

TESTIMONY ON THE RESPONSE OF PEEKSKILL HOSPITAL  
TO THE EMERGENCY EVACUATION DRILL, MARCH 9, 1983

by Richard Duffee

I arrived at Peekskill Hospital at 1:00 on March 9, 1983. I interviewed Mrs. Jane Morabito, Supervisor of Nursing, for the succeeding half hour. During that time she was in the midst, she said, of rewriting her notes from the morning's drill in preparation for the writing of a narrative of it. Her supervisor, Mr. Charles Herringer, stopped in from 1:15 to 1:20 inquiring of her own and the hospital's progress in the drill and received from her a synopsis of the report she was giving me.

Mrs. Morabito said she thought the drill had gone very smoothly. She said the hospital staff now had the routine down pat since the hospital has now had some version of a radiological exercise every three months or so for several years. She said she'd had no idea before that morning what the hospital's role in the drill would be, and was interested to see the scenario unfold and to see how well the staff could handle the problems as they emerged.

Mrs. Morabito said she had set her clock for 5:00 that morning in anticipation of the drill. Because she lives across the street from the Verplanck Fire Station she'd expected to be able to get some hint of what was happening early on. At about 5:45 she said she saw the ambulance arrive which she later learned took Michael Polson, the Con Ed worker who was pretending to be contaminated and to have third degree burns on his hands and wrists, to the Northern Westchester Hospital in Mt. Kisco. She said that she was puzzled that morning that the worker was not taken to Peekskill Hospital, where he would normally have been taken in a case involving both wounds and contamination; Peekskill is much closer than Northern Westchester and the route is easier and more direct. By noon she realized, she said, that the reason Polson was not taken to Peekskill was that the designers of the plan knew they would be evacuating Peekskill later in the morning. It was too bad, she felt, that Peekskill didn't receive the victim; Peekskill was quite well prepared to handle him, and teams of reporters and photographers who showed up later in the morning to record his expected presence were disappointed.

At 8:55 Peekskill Hospital received its first call about the drill from the office of the Town of Cortland Supervisor. Jean Welsh, the caller, said she was calling to alert the hospital that there had been an incident at Con Ed. Ms. Welsh referred Mrs. Morabito to a Robert Pavone for more information. When Mrs. Morabito called Mr. Pavone, he said there was no release to the atmosphere, but there was a potential problem. The hospital staff closed all windows in the hospital, got all employees into the building, checked supplies of food and water, and assessed the current population of patients.

There were 101 patients in the hospital and 44 nurses on duty. Ten patients were critical; of these one was in the 3 West nursing unit, three were in the Brillinger unit, and six were in the Intensive Care Unit. Mrs. Morabito and the staff began deciding which patients would be sent home and which would be sent to St. Luke's and Putnam Community Hospital in the event of an evacuation.

At 9:50 a Mike Kominsky called to put the hospital on alert. He told Mrs. Morabito to tune the radio to WABC.

At 11:55 Mr. Kominsky called again to say that the governor had ordered evacuation. Mrs. Morabito began to place calls to St. Luke's and Putnam Community Hospitals and the local ambulance corps to see how the sixty patients she and the staff had decided should remain hospitalized could be accommodated. Putnam said it could handle thirty-five patients; Peekskill decided to send thirty there by ambulance and the other thirty to St. Luke's by Vanguard bus.

Patients in the most serious condition were to go to Putnam. At noon there were three patients in recovery, four in the operating room, and one woman in labor. Mrs. Morabito determined that all the operations could be completed by 3:00 and that the woman in labor could give birth by then.

Three patients and two staff were to go to Putnam in each of ten ambulances. At the time Mrs. Morabito called, Putnam Valley claimed to have two ambulances available on standby; Verplanck had two; Peekskill Volunteers had four; Garrison had one; and Mohegan Lake had two. So eleven ambulances were available; ten were needed. Also at that time Yorktown had one ambulance at Peekskill Hospital itself. Transport for thirty patients and twenty staff to Putnam appeared possible.

Vanguard Bus Company claimed it could offer two buses to take patients to St. Luke's. Mrs. Morabito believed only one would be necessary to accommodate thirty patients and five nurses.

At 11:55 Mrs. Morabito began estimating the time she believed it should have taken to call the relatives of the forty-one patients the hospital would have sent home. No calls to relatives were actually made, Mrs. Morabito said, "because it would have made them hysterical." The forty-one patients would have been brought down to the first floor entrance where they would have been attended by seven nurses until relatives came to retrieve them. Mrs. Morabito believed that all forty-one would have been retrieved by 3:00. When I asked what she would do if either any of the relatives could not be reached or could not drive to the hospital, she replied that she was certain all the relatives could be reached because the hospital required both home and work numbers for relatives of each patient, and that any patients who were not picked up she would drive home herself.

Mrs. Morabito said she felt this was a very rigorous run-through which everyone handled very well. She said the staff drills a lot and so has become quite good at it. She herself has even done a paper exercise imagining an emergency at night.

I was struck by the treatment of the forty-one patients who were to be sent home. First, the great majority of them were to be sent home to homes that would themselves have to be evacuated if the hospital had to be. Second, Peekskill has many residents without phones, many who cannot drive, and many who live alone. With the various difficulties which could be expected with phone lines and transportation during an emergency there seemed to be no assurance that relatives could actually pick them up. This was absolutely hypothetical. Third, the hospital seemed to be claiming that 40% of its patients did not really need hospitalization. Why then, had they not been released earlier?

I called the Peekskill, Verplanck, Mohegan Lake, and Yorktown ambulance services between 3:00 and 4:00. Peekskill and Verplanck claimed they had not kept records of the whereabouts of their ambulances through the day. They could not confirm that their ambulances had not been committed to being available for double imaginary service.