

*Western State Hospital disaster response, Franklin, Virginia:
September/October 1999 GO TEAM narrative report*

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ABSTRACT

This article describes the efforts of the Western State Hospital (WSH) GO TEAM staff to develop a mental health, disaster response program based on their own Critical Incident Stress Management (CISM) team. Four social workers from WSH were deployed to eastern Virginia following significant flooding caused by Hurricane Floyd. Their experiences and the lessons they learned are detailed in this article.

INTRODUCTION

In 1995, The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) asked Western State Hospital (WSH) to develop a mental health, disaster response program called the GO TEAM. Our Critical Incident Stress Management (CISM) team had caught the attention of headquarters because WSH, which is located in the Shenandoah Valley, had a formally trained CISM team. A few other state facilities had initiated employee support teams, but none were specifically trained under the International Critical Incident Stress Foundation (ICISF) protocol (the Mitchell CISM model).

Although catastrophic disasters have occasionally occurred in Virginia, the GO TEAM concept may not have been developed if the 1993 bombing of the World Trade Center and the 1995 Oklahoma City Murrah Federal Building bombing had not occurred. These events awakened a new sense of worry and a fear of terrorism in the United States. Until that time, we had been insulated from what many other nations in the world had experienced—terrorism on our shores.

HISTORY

During the 1990s, Virginia experienced periodic,

severe flooding. The Commonwealth's DMHMRSAS predisaster planning priorities were partially influenced by Hurricanes Hugo (1989) and Andrew (1992). During these disasters, public, community-based, mental health services were off-line in some areas for many weeks. Mental health centers in Virginia are called Community Services Boards (CSBs), and the Rappahannock-Rapidan, Valley, Harrisonburg/Rockingham, and Rockbridge CSBs had all experienced catastrophic flood damage within their boundaries, particularly in rural clinic areas. After the massive floods of 1995, John DePerro, an engineer with the DMHMRSAS central office, expressed his concerns about postdisaster operations. His descriptions of the devastation that could occur in the tidewater area in the event of a category 3, 4, or 5 hurricane hitting Virginia's shores directly are legendary. Although population density has appreciably increased, the roads and interstates to be used as escape routes have not been improved.

Historically, large-scale hurricanes that hit the Virginia mid-Atlantic coast directly wax and wane in intensity in 20 to 25 year cycles. In the current cycle, we can expect larger and more deadly hurricanes to affect the coast of Virginia. The last large-scale storm cycle occurred before the huge increase in population and residential/commercial building in the tidewater area. In a category 3, 4, or 5 hurricane, John DePerro predicted eight feet of water in downtown Norfolk and Virginia beach, with thousands dead and injured. He also predicted masses of people stranded on the Interstates, some dying in their cars, as the primary Interstate out of the tidewater area is occasionally under water from flooding. Escape route infrastructure has not kept pace with disaster route needs.

VIRGINIA'S DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES

DMHMRSAS mental health disaster response was originally designed to respond to natural disaster events, specifically hurricane wind and water damage, (primarily in the tidewater areas), an occasional tornado, forest fires, and flash flooding. We have since learned that the Shenandoah Valley is on a major fault line and that the area experienced a 5.8 earthquake in 1897, increasing the importance of earthquake disaster planning.

DMHMRSAS had very little money to assist the hospital in developing a team. WSH received \$2,000 in seed monies to outfit 16 members with enough basic gear. Following a large disaster, there is often no available housing for the victims or disaster responders. The WSH team had enough camping gear, medical supplies, and food provisions to be self-sufficient for up to seven days. Teams of four would be deployed, with the rotation of other teams of four, depending on the severity of the event. Initially, we expected we would assist the CSBs immediately following a disaster, before most formal response agencies were in place. The primary focus would be to fill in for the CSBs when a disaster of catastrophic proportions had occurred in which the CSB staff themselves were disaster victims.

HURRICANE HUGO

Joseph Bevilaquia was the Virginia Commissioner of Mental Health when Hurricane Hugo caused catastrophic damage in South Carolina, with massive flooding in the coastal areas and severe wind damage inland. He is credited with developing the state-sponsored, public, mental health GO TEAM design.

During Hurricane Hugo, the storm surge pushed as far as 15 miles inland. Whole communities were without supportive infrastructure, and mental health employees were victims themselves, many losing their homes, vehicles, and the mental health clinics in which they worked. Transportation was at a complete standstill; many roads were washed out, either covered in sand, or impassable due to debris. In some communities, individuals with serious mental illness, substance abuse or addiction problems, and mental retardation had to fend for themselves, as there was

no one to meet their therapy, case management, crisis intervention, or pharmaceutical needs.

After Hurricane Hugo, Dr. Bevilaquia became South Carolina's Commissioner of Mental Health; he realized that public mental health hospitals that were not directly affected by the storm had clinical and support staff resources. The public psychiatric hospital staff could be moved to community locations within the disaster area to provide crisis counseling to storm victims and could operate the community-based, out-patient programs when clinic clients and personnel were affected.

The Virginia Department of Stress Intervention provided the following account of the CSB's attempts to deal with the crisis:

Of the seven offices operated by the Charleston, South Carolina CSB, five were destroyed and declared unusable by the local building code official. In a desperate attempt to become operational, the CSB leased office space, which was costly and required a multiyear lease. Many of the vehicles owned by the CSB were damaged beyond use. The CSB director was trapped in his house by fallen trees. He was rescued by a central office worker who went to the director's home looking for him. Half of the staff did not report to work until seven days after the storm, and the CSB leadership did not know if these individuals were alive or dead. One employee who did report to work revealed that her home and all her belongings had been destroyed and that she and her nine-year-old daughter were living out of her car. The daughter was staying in the car in the parking lot while the mother was at work. The State Department of Mental Health sent trucks and workers who helped the CSB move the furnishings, files, and office equipment to safe storage out of the disabled buildings.¹

THE SAGA BEGINS

Pat Higgins, LCSW, Christy Cacciapaglia, AA,

Allison Bell, BS/RNS, and I (Susan Frushour, BA), who are all social workers, represented the GO TEAM from WSH in eastern Virginia following significant flooding caused by Hurricane Floyd. We left for Franklin City on September 24, 1999. Our assignment called for us to be linked with the Western Tidewater CSB, whose catchment area was Southampton County, including the cities of Suffolk and Franklin. With the hospital's petty cash in our pockets and a truck full of disaster gear and supplies, we were on our way.

- Make sure that the team has an adequate understanding of the agency they are to link with and that they have advance knowledge of the demographics, geographic boundaries, and extent of the effects of the disaster on both the agency and the catchment.
- In advance, make sure that all equipment issued meets the needs of the users.

We were told we could not get there, but we went anyway. Finding a route to Franklin that was not washed out or closed due to high water was difficult. In Virginia, 130 secondary roads and portions of four interstate highways were closed. After many phone calls to the State Police and Virginia Department of Transportation (VDOT), we were able to develop travel route plans. A normal three-hour commute took us eight hours after circumnavigating closed roads and bridges.

We arrived after dark to find a town that appeared to be under siege. Approaching the downtown business district, every corner was cordoned off by State Police or the National Guard. Fire trucks, ambulances, and other emergency vehicles representing HAZMAT, FEMA, EPA, VDOT, city police, Sheriff's office, Salvation Army, and Red Cross lined the streets on the periphery of the area; 28 agencies were represented.

Although we were exhausted by the end of the day, we were eager to get a sense of the area, and the National Guard allowed us to go beyond the barricades into the perimeter surrounding the disaster area. The water in Franklin's downtown, a district

containing 180 homes and 156 businesses, was finally receding after submerging the town for 15 days. The next day, officials planned to complete an assessment as to when the town would be safe for re-entry for civilians and business owners.

The danger of contamination from raw sewage and chemicals, which poured into the floodwaters from a fuel company and the Union Camp paper mill, caused the greatest concern. Large fuel silos, which had become detached from their moorings, were floating in the area, along with 360 55-gallon drums of unknown chemicals. A tractor-trailer of gasoline had turned over on its side. Butane and propane fuel containers for gas grills and home heating were buzzing around in the water as their nozzles came loose. The potential for fire was enormous. Many homes on the periphery had been evacuated for over two weeks as a precaution, in case a fuel tank blew up or the fuel-laden waters caught on fire. The restricted area consisted of 180 homes and 156 businesses damaged by the floodwaters and hundreds of others that had been without electricity for over two weeks. Of all these, only one business owner had flood insurance.

The harsh odor of petrochemicals filled the air, causing our eyes to tear. We worried that prolonged exposure could cause our eyes and noses to become severely irritated. Many homes directly across the street from the damaged areas were also vacant, as they had been without running water and electricity for two weeks. After our trip to the restricted zone, the State Police provided escort for us to the Incident Command Center (ICC) and Emergency Operations Center (EOC) where we registered our availability. I was impressed with the Incident Command model implemented by the Fire Chief. At the Hunterdale Fire Department/EOC, we learned that we should not have been allowed into the cordoned-off area. HAZMAT passes would be given later to those allowed to enter the area. Home and business owners, disaster response workers, and other state and local officials could enter only after the EPA and Virginia's Department of Environmental Quality granted admission.

- Make sure the area is approved before entering.

Finding lodging for the week was no easy task. Flood victims and the response agencies already in the area occupied many rooms. The entire telephone system was down, and rooms that had been reserved before the flood could not be confirmed or cancelled. We finally found the last known available room, but there was no assurance we would have it the next day.

- Anticipate that communication systems may not be operable. Bring reliable, lightweight cell phones and walkie-talkie systems.
- Bring a letter of reference to facilitate direct billing for room accommodations.
- Assign a logistics officer to arrange for transportation and housing and to learn about the community demographics. Find out about comfort services available to the disaster response workers; i.e., food operations, restaurants providing meals to disaster responders, medical services, etc.
- Contact other state agencies with experience in disaster response. The Virginia Department of Health has a protocol for setting up lodging and food systems and had established an account with Walmart for responder incidentals. They also coordinate medical assistance for disaster workers. Check with the local department of health emergency coordination teams to make them aware of your presence and location.

Due to our late arrival, we did not get to the clinic in Suffolk on the first day. I called the CSB clinic director to ask if he could meet with us the next day in Franklin. Since we did not get our formal assignments until the third day, we took advantage of that time to acquaint ourselves with the community, the town's geography, and the location of relocated city services. Many of the city's key infrastructure agencies and offices were flood victims themselves. The city building, city council, mayor's office, chamber of commerce, police, fire, rescue squad, telephone company, courts,

jail, probation offices, health department, social services, post office, and funeral homes had been relocated to dry land. We were struck by the lack of coordination between the flood response agencies, which was complicated by the lack of an operable telephone system. Many flood victims had lost their housing and their vehicles. Consequently, victims had difficulty finding relocated agencies and services without available transportation and communication.

- Ask the central office or facility to consider arranging for the federal government's exclusive emergency telephone system (three bandwidths reserved), for agencies on the federal, state, and local level, to facilitate communications during disaster/emergency situations.

We introduced ourselves to the Franklin office of the CSB, not realizing until later that day that the clinic personnel were disaster victims themselves. Our blue vests allowed us to get in and out of the disaster area and lent credibility to our presence, and they allowed civilians to approach us with their concerns and needs. During our first morning in Franklin, a flood victim and her supervisor approached us at breakfast and told us that two employees had lost everything in the flood. The company's regional manager would not adjust their schedules to allow them to get to agencies to seek disaster relief services. Our first self-assignment was to the Salvation Army to obtain food baskets for both, and clothes and hygiene supplies for one employee who swam out of his home with only the clothes he was wearing. After we brought them the supplies, we arranged for services for a man who was displaced from his apartment. His care provider approached Allison and Christy with a request for intervention while we were at the Salvation Army. This elderly, frail, flood victim, who was on oxygen, was relocated to a room without heat. Allison arranged for a Red Cross nurse to help him move to a more appropriate heated setting and arranged for follow-up care. We then assisted a diabetic veteran with a severe and persistent major mental illness, who was without

insulin, his special diet foods, and psychiatric medications. For two weeks, he had been without consistent shelter and his medications. In addition to being traumatized as a victim, he was also evicted from shelters as he became more agitated, hostile, and menacing, due to his mental illness. Allison, Christy, and Pat arranged for a special dietary food voucher, and we linked him with a few relief agencies to help him get back on track.

In the middle of the afternoon, a representative from the CSB/Mental Health Center met us. I was placed in the EOC/ICC at the Hunterdale Fire Department, due to my background in critical incident stress management. The others were sent to distant counseling rooms at the community college and an industrial park.

During the eight-day response effort, I kept a journal of our experiences and lists of all the things that we knew would assist us the next time the team was deployed. We spent a few hours every evening processing the events of the day. On the third day, I was assigned to the ICC, where I met with city officials and the first responder community, learning the roles played on the federal, state, and local level. In disaster situations, many communities have a designated ICC. The young, proficient, very exhausted ICC chief had a number of problems with very tired and weary personnel. The first responder community and local government employees had been working 18-hour days since the floodwaters had risen two weeks before. Some were flood victims themselves, with tempers flaring and emotions running high. Arguments were beginning to develop as people had less physical energy and emotional reserves available.

He asked for suggestions on how to manage interagency conflicts and turf issues among the many agencies represented at the ICC. Throughout the week, he would seek me out and ask for coaching and guidance in managing difficult personnel situations. Establishing relationships with the Franklin City and Southampton County first responder community proved invaluable, as we would need their help, assistance, and transportation in the days to come. In this setting, I primarily provided emotional first-aid in small groups or one-on-one consultation. I met with angry business owners, handed out HAZMAT authorizations, provided information and

referral, and linked people with relocated agencies. Unfortunately, Pat, Allison, and Christy had unproductive experiences, as they were stuck in far-away places, where no one came for counseling assistance on their first day of formal assignment.

- One of the first tenets of disaster work is to go where the people are; victims do not take the time to seek out mental health services.

At 4 PM on Saturday, FEMA personnel came to the ICC and said that they would be in Franklin through Thanksgiving, due to the level of destruction. Buildings and their contents were saturated with flammable petrochemicals as they soaked in the water for 15 days, and many buildings were structurally unsound. Some homes were too unsafe to be entered, and owners were notified that they could not enter, not even to retrieve a few treasured family possessions. After two weeks under water, floors and ceilings had caved in, and some homes were visibly sitting on an angle, tilted to the side. The next day the team returned to the remote counseling site, which was locked for the weekend and unavailable. I called the clinic representative and said that we wanted to renegotiate the team's assignments, which we continued to request throughout the entire stay. Inactivity would quickly demoralize and cause stress for the team members. At that point, we realized the community mental health system was not sure what to do with us. We had a serious credibility problem, with the potential to derail our response effort; we had to earn the clinic's respect.

- Determine before arrival if the locality requested assistance or if they feel assistance is being imposed on them by headquarters. The deployment might not change, but the knowledge will provide a better understanding of the "unwritten agenda."

RESIDENTS AND BUSINESS OWNERS RETURN

The EOC/ICC paged us early Sunday morning, requesting that we start providing one-on-one counseling services for disaster victims. After three weeks, the home

and business owners were finally allowed into the flood zone under police escort, in groups of five cars at a time. At the re-entry point (the decontamination site), many of the disaster victims were clearly devastated after their return to their homes and businesses. Repeatedly, we heard, in sobbing voices, "I never knew that it would be this bad." Businesses and homeowners gave the police a list of 10 items they wanted to salvage. Sanitation and public safety were major concerns. The EPA and the Commonwealth's Environmental Quality and Health Departments worried about the risks of exposure from contaminated buildings and belongings. West Nile virus and encephalitis were thought to be a real possibility from mosquito bites. Flood victims could only re-enter the community after having their vehicles, items, and boots decontaminated.

The ICISF representatives found us riding through town just as we were paged by the EOC. ICISF followed us to the ICC, honking the car horn, requesting our involvement. We later felt that the credibility we earned with the ICISF representatives and our presence the day before at the EOC made a considerable impact on the CSB and on our ability to fit into the clinic's flood response system.

I continued my assignment early Sunday at the EOC/ICC, which was in a large, empty fire station. Areas were portioned off to various ICC entities; National Guard, Forestry Service, Coast Guard, etc., and the city government had representatives from its various divisions. Two large, makeshift rooms were set up to provide privacy to the logistics and command divisions. National Guard personnel were stationed outside of each of these areas to ensure safety and order. A local first responder official asked me to meet with a city employee. Another public official asked if I would intervene with managing someone who was clearly overtaxed with emotional and physical exhaustion and was not making sound decisions. This manager's behavior was causing problems for others who were threatening to mutiny if this employee was not counseled about the destructive behavior, the need for rest, and how the behavior was causing major problems for others. Two other first responders, who were making unreasonable demands, which was out of character and reflective of their stress levels, also needed to be managed.

A very angry, loud, and tearful business owner came to the center demanding immediate attention when there was no staff member available to answer a specific question. The owner was irate. He was questioning policy decisions loudly and assertively and was becoming potentially aggressive. I intervened and talked about having been a flood victim myself, as a home and business owner, and was able to connect through mutual experience. The volatile situation calmed down, and the business owner waved and talked to me periodically when we ran into each other for the rest of the week. Interestingly, the business owner's spouse, one year later, contacted me, asking for assistance in dealing with issues related to the anniversary of the flood.

The other team members went to the re-entry point where they established our base operations for the rest of the trip. Later that day, I joined them, and a police officer took us on a riding tour of the downtown area to help us get a sense of what the business owners were seeing. We stationed ourselves across the street from the Salvation Army food truck, which turned out to be a smart move. Both citizens and first responders came to the corner to rejuvenate themselves. As we earned the trust and respect of the first responder community and other state and federal agencies, civilians in acute distress were physically brought to our corner or referred to us. We followed up some of these referrals in person, and some we referred to another formal agency in Franklin.

Allison and Christy went out on a referral for stray animal retrieval. They assisted the woman who rescued animal flood victims (20 stray cats and 14 dogs) with cat and dog food supplies, and on one occasion, helped the Dog Warden catch the dogs that had gotten loose from a woman's fenced-in yard. Allison and Christy delivered cat food and accepted a donation for additional animal supplies from one of the ICISF staff, a former police officer with a great affinity for animals. Occasionally, members of first responder management came to our area to express their exhausted angst. After we allowed him to vent his ire in private, one official said that the process of talking with us helped him manage his anger and kept him from "punching a prominent employee in the face." Our availability to

the agency and civilian population, in a confidential and supportive environment, seemed to be one of the most productive services we could provide.

On Monday, we went to the Franklin Mental Health Center to reintroduce ourselves, and I apologized for not being attentive to their needs as disaster victims. Their clinic was one of the worst damaged businesses. We later realized that the abrupt reception we thought we had received from the clinic staff and from a few other human service agency personnel was a reflection of disaster related stress. A few days later, we arranged to provide a debriefing for a group of people.

- First impressions in disaster situations can be inaccurate. Be patient and remember that people are responding to a traumatic and abnormal situation.

We learned a lot about team composition and cohesion throughout our trip and commented to each other on this frequently. We all assumed unique roles. Pat was the chief clinician and driver; I was the team captain, scribe, and CISM manager; Allison was the registered nurse/social worker; and Christy was the social work case manager. Complementary team member personalities were important for living in close quarters while working long hours with little privacy. Members need to be independent, assertive, and know intuitively when to “step back.” They also need to know when to prompt another member to take a break, without being overbearing, intrusive, or smothering. Team members must recognize their physical and emotional limits.

- Team members must be mature enough to know their limits and willing to accept guidance from other team members when they are taxed emotionally or physically.

An entry from our log reflects working conditions and stress levels and how these affected us in our day-to-day work.

Allison and Christy found a man sobbing in his front yard. He was in his early 50s and disabled. He could not lift more than

10 pounds. His wife was terminally ill with cancer. He had just returned to his apartment for the first time. He had no insurance, and they had lost everything they owned. His landlord notified him that day that he must salvage his few possessions, and he had no one to help him. He had recently bought his first new car and it was destroyed. The team found two young Mormon men, who were glad to have a “family to adopt.” They also called a community volunteer at the ICC and requested that she find a church group to help the family with their recovery and relocation efforts. They provided mental health and situational counseling, assessment, referrals, and arranged for services.

At the request of the Southampton Sheriff, Pat, Allison, and a deputy visited a low-income community of approximately 30 homes, most of which were uninhabitable. None were insured and all contents were destroyed. They went from house to house, offering support, providing information and referral, assessing emotional needs, helping to prioritize tasks, and handing out assistance packets on how to start over. Frequently, we found that a shoulder to cry on was as helpful as any other service. We went to the YMCA to find a list of people willing to do laundry for flood victims and provided the residents with the information. The small, single-family dwellings in this community were submerged to their ceilings in water. Every home was condemned. The Sheriff requested that we provide a presence, as the homeowners were led back to their community for the first time. The residents found total destruction of their homes and then received the bleak news that they could never return. We found a young couple standing in front of their home, which had been condemned, appearing devastated and dazed. They wanted to salvage their family Bible and the wife’s jewelry, but neither of them were dressed appropriately to enter the home. We volunteered, and after breaking out a few windows, we found their few mementoes.

On the 28th, Pat and Christy, again at the request of Sheriff Frances, went under escort to

Dockside, a small, middle-class community on the North Carolina border. The Great Dismal Swamp and the Nottoway and Blackwater rivers surround it. It had a restaurant, four trailer homes, and 16 single-dwelling homes all located on canals. All the homes and the restaurant, except for three recently built homes on stilts, were under water. A park bench was balanced on top of a second floor window air conditioner unit on one of the homes raised on stilts.

On the 29th, we returned to the Franklin Mental Health Center to escort the staff to their clinic for the first time. By then, it had been flooded for three weeks. We first prepared them for what they would find. I had seen the clinic for the first time three days before. The neighborhood was completely deserted.

It was one of the worst flooded buildings, being fairly close to the river. The ceiling had caved in, bright pink insulation was hanging down, and front windows were broken out. Watermarks were 10 feet high. The Shenandoah Valley floods of 1985 had affected my home. I was suddenly immersed and unexpectedly overwhelmed by such sad feelings, as if my home had been destroyed only yesterday.

- Do not send members into the community alone. If a member is hurt, or in a dangerous situation there should be someone to respond to the emergent condition.

With a caravan of vehicles, we drove into their city. It was the first time that any of the clinic's personnel had been into the downtown area. We could hear quiet sobbing as we drove down the hill, getting closer and closer to their site. Creative, quick use of a flashlight as a hammer helped us gain entrance, as the doors were swollen shut, warped, and stuck shut. We climbed through a window and Pat kicked open uncooperative office doors. The stench of decay, sewage, and river muck was awful, as portions of offices still had standing water in them. By this time, we were impervious to the petrochemical smells. Wet and slimy ceiling insulation was hanging down on our heads, and we walked and climbed over a number of large, slimy, obstacles. We wore masks on our faces, knee-high boots, long pants, and thick, industrial-strength rubber gloves to prevent

contamination. Armed with flashlights, we peered into offices to assist the Western Tidewater staff in salvaging, their few personal items. We would occasionally hear a cry of joy, as one staff member after another found something important. While at the clinic, we received a Page from the facility. The Tarboro dam had broken, and a social work friend was worried for our safety.

- Do not enter structurally compromised buildings until first approved by the local jurisdiction's building inspector. When you do enter, wear hard hats.

On the eighth day, we headed back to the hospital with mixed feelings, as we returned home. The transition from disaster to the real world was difficult. It was ironic that by the time we knew our way around the city and had finally found our niche in the recovery process, it was time to leave. We left with some sadness, because we would not be there to assist as the remaining homeowners were returning to their houses for the first time. We read a nice article in the local paper the morning we left, mentioning our "noticeable" presence in the flood area. The city's downtown area, which we believe will recover eventually, will change. The complexion of the city and a part of its history will be changed forever. Many of the homes will be torn down. Zoning will take place to prohibit rebuilding. Many people will remain displaced without the financial means to restart. Nationally, in business districts that have experienced catastrophic damage, of the businesses that reopen, 50 to 70 percent fail.

It was an exhausting endeavor, but oddly enough, one of the most enjoyable lifetime experiences I have had, and I feel the rest of the team echoes this. As a result of this experience, I feel closer to the team and know that we have a bond that will last a lifetime.

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REFERENCE

1. Interview with Virginia Department of Stress Intervention, Lennis G. Echterling, PhD, VDSI Project Supervisor, James Madison University, Psychology Department Johnston Hall, Harrisonburg, Virginia. 22807, March 13, 2002.