RI Dept. of Health Receives $5.9 Million for Disaster Preparedness

Funds will support hospitals’ emergency preparedness response

WASHINGTON, DC – In an effort to help ensure that Rhode Island’s medical facilities and health care systems are prepared for natural disasters and public health emergencies, U.S. Senators Jack Reed [D-RI] and Sheldon Whitehouse [D-RI] announced that the Rhode Island Department of Health will receive $5.9 million to continue improving preparedness and health outcomes for a wide range of public health threats.

Rhode Island will receive $4.4 million through the Public Health Emergency Preparedness (PHEP) cooperative agreement and $1.5 million in federal funding to strengthen its Hospital Preparedness Program (HPP). The federal grants are administered by the U.S. Department of Health and Human Services (HHS).

The federal PHEP and HPP funds are designed to enhance the ability of hospitals and health care systems to prepare for and respond to public health emergencies such as natural and man-made disasters, terrorism, foodborne outbreaks, and health epidemics.

“This is a sound investment in bolstering public safety. In the wake of Superstorm Sandy and the Boston bombings, this federal funding will help ensure the Rhode Island Department of Health and local hospitals can respond quickly and effectively when a major disaster strikes,” said Sen. Reed, a member of the Appropriations subcommittee that oversees federal funding for HHS programs. “Our dedicated hospital workers and emergency responders are our first line of medical defense when disaster strikes. This federal funding will help bolster Rhode Island’s emergency response capabilities and ensure hospitals and medical centers across the state are ready to effectively respond when we need them the most.”

“When disaster strikes, our first responders and hospital staff must have the resources they need to respond quickly and effectively,” said Senator Whitehouse. “This federal funding will help ensure the state agencies we turn to in times of crisis are adequately prepared.”

HHS’ U.S. Centers for Disease Control and Prevention (CDC) administers PHEP funding to strengthen national health security and advance state and local preparedness and response capabilities. The funding may be used to provide interoperable communications equipment and technical support to health care facilities; upgrade patient tracking systems; and enhance evacuation plans.

75 Years Ago this September 21: The Great Storm of 1938

Area hospital flooded with casualties; lights shone on in Rhode Island Hospital

BY MARY KORR
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On Sept. 21, 1938, in a time before hurricanes were named, the Great New England Hurricane and Tidal Wave, as many of that era later referred to it, caught New Yorkers and New Englanders by surprise.

Also dubbed the “Long Island Express,” it barreled into the Ocean State at approximately 3 p.m. In retrospect it was rated as a Category 3. Records of The Blue Hill Observatory outside Boston document measured sustained winds of 121 miles per hour and gusts as strong as 186 miles per hour.

It was a typical day at Rhode Island Hospital, according to an October 1938 article in the Rhode Island Medical Journal written by a hospital nurse on duty at the time. Nurses in training were helping to sterilize gloves and equipment. The 3:30 p.m. shift began to arrive, scurrying in to escape the driving wind, dirt and debris flying through the air as the storm strengthened.

One observer inside the hospital watched what she thought was a flock of birds swiftly fleeing the storm. In fact, they were heavy

Downtown Providence was flooded by a tidal storm surge of over 17 feet. Car horns blared and headlights shone eerily underwater.
slate shingles hurtled in formation from the staff room roof at an astounding speed. The wind strengthened and smashed the skylights over the dental clinic. The Supt. of the hospital, DR. WILLIAM O. RICE, barked at a nurse to clean up the broken skylight glass as he was paged to attend three workers injured by a downed cable in front of the hospital.

Trees started to fall and the twin towers of the hospital began to sway. Dr. Rice raced back inside to call the fire department but the phone line was dead. By 4:20 p.m., as electricity fluctuated, the clocks on the hospital walls stopped.

DR. EARL BOWEN, who had managed to drive through the storm and was dressing in the staff room, came rushing out as the windows exploded and sent shards of glass flying everywhere. The wind began to tear at the hospital fire doors and staff wedged loose branches from trees, sand bags and boards to keep them shut. Hospital employees ran to gather operating room lights, cans and equipment as the rain and wind swept in.

DR. WILLIAM BELL rushed to retrieve supplies from a storage room, as the disaster and the needs to address it sunk in.

The windows gave way in the sterilizing and scrub rooms and equipment was hastily covered with rubber sheets and aprons. Ambulance sirens added to the wail of the winds as storm victims poured in. “We turned to the task of repairing torn, bruised and bleeding humanity,” the RIH nurse recalled in the RIMJ article. “The bravery of the patients was astounding. Little or no anesthesia was used for the most part. Perhaps the stunning fury of the storm had dimmed the pain. The fright of what the next blast might bring may have caused patients to forget their battered, painful, broken bodies.”

Well past midnight, the victims of the storm continued to arrive. The wards overflowed, until an “annex was opened in Dr. Peter’s old apartment.” And the usual emergency patients arrived as well, with cases of tonsillitis and ruptured appendixes operated on by weary physicians.

Tidal surge and the storm’s aftermath
Reports of the storm drifted in by word of mouth as the phone and radios were silent. News arrived in the morning, when DR. HARRY C. MESSINGER rushed in with a two-page emergency bulletin from the Providence Journal, which reported on the tidal flood.
The storm came ashore at the time of the high tide, during the autumnal equinox, which added to the surge of water being pushed ahead by the hurricane. Seaside homes all along Narragansett Bay were submerged under 12 to 15 feet of water, and Providence was inundated with 20 feet. Union Station in downtown Providence served as a refuge and hospital for hundreds of people that night.

Amidst the chaos and carnage wrought by the great storm, local newspapers reported the following day that, “Rhode Island Hospital is ablaze with lights and all departments functioning,” and had enough diesel fuel to keep its generators running for two or three days.

During the height of the storm, nurses at the CRAWFORD ALLEN HOSPITAL in East Greenwich, RIH’s seashore hospital opened in 1907 for summertime use, organized an old-fashioned sing-along to quell the panic among the crippled children in residence. The following day they were evacuated to Rhode Island Hospital.

More than 50 bodies were recovered from the dunes at Charlestown Beach the first night of the storm. As it abated, stunned families converged on WESTERLY AND SOUTH COUNTY HOSPITALS searching for lost loved ones. Two babies rode out the storm safely on a mattress; one was in perfect health when brought to Westerly Hospital. The second infant spent several days on the critical list there due to a massive inhalation of seawater, but survived.

Community and other city hospitals were filled with casualties. At THE WOONSOCKET HOSPITAL, there was one death. A Woonsocket newspaper reported that “until current was restored treatments were administered by lamplight.”

The Providence College newspaper later reported that a Friars football player by the name of Anthony Leoni was struck by a falling tree and knocked unconscious.

Two hours later, he was transported to the CHARLES V. CHAPIN HOSPITAL for treatment, and was discharged several days later. And a premed student, fearing the worst, sought last rites from a PC Jesuit priest.

Police and firefighters served as initial responders. In the aftermath of the storm, 2,000 National Guardsmen and Works Progress Administration (WPA) workers were also deployed in search-and-rescue missions. For days after the hurricane, bodies washing up on the beach would be conveyed to temporary morgues in several towns. Embalming fluid and blood supplies were sent from unaffected neighboring cities and states into needed areas.

Fortunately, the town of Bristol suffered no fatalities and its weekly newspaper reported afterwards that: “After a hurried survey of the damage throughout the community, town officials and DR. ALFRED M. MERRIMAN, [a general physician and surgeon who made daily rounds at the Bristol Old Soldiers’ Home] who served as chairman of the Disaster Relief Committee of Bristol Chapter, the American Red Cross, hastily conferred to adopt relief measures.”

Emergency measures to prevent disease were adopted. Large posters with instructions on public and personal health were printed under difficult conditions at the Bristol Phoenix and posted throughout the town. Free injections were given against typhoid.

Throughout the state, similar disaster relief committees took steps to provide all physicians with anti-tetanus serum and other medicines and alert the public of tainted drinking water and other dangers. Ultimately, it is estimated anywhere from 600 to 800 people died in the great storm, most by drowning. More than half of these were Rhode Islanders.

“Some day when we tell our grandchildren [optimists] ‘the glass flew about us and it was a terrible hurricane,’ they will probably think us a little tiresome,” the RIH nurse wrote in the medical journal. “They will not know that even Hitler and the European War Crisis was forced out of the headlines for a time by the Hurricane News.”