

The Night of the Hurricane

Hurricanes are not a common occurrence in New York City, but on October 29, 2012, Hurricane Sandy made landfall with extraordinary force. Lower Manhattan was dark for nearly a week, and NYU's teaching hospitals—Bellevue Hospital and Tisch Hospital—had to evacuate their patients. Here are eyewitness accounts from several resident physicians from NYU's Department of Medicine.

“Everyone was in good spirits as the evening came and you could hear the winds starting to pick up. At around 7 or 8 p.m., we lost access to the TV. Around 10 p.m., the 11th floor window of one my patients—a sweet little old lady—blew from a broken latch. Thankfully she was not sitting nearby and was okay. This is when we pulled all the patients into the halls or to their beds to the far sides of the room with all the shades down.”

- Meroë Morse

“I made my way through the deserted streets of Manhattan, shielding myself from Hurricane Sandy's tropical cyclone winds and rain. I was relieved when I reached the gates of Bellevue Hospital, only to find myself peering into a sea of darkness, imagining this was what Bellevue must have felt like in the 18th century. I envisioned that it would be difficult providing care without electricity, but I soon realized the darkness was the least of my concerns. I was unable to access any electronic medical records, the paging system, and most laboratory and radiology studies were unavailable. The limited excitement of attempting to provide medical care in a primal environment soon turned into fear and devastation as I was informed that the hospital telephones and water supply were failing. Without email, pagers, telephones, electricity, and now the

lack of water for drinking, bathing, and plumbing, I could see that a full evacuation of Bellevue Hospital was inevitable.”

- Brandon Oberweis

“I remember the wind and rain falling on me as I walked from Bellevue to Tisch at 4 a.m. with a case of water bottles on my shoulder. We entered Tisch and it was clear that an evacuation was in process. In all honesty it felt more like a military zone than a hospital. We climbed up the stairs countless times and opened the doors to a blacked-out hospital floor with fleeting flashlight beams. For a hospital that I had worked in for the past two years, it was unrecognizable. It was clear that there were many patients that needed to be evacuated. We assembled teams and began the back-breaking work of carrying patients down 10 flights of stairs. This was no easy task. After carrying the first two patients, both over 200 pounds, I was physically exhausted with the only break being the walk up the stairs to do it again. But we managed to bring down each patient safely.”

- Shaun Yang

“My fellow residents and I wandered over to Tisch Hospital and found the street filled with emergency personnel and ambulances. We entered with our flashlights searching for an open staircase that would allow us to go up to our patients on the 15-17th floors. Upon our arrival to the 15th floor medical ICU, there were no lights, no computers, and no obnoxious beeping that we so routinely hear in our daily life. There were nurses, medical students, residents, and an attending attempting to organize the chaos. They stood with flashlights and paper signouts attempting to triage which patients should go down the stairs first. The patients in this ICU are particularly sick and often dependent on respirators, infusion pumps, and invasive monitoring. I was told the generators would only last another 15 minutes.”

- Joshua Denson

“I was randomly assigned the task of keeping the sickest patient in the ICU alive—a 63-year-old man who was admitted for AV nodal ablation, who aspirated during the procedure, leading to pulmonary edema requiring intubation, followed by cardiogenic shock and then septic shock who, until a few hours earlier, had been on pressors, and was currently ventilator-dependent, on dobutamine, heparin, and fentanyl drips. Being the sickest patient, and therefore the most dependent on the still intact generator power, my patient was slated to go last. The resident was responsible for overseeing the entire operation and for carrying my patient’s lifeline, an epinephrine syringe, to restart his heart if it failed. The other intern was charged with keeping a flashlight aimed at the vital signs monitor. I trailed behind with the patient’s medications and remaining supplies, alongside a medical student with a spare oxygen tank. And so we began the longest descent of my life.”

- Leila Tchelebi

“Spiraling down the staircase for 16 flights was a line of heroism covered in sweat and gasoline. The fumes permeated our eyes, giving a haze to the dimly lit stairwell. Scores of people—chiefs of service, residents, janitorial staff, nurses, IT support personnel, National Guard, administrative assistants—were lugging 5-gallon drums of fuel from the ground floor fuel tanker truck to Bellevue’s back-up generator upstairs. There was no division of labor, no complaints or hesitation, and no signs of stopping. Their faces were weary but, their aching legs catapulted them up the steps relentlessly. No one said it but, the pressure was obvious. Lives were literally at stake here. If they stopped moving, patients’ lives could end tonight. This went on for hours pushing the night to dawn. The drums passed hand to hand persistently like fluids dripping down an IV.”

- Nick Amoroso

“It was interesting to see how the patients responded when they were wrapped up in sleigh beds and carried down: some were

fearful, others were appreciative of our help, and one said “whee!” while in transit. I was relieved by the day team at 8 a.m., who were following up where each patient was transferred in order to give an appropriate sign out to the accepting institution. Walking out of Tisch, with a strange combination of fatigue and excitement, I was taken aside by a *Wall Street Journal* reporter on First Avenue asking if there were any experiences I could share regarding the evacuation. I was too tired to speak and unsure how I could even attempt to put my night together in just a few sentences. Luckily, my co-night float intern answered “sorry, no comment.” I made it home to my dark, cold, powerless apartment...and I slept like a baby.”

- David Zagha

“This experience reminded me that until very recently, medicine had been practiced without the aid of technology and that physicians relied exclusively on their own clinical judgment in making decisions. It is hard for me, a medicine intern who trained in an era defined by vast technological advances, to imagine that there was once a time when doctors had no access to what we now consider to be “routine” tests. During Hurricane Sandy and its aftermath, I felt transported to this other-worldly realm, if only briefly. When our modern technological advances left us in the dark, clinical instinct functioned as our guiding light.”

- Anjali Varma Desai

Brandon Oberweis assisted in collecting and editing these recollections.