

Crazy Over Katrina

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I evacuated all over — Fort Walton, Knoxville, San Diego twice and Baton Rouge. My home on State Street Drive flooded. After returning in late September, I housesat on St. Louis Street and then moved to a condo on St. Peter Street. I had always wanted to live in the Quarter, but never like this. Now I'm living in a FEMA hotel. "I have good days and bad. I feel OK now, but some days I wake up sad. I don't want to call it depression, but I simply don't want to do anything. I force myself to get out of bed, dress and get moving," says Lynda Gerson, describing her post-Katrina mental-health status. Hundreds of New Orleanians report similar symptoms. We are enveloped in collective community blues, manifested by increased fatigue, sleeping disorders, anger and shortened triggers. We are

the laboratory rats of a medical specialty heretofore unknown to most of us — disaster psychology. Gerson sees disaster-related mental-health problems on a grander scale. She works the streets of New Orleans. Born in New Orleans and "maybe old enough to be on Social Security," Gerson graduated from Fortier High School and attended college in Georgia. For nine years now, Gerson has worked as a crisis-unit technician for the New Orleans Police Department. When the police encounter a citizen with some sort of discernable and disturbing psychiatric problem, she and a partner swing into action. Contacts between police and people with mental illness can quickly turn unpredictable. Signs of mental illness and a person's emotional state are usually gleaned from conversation and are often not outwardly visible. Fortunately, most people with mental illness are not violent, but agitated or paranoid individuals are erratic, and violence is always a concern. In other situations, bizarre behavior is immediately evident. Alcohol and drug abuse often complicate the situation. When the police recognize signs or symptoms of mental illness, a call goes out to the Crisis Intervention Unit, while the police officer tries to engage the person in a non-threatening way. A calm demeanor defuses many potentially violent situations. In New Orleans, uniformed crisis-unit technicians such as Gerson are the secondary responders to calls in which mental illness is a factor. These civilian personnel wear uniforms with NOPD patches and respond to scenes in a vehicle that looks like an ambulance, but they are not police officers. They work under the NOPD command, which gives them visible, on-the-scene authority. Having the unit under NOPD command is instrumental to its success, as police work better with their own. The goal is to defuse tricky situations, usually by coaxing the mentally disturbed person away from the scene. They previously transported most patients to Charity Hospital. Now only Ochsner Foundation Clinic, East Jefferson General Hospital and West Jefferson Medical Center have open psychiatric units for adults. "We previously had a lot of frequent fliers. But now we are seeing people we have never picked up before. They are older, have no place to go and are out of their medications. "A woman was out by the London Canal and had just seen her destroyed house for the first time. She was a retired schoolteacher and was hearing voices. She kept telling us that she was Christ and that she was perfect. She kept talking louder and louder. Her pastor was there. He said he had never seen her like that before. She wouldn't let us touch her. It took six police officers, my partner and I to coax her into the unit. She had empty medication bottles from an Arkansas mental-health clinic, which had partially refilled some of her medications when she evacuated there. "In another situation, a woman was staggering on a deserted street in the 9th Ward. She was naked except for a half-open housecoat peppered with dirt and grass stains from sleeping outside. She said she was trying to get to St. Claude. She was another mental patient who was out of her medications. "The last call I answered was on Canal Street. A 29-year-old guy was walking up and down Canal Street screaming. He said he was from Baton Rouge. Someone had promised him work in New Orleans, but he had no place to stay. We didn't smell alcohol on him, but I suspect he was having some sort of drug reaction. We transported him to East Jefferson for evaluation." Fortunately, most of us will not need to be carried away in Gerson's unit. Recovery from any traumatic event begins with acceptance of the loss. Just like justice delayed is justice lost, the political decisions, some valid and some dubious, delayed for many an important step in the healing process — acceptance of the loss. Downright bad information from public officials lengthened the recovery process. Fortunately, we hear no more about imaginary infectious-disease outbreaks and pathogens lurking in our water supply and flood residue. But a plethora of advertising for unnecessary "toxic mold" inspections and lingering fears over pollutants in the flood-water residue still abound. It is important to know that it is normal to feel sadness and grief. We must adjust to our new situations and not allow our losses to take continued physical and emotional tolls. "The middle class is having a difficult time, which is something new for them. It seems our country has walked away from us, and we are by ourselves. We are not used to being inconvenienced. Suicides are up. I think there will also be a big jump in divorces," Gerson says. To bring closure and move on, Gerson believes in setting goals for each day, including developing new routines with family, friends and those we encounter daily from all walks of life. "Routines are healthy. I eat breakfast each morning down at the tents on Decatur Street and meet all sorts of workers not from New Orleans," The bottom line — keep the faith. Better times are coming.