UNIVERSITY OF HOUSTON
ORAL HISTORY OF HOUSTON PROJECT

Interview with: Dr. Kenneth L. Mattox
Interviewed by: Ernesto Valdes
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Transcribed by: Suzanne Mascola

EV: This is Ernesto Vales. I am at the office of Dr. Kenneth L. Mattox at Ben Taub General Hospital. It is July 20, 2006. Doctor, I have explained to you just what is the purpose of this interview, is that correct?

KLM: That is correct.

EV: I would like to hand you a release before I forget, that allows us to archive this. And so, if you can start out by giving me your full name, please.

KLM: Kenneth L. Mattox, M.D. I am a physician, a surgeon at Baylor College of Medicine. I work at the Ben Taub General Hospital.

EV: And when were you born, sir?

KLM: October 25, 1938, in White Oak, Arkansas, which is 15-20 miles north of Ozark. White Oak was population 10 the year I was born and when I was 6 months of age, the population had gone down to 6 because my dad, who was chopping cotton for 50 cents a day, the work ran out so we went to California to be migrant farm workers for about 6 years.

EV: Could you please tell me about your education?

KLM: I finished high school in Clovis, New Mexico, went to college at Layland Baptist College in Plainview, Texas, medical school at Baylor College of Medicine, then took my general surgery specialty training, my thoracic surgery specialty training here at Baylor.

EV: Were you ever in the military?

KLM: I was in the Army for 2 years between 1965 and 1967, where I served at the U.S. Army Board for Aviation Accident Research and I spent about 2 months in Vietnam.

EV: When you got out of the service, did you come immediately to Houston?

KLM: I was in Houston before the service and as soon as I finished, I came back to a residency that was interrupted, and I came back to Houston and have been here ever since.

EV: From what I gather on some of the research I have done, you had had some experience in disaster or trauma before.

KLM: I am, by training, a cardiothoracic surgeon. When I finished my training, my assignment was at Ben Taub that has a lot of trauma. So, we began to write and do research in trauma, emergency medicine. I helped develop the emergency medical services of the Houston Fire Department ambulance service. I am the author, the editor of a book called Trauma and several other books, which account for over 90% of the sales of that specialty book worldwide. And so, I am an expert in it, I guess. And part of trauma is the infrastructure to take care of bomb blasts or injuries and things that are considered disasters. Although things like pneumonia, chemical exposure, radiation exposure, bird flu, hemorrhagic fever are not surgical, the infrastructure, the management, the surgical capacity, the manpower organizations that you would take care of in a hospital setting - I am not talking now about rescue, I am not talking about the public health aspects, the surveillance aspects but the immediate response aspects such as you have with an earthquake, car explosion, suicide bombers, a 911 kind of attack is right down my alley and I have been pursuing that kind of information since I was a medical

student. And we have tried to tabulate the science of every disaster we can get our hands on - whether it be an earthquake in Mexico City, a tsunami in Indonesia, or the kinds of things that are going on in the Middle East.

EV: So, in effect, you are building different models for different types of traumas . . .

KLM: Yes, we have been involved in model development and scientific analysis. How many people are really hurt, how many people die. Of those who don't die immediately, how many come to the hospital. For those that come to the hospital and are looked at, how many are really sick, how many emergency rooms do we need, how many doctors do we need, how many operating rooms do we need, how many operating rooms do we not need, do we really need those funny space suits, do we really need radiation detection, do we really need a lot of caches of drugs and supplies or is this something that some commercial person has just sold to us. What do you need from a manpower and supply standpoint, from the medical standpoint, from the hospital standpoint, from the rescue standpoint to take care of a population that there is an explosion like we just heard about might happen in Texas City. Or if something crazy happens during an athletic event or a pile-up on the freeway or an explosion in a refinery.

EV: Is there some consistency to these types trauma so that you could take a model . . .

KLM: It is extremely [emphatic] consistent.

EV: Really?

KLM: Extremely consistent. For instance, with any disaster, there are going to be people who die immediately. In 911, there were people who never got out of the building. Of the people who survive the initial earthquake, the initial plane crash, the initial explosion - whether it be on the streets of Beirut, whether it be in the streets of Madrid or Mombai,

recently, whether it is Hurricane Katrina or Allison, those people that are alive after the initial event, only 10% will need to seek out health care and of those who come to a hospital emergency room, even though a lot may look bad, only 10% have life-threatening injuries.

EV: How do you get the totals to get your percentage?

KLM: We talk to the people who are there. We read what they write. We get the information as it immediately happens. So, when something happens in Indonesia as it did with tsunami, we know if there are so many people that they say are homeless or killed or an earthquake in Turkey, we know by extrapolating from that, for that given population, how many people are going to show up in hospitals, how many people are really going to need an operation and what kind of operation they are going to need.

EV: Is there a basis for that? Is there any explanation for that, for those percentages?

KLM: It is just the way it is. If you get a population, you know how many people in a given population are going to have diabetes, how many people are going to have cancer, what kind of cancer they are going to have, what percentage of people are going to have heart disease, what percentage of people are going to have hypertension, how many people are going to have asthma. Those figures are well known.

EV: When you learned that a mass evacuation was coming from New Orleans how was that knowledge applied in your preparations in the short time you had to get ready?

KLM: Well, first off, I am part of two kinds of networks, both nationally and internationally. During the SARS epidemic a few years ago, we had a network of doctors who knew exactly what was happening in Hong Kong, in Saigon, Singapore - how many cases they had and how they were treating them. During the current bird flu scare, if

there is a bird flu anywhere in the world, this network communicates with each other -- what is happening in that hospital, how many cases are there, and we know about it before CDC [Center for Disease Control]. Likewise, I have a network of surgeons, trauma surgeons across the United States that are part of the American College of Surgeons Trauma Network. We know who each other are. We have our emails. We have Blackberrys and phones so on Friday before the hurricane hit New Orleans, on Sunday night, I was in communication with people in New Orleans. We were saying, "Which way is this thing going to go? Is it going to hit Houston? Is it going to hit New Orleans?" And then, as it was coming down on New Orleans, we were talking to them about what was happening in New Orleans. Is there going to be martial law? What are they doing at Charity Hospital? What are they doing at Tulane Hospital? What are they doing at the VA Hospital? How many people are evacuating? Where are they evacuating? What is happening on the streets? What is happening in the pharmacy? Are they moving patients? Is there electricity? What kind of patients are they seeing? So, I knew before the thing hit in New Orleans what their plans were and how many people they had residual in their hospital. And, how many people were out in the streets, where they were accumulating, and then I had people inside the Superdome by Monday, I was communicating with on what were they seeing? They were seeing dehydration. They were seeing people who had lost their prescriptions. They weren't seeing many injuries. They didn't have any broken bones but they had hypertension, diabetes, asthma, need for dialysis. So, I knew what was happening there.

We kind of assumed that the mayor of New Orleans and the chairman of Surgery, the dean of the medical school, the governor of the State would declare martial law and in

would come the National Guard, FEMA and all those people who don't come very quickly anyway, but nothing happened. And then, the looting started and still, there was no marstial law. And then, at 6 a.m. on Wednesday morning, the 31st of August, I received a phone call that asked me to be ready for a conference call among about 25 people.

EV: Who called you?

KLM: This was triggered by County Judge Robert Eckels and the governor of the State who had been in communication with the governor of Louisiana during the night. And they wanted the same group of people who worked together during Tropical Storm Allison who, we had a fantastic response in that city at that time -- people from Civil Defense, people from the City Health Department, people from Security, people from the Transtar, people from the Office of Emergency Management for the County and for the City and the State, people who have worked together in the past during floods, during explosions, during refinery activities -- to bring that group together and our mission as told to us at 7 o'clock in the morning on a conference call was "Get out to TranStar, plan to evacuate 25,000 people from the Superdome in New Orleans and move them to the Astrodome, and to take care of their needs and to disperse them, have a dispersion plan."

EV: That was your order?

KLM: That was our order. And so, we had a conference call at 7. By 9 o'clock, we were at the TranStar building and we formed into about 6 groups: logistics, operations, security, volunteers and help, and I was on the medical branch which had about 4 or 6 members. And our objective was take care of the health needs of these people. They didn't tell us how to do it. And then, we constructed, in the next 12 hours, 5 different

levels of care that we were going to provide to the people who were coming and we had to decide are we going to do it on-site, are we going to do it in existing emergency rooms, what manpower do we have, what authority do we have, what credentialing are we going to have to take care of? We had about 200 items we addressed very, very quickly.

EV: Would you please explain TranStar?

KLM: TranStar is a building out near the Galleria that is in charge during their day job of traffic control in the city. All through the city, there are cameras on all the freeways and it traces the traffic flow. And any time you see a thing on your television, it is coming from those TranStar cameras and that is coordinated in that location. It is like a big NASA command station. And not only do they have traffic individuals who are watching, the have people from Metro, they have people from the sheriff's department, the police department, city people, county people, but they also have offices for emergency management. So, if there is a fire that has caused a traffic snarl, that needs to be putting out the fire or hazmat (?) people to deal with chemical spills, those people are there or can be made available at TranStar. They have a big operations location with big screens to look at stuff. They have big table rooms where you can sit down and look each other in the eye and say, "What plans do we have? What plans do we not have? What plans are not going to work? What plans are only rhetoric? How do we adapt and what is going to be unique about this particular action?" During Allison, our challenges were that we lost a lot of electricity, we lost a lot of infrastructure, we lost a lot of hospitals in the Medical Center. During Katrina, we lost no infrastructure in our city. New Orleans lost all their infrastructure. So the adaptation to mold, to do something during Katrina was totally different than Allison and totally different than Rita. So, our

discussions were what is our charge, what assets do we have, what timeline do we have, how are we going to accomplish that, and the individuals we were working with, about 25 people, we looked at each other and we said, "We know each other. We are not going to accept 'I can't do it' while we are working on it as an answer. We were a can do. We are going to achieve this operation and we are going to achieve it quickly and accurately and with great expertise. And if you can't do that, get out of the room, we will replace you with somebody else."

EV: I imagine there must have been some esprit de corps among this group.

KLM: This group could have gotten us out of the Middle East and solved the Middle Eastern problems in one week. We probably could have put a man on Mars in one month.

EV: Let me back up just a little bit. When you are talking about . . . when people call you in . . .

KLM: How do they know who to call?

EV: Well, I have an idea how they might call you. Who has the authority to say, "Dr. Mattox, why don't you do this?" I mean, is it an order, is it a request?

KLM: For the individuals who are government employees, the doctors who belong to the city health department and county health department are government employees, but there are not that many of them. The county judge and the mayor can order them to appear. The police officers, they can order them to appear. I work for Baylor College of Medicine and my assignment is at Ben Taub. And the doctors and nurses that might need to cover a medical operation already have a job. So, for them to go or for them to be ordered, the government authorities can't do it. They don't have the assets and they can't

mobilize the assets that the government has - the National Guard, the Reserve, the DMAT teams in less than 96 hours. And when they appear, they don't know what the assets of the community are. So, one reason I was called is I wear several hats. I am past president of the Harris County Medical Society. I am Chief of Staff of the Ben Taub Hospital. I am Professor and Vice-Chairman of Surgery at Baylor College of Medicine. And so, I have the ability to cut through a lot of red tape and if I need pediatricians, if I need geriatricians, if I need dialysis, I am able to bark a request for volunteers to those organizations and get them almost instantaneously.

Whereas, if somebody from the government agency called the Medical Society and said, "We want some docs," they are going to say, "Well, what kind of docs do you need?" I have the capability of assessing the situation and saying, "We don't need cardiovascular surgeons - we need some pediatricians, psychiatrists and family docs, and we need this many for this shift, and we need some for the night shift and we need some for tomorrow and we don't need too many."

EV: Well, when you get these doctors lined up and mobilized, I assume that they are primarily employees of the hospitals or are they in private practice?

KLM: They are from everywhere. We initially used doctors from Baylor and from the Harris County Medical Society. Some of them worked in hospitals, a lot them worked in clinics, but we made an assessment. What are we going to be receiving? We are going to be receiving a population of 25,000 people. Fortunately, I had been part of planning at the Hospital District for the creation of a new Harris County Hospital District Community Clinic out in Alief to serve a population of 25,000 people.

EV: A convenient number wasn't it?

KLM: So, I called the guy who was going to be the director of that new clinic and I said, "You've been making plans for your new clinic?" "Yes." I said, "What is the population?" "25,000." And I said, "I want you to meet me at TranStar at 9 o'clock. You are part of a group." He said, "Well, I have to go to" . . . I said, "You are relieved of that job." Being Chief of Staff, I can make his assignment. And I said, "We don't need a cardiovascular trauma surgeon. I need a man who serves as a family practitioner, a general practitioner that serves a population of 25,000 people that knows how many clinic examining rooms we need, what supplies we need to serve the general medicine needs of that population, and that is where I want you to start.

Take your plans that you've been working on." He said, "Well, they are not complete." I said, "They are going to be complete in 4 hours." So, what we did was transpose that . . . and I happened to know that was in existence. Now, had I been at the Health Department, I wouldn't even have know that they had been planning that. So, he called his chief nurse and said, "We've been working on nursing. You take care of the nursing staff. I'm going to take care of the doctor staff." And then he barked to me and he said, "I need 35 examining rooms by 8 o'clock tonight and by 8 a.m. tomorrow morning, I need 72."

EV: Where did this material appear suddenly where you have to have, I am sure, blood pressure machines, you have to have . . . I know FEMA has kind of helped you out.

KLM: My job was not to find them. My job was to get the numbers and I went to the I Incident Commander and I said, "I need X numbers of stuff." He didn't ask me . . . he trusted me. He didn't ask me to justify it. He said, "Yes, sir." And I said, "I need it by 6 p.m. today."

EV: So, someone within the Medical Center, within the . . .

KLM: No, these were the logistic people. In that 25 to 35 people, we created different branches - security branch, management branch, logistic branch. The logistic brand . . . I would go to the commander and I would say, "I need 75 wheelchairs. I need poles and curtains for 70 rooms. I need 35 examining tables." I don't care where he gets them. He calls somewhere. And he said, "Where are they to be delivered?" I said, "Those will be delivered to Astro Arena. Bring them in the back door and we will tell you where to put them."

EV: So, somewhere, somehow, he found _____.

KLM: It is just like a military operation. Somebody has to be in charge of that and the logistic people were in charge of that. Now, I was told by the government people that there was a DEMAT cache in Galveston. Cache is a storage place. Two caches with pharmacy stores for just this kind of activity. So, I said, "I want one of those caches here. I want to keep one down there in case there was a hurricane at Galveston two weeks later and we will use that cache to open the clinic." Fine.

DMAT is a government thing. Health Department is government. The government told us they would do everything, FEMA was going to do everything. That cache was never, ever released and I found out at 8 p.m. that that cache was not released because of some government quirk in the law. This area had not been declared a disaster area so they couldn't release the cache. So, we came over to Ben Taub and we stole, we raided our pharmacy so we could open the clinic. Meanwhile, we called CVS and said, "Do you have an 18 wheeler that you have a bunch of drugs on that you can have out there in the morning?" "Yes." So, in the morning, we were able to replete our drugs but

it was FEMA - the world didn't see the fact we had those little hiccups. But we began that first day to encounter federal barriers because of red tape, regulation and silos of thinking. But our job was to cut through those red tapes and through that silo and get the supplies needed so that when people got off those buses, they had something. And we knew the first thing we were going to encounter were sick people that needed to go to the hospital because they hadn't been dialyzed for 5 days. We knew that people had lost their pills and we needed some way to identify what they had been on and to refill their prescription. So, we knew we needed hypertension, diabetes, asthma, and a bunch of other drugs but principally those drugs because that is what we were going to see. So, that is what we set up to have immediately available.

EV: It seems like you were kind of a tireless buzz saw during this period of time . . .

KLM: Actually, I am Chief of Staff at Ben Taub where I have to deal with all the different services, the trauma that comes in, the AIDS patients are there, the pneumonias and the kids and the asthmas, psych patients that come in, and we are full all the time, with no room, serving a population of 1.5 million people with resources for about 300,000 people. And I have been doing this for 15 years. So, this job that I have routinely is much more stressful than the challenge I had during Katrina.

EV: So, I guess it was just a question of you having everything already up here, organized, know what you want, get out the orders and your troops beneath you knew…..

KLM: I had to decide what supplies do I need, let's get them in place, giving somebody that order and then checking on it later. What doctors do I need? How do I credential those doctors? How do I make sure for the public that a doctor that I am putting in that clinic is real and not fake and if somebody comes from out of town, are they real? If a

nurse is there, are they real? So, I had to have some checks and balances. And then, I had to have some pit bosses who supervised each subarea and then I had to predict what I might be seeing tomorrow and the next day. We postulated that in 4 days, we were going to have a diarrhea epidemic, we were going to have maybe a pneumonia epidemic from colds, and maybe we were going to see increases in mental health problems. So, we anticipated those, we set in place the mechanism to have a surveillance mechanism to pick things up and then if we picked them up, what we were going to do to keep it from spreading.

EV: Was there a general idea among those of you who were responding to the . . . and what I mean by those of you - all the different agencies - not only your medical team but the social agencies, the faith-based folks and all this . . . was there a general meeting of you knowing what maybe they were doing at any time? Was there any connection between you all?

KLM: They did what we told them, sir. We knew we had over 200 voluntary agencies, each of whom thought that the world circled around them, so we formed this 30 member Joint Unified Command and I was co-director of the Medical Branch. The director of the command was a Lieutenant Joe Leonard from the Coast Guard. He knew how to control people. As we talked about what we were going to do -- to use the faith-based people, to use the volunteers, to use the Red Cross, to use the Salvation Army, to use the translators, to use the people bringing in clothes, to use the people who wanted to be chiropractors, to use the people who wanted to set up an ultrasound gynecologic clinic - whatever happened, had to go through that Joint Unified Command. If it was anything that had to do with health that somebody wanted to do -- we want to give immunizations, we want to

hand out pills, we want to give some salve -- that had to be approved by either Dr. Palacio or myself, and if it went to somebody else at the unified command, they would say, "That has to be cleared by Health, by the Medical Branch." This Joint Unified Command met every 8 hours around the clock for the 2 weeks that we had that operation in place and we had a 30 minute to 1 hour meeting 3 times a day. We had a tight agenda for each branch to give their talk: what is happening, what are the issues, what is changing, where are the carpetbaggers coming from, where do we need some help? So, we might have something being set up all over the place that was getting in our hair and we would turn to the director, the boss and say, "We need security to clear out that, that and that because it is not part of our operation."

EV: And who was that director?

KLM: The director of the Joint Unified Command was Mr. Joe Leonard.

EV: That was the Coast Guard?

KLM: The Coast Guard fellow, yes.

EV: How did you all credentialize folks? What did they have to bring? Their diploma, their transcript?

KLM: I had several mechanisms. Let me tell you one of the most important lessons everyone learns during disasters is that the response to disaster successful or not successful is local - not outside help. It is always local. We have been through that several times in the city. What happens in the first 24 to 36 hours has to be local talent. Because of the jobs I have held, almost everybody locally I know. The docs in town, I know. A lot of the nurses, I know. The Harris County Medical Society I was president of and the Harris County Medical Society has a roster and that roster has pictures and

names and tells who is where. And so, I had that roster in the headquarters over at the Astrodome. And so, the first 24 hours, anyone who is a member of the Harris County Medical Society was automatically credentialed because they are already credentialed and we had evidence of that in hand and I had this cleared through Austin through the Texas State Board of Medical Examiners that this was going to be our mechanism. Within the first 24 hours, we then set up a T1 wire, a computer line, a high speed computer line, and took our credentialing people from this hospital and set up an office over there. So if a doctor showed up from Timbuktu and he said, "I'm from Nacogdoches, Texas and I belong to such and such medical staff," we could query that hospital and we would query Washington at the National Physicians Database - is this person for real? And we had about 4,000 physicians who volunteered during the 2 weeks of the operation. There were 200 people who said they were physicians that we could never credential.

If the person got testy with my clinic director or with the credentialer, the court of last resort was me and I know doctors all over the country so he would come to me and he would say, "I'm from Louisville, Kentucky." I'd say, "Oh, great, great. I've got a good friend, Dr. Laser Greenfield in Louisville, Kentucky. Laser has done all these obesity surgeries and he is really good at it." They said, "Oh, yes, I belong to the same country club as Dr. Greenfield and he operated on my secretary." "Well, how is she doing?" "Well, she's doing real good." I would say, "Get the hell out of here." Dr. Laser Greenfield has never done a fat lady operation in his life and he lives in Lansing, Michigan. [Laughter] And there is nobody by the name of Laser Greenfield in Louisville, Kentucky.

EV: Did you have any folks coming in that were . . . I assume you probably had this in nurses with phony credentials coming in.

KLM: There were people who wanted to do all sorts of do-gooding things. We didn't kick anybody out. If someone was a volunteer, we would say, "We will use you on an appropriate shift." Fortunately, during the first 36 hours, we had enough local people that we created a big thing on the wall for how many people we were going to have at each given shift and we had shifts out for the next 5 days.

So, if someone showed up in 24 hours from Oregon, we would say, "We'll be happy to use you on Thursday of next week." "Well, I am here today." "Well, we don't want 5 doctors or 5 nurses for every patient. That would be foolish. We've got to balance this. Tell us where you are going to be, what your cell phone is. If we get tight tonight at 2 a.m., we'll give you a call." And that way, it gave us time to check them out. And they would say, "Well, I have special skills in herbal medicine." And we would say, "Right now, our pharmacy is filling the prescriptions. It may be we need some acupuncturists and herbal medicine. Let us take your phone because right now, we don't have any patients who need that."

So, we were protecting this innocent public and we were one of the very few disasters that has occurred in the country that has done that. Other places did not have a way of tightly controlling that. We decided very quickly we would have no pharmacy except for over-the-counter medicines in the Astrodome itself and we would tightly control all medical care within the Arena. So that anything that was set up outside the Astro Arena was suspect by the security people.

EV: Well, these models that you all developed on site, did they become part of the national . . .

KLM: No. There is no blueprint for what we did.

EV: Is there now based upon what you did?

KLM: No. There was by about one month afterwards but then the silo thinking of the multitude of organizations that think the universe for disaster planning still revolves around them, they have gone back to their old silo thinking, especially at state levels and at regional levels and most certainly at the federal level. That is depressing.

EV: Well, yes. I mean, it just seems to me . . . you mentioned that there is a bunch of literature out there about disasters but I am surprised it didn't have impact of any of that literature.

KLM: A lot of it is in the literature but people read the literature of their group. The fire and rescue people read the fire and rescue literature. The emergency medicine docs read their literature. The disaster docs read their literature. The trauma docs read their literature. The public health people who are talking about clean air, clean water, clean food, and epidemiology of infectious disease, read their literature. So, everyone sees the world from their standpoint.

During 911, with an immediate hitting of the World Trade Center, the surgeons and trauma folks and burn docs of New York all gathered to say, "We've got to be ready." Well, it so turned out nobody showed up. They had very few injuries come to the hospital. What they really needed was for someone to set up air control for the rescuers who were working at Ground Zero. We now have a lot of people who have chronic pulmonary disease from all that dust that was in the air. So, the wrong silo got control at

that point and it was several weeks later before someone finally said, what the hell do we need to do here? And there was really not a central location that took charge. Fortunately, with the vision of, particularly Robert Eckels, and assisted somewhat by the mayor, a group of people he knew were told, "work as a unit, work across the community, cut out all the red tape and protecting of your silos and serve this community."

EV: Well, to us standing on the outside, dovetailing seems to be the obvious thing to do but I guess a prima donna different attitude . . .

KLM: [Very emphatic] You have no idea of the prima donnas that are present once you get beyond the local group. And it has happened in every disaster in the world.

EV: Really?

KLM: Yes.

EV: I have heard from other previous interviews that to some extent, FEMA was kind of a prima donna - came in at a certain . . . I think when they started issuing $2,000 cards . . .

KLM: FEMA was moved from a Cabinet level to being an agency under Homeland Security. When that occurred, and I don't know who did it, that was a mistake. Those two objectives are different. For there to be a federal agency to try to help recover is certainly a worthy objective. However, FEMA had no earthly idea of what our needs were or how to accomplish those needs. Let me give you some examples.

We noticed, by the fourth day, the people even who had not had jobs, felt invigorated by what Houston had done and were reaching up with their hand and saying, this is like religious revival experience. I want to be part of my future. But then, all of a

sudden, they changed their hand out to help you lift them up to a hand to say give me some money. And we discovered that they hadn't talked to us. FEMA and the Red Cross were now handing out dollars, $2,000 debit cards. Why? Because they had to do something. Did the people need $2,000? No. They had 3 meals a day, they had a bed. We were trying to get them jobs. We were trying to get their kids in school. Mattress Mack [Jim McIngvale, owner, Gallery Furniture, Houston, Texas]was out offering them jobs. But when they were getting $2,000 debit cards, they said, "You're going to give me money? I'll stay right here and get my next check." If you define a welfare state, you are going to get a welfare state and they created it.

Meanwhile, FEMA went out and bought the travel tickets of people on two cruise ships through the end of the year, this was in August. They bought them up through November or December and took those two cruise ships, sailed them to Galveston, then ordered us, the Joint Incident Command to find 6,000 people to put on those cruise ships to unload the Astrodome. They didn't ask us, “Will these people go?” Put yourself in the position of our evacuees. These individuals were separated from their family and by day 4, were just beginning to find that their family was in Mississippi and Amarillo and Chicago, and they were beginning to get things back to the link to their family. Plus some of them had been in the water for 3 days before they got over here and when we went to the floor of the Astrodome to say, "We need you to go down to Galveston to sit on a cruise ship in the middle of the water," they said, "No. I don't want to be in any more water the rest of my life."

We could have saved the United States government one hell of a lot of money had they just asked us. What we would have told them was take your $2,000 check and when

they get a job, you give them this as a transition for their first 2 weeks salary to couple it with getting their kids in school and moving to a location. But what happened? We just kept handing out dollars as long as they were in a hotel, they stayed and stayed and stayed. So, we created a welfare state. Our government should be provider through local means, solutions . . . all politics is local. You elect people local and you solve problems local. And you ought to use federal dollars and federal programs to funnel through a local incident command and local leadership.

EV: Do you participate in any kind of hospital drills to keep everybody in tune to what they are doing in these situations?

KLM: Of course. Joint Commission and others require hospital drills. The hospital drills, and I have participated in probably 50 during my life . . .

End of Tape #1
Beginning of Tape #2

EV: We were taking about your drills.

KLM: We are continuing now on tape 2 and the question was drills. I participated in probably 50 drills during my life. The drills and _____ you put the drills are defined by outside agencies -- national agencies, federal agencies. I have read dozens more drills and I have gone into the web sites of various organizations and looked at their disaster plan and disaster drill. Most of those in most hospitals and most regions are a disaster unto themselves. The drills have no semblance to reality on what happens at 2 a.m. in the morning when there is an explosion in a refinery or when there is an earthquake in California. What the drills can help you to do is learn the incident command, learn the assets of the community you have to call, and learn the integrated, collaborative network.

No drill I have ever seen, no plan I have ever seen addresses those aspects. The drill drills the assets of this hospital alone. You don't have a meeting with other hospitals in the region and you don't have a debriefing with the government people, the security people, the EMS people, and that is where we need to drill. That is who you interact with when it happens. The members of the Joint Incident Command told this to every member of Congress that came down to see us, starting with the Secretary of HHF, the surgeon general, several senators, several representatives, several people from the White House, and they continue in their own silos because they think the plans they have developed were still correct. Let me give you an example.

The greatest network of communications that exist in the United States is the trauma network of trauma centers around the country organized by the American College of Surgeons. Except for Connecticut and Harris County Joint Incident Commands, the non-government trauma surgeons who know what is going on are methodically excluded from being at the incident command in every city in the country, the reason being the Public Health entities are jealous of their ability to get things done. So, rather than using each other's assets like we have in Houston, all around the country, they have boxed out those individuals who, during a real crisis, are of the mindset on a daily basis to respond to a community's needs. So, the right hand doesn't know what the left hand is doing.

EV: And if it did, it didn't care.

KLM: That's right.

EV: On a day-to-day basis, you woke up in the morning and what was your day like during this?

KLM: During those two weeks?

EV: Yes, sir.

KLM: I would first make a trip very early in the morning or call the Ben Taub, the Hermann and the community and I would say, "What's happening in this community?" Remember, we got 27,000 people into the Reliant Park area but we had over 200,000 people from Louisiana who were elsewhere in this community. So, I had a responsibility to address the community needs as well as those needs that were going on inside the Astrodome. We wanted to make sure that whatever we were doing in the Astrodome, we weren't causing our infrastructure to suffer. So, I wanted to know how many car wrecks occurred in the community, whether the regular shootings and stabbings occurred, where were those shootings and stabbings coming from? Were these individuals that were from Louisiana who were causing the car wrecks, the shootings and the stabbings? How many mental health people did we see? How many people with dialysis did we see? Were we seeing individuals who might have pulmonary tuberculosis or a communicable disease? So, we had a surveillance mechanism that, besides . . . and with the rules that we had; that is, the minor people that might be flown over here and taken to Ellington, the agreement was they don't come to Ben Taub and Hermann, we keep Ben Taub and Hermann for the big, bad stuff, and we distribute that other stuff to the smaller community hospitals.

EV: The people who were not living in the Dome, who were out in apartments or hotels, did they have access to your medical services?

KLM: Not at the Dome. But those individuals usually left early, took their pills with them, and were not in the dire straits that those people who left their homes only with the clothes on their back and a little plastic bag. So, there is a different population. But we wanted to know what is the impact on the community and during those weeks, the trauma

in the community was down, the car wrecks were down, the interpersonal violence was down, which was a good thing. We wanted to know are there people who are leaving the Dome because within the first 12 hours, people who had a shelter and a bath and a meal were already beginning to leave the Dome as others came in. So, what was happening to those in the community? We tried to track them. Are they coming back to the Dome for their medical care or are they going in the community and showing up in the community health clinics and is there going to be an increasing burden to the community health clinics that are already saturated.

So, as we were having a whole new population in the community, we were wanting to know how do we maintain equal standards for our old citizens and new citizens, and we didn't want to be accused of being super speedy with our new citizens to the detriment of those people we have a responsibility to continue to take care of.

EV: What about the doctors who were in private practice that came to work with you? What did they do with their own practice?

KLM: They would be part of a group and so when they called and said, "I'd like to work," we'd say, "When can you work? When would you like to work?" "Well, I'm off tomorrow." Or, "I get off at 2 o'clock today, I would like to come at 6 o'clock tonight and work until 6 o'clock in the morning."

EV: I guess it was an awful lot like a military operation.

KLM: It was very much like a military operation.

EV: Did you have many doctors come from Louisiana?

KLM: We had a few who came from Louisiana, not many. Now, when we had those who would call me from Midland, Odessa, Denver, and what I would tell them . . . "I

don't need you down here. What I need is an exit strategy. I would recommend you get with your mayor, your local office of emergency management and create a sheltering mechanism in your community. And I will give that to our transportation dispersion committee and if you tell me you can take 1,000 people or 500 people or 25 people, we will create 1,000 points of hope. So, we were creating an exit strategy before we got patient 1.

EV: Did that work?

KLM: Of course it worked. We closed that sucker down in about 2-1/2 weeks. There were those who wanted to keep it open forever because you can fundraise better when you have a shelter. So, we said, "We're not going to keep this sucker open."

EV: What about the mental health of these folks? Obviously, they lost so much. It doesn't take too many steps into introspection to see that this must have been one hell of a trauma.

KLM: First off, probably 25% of the people already had mental health problems before Katrina hit of the population that we received. When we were barking orders in those first couple of hours on who do we need, 4 individuals who were part of the medical group were mental health people - psychiatrists and psychologists and other mental health people, both adult and children. And in our planning, we asked them what do we need? So, we wanted to treat mental health conditions, we wanted to be aware that there was going to be some people who are on methadone programs and we then wanted to anticipate new mental health problems. So, we created an atmosphere of hope over despair and I will give you some examples in a moment.

We had background noise and music in the Astrodome. We created a mechanism of signage where they could look for their relatives. We created an atmosphere of religion where the Catholics could be here, the Protestants could be there. There was part of that hope. But from the moment the buses rolled into the Reliant Park, we wanted to start on changing that despair. So, we had a medic, a nurse, a nurse practitioner, and in some cases, a doctor who would walk on every bus and as they walked on the bus, they would hand them a sheet of paper to fill out - who are you, so we'd have some registration, hand them a bottle of water, a sanitation kit that contains soap, toothbrush, toothpaste, deodorant, a razor and shaving cream, and that person looked in the bus at that moment for anybody who was super sick. And they said, "We want you to exit the bus and if you are really bad sick, we're going to the hospital. If you are not really bad sick and you need a prescription refill, we will do that 4 hours from nor or in the morning because what we want you to do is go to this room where there are piles of clothes that were donated, separated by sex - men and women - and sizes. Pick you out some new clean clothes and shoes and underwear and we had to supply the Astrodome with huge numbers of showers.

One of the things we barked in the morning was we want 400 showers. Now, how they got there, I don't know but they were there. New piping was brought in. New drainage was brought in. "We want you to go take a shower, throw your old clothes away, put on your new clothes and go to this location where there is a hot meal. After you leave the hot meal, go to the floor of the Astrodome and there is a cot and a blanket and go to sleep." Now, that in and of itself is giving these people hope. And then, we had in the background, health care if you need it and all the food you can eat. Initially as

they got off the bus, they would hoard the food. By 36 hours, they stopped hoarding the food because they knew we were going to keep the food rolling and the water running.

EV: Everything will be there.

KLM: Everything will be there.

EV: When you mentioned that there were 25% you knew had mental health problems, where do you get that from? Is that part of this formula we talked about earlier?

KLM: Well, it is part of the formula but it is also part of the population that came from Charity Hospital in New Orleans. This was the people we were getting. So, I had my contact there. And so, I asked them, I said, "How many of these people are going to have mental health problems?" I had that in seconds. I had one of the few phones that were inside Charity Hospital.

EV: Does the CIA have one?

KLM: No. (Laughter)

EV: So, once you get the hope planted and hopefully germinating and growing . . .

KLM: How do we fertilize it? We told them, "Tomorrow at 10:00 o'clock and tomorrow at 4 o'clock, we are bringing a job fair in here and we are bringing businessmen of this community to hire you. We have a housing authority that is going to figure out ways if you take your job that you are going to have a house. You are going to have a place to live. And we brought HISD in and said, "Enroll your kids in school and on Monday, we are going to put those kids in school." And that was moving extremely good until the God damned FEMA people started handing out their checks.

EV: I heard a horror story about this the other day on the interview I had that some people walked out of the Dome and left their children behind. Did you hear any of those horror stories?

KLM: I know of none of that. We had a tremendous Red Cross presence, a tremendous pediatrician presence, we had a pediatric section of the clinic, we had individuals who were looking after family unity all the way from the children to the geriatrics group. We had individuals who were trying to link families and there were times families went in 15 different directions and we then were trying to find out where in the country they were. I know of no one who died or had a complication from a health problem that fell through the cracks. I know of no one who needed dialysis that didn't get dialysis. I know of no geriatric patient that did not get placed in the community. I know of no child that was abandoned. There are stories of a rape that may have occurred. We investigated every one of those things in detail. We had more folklore than we had reality. There may have been people flirting with somebody else but we did not find a rape.

When there were individuals who seemed lost, we had folks on the floor, volunteers, who were spotting those things - be they children, be they someone who was deaf and needed sign language, be they somebody who was blind, be they someone who was demented and needed someone to just take them to the bathroom - we were looking for people who were not moving, looking for people who were lost. In here are notes that I carried and kept with me all the time on things that were happening, concerns that someone brought to my attention, things that we talked about in the 3 times a day incident command. There is not a note in this book about abandoned children. This is my book. There is no reason for me to . . . I was painfully honest with what I saw.

EV: What do you intend to do with that book?

KLM: I was painfully honest with what I saw.

EV: I know the archives would love to have that book.

KLM: And I know of no children who were abandoned by their parents. Now, there were children who didn't have parents because when they got on the helicopters, parents went one way and children went another way and we had to find parents. However, this population of people lived in units in New Orleans where if the parent was working, there would be surrogate parents. So, there may be times that I saw children with somebody who was with a neighbor or an aunt or a grandmother or somebody else and they were not with their real parent, and I would not have been able to detect that. But I did not ever see a child or hear of a child that felt alone and lost.

EV: Did some of your mental health people, because I know some of the social work I've done over the years, that there is a certain mentality that is brought about by poverty, a certain culture, poverty culture.

KLM: I don't accept that, sir. I have been part of my life where I was very poor. Poor people are just as happy as rich people, sometimes happier. The assignment of despair to someone just because they are poor is something that social scientists do. I have found, working my entire life with the disadvantaged, the people who have fallen through the cracks, if I have an expectation of their being part of their own recovery, they participate in that and if I give them hope, they participate in that. If I call them a dirty name, they may think of themselves as a dirty name. So part of this, and I found this during Katrina, when some carpetbaggers from Boston and New York and Washington came down with

questionnaires that were created in such a way to define people as being less than human, I resented that and got those questionnaires out of there.

EV: Who were those people? Do you know where they were from?

KLM: I know exactly who they are from. I know the agency they represent. I know the social group and the liberal group and I know what agenda they were trying to plan and I ain't gonna tell ya. But it is back to what I said to you before - if you define that you want to create a federalized national health plan, you are going to create that plan. If you say it is a fee-for-service and the doctors are going to accept chickens and eggs and tomatoes and watermelons as part of the payment but they are going to take care of folks, that is going to happen, too. But what I saw on the floor of the Astrodome and I made rounds with those people 4 times a day where I interacted with families, individuals, and I talked to them over and over and over again . . . I did not see a feeling that woe is me until we imprinted them that we wanted to create a welfare state.

EV: Is there anything that I may have omitted that you think would be pertinent to leave on a historical . . .

KLM: Yes, from a historic perspective, what Houston did to come together in an integrated, collaborative network, what Houston did to work together to rescue a community that was in despair was absolutely incredible and I don't think could have happened in any other community I know of in the United States. And it was partly brought about by the attitude of the mayor and the county judge and this unified command for we had an expectation of treating people with dignity. We spent 1 hour one day talking about what are we going to call these individuals who came over here. On the television, you heard everything from "evacuees," "refugees," "Cajuns," and even

more derogatory terms. The term we had in the Joint Incident Command was "guest citizens." We wanted to show them and the community our respect. We wanted to be seamless to the press and tell the press, this is what we expect. We did not lock them in. This was not a prison. This was a shelter. This was a conduit for them to become productive members of society. And we tried to communicate that to them. But the community did that together and there were over 60,000 volunteers that participate in that.

EV: Yes, I think that the accolades for Houston are going to go on and on historically.

KLM: There were two or three sad commentaries. Number one, the medical school in New Orleans and the hospitals in New Orleans suffered badly because they lost their patients, they lost their docs, they lost their nurses. So, we brought the medical students from Tulane and brought them over to Baylor. And residents, we trained them all last year.

Fortunately, we got some good citizens who now are citizens of Houston, they are going to live here. We also got some riff-raff and we got some gangsters. We got some terrorists. And the culture in Houston has changed. The security in Houston, the educational struggles . . . yes, in New Orleans, sometimes they were two grades below a level that they would have been in Houston, so where they were in 9th grade in New Orleans, when they came over here, they could only do 7th or 6th grade work, so we had to put them back. That created social struggles among the school children. That is a social issue. I agree with that. We are still struggling with that in Houston.

One would have hoped that the corruption in the government of Louisiana that allowed the lack of leadership to occur during Katrina, that that would have been fixed by

the changing of the Napoleonic law, changing in the acceptance of corruption and the acceptance of unemployment and the acceptance of mediocre education. One would have thought that leadership would have emerged in the country and Louisiana to say, this is a chance to create a Phoenix, to create a new city on high dry ground. What we have done is achieved rebuilding in the same swamp with the same corruption.

EV: We have the same Sodom and Gomorra coming up. I sure like the way you said "phoenix." This kind of showed them with their pants down and what they have been doing wrong all these years. Thank you very much.

KLM: Yes, sir, and thank you for what you are doing for the city in recording this history.

EV: It's been a fascinating project.

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HOUSTON'S RESPONSE TO THE VICTIMS OF HURRICANES KATRINA AND RITA

AN INTERVIEW WITH

Dr. Kenneth L. Mattox

Dr. Mattox was interviewed in his office at Ben Taub General Hospital on July 20, 2006. This interview sheds light on the sophisticated network of disaster and trauma that exists among first responder units irrespective of the types of disasters: earthquakes, storms, floods, explosions, or terrorists attacks. It was from this body of knowledge and experience that Houston and Harris County personnel were able to prepare virtually seamless medical and mental health services to the New Orleans evacuees of Hurricane Katrina.

The candor of the interview also lends the historian a view "from the top" of the necessity of clear command channels, training, a need to remain respectful of those being assisted, and the value of community preparedness.

The interview was conducted by Ernesto Valdés, Center for Public History, University of Houston where the tape is deposited in M.D. Anderson Library on the main campus of the university.