

Violet Butlers Story

Respectfully submitted by Amanda and Ermon (Butch) Butler

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We set sail on a family and friends reunion out of New Orleans, LA on April 14th after taking a charter bus from Columbus, MS. We boarded the cruise ship and had a great time with our family and friends until the 18th of April. Up until this point Violet Butler stood out as the ring leader and entertainer for our group. There were no signs or symptoms of any possible underlying medical issue. She was very active and playful for the first four days. On April 18th, our family went ashore at George Town, Grand Cayman for a short excursion to the Seven Mile Beach. We had an amazing day with our relatives. We grabbed a quick burger and began to re-board the shuttle boat back to the cruise ship. When we arrived at the ship, we stopped before boarding to snap a couple of photos while we could capture the entire length of the boat. Once inside the ship, we walked straight through security with several other passengers. She was discussing what we were wearing to dinner that night for family pictures. Violet reached over to collect her beach bag. After doing so, she took three to four steps forward and collapsed in mid-sentence.

I ran for help immediately upon her collapse and after seeing that she was not breathing nor had a pulse. I pleaded with the security team members in the security area to help us, but they appeared to be unable to speak English. They had a radio but did not make any effort to assist or approach Violet. Instead, they focused on barricading the door and hallways so that people could not see what was happening. I ran down corridors desperately trying to find any medical personnel or someone to help me communicate the urgency of the situation to the guards. My father was kneeling by her body trying to get her to regain consciousness. Violet's bathing suit cover was slipping off at this time, so he was also trying to keep her modestly covered as several minutes had passed.

After what seemed to be an eternity but was probably 12 to 15 minutes after she collapsed, help did arrive. One lady got there before the rest of the medical team and checked Violet's vitals but did not initiate CPR. She had a radio but no medical equipment. When the rest of the medical team arrived, Violet was loaded on a gurney and taken to their medical facility.

The medical facility was around the corner and less than a hundred feet away from where she fell. The office, however, was closed and had to be unlocked and opened. Dad and I waited with Violet's body while the lights and computers were turned on. There was an AED locked away in a closet that was brought out and plugged in. After what seemed to be another 3 or 4 minutes, Violet was taken into the examination room of the facility. I was asked to come into the examination room with her to remove her jewelry and, to my surprise, start an IV in her leg. My father was detained in an outer office to sign "important papers", which he was never given. They gave him his sign and sail account paperwork, not medical consent documents. The

medical team began the process of shocking her heart followed by 2 minutes of CPR. They had to repeat this protocol four times before her heart began to beat on its own. By now we were approaching 30 minutes since she collapsed. About this time, the ship's doctor returned from shore excursion and had to be briefed on what happened. He inquired whether she was stable enough for transport off the ship and into an ambulance. He was told that she was.

My dad and I were told we had to leave the ship. Dad was instructed to go pack everything and get out of their room. I was still with Violet at this point but my father was not allowed to see her. Personnel were sent with my father to assist in the packing process. Carnival personnel were sent to my cabin as well. My roommate, Debbie Williams, saw the ship's personnel trying to open our cabin door. I eventually ran up to help pack with Debbie while my mother's body was being "prepped to ship." Debbie immediately sent me back down to be with mom while she packed for me. Dad and I met again in the medical facility to accompany my mother's body to leave the ship.

We boarded the shuttle, and Violet's body was placed on a box containing life vests and equipment. She was not properly strapped down. When we arrived at the dock, we learned that the ambulance crew had grown tired of waiting for us and left. We waited on the dock for another ambulance to come. During that time, we were standing in the hot sun with Violet on a transportable stretcher. She lay fully exposed to the glare and heat of the sun and had not been iced or cooled in any way. Since leaving the ship, we were also taking turns with a manual ventilation pump to make sure that she was still breathing since that seemed to be sporadic. We can only recall one member of the medical team coming with us. She helped taking turns with the manual ventilation pump and did nothing else. The crew on board the ship appeared to be far too concerned with making sure that our suitcases were on the ambulance instead of sending qualified personnel to take care of my mother.

When we arrived at customs, we learned that the cruise line had done nothing to expedite processing as a medical emergency. We all, including my comatose mother, had to clear customs as if we were tourists and declare that we would not seek work or stay more than thirty days. We had to show Violet's passport and U.S driver's license for her to clear customs in an unconscious state. The female from Carnival followed us in while our luggage was being placed in family waiting lounge. The lady gave dad a number to the port authority and the U.S. Embassy. Then she left immediately after that and before my mother was even checked in the hospital.

When we finally arrived at the hospital on St. George, Dad and I took a quick nap but remained with Violet for the duration. Dad spent quite a bit of time on the phone to find an air ambulance company and arrange the medical airlift into the U.S. At the same time, he was working to make the financial arrangements to pay the hospital bill in cash in order for the hospital to release my mother and also to pre-pay the aeromedical transport. I remained with her at all times.

When the National Air Ambulance arrived, Violet and I were loaded into an ambulance and taken to customs again before being allowed to board the jet. She was still unconscious but had to be cleared through customs like an ordinary tourist before we could load her onto the airplane. I also had to be cleared. I did not have my passport but had my birth certificate, social security number, and driver's License. We waited in a holding area until my passport was found in the system and then were allowed to board the airplane and take off.

We took off at approximately 5:30 pm with a destination of Miami International Airport. We were separated from Dad and no idea if he was being successful in arranging air transportation to Miami for himself. Port authority representatives transported dad to the airport on St. George and left him completely alone with no means of communication with me. Until he arrived at the hospital in Miami, dad had no way of checking on Violet's status or knowing what was happening. He also did not know where the hospital in Miami was located. Someone at the St. George hospital gave him a slip of paper that simply read "Jackson Memorial Hospital", and that was all he had to go on.

The aeromedical transport physicians' narrative notes provided a brief overview of Violet's status upon receiving her body from the Georgetown Hospital. The notes specifically stated that Violet's skin was "warm and dry" indicating she was not kept cool between 30-35 degrees Celsius as she should have been. Violet survived the flight, and we were transferred by ground ambulance arriving at the Cardiac Care Unit of Jackson Memorial around 8:00 pm.

Dad's plane landed around the same time that we were moving Violet into CCU. The cardiology and neurological teams went to work right away performing their respective examinations and doing everything possible to save her. Because of medications administered by the hospital on St. George, we had to wait twenty-four hours after arriving before performing any diagnostic tests. We kept Violet on life support, running every possible test for eight days. On the eighth day, we were told by the Neurology team that she would never recover nor would she have any quality of life. She would never open her eyes, speak, or move again. Based on this information, we made the decision to remove Violet from life support. She spent her final days in palliative care with my father and me always at her bedside. We watched and prayed for days that she would open her eyes, but she never did. Violet Butler died with us at her side at 10:44 PM on the 4th day of May. Her death was unnecessary and never would have happened if she had received effective treatment within the first few minutes of her collapse. Even though several security personnel were in the immediate area at that moment, we estimate it was about 15 minutes before help arrived and several more minutes before lifesaving treatment was started. By then it was too late.

Since this event happened, we have learned many things about Carnival and also what happened to my mother. Our understanding of the medical records and autopsy report indicated that she had the type of cardiac event such that if she had received CPR within the first few minutes after collapsing, there would have been a reasonable probability that she could have

been completely restored with no ill effects. The medical team was very slow to respond and begin life-saving measures. By the time they did start their efforts, significant brain damage due to lack of oxygen would have occurred. We also learned that because she wasn't iced down to cool her body and her head, the exposure to the glaring sun and heat during transport, while we waited on the dock, and while clearing customs may have accelerated further brain damage than would have occurred if she had been cooled. We also took note that we were essentially abandoned by Carnival once we were off the ship. Not discounting the fact that they sent someone from the ship with us, that individual did nothing to help and seemed to be there more to make sure that we were away than to provide any assistance. She did take her turn with my dad and me in pumping the ventilation bag to keep my mother breathing, and she gave my father the telephone numbers to the U.S. Embassy and Port Authority. But she did nothing else to assist and quickly left us.

At face-value, Carnival has promoted itself as caring about its passengers and ensuring their well-being through its membership in the Cruise Line Industry Association (CLIA). In 2009 CLIA began a campaign on behalf of the member cruise line companies, including Carnival, that the passenger's welfare is of utmost importance, particularly in the area of medical care with the following announcement: "As a result of cooperative efforts between experienced cruise ship physicians and ACEP, CLIA cruise lines traveling regularly on itineraries beyond the territorial waters of the coastal state, have agreed to meet or exceed the requirements of the ACEP Health Care Guidelines on Cruise Ship Medical Facilities as revised February 2013." ACEP is the acronym for the American College of Emergency Physicians. These standards are very detailed and specify the number of examination rooms per 1000 passengers a cruise ship must have, recommendations regarding physicians and nurses, the availability of medical care 24 hours a day, a list of equipment and pharmaceuticals that must be maintained on board a cruise ship, and protocols for emergency including a rapid response team that must be drilled monthly. The list of equipment includes an EKG machine and oxygen, neither of which made an appearance in the care of my mother. The medication requirements include sufficient quantities of cardiovascular and advanced life support medications for the management of cardiopulmonary arrests. The list goes on and can be found at <http://www.acep.org/content.aspx?LinkIdentifier=id&id=29980&fid=2184&Mo=No>.

However, the most recent passenger contract with Carnival states that "The Guest admits a full understanding of the character of the Vessel and assumes all risks incident to travel and transportation and handling of Guests and cargo. While at sea or in port the availability of medical care may be limited or delayed. Guest acknowledges that all or part of their voyage may be in areas where medical care and evacuation may not be available." The contract continues on to state that Carnival regards its physicians and nurses to be independent contractors for whom Carnival holds no liability: "All rights, exemptions from liability, defenses and immunities of Carnival under this contract shall also inure to the benefit of Carnival's facilities, whether at sea or ashore, servants, agents, managers, affiliated or related companies, suppliers, shipbuilders and

manufacturers of component parts and independent contractors, including, but not limited to, shore excursion or tour operators, ship's physician, ship's nurse, retail shop personnel, health and beauty staff, fitness staff, video diary staff, and other concessionaires, who shall have no liability to the Guest, either in contract or in tort, which is greater than or different from that of Carnival." And, lastly, Carnival states again that it has no responsibility regarding the actions of the physicians or nurses: "Guest acknowledges that all Shore excursions/tours (whether conducted in the water, on land or by air), airline flights and ground transportation, as well as the ship's physician, and on board concessions (including but not limited to, the gift shops, spa, beauty salon, fitness center, golf and art programs, video/snorkel concession) are either operated by or are independent contractors. Even though Carnival shall be entitled to collect a fee and earn a profit from the ticketing or sale of such services by such persons or entities, Carnival neither supervises nor controls their actions, nor makes any representation either express or implied as to their suitability. Carnival, in arranging for the services called for by the physician or nurse, all on board concessions, all shore excursion/tour tickets, all pre and post cruise airline flights or other transportation off of the ship and its tenders, does so only as a convenience for the Guest and Guests are free to use or not use these services. Guest agrees that Carnival assumes no responsibility, does not guarantee performance and in no event shall be liable for any negligent or intentional acts or omissions, loss, damage, injury or delay to Guest and/or Guest's baggage, property or effects in connection with said services. Guests use the services of all independent contractors at the Guest's sole risk. Independent contractors are entitled to make a proper charge for any service performed with respect to a Guest." (Source: <http://www.carnival.com/about-carnival/legal-notice/ticket-contract.aspx>)

One month after Violet's collapse, Carnival, with the other CLIA members, adopted the Cruise Ship Passenger Bill of Rights which includes a statement on emergency medical care: "The right to have available on board ships operating beyond rivers or coastal waters full-time, professional emergency medical attention, as needed until shore side medical care becomes available." (Source: http://www.cruising.org/news/press_releases/2013/05/cruise-industry-adopts-passenger-bill-rights)

The Cruise Vessel Victims Safety and Security Act of 2010 requires the constant availability of medical care and specifies the credentialing of physicians and nurses.

It appears that what Carnival is professing on the one hand does not match with what Carnival does on the other hand. The company has ignored all of the guidelines and standards that it implied were adopted through the CLIA declarations. It also ignored the requirements of the 2010 act. The response time to my mother was not "rapid" nor was it handled as an emergency should be handled. No one from the ship's crew stepped forward to assist other than possibly calling a medical responder who did nothing when she arrived. The bottom line is that Carnival was not prepared to handle a medical emergency. As a result of lack of preparedness, my mother died unnecessarily when, as we learned later, she possibly could have been restored

to good health if help had arrived and she had been treated as a true emergency. No other family should experience what we have gone through this past year. This must change.

We have attached below a list of recommendations to improve the availability and quality of medical care on cruise vessels based on our experiences, our observations, and what we have learned since my mother's event on April 18, 2013.

Respectfully,

Amanda and Butch Butler

Having lost my mother and my father losing his wife, we are both dedicated to making a change in how the cruise ship industry functions. There are very easy steps that can be incorporated into law that will save hundreds of lives each year. My father and I would like to see several changes including:

AED Machines should be placed throughout each ship with locations clearly designated and discussed during the initial safety meeting. We would like to see these ships be as equipped for emergencies as airports and planes.

CPR (Basic Life Support) training and certification should be a requirement for all personnel that work on cruise liners. This requirement is based on the general age of many individuals who vacation aboard cruise ships. In addition, ship's personnel must be trained on how to respond to medical urgent or emergent situations including alerting and summoning medical personnel, initial response to aid the passenger and family, and providing manual assistance, as required, to medical personnel.

The English language should be a requirement of all ship's personnel on the vessels that have United States ports of call. At a minimum, all personnel should be required to understand key words such as, emergency, help, doctor, etc.

Twenty four hour health care is necessary given that these ships carry several thousand people per cruise. In Violet's case, her life would have been saved had the medical facility been staffed and ready for immediate response.

Ships' Doctors must have United States medical board credentials in emergency medicine or internal medicine and have served a practicum before being allowed to care for the lives of thousands of United States citizens on each cruise. A physician must be present or on call for immediate response at all times.

Enhancing the Safety Briefing to include the location of the medical facilities, and steps to take during an medical event if it should be necessary. Also mandatory in the safety briefing are the following: The location and use of AED machines; How to report an incident and/or reach out for police/security assistance in the event of a medical emergency. In the current circumstance, security officers who were present on that date offered no assistance other than blocking fellow passengers from seeing that someone had collapsed on the floor.

For the cruise lines that accept children as cruise passengers, pediatric care must be readily available. The rationale for this requirement focuses on the observation that children are not miniature adults when receiving medical treatment. Many infirmities are unique to children and require treatment quite distinct from that given to adults. And infirmities that are common to both adults and children are often treated differently for children than for adults. The American College of Emergency Physicians recommends that at least one physician be trained in pediatric advanced life support. Other infirmities or traumas could be managed via Telehealth consultations with a U.S. based pediatric medical facility.