

Rediscovering Community—Reflections After Hurricane Sandy

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ABSTRACT

Hoboken, New Jersey, is a town of 50,000 residents located across the Hudson River from New York City. Most of Hoboken's infrastructure was compromised during Hurricane Sandy as a result of flooding and power outages that rendered many businesses inoperable, including all of the pharmacies in town. Despite a focus on emergency preparedness since Hurricane Katrina and 9/11, there were no contingencies in place to facilitate and assess the medication needs of the community in the event of a natural disaster. This essay describes how the author rediscovered the meaning of community, and through working with colleagues in other health care disciplines and non-health care volunteers, provided care to patients in suboptimal circumstances.

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As a faculty member in a family medicine residency, I thought I had a good idea of what "community" meant. It was not until Hurricane Sandy, however, that I truly experienced community and felt connected to the town in which I've lived since 1998.

Hurricane Sandy blew through Hoboken on Monday evening October 29, 2012 and caused power outages for the next week. In those first days after the hurricane, I sat at home in the dark, bundled up to keep warm, trying to stay informed via my phone. Hoboken was flooded, a veritable island with no way to enter or exit. On Wednesday I ventured out and walked to City Hall to survey the scene and volunteer my services. City Hall was quite chaotic because it had become the impromptu command center for emergency services, including the Office of Emergency Management, emergency medical services (EMS), and the Federal Emergency Management Agency (FEMA). I signed a yellow notepad to volunteer, indicated that I was a pharmacist, and joined 30 others waiting to get their assignments from the mayor. I asked the volunteer coordinator if there was a plan for determining whether residents needed medications. There was no plan. Despite all the focus on emergency preparedness after Hurricane Katrina, it was clear that there was no contingency plan in the event that pharmacies were knocked offline. I joined a team of volunteers and headed to a senior citizen building to knock on doors to identify residents with medical needs.

In this 1-square-mile town of 50,000, it was estimated that one-half of the population, many of them senior citizens, had stayed in their apartments.¹ Our team of volunteers quickly discovered that in these senior citizen buildings, everyone knows each other, which is in sharp contrast to buildings, including my own, with mostly young professionals who do not know their neighbors. These seniors were able to tell emergency responders and volunteers exactly who was okay and who was not. A few seniors who were sitting in the lobby immediately told us to go to the 6th floor to help Ruth, a woman who had exhausted her oxygen supply. Her neighbors warned me that she had COPD, depression, anxiety, hyperten-

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sion, and was extremely short of breath. I sat with Ruth for 2 hours waiting for emergency medical services to arrive. As we waited, Ruth and her neighbor Sal, both born and raised in Hoboken, regaled me with stories of Hoboken's heyday in the 50s and 60s all the way up to today. Ruth showed me a photo of herself and her late husband at the original Copacabana nightclub in New York City, where they watched Bobby Darin perform. She shared with me about the time Frank Sinatra's mother chartered a bus to take Ruth and her girlfriends to watch Frankie sing at the Paramount Theater (front row seats!). Listening to Ruth and Sal tell their stories transformed our medical visit into a visit where I felt welcomed into their family. In every senior building we visited, the sense of community was palpable. It was clear these individuals were all looking out for each other. They were so full of gratitude to see us, even if they didn't need our services.

My professional life is very structured. I teach family medicine residents and pharmacy students at the hospital and I teach classes at the university. But now, during Hurricane Sandy, I was thrown into an environment that was unpredictable. I entered homes of strangers and asked them to share personal information so that I could help them. Community was fostered in an uncomfortable and unfamiliar environment. I was asked to check Maria's glucose levels. Maria is a Spanish-speaking woman with diabetes whose home health aide was unable to come because of the storm. Hundreds of medication bottles were strewn across Maria's kitchen table with barely room to place her glucose meter. I hesitated for a few seconds, looking at the disarray on the table and thinking of my liability. One of my team members, a young man who spoke Spanish, quickly volunteered to take her glucose—he had helped his grandmother with her diabetes. Unlike me, he had no concerns. His offer interrupted my thoughts and reminded me that I was there not as a pharmacist, but as a member of the community. When I asked the daughter for alcohol and cotton swabs, she handed me a sunflower seed jar filled with cotton balls pre-soaked with some unknown blue fluid. Despite these unorthodox circumstances, I measured Maria's glucose and reassured her that she was fine.

I was eventually tasked with joining Frank, the coordinator of the Hoboken Community Emergency Response Team (CERT), who put me in charge of managing medication needs in the hurricane's aftermath. We were able to contact 2 pharmacies, but they were unable to fill prescriptions until the next day when they could obtain a generator. I thought back to a time before the age of computers when we would write down patient information on a pad of paper and dispense an emergency supply of medication during

blackouts or similar emergencies. Because this was not possible, I was dispatched to an emergency shelter to find out whether displaced residents had any medication needs that could be addressed by pharmacies in the morning.

The emergency shelter was located in an elementary school in uptown Hoboken, but most people were not aware of it because information was being spread only by word of mouth, flyers, and volunteers walking door-to-door. Among the few residents there, the medical needs varied widely, including requests for antipsychotics, pain medicine, benzodiazepines, nebulizers, Band-Aids, and even an outlet to plug in a sleep apnea machine. As the evening wore on, a couple came in with their young son. The child had ear pain and was running a fever. Limited by my scope of practice and lack of resources, I explained to the parents that we did not have any medication to dispense but that I would call my family physician colleague for advice. We determined that the child likely had an ear infection. I reassured the parents that it was probably viral, and recommended that they continue to give acetaminophen until morning, when they might be able to contact a physician and pharmacy. The family thanked me profusely and left. I continued to triage and coordinate health care throughout the evening.

The third day after Sandy hit, the pharmacies opened, and their supervisors mobilized pharmacists and nurse practitioners to help us. A local physician assistant and family physician also joined our team and helped me coordinate what would become the "pharmacy command center." Non-health care volunteers with the best intentions were collecting information for patient's medication needs, but medication names, doses, instructions, patient names, and addresses were omitted. Drugs were described by shape and color or indication. I would hear reports such as, "The lady in apartment 2F needs her pink blood pressure pills." I created a process that included a list of specific information volunteers needed to obtain from patients to fill 3-day emergency prescriptions and a plan to deliver medications to patients. There was a constant cycle of running back and forth between the command center, the senior buildings, and the pharmacies, delivering patient information, prescription orders, and medications. We filled 206 prescriptions in 2 days.

I will never forget the volunteers that I worked with and the patients I served during those 3 days. I may not know all their names, but I never felt more connected to my community than I did during this time. This experience encouraged me to become a more prepared volunteer in my community. I joined my town's community emergency response team, which focuses on disaster preparedness. As I sat in my first

class, listening to other volunteers share their stories of Hurricane Sandy, I was overwhelmed with the passion, dedication, and goodwill that filled the room. Hoboken CERT grew from 10 members pre-Sandy to more than 50 after the storm.

This experience proved that in desperate times we can lean on our neighbors. I saw extraordinary acts of kindness and patience during Sandy, ranging from the pharmacists who worked tirelessly to fill our emergency prescriptions, to the volunteers who patiently waited several hours to do anything they could to help. I am grateful to the couple who came with their bicycles to help deliver medications; to Mark who helped me match a missing apartment number to a prescription that needed to be delivered; to the students who knocked on doors and took photos of prescription bottles; to my new friends, Robin, the physician assistant, and Lily, the family physician, who helped me organize the medication effort; and to Sal's wife who offered us chicken dumplings as we waited for the ambulance.

One week after the storm, the dad and his son from the shelter saw me standing on a street corner at 7 AM and shouted across the street, "Hey! It's the pharmacist! Thank you!" This is the community that I call home.

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1. US. Census Bureau. Quickfacts: Hudson County, New Jersey. Dec 6, 2012. <http://quickfacts.census.gov>. Accessed Dec 17, 2012.