

## Triaging Tragedy

There is nothing that I had ever witnessed in the United States to which I could compare the scene outside the New Orleans Convention Center. Thousands upon thousands of people were collected on the boulevard — from infants to the elderly to people in wheelchairs. Many elderly people lay on sheets and blankets on the median strip (or “neutral ground,” as we call it in New Orleans). There were screaming men, women, and children and dazed, quiet, and confused men, women, and children. Most were black, but many were white. It was as if the entire city had vomited up its citizens.

I kept wanting to get out of the vehicle and help people who were in obvious distress, but Captain Bryson, the car’s driver, was minimally armed. He promised that he would soon send me back with a sufficiently armed police escort to allow me to try to do something for these people. He kept his promise, and I went out with the brave Officer Mark Mornay. When Mornay saw what I saw, he, too, took it as his mission to help in any way he could.

We found that a physician in scrubs with a stethoscope and a kind but forceful police officer were immediately welcomed into the crowd. The question was how to deal with all the people — by then, an estimated 15,000. As soon as I heard about one crisis, I would

be grabbed for another; there was simply no way to logically triage it all.

I spent most of the afternoon making my way through the crowd, dealing with one person after another. Lots of dehydrated infants and mothers — all I could do was get them water bottles and tell them to get out of the 100° sun and to keep drinking. Hundreds of elderly people confined to wheelchairs, also dehydrated — many had large plastic bags of empty medication bottles and asked me for refills, of which I had none.

One elderly, obese, diabetic, wheelchair-bound woman said she thought she had something wrong with her legs. I lifted her housecoat to reveal multiple bilateral deep epidermal ulcerations on her tibia and feet, as well as a few gangrenous toes. I told her that I couldn’t do anything for her right now but that I’d get help as quickly as I could. She said, “That’s OK, honey, I’m old, they don’t hurt that bad, and there are some sick babies here — you go worry about them.”

And worry I did. I saw three children having seizures, two of whom had a known seizure disorder and had run out of medication. All I could do was wait for the seizure to subside and make sure that they were not physically harmed. The third child appeared to be in a combination of seizure and severe asthma attack, complete

with severe intercostal retractions. His parents had no medications, but they had found a bag of IV fluids God knows where and had cut a hole in it and tried to give it to him by mouth. I kneeled down to listen to his chest: severe bilateral wheezing. The child looked panicked, and all I could do was look into his eyes and say, “Watch me breathe; breathe like I breathe,” and take long, slow, deep breaths. After about five minutes of eye contact, he picked up my rhythm, and slowly, his breathing became more measured, controlled, and deep. After about 20 minutes, he appeared OK, and I listened to his chest — wheezy but not as bad — and told him I had to move on.

Until evacuation began 48 hours later, this was how I practiced. Officer Mornay soon picked up the rudiments of what I was doing and began to emulate me. It wasn’t complicated, after all, because we had no real treatments to administer.

I have thought over and over about what I could have done differently. Could I have gotten a bullhorn and addressed the crowd, instructing them in some method of triaging themselves? But if they had done so, what could I have done next?

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