**Sundowner**

The storm beat 1977 Galveston Island and its citizens for three continuous days of fierce driving rain and vicious gale-force winds. A tropical depression named Patrice was building in the southeastern Gulf; few had evacuated, and few were even thinking about it. Patrice matured into a category five hurricane overnight, and Galveston was square in its path. The television commentators no longer spoke of probabilities. They portended a horrific disaster.

It was almost too late when those in Galveston with the ability piled their worldly possessions into the back of their cars and drove across the Causeway to the mainland in a crowded line. Those who could not get off the island hunted for refuge, searching for shelter above sea level. Many sought cover in the John Sealy Hospital, at the University of Texas Medical Branch at Galveston.

John Cooper, MD, was unaware of the storm's progress, for he was a surgical intern, living a life of long, endless hours on the ward. His was an existence on call every other, his off night rarely ending until after midnight. He knew a storm was in the Gulf when he lay his sleepy head in bed last night. However, he dismissed it, for a shower in the Gulf was nothing new to the Galveston native.

When the intern arose and went to the hospital that morning, he was unsure he would make it. The sky was pitch black, and the streets darker than ever. A deluge of rain beat down, and the heavens opened and dropped a downpour of continuous sheets. Luckily he knew the way by heart, for the windshield wipers of his rusty VW were ineffective against the mighty torrent. He occasionally opened his window, blasting precipitation plastering him as he searched ahead.

The streets were awash in water and debris; the storm drains were full. As Cooper turned the corner at Seventh and Strand, water covered the running boards and washed under the door of the old bug.

When he parked, the rain was coming down in more than buckets, covering him like a vast faucet. He leaned into the wind as he ran. A blast blew his stethoscope out of his white coat pocket at the hospital entrance, gone forever. He pushed the heavy doors open and stepped into the lobby of the old John Sealy. Once inside, he shook off the water and rung his coat semi-dry. Rounds were imminent, and he had no time to change.

The hospital lobby was full of people covered with soaked clothes, huddling around their worldly possessions. Camped out around the periphery were families with children. They filled every nook, cranny, and seat. Babies cried in the corner, and the quiet buzz of people's voices punctuated the early morning scene.

The life of a surgical intern was overwhelming, with hour upon hour of sleep deprivation. To survive, house staff must be unusually single-minded. To this effect, Cooper dismissed the scene, his mind as usual on making it through another day as surgical house staff. The intern needed to be in the surgery ward at 5:30 AM to complete his pre-rounds; rounds with the chief resident began promptly a half-hour later. He circled a crowd with little regard, went to the stairwell, and ascended to the second floor, taking two steps at a time.

Once on the surgery floor, Cooper was relieved to see little change. The flood of people was only in the lobby, and he decided that his life in the hospital would not be affected that day.

As he arrived at the nursing station, he noted a black and white television droning on continuously.

"The weather outlook for the gulf coast is dire!" The announcer said in a monotone. "Galveston is in a mandatory evacuation. We expect category five hurricane Patrice to swamp the island's eastern end! Such a powerful storm hitting directly on the city of Galveston has not been seen since 1900. The damages may be unimaginable if that occurs, as with that storm. This is Joseph Calfanto, live from Galveston Island."

Cooper did not listen to the weather report. Running late, the intern grabbed the service's charts and collected them into a metal basket pushcart for rounds. His mind raced to the anticipated events of the day. Rounds would begin soon, after which he would have hours of scut work, a sandwich in his pocket allowing a lunch as he raced about his activities. The surgery clinic would be a zoo, as always. Operating cases would go non-stop, and he would have admissions to work up late into the night. He recalled falling asleep interviewing an admission the other night. He was on call, meaning he could grab perhaps an hour of sleep if the emergency room was quiet. Unbeknownst to him at the time, the storm would change everything.

Cooper rolled his basket from the nursing station and down the hall to the first room. Here Mr. Crance, status post gallbladder surgery, was afebrile and his wound dry. He quickly saw a low-anterior colon resection patient and two post-op hernias, each stable.

He heard his name in the hallway and saw his chief resident hurrying to meet him. "John," the man said with a nod, a small cautious smile on his face.

Lee W. Hickok was the chief surgical resident of Cooper's service, surgery A. Like many in the south, he went by his first name and middle initial, never as just Lee. Dr. Hickok was his name to patients and staff. He was a tall, thin man of thirty-two in his last year of surgical training. Lee W. always dressed in a green scrub suit and wrinkled white coat. A pair of brown cowboy boots completed his attire. Each morning he would meet Cooper at 6 AM, accompanied by the junior and senior resident and several medical students. With knowledge from his pre-rounds, Cooper would present each patient to the team, pointing out any night problems.

"Lee W.," Cooper said, looking at his watch. "You're here early."

 "Let's get rounds done quickly," Hickok said, touching the intern's shoulder and directing him down the hall.

"Where's Matt and Thompson?" Cooper asked. He referred to Matt Burrows, the senior resident on the service, and Thompson Smith, the junior resident.

"Matt's down in the ER. He is sewing up a huge laceration in a crazy guy who was out surfing," said Lee W. "The goofball was thrown under the Balinese, you know, into the pier."

At the time, the Balinese was a disco joint with a seedy history. It stood out over the Gulf at the end of a long pier. During prohibition, its distant location over the water allowed gangsters to get rid of the alcohol when the police raided.

Lee W. turned to Cooper with a smile. He stopped for a moment and held his hands out at his side. "Surfing, can you believe this yoyo is surfing in the gulf with a hurricane!"

"I know," Cooper replied, shaking his head. He did not want the chief to know he was a surfer himself. "Surfers wait for storms. It's crazy. Where's Thompson?"

"He is in the ER's makeshift triage area downstairs," Hickok replied. "They are overwhelmed with people from the hurricane. Some are sick. Some are hurt, and most are just crazy; he is helping to make dispositions. We will get a shit-load of people here, John, most without surgical indications. We'll have to take care of them as well as possible. They evacuated a nursing home, and we'll get our share of demented patients. We need to assess them and make them comfortable." He said. "Let's hurry and get rounds done, just you and I," Lee W. said. "Have you seen the humanity swamping the place? The lobby is crazy, and the ER is overrun. How many are on the service right now?" He wondered.

Cooper looked down at his cart as they hurriedly walked down the hallway. Counting the charts, he reported, "Thirty-six; ten patients are in the big room. We have two for discharge today, however," he said with some hope on his face.

"Discharged! Nobody gets discharged today, John." Hickok stopped. "Keep feeding them and make them comfortable."

Lee W. looked down at his soaked cowboy boots and thought. "So there are then two open big room beds. We could put maybe another ten or so into the middle of the room if we have to," he said quietly, speaking primarily to himself.

Cooper looked worried but said nothing.

"We will be admitting medicine, neurology, ortho, ENT. Hell, we may even admit psych patients, whatever is in line," he said, looking up at the intern with a slight smile. "We will treat them as little as possible, but be sure to make them comfortable. Morphine used judiciously will help these guys survive this mess."

 Lee W. led Cooper down the hall to the next room. As he walked, he said. "That surfer should have gone to the OR. The guy filleted his right calf, exposing the entire length of the tibia. The OR is full, however. Matt's making the repairs in the ER under local. Now, the three elective cases we have today." He ticked them off on his fingers. "The right hemicolectomy, the Nissen fundal plication, and the ventral hernia…all canceled! The colectomy's been bowel prepped," he said, referring to the patient prepared for an operation on colon cancer. "Start them all back on regular diets. We won't get to them this week. With the hurricane, there is nowhere for them to go, so we can't discharge them."

They entered each semi-private room in sequence, reviewed the patient's chart, and examined them. The chief would then dictate some orders to the intern as they moved on. The pre-op patients were told of the cancellation, each quite upset but understanding.

As they entered the big room, the two stopped and counted beds. It was an ample space occupied by twelve beds arranged around its periphery. There was a large area in the center of the room with some sick-looking potted plants. Here they placed extra patients as needed.

Then, the surgery ward, with eight semi-private rooms and one big room, was designed for 44 patients. Over the next twenty-four hours, ninety-six ill people would crowd into the ward.

The first added patients occupied rollaway beds. Soon all that was available were foam rubber mats and some blankets. They first admitted surgery patients. The second-floor Surgery ward quickly filled with every type of sick person that sought cover from the powerful storm.

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The television in the nursing station continued with non-stop hurricane coverage. Joseph Calfanto reported live from a swamped nursing home.

"The building behind me is the Old Retreat, home to forty-five chronic care elderly patients. As you can see, portions of the roof have blown off. Storm windows have blown in, and the first floor flooded with the waters from the Gulf. The owners have been overwhelmed, and the city is evacuating to John Sealy Medical Center. This is Joseph Calfanto, live on devastated Galveston Island. We go now to Michelle Chow at the Causeway. Michelle."

"Thanks, Joe. I'm standing on the Galveston side of the Causeway, the only exit from the island. This bridge behind me was the scene of hundreds of evacuating citizens. Cars lined up nose to tail for the last twelve hours or so. With the rising water and crashing winds, tons of the Gulf of Mexico has crashed over this escape route. The traffic has been at a standstill for hours. Most fleeing people have gotten out of their cars and are trying to flee on foot. Torrential rains and winds have made this impossible. Cars have been picked up and thrown into the sea. People have been washed over the side. Pieces of roofs have been skyrocketed off their buildings, ending up scattered over the Causeway's fleeing people…."

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Cooper was in the nursing station. He was now aware of the catastrophe in the city around him. He glanced at the television above on the wall, his mind still primarily filled with ward concerns. His one-track surgical intern's life, so busy and sleep-deprived daily, was now in survival mode. The entire hospital was awash with humanity. The twenty-room operating suite was going non-stop with the most severe cases. On Surgery A, patients with traumatic injuries, lacerations, crush injuries, and even one gunshot wound were now on the ward, having been transported first to the hospital, then to the emergency room, and finally to the surgical wards of John Sealy.

Cooper left the nursing station carrying the ward's last suture tray on his way to the big room. The man lay on the floor in the center of the room with a heavy bloody gauze pack secured with elastic tape over his right groin. From what he understood, this man was impaled with a flying mailbox post as he fled his car on the Causeway. Someone had pulled the pole out of his groin. Since then, even with the bulky pressure dressing, he had been bleeding quite profusely.

This was a moderately severe injury, and in a more sane time, the wound would have been explored in the operating room, with the femoral artery and vein likely injured. However, the operating suite was full of more severe injuries, and Doctor Thompson Smith sent the man to the ward.

Cooper's plan now was to remove the dressing and try to get some clamps on anything that bled. When he removed the gauze pack, he was somewhat relieved. What he saw was a single pumping vessel that he could easily clamp. He wrapped the groin and thigh with a kerlix dressing followed by compressive stretchy self-adhering Coban tape.

"Sir, you lay here," Cooper said, rising from the floor. "Don't move until I tell you. Okay?"

The man looked up at the doctor with a frightened expression. "Yea, Doc," was all he said, nodding affirmatively.

With this, Cooper was off, down the hallway towards the nursing station. To his right, a nurse exited one of the small rooms.

"Doctor!" She said. "Can you pronounce the gentleman in room six? I just found him. He's not breathing and cold."

"Dead?" Cooper said, surprised. "Where is he?" He asked as he moved into the semi-private room.

"Over here," she said, directing the doctor to an old black man in the corner. "He's one of the Old Retreat patients," she indicated.

Before them lay a black man with grey hair and a two-day beard stubble. The man had no pulse, heart tones, or breath sounds and was cold to the touch. Although he wore a gown, he was naked from the waist down. An IV had been running in his left hand. Cooper looked up at the bag. The tag indicated it as a morphine sulfate drip.

"What is this?" Cooper asked the nurse, surprised to see such a drug.

"He was moaning when he came up here. The morphine was already hanging, just like all of the people from the nursing home. They started them down in triage. There are orders for them from Doctor Smith," she said, referring to the service's junior resident Thompson Smith.

"Okay," Cooper said reluctantly. "Make sure you check their rates. This guy might have overdosed from it! Call the morgue; they need to come get this guy. We got everyone else here, but we can't have dead people lying around," he said now out the door and down the hallway to the nursing station.

He reviewed the man's chart quickly. A brief history indicated he was a man from the Old Retreat with dementia. The patient was sundowning, the common term for an elderly patient who becomes disoriented, frightened, and sometimes violent. These patients maintain their mental status when in their known environment. They deteriorate when their surroundings change. This is true in any hospital admission, especially with their sudden evacuation. When the sun goes down and darkness surrounds them, their dementia worsens. This state occurs in elderly people, more commonly at night, hence "sundowning."

Cooper wrote a death note. Flipping to the chart, he noted an order for morphine sulfate signed by Thompson Smith. It read 1 to 2 milligrams per hour—Titrate as needed or PRN for agitation.

The nurse interrupted his thoughts with a tap on his shoulder. "There is a patient in room four that I think you need to see. His foot is blue, and I can't hear a pulse on Doppler."

Dr. Cooper found a fifty-three-year-old man with a right femur fracture and a crushed mid-thigh. His foot pinked up with traction, and a good pulse could be heard on Doppler. The man was thankful.

As the doctor turned to go, the man just said. "Thanks, doc."

Next, Cooper was across the hallway seeing an eighty-year-old white female from the nursing home. The woman was talking about her cat, packing an imaginary suitcase, and talking about leaving. Cooper looked at her IV and saw the morphine drip that was hanging. He turned the rate up just another drop per minute, helped the woman back into her bed, and left the room.

Over the next hour, Cooper put a nasogastric tube down the post-op gallbladder patient, Mr. Crance, because of intractable vomiting. He closed a scalp laceration, examined crushed limbs, and neurologically checked head-injured patients. He was running from patient to patient, putting out fires.

"Doctor," Nurse Cindy said to Cooper as he left the big room. "Could you come to see Mrs. Thomas? She's not breathing!"

"Assassins are everywhere," Cooper said under his breath.

Down the hall in room three was a seventy-nine-year-old white female. As with the expired man before her, she was stiff and cold and was without a pulse, heart tones, or breath sounds. In her left forearm was an intravenous morphine drip.

"Get her down to the morgue Cindy," Cooper said, shaking his head.

Next to the woman lay an elderly black female. Cooper looked at the lady with concern, for she was in a state of agonal breathing. "Get me an amp of Narcan!" Cooper said to the nurse.

Narcan is the generic name for the drug naloxone. The medication is a morphine antagonist that reverses the drug's effect when given intravenously. Cooper pushed the drug through her IV, and the woman woke up. She immediately started moaning and talking about the evil people following her. Cooper turned her morphine drip off.

In the nursing station, he grabbed the head nurse. "Felicia, I want every nursing home patient's morphine drip turned off."

The woman went off to tell each of the ward's nurses about the doctor's order. Cooper picked up the phone and paged Doctor Thompson Smith.

"Thompson, this is John Cooper. Hey, what is with the morphine drips? I've had to pronounce two people and give Narcan to another Old Retreat geezer!"

There was a moment of silence on the other end of the phone. Thompson then said. "We admitted forty-four people from that home, Cooper. They were all moaning and disoriented, you know, sundowning. Lee W. told me to treat them with morphine for sedation. It is overwhelming. I wrote the same order on every one of them."

"Lee W. wanted you to?" Cooper responded.

"Yea, but it was obvious. You know what those people are like even when they are just in the hospital overnight, but they were locked up in that home for days without much help. They were all going nuts."

Cooper responded. "Yea, I see Thompson. Well, I got to treat them, and I can't have them all dropping dead on me."

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 In operating room four, Lee W. Hickok was concentrating on a penetrating injury to the abdomen. Cooper was standing behind the assistant and waiting momentarily to talk to his chief.

 "Lee W.," Cooper said to the surgeon. "Lee W., sorry, I just have to ask you."

 Doctor Hickok looked up and saw the intern. "John," he said. "What's up?"

 "Those nursing home patients...The morphine drip, is it alright to DC that? I have two deaths, both I think from the morphine."

 Lee W. stared at Cooper with a strained look. "If you DC that, you'll have a ward full of crazies, sundowning loonies!"

 Cooper held both hands up at his side. "What am I supposed to do, OD all of them?"

 Looking back into the abdomen, Lee W. asked for suction. "Do whatever you want, John."

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 On the television, the situation was not improving. "One hundred and thirty-four deaths and counting have been reported due to hurricane Patrice. One hundred and ten miles an hour winds are occurring on the western end of Galveston Island. Inland, as far as New Orleans, Houston, and Corpus Christ, gale-force winds and over twenty inches of rain have been reported. They are now evacuating reporters."

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 Felicia rounded the ward, informing each nurse that the morphine drips should be discontinued. From that time on, there was a growing disruption on Surgery A. Several men were out of their beds and into the hallway. A woman from the south side of the hallway was in the bathroom, attempting to wash her dishes. Mrs. Kerry was carrying her Foley catheter urine bag like a purse and waiting for the 4:15 train. Several patients were trying to open the storm windows. All along the hallway were moans and groans. People were crying everywhere, with tossed dinner trays.

 Cooper climbed the stairs from the operating room and returned to the nursing station. On the television, it looked like snow, but over the growing interference, he could hear a change in the ward. There was yelling, and patient bells were ringing continuously in the nursing station. Food covered the floor as he walked down the hallway to the nursing station. People were yelling, and one naked man was running behind him.

Felicia was sitting and doing paperwork when he walked up. She looked up at him with a controlled scowl.

 "There are 23 Old Retreat admissions on this ward, Doctor," was her only remark.

 Cooper looked at the woman silently. He broke eye contact with the nurse and scanned down the hallway.

"Felicia," he said slowly. He heard the crash of another tossed dinner tray. The intern let out a long, slow gasp. Four nurses were walking down the hallway. They all moved to the nursing station and surrounded the intern.

 Cooper looked at several of the women silently. "Okay," he finally said.

A crying woman could be heard from the north side of the hallway, claiming that snakes were now in her room.

"Okay. Start the morphine again, but only at one milligram per hour for men and one-half milligram for women. Look, y'all, you need to check these patients! I want an amp of Narcan at each bedside. Have respiratory get a bunch of Ambubags up here. Put one in each room. Use the Narcan if you think anyone is over-sedated."

Cooper walked from the nursing station and down the hallway. The pre-op Nissen fundal placation patient had complained of chest pain before he went to the operating room. The fact that the pain went away immediately with an anti-acid suggested it was just his reflux. He ran an EKG on the man, and it was unchanged. The pain was described, however, much like angina pain, and the intern was concerned. There was no room in the ICU to observe the man.

When he saw him standing on the hallway chair, he immediately recognized his Uncle Bob. The man was repeating joke after joke and jumping off of the chair. He had not seen Bob for several years. He knew that the man lived in Galveston, but he had neglected to see his favorite relative with med school and now his residency.

Cooper stopped in front of the man with an overpowering sadness. He realized now that Bob was an Old Retreat resident.

"Uncle Bob," Cooper said, putting his hands on the man and encouraging him to sit in the chair.

Bob sat but continued with his babbling. He looked up at the intern with a vacant stare, spit dripping from his mouth. Bob did not recognize the intern. The man laughed loudly, and Cooper could see his upper denture plate bouncing as he guffawed. Bob looked down at his white pajama bottoms, soaked in urine. As he did, the man began to cry quietly.

The last time Cooper had seen the man was at a Thanksgiving dinner years ago. He was the funniest man he had ever known, sharp-witted, and now this. Bob, however, was his relative and now his medical responsibility. Cooper looked at his left hand and saw that he had pulled out the IV. In the pocket of the man's bathrobe was a morphine sulfate IV bag.

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 The next three days were the worst days of John Cooper's life. He went without sleep treating crush injuries, placing tubes, and closing lacerations. One head trauma patient had a grand-mal seizure. An older woman with a crushed pelvis had pulmonary embolus and sudden death. Supplies, including IV fluids, were in short supply, and two patients died from what was probably dehydration. The patient with the groin penetrating injury started massively hemorrhaging again, and the man died on his way to the operating room. The right hemicolectomy waited for six weeks. When finally operated on, the man had positive lymph nodes from colon cancer.

He could not continue the nursing home patients' mass sedation; the morality was just too much of a dilemma. The Old Retreat patients, represented in his mind by Uncle Bob, were too human. No one died from babbling, incontinence, or thrown food trays. Two people had died from their sedation. He rescinded the morphine drip order.

In addition to the medical and surgical emergencies, the ward was one scream, thrown IV pole, and crying episode after another. They treated these patients with understanding, reassuring them as the issues presented. When one person nearly got a storm window open, Cooper spent even more time walking up and down the hallway and watching out for these nursing home residents. They brought in lights to correct the darkness in the rooms. Taped music played overhead, and the nursing staff was encouraged to use patience and deal with the patients individually.

The rescue effort was massive when the hurricane finally died out over the mainland. Bob entered a Houston retirement home. John Cooper drives to see him whether he has the time or not.

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One week after Hurricane Patrice, John Cooper sat in the nursing station and reflected on his feelings. His life goal since childhood was to be a physician. On his way to this objective, he became an excellent student, single-minded and determined in the process of learning. He excelled and passed every measurement of education more than successfully. When he entered his long surgical residency, his primary concern was whether he could master all the profession's technical expertise.

While manning the surgical ward nearly single-handedly during the hurricane, he realized those technical skills were within his sites. He was in a world-class training program surrounded by gleaming examples of technically superb surgeons.

As the storm progressed, he physically treated every surgical emergency, surpassing his excellence measurements. John Cooper realized during that experience that a physician is not only a student or a competent technician. The experience in Hurricane Patrice convinced the intern that being an outstanding physician involves another equally important skill that he could only express as having humanity in his patient care.

John Cooper stood up and turned for a phone to answer his pager. As he did so, he felt very accomplished. A student, yes, a technician as well, but indeed he was on his way to becoming what a physician truly is; a healer.