to deploy and staff up to three mobile field hospitals and a mobile ER/ICU. We operate Mississippi MED-COM as a high-tech communications hub, coordinating the movement of ambulances and other medical assets statewide. We operate four medical helicopters (compared to one before Katrina) that have statewide reach. And, we are building a state-of-the-art Center for Emergency Services to integrate all of our emergency resources and serve as the state's lead training site for first responders.

This 'before and after' story is one we are much more comfortable with and even proud of, because now we stand ready to respond, come what may.

> "After Katrina, we made a deliberate decision to never again be unprepared and overmatched when responding to a crisis."