

The DANA in Valencia and the Silent Challenge of Kidney Patients

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Please cite this article in press as:

Gallego-Zurro D. The DANA in Valencia and the Silent Challenge of Kidney Patients. *Enferm Nefrol.* 2024;27(4):281-2

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The *gota fría*, the feared Isolated Depression at High Levels (*Depresión Aislada en Niveles Altos*, in Spanish or DANA), not only brings torrential rain, flooding and chaos to the streets of *l'Horta Sud* in Valencia, but also poses a particular threat to those who depend on vital, ongoing medical treatment, such as patients undergoing haemodialysis. This DANA has not only claimed more than 220 lives in Valencia (Spain); it has filled our homes, streets and garages with mud. Ultimately, we carry that mud in our hearts and souls.

I am a kidney patient on haemodialysis and I live in Torrent, one of the towns in *l'Horta Sud* affected by the DANA of 29 October 2024. On that fateful day, I had to spend the night in my car on the Valencia-Torrent motorway after becoming trapped by traffic, floodwater and the collapse of transport links and motorways. I thought that by the following morning everything would return to "normal". However, all access routes to Torrent were blocked, damaged or impassable, and on the night of 30 October I also had to stay in a hotel in the city of Valencia. Anxiety and distress steadily increased, as I did not know exactly what was happening and was unable to reach my home to carry out my home haemodialysis treatment. On Thursday 31 October, I was forced to undergo an emergency haemodialysis session at Hospital Dr. Peset in Valencia, as more than three days had passed without treatment. At that hospital, I could sense the tension and the intense efforts being made to locate and verify whether all kidney patients within the health district were able to continue receiving their dialysis treatments, which are as essential as they are routine.

During the DANA of 29 October, three haemodialysis centres ceased operating due to flooding and the impossibility of continuing to provide care: the Diaverum centres in Catarroja,

Alfajar and Xirivella. Patients had to be relocated to hospitals and nearby dialysis centres. Half of the ambulance fleet became inoperative during the flooding, leading to major disruptions in non-urgent medical transport. I would like to make special mention of Alcer Castalia (Castellón), which manages non-urgent medical transport in the provinces of Valencia and Castellón, for its diligence, efficiency and dedication in the days following the tragedy, working from the first day alongside the Generalitat Valenciana to ensure that every kidney patient could attend and receive treatment. I also wish to acknowledge the reference hospitals in the province of Valencia and Diaverum, which from the very first moment deployed both material and human resources, devoting every effort to restoring services and managing the enormous difficulties caused by damaged road communications so that dialysis patients could continue to be treated. Companies such as Palex, Baxter and Fresenius, which support home therapies, also stepped forward, offering supplies and continuing to provide services using their own resources and transport. I must not forget the thousands of volunteers from all across Spain who demonstrated solidarity and empathy, helping with cleaning efforts and the distribution of materials, food and clothing. To each and every one of them: thank you. The best broom we have to clear away that mud is love, solidarity and hope — hope that this will never happen again, and that we will be better prepared because we will have learned the lessons that this DANA has forced us to reflect upon, plan for and prevent.

While the media and authorities understandably focus on the human losses, which can never be repaired or compensated, and on the material destruction and public safety, there is a group whose situation often goes unnoticed: kidney patients. This group lives conditioned by the need to receive treatment several times a week to replace kidney function, and in

situations of climatic emergencies, natural disasters, and power or water outages, their survival may be compromised. Patients receiving renal replacement therapy are particularly vulnerable and high-risk in such circumstances, not only to continue receiving life-sustaining treatment in centres or at home, but also to maintain adherence to pharmacological treatment, especially in the case of kidney transplant recipients.

When roads are flooded, routes are blocked and public transport is paralysed, reaching a haemodialysis centre becomes an enormous challenge. In those moments, time does not stand still for us: each day without treatment increases the risk of mortality and of adverse effects due to the accumulation of toxins in the blood, hypertension and severe cardiovascular complications that may be irreversible, potentially marking a turning point in the life of every kidney patient.

Moreover, power cuts —which often accompany meteorological phenomena such as DANA— represent an additional risk. Many dialysis centres depend on electricity and large volumes of water to operate their machines. Although most have backup generators and auxiliary water tanks, are we truly prepared to cope with a surge in demand during emergencies if centres become unusable? The answer is often uncertain, and the margin for error is non-existent.

We must also acknowledge the emotional impact of such situations. Living with a chronic illness already carries a significant psychological burden, but adding the uncertainty of whether we will receive our treatment in time, while hearing emergency sirens and watching streets overflow with water, only amplifies stress and the sense of vulnerability.

Solutions are within reach, but they require planning and preventive action. It is imperative that public administrations and health systems integrate the needs of chronic patients into their emergency management plans, with prioritisation strategies and specific protocols to prevent, manage and resolve the needs that arise during natural disasters¹. This includes guaranteeing access to safe transport, prioritising the operational continuity of haemodialysis centres, and strengthening communication between patients and healthcare teams during crises, ensuring that every haemodialysis patient will receive treatment and that patients on home therapies will continue to receive their supplies at home or be treated at dialysis centres if necessary.

For us, rain is not merely a meteorological phenomenon. It is a reminder that health, logistics and public policy must move together, especially in a world where climate change increasingly forces us to prepare for the unpredictable.

As a kidney patient and President of the Federación Nacional Alcer, my hope is that these experiences will serve as a wake-up call for all. We do not ask for special treatment —only that, in the fury of the storm, our needs as people with kidney disease receiving life-sustaining treatments are not drowned in oblivion.

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