

Oh No, Not Again!

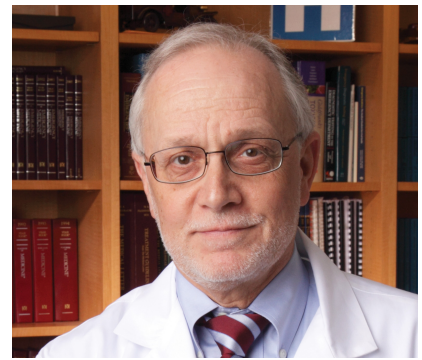
Between August 30 and September 16, 2017, Hurricane Irma wreaked havoc in the Caribbean and throughout Florida. In the days after the Rehabilitation Center at Hollywood Hills, Florida, lost its transformer and air conditioning due to the storm, 12 residents ranging in age from 57 to 99 years died* with body temperatures as high as 109.9°F, even though the hospital across the street continued to have full power. The nursing home staff tried in vain several times to get Florida Power and Light to restore full power. They also called a “personal” cell phone number provided by the governor for storm victims in need of help, but their voicemail messages went unanswered. Apparently, no one called 911 or tried to have the patients moved across the street before they were in extremis or began to die.

Large numbers of casualties are not an inevitable sequela of natural disasters. In August 1973 (the second month of my internship), a late summer heat wave in New York City sent 12 patients with heat stroke and heat exhaustion from nearby non-air-conditioned nursing homes to the Albert Einstein/Jacobi Hospital emergency department in just a few hours. After being packed in ice until their temperatures dropped, all but one of the patients survived, while the 12th patient died of her underlying illnesses (see “Sheldon Jacobson,

MD 1938-2009,” July 2009 *EM*).

On August 14, 2003, a hot (92.5°F), humid day in NYC, a power outage affecting the entire northeast and northwest United States trapped many New Yorkers in elevators, subways, and train cars. Residents were also trapped in high-rise apartments with only limited battery power for respirators and other essential electrical equipment. Within a few hours, first responders had reportedly evacuated everyone from stalled elevators in about 800 buildings, and over 600 subway and commuter train cars. Others were safely evacuated from their high-rise residences and taken to EDs powered by emergency generators. Upon arrival, their life support equipment and devices were plugged into electrical outlets, while they were examined, given medications as necessary, and later returned to their homes when power was restored.

First responders and emergency physicians have become quite adept at managing heat stroke and heat-related conditions, but only in patients who are still alive. In the aftermath of Hurricane Katrina, which devastated New Orleans on August 29, 2005, 215 bodies were found in New Orleans hospitals and nursing homes—including those from 40 post-storm deaths in one hospital alone (See Sheri Fink. *Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital*. New York, NY: Crown Pub-



lishers; 2013). The tragic events following Katrina should have been a wake-up call for *all* health facilities and regulators in the US to anticipate and adequately prepare for loss of power, water, and severe heat conditions. Instead, a 2006 Florida bill that would have required adequate generators in all nursing homes was defeated, reportedly due to industry lobbying efforts.

The number of casualties and deaths due to natural disasters in this country may be fewer than those caused by such man-made incidents as the June 12, 2016 Pulse Nightclub shooting in Orlando, FL (see “The Orlando Nightclub Shooting: Firsthand Accounts and Lessons Learned,” August 2016 *EM*) and now the mass shooting in Las Vegas, NV on October 1, 2017, as this issue of *Emergency Medicine* was going to press. But natural disasters such as hurricanes, tornadoes, earthquakes, etc, are far more predictable and will reoccur with a 100% certainty in areas prone to or previously affected by such events. In these incidents, loss of life is preventable.

To quote the famous aphorism of George Santayana, “Those who cannot remember the past are condemned to repeat it.” More inexcusably, it often seems that those who *can* remember the past are also condemned to repeat it. ■

* As of October 11, 2017, this number rose to 14 deaths.