A Year After Sandy:
One Library’s Experience

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Introduction

While some anniversaries are times for celebration, others are more prominently marked by reflection. With the one-year anniversary of Hurricane Sandy’s historic landfall on the Northeast United States, we at NYU Health Sciences Library (NYUHSL) find ourselves reflecting on the transformative changes resulting from a storm that destroyed our main facility, Ehrman Medical Library¹, and shuttered our branches in Bellevue Hospital and the Manhattan VA for several months. Although life after the storm has presented unprecedented challenges for us, it has also offered unheralded opportunities that may otherwise have gone unrealized for years to come. In the spirit of focusing on the latter and sharing some of the lessons learned from our experience, this article offers some insights into key facets of our organization before the storm hit on October 29, 2012, our response in the immediate aftermath, and where we find ourselves today.

Communications

Prior to the storm, NYUHSL’s communication strategy was like that of many institutions: firmly planted on the bedrock of organizational IT infrastructure and executed with the ease (and volume) that 24/7 access provides.

Hurricane Sandy caused a power outage in most of lower Manhattan—an area that encompasses NYU Langone Medical Center. In addition, the storm surge from the East River (adjacent to the medical center) took out primary and emergency backup generators and many key institutional servers. Several of the library’s own servers were also destroyed, and remaining servers were left without power or connectivity. This meant no email, no intranet, no website (or access to e-resources), and no phone system. Our communications bedrock had been destroyed. After the storm, finding effective ways to contact library staff became our immediate focus. Members of the library’s leadership team were able to get in touch with most staff via personal email and phone shortly after the storm. We had this non-work contact information for most staff, but not all. In addition, what we mostly had were email addresses—a potential problem since we were unsure how many people would have access to power or cell phone service. Fortunately, we were able to make contact with most staff members within 48 hours, and with all staff within 72 hours. We compiled this non-work contact information in a spreadsheet that was shared among the library’s leadership team (and that has since become an essential component of our emergency preparedness toolkit).
Our approach to communications in the days after the storm also had to be reevaluated: for the short-term, it was unrealistic for us to expect staff to be "plugged in" 24/7, or even from 9 to 5, during this time, given the challenges some were facing at home. Further, spur-of-the-moment communication blasts with an expectation of immediate review and response wouldn’t work. The library held staff accountable for checking email and being available to the best of their ability during business hours, but the emergency environment also required a more measured and consistent approach to broad communications than was our norm—daily updates from library administration were essential, even when there was little to report. Although we had no website, within 72 hours we had a static web page on which we could direct our patrons to an emergency email address with resource and information assistance graciously provided by the National Network of Libraries of Medicine Middle Atlantic Region (NN/LM MAR) at University of Pittsburgh. Our Twitter feed and LibGuides also provided immediate and continuous means of staying in touch with users. Informal communication networks were vital. For example, some librarians who lived near one another gathered locally to check in on one another and share information. But in general, face-to-face contact among our staff was minimal, which presented many challenges.

Among all staff, feelings of isolation and being “in the dark” were prominent during this time, especially for those who were not involved in the restoration of the library’s online resources or pulled in to attend to other emergencies. In hindsight it is easy to see how a lack of face-to-face contact, geography, and competing demands for leadership’s attention may have resulted in these perceptions. However, this was balanced by our ability to re-group all staff virtually in a short amount of time, determine and execute priority tasks, and maintain some semblance of an organizational identity when most aspects of our everyday operations had been irrevocably altered.

Although our communications strategy hasn’t been revolutionized in the past year, we have made some important changes. We now have that list of non-work contact information, which is regularly updated and kept in hard copy among our leadership team. We have an emergency response plan, based in part on the excellent NN/LM Pocket Response Plan², which outlines an emergency communications strategy that we now, by virtue of experience, know will work. And, although we are still without a central library facility, we occupy offices where the majority of our staff are on the same floor for the first time and are enjoying more face-to-face contact than ever.

Library Space

NYUHSL’s main branch, Ehrman Medical Library, was not a thing of beauty. It had leaks. It didn’t have enough bathrooms. It had an unintuitive layout that was far from user-friendly. But, more importantly, it also had a long and proud history of serving the students, faculty, researchers, and many other affiliates of NYU School of Medicine and NYU Langone Medical Center. It was well situated in the physical heart of the medical center and was a well known and well loved part of the institution. To put it mildly, having the physical instance of the library taken away in the course of a weekend was a remarkable loss.
For two months following the storm, the only dedicated space for library staff were two conference rooms in a nearby building that had power, water, and some network connectivity. NYU’s Division of Libraries also provided offices at the Washington Square campus. Most staff members whose work was not tied to a service desk either worked remotely or did a combination of on-site and remote work. In the last days of 2012, a suite of offices across the street from the medical center was allocated to us as temporary space, enabling most staff to return to work on site. These are the offices that most of us who worked in Ehrman still inhabit today. Were you to walk through our offices, you wouldn’t recognize us as a library: there is no service desk, no stacks, no public computing or printing. Although the space presents some logistical challenges, by occupying it comfortably we have proven that we can, indeed, meet our users’ needs without being in the physical library. Through liaison services, informationist work on research teams, clinical rounding, and consultations and instructional sessions with students and faculty in classrooms and elsewhere, we meet our users at their point of need.

Of course, the need for a physical library, and for student study space, in particular, has not gone away. Prior to the storm, planning discussions had begun for the renovation of Ehrman Medical Library. A year and one hurricane later, those discussions have resumed, but the plans are changing considerably. Although no final decisions have been made as of this writing, it seems likely that the library will have more open space for users, and that most or all of library administrative offices may remain in a separate location. However, fewer library offices will free up more space for a variety of uses, including more technology and a focus on fostering collaboration, which will also shape our service model going forward.

Staff

Perhaps the most difficult consequence of the storm was its impact on the library’s support staff profile. Prior to the storm, the library’s paraprofessional staff comprised approximately 18 regular and four casual employees, many of whom worked in circulation across five branches. While most librarians, systems, and administrative staff were able to work remotely and/or on-site in the storm’s aftermath, this was impossible for the roughly 12 employees who worked behind circulation desks. These staff were temporarily reassigned to other departments in the medical center by Human Resources; the four casual staff positions we had were eliminated within two weeks of the storm.

At the beginning of 2013, the timeline for opening the new Ehrman Medical Library was still unclear. However, given that we were now a library with a mostly digital collection, and would remain that way, it was clear that a new library space would not support the large number of circulation positions we had. Thus, through careful deliberation and discussions with HR, the six Ehrman Medical Library circulation staff positions were eliminated by May 1, 2013. Given the general feelings of uncertainty and turmoil among staff after the storm, these reductions were an additional, substantial blow to staff morale.

One year later, we are a much leaner organization that continues to evaluate the future of the paraprofessional role in our library. We have transferred front-line virtual reference responsibilities to our remaining paraprofessional staff and, through actions laid out in our
strategic plan, are focusing on ways to engage these staff in discussions about how these positions can be better aligned to meet the needs of our users.

**Technology**

Before the storm, our library systems group managed most library IT systems and maintained its own server room. In 2012, as part of an institution-wide restructuring of IT infrastructure, NYUHSL was in the early stages of a planned migration to a centralized IT infrastructure, under the control of Medical Center IT (MCIT). In October 2012, the scheduled completion of that plan was some 15 months away.

The storm surge from Sandy filled our server room with close to two feet of water, rendering it inoperable and inaccessible. As noted earlier, Sandy also destroyed portions of the MCIT infrastructure. In the days immediately after the storm, given our planned migration and our current situation, library leadership quickly decided to take advantage of MCIT’s massive mobilization/recovery effort to push our migration through in a matter of days.

Through long hours, little sleep, copious amounts of takeout food, and a lot of quiet heroism, the library systems team brought our full website and other critical systems back online within 11 days. Our systems now reside on MCIT-hosted servers in a secure, offsite location with backup and redundancy abilities that we could only dream about a year ago.

This achievement stands as one of the biggest and surely the most immediate positive outcome from the storm.

**Content/Collections**

One of our library’s strengths in recent years has been its dedication to providing a vast collection of high-quality electronic information resources. Connecting our users to that information is the responsibility of the content management group, working in conjunction with the library systems group. Using a combination of home-grown and commercial products, NYUHSL offers users several pathways to obtaining the full-text of journal articles, e-books, and databases. That flexibility proved invaluable in the aftermath of Sandy.

With the library’s servers being down after the storm, we needed a way to provide access to our online resources. Other libraries’ offers to provide free ILL service were helpful, but our patrons were quickly clamoring for full-text access. The solution was to utilize EZproxy. Once the medical center’s single-sign-on tool came back online a few days after the storm, all we needed to do was teach our patrons how to install and use a browser bookmarklet that redirected article requests through EZproxy, and they could access almost all subscribed content.

Prior to the storm, we had already reduced our on-site print collections to a small number of reference and reserve titles, in addition to several special collections. The storm surge completely submerged our compact shelving area, destroying the on-site print collections, and water damage and humidity destroyed most of the reference and reserves collections. However, there was still a need for print materials. Students, exhausted after participating in patient evacuations and research salvage efforts, got back to their studies very quickly. In spite
of our strong electronic collections, a few titles are not available electronically, and a few more are preferred in print. Our solution was to create an honor-system lending-library in one of the student-only lounges. The system works well and continues to this day.

Also submerged in the flood waters was a room full of archival collections. Although these items remained submerged for over a month, the medical center’s property-restoration contractor, Belfor, managed to extract them and place them in freezer storage until they could undergo conservation treatment. All of the salvaged items have been restored to usable condition. The bulk of our archival collections, located well above flood waters on the first floor of the medical center, have been sent to climate-controlled offsite storage; many items are also being digitized.

**Strategic Planning**

The two or three years preceding the storm were turbulent ones for our library. A high rate of staff turnover and changes in leadership—along with the universal library issues of declining desk traffic and new modes of service provision—led to a general feeling of uncertainty about our strategic course. By 2012, with leadership and staffing having stabilized, there was broad support for the library to embark on a planning process that would guide us through the next three to five years. In July 2012 NYUHSL commenced a planning process based in concepts of broad inclusion and transparency. We also had a fairly aggressive timeline: the goal was to have a plan in place by the end of 2012—just six months out. From early indicators, the process seemed to be a success. It gained momentum and quickly became an “all hands” effort: everyone in the library was involved in one way or another. By October 2012, we were heading towards our target of having action plans in hand to discuss at our final planning retreat, which was scheduled for November 19, 2012.

Then, on October 29, the storm hit. Soon after the waters receded, we considered the planning process. Should it continue? Could it continue, given the large number of unknowns that lay ahead of us? Was our work to date even still relevant?

We answered all of those questions with a resounding “Yes.” We decided that the need for planning was more critical than ever. Despite its many tragic consequences, the storm also presented us with an opportunity to turn ourselves into the kind of library we imagined we would only start to become in the next five years. Five years out became now.

The planning team re-convened in November, fully prepared to perhaps start our plan from scratch. We were relieved and somewhat surprised to realize that our critical strategic issue areas of services, staff culture, marketing and outreach, and institutional impact were still our primary concerns. The actions we had planned to address them were also still relevant—we just needed to shorten the timelines.

Thus, the strategic planning process that bookended the storm provided not only a roadmap for the future: it served as focal point that enabled us to rally the troops and get back to business—albeit far from business as usual.
Conclusion

There are, of course, other Sandy stories, both at NYU Langone Medical Center and throughout the Northeast, that far outweigh ours in terms of struggle and valor. We are, however, irrevocably changed as a result of this event. Part of our legacy from the storm involves considerable loss and uncertainty, but the lion’s share is a remarkable opportunity that has enabled us to innovate sooner -- and perhaps better -- than we could have ever anticipated.

Notes


2. See http://nnlm.gov/ep/disaster-plan-templates/

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