

Inside the Superstorm That Rattled NYU

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I was standing by the dayroom windows of 16 East, watching the East River pour over the FDR Drive, when Bellevue Hospital went dark. It was approximately 9 PM on Monday, October 29, 2012. Superstorm Sandy was upon us.

Just 36 hours before, I was having a relaxing breakfast in bed with my husband. I could never have fathomed the chaos that would ensue. Mayor Bloomberg came on the news Sunday morning and announced the MTA would shut down all public transportation as of 7 PM that evening. My thoughts immediately went to my job. As a third-year neurology resident at New York University (NYU), my clinical duties spanned 3 hospitals located between 23rd and 32nd Streets on First Avenue: Manhattan VA, Bellevue Hospital, and NYU Langone Medical Center. I wondered how on earth doctors, nurses, ancillary staff, and others would get to the hospital for work the next day.

It wasn't long before a hospital administrator called and asked me to create lists of residents to be stationed at the hospitals for the next several days. Planning ahead, I asked those who depended on public transportation to travel to NYU before 7 PM and sleep on cots that were being set up in large auditoriums. I called my 2 co-chief residents to discuss the tasks that surely lay ahead, but they were out of town, and therefore unable to assist until after the storm.

Later on Sunday, I got a call from the Chief of Neurology at the Manhattan VA. A decision had been made to preemptively evacuate our patients to the Brooklyn VA. Our neurology service there is the smallest of the 3 hospitals, so I was still feeling okay about things. I could handle this.

Over the next few hours, all VA patients were safely transferred from Manhattan to Brooklyn without a hitch. So I checked that mental box and continued making schedules for resident shifts at Tisch and Bellevue. At this point on Sunday night, the weather was still mild and the neurology department seemed to be pretty well organized. I like things well organized.

Monday morning at Bellevue was rather uneventful. We took care of our patients as usual and attended to new consults. Lectures and clinics had been canceled, and there were fewer people than usual in the hospitals. We turned our call room into a storm-tracking center,

streaming live weather reports on our computers in between caring for patients. Wind and rain started picking up, and by early evening, we knew that those of us in Bellevue were staying in Bellevue, at least overnight.

Around 9 PM, as we were watching the East River pour over the FDR Drive from the dayroom windows on 16 East, the lights went out. A backup generator lit the ER, the ICUs, select hallways, nursing stations, and stairwells. Every other area was dark. Elevators stopped functioning. We went from room to room with flashlights, informing patients of the limited power and offering comfort while trying to conceal our own anxiety. A Mandarin-speaking patient of mine spoke at a mile a minute. The translator phones were down and I couldn't understand him. So I went around to the nursing stations, yelling shamelessly, "Does anyone speak Mandarin?" until I found a resident who could translate for me. I helped translate for other residents with Spanish-speaking patients. I imagine Bengali and Creole interpreters were harder to come by.

Within 20 minutes, I received another phone call from my colleague at Tisch, where the power was also out. Their generator had failed. Our patients there were stable, he said, but the ICUs were chaotic; he was running to assist them in an emergent evacuation of all patients who depended on ventilators for breathing. After that, the remainder of Tisch patients, including ours, would be evacuated. He did not know where they would go. He said people had created slides on the stairwells and were gliding patients to the ground floor in the dark. Babies and small children were being carried. I could sense the urgency and fear in his voice and knew the situation was dire just a few blocks north of us.

At midnight, we were back in the dayroom on 16 East, watching the FDR Drive flood even further. Suddenly, all our pagers buzzed in unison: Bellevue's generators were in danger of failing within the hour. Every doctor was needed to help move patients from the ER and ICUs to the southwest corner, where some sort of super generator could keep their breathing machines powered. Some of us ran down 16 flights of stairs to the ER; I opted for 6 flights to the ICU. We started untangling wires and tubing, manually ventilating

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patients as we transported them, breathing sighs of relief when we managed to transfer each patient safely to the southwest corner. An hour passed, then 2 ... and the generators managed to prevail! Phew.

At this point, some of us tried to get some sleep. I lay in our dark call room, wide awake, adrenaline still running through me.

A few hours later, we arose to the pungent smell of diesel fuel. For a moment I thought this was it: Bellevue was about to blow. We all thought so; I witnessed one employee having a panic attack. I contemplated taking my patient's Valium. Then I learned that the National Guard had sent in men to haul diesel fuel up 13 flights of stairs hours before, to prevent our generator from failing. That explained the smell and the functioning generator. I also learned that Tisch had successfully evacuated every patient overnight and was now totally empty. Another sigh of relief.

We spent the remainder of Tuesday, October 30 caring for patients, running up and down stairs to the pharmacy to get their medications, writing progress notes by hand on paper (remember paper?), drawing blood, and keeping the peace. We devoured granola bars and drank whatever caffeinated beverages we could find. And then, Tuesday night, the water shut off. We were told that patients in the ICU and those on dialysis would be transferred to other hospitals overnight. Again, we rounded in the dark, ensuring patients had adequate water, food, and sanity.

I walked down 16 flights for the umpteenth time to get some fresh air and gather snacks and water for those that remained in the hospital. That's when my cell phone started beeping like crazy. Text messages, voice mails, and e-mails from the preceding days flooded onto the screen. Family making sure I was OK, faculty wondering what was going on in the hospital, residents asking whether they should be coming to work as usual, and my co-chief residents apologizing for their canceled flights. Amid the commotion in Bellevue, and

the less-than-optimal cell phone service, I had lost track of the world outside.

Wednesday, October 31 came, and still no water. We could not use the bathrooms, wash our hands, or fill our water bottles. The smell of diesel fuel had been replaced by other even more unpleasant odors. The decision was made to evacuate the entire hospital. We wrote transfer summaries on our patients, mostly from memory. Several large, muscular men with uniforms labeled "Disaster Relief EMS" magically appeared and started placing patients onto long plastic sleds, securely tying them with rope and sliding them down 10 ... 16 ... 21 flights of stairs. Within the next day or so, Bellevue was completely evacuated. All 3 NYU hospitals at which I work were vacant. Not one person had died in the process. All I could think was, "Wow."

No matter how unbelievable and complex this story, it is easy for me to simply recount it, but much more difficult to express how I felt during those days and how I feel now that the experience is over. I think the word that best describes my feelings, curiously enough, is privilege. I feel enormous privilege to have been part of such an incredible, heroic effort, to be a member of a medical community in which my role is clearly more than just a job. I have never felt a sense of belonging so strong, on such a large scale, and on so many levels; I'm a resident, a physician, an NYU employee, a New Yorker. And this experience has solidified my role as an integral part of all these groups—a proud collaborator and team player.

The 3 hospitals remained closed for several months. In the interim, we were reassigned to various hospitals in New York City, caring for different patients and learning and teaching in unfamiliar buildings. When the NYU hospitals reopened and the NYU community was reunited, the bond that had formed by sharing such an unforgettable, inspiring experience was palpable. And I feel so privileged to have been a part of that.

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