



A Nurse First | Season 5, Episode 3
The storm

[Jamla Rizek]: I really wanted the opportunity to diversify myself as far as skill sets. And so I decided to do some travel nursing. I was an educator. I was a flight nurse. I was a medic. I really wanted to do as much as I possibly could. I worked internationally as well. And all of that led me to joining a DMAT, or Disaster Medical Assistance Team, where I deployed about 11 times to national safety and security events, and even to disasters.

I am passionate about the work that I do, because as far as we have come, as far as disasters response goes, we're still not prepared. We still haven't thought of every situation. And that's what scares me for the next disaster.

[Welcome to A Nurse First. This is Jamla Rizek, telling her own A Nurse First story.]

[Jamla Rizek]: One of my first deployments that I've ever been on, or that I was on, was specifically down to Hurricane Sandy in Long Island. And I volunteered as a nurse as part of the Medical Reserve Corps.

Leading up to Hurricane Sandy back in October of 2012, we get these alerts that there's going to be a hurricane. One of the things that happens is the teams have to decide, is this going to be a public health emergency? Is this going to be responded to at the local level or not? And so, prior to Hurricane Sandy, local officials, then state officials, and then federal officials kind of get together and they say, "Okay, do we have the resources or do we need to go ahead and put people on standby? If we do, then which teams do we put on standby? Do we look for volunteers first? Do we activate our disaster medical team? Or do we need something higher up, someone higher up?"

One of the things that is done is some teams pre-stage. And so that's what we did when I was down in Long Island for Hurricane Sandy. We were there a couple of days before the storm actually hit. And the reason why was because we knew ahead of time that there were many individuals with special needs in this population. We knew regardless that if the power goes out, there's going to be a lot of challenges.

The state, the local and the state health department was very proactive in saying, "Hey, you know what, we need to go ahead and start setting up in case we do need to evacuate people from their homes." I did not know that the request was for us to put a special needs shelter. When I got there, we were kind of sent and said, "you know what, they're still kind of figuring out how to best use this team and this space." Originally, we were told that there is a nursing home, which was right where we had set up our base of operations that was going to be taking in people from the community and that we would be staying in the shelter that was outside. We were also told that there may be people that were in the jail

that may need to be evacuated somewhere as well. But all of that changed when we got there. So it's very fluid. It changes constantly.

Step one when I arrived was to set up a place to sleep. It was a very long drive. It was exhausting. It was very cold outside, and we really need to set up a place because it was in the middle of the night. I think it was probably one-ish in the morning, and we were all exhausted and really just wanted to just decompress and then wait to see what we're going to do next.

The next day after we arrived, we were kind of in a holding pattern. We didn't know just how bad the damage was. One of the things that I remember about this being my first hurricane is how it doesn't matter how many times a hurricane hits. I have been deployed since then to four other ones. Every single one is different. Unfortunately for Hurricane Sandy, even though people were pre-staged, there was still a lot of destruction. And it was an incredible opportunity to provide a service to the individuals that unfortunately had to be evacuated from their homes.

But the reason why this was such an incredible opportunity, because the medical reserve team that I was supporting was tasked with opening up a special needs shelter. And so when we think of deployments and disasters, you know, one of the things that we don't consider is the individuals who are on oxygen at home, who have special needs that are cared for at home with no issues. But then when you don't have electricity, they need a place, unfortunately, that has power. Our focus specifically was just on individuals in that surrounding area that were either ventilator dependent or trach dependent and they needed suction. So those were the individuals that when they had to evacuate from their homes, they came to our shelter. And so we had electricity via the generators specifically for them. It was really a humbling opportunity for me because the individuals that were coming to our special needs shelter, again, really, they don't need our services in any way, shape or form. They just need our electricity to maintain their livelihood. And so it was very hard as a nurse that's always supporting and hands on to really just step back and say, I'm here if you need me, but here's what you have. Right. Here's your electricity. Here's your power outlet for the ventilator, etc. And so it was a learning curve for me, especially as an emergency nurse where we're constantly doing things. And so it was a great opportunity for me to support when needed, but also step back and kind of be that liaison person. So if there was something that they need and we didn't have, I worked on facilitating it.

That was interesting also because we worked with the National Guard, we worked with the local health department, the state department as well. So that interoperability was key during that mission. One of the things that this deployment in Hurricane Sandy and Long Island taught me was that as much as we like to be prepared, we still can't prepare for everything. And I think it also highlighted the vulnerable populations. And that doesn't just include our elderly and our pediatrics. That also includes individuals that don't speak the same language as us. It also includes individuals with disabilities, whether they are visible or invisible. And I think those are challenges that we're just not thinking of. And so that goes back to, you know, we need to be proactive, but we also need to make sure that we are inclusive of those populations of individuals so that we know how to care for them when that next disaster happens.

[In her current role, Jamla serves as the aide to the Deputy Surgeon General. While continuing to serve as an active duty nurse in the United States Public Health Service Commission Corp, with her valuable disaster preparedness experience, Jamla uses her expertise to provide advice and support related to advancing the health of the United States.]

[Jamla Rizek]: This first deployment really just solidified me wanting to do more. And it reinforced that disaster response that I really wanted to be a part of. And so from this deployment, I went on to join other teams, federal teams, that literally brought me to where I am today in the active duty side.

It really was like an aha moment. I think it made me a well-rounded more knowledgeable, more experienced responder. And I think that without having that experience, I wouldn't be as comfortable, confident, and prepared as I am today.

I am passionate about the work that I do because I truly believe that representation matters. And I say this because my family came as immigrants to this country with little resources in the country that they came from. And so for me, it's very important that we recognize everything that's happening and how it affects those individuals that we're just not considering. So as a nurse, I want to make sure that when we talk about climate change and we talk about extreme weathers, that we're thinking of the implications of that on every population. And for me, that's extremely important. Not individuals that necessarily look like me, but really having the opportunity to share perspectives so that we open up our eyes to those individuals that we're just not considering.

[Disaster preparedness is essential for nurses because of the critical role we play in ensuring public health and safety during emergencies. But inherently, it is something we also don't want to think about happening in our own community. In your experience, though, what do we need to be preparing for in more depth? And how can we get ready to be good partners to response teams like yours in the event of a disaster?]

[Jamla Rizek]: One of the things that I think is not necessarily talked about enough is, you know, in disasters, we think of, oh, weather related, we think of our natural disasters, we think of like terrorist attacks. But one thing I learned from taking a fellowship, a disaster medicine fellowship at Harvard was, you know, we can't have our heads in the sand. What that means is we still are ignoring the bigger scale of things. So what if there was a chemical war or a nuclear war, and you know, there are populations like pediatrics. How do we care for those populations now? We don't, right? Because we're thankful enough that we don't have to, we kind of had to have our head in the sands where we're not thinking about it. But if that does happen, what are we doing to be proactive? And I think that's one of the things that we tend to do a lot is just say that it's not going to happen. I pray that it never does. But again, we need to start thinking of these things so we can be better prepared. Because if we don't prepare our population, then we as responders are going to have more work for ourselves.

Nurses really need to think critically about ways to support their community because they live in that area. For nurses that want to be good partners when a disaster does strike, it's important for them to be

prepared themselves because if they're not knowledgeable about the place that they work or their local community and the resources that they have or don't have, how are they going to communicate with us what their needs are? And so if they have a plan on how to evacuate patients, that's great if they're in a hospital setting. So then do you need us to support you as far as moving those patients? Or are you saying, "Hey, we need to evacuate these patients, but I've don't even know where the manual is or I don't even know where the equipment is."

I think we saw that a lot during COVID as people never picked up their disaster binders. And when they did, it was so dusty, and the information was so outdated that it wasn't even relevant. And so I think one thing nurses can do now to be prepared is really go over those disaster plans, right? Who are your partners? What's your contingency plan? Nobody knows that community better than the nurse or the people that live in that community.

And I cannot say enough how we need to advocate more for, you know, how disasters impact our geriatric population. who have pets, for example, and that's their family. When there's a disaster, you know, they're not going to want to leave their family. We need to be proactive and say, "Okay, we know that this is a population that isn't willingly going to leave because they don't want to leave the comfort, because for them, they feel like that's the end. So what can we do? What can I do to make it better? What should I be thinking of?" And I try to think of that for every population.

For me, it's really about leaving the world a better place. What am I doing now? And I truly try to hold myself accountable so that when I'm gone, did I do everything I could possibly do to make a difference? I really want to make that world a better place because I want my future generations to at least enjoy a little bit of it. And for me, that's really important. At the end of the day, my biggest fear is looking back and did I really do everything I could?

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