



LEAVING ASHEVILLE AFTER HELENE



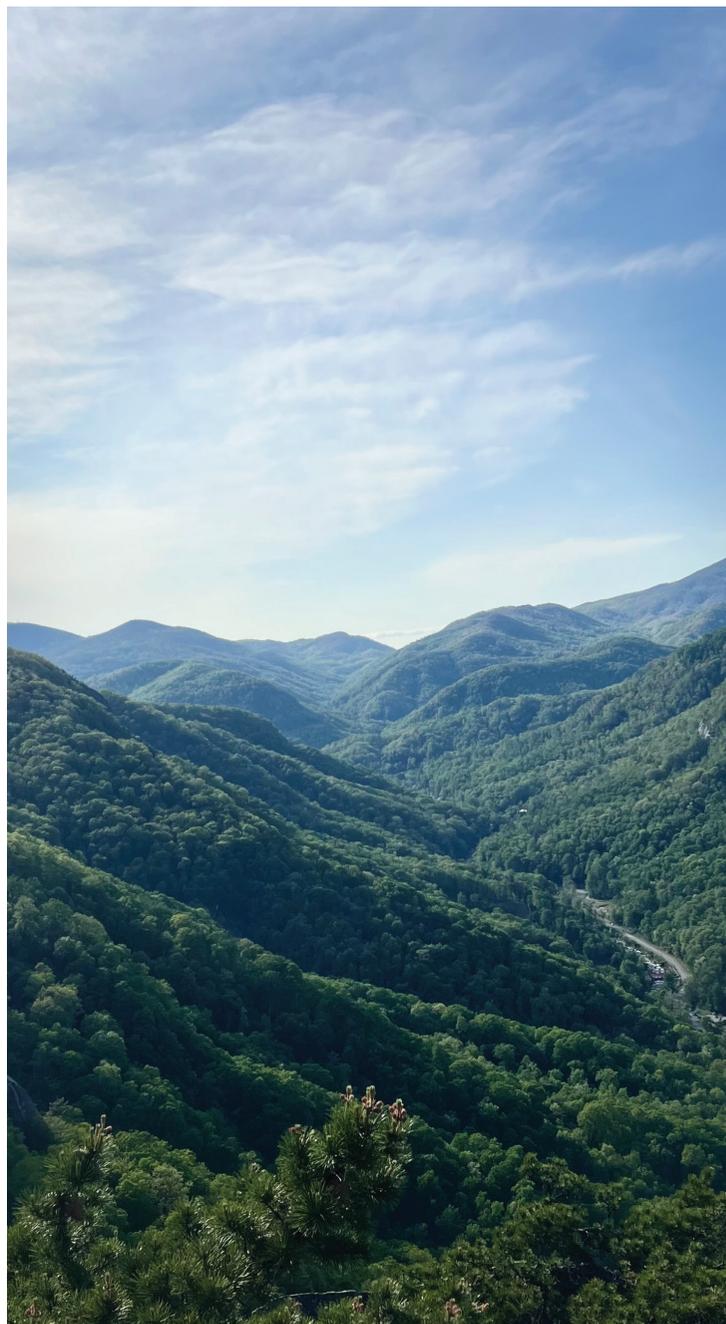
**Art Kelley, M.D.,
D.L.F.A.P.A.**

On Saturday morning I headed home, comforted by the fact that I had three quarters of a tank of gas and thinking Interstate 26 to Johnson City Tennessee was open. But I didn't know that the escape route information had changed. Or maybe I didn't hear things correctly the night before? I-26 to Johnson City was closed but still believing it was open I set out. I'll hit I-81 to Wytheville, Virginia and head south on I-77 South to North Carolina. Easy-peasy.

About 30 miles south of Johnson City I was forced off Interstate 26. Bridges up ahead had been destroyed. Now what? I headed back toward Asheville and then onto 19 East to Burnsville, thinking I might be able to continue east and drop south to catch I-40 East in Marion, NC. When I got to Burnsville, I decided to stop at the busy West Yancey Volunteer Fire Department to see if they could tell me a route forward. A route forward? How stupid. These firefighters could offer little. Not because they didn't care but because they had no method of communication except their fire station's local walkie-talkie radios. They were completely cut off from the area outside the reach of their system. They told me that the road was "clear to the Avery County line" but after that I would be on my own. The idea of ending up stuck in the middle of nowhere in Avery County or beyond was not an attractive one. I wanted to remain safe, and I surely did not want to become a person in need of rescue because of some macho attitude of "I can make it through." A shelter had been opened at the station so at 9:30 am I decided to stay put.

The suffering of those displaced by the storm was evident all around. Six elderly folks on oxygen concentrators were there

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Chimney Rock, NC

Editors Note: This edition of the "NCPA News" is comprised of personal narratives of Hurricane Helene. Anchored together in place and time, these psychiatrists' stories from across the state highlight the initial uncertainty and chaos, the ongoing trauma, and the resiliency of communities to recover and rebuild. We recognize the continued efforts of NC psychiatrists to hold the suffering and trauma of others and each other in the months to come. Thank you.

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MENTAL HEALTH PROFESSIONALS ENTER THE FRAY AFTER HELENE



**Richard Zenn, M.D.,
D.L.F.A.P.A.**

As Chief Medical Officer of Vaya Health, I live two miles away from the Renaissance Asheville Downtown Hotel, where our NCPA Annual Meeting was being held this year. Despite the incredibly high volume of rain preceding the meeting and the impending threat of the hurricane, most of us assumed we could proceed with business as usual. Now, as I write this less than two months after the incredible devastation caused by Hurricane Helene, our business as usual in Western NC has changed

significantly for the foreseeable future.

Vaya Health, as one of North Carolina's Tailored Plans, is responsible for managing the physical health, behavioral health and pharmacy benefits of Medicaid members with high behavioral health needs, and behavioral health services for Medicaid Direct beneficiaries and uninsured individuals receiving state funded services. We cover 32 counties, and over 100,000 Medicaid members. Many of our staff live and work in the communities that were most devastated by Hurricane Helene.

We activated our Continuity of Operations Plan (COOP) right after the hurricane passed on September 27th. We were fortunate that our Information Systems Department had effective backup systems in place at our main office in Asheville. Remarkably, we lost internet capabilities for less than 24 hours and were only on generator power briefly. Our CEO, Tracy Hayes, began sending out daily COOP e-mails on September 27th which included up to date information about resources available to our staff and members. On September 30th we instituted a text message alert system to communicate with staff. This allowed us to account for all 1,162 of our staff by Wednesday, October 2nd, though most of our staff in the severely affected counties had no power, water, or internet, and some of our staff suffered significant damage to their homes and property. We activated an Inclement Weather leave status to ensure staff would be paid even if they were unable to work due to effects of the hurricane. Our Ridgefield office became a hub for donations,

and many of our staff who typically work virtually came to the office to work and help distribute gas, water and other donations to members in need.

Early on our clinical teams began to identify and contact members with high medical needs, including those requiring oxygen, electrical power for medical equipment, and transportation for critical services such as dialysis, chemotherapy, and opioid treatment programs. Our pharmacy team used claims data to ensure members could maintain access to critical medications, including Long-Acting Injectables, clozapine and buprenorphine. Our care management team contacted Innovations Waiver members and providers to ensure that their living conditions, services and support were stable. Our provider network teams outreached behavioral health providers and practices, as well as medical practices and ancillary services, to determine if they were open and to offer support. We coordinated with Red Cross shelters in the affected areas to deploy mental health clinicians from contracted provider agencies for mental health coverage while shelters were still getting organized.

We anticipate ongoing challenges with increased behavioral health needs and increased suicide risk related to the effects of the hurricane. We are partnering with NC Department of Health and Human Services (NCDHHS) in the Hope4NC Crisis Counseling Program, Multi-Agency Shelter Transition Team, and Back@Home-Helene program to help identify needs and link people to resources and behavioral health services.

This work has been difficult, exhausting, and traumatic for many of our staff. Ironically, amid the recovery, October 10th was World Mental Health Day, with a theme of "It is Time to Prioritize Mental Health in the Workplace." We have facilitated meetings to share stories and discuss coping strategies with our care management, transition and housing, and care coordination teams, and have started a Mindfulness Monday series to focus on mental wellness as each of us continues to recover from the trauma of the storm while helping our vulnerable population.

Those of us living and working in WNC have been extremely appreciative of the effort and support we have received from throughout the state. Our colleagues at NCDHHS and other Tailored Plans have been responsive to our needs and requests, timely, organized and professional in coordinating efforts with local governments, the Red Cross, providers, and other partners. Our NCPA Disaster Committee, in collaboration with other mental health associations, developed disaster response plans which included a WNC psychi-

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PRESIDENT'S CORNER



**Therese Garrett, M.D.,
F.A.P.A.**

The challenge of combatting misinformation in disasters is not unique to Hurricane Helene. The Department of Homeland Security (DHS) recognized the important role of social media in dissemination of true and helpful information as well as the potential for it to be a vehicle for misinformation, chaos and disruption and created a working group to address this issue back in 2010. The work group published a white paper in 2018: 'Countering False Information in Social Media in Disasters

and Emergencies.'

Best practices identified include strategies such as:

1. Establishing partnerships with local traditional media outlets before disasters, so means exist to disseminate accurate information.
2. Using the Joint Information System to coordinate public information efforts of multiple jurisdictions and agencies.
3. Setting up a central website to debunk bad information.¹

At large scale, the problem of misinformation within social media (and traditional media) stems from a variety of issues, including lack of public trust in governmental sources and traditional media, public demand for immediate (often unknowable) details, need for immediate answers and the viral potential for post sharing.

The DHS white paper detailed four primary causes of misinformation:

- incorrect information (intentional vs. unintentional)
- insufficient information
- opportunistic disinformation
- outdated information¹

This article will address ways in which these causes contributed to negative impact on the response to Helene in Western NC, as well as non-governmental and governmental responses to attempt to mitigate those negative impacts.

During the immediate period during and after the storm, information that was outdated or already deemed to be incorrect, continued to be shared. Stories about lack of state and governmental response were fueled by the lack of cell phone reception and internet communication. During the period of limited communication, both traditional media and social media were unable to get information to residents on large scale response, including inbound supplies (like food, water, and other aid) and delays due to the blockage of major transportation arteries (including I-40 and I-26). Inability to communicate prevented officials from sharing needed reassuring news, such as that the Lake Junaluska dam had not failed nor was at risk of failing, and the spillway was operating as it should. Those inside the areas of blackouts got snippets of information from friends or neighbors by word of mouth or during brief moments at centralized locations that had cell or internet service.

Insufficient or outdated information can also be used by individuals to create and publish misinformation. On Monday, September 30, when a great deal was still unknown, the Homeland Security Advisor, Dr. Sherwood-Randall shared that it was possible there might be as many as '600 lives lost'.² This number was based on the limited knowledge at that moment, based partly off the numbers on a list of missing individuals. Though she went on to caution reuse of that number, stating that 'numbers vary widely', and that 'we may not see the numbers [of deceased] skyrocket as people have predicted', this large number of '600 lives lost' began being used by individuals on social media to sow fear and confusion.

Thankfully, the final death toll ended up not nearly as high as this, as families and friends were reunited over the phone and in person. However, many on social media grabbed this number and the subsequent much lower confirmed death count as "proof that the government was keeping the true death toll from us" and must be suppressing information.

Stories emerged and spread about '10,000 body bags' having been ordered by the government, first responders running out of body bags, and large numbers of bodies stored in buildings simultaneously being used as shelter. TikTok, X, Reddit and others remain littered with stories and videos of people incorrectly describing the formal published death counts as complete fabrications. While the basis of this rumor started with a kernel of truth during a time early on where there was insufficient information, it rapidly developed into one which included opportunistic disinformation being used in some circles for political gain.

Opportunistic disinformation is typically revenue generating and financially incentivized or malicious and politically

incentivized¹. Revenue generating disinformation may be links that are being used to collect information that later will be used for scams such as fake GoFundMe campaigns or other types of false collections. To combat this, well-established community-based organizations, non-governmental organizations as well as governments publicize contacts and links for known trusted entities.

As an example, NCPA has promoted fundraising through the North Carolina Medical Society Foundation's Disaster Relief Program, to support practices impacted. We have also promoted a specific fundraiser through our NC Psychiatric Foundation to support the MAHEC psychiatry residents directly impacted by Helene. Local governments have shared trusted community-based (CBOs), faith-based (FBOs) and non-governmental organizations (NGOs) raising money for disaster relief. Local leaders have supported amplification of messages on support through trusted organizations.

More problematic are the politically incentivized disinformation campaigns. These can be large scale, such as the rumor amplified by the Chinese government last year through social media that the Lahaina wildfires were the result of a new 'energy weapon' that the US possesses.³

Sometimes, these campaigns use small bits of truthful information which they interweave with complete falsehoods to lead to an absurd conclusion. For example, the disinformation spread after Helene that the government was seizing land and mining Chimney Rock for lithium. Pictures of large construction trucks in Chimney Rock, or of the army corps of engineers there working in recovery were used as the photographic evidence that such a thing was happening.



People attempting to access wifi outside of the public library

These rumors and other falsehoods around FEMA confiscating supplies, resources, and land led to serious consequences.⁵ In early October, a Rutherford County man, armed with an assault rifle, threatened to harm FEMA employees due to the perception of government seizure and interference with response efforts.⁶ This event led to its own rumors that a truckload of militia was driving around threatening FEMA staff.⁶ The actual threat as well as misinformation about the truckload of militia led to a ground-stop on FEMA door-to-door action for several days in certain areas, before the truth was determined, and the man was arrested.

Governments and law enforcement agencies, along with community leaders, continue to use traditional media, social media briefing, websites, and trusted community partners in an attempt to combat the whack-a-mole game of misinformation.

In previous disasters, besides responding to rumors, other tactics have been used to try to combat and prevent viral spreading of politically motivated disinformation. Attempts to combat opportunistic disinformation may rely on using geotagging and other methods of extracting location information to decrease spammers, trolls and those attempting to capitalize on disasters financially or politically. Social media platforms have historically employed teams to suppress or remove non-geotagged posts that were likely or known disinformation. As an example, in the aftermath of the 2014 Napa earthquake, Twitter employed geolocation and geotagging of tweets to filter out problematic tweets (many of which had come from outside the US), as well as delete some on the back end.¹

Understanding the causes, scope, impacts and role of misinformation and disinformation in social media is important in our role as psychiatrists and as members of the larger communities in which we live. This deeper knowledge allows us to identify ways we can utilize our personal and professional resources to address and respond to mis/disinformation campaigns.

Social Media misinformation is a major public health crisis that needs to be addressed. 🌱

Therese Garrett, M.D., F.A.P.A. is the Behavioral Health Medical Director at Well-Care Health Plans, and a psychiatrist at NC State University Counseling Center.

*References listed at QR link found on page 2.

POEM - THE UNWELCOME VISITOR



**L. Jarrett Barnhill, Jr.,
M.D., D.L.F.A.P.A.**

A sea devil broke in
raging, leaving little light
for mornin' to paint dark
hillsides,

It'll only get worse so
you might as well forget
sunset. There ain't no
pity left here

For poor folks, most of
life is piled up, a naked
screen door, snarling
windowpanes

Attic toys, picture
memories, hell, anything
that can age is now
buried treasure.

Some folks can tote
their whole lives in a
leaky oak bucket, their
gray home place

Last seen roaring down the river, rushing away to join the
artists in the driftwood.

I can hear the vengeful river pushing old cars off crumbling
cinder blocks,

Farm tools dangling from low limbs, mud banks full of
molding cornsacks,

Families collapsing into ruins, framed forgotten faces
masked with mud,

Once peaceful the graveyards washed away, leaving jobs
for gravediggers,

As fossils hunters put together a museum with what's left
of people.

Rows of Christmas trees, crushed ornaments decorating
bare mountain,

Fragments of a basket rushing seaward with a boatload of
refrigerator art,

Stump poet's verses flapping like laundry, no more porches
full of wisteria,

Homemade rocking chairs drying as bones somewhere
near the river bend,

Alongside the Devil's splintered banjo, the broken neck of
Uncle Jube's fiddle,

Long gone, empty jugs, coming and going, wandering far,
wide as midday sky.

We heard 'bout a ragged scarecrow man still cussing, and
spitting,

He took off like a wild man to arm wrassle with the river,
mad as hell

'Cause his hound dogs got turned loose, and ran off into
the hills

Hunting for anyone or anything that smelled of table
scraps, or

Grandma's collards, chicken 'n dumplings, a jar of sweet
tea,

Or hunters riding mules up the branch, praying for
refugees

Dressed in little more than dark patches, there ain't much
left

Tween the shattered plates and lamps, and waterlogged
cabins.

In the hollows, there are plenty of orphaned dolls, a
cowboy hat,

A pair of wrinkled boots oozing mud, shoe tongue flapping

Up and down, folks never heard of boots crying at ghosts

Dreading times when a drooping moon showed its muddy
face,

Banshees living in the tree limbs, wearing store bought
dresses,

A sweater filled with twisted boards poking out like a
porcupine.

The reverend filled a church pew with cans of beans,

Hoping to feed his flock before the nights turned cold,

Ain't nary a soul living round here with any Sunday clothes,

Life's spirit gone downriver, some folks still pray

But there ain't no ark, just a crusty, flickering sun

Leaning 'gainst the tired mountains, mourners wait

For sunset to drag in- but still folks fear noisy darkness.

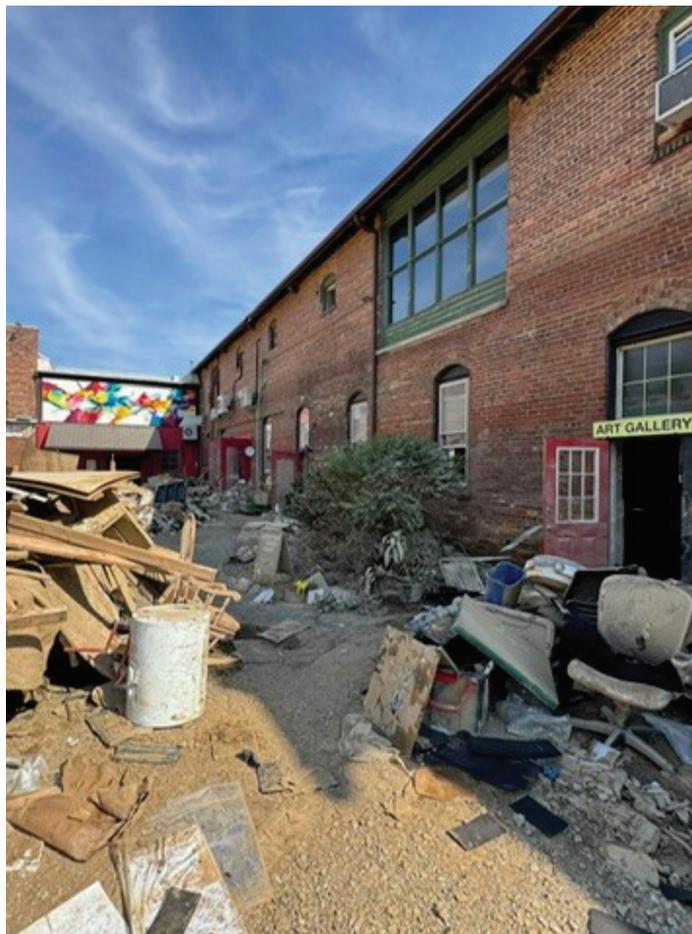
There ain't no path, no old trees to point
 The way back home, but still, a few hollow folks
 Say the Lord is coming to spend the night-
 Down yonder, Poet- singers gather kindling,
 Raising bonfires, praying for a time to forget
 Life in the raw, where folks howled like old dogs
 At broken tree limbs, and porch steps facing up.

Some trembling scrawny old hounds
 Are still in this fight, moaning sad songs,
 That keep the hopeless awake
 And safe from dreaming 'bout
 The growling, hungry, snarling water
 Moving on past them like sound and fury.

Time ain't got time to ponder
 Questions, answers done washed away,
 The old boys are too tired to pry open
 The shoebox of creation, and
 Grandma only prays with her lips,
 Silent cussing and grumbling might
 Dry out that punishment from above
 But the prophets ain't returning.

All's left to write down are weary tunes
 "Bout the broken times of '24.
 Someday, when songs go hungry,
 And the rocking chair stories
 Too old for our youngun's young'un-
 They'll swear, it just won't so. 🌿

L. Jarrett Barnhill, Jr., M.D., D.L.F.A.P.A. is Director of UNC's Developmental Neuropharmacology Clinic, he specializes in the diagnosis and pharmacological treatment of autism and other developmental disabilities, and other neuropsychiatric disorders. He is a former President of NCPA.



*Above: Destruction at Art Gallery in downtown Asheville
 Below: Flooding at French Broad River*



SYSTEMWIDE NEEDS DURING A NATURAL DISASTER AND ACTIVATING SERVICES



**Venkata Jonnalagadda,
M.D., D.F.A.P.A.**

Those of us who live on the eastern coast of our fair State anticipate hurricane season every year and brace ourselves for the statistically inevitable. This season, our western families took an unprecedented hit; and the devastation, in every possible way, has been overwhelming. Many a time our fellow North Carolinians rushed to our aid. Now it's our turn.

Part of putting one foot in front of the other is understanding the path forward from this nightmare. We are blessed to

live in a State that carries a spirit of service and brotherhood for each other in times of distress no matter who you are. It will be critical to sustain help for our western families long past the news reports and early rally. Navigating the resources can be daunting. NCPA is happy to help our members understand and operationalize what's available.

Resources offered by our State and within our guilds are prepared for the long journey of recovery, engaging as part of the community cohesion, helping folks come to terms with losses, and finally the long game of reconstructing their lives and practices.

For our licensed members and colleagues, let's start with next steps:

- The North Carolina Medical Board (NCMB) is partnering to gather information about which western medical practices are still open. They offer a link to open medical practices in Western Carolina. *Physicians and PAs who are currently licensed in NC do not need to obtain special permission or licensure to work or volunteer; and NCMB provides two pathways to allow out-of-state medical professionals who are not currently licensed in NC to assist. The steps to do this are available on their website.
- The North Carolina Board of Pharmacy has provided a link to all operational pharmacies in the area.

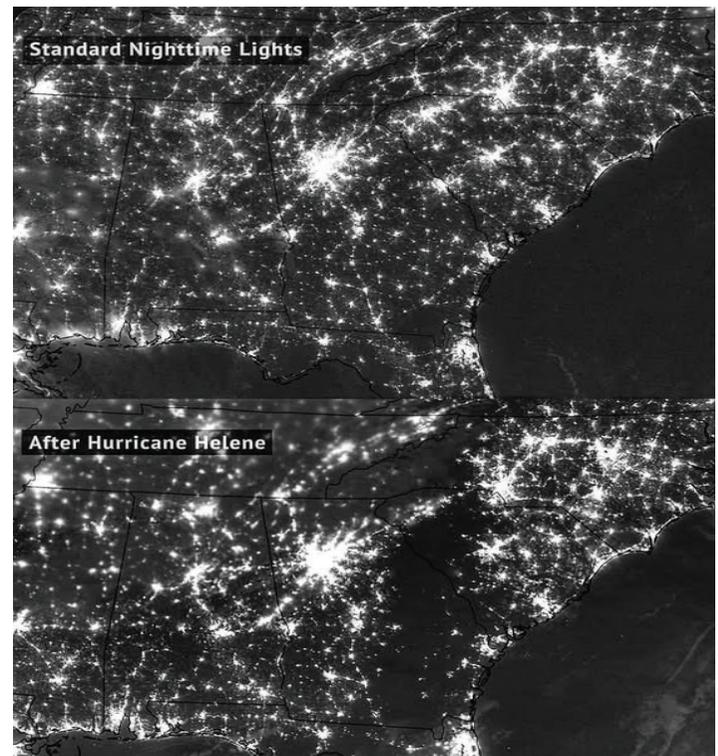
From a federal and state government point of view, many valuable resources exist. Here are a few:

- The official website of the United States government has a page with everything in one place including financial, housing, and benefits.
- The Department of Veterans Affairs is pooling external resources to meet the needs of veterans and families in Western Carolina and updates are available on the local site.
- NC Commission on Volunteerism & Community Service has up to date information on needs and opportunities to help; and contacts if you need community services in the West.
- NC Department of Public Safety site has a great "fact over rumor page," individual assistance, and business assistance resources.

And finally, the power of membership and advocacy is exemplified by our guilds:

- NC Medical Society is currently collecting the NCMS Practice Impact Survey to assess current and future needs of members.

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*Eastern USA before and after Hurricane Helene
Courtesy of WeHaveTheData*



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In support of improving patient care, this activity has been planned and implemented by American Psychiatric Association (APA) and North Carolina Psychiatric Association (NCPA). APA is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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NCPA MEETS HELENE: A RESIDENT'S EXPERIENCE



Katherine Kessler, D.O.

Leading up to the NCPA annual meeting in Asheville, many of my co-residents and I were full of anticipation and excitement to learn, present, and interact with our fellow psychiatrists from North Carolina. While we mingled during the lovely opening reception on Thursday night, conversation dwelled on the arrival of Hurricane Helene. The consensus remained that the storm would be over quickly and the conference could proceed as planned. As the night

ended, there was no indication of just how severely the storm would slam Western North Carolina and lead to an unforgettable weekend.

As I made the short drive from my hotel to the conference center on Friday morning, the intensity of the rain and wind gave the first impression that this was no ordinary post tropical storm. As we chatted over coffee and watched the storm rage outside, we remained optimistic that the conference could continue after a short delay. This confidence began to waver following loud booms during the first session. Not long after, the hotel lost power leading talks to continue in the dark, cell service was cut leaving us disconnected from the outside world, and the water supply was lost. This proved to be the last straw, and the organizers made the difficult decision to cancel the conference shortly after lunch.

Still disconnected from cell service, I like, many of the attendees, braved the drive home only to encounter the terrifying realization that there were no passable roads out of Asheville, and we were stuck for the night. Unfortunately, many of my co-residents and I were staying in hotels or Airbnbs separated from the main conference center leaving us isolated to dwell on the devastation around us, worrying for our own and each other's safety.

Upon waking up Saturday morning, enough spotty cell service was found atop nearby hills and in far-away parking lots to learn that one road out of town should be opening soon. When able, many of us clung to the promise of a route home and attempted to flee. Unfortunately, some were stopped quickly by downed trees and flooded roads, while others, including myself, made it out of the city only to quickly run

out of gas. Thankfully, our spouses and fellow residents rallied around us. Some made the 4-hour drive with gas cans to meet us while others facilitated communicating everyone's situation and updating safe routes out of Asheville.

After making it home safely, we were finally able to reflect on our experience and the community we left behind. I cannot describe how grateful I am for my fellow residents and their spouses who not only helped us evacuate but provided emotional support in the weeks following. Due to lack of contact with the outside world and isolation at the hotel, many of us did not appreciate the damage and devastation to the area until we witnessed the flooding and wind damage firsthand on the drive out. While the situation was challenging for those of us involved, we recognize the fortune of our evacuation and how our experience does not compare to the ongoing struggles of the Western North Carolina residents as they rebuild their community. Our thoughts and prayers are with those affected by the devastation, and we have great admiration for the resilience of the people in this region during this unimaginable time. 🌱

Katherine Kessler, D.O. is a resident at Cape Fear Valley located in Fayetteville. She serves on the NCPA Executive Committee as a Resident-Fellow Member Representative.



Renaissance Asheville Hotel patio

A LIFELINE IN THE STORM



Hussein Ahmad, M.D.

Almost a month after Hurricane Helene swept through Western North Carolina, NCPA Newsletter co-editor Danielle Lowe, M.D. Ph.D., met with Hussein Ahmad, M.D., for a virtual chat in order to share his experience as Outpatient Chief Resident at Mountain Area Health Education Center (MAHEC) located in Asheville, NC. As the conversation unfolded, they realized that we had something very much in common. While many of our NCPA members rode out the hurricane relatively

safely at the Renaissance Hotel in Asheville, Dr. Ahmad and his wife have been staying there since returning to Asheville through FEMA. Due to non-potable water at their home, they will likely be living and working from the hotel through at least mid-December.

Dr. Ahmad and his wife were already planning to be out of town for the weekend and ended up evacuating late on Thursday night as the first heavy rain bands approached. Although they were safe, they soon realized the severity of the damage back home as the hurricane swept through Friday morning. Over the weekend, Dr. Ahmad was one of the few MAHEC clinicians with reliable communication and took on a critical role in coordinating care, serving as a lifeline for

patients who were struggling to access mental health support. He managed remote on-call services, ensuring continuity of care for patients, even while being physically distant and virtually disconnected from Asheville. He was also tasked with contacting all the other residents to ensure everyone was safe, though some had experienced significant property damage and struggled to connect for several days.

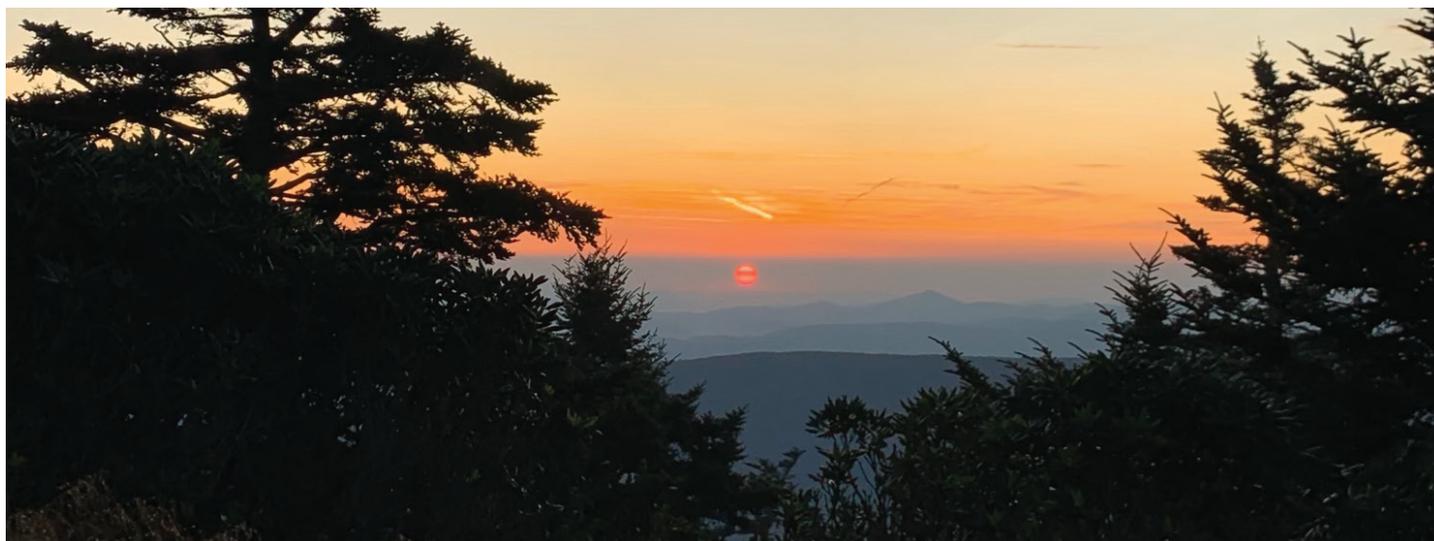
“It ended up feeling like

I was running the clinic from outside of town because no one else could. I recall having a conversation with a patient who was calling from a truck-stop. She shared that she had to leave quickly and did not have a chance to grab her medications. She had made many attempts to call into the clinic but did not have a cell signal until she crossed over into South Carolina. Another issue was that many pharmacies in the region were not accepting electronic scripts. A relatively simple script took a few hours to process and required me to call into several pharmacies in her region until I found an open pharmacy with inventory. As pharmacies in Asheville began to re-open, we were thankful to learn that patients were able to go into pharmacies and get 30-day supplies on any non-controlled medications without a script. While this



Danielle Lowe, M.D. Ph.D.

continued on page 22...



Boone, NC

MEMBER SPOTLIGHT JOHN NICHOLLS, M.D., J.D., D.F.A.P.A.

Turning Crisis into Commitment: Dr. Nicholls' Path from Law to Psychiatry and Resilience Through the Storm



John Nicholls, M.D., J.D., D.F.A.P.A.'s journey to psychiatry is a testament to resilience and adaptability, as he navigated the complex transition from a successful legal career to the demanding world of medicine. However, his story is not just one of career change, but rather finding the interplay of his two careers as he now brings legal insights to his clinical practice and psychiatric trainees as chair of the psychiatry department and child and adolescent program director at Mountain Area Health Education Center (MAHEC), Asheville, NC. With this member profile, we highlight Dr. Nicholls' path to psychiatry and his commitment to making a meaningful difference for the people of Western North Carolina.

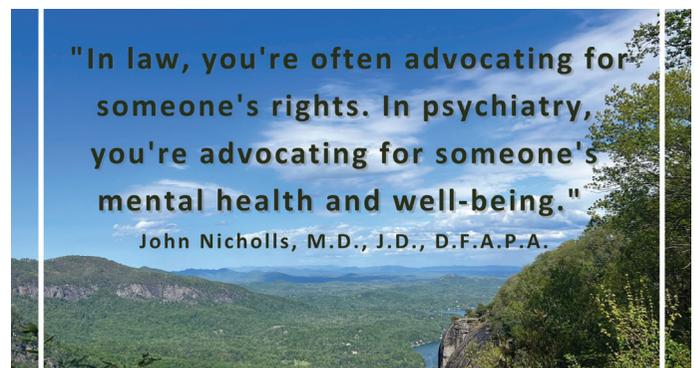
After graduating from Wake Forest School of Law, Dr. Nicholls practiced as an environmental litigator for eight years, establishing a successful legal career in North Carolina and Georgia, but still felt an unfulfilled calling to enter the world of medicine. After practicing law during the day, he would volunteer in the evenings with individuals dying from HIV at the height of the AIDS epidemic. "I realized I could make a much more direct, meaningful impact on people's lives," Dr. Nicholls explains. He returned to the classroom, completed his medical degree, residency and child and adolescent fellowship at the University of North Carolina Chapel Hill, and has been working in various roles in public and academic psychiatry.

Drawing from his own dual experiences, he teaches the legal and practical implications of mental health clinical decisions. "I try to highlight the importance of the fundamental values that we're talking about and the practical nature of knowing how to document something in a way that puts you at less risk, but still allows you to do great work." Especially in challenging scenarios like involuntary commitment (IVC), this legal framework helps him keep patient rights and due process at the forefront, even amid daily practical challenges of medicine. He has also been an NCPA Public Psychiatry and Law committee

member over the past several years and sees educating legislators on the realities of mental health care and legal implications as a potential way to improve the system.

Dr. Nicholls highlights the existing mental health care challenges in rural areas that were exaggerated with Hurricane Helene, including physical barriers to in-person care and digital barriers with loss of communication systems and long-term internet outages. Dr. Nicholls emphasized that MAHEC's mission has always been to increase access to psychiatric care, and recent events have only strengthened this goal. As Chair, he has been inspired by the dedication of the staff and residents in the time of crisis, as well as everyone supporting each other given the widespread direct and indirect trauma in the community. "I just can't think of any group that's more inspiring than the one that I'm working with."

Looking back, Dr. Nicholls sees his law experience as a foundational part of his approach to psychiatry, as it gave him an ability to think analytically and advocate for the underserved. It also informed his approach to patient care, emphasizing the importance of clear communication, empathy, and a strong ethical framework. In this time of crisis and recovery, Dr. Nicholls is leaning even more into these skills and the passion of the team around him to continue to meet the needs in Western North Carolina. The journey may be challenging, but for Dr. Nicholls, it is worth every sacrifice. 🌱





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April 4 - 5

Med Student & Resident
Poster Session
April 4

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NORTH CAROLINA
**Psychiatric
Association**

REFLECTIONS ON HURRICANE HELENE AND OUR PATH FORWARD



**Katy Kranze, NCPA
Executive Director**

Hurricane Helene swept through our state leaving a profound impact. For the North Carolina Psychiatric Association (NCPA), it was a storm that tested not only our adaptability but also the strength of our mission to serve our members, patients, and the broader community.

The timing of Helene couldn't have been more difficult. Our Annual Meeting, which takes place each year in September or October, was set to begin as the storm approached. This is not the first time a hurricane

has disrupted our plans—in fact, the last time our meeting was held in Asheville, another hurricane swept through. As an organization, we have grown adept at responding to these situations, transitioning speakers to Zoom and adjusting on the fly. However, no one was prepared for the magnitude of devastation caused by Hurricane Helene.

Our staff arrived in Asheville on Wednesday, September 25, at that time forecasts suggested Helene would bring some rain and wind but clear up quickly. The meeting's early events—Thursday's Pre-Conference on Suicide Prevention, the Executive Council meeting, and the Welcome Recep-

tion—proceeded without issue.

By early Friday morning, however, conditions deteriorated rapidly. Heavy rains, flooding, and gale-force winds struck the area. One of the first signs of trouble was personal: I found myself trapped in an elevator as the power flickered. From there, the day unfolded with one challenge after another.

Hotel staff warned us of projectiles as parts of the building's façade began to fall off. Cars were relocated to safer areas to avoid falling trees, and programming shifted as we sought alternative ways to continue without electricity or internet.

Impromptu adjustments became the norm: Dr. Mehul Mankad graciously led an unplanned presentation in near darkness and Dr. Amilda Horne loaned a battery-powered lantern to illuminate the room.

By mid-morning Friday, it became clear the storm's impact was worse than anticipated. Water systems in Asheville were severely compromised and public health risks loomed. With no running water and no clear timeline for restoration, we made the difficult decision to cancel the meeting.

With no cell service or internet, communication shifted to low-tech solutions: handwritten updates, scheduled meet up times in the lobby, hand drawn maps, and post-it notes on the wall became lifelines to conveying vital information.

Amid the chaos, a shared sense of resilience and community emerged. Members shared resources by charging phones in cars, sharing precious bottled water, providing emotional support, and contacting loved ones if they happened to find cell-service. These small acts of kindness show the true



Aarti Kapur, M.D., D.F.A.P.A.; Randie Schacter-Fitzgerald, D.O., D.F.A.A.C.A.P.; & Vivian Campbell, M.D., L.F.A.P.A.



Annual Meeting session held by flashlight

sense of community we have at NCPA.

Others that deserve recognition include:

- The Renaissance Hotel staff were incredible throughout the ordeal. From distributing flashlights to ensuring structural safety and using pool water to flush toilets, their commitment to guests' well-being was unwavering.
- NCPA staff, Lana Frame and Anna Godwin, worked tirelessly to attend to the needs of members. They remained at the registration area to answer questions, provide guidance, and had the foresight to walk to the Aloft hotel – one of the few places with functioning WiFi – to email attendees not onsite informing them of the cancellation.
- And finally, I am so thankful for NCPA President Dr. Therese Garrett! Under her leadership, we found creative solutions like using ice from the ice machine to flush toilets, tended to locals who were evacuated to the hotel after their homes were destroyed, and responded to members' needs.

Impact on the Association

The financial toll of Hurricane Helene on NCPA could have been significant but our meeting cancellation insurance will help mitigate the loss. The Executive Council is committed to transparency as we assess the full financial impact.

On a brighter note, the generosity of our members has been nothing short of inspiring. Many attendees donated their refunds, and others contributed directly to our Foundation's relief efforts, demonstrating the compassion and solidarity that define our community.

Recovery and Resilience

Since the storm, NCPA has focused on recovery efforts—not

just for our association, but for the communities we serve. The NCPA Foundation established a Hurricane Relief Fund to support MAHEC psychiatry residents who suffered significant personal and professional disruptions due to the hurricane.

Additionally, we've partnered with other mental health organizations, including the NC Psychological Association and the National Association of Social Workers-NC, to compile a list of mental health clinicians offering free or sliding-scale services to individuals impacted by the disaster.

We've also taken this opportunity to reflect on how NCPA can be better prepared for future crises. From enhancing our event contracts to ensuring greater flexibility to offer trainings on disaster mental health, we are committed to learning from this experience and emerging stronger.

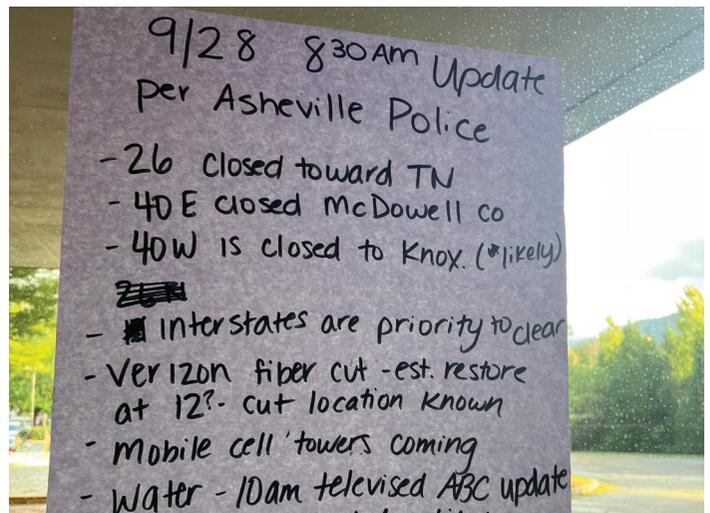
It is hard to capture all that happened at the 2024 Annual Meeting. This reflection does not even touch on the challenges many members faced: a gun drawn in line for gas, trapped inside an AirBnB by fallen trees, isolated without communication; being hit in the head by a downed tree walking into the hotel; getting stranded on the side of I-40; sleeping in a shelter overnight; or waiting hours in line for gas. The list could go on, but those are others' stories to tell.

For me, hearing my children's voices after the storm was a profound moment of gratitude. I could not imagine going through this experience without Lana and Anna by my side. To those who checked in during the days and weeks that followed, thank you! These moments of connection and support reminded me why we do what we do at NCPA.

As we look ahead, I know that NCPA will carry forward the lessons learned from Hurricane Helene, emerging stronger, more prepared, and more committed than ever to supporting our members, patients, and communities. 🌱



Hasan Baloch, M.D., F.A.P.A & Nathan Copeland, M.D., D.F.A.P.A.



Handwritten notes for Annual Meeting attendees

A CONFERENCE LIKE NO OTHER



**Jeremy Landvater, M.D.,
M.B.A.**

the evening reception and went to bed like any other night. We could not have anticipated what the next day would bring.

In the pre-dawn hours of Friday morning, I was awoken several times by the sounds of the wind and driving rain on the windows of our hotel room which gave way to flickering lights of brief power outages. Finally, it was time to get up and start the day, but while doing so the power went out in the room for good, which made for a humorous experience getting into professional attire.

I headed to the lobby and was excited to see electricity and a hot breakfast awaiting me. With some schedule changes, the program started, but not for long. Loud crashing sounds were coming from the ceiling, which were pieces of the siding falling from the hotel. As we funneled out of the ballroom and into the hallway to wait for further guidance, we had to be careful not to get too close to the large glass windows as the winds continued. Somewhere along the way, the rest of the power in the hotel went out, but we were able to go back into the ballroom to continue.

As the saying goes, “the show must go on.” From the glow of an emergency flood light and a lantern brought by a participant, both scheduled and impromptu sessions were held. Other than the darkness and occasional alarm, nothing seemed particularly out of the ordinary, and we broke for lunch.

Options were limited as there was no electricity, but the hotel showed immense resilience and hospitality, making sure all of us, our families, and their staff were fed. After a wor-

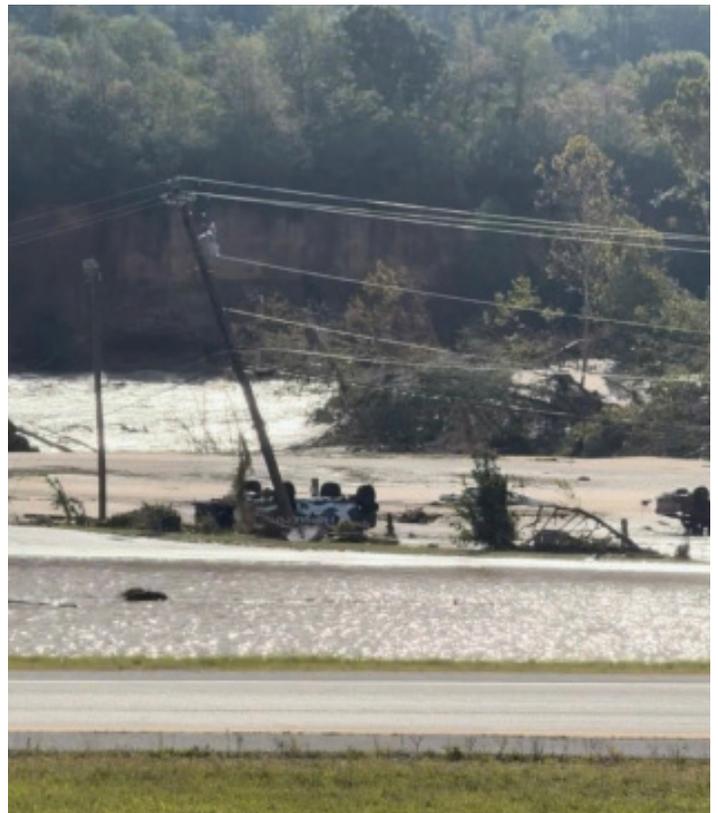
As the NCPA Annual meeting neared, Ashley, my wife, and I were keeping a close eye on the incoming storm that would come to be known as Helene. We debated if we should still go, but Thursday came, all seemed to be in good order, so excitedly and nervously we made our way to Asheville, NC.

We arrived and were eager to say hello to friends, many of which we only see once a year. The Pre-Conference went off without a hitch, we had a lovely time at

ried but lively discussion over lunch, the storm had passed over, and it was time for the breakout sessions. Fortunately, it was now safe to be in rooms with windows, so we were no longer in darkness. Unfortunately, not long into the first session, the hotel lost the luxury of running water. Cell service also went out, along with landline telephone. Without power, running water, and reliable communications, the NCPA Annual Meeting was suspended.

Ashley and I tried to make a plan. We could stay in the hotel and local area, but there was no power, uncertain food supply, and the only running water was that of the overflowing banks of the Swannanoa and French Broad rivers. After confirming we had enough gas for a few hundred miles, and that the car’s navigation system still worked, we attempted to head back home to the coast.

We attempted to go east, but did not get far as I-40 was impossible due to rock and mud slides. As we turned around, we witnessed the damage from still rising waters in Black Mountain. We next attempted to go south and navigated our way through back roads adjacent to I-26 as many sections were not passable. We passed the local airport, where the parking lot was crowded with stranded travelers, and the line for the only operating gas station was as far as we could see. Ultimately no road was passable, so we headed north to Johnson City, as we had learned earlier that west-



Damage seen traveling home



TN Troops escorting traffic

ward was not an option.

We snaked our way through the downed trees on I-26, watching as snowplow trucks moved fallen trees and debris out of the way. As we made slow and steady progress, Ashley and I had the pleasure of watching a beautiful mountain sunset, but then again had to exit the highway and scamper to find narrow, but passable, back roads. We found our way back on I-26 and entered into Tennessee but were stopped by TN Highway Patrol just south of Erwin. I-26 was impassable, and there were no known open routes to Johnson City. Again, we turned around, but fortunately the Tennessee Welcome Center was only a few miles away.

The Welcome Center was an oasis of electricity, running water, and vending machines. A steady stream of marooned travelers continued to trickle in as Ashley and I visited with others and stopped to pet a dog or three. We eventually settled into the car to sleep in the cool mountain air but were shortly awakened by TN State Troopers bringing much appreciated food and water. The troopers didn't know when they would be able to get us out, but at least they knew we were all there, as cell or telephone service was still out.

Early the next morning the TN Troopers returned to escort us through Erwin. Traveling in any other direction was impossible. We were led in a single file convoy, heading east in the only passable westbound lane, as we saw the destruction of downed trees, flooding, and entire buildings moved. We learned of the daring evacuation of Unicoi hospital, and that a large section of I-26 was completely washed away.

Once we passed through Erwin, it was a long but easy drive. What began as a six hour, 385 mile trip to Asheville, turned into a 32 hour, 810 mile adventure home. I cannot thank the staff of the Asheville Renaissance Hotel, workers at the Tennessee Welcome Center, and the Tennessee Highway Patrol



Jeremy Landvater, M.D., M.B.A. and his wife Ashley

enough for their generosity and hospitality. However, most of all I'd like to thank Ashley for being the best adventure buddy ever! 🌿

Jeremy Landvater, M.D., M.B.A. currently serves in the Navy, as the senior staff psychiatrist at Naval Health Clinic Cherry Point. Prior to medicine he served as a Naval Healthcare Administrator, and was also enlisted in the United Marine Corps. When not in clinic he enjoys spending time with his lovely wife, wonderful children, and boisterous bluetick coonhound.

save the date

2025 Annual Meeting & Scientific Session

September 18-21
Raleigh, NC

Sheraton Raleigh Hotel

NORTH CAROLINA
Psychiatric
Association

YOU HAD TO BE THERE (BUT BE GLAD YOU WERE NOT!)



**Scott Klenzak, M.D.,
D.L.F.A.P.A.**

The tire warning light coming on near Mocksville should have been my first sign. I was trying to get to Asheville for the Pre-Conference session on Suicide Assessment. A quick Google search led me to a local tire shop. They were able to plug it (best \$20 I ever spent!) and I was back on my way in no time! There was a little light rain on the way, but the forecast was for it to be bad overnight then clear up; the remnants of Hurricane Helene would be just a little wind and rain, right?

The Pre-Conference was great! I work primarily in the ED crisis setting so reviewing suicide assessments and best practices was perfect for me. Next was our Executive Council meeting. Over the years I have really grown to appreciate working with our awesome NCPA staff and colleagues and resident representatives from around the state. (I encourage all of you to consider being more involved in NCPA leadership—we need your talents, energy, and ideas!) The wind started to blow a bit more by this time as we all headed to the lively welcome reception.

"Your resident just got hit by a tree!" That was my second sign... a rather large branch crashed down on her just as she came into the hotel. She was shaken but seemed ok, she is a trooper and put on a smile, but it turned out she ended up having a mild concussion.

Sometimes when you are in the middle of things you do not quite realize what is going on. After a long day of travel and meetings I headed to bed. Other than a few flood alerts, I slept like a baby with a light wind and rain outside. Being on the 10th floor, I was not worried about flooding. In the morning after a long, hot shower, I headed down to breakfast and the day of meetings. Right as I stepped off the elevator the power went off. "That was lucky! We could have been trapped in there!" Third sign?

The signs were starting to pile up now and flash red! We pushed on. The hotel had prepared a nice buffet, and all the vendors were eager to chat even in the dimly lit room. The

wind was really picking up outside with rain falling sideways and trees billowing. We pressed on with the first talk hoping the power would come back soon. In the main ballroom we started to hear some loud booms on the roof. Turns out foam tiles were being ripped off the façade and they were crashing down onto the roof. I did not think foam could be so loud! And then we lost water. And internet. And cell service.

In the moment you just want to press on. We are here, let's just keep going! Right around this time, however, it became clear that things were actually quite bad, and the meeting had to be called. Ironically, this was about when the storm had passed, and the sun came out. No power, water, cell service, no communication, I-40 blocked both ways—we were all trapped in Asheville.

I scrambled to try to find some gas—but you cannot pump gas with no power. I found one open about five miles out of town with lines 50 cars deep both ways. I will skip the part about the guy in front of me pulling a gun on me and the guy in front of him and the fight between the woman behind me and another customer. Stress can bring the best out in people and the worst. Luckily, I was able to gas up but

continued on page 23...



Jonathan Leinbach M.D., D.F.A.P.A. after searching for gas for six hours

...“Leaving Asheville” continued from page 1

because their apartment complex for the elderly was flooded. They all seemed stunned into silence as they sat or slept all day in their bathrobes on Red Cross cots lined up in the station’s largest room. Blank stares, little conversation, and no tears. Storm victims who were not disabled sat around plastic pop-up tables alternating between quiet (desperate?) contemplation and conversations with me and others. Stories of individual escapes (or rescues) from their homes were spoken. Worry about family members they had not been able to contact was pervasive. Joy broke out when the son of one of the shelter residents arrived at the shelter unscathed.

Three families, neighbors along the Cane River, told me they were almost certain their homes were gone but held out hope that FEMA would arrive soon. A very funny lady said FEMA would eventually arrive so until then “we will just have to go with the flow.” Realizing the possible insensitivity of her remarks, she gasped, putting her hands to her mouth. But those around the table cracked up, appreciating the inadvertent dark humor. The funny lady’s mother told me she was just two years a widow. Although she never said it aloud, I sensed she longed for him to be with her at this moment. “I’ve never been through anything like this,” she said as her adult daughter nodded in agreement. Later she burst into tears as she looked at pictures of storm damage on a fellow victim’s phone. The funny lady’s blood sugar was 390.

Others found ways to distract themselves from their dark, anxious thoughts. Three guys spent 45 minutes discussing and arguing about movie actors and their work. “Russell Crowe’s best performance was in Gladiator.” The other two disagreed and began to enumerate all the other Russell Crowe movies, commenting on his performance in each. Movie reviews complete, they began bantering about their favorite musicians, songs, and albums. They knew their stuff!

And then there were the kids. They seemed the most resilient of all. They played like they were on their school playground. Lots of running in and out. Sword fights with sticks, ball tossing, games of tag. This loud boisterous play alternated with quiet periods of coloring in coloring books. One little girl was coloring a horse picture. Giggling, she says to me “Look, I’m putting lipstick on this horse.” Very pretty I said.

No one went hungry. Around 10:30am a group of local women miraculously appeared, commandeered the small firehouse kitchen, and went to work preparing meals. Some of the women had emptied out their home freezers while one, a deli worker at Ingles, seemed to have prevailed on her boss to donate food to the cause. I never figured out



Miriam Clarke, D.O. presenting by lantern

who the “boss” of the kitchen was. The group just knew what to do. A well-oiled machine! “Are you all the firehouse auxiliary?” “No, we are just the community.” When the women were not cooking, they were swabbing bathrooms, registering new guests, and having quiet conversations of reassurance with the elderly shelter residents.

When I initially arrived, I was assigned a private sleeping room on the second floor of the station but as more families arrived, I gave up my room and agreed to sleep on a cot in an empty fire truck bay. Sleeping on a Red Cross cot in a cavernous garage that has a lingering smell of gasoline is not conducive to restful sleep, believe me. Throw in sirens, truck noises and loud conversations outside, I spent the night in the “nodding off” level of sleep. But I did enjoy the smell of cooking sausage wafting in from the big outside grill as the volunteers prepared breakfast for Sunday.

Shortly after breakfast on Sunday morning I received credible information that I-26 to Spartanburg was open. From there I could connect to I-85 to Charlotte and home to Winston-Salem. Off I went after saying goodbye to the folks I had met, wishing them the best. And thanks to the kitchen. Except for a period of anxiety around finding gas, I got home without incident.

Since my return, the folks I met are often on my mind. I see their faces but only know their first names. On reflection, I realize I experienced only a couple of days of inconvenience but those I met (and other victims of this horrific storm) are facing a long, grinding journey to wholeness. You cannot put lipstick on this “horse of a disaster.”

To be honest, I hope I never have to be in a shelter as a resident ever again. But what I experienced during my almost 24-hour stay in this shelter increased my empathy for disaster victims and showed me again the generosity humans can display in a crisis. 🙏

Art Kelley, M.D., D.L.F.A.P.A. is co-editor of the NCPA Newsletter and former president of NCPA.

FRIDAY AT THE OFFICE



Nick Ladd, D.O.

It was the wind and sound of branches crashing that woke me this Friday morning, not the light of my alarm clock slowly warming. No, there was no light to be seen, not in my house or any of the many houses that surround me. It was beyond my comprehension at that time that many of the lights would not return on for weeks. Fearful of not being able to support residents in their morning clinic, I went to the NCPA conference at a local hotel to find a place to shelter

and plug in. One by one we lost resources while the conference was shouldering on. First it was the internet, then it was the electricity, then it was the feeling of safety in the main conference room as the speaker was overshadowed by the pieces of the building torn by the wind bombarding the roof. Next it was our cell phone reception. Eventually it was the loss of water that brought the conference to a close as the hotel knew it had hundreds of guests with no functioning toilets.

Suddenly so many of the psychiatrists who came to the mountains for a retreat scrambled to find their way home with no helpful information. They came to realize that this mountain town had become an island with all major routes out being flooded or destroyed by landslides. Quickly I was beginning to understand the scope of what was happening. My first thoughts went to my family who live in town, and I rushed home to make sure that everyone was safe and supplied. Traffic had come to a crawl on my route home as the Haywood Street bridge turned into a parking lot full of people dumbfounded as to how the whole River Arts District had just become one giant river.

At home, I switched to my bike fearing being impeded by stuck traffic or downed trees. Making it to my mom's house I find her on her front porch reading a book and enjoying the beautiful blue sky with a smile on her face. She had lost power, cell reception, internet and had no idea of the devastation that surrounded her on all sides. I quickly had her fill up her tub and every bowl she had, with her thinking me silly as her toilet was still flushing. It stopped flushing that day and would not flush on its own for another two and a half weeks. At first, she would flush with water she had

stored up, but then quickly that water had to be preserved for drinking, and she could only flush if she hauled water from a creek.

Leaving my mom's house, I started biking to my dad's thinking about how to get there with so many of the normal routes flooded. Here I critically failed the first rule of emergency medicine, "don't make more patients." The blue sky started to darken with rain and as I was plotting out a course that stayed on higher ground, I ran into some debris dropped by the storm. I happened to crash right in front of an ER nurse who was unable to get to her hospital because of the flooding. I quickly provided her with a sense of purpose as she assessed me and took me to the hospital seeing my need for stitches.

Filled with shame at becoming another person needing help, rather than a helper, I got into the long line for intake trying not to bleed on others and navigate with broken glasses. The flow of people coming in behind me continued to grow. The waiting room quickly became an extension of the ER as a mass casualty event was called. Each chair lined in tight rows became its own ER room. The downed power had the hospital operating without an EHR. Each patient became their own chart wearing a sheet around their neck of how they were triaged and where they were to go next. The toilets that stopped flushing hours before continued to be used by the stream of hurting and struggling patients. Soon it developed a stench starting to affect people twenty yards off.

An optimist NP said that my cut should be sutured by an oral maxillofacial surgeon and that he had put in a consult. After seven hours I got into an actual room and cleaned up my own wounds in the absence of water. Another NP came in with a suture kit. Knowing the answer before I asked, I inquired about the oral maxillofacial surgeon. I was flatly told that I could get it sutured now by her or leave. As an attending psychiatrist who is confused for a medical student at times, I figured a well placed scar could do me some good.

At 2am I was lucky to get a friend who had a working car and could get out of their neighborhood to break the curfew that had been set and pick me up. This was my first day of a disaster that will take years to recover from. The community that I grew up in, that my parents had grown up in, had been destroyed.

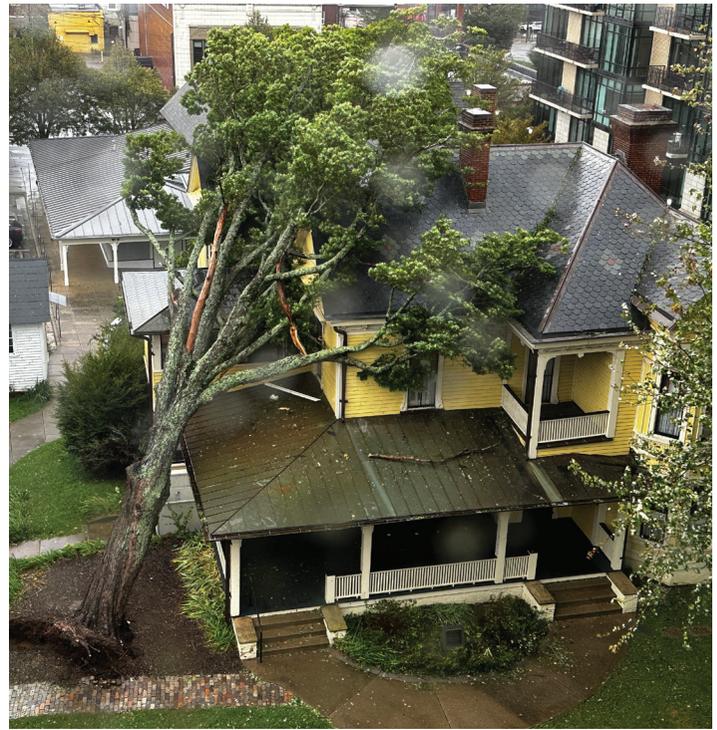
In the coming days I went through the process that everyone went through, of taking inventory of their loved ones and figuring out how to meet basic needs for food, water, and safe shelter. Everyone needing help, everyone eager to give help. In our work we are blessed to have such a window into the human experience, to hear so many stories of what

it is to be alive. With the relief work I did, I continued to be blown away by how those who had lost so much were out helping others. A woman at a mobile clinic brought boxes of canned goods to give out, giving thanks to God that her root cellar had survived, only later to share that her house and everything in it was destroyed.

Following Maslow's hierarchy of needs, I focused volunteer efforts on helping others get their basic needs, then shifted to the Flush Brigade to make sure that more problems weren't created by our lack of water, and then I became aware of the shelters that had been set up. Our Mountain Area Health Education Center (MAHEC) residents of all fields were quick to jump in to offer help in these shelters and anywhere they could. In these spaces I heard that there were medical providers who were feeling ill equipped to meet the mental health needs of their patients. With poor communication infrastructure in an ever-evolving system of support, I tried to assess if I had a good read on the need, the resources available, and what was logistically possible. At the request of medical providers in the shelters and with the support of NCPA I created a Hurricane Helene psychiatric consult line, WNC-MIND. This was based upon the Collaborative Care Model and sought to give volunteer psychiatrists from across the state a way of helping the medical providers leading relief efforts. This was universally well received but by the time it was operational, the need no longer existed. Baseline mental health infrastructure came back on-line, the acute either resolved or became sub-acute with more typical avenues for care available. I am in the process of debriefing with the medical providers to see how this hotline or other forms of support could be helpful in future crises. Feedback so far is that the hotline helped medical providers to feel less alone in their work and gave volunteer psychiatrists a way to offer support from far away.

This is just one of the thousands of stories from Hurricane Helene with mine being a very fortunate one. I want to express my great admiration and thanks to the residents of MAHEC who suffered much and still worked to serve their community. Residents had trees fall on homes, had to be emergently evacuated due to flooding waters, had spouses giving birth in a hospital run on generators, and had to make the difficult decision to uplift themselves and their whole family across the state and across the country to get to safety and resources. Even with this, MAHEC residents volunteered to work in the shelters outside of their typical responsibilities, slept in the hospital amid a storm ensuring patients were cared for, covered the inboxes of those without internet, and asked what they could do to help. All the residents have been victims of this storm, which has taken this difficult time of residency, and added so much to it.

With this I wanted to thank everyone who contributed to the Hurricane Helene Relief Fund where your donations are



Fallen tree on historic home of Thomas Wolfe

going to assist psychiatry residents affected by Hurricane Helene. With your help we were able to raise \$10,000. In this moment of crisis for WNC I am proud to be among the community of psychiatrists that we have in this state.

#WNCstrong 🌱

Nick Ladd, D.O. is a native of Western North Carolina. He is the Director of Child and Adolescent Psychiatry Fellowship at Mountain Area Health Education Center.



Damage to the Renaissance Asheville Hotel

...*"Enter the Fray"* continued from page 3

atry consult line to provide backup consultation to mental health providers at shelters and comfort stations. Our contracted providers maintained services in resourceful and resilient ways. In a recent *Psychiatric News* article, Dr. Frank Sommers wrote that all psychiatrists should consider themselves disaster psychiatrists, "ready, willing, and able, with some self-directed training, to help out when disaster strikes your community."¹⁷ Given the frequency of natural and other disasters, being prepared to address the needs of our patients and communities in the immediate aftermath and recovery from disasters like Hurricane Helene will be critical. The new business as usual for psychiatry and health care includes the ability to help people cope with and recover from disasters. 

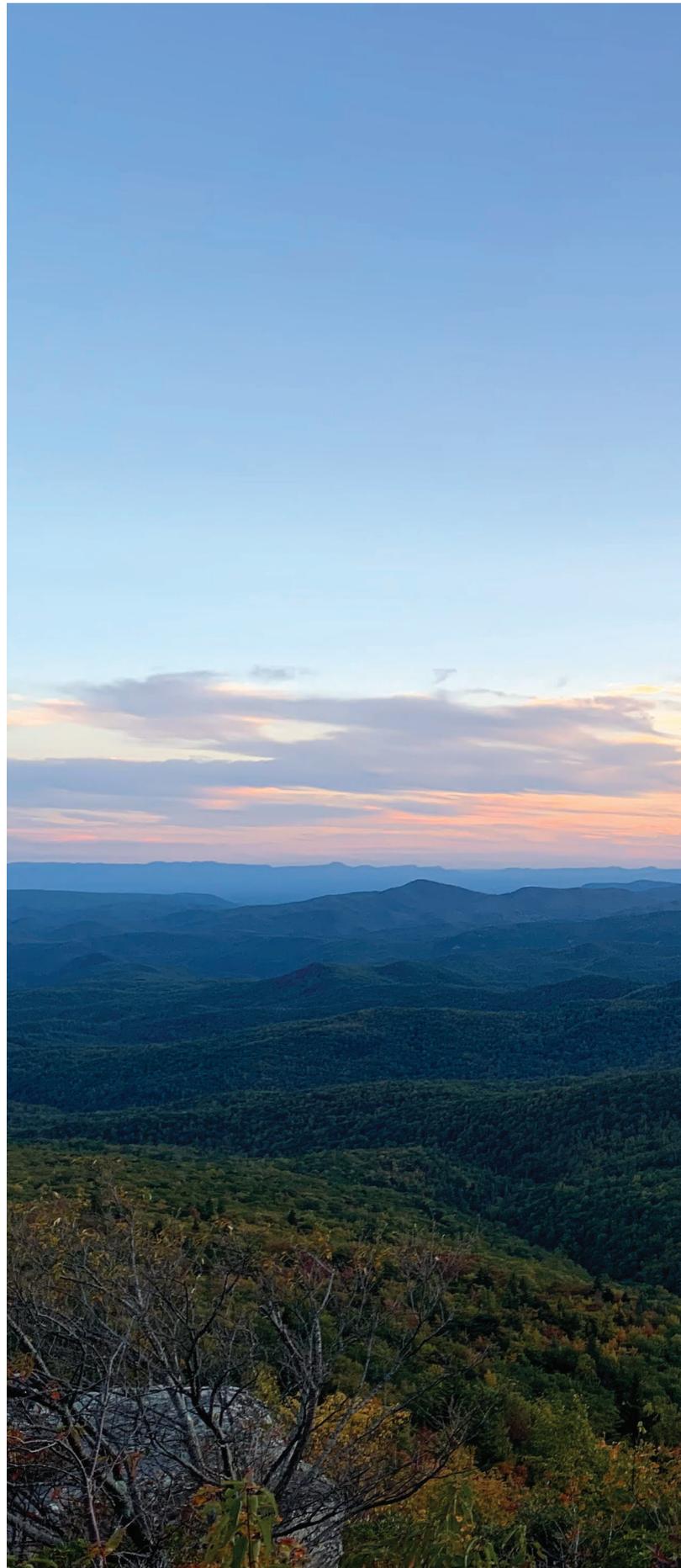
Richard Zenn, M.D., D.L.F.A.P.A. serves as Chief Medical Officer for Vaya Health. He previously served in the U.S. Air Force as a psychiatrist and received the Meritorious Service Medal.

...*"Lifeline in the Storm"* continued from page 11

was helpful, most of our patients were not aware of this emergency ruling so they still ended up utilizing the on-call service."

As the crisis unfolded, Dr. Ahmad witnessed the true resilience of the Asheville and MAHEC community. The local response was incredibly heartening, with restaurants offering free food to those in need, and residents supporting each other in any way they could. Dr. Ahmad also described the challenges his own team faced, including the experience of one staff member who lost her home to a mudslide. Despite these hardships, the staff remained committed to their patients, with residents stepping up to manage both inpatient and outpatient care, and others in the program providing invaluable support to the region.

However, the impact on the community has been far-reaching. While some services have been restored, businesses across Asheville are struggling to re-open due to a lack of potable water, with many small, family-owned establishments facing the threat of permanent closure. The region, which relies heavily on tourism and healthcare, is experiencing an economic downturn that is likely to continue for some time. Dr. Ahmad expressed concern for his patients, many of whom are dealing with job losses, broken leases, and the stress of rebuilding their lives. Despite these immense challenges, he emphasized the unwavering commitment of his residency program at MAHEC to continue supporting the people of Western North Carolina. 





Boone, NC

...*"Statewide Needs"* continued from page 8

- NC Healthcare Association (formerly the NC Hospital Association) resource page provides links for hospitals and providers to needs.

Our own North Carolina Psychiatric Association developed the WNC-MIND Support Phone Line to assist medical providers working in shelters and medical pop-up clinics across Western Carolina with psychiatric consults. Additionally, the Psychiatric Foundation of NC collected donations to help alleviate the financial burden on MAHEC residents impacted by Hurricane Helene.

All these resources are much needed. The emotional support is too. Reach out to each other.

Remind our friends in the West, they are not alone. Currently, families are slowly returning, schools are reopening; but some areas still don't have access to usable water; certain groceries and limited gas. The death toll continues to rise. Hurricane Helene will have a psychological impact on many people and for many years to come. The NCPA is unbreakably tethered to our members; and all our members stand with our family in the West. 🌿

Venkata Jonnalagadda, M.D., D.F.A.P.A. is a psychiatrist at Department of Veterans Affairs and former Medical Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

...*"You Had to be There"* continued from page 18

there was no way out of Asheville. At least I had a dry room to stay in—and the power came back on at the hotel!

The piano bar defied the curfew and Dr. Danielle Lowe graciously bought me a beer. Dinner consisted of two hot dogs from a food truck outside—just hot dogs, no buns. We gathered in the penthouse suite and a bottle of Japanese Whiskey materialized. Things could have been worse. The next morning, we received word that I-26 East was open to Charlotte. I was able to get home.

The level of devastation to the region is hard to imagine. Those of us at the meeting got a small taste of it. While most of us were able to leave and go home, for those who call Asheville home the recovery efforts will take months and years. I am sad our meeting was washed out, but I just have to think of all the daily suffering of those left behind to put things in perspective. 🌿

Scott Klenzak, MD, D.L.F.A.P.A. is Psychiatry Residency Program Director at Cape Fear Valley Health System. He is President-Elect of NCPA.



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