

# After the Flood: Remembering Sandy

Category: Stories

written by Lois Isaksen | November 1, 2013

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We'd just received word: within hours, Hurricane Sandy would hit New York City. As an emergency-medicine resident at NYU/Bellevue Hospital Center, I was working as fast as I could—examining patients, suturing wounds, setting bones, running families to the hospital pharmacy before it closed.

The lights flickered once, but I did not take it as the omen it was.

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Hours after the storm had struck and the lights had gone out, I wandered about in the dark, searching by my cell-phone light for a cane.

The cane was for our cranky, homeless patient Bruce, the last to be discharged. He refused to stay anywhere but here, because he did not trust other doctors. He loved us, cursed us and threw things at us, all at the same time.

Meanwhile, my colleagues kept making “field trips” to the stairwell to check the water level. The flood was rising up the basement stairs, brackish and filled with floating debris.

*Bellevue underwater? Impossible!*

Bellevue is the country's oldest public hospital. It is the Statue of Liberty of hospitals—“give me your tired, your poor, your weak, your uninsured...” Bellevue has never closed its doors on anyone.

But the rising floodwaters had changed all that.

After Bruce got his cane, we received word that the ICU patients, on the tenth floor, were running out of time, power and oxygen reserves. With the elevators down, they would all have to be carried out and transferred elsewhere.

The tireless medical students and the National Guard members were heroes, carrying tanks of fuel and oxygen up the stairs to the ICUs. With my fellow doctors, I followed.

I was assigned to help transfer Trauma Honolulu, a very large man in his fifties being kept alive on a ventilator and blood-pressure medications.

"I'm Pam, a paramedic," said a short woman with a thick New York accent. "Let's do this." She seemed so much more confident than I felt.

An ICU nurse named Leslie filled my pockets with needles, medications, saline flushes and tape. I remembered working with her when I was an intern. Her warm laugh always made me feel like things would be okay.

"Don't worry, I was a Girl Scout," she joked.

*I wish I'd been one,* I thought.

"It'll be okay—you'll do what needs to be done," she said, squeezing my gloved hand. Then she stuffed more things into my pockets.

It seemed to take forever as the nurses and EMTs meticulously secured Trauma Honolulu to the transfer sled; I stayed out of the way, admiring how deftly they connected the wires and tubes going every which way.

A short, wiry EMT from the New York Fire Department kept up a dry, running patter.

"This will be no problem," he said, as we studied Trauma Honolulu's sizable frame. I could almost hear us all thinking: *Ten floors down...*

We began the descent—six of us bumping down the steps, getting pinned inelegantly against walls and railings as we struggled to focus on our patient's monitor readings, pumps and ventilator.

The trip was punctuated with alarms and exclamations.

"Whoa, wait!" called the EMT carrying the sled's front. "You can't turn like that, we'll all fall down."

At the fifth floor I said, "Halfway there, everyone."

We were all covered in sweat, overwhelmed with the stress and acrobatics involved in this situation.

The ventilator alarm went off: Trauma Honolulu's vent tubing had come out. Pam fumbled it back into place. Two stories further down, another alarm went off: the vent was about to run out of batteries.

"Let's go!" I almost yelled.

Around and down the stairwell we scrambled. At the bottom, we hustled Trauma Honolulu outside and into the ambulance. We passed a photographer shooting pictures as a nurse scolded him, "Imagine if he were your father!"

Pam the paramedic and I climbed into the back of the ambulance. Her partner took the driver's seat.

"Here we go!" He sent the vehicle lunging alongside the rubbish-strewn FDR Drive and north onto First Avenue.

I looked at our patient's monitor. There was no blood-pressure reading. His blood pressure had been 138/82 just a moment ago! We checked his carotid artery, his femoral artery: there was no pulse, but the monitor showed some electrical activity.

"One milligram epinephrine!" I yelled. And so began my first-ever effort at chest compressions in the back of a moving ambulance, with turns and jolts galore.

Minutes later, the patient had a pulse. He actually started overbreathing the ventilator—a good sign of his body's battle for life.

When we arrived at the nearest hospital, I ran to the triage nurse and gave a rapid-fire account of Trauma Honolulu's critical health information.

Fearful of being turned away, I said, "Bellevue is flooded; we have orders to transfer all of the ICU patients—"

The attending physician, whom I recognized from my medical-school days, interrupted me.

"Breathe, Lois," he said. "Of course we'll take good care of him."

I hopped into the ambulance, and we sped through the lighted, seemingly unaffected streets of Upper Manhattan and back to the island's unlit end, stopping in the quiet darkness of Bellevue.

I know the halls so well, I didn't need a light to navigate their disquieting stillness.

Gone was the Scottish patient with fiery red hair, just released from alcohol detox and reaching up to exchange a high five; gone was the gentle Bangladeshi man who regularly reported on his sister's chemotherapy progress; gone was the bicyclist hit by a car but now walking again.

Yellow tape cordoned off the coffee bar; I promised myself never again to curse its aged, bitter brew.

I passed through the hushed Side Three wing. Gone was James, the Department of Corrections patient admitted for an exacerbation of his chronic lung disease; gone, too, my promise of a coffee and a doughnut if he would quit the cigarettes his father had introduced him to at age seven: "It was the only thing he taught me."

I passed through Side Two, Side One. I heard muted voices. Walking towards them, I saw light in the triage bay.

"Where have you been? Welcome to the campfire!" said a fellow resident, Nicole. She was with a handful of hospital staff sitting in a circle around a generator-powered light, talking, wondering and waiting for...they weren't sure what.

I told my crazy evacuation story—just one of so many—because what were we if

not a big tangle of stories at that moment? Together we peered out at the dark, puddled ambulance bay.

It was filled with federal emergency vehicles and fuel trucks, but no ambulances. On a typical Bellevue day, we would crave an empty ambulance bay; now we searched for signs of life, for our patients, hoping hard that they had weathered the storm.

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In the sleepless delirium that is residency, time flies. It's hard to believe that these events took place one year ago.

Through the efforts of many, Bellevue's doors have long since swung wide open again. A tide of humanity flows through the hallways where once Sandy's floodwaters swirled.

And, like a patient recovering from a sudden, severe illness, Bellevue is on its feet again.

**About the author:**

Lois Isaksen is a fourth-year emergency-medicine resident. Her writing has been published in [Academic Emergency Medicine](#), and she is working on a collection of stories, *N of 1*. "Early on in my training, I became interested in retelling the rich stories that I'd had the honor of being a part of. I realized that if I did not know my patients as full human beings rather than as disease processes, I would lose my own humanity. Before getting into medicine, I wrote songs and was a recording artist. Now, I sing my three children to sleep before ER shifts. Looking ahead, I hope to work closely with residents and medical students, helping them to write their stories, in an effort to keep humanism alive in medicine."

**Story editor:**

Diane Guernsey