

tion on the Mississippi and Alabama coasts, where a 20-foot storm surge had wiped out entire coastal communities. Major highways had disappeared beneath water, sand and debris, eliminating hope of quick emergency aid. Then the levees that protected New Orleans from flooding began to fail. Within hours, the city was almost entirely under water.

On Sept. 2, Brown called for patience, describing Katrina as “a disaster of catastrophic magnitude.” FEMA had deployed nine USAR teams, a National Emergency Response Team to Louisiana, and four Advance

executive director of the National Registry of EMTs, volunteered to assist at the medical aid station established at the Superdome, and he offers the following lessons: “[T]here was no incident command system in place. This was a major mistake. ... Although police and fire are necessary at most disasters, I found the

need for medical personnel to be equally great. ... Stockpiles of medical supplies must be made available.”

In the following pages, you’ll read Brown’s first-person account and the stories of several other providers who lived through Katrina, providing care to thousands of patients in the direst of circumstances. ▼

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Emergency Response Teams to locations in Mississippi, Alabama and Florida. Thirty-one National Disaster Medical System (NDMS) teams, including 23 DMATs, were deployed to staging areas in Anniston, Ala., Memphis, Tenn., Houston, Dallas and New Orleans. Two Veterinary Medical Assistance Teams (VMAT) were also part of NDMS assets.

Also on Sept. 2, a thousand National Guardsmen were dispatched to the New Orleans Convention Center to help evacuate thousands of people who had been without food and water for up to five days. And on Sept. 3, President Bush ordered more than 7,000 active duty forces to the Gulf Coast.

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Unfortunately, help did not reach the people most in need soon enough. In October, the Associated Press reported that the search for Hurricane Katrina victims had ended in Louisiana with a death toll of 964. In Mississippi, the toll was 221.

Although it’s still too soon to attempt a full analysis, some lessons are already apparent. Bill Brown, RN,



NOEMS crews move EMS gear upstairs and away from rapidly rising floodwaters.

PHOTO VALARIE ZIMINSKY

Riding Out the Surge

Pennsylvania paramedic Valarie Ziminsky, stranded after her flight home from an EMS conference was cancelled, hooked up with New Orleans EMS as Katrina hit. Below is her description of events taking place on Aug. 29:

“We began talking about getting out of the building and quickly realized we were going to need to be rescued ourselves. ...

“Earlier in the day, one of the police officers bunkered in with us had fallen down a flight of stairs and sustained nasty tib/fib and ankle fractures. It became necessary to give him pain relief. He was constantly monitored by two New Orleans paramedics, but we needed to get him out of the building and on to more definitive care. It was also a concern that he was an IDDM and had sleep apnea that necessitated a CPAP device, which we didn’t have available.

“To further complicate the task of rescue for not only him, but for the rest of us, was the fact that the city’s communications system failed earlier in the day, and we were unable to contact other EMS or fire service personnel.”

Late that night, a boat from Wildlife, Fish and Game arrived at the dental school where the group was stranded. “With many hands providing lift assistance, the officer was carried down from the third to the first floor, through the water and out to the waiting boat. He was transported to an ambulance that was waiting several blocks away. We were pleased that at least one rescue was completed, but realized the magnitude of the problems EMS would face because this one mission took 10 hours to accomplish.”

To read Ziminsky’s full account, visit www.jems.com. ▼