

45 Seconds: Memoirs of an ER Doctor From May 22, 2011

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JOPLIN, Mo.—My name is Dr. Kevin Kikta, and I was one of two emergency-room doctors who were on duty at St. John's Regional Medical Center in Joplin on Sunday, May 22, 2011.

You never know that it will be the most important day of your life until the day is over.

The day started like any other day for me: waking up, eating, going to the gym, showering and going to my 4 p.m. ER [emergency room] shift. As I drove to the hospital I mentally prepared for my shift as I always do, but nothing could ever have prepared me for what was going to happen on this shift.

Things were normal for the first hour and half. At approximately 5:30 p.m. we received a warning that a tornado had been spotted. Although I work in Joplin and went to medical school in Oklahoma, I live in New Jersey and I have never seen or been in a tornado.

I learned that a "code gray" was being called. We were to start bringing patients to safer spots within the ED [emergency department] and hospital.

At 5:42 p.m. a security guard yelled to everyone: "Take cover! We are about to get hit by a tornado!"

I ran with a pregnant RN [registered nurse], Shilo Cook, while others scattered to various places, to the only place that I was familiar with in the hospital without windows, a small doctor's office in the ED. Together, Shilo and I tremored and huddled under a desk.

We heard a loud horrifying sound like a large locomotive ripping through the hospital. The whole hospital shook and vibrated as we heard glass shattering, lightbulbs popping, walls collapsing, people screaming, the ceiling caving in above us, and water pipes breaking, showering water down on everything.

We suffered this in complete darkness, unaware of anyone else's status, worried, scared.

We could feel a tight pressure in our heads as the tornado annihilated the hospital and the surrounding area. The whole process took about 45 seconds but seemed like eternity. The hospital had just taken a direct hit from a category EF-4 tornado.

Then it was over. Just 45 seconds. Forty-five long seconds. We looked at each other, terrified, and thanked God that we were alive. We didn't know, but hoped, that it was safe enough to go back out to the ED, find the rest of the staff and patients and assess our losses.

"Like a bomb went off." That's the only way that I can describe what we saw next. Patients were coming into the ED in droves. It was absolute, utter chaos. They were limping, bleeding, crying, terrified, with debris and glass sticking out of them, just thankful to be alive.

The floor was covered with about three inches of water, there was no power, not even backup generators, rendering it completely dark and eerie in the ED. The frightening aroma of methane gas leaking from the broken gas lines permeated the air. We knew, but did not dare mention aloud, what that meant. I redoubled my pace.

We had to use flashlights to direct ourselves to the crying and wounded. Where did all the flashlights come from?

I'll never know, but immediately, and thankfully, my years of training in emergency procedures kicked in. There was no power, but our mental generators were up and running and on high-test adrenaline. We had no cell-phone service in the first hour, so we were not even able to call for help and backup in the ED.

I remember a patient in his early 20s gasping for breath, telling me that he was going to die. After a quick exam, I removed the large shard of glass from his back, made the clinical diagnosis of a pneumothorax (collapsed lung) and gathered supplies from wherever I could locate them to insert a thoracostomy tube in him.

He was a trouper. I'll never forget his courage. He allowed me to do this without any local anesthetic, since none could be found. With his life-threatening injuries I knew he was running out of time, and it had to be done. Quickly.

Imagine my relief when I heard a big rush of air and breath sounds again. Fortunately, I was able to get him transported out.

I immediately moved on to the next patient, an asthmatic in status asthmaticus. We didn't even have the option of trying a nebulizer treatment or steroids, but I was able to get him intubated using a flashlight that I held in my mouth.

A small child of approximately 3-4 years of age was crying. He had a large avulsion of skin to his neck and spine. The gaping wound revealed his cervical-spine and upper-thoracic-spine bones. I could actually count his vertebrae with my fingers.

This was a child—his whole life ahead of him—suffering life-threatening wounds in front of me, his eyes pleading me to help him.

We could not find any pediatric C collars in the darkness, and water from the shattered main pipes was once again showering down upon all of us. Fortunately we were able to get him immobilized with towels and start an IV with fluids and pain meds before shipping him out.

We felt paralyzed and helpless ourselves. I didn't even know a lot of the RNs I was working with. They were from departments scattered all over the hospital. It didn't matter. We worked as a team, determined to save lives.

There were no specialists available. My orthopedist was trapped in the OR [operating room]. We were it, and we knew we had to get patients out of the hospital as quickly as possible.

As we were shuffling them out, the fire department showed up and helped us to evacuate. Together we worked furiously, motivated by the knowledge and fear that the methane leaks could cause the hospital could blow up at any minute.

Things were no better outside of the ED. I saw a man crushed under a large SUV, still alive, begging for help. Another one was dead, impaled by a street sign through his chest.

Wounded people were walking, staggering, all over, dazed and shocked. All around us was chaos, reminding me of scenes in a war movie or newsreels from bombings in Baghdad. Except this was right in front of me and it had happened in just 45 seconds.

My own car was blown away. Gone. Seemingly evaporated. We searched within a half-mile radius later that night but never found the car, only the littered, crumpled remains of former cars—and a John Deere tractor that had blown in from miles away.

Tragedy has a way of revealing human goodness. As I worked, surrounded by devastation and suffering, I realized I was not alone. The people of the community of Joplin were absolutely incredible.

Within minutes of the horrific event, local residents showed up in pickups and sport utility vehicles, all offering to help transport the wounded to other facilities, including Freeman, the trauma center literally across the street. Ironically, it had sustained only minimal damage and was functioning (although I'm sure overwhelmed).

I carried on, grateful for the help of the community.

At one point I had placed a conscious intubated patient in the back of a pickup truck with someone, a layman, for transport. The patient was self-ventilating himself, and I gave instructions to someone with absolutely no medical knowledge on how to bag the patient until they got to Freeman.

Within hours I estimated that over 100 EMS units showed up from various towns, counties and four different states. Considering the circumstances, their response time was miraculous.

Roads were blocked with downed utility lines, smashed-up cars in piles, and they still made it through.

We continued to carry patients out of the hospital on anything that we could find: sheets, stretchers, broken doors, mattresses, wheelchairs—anything that could be used as a transport mechanism.

As I finished up what I could do at St. John's, I walked with two RNs, Shilo Cook and Julie Vandorn, to a makeshift MASH [like a mobile army surgical hospital] center that was being set up miles away at Memorial Hall.

We walked where flourishing neighborhoods once stood, astonished to see only the disastrous remains of flattened homes, body parts and dead people everywhere.

I saw a small dog just whimpering in circles over his master, who was dead, unaware that his master would not ever play with him again.

At one point we tended to a young woman who just stood crying over her dead mother who was crushed by her own home. The young woman covered her mother up with a blanket and then asked all of us, "What should I do?" We had no answer for her, but silence and tears.

By this time news crews and photographers were starting to swarm around, and we were able to get a ride to Memorial Hall from another RN. The chaos was slightly more controlled at Memorial Hall. I was relieved to see many of my colleagues, doctors from every specialty, helping out.

It was amazing to be able to see life again. It was also amazing to see how fast workers mobilized to set up this MASH unit under the circumstances. Supplies, food, drink, generators, exam tables, all were there—except pharmaceutical pain meds.

I sutured multiple lacerations and splinted many fractures, including some open with bone exposed, and then intubated another patient with severe COPD [chronic obstructive pulmonary disease], slightly better-controlled conditions this time, but still less than optimal.

But we really needed pain meds. I managed to go back to the St. John's with another physician, pharmacist and sheriff's officer. Luckily, security let us in to a highly guarded pharmacy to bring back a garbage-bucket-sized supply of pain meds.

At about midnight I walked around the parking lot of St. John's with local law-enforcement officers looking for anyone who might be alive or trapped in crushed cars. They spray-painted X's on the fortunate vehicles that had been searched without finding anyone inside.

The unfortunate vehicles bore X's and sprayed-on numerals, indicating the number of dead inside, crushed in their cars, cars that now resembled flattened recycled aluminum cans the tornado had crumpled in her iron hands, an EF4 tornado, one of the worst in history, whipping through this quiet town with demonic strength.

I continued back to Memorial hall into the early-morning hours until my ER colleagues told me it was time for me to go home. I was completely exhausted. I had seen enough of my first tornado.

How can one describe these indescribable scenes of destruction? The next day I saw news coverage of this horrible, deadly tornado. It was excellent coverage, and Mike Bettes from the Weather Channel did a great job, but there is nothing that pictures and video can depict compared to seeing it in person. That video will play forever in my mind.

I would like to express my sincerest gratitude to everyone involved in helping during this nightmarish disaster: my fellow doctors, RNs, techs and all of the staff from St. John's.

I have worked at St. John's for approximately two years, and I have always been proud to say that I was a physician at St. John's in Joplin, Mo. The smart, selfless and immediate response of the professionals and the community during this catastrophe proves to me that St. John's and the surrounding community are special. I am beyond proud.

To the members of this community, the health-care workers from states away and especially Freeman Medical Center, I commend everyone on unselfishly coming together and giving 110 percent the way that you all did, even in your own time of need. St. John's Medical Center is gone, but her spirit and goodness live on in each of you.

EMS's, you should be proud of yourselves. You were all excellent and did a great job despite incredible difficulties and against all odds.

For all of the injured whom I treated, although I do not remember your names (nor would I expect you to remember mine), I will never forget your faces. I'm glad that I was able to make a difference and help in the best way that I knew how, and hopefully give some of you a chance at rebuilding your lives again.

For those whom I was not able to get to or treat, I apologize wholeheartedly.

Last but not least, thank you, and God bless you, Mercy/St. John, for providing incredible care in good times and even more so in times of the unthinkable, and for all the training that enabled us to be a team and treat the people and save lives.