

Hurricane Katrina wreaked tremendous havoc on the Gulf Coast and its inhabitants. It also revealed defects in governmental infrastructures for dealing with disasters—defects that cost lives and shocked America and the world. The Journal thanks Dr. Shane Spicer for sharing the following personal saga of the storm and its aftermath. —AJG

Hurricane Katrina: A Physician's Whirlwind Course in Disaster Psychiatry

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It was my first visit to the Big Easy. Since childhood, I'd been eager to explore New Orleans—such a rich mélange of culture and history. The mingling of French sophistication, great food, jazz, mysterious voodoo roots, and a southern American laissez-faire attitude has held such an allure. Little did I know that this dream weekend getaway would develop into such a tragic, life-altering experience.

I decided to tag along with a group of Chicago-based infectious disease physicians as a chance to visit the Crescent City. I had planned a weekend of exploring the city while my partner was attending conference meetings. Being on a busy consultation rotation during my senior year of psychiatry residency, I hadn't had a chance to keep up with the news. Only after arriving late on a Friday night in this great city and glancing at the airport television did I discover that a giant hurricane named Katrina was growing over the Gulf of Mexico and about to pounce on New Orleans. It seemed unreal. Because I had grown up in rural Appalachia and was now training in Chicago, the idea of a hurricane seemed impossible. Surely the storm would change directions? These things never follow the predicted course? Much less directly hit a major urban area?

On Saturday, business went on as usual. My partner attended conference meetings, and I decided to take a morning walk to explore the vibrant French Quarter, which was just blocks from our hotel. The distant sounds of jazz and smells of jambalaya and bayou were intoxicating, but I couldn't get lost in this maze as I'd hoped. Certain details kept me preoccupied and grounded in an uneasy reality: bars and storefronts being boarded up, a near-empty Bourbon Street, and, upon my return to the

hotel, a request to have me sign a waiver of responsibility of my life and belongings by the hotel.

My partner approached me from a frenetic group of people in the lobby. "The city is being evacuated. Our return flights have been canceled." The remainder of the conference was called off and, to our disappointment, not a single car, bus, train, or airplane was available to leave the city. Obviously, it was becoming harder to fall asleep despite the elegant turndown services.

Now Sunday, the weather was disturbingly beautiful outside. It was sunny without even a hint of a breeze. Certainly this giant red swirling vortex shown on the weather map couldn't be so close? After calling family members, work, coresidents, and patients, I was resigning to the idea of hunkering down and weathering the storm. I fought the crowds of people to buy the remaining bottled water available and returned to the hotel to await this approaching force.

I was admittedly excited, having never been through a hurricane before. But a palpable terror was also present. The luxurious hotel was filled with other tourists and locals trapped in the city. I had a flashback to the Titanic movie: a beautifully polished setting with violins playing and gourmet meals being served even as the ship was sinking. I reflect on the amazing and useful power of denial. We could all be dead by tomorrow morning. The storm was supposed to hit in about 12 hours and was categorized as a class 5 hurricane. But what would panicking do?

The hotel was filling up past capacity, as many hotel employees and their family members were climbing aboard this sinking ship. A hotel that usually houses 200 guests then approached a crowded 1500.

After having a cocktail with the other members from the conference, we muttered our hesitant goodnights and returned to our rooms to wait. I fought myself into sleep and awakened to a loud alarm and intercom message. "There is a mandatory evacuation to the 3rd-floor ballroom. You may bring a pillow only. Leave the remainder of your belongings in your room. You must leave your rooms immediately!"

Received Sept. 21, 2005; accepted Sept. 27, 2005. From the Department of Psychiatry, Northwestern Memorial Hospital, Chicago, Ill.

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The electricity faded out. The machinelike roar of the wind outside was shaking the chandeliers. Thousands of terrified people poured into this safer, windowless area of the hotel after stumbling down flights of stairs. Of course, the majority of people not only brought their pillows as instructed, but also brought hosts of bags, food, and bedding. This was the beginning of the decay of social order. People were clearly thinking of surviving, not about following rules. I, of course, lay down on the floor with my lone pillow, separated from my bottled water and minibar items—already a step behind in the survival game.

Monday evening the storm passed. We were still alive. Our fears were softening temporarily, and those of us lodging on undestroyed property were allowed back to our rooms: dark, hot, and humid, but a respite from the restless masses. Little did we know that the true challenges were still lurking ahead.

After regrouping, I met up with the other health care workers from the conference to consider the possible medical problems that might arise if we were not evacuated soon. There was no running water; the bathrooms and public spaces were quickly being filled with garbage and excrement. Already there was mention of people getting ill due to running out of their medications, having packed only enough for their weekend trips. The infectious disease specialists were awaiting diarrheal illnesses and were being proactive in discussing with kitchen staff how and what foods would be safe to prepare and in developing hand-soaking areas with bleach water prior to meals.

Within hours, we had arranged a clinic in one of the hotel's restaurants. It was like magic. A synergy was born. We organized a triage area, a pharmacy area, and even a ward area with 4 mattresses on the floor. We compiled a list of medications we thought we'd need and had a police escort to a local pharmacy arranged. The escort opened the pharmacy forcefully and had to protect our group with a rifle from other looting groups. Our resident pharmacist guided the tour to gather the meds as the group went wading through 4 feet of murky floodwaters.

As the lone mental health care provider in this group, I had recommended we, at minimum, get benzodiazepines and antipsychotics. I also recommended some intramuscular formulations for acute agitation if possible, but none were available. Antidepressants with known discontinuation syndromes were also gathered for patients with inadequate supplies. Never in a group of internists had I ever felt more respected and appreciated. Not only were the crowds outside the clinic quickly decompensating, but so were our fellow health care providers. Training in psychiatry was protective in a way. Being at the end of my psychiatry residency, I am at least familiar with dealing with human chaos to some extent. I was not, however, immune to the terror of the situation and certainly was bombarded by my own emotional responses. Not only were there people with preexisting mental illnesses that needed interventions

for acute crises, but the emotionally well people began to show signs and symptoms of depression, panic, and even psychosis. It's remarkable what a disaster can do. There is truly a continuum of mental health. It was fascinating and disturbing to see how quickly people can slide down the pathologic side given the appropriate circumstances.

During the first day of clinic, over 100 people were evaluated. Many people were presenting with first episodes of panic. One case was misdiagnosed at triage as an asthma attack due to the smoke of burning buildings, but on further investigation, the patient was having classic panic that responded well to benzodiazepine treatment and supportive psychotherapy. There was a severe case of panic, leading to ideation of jumping out of a window for fear that our building was on fire and that looters had entered our building. Sleep disturbances were the rule. Many people had adjustment disorders with features predominantly of anxiety. Also, there were acute stress disorders dating either to the hurricane itself or to experiences following the hurricane, such as run-ins with looters. A few individuals were informed of losing their property, and one person was actually informed of losing a loved one to the storm. In addition, one patient presented with signs of hypomania and one person had paranoid delusions of intruders being in the building and trying to steal her belongings. Fortunately, no patients required intramuscular medications or restraints. Most of the patients were interested in pharmacotherapy and were well managed with either benzodiazepines or atypical antipsychotics in this first-response disaster setting.

As we began running out of food and the strictly regulated rations of potable water were draining down to 3 small Dixie cups per day, agitation was prevalent and emotions were intense. Each day that we survived in this hotel after the storm passed, the more isolated we felt. The days were long and indistinguishable. Neighboring buildings were burning down. No help was arriving. No buses or helicopters were coming to our rescue. All we had were discouraging rumors informing us of maddening conditions at the Superdome, the completed suicides of our police, open gunfire in the streets, looting, and the inability of supplies and buses to gain access to our hotel as a result of flooding and human violence surrounding our building. The hopelessness and feelings of powerlessness were tangible. At times, we doubted our eventual rescue. It was overwhelming to see both the heights and depths to which the human spirit can stretch during these times.

Having been in the Big Easy for over a week before escape to a refugee area in Baton Rouge, it felt not as though I was returning from a luxury vacation, but from a war zone in some foreign land. How quickly that thin veneer of social order can wash away! How quickly we can revert into such primitive beings! For myself and for others, the art and science of psychiatry was invaluable during those dark days.