

Mobile Strike Team Field Pharmacy: Face of the PHS

By CDR Mark R. McClain

At last, I was to finally deploy as a United States Public Health Service (PHS) pharmacist officer after all these years of waiting to be on the right roster, completing all the training modules, obtaining a smallpox vaccination, and getting all the uniforms and gear together! When I got the email and call the first of October to deploy as a pharmacist to support the National Disaster Medical System, I was to go to Baton Rouge. I hoped that even though I would see what the SNS was all about, I would also have an opportunity to provide pharmacy services and counseling directly to patients. I had read about the organization of DMAT (Disaster Medical Assistance Teams) drug caches, and how our living and working conditions could be austere, with no air-conditioning and MRE's (meals ready to eat;) but other fellow officers that I know had been there under much more trying conditions during the first month following hurricanes Katrina and Rita.

After six days of moving palettes of IV solutions, inventorying narcotics and filling orders for all the DMATs from the NDMS (National Disaster Medical System) MST Pharmacy with another Commissioned Corps pharmacist from the Food and Drug Administration, we were interested in seeing patients and practicing Field Pharmacy. One day, we had been given a tour of the devastated areas and visited some of the DMAT locations south of New Orleans that were the hardest hit by wind damage, a 20-foot high storm surge, and submersion for twelve days. Our host in charge of all SNS operations was Bill Drake, the Chief Pharmacist that delivered the first cache of DMAT drugs to the Superdome the day after hurricane Katrina. He explained that the levees breaking the night of the hurricane are really what magnified the disaster. Seeing homes and vehicles destroyed by mud, neighborhoods surrounded by standing water, boats all over the roads, and mold residue from 12 days of submersion put things in perspective as to why we were there.

We were next assigned to one of the newly formed "mobile strike teams" which consisted of 12-15 people (5 docs, 4 nurses,

2 paramedic EMTs, 1 PHS engineer, an EHO and a pharmacist) in 4-5 vehicles carrying drugs, vaccines and other medical supplies. Our mission was requested by the State of LA to provide primary care and field pharmacy to shelters on a rotating basis; and eventually on a daily basis to locations in New Orleans, as well as north, east and west of Baton Rouge.

It was from all these mobile clinic operations that I remember the most rewarding moments of the two deployments. I was able to go back for another deployment in November and things had evolved in theater. There were some great patient interactions I think back on, remembering how grateful the patients had been and how we really helped them in the desperate situation that some of them were in. From the various shelters north of Slidell, east of Baton Rouge, and in downtown New Orleans on Canal St. there were a lot of prescriptions being filled by us for various acute skin or respiratory conditions, chronic diseases, and mental health conditions that may have been ongoing or directly related to the trauma of the situation. Besides explaining how

to take the meds and what to expect from them, I wanted to listen to the stories of patients.

In the shelters, it was sad to see so many people without basic privacy having to have a bed out in an open gym. Many of the evacuees now lived in FEMA trailer parks, with their basic food needs being supplied by the America Red Cross. Some patients who needed medications that were not in our formulary were given a "Shelter Eligible" designated prescription to fill at outside pharmacies, but often had no vehicle to get to these pharmacies. We were the only clinic they could get to for miles around. Some needed primary care, or refills on their meds that were from pharmacies that had been destroyed.

I remember a morbidly obese man from Slidell that had tears in his eyes as he told me he lost everything and he was alone with no family since his son was unable to contact him. After dispensing his medications, I tried to console him and gave him a two-handed handshake and a half embrace saying how sorry I was for his loss.

(See *Field Pharmacy*, page 14)



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(Field Pharmacy, from page 13)

I also remember three local women in New Orleans that needed refills of their diabetes and hypertension medications, as well as antibiotics for their “Katrina cough.” They were living on the second floor of their homes, with no electricity or running water, and were trying to gut and rebuild the first floor. They were all so grateful for our outdoor clinic on Canal Street that they gave me and the civilian physician hugs afterwards.

There were around ten construction workers that didn’t speak English and a few had upper respiratory complaints, allergic reactions to the mold, or were not eating well. They asked in Spanish if they could

have some vitamins and food and we gave them what we had from our FEMA lunches and several bottles of multivitamins. They had worked an entire day and then had not been paid by the employer who had left town without paying them. They had all been sleeping in their cars and the previous night it was the first cold spell in early November where it dropped into the 30’s with a high of 89 the previous day. I wrote their prescription labels in Spanish and wished them better luck with the next employer and told them to be sure and wear respirators or masks because of the mold.

Another patient I remember in a FEMA trailer park east of Baton Rouge had told me he had lost everything and could not go

back to his home for several years due to the refinery residues that had polluted many of the neighborhoods in the St. Bernard area and Chalmette areas. He said that his family had lived near the Mississippi River near refineries and several family members had early-age cancers and that the area was called “cancer alley.” He was able to smile and say that at least he had his family and his life, and that he would start over in another community.

One afternoon after we shut down our clinic, we took another tour of the 9th Ward to show new members on our team how bad the devastation was. I walked precariously on the levee which had been breached 100 yards ahead with a huge barge sitting next to some homes on top of a school bus. A man drove up to look at his home where he had grown up and told us that his house was completely destroyed, his car was gone, and he lost his job at the tuna cannery. He was attempting to pick up the pieces of his life and start over in Baton Rouge. He had a smile on his face with tears in his eyes and stated that at least he has his life and his family and that he had evacuated before Katrina hit. He was sad that he had so many memories of this spot which he had to leave behind.

I met a lot of great people on those two 2-week deployments and hope to become friends and stay in touch with some of them. There was a special sense of reward and camaraderie for helping all those people and working with so many professionals on the teams. It was a little too much to listen to the radio on the way home from the airport about other similar stories of peoples’ losses after hearing so many stories like them directly from patients. I had to turn it off, and when I got home put away all the photos I had taken and shared with those on the teams. It was the many days in a row, long hours, and sleeping on cots that one needed a break from. As I look back, I am grateful for the opportunity to have helped the people of Louisiana and to have participated in one of the largest relief efforts of the Public Health Service. I am proud to be serving as a PHS pharmacist in this 75th year of pharmacists being officers in the US Public Health Service.

[CDR Mark R. McClain is a field investigator with the Food and Drug Administration.]

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