



Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital

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In the tradition of the best investigative journalism, physician and reporter Sheri Fink reconstructs 5 days at Memorial Medical Center and draws the reader into the lives of those who struggled mightily to survive and to maintain life amid chaos.

After Katrina struck and the floodwaters rose, the power failed, and the heat climbed, exhausted caregivers chose to designate certain patients last for rescue. Months later, several health professionals faced criminal allegations that they deliberately injected numerous patients with drugs to hasten their deaths.

Five Days at Memorial, the culmination of six years of reporting, unspools the mystery of what happened in those days, bringing the reader into a hospital fighting for its life and into a conversation about the most terrifying form of health care rationing.

In a voice at once involving and fair, masterful and intimate, Fink exposes the hidden dilemmas of end-of-life care and reveals just how ill-prepared we are in America for the impact of large-scale disasters—and how we can do better. A remarkable book, engrossing from start to finish, *Five Days at Memorial* radically transforms your understanding of human nature in crisis.

Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital Details

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From Reader Review Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital for online ebook

Emily says

Like David Simon's *The Wire* and Dave Cullen's *Columbine*, this book is about all of the moral dilemmas that surround massive tragedy, and about the ways that interconnected systems succeed and fail and undermine each other when infrastructure breaks down. Fink does a remarkable job of remaining, for the most part, neutral -- and yet there are heroes and villains (often in the same person) and no shortage of drama. Natural disaster, medicine, corporate hierarchies, crime, law, media -- they feed and play off of each other. You ask yourself, "What would I do in such dire circumstances? Was what happened right or wrong?" and as is often the result of the best investigative journalism, I couldn't always answer those questions with certainty. It was hard to read sometimes, but utterly riveting.

Diane says

This book is a devastating account of what happened at a hospital in New Orleans after Hurricane Katrina hit in 2005. Sheri Fink spent years reporting on this story and her writing is strong, filled with grim details and dreadful scenes, but it needed to be told.

After the storm, Memorial Medical Center was flooded and lost power, stranding a large staff and nearly 200 patients, many of whom needed oxygen and ventilators to help them breathe. Due to communication breakdowns, a lack of emergency preparedness, and massive failures from both the hospital's owner and the government, rescue operations were slow and stalled, leading doctors and nurses to prioritize patients into groups of who would be rescued first, or at all.

"Nobody wrote it directly in a message, but some employees began to worry that the choice of which patients went out first could affect their medical outcomes. A realization dawned on Memorial's incident commander, Susan Mulderick, that day. The variability in the sizes of helicopters that were landing and the length of time it was taking to move patients to the helipad left her with one conclusion: not all of the patients would be getting out alive."

On the third day after the hurricane, the most critical patients — the ones who staff members didn't think could be evacuated and who had a slim chance of survival — were given drugs that would help ease their pain, and also helped them to die. Some called it euthanasia, others called it a necessary decision during an extreme disaster.

"In the days since the storm, New Orleans had become an irrational and uncivil environment. It seemed to [Dr.] Thiele the laws of man and the normal standards of medicine no longer applied. He had no time to provide what he considered appropriate end-of-life care. He accepted the premise that the patients could not be moved and the staff had to go. He could not justify hanging a morphine drip and praying it didn't run out after everyone left and before the patient died, following an interval of acute suffering. He could rationalize what he was about to do as merely as abbreviating a normal process of comfort care — cutting corners — but he knew that it was technically a crime."

The first half of the book provides almost an hour-by-hour account of what happened leading up to the storm

and in the days following its landfall. It is a gripping, emotional read, and the situation is horrifying. With no power or running water, conditions worsened inside the hospital -- it was hot and humid, the only light came from flashlights, and there was an overpowering smell of urine and feces because the sewers were overflowing. The staff described it as a hellish war zone and as a place that no longer seemed like America. There was also a fear of looters and of violence breaking out amidst the chaos, and gunshots were frequently heard outside the hospital. Doctors tried to prevent panic from spreading, both among the patients and among the staff. It was difficult to read this section without frequently pausing to come up for air, both out of sympathy for those who suffered and frustration for how the hospital (and the city) could have been better equipped and prepared.

The second half of the book, called *The Reckoning*, focuses on the investigation into the patient deaths. One doctor and two nurses were eventually arrested, but charges were later dropped due to a lack of evidence, overwhelming public and political support for the workers, and criticism of the lack of preparedness and support from the government: "The issue of larger responsibility and blame, regardless of whether it would be admissible in a court of law, was on many people's minds. Individual decisions at the hospital had occurred in a context of failures of every sort. Since the storm, government agencies, private organizations and journalists had churned out reports that analyzed and found fault with actions and inaction at nearly every level of every system."

Fink's epilogue highlights the lessons learned, if any, from what the hospitals in New Orleans faced after Katrina. Fink compares the situation to what happened after the earthquake in Haiti and when Hurricane Sandy hit New York City. In both cases, health care workers had to make tough choices about who would get access to limited medical resources. Fink's reporting is alarming because it addresses the issue of how many hospitals and other medical facilities have their generators in the basement or on the ground floor, which can become useless in event of flooding. Similarly, not enough has been done to plan for emergency situations, such as a massive flu outbreak or another natural disaster. "Life and death in the immediate aftermath of a crisis most often depends on the preparedness, performance and decision making of the individuals on the scene. It is hard for any of us to know how we would act under such terrible pressure."

I hope this book inspires some good discussion and decision-making about emergency preparedness and the moral dilemmas of triage. Who gets priority medical care when resources are limited? What else can be done to plan for disasters? I would highly recommend the book to health care professionals, first responders, those interested in bioethics, and anyone who appreciates excellent reporting.

Kasia says

Significant amount of research was pour into this book. Thank you Ms. Sheri Fink.

Working in medical field I was grossly appalled by the moral and financial support Dr Pou and two of her nurses received from the community after being arrested and during trial.

Three of them killed 9 ppl for "humanitarian reasons". Because of it they should be treated as a criminals they were, not as heroes they were made into.

I'm not completely opposed to euthanasia but I would absolutely let my patients decide if they want to live or die. Telling patients: "we are going to give you something to help you relax" and then injecting them with repeated doses of morphine and benzodiazepines until they stop breathing is a murder and there is no other way around it.

Kirstin says

www.justtoomanybooks.wordpress.com

This is easily one of the best narrative nonfiction books I have ever read. It tells the story of what happened in one New Orleans hospital during Hurricane Katrina, where doctors and other medical staff were accused of euthanizing patients. The book is divided into two sections. The first is an account of what happened in the hospital during the storm. The second recounts the legal process in the years afterward. Dr. Anna Pou, a doctor who was working in the hospital during Katrina, and later arrested, is a focal character. The author relies on the viewpoints of many different people to tell a necessarily complicated tale, but she has done an excellent job at weaving all the narrative threads together into one compelling story.

This is a good book but also a sad book. One of the things that astounded me page after page was the poor planning and communication at almost every level of disaster response. For example, most hospitals in New Orleans (including Memorial) had food and water stores as well as generators at or below the ground floor (below sea level.) Another example was the evacuation issue: the mayor ordered people to evacuate, but roads were clogged and not every one had cars. The hospital bureaucrats (off location) and government officials each assumed the other was responsible for removing hospital patients. Once evacuated, there was no plan in place for which hospitals would take in patients, or how they would get there. And of course no one knew how to prioritize: should the sickest patients leave first, or those with the best chances of surviving?

Even in Memorial hospital, it seems that some basic knowledge and communication could have helped. The author clearly portrays the medical professionals who were there (some of whom chose to stay to care for the sick and dying) in a favorable light, as people who did often heroic things under the worst of circumstances. But it seemed that some of the circumstances didn't have to be. I was particularly upset when I read that another building in the Memorial complex had electricity, but on-site administrators chose to hole up there, rather than bringing patients in where climate control and ventilators could've eliminated suffering and saved lives.

Sadly, we know what happened. The healthier patients and their families left first, leaving the very sick and terminal patients to suffer in the heat, darkness, and increasingly poor sanitation; without access to basic medical care like oxygen. At some point, at least one doctor made the decision to give these patients large doses of morphine and other drugs. Was the intent to alleviate suffering in patients truly believed to be dying? Or was it, in fact, to cause death in patients that might have lived?

A grand jury eventually found Dr. Anna Pou not guilty of murder for her role in administering the drugs. But the bigger issues remain unanswered. What accountability do doctors face in a disaster situation? Who is responsible for crisis response? What should triage be when resources are limited? And of course, what sort of care is acceptable at the end of life- where is the line between palliative care and euthanasia or assisted suicide?? There are no easy answers, and this author avoids the temptation to provide them. She tells a story, and raises the questions, and then the words stick with you long after the book is over.

I received an Advance Reader's Copy for this review. Covers often change before publication, but I hope this one does not, as the design is eye-catching and extremely fitting.

Laima says

This book was amazing!!

Sherry Fink has written a well documented and detailed account of what happened at Memorial Hospital in

New Orleans during Hurricane Katrina in 2006.

I found this book particularly interesting as I work in healthcare and was horrified by all the problems and ethical decisions faced by staff under extreme circumstances. It is really hard to imagine that for five days, physicians, nurses, patients, visitors, family and even several hundred pets sought refuge in a building that was severely compromised. There was no water or electricity, communication with outside authorities was limited, medicines were in short supply, extreme heat of over 100 degrees existed day and night; darkness; fatigue and fear filled everyone. There were even looters, people carrying guns and a declaration of marshall law. It was complete chaos.

Hospital officials and staff came to rely on one another for help and there was strong sense of teamwork on the units.

Outside help arrived slowly. Most people left by boat or helicopter but even these resources were stretched to their limits as the entire city sat covered in water. There were many instances of people making quick decisions, improvising how they could to save lives. One neonatologist mentioned in the story saved a tiny newborn preemie by ventilating by hand in a shaky helicopter for several hours before arriving at a different hospital. The infant survived. This doctor was a true hero. Other staff, well, I'm not sure if they were heroes who saved lives or actually murderers who ended lives unnecessarily.

“No **living** person is to be left behind.” This was the mandate for evacuation on September 1st, 2006.

Help was finally arriving and people were beginning to move out more quickly. Upstairs there were 9 patients, critically ill, who were going to be very difficult to move. They could even die in the process. By all accounts, it was one physician, Dr. Ana Pou, and two nurses that helped the matter along by injecting these patients with very high doses of morphine and the sedative Midazolam (Versed).

After the storm died down a new storm of controversy began to brew about the moral, ethical and legal aspects of what really happened to these 9 patients at Memorial. Forensic and pathology expert examinations of post mortem tissue samples concluded that the toxic combination of medicines given in lethal doses caused death. A physician’s goal should never to be to cause death, even though some procedures may result in death. Some of these patients never even had morphine listed in their medical records. Several medical records even mysteriously disappeared. None of the patients or their families had been consulted about the decision to inject. Dr. Ana Pou and the two nurses were arrested but released on bail. The Grand Jury was involved in the case, but, due to tremendous political pressure and lack of sufficient evidence (which was withheld), found the individuals **NOT GUILTY**.

These nightmarish events at Memorial will never be forgotten by those involved. One positive outcome of this case is the greater awareness for the need of disaster preparedness. There are areas prone to hurricanes, flooding, earthquakes and other natural disasters. There is also a greater awareness of moral dilemmas faced during an emergency situation where victims outnumber the resources available.

Was Dr.Pou a hero? Or was she a murderer? Read this book and let your conscience and moral/ethical beliefs guide your decision.

NOTE:

While I was reading this book a flood actually happened at my hospital. Temperatures dipping to minus 30 degrees caused water pipes to burst. Our emergency rooms, diagnostic imaging and surgical suites were affected. With quick response by staff and management, a lot of expensive equipment was saved and nobody was injured. It was really awful to see walls and ceilings caving in but quick, innovative thinking helped to

minimize damage and even improve work flow and operations. We had excellent communication between management, staff and city media and have learned from this experience.

I sincerely hope that New Orleans never has to experience this nightmare again.

Wendy says

Five Days At Memorial, by Sheri Fink, is a spellbinding account of Hurricane Katrina, a disaster which held patients, staff and families of a New Orleans hospital captive and left thousands of others stranded by rising flood waters in the heart of the city.

The first half of the book is the depiction of the horrific events and what led up to them. The second half involves a criminal investigation, the courts, government officials, the medical community, the press and public opinion over how the actions of the staff may have contributed to the deaths of many patients at the hospital.

A incredibly well-researched, heartbreakng and riveting story which is thought provoking on many levels.

JanB says

I'm going to start off my review with links to rebuttals, because I think they are important to include. I think anyone accused should be able to tell their side:

<http://www.drannapou.com>

<http://www.memorialhospitaltruth.com>

As the title suggests, this is the account of the 5 days at Memorial Hospital following Hurricane Katrina. There was no power, low supplies, a lack of sanitation creating the stench of sewage that filled the halls, oppressive temps that climbed to the 100s, and there was no hope or relief in sight. The generators, located in the basement, and affected by the rising floodwaters, failed. The lack of emergency preparedness and the lack of support from the corporate owners of the hospital contributed to the feelings of desperation by the staff. Exacerbating the situation were the 7th floor LifeCare patients, the sickest of the sick.

On the third day after the hurricane, the most critical patients, some who were DNR (do not resuscitate), were given drugs to ease their pain, and as some alleged, caused their death. Some called it comfort care while others called it euthanasia. The drug combination given was typically used (in my experience) in hospice care. Were they angels of mercy or angels of death? A physician and two nurses were charged but a grand jury failed to indict.

The book raises many questions:

- Who is evacuated first in an emergency? The sickest, the dying, or those who have a chance at survival? At Memorial the corporate decision was made to evacuate the sickest last.
- Why were generators located in the basement, the first area to flood?
- What is the chain of command during an extreme emergency?
- Does a DNR order mean you don't try to save in an emergency?
- Which patients gets priority when resources are limited?
- Are we as a nation prepared to deal with disasters of this proportion?

As a nurse, this book was difficult to read as I imagined myself working under such appalling conditions. The health care workers performed above and beyond the call of duty in horrendous circumstances. There were many touching stories of heroic acts.

Memorial lost 45 patients, more than any other hospital in the area. But the entire 7th floor was devoted to LifeCare, the sickest of the sick, many of whom were on life support. With the corporate decision to evacuate these patients last, not first, they languished for days in appalling conditions (as I later read, 11 of the 45 passed away before the storm hit, but their bodies were in the morgue and so counted among the total).

Although many readers found Part 2 of the book, detailing the legal proceedings, slow, I found the entire book compelling. I do have a couple of issues with the book. One, I think Dr Kevorkian's case and the euthanasia debate should have been left out of the book, as that wasn't the core of this case. Secondly, I think a major weakness of the book is that the author uses subtle and not-so-subtle turns of phrases and descriptions so that it's clear what she thinks of Dr Pou. True investigative journalism keeps bias out of their writing. The author's appearance on the Jon Stewart Show and their laughter and jokes were particularly distasteful, and no doubt painful for the families and health care workers who were affected.

I'm going with 4 stars for the book because it's highly readable and highlights the need for better emergency preparedness, raising important issues that need to be discussed on a national level. If one hospital struggled so desperately during a time of disaster imagine if there was a large scale national disaster.

Glenn Sumi says

Five Days At Memorial is a powerful, balanced and clearly written (if slightly dry) account of the lives lost – or irrevocably altered – in a New Orleans hospital after Hurricane Katrina hit.

Sheri Fink, a physician turned journalist, has obviously done lots of research; the book grew out of a series of articles she wrote for *The New York Times Magazine* and *ProPublica* that earned her a Pulitzer Prize.

Initially it's hard to keep track of the dozens of people involved – patients, doctors, nurses and administrators, their families. And that's not even counting the police officers, lawyers and politicians who come on the scene after murder charges are laid against a doctor and two nurses.

There's a reason this book took me several months to finish. I kept reading a bit, putting it down, then picking it up again weeks later. After the initial vivid description of those five days (and an informative lesson about the hospital's flood history), there's no single gripping story or narrative to command your attention. You'll read about someone, get interested, and then they won't be mentioned again until 100 pages later.

Still, it's an often fascinating, informative look at medical ethics and the importance of disaster preparedness. Some sections are absolutely harrowing. The epilogue, in which Fink investigates how emergency efforts have changed post-Katrina – in New York City, after Superstorm Sandy, and in Haiti, after the 2010 earthquake – is revealing.

And while reading some sections, it's hard not to think, "What would I do under these circumstances?"

Merrikay says

What would you do if you were caught in a flood in a hospital and knew your last nine helpless patients would not be evacuated but would in all likelihood drown? This Pulitzer Prize winner tells the story from multiple perspectives, some perspectives that I would never have even thought of. And that is my favorite thing about this book. It challenged my thinking over and over.

Fink introduces the reader to so many participants in this tragedy, helping the reader to understand multiple perspectives, telling the story in part narrative, but supported with facts and sources all the way through. The first half tells the story of Katrina at Memorial Hospital, the second half tells about the reaction of the community to the choices made by medical personnel. I didn't expect the second half to be as good of a read, but Fink repeatedly introduced intriguing ideas and concepts that were new to me and I could hardly put the book down till the last page. When I did put it down, it was to go to google and youtube and see and hear these people.

My initial thoughts before reading the book were that I was in no position to make any judgements about this story and would never know all of the facts. I still feel the same way, but appreciate the knowledge, emergency procedures and protocols developed due to the information given by the participants and others. As Margaret Mead was quoted in the book, "It is the duty of society to protect the physician from such requests." She is speaking of euthanasia and saying that we as a society must take the responsibility for making these decisions rather than putting it on one person. I don't think anyone has said it better.

So many questions were raised:

Who gets evacuated first?

Who is responsible for evacuation?

Who decides when to evacuate?

Who receives resources when they are limited?

In what situation does a DNR apply?

Is there a loss if we speed up death, a loss of interaction with family and/or God that we often put off until forced to face it?

Is there value in suffering?

What is the relationship between personal responsibility and group or government responsibility? What about corporations who now own most of our hospitals?

Are medical personnel more qualified to make some of these decisions than the rest of the community?

AND, this is after medical personnel have had to answer the question do I stay and work or go take care of my family.

I have difficulty holding anyone responsible for behavior under extremely traumatic, life-threatening situations simply on the basis of what panic does to the brain. There's not a lot of frontal lobe involvement happening during panic. Of course training can help with that, but I don't know how practical that is for civilians. I especially liked then, the idea presented by one person that justice does not necessarily require conviction, it could be achieved through retelling in the court system. I don't know that it has to be the court, but am reminded of the process of reconciliation used in South Africa.

Another idea presented, "Many ethicists felt that the conditions were so horrible that moral judgements could not be made about what happened there."

All I think for sure is that these medical workers were courageous way beyond what I would have been able to muster up and New Orleans was lucky to have them. I am also grateful that my parents made end of life arrangements for themselves very clear and taught me to do the same. Whether that makes any difference for me remains to be seen of course.

This was a five star read for me and my head is still spinning.

LeAnne says

THE QUESTION: did this doctor and the nurses working with her intentionally murder patients? The facts are all laid out here for you to decide.

Today is the anniversary of Hurricane Katrina, the storm that ultimately killed more than 1,500 of my neighbors. This particular book is an OUTSTANDING choice for book clubs and for those who might be interested in seeing how a bad situation can be bent worse, and then murderously deadly.

I am a New Orleanian who spent four months in this hospital in the year 2000. It broke my heart to learn what shocking things happened at this very place five years later, but this thorough and intoxicating work of non-fiction puts misery into perspective.

While drowning and mortal heatstroke killed 1500 souls in our community, it was lethal injections that stole the lives trapped in a dark, fetid hospital. Did the kind, caring women who injected the (supposedly) soon-to-be-dead act as angels of mercy or were they so intent on escape that they put these people to death so that they, the caregivers, could finally board helicopters and escape? At the time, with the coverage on our local news, I did not believe they intentionally murdered people. You'd have to ask me in person what I believe now.

Granted, we were all a bit whacked out psychologically during and after Katrina, and we didn't want to face some of the ugliness that went on. In hindsight, there have been so many instances of good people cracking and going off their nut (a newspaper photographer trying to commit suicide by cop, a WWL radio broadcaster dressing like a homeless man & shooting his wife, cops burning a body to hide their mistake, etc) that for these upstanding women to execute patients is not that unbelievable.

Y'all, this is THE best of all the Katrina books. It describes some of the political and corporate pit falls that lined up, creating giant chasms of chaos. You'll think twice before leaving your sick or elderly loved ones in the care of others when a storm looms. Getting away with murder is the question at hand: did they or didn't they?

To be frank, I generally hold most "Katrina" books in disdain. Capitalizing on the loss of life, the washing away of belongings and property, the horrible anxiety, and the dispersion of our population bothers me. The only thing worse than dancing on a grave is making money doing it. That said, this author Sheri Fink wrote instead an *expose* - an investigative report on not just what happened at Memorial, but tracing the root causes of the failures that ended in horrific deaths.

On a personal note, both my children were born at Memorial, and one of them was seriously pre-term - so much so that it is why we spent four months there in the hospital's NICU. One of the doctors who plays a role in the book was my primary care physician during my hospitalization and for years before and after. I knew other "characters" in the story as well and can verify the accuracy with which their personalities and attitudes were portrayed...at least as much as a patient can know them.

Fink did an outstanding job conveying the confusion, the history, and the red tape that bollixed up not just Memorial, but our entire city. Before we evacuated, I was tied to the local radio station, WWL, every waking moment and heard our much maligned mayor repeatedly plead people to leave. The Superdome was not supposed to be a storm shelter, but was a last resort site for families of the disabled who might have run out of power for battery-operated respirators. Baptist Memorial Hospital was not supposed to be a shelter either, yet all the coverage that the nation saw on CNN and Fox News about the Superdome could easily parallel what was going on at Memorial.

I did not see any such coverage (we lost power in the place we evacuated to) but heard live, desperate call-ins on the radio from mothers trapped in attics with their children, the levee breaches flooding their homes so quickly that it was like a tsunami struck, except that the rushing waters rose to two stories high. For the few of them who were able to get a cell phone signal, they had to describe the color of their roof tiles and whether there was any gingerbread on their eaves in order for someone, anyone, to possibly get a boat or canoe over to the home to hack them out of the roof. Disc jockies became command center coordinators, asking other listeners to try saving the doomed. 911 was jammed, so New Orleanians helped each other as much as possible.

I heard the voices of people who likely perished from the water or the baking heat, and their voices haunt me to this day. While had evacuated 90 miles north of the city, some of my friends remained. We had no power in the 96 degree heat, no running water, and no way out past the trees that trapped us...but we were safe from flooding and from looters desperate to steal. Listening to these trapped citizens call a WWL talk-show to get help was surreal.

My point here is that I understand the anguish and desperation probably deeper than most other readers. But I've never been trapped with hundreds of others with no working lavatories, with sick and elderly and the feeble, having to squeeze air into lungs by hand, to ration water, to carry 300 pound patients down 7 flights of stairs, then back up 3 more, to wonder if citizens wading in wanted help or to kill for the drugs in the hospital pharmacy. Memorial was another level of Dante's hell.

This book, *Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital*, put me there, and though you may not want to be there yourself, I highly recommend it.

Khosch says

I am from the New Orleans area and was one of the many thousands who evacuated for Hurricane Katrina. I was also one of the large population of locals who were offended and dismayed when then-Attorney General Charles Foti arrested a doctor and two nurses who had been at the flooded Memorial hospital during the disaster. Public opinion at the time was squarely behind the hospital staff, largely because we thought that the opportunistic former sheriff was blaming the very people, who saved so many lives, of not being even more heroic. This was my opinion, and that of everyone I talked to - until I read the ProPublica article about conditions at Memorial, published in 2009. That article convinced me that perhaps something very unsavory

had happened at the hospital during the disaster.

And so it was with great interest that I read the reporter's more thorough examination of those days in this book. This book deserves a Pulitzer; it is an unbiased, well balanced and extremely thorough examination of the events at Memorial and the consequences of those events. I also have a Ph.D. in philosophy, and so I was hoping to see a studied examination of the ethical issues surrounding the events, and I was not disappointed. Ms. Fink clearly and accurately explained some of the most basic principles of ethics, and how they were (or were not) applied in this case.

The overall impression that I had of the medical professionals at Memorial was that they were so over-taxed, over-worked and under-prepared that they were not in a position to make truly rational choices about their sickest patients. To prevent this kind of tragedy in the future, our institutions must determine ahead of time how they will react in a disaster, and the people in those institutions need to cling to their moral principles, rather than abandon them in such a moment of crisis. The contrast of Memorial hospital with Charity hospital is most striking in this regard. Both hospitals were stranded in flood waters and lost power. But at Charity they were prepared and had practiced for just such an event. They evacuated the sickest patients first, not last, and they didn't give any patients lethal injections. Three people died at Charity, compared with forty-five deaths at Memorial, many of those in the last few hours, even as helicopters were arriving en masse to evacuate the hospital. Please read this book.

Susan (aka Just My Op) says

You'd think that if your hospital were below water level, you might keep your generators somewhere other than the basement. You'd think lessons painfully learned almost 80 years before in your city would cause you to have an emergency plan in place in case of flooding. You'd think. Think again. And if you think you or your loved ones are safe from harm in a hospital, that it is an island of hope, read this book.

This remarkable story is painful to read. It infuriated, depressed, and fascinated me. Often all at the same time. There are so many people involved that it was hard for me to keep them straight, but the author does include a list of "Selected Individuals" to help keep them straight. The writing is fact-dense, and I occasionally got lost in what happened where and when. I think I needed a time line at the back of the book.

As many probably already know, doctors and nurses at the hospital were accused of euthanasia. The conditions in the hospital were beyond imagining. Decisions were made. Good decisions, bad decisions, ethical quandaries. Ethics that are still being discussed and not resolved.

The author was very good at keeping her personal viewpoint out of the writing, but some events were so unconscionable that keeping judgment at bay was an impossible event for me.

Hurricane Katrina caused so much suffering and death, and this book presents just a microcosm of it. But it left me angered that so much of that suffering and death could have been prevented, and the mistakes made and refusal to act or to act wrongly were made on so many levels: governmental, corporate, and personal. And there were also a great many people who acted heroically.

I can guarantee one thing: If I ever am taken to a hospital and am conscious, I will avoid Tenet Healthcare Corporations like the plague.

I was given an advance reader's copy of this book for review.

Emily says

To say that Ms. Fink is biased is an understatement. From the first chapter of this book, it is evident that Ms. Fink believes Mrs. Pou and the nurses to be at fault for the deaths that occurred at Memorial in the days following Hurricane Katrina. It's fine, of course, to be biased in writing, but not when one is attempting to pass their book off as a neutral, fair account.

Ms. Fink spends the first half of the book giving endless details and portraying the doctors, who stayed behind for four days while their own homes were flooded and their own families evacuated, in the most negative light possible. In this book, these doctors are selfish, rude, and lazy. Unless, of course, they agreed to meet with her during the course of her writing, in which case she showered them with accolades.

Nowhere in the book is it more clear that Ms. Fink believes that Dr. Pou and the two nurses deserve jail time than in the second portion, where she diligently follows the investigation of Mr. Schafer and Ms. Rider. She consistently derides Dr. Pou's fundraisers, the profits of which were used to pay her massive legal fees incurred as a result of Mr. Schafer's and Ms. Rider's actions, yet she has no problem with the fact that the attorneys would surely receive a huge payout if Dr. Pou was found guilty. She clearly also has no problem with the fact that SHE is making millions from the same tragedy through the book and the NYTimes article. Ms. Fink refers to each piece of the investigation as a "clear victory," demonstrating her allegiance to the attorneys. Clearly the attorneys can do no wrong, for even when they humiliate Dr. Pou in an absolutely horrible way, by making her do a "perp walk" after 20 hours of surgery, despite the fact that she had agreed to turn herself in.

Even her research process reflects her bias. Every claim made by a "victim" is backed up with pages of repetitive and, to be frank, boring research. Yet when Dr. Pou's attorney asserts that 6 of the LifeCare patients died after being evacuated, thus showing how weak and close to death so many of the patients were, Ms. Fink simply states that Mr. Simmons "claimed" this things. Where is her research that she is so fond of now?? Would it have killed Ms. Fink to include any information that might have been contrary to her dead-set opinion that Dr. Pou is a cold blooded murderer?

Even this extremely skewed account of the events at Memorial Hospital does not change my mind about Dr. Pou and the nurses. It says a lot that so many in New Orleans were willing to support them (in addition to the American Medical Association), even after losing their own family members in the storm. It is a shame that Ms. Fink feels the need to further sully their names in such a public manner. I implore all of my fellow readers of this book to do their own research and read Dr. Pou's rebuttal, as well as information regarding her research tactics. For example, a few of Dr. Pou's patients were essentially harassed by Ms. Fink, who claimed to be writing a positive news story about her, when instead she was writing this glorified smear piece.

Basically, Sheryl Fink is a deplorable journalist and I am so thrilled that I got this book from the library and did not contribute a single cent to her personal wealth that she has accumulated at the expense of others.

Grace S. says

I will be analyzing the content of the book. NOT the events depicted therein.

I've heard/read a lot of positive reviews for *Five Days at Memorial* and I'm noticing some commonalities.

They tend to praise "the story" of the book. They cite the author's neutrality. They cite (sometimes copiously) the reader's own opinion on the larger ethical questions posed by the book, particularly regarding euthanasia. They use words like "gripping" and "thought-provoking", apparently praising the fact that a book made them think. I will attempt to write a review of *Five Days at Memorial* that presents these cited strengths as what I perceive to be the main weaknesses of the book.

First of all, the "story", while *compiled* by Fink from extensively-cited sources, is not Fink's own creation. While Fink's writing and descriptions put a tone on the re-telling of the story that could be construed as "hers", this is not a work of fiction. Of course readers and reviewers are aware of this, but I don't believe the goodness of the "story" should affect the perceived goodness of the book. All we can describe with regards to the story is the language Fink uses to tell it. The language was usually pretty non-intrusive, although the descriptions did sometimes feel a little too artistically contrived. (paraphrased: "The cancer ward had provided him with comfort and shelter during the hurricane. Now [X] was IN the cancer ward, using it to cling to survival" etc.)

That language-level look at the text brings me to my second problem, which is the supposed neutrality of the text. Looking at things at the most basic level of the words Fink employs, I have to disagree with those reviewers who commend her neutrality. On the contrary, I think it's very clear what Fink thinks of most of the parties involved. The CEOs are described as "uppity-ups" and we are constantly reminded that some of them worked from vacation (as if this is somehow worthy of scorn). The doctors are surrounded by descriptions painting them as harsh and pedantic, caring for their patients *aggressively* or *fiercely*. The neutrality really shattered once descriptions of the prosecutors started hero-worshipping them and making them uber-sympathetic to human tragedy. One was grieving his daughter. Another had a lifelong calling to catch bad guys and stick up for little old ladies. They're BFFs, they light each other's cigarettes, they worked tirelessly every day. Honestly I find it a little disturbing that of everyone involved, Fink chose the lawyers as the heroes of the piece.

Pou, meanwhile, was constantly described in terms of what she was wearing, what her hair looked like, and what information she got incorrect. Even in otherwise neutral sentences, Doctor Pou was described as "haunting" the seventh floor (an emotionally-charged way to say that she was walking, don't you think?), and again as "a phantom Pou", which Fink uses simply to mean that the party in question had an incomplete understanding of who she was as a person. Still, the choice of words that construe her as inhuman or soulless seems hardly an accident.

Pou is also quoted in a very different way from many other interviewees whose words make up the book. While the first half of the book uses interviews to present a "this is what happened" account of the events in Memorial, the second half prompts the readers to disbelieve Pou's account of what happened in subtle ways. For instance:

"Pou *considered herself* harassed by the reporters. "Terrorized," she called it."

Notice how the sentence has subtly been tweaked to suggest that Pou was alone in her opinions, and that they were unfounded. Or this...

"I had to give her three doses," said Pou. (Pou's attorney later said that she never said this.)

This is manipulating the order in which opinions/versions of a conversation are presented to make it look like Pou and her attorney are lying. We have one person who claims to have heard Pou say something. We have another person who claims she did not say that. However, the quote is given as though accurate and sourced,

with the "X didn't say that" claims isolated in parentheses and surrounded by language suggesting that it's a denial of the truth. Also, the quotes are always printed first and as direct quotes (in quotation marks), and the parenthetical denials second. Which means that by the time you've reached the disclaimer "X says he never said this", you've already read a complete sentence asserting that they DID. If neither party can prove that the conversation did or did not take place, then presenting the quotes in this manner is *not* neutral, not at the text level.

This is the perfect time to mention that I have not cited, not once, my opinions about whether euthanasia is moral, what I think happened surrounding the deaths of the seventh-floor patients, or who (if anyone) I think is to blame for the way the hospital responded to the hurricane. Because they *don't matter*. Someone's enjoyment of a piece of journalism should not hinge on their opinions on the issue. Because that further compromises the neutrality of the text. If I say "this is a good book because DNRs are bad", have I not just admitted that the article treats the issue in a way that's favorable to my viewpoint?

Finally, the reviews citing 'thought-provoking' and 'asking hard questions'.

This is why I probably should've stopped reading when part 1 ended. I have read study after study that ends in this same frustrating error--it presents a fascinating set of data, and then it draws conclusions that are NOT supported by that data. For instance--if a data set shows that people who drink diet soda tend to weigh more than people who don't, it does not necessarily mean that drinking diet soda makes you fat. Similarly, just because a book addresses accusations of euthanasia under disaster conditions, it DOES NOT make it a book about the morality of physician-assisted suicide or withdrawing end-of-life care at the patient's request. Just because it's a book about post-Katrina New Orleans, it DOES NOT make it a book about post-Sandy New York. So much space in this book was taken up trying to make this intriguing but isolated incident MEAN things. Are there things to learn from what took place during Katrina? Undoubtedly. Can we use this to form a better contingency plan for the future? Yes. Did a talk about Kevorkian have any place in this book? No.

There is a difference between contextualizing your work within a larger frame of philosophy and ethics, and jamming in a bunch of extra issues and side-cases to make the whole text seem more monumentally important. The whole thing suffered from an over-inflated sense of self-importance. Fink would have been much better served crafting a shorter piece with more emphasis on description and less on supposition.

On the whole, it dragged. In particular, the second half (focusing on the legal aftermath) completely trashed my mild interest in and enjoyment of the first half (which seemed to be a pretty well-assembled account of things, from what I can tell).

This is not a book about what happened in that hospital during the hurricane, as the publicity (dust jacket, NPR) led me to believe. It's about the media frenzy that came afterward. Had I known that, I probably wouldn't have even picked it up.

Barbara says

Memorial Medical Center in New Orleans did not have the resources to adequately care for patients following the flooding and power loss caused by Hurricane Katrina. In addition, evacuations were slow and difficult and people feared potential violence from looters and desperate citizens. After a few days, the air conditioning failed and temperatures soared, toilet facilities were inadequate and the building reeked, halls

and stairways were dark, and the staff was sleep-deprived and exhausted. In short, conditions were unbearable.

In this book Sheri Fink describes the difficult decisions of several healthcare professionals to over-medicate (euthanize) a number of patients who they believed would not make it out in time. Afterwards, state authorities initiated a murder investigation with plans to prosecute Dr. Anna Pou, and two nurses - Sheri Landry and Lori Budo - who allegedly administered the fatal injections.

There's plenty of blame to go around for the calamity at Memorial, including the hospital's inadequate preparation for disaster, poor government planning and response, chaos and violence in the streets, and the foibles of human nature.

The families of the deceased were angry and wanted justice but many people were outraged at the charges leveled against the women and accused Charles Foti, the Attorney General of Louisiana, of attempting to further his own career at the expense of the healthcare professionals.

Sheri Fink does a masterful job of describing the situation at Memorial during the crisis and the legal maneuverings of all parties - prosecution and defense - afterwards. It's hard to say I enjoyed the book since the subject matter was so depressing and horrific - but it was a compelling read. Highly recommended.

You can follow my reviews at <https://reviewsbybarbsaffer.blogspot....>

Jared says

I received an advanced copy of this book and was excited to read it. I've read several other books about Hurricane Katrina and the horrific aftermath and wanted to see what this book could add to the picture.

When I first picked it up, I was very engaged from the beginning and couldn't put it down initially. I just couldn't believe what they were going through in that hospital. Wow!

However, after the first 100 pages or so, it started to drag for me. It felt like I was reading the same thing over and over again. Part of the problem is that I was only able to read the next 200 or so pages in 5-10 minute sittings, so it was hard to get back into things. Then, after getting through part 1, I started into part 2 and was disappointed that it felt like she retold part 1 all over again as the investigation and court process took place.

It has great themes to discuss on so many levels, but in the end for me I'm struggling to consider it for our common reading program. Other detractors for me was the length. At 400 pages it is probably too long. I had a hard time with all the people in the book. For a simple mind like mine, there were just WAY too many names to keep track of. Finally, one other candid piece of feedback is that I found the map hard to follow. I must have looked at it a dozen times but could never really make sense of it.

Stephanie Harris says

Full disclosure: until recently, I practiced medical malpractice law, and it impossible for me not to view the

events recounted in this excellent and, I think, balanced book through that lens. What I'm left with is. Conditions at Memorial were terrible, exacerbated by terrible to non-existent planning and very little support from Tenent, the corporate owner of the hospital. Because of these conditions, staff and doctors were required to make difficult decisions regarding triage and patient care. They were not required to euthanize patients, at least one of whom was alert and required sedation first, at the very time that the evacuation was underway in earnest. I did not become outraged, however, until the DA's office mishandled the grand jury, the medical examiner took it upon himself to disagree with ALL of the several experts he hired to look into the case (who all found at least 9 patient deaths to be homicides) because he thought it was best for the city, and the medical community at large circled the wagons to protect their own at the expense of the truth. The icing on the cake is that the doctor, once no-billed, goes around the country grossly distorting the facts and bemoaning the fact that she was almost indicted for making difficult triage decisions, never bothering to mention the sticky issue of homicide, and getting legislation passed virtually immunizing healthcare providers for any decisions they make in disaster situations. I understand that there are lots of gray areas in what happened down there, but the deliberate whitewashing of the facts so that everybody could feel better about healthcare (because if you can believe that doctors don't make mistakes, you don't have to worry about a doctor making a mistake on YOU) is unconscionable and bad for the world, because it prevents honest assessments about how to handle future crises. I think this is important reading.

Emma Carew says

This book is a mess, a train wreck kind of mess. In books like this, with topics like this there are loads of details that the author has to pare down and put in an order that the reader can follow. Sheri Fink doesn't do that here, she just dumps all this info into one steaming pile. She skips from person to person, fact to fact, place to place with no semblance of an order.

For example in the ARC I read on pages 382 and 383 (second part) she names and references 12 different people (Pou, Kokemor, Minyard, Thiele, Karch, George, Young, Baden, Wecht, Filosa, Morales, and Simmons) In 2 pages alone the reader is supposed to know and be able to follow doctors, lawyers, media people etc. The first 100 or so pages were okay, then it's just a mess of who's who and what's what.

And then of course there's the "quality of the writing"... Quote from part 2 near the end, "If our dearest one got on the slow boat to China, wouldn't we be at the dock saying good-bye?" There is winners like that line peppered throughout the entire book.

This book is a loser, sorry.

Tim The Enchanter says

Posted to The Literary Lawyer.ca

Disturbing and Eye Opening - 3.5 Stars

I generally read fiction but will take a chance on non-fiction when the topic grabs my attention. *Five Days at Memorial* is certainly thought provoking and deals with issues that many people who do not work in the medical field (and some who do) will find controversial.

The story is set in Memorial Hospital in New Orleans after the devastation wrought by Hurricane Katrina and the breaking of the levees. After surviving the hurricane winds, the hospital is confronted with fifteen feet of water that is guaranteed to disrupt the Hospital's main power supply and force it survive off back up generators. Subsequent power failures left the hospital without power, clean running water, working toilets, air or medical oxygen lines. Near the end of the 5 day ordeal, at set of patients are given morphine shots that likely played a role in hastening their death. The players in the story are left to piece together the puzzle and make a judgment whether or no this was murder or this was justifiable end of life care.

My wife is a nurse and as such, we have discussed this issue on multiple occasions. It is common practice to prescribe morphine to patients when they are close to death. The result for many patients is a suppression of their breathing but a reduction of pain. The morphine inevitably hastens the dying process but the patients are not in pain or are in less distress as they are dying.

The Good

The story is more complex than my explanation would lead you to believe. The situation was in fact dire but the physical condition of the patients prior to their death was less clear. The story does not lead to simple conclusions. It is not simply a matter of right or wrong. The novel deals with issues related to euthanasia, trauma care in disasters, triage practices, politics, ethics and emergency preparedness to name a few. There are enough important issues in this novel that you could easily take a month to read it while mulling over the issues raised.

Being a fan of crime and thriller fiction, I appreciated the writing style of the author. Overall, it had a journalistic feel but the author was quite adept at developing the characters of the story and the reader was able to identify with the major players. Her description of the disaster and days following was exciting and grabbed your attention.

The Bad

The book was really two separate stories. The first half was a story of the disaster and the immediate fallout at Memorial Hospital. The second half was a story of the subsequent investigation and the repercussions of the actions immediately after the storm. While the first half grabbed my attention, I quickly lost interest with the second half of the book. I would have been happy to read a short epilogue relating what happened to the major characters. The investigation portion was so bogged down in facts and minutia of the investigation that I skimmed over substantial portions.

This story also requires your full attention. The cast of characters can put some epic fantasy series to shame. In fact, the first 5 pages or so are devoted to listing the names of the persons involved, their part in the story and where they worked. It was quite daunting and became unruly by the end.

Final Thoughts

Despite the 3.5 star rating, this is one of the finest and most thoroughly researched pieces of non-fiction I have read. The author's dedication to her research was apparent and she should be commended. Had the book been about 100 pages shorter, I would have found the experience of reading it to be more rewarding. This is not light reading but I recommend it to fans of non-fiction.

Diane S ? says

Hurricane Katrina and its aftermath was a horrible disaster, and the pictures haunted our television screens for days. So much went on as it actually became for many, survival of the fittest and a die hard effort to protect, feed, shelter and get water for their families. There were such limited resources available for these poor people and the sight of their faces is one I have not forgotten.

At the hospitals, all services were non existent and Sheri Fink does a wonderful job simply stating the facts and portraying what went on, without asserting her own personal opinions and biases. It is hard to judge the actions of others unless we are put in the same exact circumstances. Who can really say how they would have acted? What they would have done? I cannot think of anything harder than the decisions these doctors and nurses were forced to make. I have my own opinions, but I will not judge them. I cannot even imagine having to go through what these people did. I remember thinking that this sounded like a disaster in a third world country, a country with limited resources and funds. Not here, that was for sure.

Anyway, alternately heartbreakng but fascinating, this is a story that I think needed to be told.
