

Testimony of George D. Santos, MD
in support of House Bill 1353 by Rep. Tom Oliverson, MD
relating to liability of physicians who provide assistance in disaster situations

Chairman Leach, members of the committee, I am Dr. George Santos. I am a psychiatrist in Houston, immediate past president of the Harris County Medical Society, and a past president of the Texas Society of Psychiatric Physicians. I work in outpatient and inpatient settings and have worked much of my career as a hospital chief medical officer. I represent the nearly 53,000 members of the Texas Medical Association, and in particular, the more than 11,000 members of the Harris County Medical Society in SUPPORT of House Bill 1353 by our colleague Rep. Tom Oliverson, MD.

I was called to the initial response for the disaster shelter for both the Katrina evacuation and the Hurricane Harvey NRG Center shelter. Calls to action like these usually come with very little lead time and require physicians to basically drop everything and jump into immediate action. In Katrina, we had just a few hours to think through and set up emergency services for a large number of very distressed, and in some cases very ill, people from another state.

In Harvey, it was our own neighbors and family. The Harris County Medical Society was called to partner with the county health department to operate the emergency services at the NRG Center. We had to develop services for primary and emergency medicine, pediatrics, and psychiatric disaster response. In psychiatry, this means setting up a 24-hour, seven-days-a-week service with active outreach into the dorms to reach those too distressed to come to the clinic. In the four weeks we operated the NRG shelter, we required the services of about 450 physicians, and we served approximately 7,000 patients. We had assistance from local pharmacies, hospitals, EMS agencies, and so many nurses and therapists that it is hard to fully quantify all the help.

One of the biggest challenges in operating a mass shelter clinic for four weeks was the ability to keep our shifts staffed with medical professionals of all sorts. One of the ongoing concerns was exposure to liability risks. There were times some of us had to put our personal practices on hold and take back-to-back shifts to keep operations going.

The need for this bill is clear. It removes any doubt about liability protections for health professionals in the event of a natural or manmade disaster. In these extraordinary situations, we need to remove any barrier that prevents physicians and others from responding quickly and providing the numbers and resources necessary to make a difference when our community is in crisis. Dr. Oliverson, we thank you for introducing this bill. It will go a long way in helping us plan for a future event. It is our hope to never need this level of response again, but we have been using our experiences in Katrina and in Harvey to develop plans to set up and operate the next mass shelter clinic. Eliminating barriers to professionals is an important part of those plans. This bill is an important part of a future response to the needs of a community in crisis.