

City on Fire

All staff must remain in the building."

The hospital overhead speakers crackled with urgency. It was 3 p.m. on May 3, 2016.

I had left my Fort McMurray home that morning thinking it was just another workday. The smell of the forest fire was in the air, but such smells were not that unusual, working in a city that is essentially carved out of the Canadian boreal forest.

I never dreamed that forest fires would reach downtown Fort McMurray, my home for the last 25 years. Thanks to the development of the nearby oil sands, the northern Alberta city had boomed to a permanent population of 88,000 with another 20,000 workers living in work camps in the region.

"All doctors to the boardroom," came the next ominous order over the public announcement system.

I finished my consultation, then joined my colleagues and administrators. The nearby fire was burning at a magnitude never seen near the city before.

The news was grim. Mandatory evacuation of the entire city had not yet been ordered but was imminent.

I went to the hospital's top floor, with its panoramic view of the city. My heart skipped a beat. Not two blocks away, huge flames were burning. The streets were jammed with residents leaving as fast as possible. Traffic was at a standstill.

My own neighborhood was under a mandatory evacuation order.

"Are you okay?" my wife texted me. Thankfully, she was out of town en route to a conference.

For a minute, I thought as most would. Could I get home and rescue our most precious belongings before evacuation?

Then reality set in. Between the flames, the traffic jam, and mandatory evacuation orders for my neighborhood, going home was impossible.

Beside the hospital, a man was standing on his roof with a hose, trying to soak the shingles. Embers the size of baseballs were catapulting out of the nearby fire and landing around him like grenades.

The hospital evacuation had begun. The long-term patients and those unable to walk had been wheeled down to the lobby. The ambulatory were making their own slow way. Staff did their best to stay composed. Those in tears were discreet, trying to comfort patients and each other.

The hour wait for the municipal buses seemed interminable. The smoke was thickening, the flames could too easily be seen. Genna, a 40-year-old patient with a brain injury, was trembling with fear. "It's scary, but we're in this together," I tried to comfort her. "You'll be taken care of."

Finally, 17 city buses rounded the corner. One hundred five inpatients, three dozen nurses and other staff, and half a dozen physicians were boarded. I was assigned to the bus carrying our most fragile patients. Fortunately, our single patient from the ICU who re-

quired a ventilator had already been airlifted to Edmonton, the nearest big city that was far from the fire.

The plan was for the buses to head north to an oil sands work camp with its own airstrip. News flowed in via calls and social media—cell phones hadn't gone dead yet. The entire city was now under mandatory evacuation orders. Somebody reported that the last gas station on the south side of town had exploded.

The fire, now widely referred to as "The Beast," had engulfed Highway 63, the only way out of Fort McMurray heading south to the rest of the country. It was closed.

The Abasand Hills residential neighborhood, to our left as we left the hospital, was completely ablaze. Our driver had no choice but to head straight toward the wall of fire. Not 30 meters from the flames, he veered right onto the highway that headed north, onto the main transport corridor leading to most of the oil sand work sites.

The outside temperature was a record 32 °C. Even without the fire, it would have been a blazingly hot, sunny day.

Traffic was at a standstill. Even with all the windows open, the air in the bus was stifling. The fire's billowing clouds filled the sky to the south.

Patients needed respite from what was quickly becoming sweltering heat. Lisa, a 45-year-old woman with metastatic rectal cancer, was hunched over, too weak to hold her head up. We fanned her and others with office folders from my computer bag.

"Where are we going?" I asked our bus driver.

"Firebag," he said.

Firebag, one of the Suncor oil company's massive oil sand operations, was 120 kilometers out of town. Traffic jammed all four highway lanes and was barely moving. The only way out of the city was north.

"Do we have enough fuel?" I dared ask.

"We're okay," the driver replied calmly.

The bus began to resemble a battlefield emergency tent. Patients were nauseated, but there was no Graval. Medical charts had been loaded into another transport that was nowhere nearby. Our medical arsenal consisted of a handful of medicines in a plastic baggie being dispensed as best we could.

A 60-year-old man with diabetic amputations and obesity hypoventilation syndrome was in visible pain. All we had for a painkiller was injectable hydromorphone from a patient with cancer. I gave the man three drops orally diluted with saline. His face puckered. "That's bitter," he grimaced. But the "bitters" did their job. His pain quickly subsided.

The oxygen tanks needed for two patients were rapidly running low. One patient with metastatic cancer had a dangerously high, fever-like body temperature. Fortunately, just as the oxygen tanks ran dry, we pulled up to the hospital transport truck that had pulled over to await our convoy. Four beautiful, full tanks of oxygen came on board.

"Doctor, how much longer? I am afraid I will soil my pajamas," said Amita, a 76-year-old woman with heart failure on oxygen.

"Let me find out," I replied. Several of our buses, we were told, would be making a restroom stop at a small camp a few kilometers ahead. But it would be another 20 minutes. "Do you want us to help you to the bushes?" I asked Amita, looking at the forest 100 meters away. She shook her head. "I will wait."

At the stop, a messenger came to our bus door. On another bus stopped nearby with no doctor on board, two patients were vomiting, another had collapsed on the floor, and a psych patient had defecated in the back row.

I bid my farewells, as our patients were more or less stable, to head to the more needy on the other bus. The two nauseous patients were soon feeling better. The man on the bus floor required urgent attention. His name was Jack, and he was a cachectic 45-year-old with ascites. A preliminary scan of his symptoms suggested exhaustion.

The other patients on the bus lent a hand. Elsie, a kind 80-year-old First Nations woman, gave up two of her blankets. Martine, a young psych patient, offered the three-seat bench she'd been stretched out on for a far less comfortable wheelchair. Jack was able to lie down. "Oh my, this feels so good," he groaned in appreciation.

Soon after, we pulled into a small roadside oil sands camp, aptly named Safe Harbour, to join three other buses. News was passed on from the buses well ahead of ours. On one, a pregnant woman had gone into early labor. An obstetrician was on his way with a police escort clearing the way. Thankfully, the birth was uneventful. Both mother and child were reportedly well.

At Safe Harbour, a vaguely familiar man knocked on the door. Richard had been evacuated to the camp after being discharged from the hospital earlier in the day. "There's no room at this camp. We have no place to stay," he said. With four others in the same boat, they clambered onboard.

The camp kitchen was well-stocked and was dispensing free food. Patients were hungry and thirsty, and in we went to stock up on water bottles, yogurt containers, cookies, and pop. "Don't worry," said the kitchen supervisor, "it's free of charge."

We climbed back on the bus with a cardboard box brimming with snacks and liquids. Never had I felt more like Santa Claus.

An 85-year-old patient with pneumonia was shivering and pale. He had an irregular pulse and was struggling to breathe. With my stethoscope, I could hear left basal coarse crackles and bronchial breath sounds. No sphygmomanometer was on board.

Fortunately, lessons learned at medical school 30 years ago do stay in the memory. Our cardiology preceptor had taught my class to estimate blood pressure manually, one thumb collapsing and releasing the brachial artery, the other assessing the flow in the radial

pulse. John's pulse did not collapse easily, and his pulse volume seemed normal. However primitive the assessment, it looked like he'd be okay.

Seven hours after leaving the hospital, still an hour away from our Firebag camp destination, the time had come to assess patients for the next phase of this epic medical voyage. The hospital medical director had originally requested (via text messaging) a list of patient names, health care numbers, diagnoses, and medication lists. Plus, he asked staff to determine, on each bus, which patients should be given top priority for the flights to Edmonton.

Things had changed since the buses drove through the smoke and fire out of Fort McMurray. At the rest stops, patients and doctors had moved from bus to bus. Some were stronger, some were weaker. Some had lost their wrist bands, including a tiny, unilingual Asian woman who kept talking to herself nonstop in a foreign language that none of us could identify. Another very frail patient, an 85-year-old whom none of us recognized, with no med list or chart, was not doing well at all.

Finally, 8 hours after leaving Fort McMurray, we rolled into Suncor's Firebag camp. It was 2:15 in the morning.

The camp's airstrip was brightly lit. A half-dozen planes were on the tarmac. A hangar had been converted into a makeshift hospital and was bustling with activity.

A wheelchair ramp was pushed up to our bus. A security guard pointed the way to the planes. I pushed one patient in a wheelchair through the crowd and onto the airfield tarmac. There was only one nearby large plane with a boarding ramp, a WestJet Boeing 737. I carefully helped my semiambulatory friend up the stairs.

We were the first to board, and the pilot greeted us warmly. What everyone was waiting for, I did not know. I did know, with certainty, that our patients were exhausted and needed to get to an Edmonton hospital as soon as possible.

I ran back to the terminal to wheel a second patient out to the airplane. Others followed. The nighttime temperature, as happens in Canada's north after sundown, had dramatically dropped. It was 10 °C. But despite the cold, our patients were soon lined up on the tarmac all the way to the hangar.

Murphy's Law: The batteries on the airplane-compatible electric wheelchair failed after the second patient had been loaded.

It took over 3 hours to load the plane. Two dozen patients had to be carried up the boarding ramp stairs, then down the narrow aisle within the 737. Then there was George, a burly 60-year-old with dementia and two good fists who took a swing at anyone and everyone coming anywhere near him.

The pilots and flight attendants did their company, WestJet Airlines, proud. We were on our way and soon up in the air without further incident.

When we landed at Edmonton International Airport, it was past 6:30 a.m. A new bright, sunny day was dawning. Scores of Alberta Health Services staff and vehicles awaited our patients.

I stepped off the plane and did the handover as quickly as possible, thanking everyone for their response to this crisis. All of our patients were being given the care they so badly needed.

Waves of relief and exhaustion rolled across my body.

Suddenly, I needed a washroom in the worst of ways.

Then I realized why.

I hadn't had a bathroom break in 23 hours.

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