



NURSE URGES

HEIGHTENED

AWARENESS,

PREPARATION

FOR CALAMITY



WEATHERING THE STORM



She has seen houses ripped from their foundations, elderly people evacuated from their homes without their medications and rescue dogs whose feet were burned in the rubble of the World Trade Center.

Laura Terriquez-Kasey comes by her understanding of disasters the hard way — through working at New York City hospitals, serving in the U.S. Army and reserves, and spending more than six years as a member of a disaster medical assistance team, or DMAT, a specialized group mobilized by the Department of Homeland Security in catastrophic emergencies.



Laura Terriquez-Kasey

A clinical lecturer at Binghamton University's Decker School of Nursing with 35 years of nursing experience, Terriquez-Kasey thinks it's time to raise and respond, at local, regional and national levels, to the same pressing disaster-related questions she routinely poses to her students.

"What do we do about it?" "How could this be prevented?" "What can we do better?"

As she organized the annual disaster drill on Binghamton's 887-acre campus last spring, Terriquez-Kasey called upon her experience and devised a hauntingly prescient scenario: several weeks of rain would flood Floral Park and Lourdes Hospital in Binghamton. The University's Events Center would be needed as a shelter for special-needs patients and the elderly. As the drill began, her closing instructions to the team were plain and — as unfolding events would prove — prophetic: "It is critical we plan for such an event as it is perfectly plausible this could occur in this community."

Just weeks later, the drill proved a dress rehearsal, as torrential rains caused a precipitous rise in the Susquehanna, Delaware and Chenango rivers, breaching 500-year floodplains, closing an area hospital, forcing the evacuation of tens of thousands and sending nearly 2,000 evacuees from throughout Greater Binghamton to a Red Cross shelter established at the University's Events Center.

Several weeks later, as Terriquez-Kasey sat in her office amid books such as *Toxic Terror*, *The New Killer Diseases* and *Confronting Catastrophe*, and reviewed lecture notes punctuated with stark pictures of the disasters she has seen, it was clear that she took no personal satisfaction from being dead-on accurate about the scenario she selected for last May's disaster drill. But something else was also clear: She knows that if there is a silver lining to be found in the deluge that caused catastrophic flooding of the region, or in events ranging from Hurricane Katrina to the Sept. 11 terrorist attacks, it is in the likelihood that such events will sharpen our focus on disaster management.

"We as a nation need to change the way we think about preparation," she said. "We have that syndrome: 'It's not going to happen here.'"

She added: "I see disaster education as a mission because many lives could be saved if we could better educate people. The community itself has to be educated. I think we need to get our heads out of the sand regarding safety issues. People don't have a healthy respect for nature — and we should."

Never content to just talk the talk, Terriquez-Kasey advocated, even early in her career, for more disaster education for the Army nurse corps, where she ran courses and conferences while in the military. When she worked at Mary Imogene Bassett Hospital in Cooperstown, N.Y., in the late 1990s, she put together central New York's first hazardous materials response team. And now, at Binghamton, she continues to expand on and enhance the value of her personal DMAT experiences by sharing them with interested audiences.

That sometimes means presenting information about the disasters she has seen to government and nursing groups. It also often means tying her real-world experiences into the content of the two online graduate-level courses she teaches. One of those courses focuses

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on disaster preparation for community and public health nurses; the other on emerging threats, with a focus on such biohazards as flu epidemics and plague.

Terriquez-Kasey's courses draw pre-med students and graduate-level nurses from as far away as the Canadian border and were developed with funding support from the Department of Health and Human Services. Her two existing courses will soon be joined by a third course focusing on chemical and radiation threats. All are a sign of her commitment to trying to raise our communal level of vigilance by educating next-generation healthcare providers to the sweeping scope of large-scale disasters.

In 2005, for example, Terriquez-Kasey and her 200-member DMAT rotated into the disaster zone in 35-person teams to help victims of Hurricane Katrina, the costliest and one of the most dangerous storms in U.S. history. Although far from Binghamton's campus, she made sure that her students remained engaged in and learned from the events in the storm-ravaged South. Using a laptop computer, she regularly posted photographs and news articles on the Web, along with journal-style remarks, and assignments that asked the students to think like disaster-management professionals.

"I wanted them to see the other side of the coin," she said, "not just what the news was giving them." That insider's perspective put students in touch, for

instance, with the emotional and ethical tensions experienced by on-site nurses and doctors as they anxiously awaited permission to go into New Orleans and other affected areas, where security issues threatened to turn emergency workers into secondary victims of the chaos.

The bottom line, from Terriquez-Kasey's vantage point, is that disaster planning has never been more important. Better-prepared nurses and better-educated community leaders can forge a new path as the nation comes to grips with its vulnerability, both to terrorists and Mother Nature, she said.

Her recent experiences led her to believe healthcare workers must pay particular attention to the special needs of geriatric patients following disasters. What she saw after Katrina intensified her concerns.

"My concern is, how can we help these patients cope and better prepare?" she said. "We need to have a better plan for them."

Shut-ins, cancer patients and others with chronic diseases should keep on hand a medical history summary, a list of medications and a small supply of extra pills, she said. Those who must rely heavily on the help of friends and relatives should always keep a small suitcase packed and ready to go.

Patients and healthcare providers alike would also be better off if they could acknowledge the important roles of religion and culture in recovering from a disaster, she said. Medical personnel must see how important faith can be to patients recovering from a catastrophic loss, and they need to let patients talk openly about those beliefs. In addition, emergency responders need to feel that they can draw on their own faith to pull through what they see while responding to a catastrophe.

They also need to take breaks to drink water and cool off, as well as find ways to share the emotional strain. Members of her DMAT, Terriquez-Kasey notes, usually take 24 hours to decompress after a deployment before returning to their families. They need time to think and talk about what they've seen and find ways of reconciling that with their day-to-day lives.

"We're seeing tremendous numbers of patients," Terriquez-Kasey said. "Psychological support is a major issue for us, just like it is for them. You realize later you're still reverberating from what you saw, so inundated with things that had happened."

Ultimately, Terriquez-Kasey said, it's time we all accept and embrace an inescapable reality: Disasters are inevitable, and when it comes to surviving and recovering from them, there's likely no such thing as too much planning. ■