



## Nursing Article

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## **After the Storm: Nursing in the Wake of Hurricane Katrina**

The TV news reveals flooded neighborhoods and people waiting for rescue from rooftops. Some are so desperate for food and water that they break in and ransack local stores. A woman, her face twisted in anguish, cries out for her missing family. Rumors of civil unrest are mixed in with the truth. Images from the past three days run together in a blur; the contrast between the destruction along the Gulf of Mexico and my safe, comfortable life as an academic in sunny California could not be greater! Something is different about this disaster. I can hardly believe it is happening here, in America. Before bed, my husband and I talk about what we should do to help. Everything we think of seems too little.

Thursday morning, September 1, dawns clear and bright. Our fall School of Nursing faculty retreat is at a local golf club. The serenity of the grounds, with birds twittering in the soft light and dew sparkling on the grass, provides an oasis, a quiet place to think and plan before

entering the busy semester. I speak with a member of our faculty who lives in Louisiana, inquiring about his family. Partway through the day, someone says: "A few of us are thinking about volunteering to go to the Gulf to help." Our Dean responds positively. The idea echoes in my mind and spirit for the remainder of the afternoon. As the meeting breaks up, I join others for a brief discussion. One of us, Anita Bralock, will contact the American Red Cross (ARC) immediately and see if we can attend a training session soon.

Back home, I run to the computer and search the web for any Red Cross training sessions nearby. None are listed. I check the RN licensing boards of several states and learn that, in times of disaster, a license from another state is given reciprocity for a period of up to six months. As I dress for the APU faculty-staff "Kickoff" dinner that evening, I review the situation. With calm assurance, I told my colleagues I wanted to go to the Gulf to help; I said I was "with them" in that desire to go and serve people who were struggling with this great disruption in their lives. Some had lost "everything." What caused me to jump in "with both feet?" For a second I consider that perhaps nothing will come of it. But I hope we will find a way to go. I mention to my husband, David, that several of us are thinking of this. He expresses serious concerns for my safety. At the dinner, President Jon Wallace delivers an inspiring speech on the theme "Serving Christ, Outside the Lines." The scripture he asks us to focus on for this year is:

***Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms. If you speak, you should do so as one who speaks the very words of God. If you serve, you should do so with the strength God provides, so that in all things God may be praised through Jesus Christ. To him be the glory and the power for ever and ever. 1 Peter 4:10-11 TNIV***

Inspired by these words and the encouragement from Dr. Wallace to step out boldly where Christ leads, my decision is confirmed. Back home, at 9:30 pm I get a call from Anita. She reached the local Red Cross chapter and they will hold a special training session tomorrow. We will miss a mandatory full faculty meeting at the university. Anita asks, "Will you come to the training?" I tell her I will be there. I send a quick email to Christian friends, asking them to pray for the meeting, for health and strength if I go, and for my husband's concerns about my safety. I am a bit surprised that I have no anxiety at all.

Next morning I pick up Susan for the drive to ARC. A nurse practitioner and veteran of many mission trips, I know her perspective will be valuable as we share our thoughts, pray, and determine to do all we can to help. At ARC headquarters we join other nurses, Emergency Medical Technicians, and Brenda\*, the trainer. After several hours of Red Cross Shelter Operations, Disaster Health Services, and a "this is what you need to be prepared for" speech, she asks: "Who wants to go?" We do some paperwork and Brenda tells us we will hear from ARC about the possibility of going.

The purpose of the ARC is to protect life and health and to prevent and alleviate human suffering. As a secular organization, ARC allows no focus on "religion," and evangelistic efforts are prohibited. As a member of the faculty in a School of Nursing at a Christian university and a teacher of health ministry nursing, I am used to identifying and responding to patients' spiritual needs as easily as I breathe. I know that God will help me discern spiritual needs and respond appropriately to them within my scope of nursing practice. Driving home after lunch, we get the call. We are approved to go; tomorrow we fly to Houston, TX.

*\* indicates the person's name has been changed to protect confidentiality*

I phone David to tell him the news. He supports my decision to go for eleven days. I am relieved. We are excited and focused, thanking God for this opportunity. We don't yet know where we will be sent from Houston. The next few hours are a race to shop for all the items we will need to take with us. Several stores give us a break on the cost of clothing and equipment when we tell them we are responding to Katrina. I spend the evening packing my wheeled duffel and on the telephone to family, friends, and colleagues at work who graciously take over my responsibilities. I feel surges of energy when I need them, and the "to-do" list grows shorter. Though I have never done this before, there is no worry, no sense of danger – I can think, plan, and act efficiently. I am so grateful for the presence of God and the support of friends and my university.

Saturday morning, Dave and I pick Susan up and head to the airport. She and Anita get the 12:30 flight – mine is later. Waiting, I start my Katrina diary. Quietly reading a novel and praying is a perfect way for me to begin this journey! In the departure lounge I meet other ARC volunteers. We are unified in purpose, and within a few minutes we are talking like old friends. The few veterans tell stories of previous disasters, and "newbies" like me hang on every word. I begin to learn that ARC people are like a large, affectionate extended family. This impression will be strengthened again and again in the days to come.

In Houston Susan and Anita are at the head of the line at hotel check-in when I arrive. We have a late supper that puts me in bed by eleven. Susan and I pray together, using two Psalms her parents have claimed for us. Sleep is welcome. In the morning we have a huge breakfast and are at the hotel ARC dispatch center before eight on Sunday

morning. An ARC joke has it that the work is like this: wait around, wait around, wait – now hurry, hurry! ARC leaders form groups of three; our orders: rent cars and report to the ARC dispatch center in Baton Rouge, LA. I am with Donna\*, a veteran ARC organizer, and Rick.\* And we're off!

What a gorgeous day! The sky is a clear, robin's egg blue; the sun is bright, the travel easy. I am glad to go to Louisiana, a hard hit area. As we travel, Donna tells us stories about the other disasters she has worked. We have questions, and this informal orientation turns out to be valuable later. We see a convoy of more than a hundred Texas school busses returning from transporting evacuees to shelters. We pass flat, swampy ground. This looks more like the low land I remember from a visit to New Orleans. National Guard army trucks and ARC Emergency Response Vehicles (ERVs) are on the move. We wave to each other as if to say: "We're all in this together."



In Baton Rouge, the afternoon unfolds in controlled confusion at the crowded ARC dispatch center. What happens now? Newly arrived volunteers await brief group orientation, present documents to ARC staff, have a brief medical review, and receive assignments to ARC shelters. A large group of us is assigned to Lake Charles Civic Center shelter. I stop at the Disaster Health Services desk to tell them I am a RN going there. Seeing Anita and Susan in the long line, I know we are separated. We take “Good-bye” photos, blessing each other and promising to keep in touch by cell phone if possible.



Susan, Anita and Leslie (pictured left to right) at the ARC dispatch center, Baton Rouge

I ride with a couple to Mount Hebron Baptist Church where we spend the night. The small kindnesses of the church members (scented soaps, thick towels, a full breakfast) make us feel welcome and cared for. Several hundred ARC staff prepare for

sleep in the gym and Sunday school classroom. Cots appear about 10:00 pm – we are



Civic Center shelter in Lake Charles, Louisiana

so thankful not to have to sleep on the hard floor.

The next morning, the trip to Lake Charles

with Jan\* is uneventful except for a traffic jam on the I-10 freeway. Arriving, we check in at the ARC staff desk and the ARC “First Aid station” (the clinic). Calm order prevails in a 12’x14’ room jammed with equipment, meds, chairs, patients, physicians and nurses from a local hospital and a couple of RNs from ARC “Disaster Health Services.” No one seems to be in charge. Local hospital staff arrives and departs as suits their schedules. Ten patients are waiting to be seen. A sample of health problems includes: coughs and colds, strep throat, acute anxiety, major and minor sprains, miscellaneous aches and pains, incontinence, broken teeth, and skin rashes. Many diabetics are without insulin and blood sugar testing equipment; asthmatics of all ages need breathing treatments; some have lost their glasses, hearing aides, canes, or wheelchairs and lots of people either left home without their prescription medications or are running low.

There are 3,000 residents of all ages in the shelter. About 90% are African-American families from New Orleans. Cots or mattresses with luggage and boxes of clothing and personal effects cover the floors on three levels of the sports arena and convention rooms. This is a very different “homeless” group than we work with in our outreach clinics back home. Here, most are blue collar or working poor, and quite a few

are middle class. Tables set up at the shelter entrance have ARC registration and information, and many special services are offered by local volunteer organizations. Local schools register kids to attend classes, employers post job openings, and much critical information is provided through the public address system – availability of transportation to specialty clinics, how to apply for housing, how/when to meet with the FEMA staff to receive disaster relief, and when the animal shelter van arrives so people can visit their pets. Shelter residents are open and friendly with the ARC workers and very thankful to have food, shelter and so many resources. Most are guardedly optimistic about the future despite the “doom and gloom” they hear day and night from a major news outlet on the big-screen TV in the arena.

The ARC policy on health services is that only “First Aid” is provided. The needs of the shelter residents go far beyond this, and local hospital staff has functioned as a primary health care clinic for several days. There are no patient charts, no consistency documenting care. I volunteer to take the needs of the clinic to an ARC organization meeting at 4 pm. We have lots of equipment (thermometers, sphygmomanometers, gloves, etc.), over the counter and prescription meds, but they are not organized. We need several sets of shelves, the standard ARC 2077 health record and 2077C demographic forms for documentation, more nebulizers, digital thermometers, a 1-touch Glucometer, 10 cc. syringes, and an examining table screen. The physicians and nurse practitioners can order meds (we phone these into the local Walgreen Pharmacy), but there is no one to pick up the prescriptions. I immediately think of Walt\* and his wife, an active retired couple I met in Baton Rouge, who just arrived, and are not yet assigned. After I describe the job of pharmacy driver and clinic supporter, he eagerly agrees.

Thank-you Lord – for helping us find the person we need! Over the next several days, Walt becomes an indispensable member of our clinic team. Between trips to the pharmacy, he helps organize the prescriptions so we can dispense them efficiently, drives non-emergent patients to local clinics for specialty care, and is the primary means of transportation of all materials we need for providing care.

The shelter director tells us that the local hospital is currently in charge of the clinic. There will be a transition as more ARC RN staff arrives at the shelter. Back at the clinic, I relay messages to one ARC nurse, Terry, \* an experienced military corpsman who has been there a couple of days. The nurses meet, dividing into two 12-hour shifts, signing up to cover three areas: the Civic Center shelter clinic, a smaller ARC shelter (800-1100) in the city, and the local ARC chapter, where health needs of evacuees not in shelters are being handled. I sign up for “days” at clinic tomorrow.



Night Shift: RN comforts a restless baby while Mom sleeps

I have supper with residents in the shelter. There is plenty of food, water, soft drinks, coffee and snacks provided by a local caterer. Before dark, I go for a refreshing walk along the lake. It's 85<sup>0</sup> F. and the fish are jumping; the "love bugs" dancing along the water. A few people from the shelter and town are walking or roller skating along, enjoying the evening air. With thanks to God for my cell phone, I call David at home and my Dad and sisters in Canada. They are relieved to know I have arrived safely. Sixty ARC staff bed down in a large room on the third floor of the Civic Center. I am tired! We hear rumors that a large number of Federal Emergency Management Agency (FEMA) staff will move into our "bedroom" the next day, and wonder where we will go.

Early Tuesday, I make "rounds" on the main arena floor. A man in his mid-20's sits with slumping posture and sad face. I learn that he feels overwhelmed, as if he can't do anything. His young wife is pregnant and he has no work. Like many other evacuees, he is wearing a rosary around his neck. In this environment, it is not a "fashion statement" but an expression of faith. I listen. I ask him about his faith and where God is in all of this. Tears form in his eyes. My work with him is a blend of crisis intervention and spiritual support. We pray together. As I leave, he is focused on one thing he can do today to help his family – hope is born anew.

Volunteers are needed for a special training, so I agree to help move 60 ARC staff to a motel by late afternoon. This includes negotiations with the hotel, organizing an office, obtaining a computer and printer, setting up a database with all required information on the staff, assigning people to rooms, providing keys, etc. This becomes a 17-hour workday, but we get the job done. Everyone is in a "real bed," and we are so thankful.

At Wednesday am report, we learn many “special health needs” residents were identified yesterday when a doctor and Terry made rounds. Several have been transferred to special needs shelters. A man with COPD needs a regulator and stand for his O<sub>2</sub> tank. Twelve residents of a group home for mentally ill and incapacitated people (four incontinent) and their caregiver, Denise\* are here. I strategize with her to provide respite care and get supplies of diapers, wipes, and clothing from ARC Stores. She is reluctant to allow anyone, beside her son-in-law, to take over while she goes searching for housing. After two days with her, following through on a number of prescription refills that did not arrive for her residents, caring for her bruised and painful shoulder, and praying for her and her charges, Denise and I have formed a bond.

We have the ARC health forms now. We alphabetize our chart filing system and set up the prescription bin. At breakfast I sit with three evacuees. Two returned to New Orleans yesterday and found their homes virtually undamaged. This is great news! As soon as power and safe water are restored to their area of the city, they are going home.

The night staff organized supplies and meds on four sets of metal shelves. More RNs arrive. It is a long day. Terry decides that nurses with recent ER experience and our wonderful NP, Pam\*, will work inside the clinic. I know I am better used in case finding, patient teaching, follow-up, spiritual care and organizing. I will “float” throughout the shelter to assess the health and welfare of residents. This is like community health or parish nursing. With the staff inventory from the housing assignment, we now know whom all the ARC RNs are, and how to find them. The clinic has a comprehensive list of qualified ARC staff. From here on, coverage of shifts is not a problem.

A fourteen-year-old girl approaches and asks: "Where can I find a scrub bucket and mop?" She arrived yesterday, and cares for her mother whose hemiplegia and mental health problems complicate the picture. I help her clean up and get a protective cover for the bed, adult diapers, wipes and clothing. I tell her how the clinic can help. Both are seen that afternoon and relocated. An outbreak of conjunctivitis in the shelter is stopped by placing notices about hand washing and hand sanitizer gel in each restroom, and requiring everyone to use the gel when moving in and out of the food service area.

I spend my day off doing laundry, resting and reading. My old friend, bronchitis, is back. Even with Zithromax and Robitussin, I know I need rest more than anything. Another nurse and I visit a "tent and RV city" of 300 evacuees run by a church in a local State Park. With help from the ARC supplies, food services and local volunteers, they



**OTC's Anyone?**

are caring for people who prefer camping to a shelter. The weather cooperates.

An over-the-counter First Aid station is just outside our clinic. People can get antihistamines, Tylenol, cough suppressant, ear plugs (to help with sleep), and vitamins there. Shelter census is 3,800 people and 12-hour days rush by in a blur. Walking many miles each day on my “rounds” is easier now. I always seem to have the energy I need to visit and chat with people, inquiring about their health, their material and spiritual needs. My motto is: “No job’s too big; no job’s too small;” ARC “stores” people are used to my trips to get things for people who have limited mobility. I notice who is in bed at odd hours and may be ill, focus on families with young children and the elderly, and send people to clinic or take them in wheelchairs. Evacuees Penny\* and her two daughters, having searched for and found a way to make a new start, are moving permanently to Alaska with help from a donor who is providing airfare. A church there will help them find housing, get settled, and Penny has the promise of a good job. Clinic nurses help her with another donation – a set of luggage. There are tears in our eyes as



Red Cross Clinical Staff

she speaks joyfully of this new beginning: "God is so good to us!"

An ARC volunteer with pastoral training designates the concert hall as a chapel and invites a local church to lead a Sunday worship service. I ensure folks with limited mobility will be able to attend, using the elevator as an alternate to a flight of stairs. Sunday morning, residents attend services at local churches or the one in the concert hall. Thinking of those who could not get to a service, I convince the Associate Pastor to accompany me into the quiet shelter, bringing communion and a prayer of Blessing to any who desire it. When I offer, all but a reluctant few respond. We serve 35-40 people in this way. My heart is full, seeing people eagerly embracing God and renewing their faith.

What happened in the Katrina zone? I saw faith in action – my own and others'. I followed the Lord's call to Louisiana. Working among the shelter residents, I grew to love their honesty, fortitude, and faith, in the face of devastating loss and major life changes; their respect and kindness to each other and the staff. I will never forget how we cared for one another; prayed and saw God answer again and again. Illness was prevented, health was restored, hopes were revived, and people received the support they needed to begin again. It was a privilege to be there, I was Blessed!