Nursing in the Storm: Voices from Hurricane Katrina

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SPRINGER PUBLISHING COMPANY
Nursing in the Storm
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The authors will donate a portion of the proceeds from this book to support nursing education programs for disaster preparedness.
Nursing in the Storm

Voices from Hurricane Katrina

DENISE DANNA, DNS, RN
SANDRA E. CORDRAY, MA, MJ

SPRINGER PUBLISHING COMPANY
New York
To the nurses who served on the front lines during and following Hurricane Katrina and to all who were touched by this storm.

You were not alone.
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The tragedy of Hurricane Katrina drew all eyes to the New Orleans area and dominated the international media for weeks. The hurricane necessitated a national response that federal, state, and local officials were unprepared to provide, but the nurses working at six hospitals—Charity Hospital and University Hospital of the Medical Center of Louisiana at New Orleans, Lindy Boggs Medical Center, Memorial Medical Center, Pendleton Memorial Methodist Hospital, and Chalmette Medical Center—had a unique view of the tragedy. In all the books, thousands of news stories, and hours of television coverage, their story has not been told—until now.

On Monday, August 29, 2005, at 6:10 A.M. Central Daylight Time, Hurricane Katrina made landfall (its second) as a strong Category 3 storm in southeastern Louisiana, near Buras. The eye of the hurricane passed slightly to the east of New Orleans and brought with it strong winds and vast storm surges. The city’s levee system had over 50 failures, which led to floodwaters drowning almost 80% of New Orleans and transforming hospitals into islands, where resources and communications gradually deteriorated (American Society of Civil Engineers, 2007).

At the front lines were nurses, who were subsequently thrust into third world conditions. Maintaining patient care with no electricity to run life-saving medical devices, air-conditioners, elevators, lights, and pumps during this period brought special challenges, particularly for critical patients and those patients confined to bed. With systems down, records and physician orders had to be maintained manually. Food had to be rationed. So did supplies and other essential services needed by patients. After the storm, the hospitals also became refuges for numerous residents who were displaced by the flooding.

In the months immediately following Hurricane Katrina, the idea for this book was sown, as the authors tried to process what they had experienced at one of the hospitals incapacitated by the disaster and
comprehend the ramifications of the hurricane’s impact on the nursing profession in the greater New Orleans area.

The nurses’ profiled in this book are based on information obtained from direct interviews conducted in person or by telephone. Any statement in quotations was recorded in a formal interview and represents that individual’s recollection of events between August 29, 2005 and September 3, 2005. Additional interviews were conducted with Sandy Rosenthal, the founder and director of Levees.org, and with an administrative designated regional coordinator for hospital emergency preparedness and response in Louisiana Region 1, the greater New Orleans area. The quoted statements are the opinions and recollections of the people who expressed them.

For every nurse at these hospitals, there is a story. The connective tissue that binds them is the fact that they were on the front lines during a catastrophic event. The infrastructure needed to provide care to their patients no longer existed—and, for many of them, neither did their homes. Some have kept their experiences locked silently away—what they witnessed is too painful to put into words and would take too much effort; others have shared their experiences privately with colleagues and family; and some nurses have been able to translate their experiences with Hurricane Katrina into discussion at national and international nursing conferences around the world.

We are indebted to these nurses for sharing their personal accounts of a catastrophic experience. They are among thousands of nurses who endured conditions that left a devastating imprint. Hurricane Katrina became a defining moment in the development of the way they and others perceive nursing and emergency response during a major disaster.

We salute the courage of these nurses. They have given voice to what they witnessed at the water’s edge so that others will know that they were not alone.

At Springer Publishing, our thanks go to Allan Graubard, senior acquisitions editor, for suggesting the book to us and for advising us along the way, and to Brian O’Connor, assistant editor.

Thanks also go to Elizabeth Rosen, PhD; Linda Easterlin, for her helpful suggestions; Carl Baribault, for his words of encouragement; and our families, for their unwavering faith and support.

It is our hope that the collective voices in this book will continue the dialogue, helping us to understand the way things were pre-Katrina and giving us the courage to change them for the better in the future.

A very brief history of nursing in New Orleans precedes the heart of the book.
Following the devastation of Hurricane Katrina in summer 2005, Lieutenant General Russel L. Honoré, U.S. Army (retired), was commander of Joint Task Force–Katrina, which was responsible for coordinating military relief efforts across the Gulf Coast. His experience planning response operations in the wake of disasters is extensive and includes efforts in response to hurricanes Floyd in 1999; Lili and Isadore in 2002; Isabel in 2003; and Charley, Frances, Ivan, and Jeanne in 2004.

After more than 37 years of distinguished service, he retired from the army in January 2008 and embarked on a new mission: creating a culture of preparedness in America. He is author of *Survival: How a Culture of Preparedness Can Save You and Your Family From Disasters*. The book is both a personal memoir and account of the events of Hurricane Katrina and a guide on disaster preparedness. General Honoré is CNN’s lead expert on disaster preparedness and is a senior scientist with the Gallup Organization. He is a visiting professor at the Emory University School of Public Health and an assistant clinical professor at Vanderbilt School of Nursing.

This is a compelling, first-person story as told by Katrina nurses. The second chapter, which describes Charity Hospital, demonstrates their courage, commitment, and American spirit. These nurses adapted to, and overcame, near-wartime conditions with the courage of Clara Barton and the grace of Mother Theresa. I think the ultimate human experience is to be able to save someone’s life. These nurses are to be commended for all the lives they saved. Charity Hospital saved my life as a young boy. I am sorry we did not get to help you sooner.

—Lieutenant General Russel Honoré
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Hope has two beautiful daughters. Their names are anger and courage: anger that things are the way they are; courage to make them the way they ought to be.

—St. Augustine
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History of Nursing in New Orleans

The foundations of nursing in New Orleans are steeped in a long, rich history associated with missionaries and several religious orders of sisters. Nursing by the religious extends back to the 1700s, when nine Ursuline sisters arrived in New Orleans from France, initially to care for the sick, then for children, and to establish orphanages. The Sisters of Ursula established the first convent in New Orleans in 1752. The Sisters of Mercy, who arrived in New Orleans from St. Louis, Missouri, in 1869, also visited the sick in their homes and provided an educational foundation for children and adults.

Known for their skill in providing nursing care to people in the public hospitals in France, the Daughters of Charity also came to New Orleans over 250 years ago to care for the sick and poor at Charity Hospital. In fact, the Daughters of Charity were instrumental in providing and creating health care services in New Orleans. In 1859, they built their own hospital, which became known as Hotel Dieu (House of God). Then, in 1861, the Daughters of Charity opened a facility for patients afflicted with mental illness and named it DePaul Hospital—this hospital is still used for psychiatric services today (Salvaggio, 1992).
NURSING EDUCATION

During the late 1800s, as medical schools were being opened in New Orleans, it became obvious to hospital administrators that nursing schools were a possible source of cheap labor with which to staff hospitals. Thus the vice president of Charity Hospital’s board of directors, Dr. Daniel Holliday, proposed the creation of a formalized nursing school at Charity Hospital. Dr. Holliday had obtained enough funding for the nursing school, but the hospital’s board of directors wanted the Daughters of Charity’s approval to move forward. Unfortunately, the sisters refused because they had not been included in the planning. As Sister Agnes, mother superior, stated,

In the nature of things, having in view the object proposed by the establishment of the training school, the Sister Superior [should] not exercise the same absolute authority over the matron and the pupils, which is now exercised over all other persons connected with the hospital, except its officers; and the oneness of authority is in our opinion essential to proper discipline, as well as to prevent grave abuses and evils which but little reflection will suggest. (Salvaggio, 1992, p. 89)

Ten years later, due to continued pressure and complaints that medical services were not improving at Charity Hospital, the board of directors developed a set of bylaws for establishing a school of nursing. A layperson was selected as the nursing school’s first director: Mary Agnes O’Donnell, who was a Bellevue Nursing School graduate. It is important to note that authority over and control of issues relating to discipline were still in the hands of the mother superior. In 1897, seven sisters graduated in the first class of the Charity School of Nursing (Salvaggio, 1992).

Over the early years, nursing students served as the major source of manpower for the hospital. Although the pay was minimal, the education and training the students received was excellent, and the Charity School of Nursing graduate was often recruited and sought after by other hospitals—a situation that prevails even today. Since the inception of the Charity School of Nursing, several sisters have served as director, including Sister Stanislaus and Sister Henrietta Guyot. These leaders laid the foundation for the successes realized, and advancements made, in nursing education and the profession of nursing in New Orleans.
Sister Stanislaus’s accomplishments include the development of the curriculum for the first bachelor of science degree in nursing education provided at the Louisiana State University (LSU) Extension Division in Baton Rouge. In 1916, Sister Stanislaus also started the School of Anesthesia at Charity Hospital. For over 60 years, from 1883 to 1946, she served the sick and poor of New Orleans (Dawes & Nolan, 2004).

Sister Henrietta Guyot was associated with nursing education for over 28 years in New Orleans, specifically with the Charity School of Nursing. She began her career at Charity Hospital and the Charity School of Nursing in 1927, graduating from Charity’s 3-year diploma program in 1930 (Dawes & Nolan, 2004). While serving as an assistant instructor in the nursing school, she began attending college classes at LSU Extension Division, Baton Rouge. She received a bachelor of science degree in nursing education in 1933 and obtained her master’s degree in nursing from Catholic University 2 years later (Dawes & Nolan, 2004). In 1937, the nursing program was transferred to the LSU School of Medicine, which was under the control of physicians and where Sister Guyot was a full professor (Dawes & Nolan, 2004).

Sister Guyot was responsible for the expansion and improvement of the curriculum of the Nurse Anesthesia Program, in response to higher accreditation and educational standards. She was involved with the construction of a new 400-bed nursing school in 1940, which was located adjacent to a new 2,500-plus-bed Charity Hospital, making Charity one of the largest hospitals in the country (Dawes & Nolan, 2004). Sister Guyot developed a nursing services policy book that provided guidelines and standardization for nurses to use in their practice.

During Sister Guyot’s leadership, the school of nursing was reorganized; she was one of the first to identify the need to separate the then dual role of director of nursing service and the school of nursing into two positions, ensuring the education of future nurses for service and providing quality care to patients by educated and trained practitioners (Dawes & Nolan, 2004).

Certainly not averse to controversy, Sister Guyot was involved in the following innovations: She encouraged fathers of newborns to attend the delivery; integrated the New Orleans District Nurses Association; promoted the push for higher education for nurses; and was responsible for securing traineeship funds for nurses in cardiovascular disorders (Dawes & Nolan, 2004).
The Louisiana Department of Nursing, in 1955, reported that they planned to disband the standard nursing curriculum and establish a 4-year baccalaureate degree in nursing beginning in 1958, with future plans to develop a master’s program in nursing curriculum. In the early 1980s, the Charity School of Nursing diploma school was closed and transitioned into an associate degree program under the auspices of Delgado Community College. There is little question that Sister Guyot influenced the character of education, the profession of nursing, and the public health of the people of the state of Louisiana (Dawes & Nolan, 2004).

**NURSING REGULATION**

In 1904, licensure for nurses took a first step through the creation of a nursing organization, the Louisiana State Nurses Association (LSNA), in New Orleans. Sixty-five nurses were interested; 33 nurses actually came to the first meeting, and 32 more nurses sent letters of endorsement (Hanggi-Myers, 1996). The LSNA and its members proposed the first bill for licensure, modeled after the State of Maryland Licensure Act, in 1904. The bill was unsuccessful because its five-member board consisted only of women, and women were not allowed to hold public office or vote (Hanggi-Myers, 1996).

The nurses of the LSNA continued to educate health care professionals and the public on the development of regulations for nurses. Over the next 8 years, women still did not gain the right to hold public office or vote, so the LSNA had no other choice but to accept governance from the physician-run State Board of Examiners (Hanggi-Myers, 1996). Nonetheless, Act 138, whereby the Louisiana State Board of Nursing came into existence, was adopted by the legislature and signed by Governor Hall on July 10, 1912 (Hanggi-Myers, 1996).

In 1922, Act 138 was amended by Act 46, which stipulated that the Board of Nursing should consist of two nurse members and three physician members, and by Act 4, passed in 1926, which increased the number of nurse members on the board from two to three (Hanggi-Myers, 1996).

In 1942, the regulations were amended by Act 93, which officially changed the name of the Board of Nursing to the Louisiana State Board of Nurse Examiners. Registered nurses were slowly taking control over nursing practice. Today, the Nurse Practice Act is incorporated into the Revised Statutes under Title 37, Chapter 11, Part I, Registered Nurses.
Two hundred seventy-six years ago, in March 1736, a French seaman and boatbuilder named Jean Louis donated funds to open L’Hospital des Pauvres de la Charité (Hospital of the Poor). Horrified that the poor were being turned away from the Royal Hospital (whose only poor patients were those who had served in the military), Jean Louis determined to make some provisions for care of the indigent population. So, on May 10, 1736, a house at Chartres and Bienville streets became the first Charity Hospital. The hospital quickly outgrew its space, and in 1743, at the edge of the city, in an area known today as Basin Street, the second Charity Hospital was constructed (Salvaggio, 1992).

Charity has a history with hurricanes. A third Charity Hospital had to be built in 1785 after two hurricanes decimated it: one in 1778, which significantly damaged the hospital, and the other in 1779, which totally destroyed the hospital. The third hospital was built only after many years of the city’s poor suffering without care and services. This third hospital was named Hospital of St. Charles (San Carlo Hospital), in honor of King Charles III of Spain. One of New Orleans’s streets, Almonaster, was named after the man responsible for building the third hospital (Salvaggio, 1992). In 1809, another unfortunate event—this time a catastrophic fire—destroyed the third Charity Hospital.
The fourth hospital, built during the following 5 years after that fire, was relocated to Canal Street, then actually swampland that sat next to the cemeteries. This hospital was considered a very large facility then, providing care for 120 patients, but after several years, it was found to have deplorable conditions (Salvaggio, 1992).

Due to the enormous increase in the city’s population, a fifth Charity Hospital was built in 1833. This fifth hospital—because of its size, physical structure, and number of beds—was considered a city landmark (Salvaggio, 1992). The sixth and current Charity Hospital was built in 1939 at its present site on Tulane Avenue after a personal visit from President Theodore Roosevelt. The new Charity Hospital opened with 2,650 beds, along with a 14-floor school of nursing. It was the second oldest hospital in the country at the time, and the oldest continuously operating hospital bearing the same name in the United States (Salvaggio, 1992).

Caring for the indigent, whether native born or European immigrants, and responding to the needs of the public has been the mission of Charity Hospital since its founding. Over the years, Charity Hospital had faced lingering financial pressures, political favoritism, problems with poor staffing, overcrowding, an unsanitary environment, and poor or nonexistent equipment and supplies. Being governed by many authorities, including the Daughters of Charity and the state, also placed pressures on the hospital, compromising its work for the community that it served.

University Hospital was opened as Hotel Dieu Hospital in 1859, over 100 years after Charity Hospital. It was founded, owned, and operated by the Daughters of Charity, an American order of nuns affiliated with Elizabeth Ann Bayley Seton of France. The name Hotel Dieu means “House of God” in French. Hotel Dieu kept its doors open and operational during the Civil War and through two yellow fever epidemics (University Hospital, 1996–2007).

A new Hotel Dieu Hospital was built in 1924 and, in 1972, was replaced with another new building, still located on Perdido Street in New Orleans. In 1992, Louisiana governor Edwin Edwards requested that the Daughters of Charity sell Hotel Dieu to the state. At that time, Hotel Dieu Hospital was renamed University Hospital (University Hospital, 1996–2007).

The Medical Center of Louisiana at New Orleans (MCLNO; both Charity and University hospitals) suffered major destruction due to Hurricane Katrina in August 2005. Both campuses were closed after Katrina, which resulted in a major loss in health care services for the underserved
and underinsured in the city. In addition, the only Level 1 Trauma Center in the city at the time was closed.

With a tremendous need for health care services in the New Orleans area after Hurricane Katrina, the MCLNO, along with its trauma care center, was relocated to the U.S. Naval ship USNS Comfort, which was docked at New Orleans on the Mississippi River. It had been brought to New Orleans on September 29, 2005, after Hurricane Katrina, to serve as a temporary hospital. Physicians and nurses from Charity Hospital were oriented and participated in the care of the sick on the ship until its departure.

Aptly named “The Spirit of Charity,” emergency services were also established in military tents in a parking lot beside the damaged University Hospital on October 10, 2005. Just over a month later, the emergency services, tents and all, were relocated to the massive Ernest N. Morial Convention Center, the hall where so many people had waited for evacuation following the flooding of New Orleans. Emergency services personnel remained at the Convention Center, often seeing over 1,000 patients per day, until the services were moved again to a nearby vacant Lord and Taylor department store several blocks away from the MCLNO. Physicians and nurses continued to see large numbers of patients. Patients who needed hospitalization were transferred to one of the local hospitals that had not experienced flooding or to another Louisiana State University (LSU) system hospital outside New Orleans.

Trauma services for Charity Hospital were established on April 24, 2006, at Elmwood Medical Center in nearby Jefferson Parish. On November 17, 2006, Interim LSU Public Hospital reopened at the Perdido Street location with 75 inpatient beds and basic emergency services. As the remodeled trauma services and additional trauma ICU [intensive care unit] beds were completed, the trauma program returned to Interim LSU Public Hospital on February 22, 2007, and was reaccredited in December 2008. Ambulatory services opened in October 2005. Currently various clinics are operated from the vacated Lord and Taylor department store and other buildings in the health care system complex. Today, Interim LSU Public Hospital is operational at 224 inpatient beds, and Charity Hospital—the “Big Free”—still hovers over the city, closed but not forgotten by many.

At the January 23, 2009, hearing by the House Appropriations Committee, discussion continued on the future of Charity Hospital. The state plans call for building a $1.2 billion academic medical complex in lower Mid-City. The plans include the expenditure of $54 million to buy homes and businesses within a 70-acre footprint bordered by Canal
Street, South Rocheblave Street, Tulane Avenue, and South Claiborne Avenue. It has been met with resistance from neighborhood residents who are rebuilding their flooded homes with Road Home grants that are financed by taxpayer dollars. The Foundation for Historical Louisiana has offered an alternative plan for gutting the shuttered Charity Hospital and turning it into a teaching hospital.

On August 28, 2009, one day before the 4-year anniversary of Hurricane Katrina, Louisiana governor Bobby Jindal and leaders from LSU System and Tulane University signed a memorandum of understanding. The agreement signals steps forward to build a new teaching hospital to replace the former Charity Hospital.

When the levees breached on August 29, 2005, approximately 1,000 employees and patients were stranded in the Charity and University hospitals, with floodwaters 8–10 feet deep surrounding the buildings. The last patients and staff were finally evacuated on September 3, 2005, and dispersed to locations ranging from Atlanta to San Antonio.

Seven nurses recount what they experienced during their last days at Charity and University hospitals before the closure of Charity, one of the country’s oldest continuously operating hospitals.

**Olander Holloway**

*I am still amazed at the selfless dedication of the staff. It was 6 days of hell. It was unbelievable. For 6 days staff cared for patients on their knees.*

Olander Holloway, RN, graduated from the Orleans Parish Practical Nursing Program in January 1968. She worked in the labor and delivery unit at Charity Hospital as a licensed practical nurse for 3 years before going back to school. She attended Charity School of Nursing and graduated in 1974. Her nursing experience as a registered nurse included labor and delivery, medical/surgical, intensive care, ambulatory care, clinics, and emergency, all at Charity Hospital. She returned to school and received a bachelor’s of science degree in nursing (BSN) from Loyola University, New Orleans, in 1983. In 1985, she attended Loyola Law School and graduated in 1989 with a JD degree. She was the director of emergency services from 1985 until she retired in December 2005, after Hurricane Katrina.

When Olander reports to work at Charity Hospital before seven o’clock on Sunday morning, August 28, 2005, the routine for emergency
preparedness was one that had become second nature to her during a 35-year nursing career. She had worked for every tropical storm, every hurricane. As a member of the hospital’s activation team, she is one of two nursing administrators reporting to work. At Charity Hospital and the nearby sister facility, University Hospital, there is an equal level of staffing for the emergency room, with two head nurses and a supervisor at each campus.

Establishing an Incident Command Center is a scenario that unfolds at all hospitals in the path of the hurricane and one with which hospital staff members are familiar from their participation in hospital emergency preparedness drills. The Incident Command System was developed in the 1970s by an interagency task force working in cooperation with local, state, and federal agencies called Firefighting Resources of California Organized for Potential Emergencies (Firescape), organized to combat wildfires. In February 2003, the Homeland Security Presidential Directive 5 was issued by President George W. Bush to create the National Incident Management System (Federal Emergency Management Agency [FEMA], 2008).

The Incident Command System organizational chart includes the positions of incident commander, public information officer, safety officer, liaisons officer, medical/technical specialist, and other positions for finance, logistics, operations, and planning (FEMA, 2008). Olander has always been on Team A, the first tier of employees who worked during hurricanes. When her children were younger, during some storms, she brought them with her to the hospital, where they stayed in the day care area. For less severe storms, they stayed at home with her husband, Robert, who would never go to the hospital with her. But this storm was different.

“I remember that something just didn’t feel right. I don’t know what it was, but I told him, ‘You need to come with me to the hospital. They’re talking about it being bad. You need to come.’ But he was going to stay at home—he and the guy next door. My neighbor was a nurse also. Her husband and my husband wanted to stay home, but when my husband went out and saw the guy next door packing up, he asked, ‘Where are you going?’ and my neighbor said, ‘Well, I was going to stay, but Felicia was upset and she wants to take the kids out of here. She has two little ones. We are going to go.’ So my husband looked around and the rest of our neighbors were gone. He said, ‘If my neighbor is going, I have to get out of here.’ He made it back to the hospital by five.”

By that time all staff have their assignments. Olander and her colleagues anticipate being at the hospital for a few days after the storm.
“When I first got there, I wanted to get everyone settled down and make schedules. Normally we’d work 12-hour shifts in the emergency room.”

“Medical Center of Louisiana at New Orleans’ disaster plan was that all emergency services located at University Hospital would shut down, but I wanted the supervisors and the head nurses to assign two people to each department so we had coverage for the two campuses. We divided the staff into 6-hour shifts. Initially, medical services were supposed to shut down at University Hospital and relocate at Charity Hospital, since it was a much larger hospital. But of course things changed, and that did not happen. We needed to make sure that we had the same level of staff on both campuses. After that, most of that day was getting supplies in, making sure everything was in place.”

The anticipation among the staff is that this storm would be a routine matter with the temporary loss of electricity, where the main elevators would not be operational, but then a resumption of hospital functions was expected. The relief Team B (the staff who come in after the storm to relieve the current employees who had worked during the hurricane) would report and assume the assignments from Olander and her colleagues.

Sleeping quarters for the nursing staff are located at the walk-in clinic, an area used for minor emergencies. Olander and her husband sleep in her office. Nursing staff, family members, and patients number over 900. The patient population is more than 400. There are 50 critically ill patients at University Hospital. The emergency room—the trauma and medical emergency rooms—has nearly 70 patients on the day of the storm. On Sunday, August 28, the hospital determines a cutoff time for discharging patients to decrease the patient population as part of the hospital’s emergency preparedness plan.

“I always felt bad about that,” Olander shares. “We kept looking at decreasing the patient population, but the patients that we had, where were they going to go? I mean we were getting to the point you just as well as let all the patients stay here.”

One challenge the staff has is trying to reach families who had left the city to ask them to return to get their family members who are patients. “Most of those [patients] needed to be here. They needed some type of care. We did have a few homeless patients who had no other place to go, so they came to the hospital for shelter.”

By Sunday, Hurricane Katrina is a Category 5 storm and 12 hours away from landfall. That evening, the emergency room (ER) staff receive two major trauma cases. One is a young man with multiple gunshot
wounds. Olander thinks it was odd that while everyone was worrying about the storm, “here they are shooting each other. What bar is open when there is a storm? We also had a stabbing victim. The gunshot patient had been shot a number of times. When he went to surgery we still had elevator service. The stabbing victim was a domestic issue. We also had an elderly lady who came in the middle of the night—a heart attack. She was one of the patients who expired. During that time, I think the emergency room only lost three patients, and she was one; but her death was not related to the conditions in the hospital. There were a couple of patients in [intensive care] that had expired.”

Meanwhile, reports of Hurricane Katrina become more ominous:

**KATRINA IS MOVING TOWARD THE NORTH NEAR 15 MPH . . . AND THIS MOTION IS FORECAST TO CONTINUE TODAY. A GRADUAL TURN TOWARD THE NORTH-NORTHEAST AT A SLIGHTLY FASTER FORWARD SPEED IS EXPECTED LATER TONIGHT AND ON TUESDAY. ON THE FORECAST TRACK . . . KATRINA WILL MOVE ONSHORE THE SOUTHEASTERN LOUISIANA COAST JUST EAST OF GRAND ISLE THIS MORNING . . . AND REACH THE LOUISIANA-MISSISSIPPI BORDER AREA THIS AFTERNOON. CONDITIONS WILL CONTINUE TO STEADILY DETERIORATE OVER CENTRAL AND SOUTHEASTERN LOUISIANA . . . SOUTHERN MISSISSIPPI . . . AND SOUTHERN ALABAMA THROUGHOUT THE DAY. MAXIMUM SUSTAINED WINDS ARE NEAR 150 MPH . . . 240 M/HR . . . WITH HIGHER GUSTS. KATRINA IS A STRONG CATEGORY FOUR HURRICANE ON THE SAFFIR-SIMPSON SCALE. SOME FLUCTUATIONS IN STRENGTH ARE LIKELY PRIOR TO LANDFALL . . . BUT KATRINA IS EXPECTED TO MAKE LANDFALL AS A CATEGORY FOUR HURRICANE. WINDS AFFECTING THE UPPER FLOORS OF HIGH-RISE BUILDINGS WILL BE SIGNIFICANTLY STRONGER THAN THOSE NEAR GROUND LEVEL.** (National Hurricane Center, 2005a)

On Monday, August 29, at 6:10 A.M., Hurricane Katrina makes landfall near Buras, Louisiana. By then, the hurricane has weakened to a Category 3 storm. Its highest winds are 112 mph. Forty miles to the north of Buras, the winds are 60 mph, and the first flooding of the greater New Orleans area has begun. Lake Borgne, east of New Orleans, has a storm surge that peaked around 7:00 A.M. Forty-five minutes later, two sections of the levee along the eastern side of the southern end of the Industrial Canal collapse. The lower Ninth Ward is flooding.

That morning, when Olander joins her colleagues in the ER to check on outside conditions, there is rain and howling wind. Because the storm had been downgraded when it made landfall, Olander now feels reassured. Her husband makes plans to return home, but she convinces him to stay until the next morning so they could leave together.
By that evening, they notice that most of the windows at the downtown Hyatt Hotel had been blown out:

“We were sitting by the pediatric emergency room outside on those cement benches. We could see the water starting to come this way. Initially we thought someone had turned on one of those fire hydrants. It wasn’t this big gush of water. It wasn’t on the sidewalk. It wasn’t raining. I remember we sat out there that evening and it was twilight and we kept looking at the water. Where is this water coming from? But no one said anything, no big problems. We kind of buckled down for that evening and the first clue that things were not exactly as we thought was when an ambulance came up on the ramp. They had tried to get to Methodist Hospital and they got as far as right over the high-rise interstate ramp. . . . I don’t think they got as far as Morrison Road in New Orleans East, because that is where the water was. One of the drivers was saying, ‘We were trying to get to Methodist Hospital. They’re underwater.’ And we thought, ‘Yeah, underwater, they don’t want to take this patient they had in the ambulance.’”

Methodist Hospital is off Read Boulevard, and Olander’s home is a few blocks away. “One of the drivers kept saying that at the Sam’s and the Walmart, the water was at the roof of the Walmart. All you could see are the air-conditioning units and the top. He said there was an apartment complex at Interstate 10 and Crowder Boulevard. The water is past the first floor. Families are on the second floor, and the water is almost to the second floor.”

It was then that the gravity of the news registers with her. “I had this horrible feeling, because I lived in the subdivision behind the Sam’s. If there is water to the roof of Sam’s, then my house is underwater. I remember I was crying. I never envisioned this. We never had water for the famous May 3 flood. I couldn’t figure out where this water was coming from. That was Monday evening. Then we started getting patients from nursing homes. One of the questions was, ‘Why are we getting patients from these nursing homes?’ We thought they had plans that they were supposed to have in place. We were not talking about little old ladies, but were talking about vented patients.”

From a nursing home in New Orleans East, Charity Hospital receives 10 patients on ventilators. At that point, there is still emergency power in the hospital. Later that evening, Olander returns to her office to try to get a few hours of sleep. A few hours earlier, the staff has successfully transferred an obstetric patient to University Hospital, but the water in the streets is slowly rising to sidewalk level. Tuesday,
around 2:00 a.m., her supervisor, John, stationed at University Hospital, sends her a message. He said, “You need to move all the patients from the first floor as far up as you can. The 17th Street Canal has burst and the city is going to flood, and it is going to flood at a foot an hour.” Olander adds, “That was the first time that I knew there was a major catastrophe.”

When she returns to the ramp outside the ER, water completely covers the streets but had not yet reached the sidewalks. The staff starts moving patients. There are no elevators. In the basement, water already fills the cafeteria, the morgue, medical records, and dietary.

Patients who are not ambulatory are moved on stretchers. It requires six people to carry each patient to the second-floor auditorium. Olander says it was a monumental task. The staff also moves as much equipment and supplies as possible upstairs. On the second floor, they arrange some patients in the eye clinic, and the majority settle in the auditorium. Because they could not move all the patient beds, they bring mattresses to the auditorium on which to lay their patients.

“That was 6 days of backbreaking nursing care,” she shares. “The nurses, they took care of those patients on the floor. We went to the various clinics looking for stretchers, but the problem is on the second floor. Those are more specialty clinics [few have beds]—eye clinic, dental clinic, so we didn’t have exam tables or beds that we could put people on. The GI clinic on the second floor had stretchers, so we pulled those out and used them for some patients . . . but for the most part it was either that, a half an exam table, or chairs, so a good bit of the patients were on the floor. The auditorium was divided into one area for acute care patients, and another area for the less critical patients. There also were patients on ventilators. The hospital had six portable generators assigned to designated areas: one each for the emergency room, ICU, recovery, neuro ICU—and neuro ICU was full—SICU, MICU full, all of them were full. Recovery had the gunshot victim and the stabbing victim that had come in. So we divided up, and every area had one generator. One generator was needed for lights and for vents.

“Respiratory had activated respirators for their patients and used the E cylinders to power the respirators. Some patients needed to be hand-bagged for a while but were soon on generator-powered respirators.

“I have to say, I was really so proud of the staff because they were taking care of the patients like it was a normal day. They were turning them, keeping them clean. We had linen up to a point. Then we started going through all of the clinics and got linen wherever we could
find it. We were pulling down supplies. Our warehouse was right down the street. Some of the maintenance people got the big truck and they would bring supplies. We had plenty of bottled water and we had to take some water to University Hospital because they were running out. The truck would bring supplies. We were overstocked on things that we never did need. We were well stocked on IV solutions and IV tubing. We needed more bed pans, practical stuff. More of those sterile bottles of water would have helped—1,000 cc bottles of water or saline would have helped—but, when I think about it now, we were well stocked for the worst major traumas to come in, and they didn’t. But the truck made a couple of runs back and forth to the warehouse and I think that is how we got some food. The last time the truck came the water had gotten so high that it floated and crashed into one of the cars and a light post. Then the water got in the engine and it stalled. We couldn’t use it anymore.”

By Tuesday morning, the water begins creeping up the ER ramp. Cars parked on the street have water past their windows. Long corridors and stairwells are lit by flashlights. The heat rises to an unbearable 100° plus. Employees break windows to get air circulating in the hospital. From their vantage point on the ER ramp, Olander and her colleagues could see the lighted Veterans Administration Medical Center (VA) located across the street:

“And then an army truck arrived on the ramp with six vented patients. I asked why they did not bring them to the VA or check with other hospitals that had power. The army said, ‘You take these patients.’ It got to the point there was no arguing, so we took those patients. I asked our medical director of the emergency room, ‘Have you called over at the VA and asked them could they possibly help us out?’ We are getting patients in and we have no means of caring for them. It was not that we didn’t want to care for them, but you’re looking across the street and you see all these lights. Maybe we could get some of these patients over there. We’ll send staff if that is the issue . . . eventually the CFO, COO, director of personnel, myself—there were about six of us—and we finally got one of them to listen. One of the doctors called the VA and they didn’t know we had any problems . . . . The next time the army came, we told them the VA had power, and the army brought a couple of patients over there. We kept the ones that we had.”

That evening, people who had taken shelter in their homes when the storm originally hit now seek shelter at Charity Hospital as the flooding worsened. They make their way along Tulane Avenue through waist-
level, and sometimes chest-level, water. There are elderly and middle-aged people and parents with their young children. But by now, Charity Hospital has become a locked-down facility. Olander understands the necessity of lockdown. An influx of new patients will overburden the resources they have for their existing patients:

“We couldn’t take anyone else. There was a limit to what we could do, but there were people that I saw, and I am talking old people, and I would think, ‘Why can’t we take this old lady? Just tell her children to go down to the Superdome’ . . . it was like, ‘We finally made it to Charity Hospital and they won’t let us in.’ It was really heartbreaking. We kept telling them to go to the Superdome. We would give them bottles of water and tell them go to the Superdome, never realizing the Superdome was having its horrendous problems.”

Tuesday’s meals, served in a Styrofoam cup for patients and staff, consist of canned mixed vegetables and sliced peaches. Breakfast, lunch, and dinner—the meal was the same. A find of canned chili was a welcomed dietary distraction. Olander says the staff was hopeful that evacuation was imminent, but when word circulates that CNN had reported that Charity Hospital was evacuated, morale plummeted.

That evening, the administrators receive notice that the National Guard is coming to evacuate the hospital. The task of readying the patients for the anticipated move proves to be frustrating, time consuming, and backbreaking. The plan is first to move the critical patients. Each patient’s medical record is placed in a protective plastic sleeve, along with his or her medications.

“The National Guard didn’t come. So we’d wake up the next morning and when we heard on the news that we had been evacuated, somebody got on their cell phone called wherever and said, ‘No, we have not evacuated. We are still here. We have all of these patients. You need to come and get us.’” In attempts to combat low morale and quell rumors, Olander says administration holds meetings twice a day to explain to the staff that they are still in rescue mode, and efforts are directed to getting stranded residents off their rooftops before focusing on hospital evacuations. Olander’s son Darryle, a New Orleans police officer, was scheduled to report to work on Tuesday morning for assignment in the Ninth Ward. When he got off work on Monday night, she convinced him to join his parents at the hospital.

“That meant he was stuck there, and there was no one to call. A lot of people who said that police left [didn’t know] they were stuck in
different places. I am eternally grateful I made my child stay with me, because he would have gone home and he would have drowned. He is such a hard sleeper. He would have been at home and drowned, gone to sleep and not awakened. But he was here with us. He worked with our hospital police in helping secure the hospital. One of the hospital housekeepers was hysterical. Her children were trapped in an attic with the babysitter. She came to work because she was required to come to work, but her children, thinking nothing was going to happen, were in the house with the babysitter. The only good saving thing was the cell phone. The babysitter called in said they were trapped in the attic . . . the person in charge of hospital police, my son, and a couple of other people went and they got those children out of there. And there were a couple of other people they rescued while they were in that building. But for the most part we kept hearing about people with guns who were raiding the hospitals for drugs. That did not happen. Most of that sensational stuff did not happen.”

The medical staff navigates between Charity Hospital and University Hospital by boat. When they are told that Tulane Medical Center (located several blocks from Charity and University hospitals) was evacuating its patients, MCLNO negotiates to move some of the patients from Charity Hospital to Tulane. “It took six people to carry each patient. These were our physicians, our male nurses. We had some maintenance and dietary guys that were helping. They went up and down in the dark stairwells that were pitch black. We lit them with flashlights and started running out of batteries. We went up and down stairs. They got the patients over to Tulane and then there was this big snafu. Supposedly Tulane had evacuated all of their patients, but before they would take our patients they started evacuating their staff . . . and that is when we lost the patient staying on Tulane’s roof overnight. . . . staff were irate, so after that we didn’t send any more patients over to Tulane.”

A low supply of diesel becomes another concern. Hospital staff raided the hospital’s supply trucks for the precious fuel that power the generators. They siphon fuel from the ambulance parked on the ER ramp before the flood waters rise. Some doctors and nurses went to the Entergy Garage and siphoned diesel from cars and trucks. Generator use is limited at night. Staff store the newly acquired diesel fuel in garbage cans, gasoline cans, and 55-gallon drums. The eclectic collection of containers is placed on a corner of the ER ramp, under guard by the hospital police. Wednesday evening, an army jeep and truck drive up
the ramp. A decorated soldier gets out of one vehicle and gets into the other. They leave.

Olander shakes her head. “We just sat there and looked at each other. We couldn’t believe they did that in front of us—I don’t know if they even knew the situation we were in, but to use our ramp to swap out vehicles—it was like they are not taking anybody. That was a blow. Wednesday, we are thinking, here comes the army to rescue us, and they brought us these patients. The next time they came with a big army diesel truck that brought us diesel fuel. It just arrived on the ER ramp. Whether it was supposed to come to us or not, we begged for the diesel and got it.

“By midweek, staff were taking turns showering. Once the flood reached the generators the [hospital] water went too; we didn’t have pumps to get water. The commodes stopped flushing. . . . People would find a commode that hadn’t been used and then all of a sudden word got out. By Wednesday people were cutting off the ends of their scrubs. I had brought with me two pairs of shorts and a tank top that was going to be my pajamas. But then that got to be work clothes . . . whatever made you comfortable, you wore it.”

Efforts are made to make conditions as tolerable as possible for the patients. She adds, “The patients were very appreciative. They were thanking the nurses—we never had any arguments. We made sure every patient, if they could tolerate it, drank water at least every hour. We made sure they got their cup of vegetables, if they wanted it. Those who could walk we formed a little chain gang and would take them to the bathroom and try to keep them refreshed. We started using the sterile saline to freshen them up.”

Staff are ready to prepare patients for transport on a moment’s notice. Updates are given at morning and evening meetings in the lobby. “It was really getting to people—could see it was starting to take a toll by that Wednesday. It was hot, we had no food, but we had plenty of water. When we got diesel from the army, we told them we needed food and then we got the MREs [meals ready to eat]. They brought us boxes of rations so we could feed patients and staff. On Thursday, the hospital kept getting supplies, but what we needed was help evacuating our sick patients. Every day we got our patients ready for evacuation, but no help was coming. First it was to be the National Guard, and then it was the army, and later the navy. Every day we heard something different about who was coming to get us, and we would prepare the patients.”
Thursday, a nurse’s father arrives via boat to take his daughter out of the hospital. She won’t leave. He is upset. The staff tells him no one was coming, and they have over 400 patients, family members, and employees to evacuate. The man says the news reported that they had evacuated. He promises that he and others would return the next morning to get everyone out. Olander has no way of knowing that this father whose call to a friend at the Louisiana Wildlife and Fisheries is the start of a rescue effort for her and the others at Charity.

“We said again, this is another promise. By that Thursday at the morning meeting, the staff was getting antsy. Our administration told the staff it was past rescue now—we had been told every day that the hospital was going to be evacuated, and every day nothing happened, so we just needed to be prepared, we might be here for another week or so. There was a prayer vigil out on the ramp, but the staff was starting to break down. Administration met with staff twice a day, in the morning, to let them know what happened overnight. We had gotten to the point where we had started packaging patients and bringing them down, and then they weren’t going anywhere, so then the ER on the first floor started filling up with patients coming down. We were reusing the ER again mainly to staff patients from wherever they were coming from. That Thursday, we got more MREs; we still had plenty of water. We kept reminding staff to come down and get water. We had a line of people who were bringing water up to floors.

“We packed patients to be ready Thursday, and no one came . . . we had heard that message Tuesday, Wednesday, and Thursday, so we were thinking this is not going to happen. We had one of our doctors over in the Superdome. That is when we started hearing all of these horrible things going on in the Superdome. I recall when we had the teleconference that Monday when the storm first passes, with the Medical Center of Louisiana at New Orleans’ chief executive officer. I told him, please talk to whomever you need to talk to. Don’t let them open up the Superdome and let all of those patients come to us. We can’t take it—I hope they have some plan to handle them in the Dome, because I could just see that happening—every day there were patients, there were people walking in that water, and the water had the oily horrible smell. I know there were bodies in that water. And I really believe that some of our homeless that lived around there died in that.

“We had one group of people that somehow made it up to the garage and it was a lady, an elderly diabetic, and her daughter and two little children. They made it up the stairs and they got to the garage where the ga-
rage meets the hospital, and they were banging on the doors, ‘Please let us in!’ We let her in—that lady would have died—she just needed to get in, but we kept all the doors closed and our hospital police maintained them. And what happened, usually at dusk when it started getting dark, one of the hospital police and one of the men, a hospital employee, each took a door and they manned the door and made sure that the doors were safe for the night. I can remember my son—going door to door—turned the ER doors off to close them.

“Charity Hospital had so many entrances—unbelievable, first and second floors. Doors that in the past you never thought about—those were the doors people were trying to get in. So we stationed someone who had a gun [an officer] and a regular employee, and they manned those doors from the evening until morning and usually during the day, but not with the same vigilance as at night.

“It was pretty much quiet at night. One of the things we didn’t have was that roaming around—we told staff to stay where you needed to be. We definitely did not let visitors walk around. . . . There was an incident . . . supposedly there was shooting going on in Charity Hospital and the SWAT team landed on the roof or the 12th floor, and they came through the hospital. Where that rumor started I don’t know. The SWAT team came through the hospital in the dark with their lights on. They found out nothing had happened and they left. The breaking-in to get narcotics did not happen.

“On that Thursday, we got some patients out in a refrigerator truck. Those were ambulatory patients—I don’t know where they went. I don’t know where they went to—initially the patients that went to Tulane Medical Center were accompanied by a nurse. If they were on a vent, they went with a nurse and a respiratory therapist. One had to come back because we were going to deplete ourselves of critical care nurses. For the most part the nurses stayed and respiratory came back.

“But the next morning, Friday, sure enough they had a line of those boats, like a flotilla out there to evacuate us. We talked to them about evacuating Charity Hospital, but University Hospital was in worse shape than us. We said go do University Hospital first. So they went to University Hospital. I thought they were not coming back. Thursday evening is when I really got depressed because we had moved some patients back and forth so many times, it was to the point where I didn’t know how long these patients are going to make it.

“Thursday began on a high note when there was talk about evacuation. But that became another rumor. When Tulane did not take our
patients and they took their staff instead, that was a blow. This time, we heard they didn’t take our patients because someone was shooting at us. Now whether or not they were shooting at us, I don’t know. You could hear periodic gunfire. People were saying they were not shooting at people; they were shooting to get attention. They didn’t think anyone heard or saw them, so they shot . . . and it turned into a shooting match. I can say emphatically that none of that happened at Charity Hospital. No shooting, fighting, breaking in and stealing, or drug incidents occurred . . . all that crazy stuff did not happen at the hospital. I can honestly say I was never afraid of someone getting in here.

“I appreciated the way staff got together and manned the doors, too. To some extent, I felt in my heart we should have taken some people in, but I didn’t have the authority to override administration. Some people walked from the Industrial Canal and made it to Charity Hospital. We have always been there for them and we didn’t take them in. And that was difficult. By Thursday evening, you could tell people were really getting down. I had one nurse that totally flipped out. We had to send her up to the third floor [psychiatric unit] and give her some medication. She was one of the first ones we got out. For the most part, the nurses were just depressed, down. They continued to take care of their patients. I don’t think any patient got a bedsore while they were there. They were kept dry and clean. We found linens. We had enough water. We had enough critical care supplies that we didn’t need . . . we didn’t need those extra IVs. We had plenty. If we were not rescued, I don’t know how much longer the food and water would have lasted.”

On Friday morning, relief finally comes to Charity Hospital. It is near 9:00 A.M., and it is from the Louisiana Wildlife and Fisheries. Patients, employees, and family members line up for evacuation. Most of the patients leave on airboats that take two at a time, loaded side by side in the hull. With no more spine boards, staff start taking doors apart. They also use privacy panels from the clinics.

“We took doors down and secured patients on doors. We carried patients from the 12th floor down. We got every patient downstairs. I was at the back door with one of our doctors. We listed every patient with their records. We didn’t know where they were going. All we know is they were getting out of the hospital, taking them to the staging area for patients. I understand it was somewhere at Causeway, and some patients went directly to the airport. We were told we were going to go with our patients to either Dallas or San Antonio.”

At her post, Olander writes in a tablet the name and medical record number of each patient before he or she left. They evacuate by air or
boat. There were several ambulatory patients who are loaded into a military truck that sits high above the water.

“They looked like cattle, it was horrible to say, but they were sitting down in this big truck and where those people went to I don’t know. If any critical patient left, a nurse went with them—it was determined that a nurse or a doctor went with them. Our doctor did not want any patient leaving us and going to a lesser area of care. The nurses packaged with each patient a week’s supply of medicines along with their chart. Hopefully the patients were going somewhere they could get their medicines.”

Evacuation takes all day Friday. After all the patients are evacuated, there remains a few dozen administrators. Staff makes a final sweep of each floor to make sure no one was left behind. Olander and her colleagues are taken by airboat to City Hall, where they board an air-conditioned charter bus.

“It was heaven to be on that bus,” she says. “We left and went across the river because you couldn’t get out of the city the other way. We crossed the river and came back to Interstate 10 to the airport. We got to Airline [Highway] right before you get to the airport. The Kenner Police stopped us. They got on the bus, rifles drawn, and asked us—I will never forget this—’Where the hell do you think you’re going?’ We said, ‘We are from Charity Hospital, we are with our patients—we’re supposed to go to the airport. A plane is going to take us to a hospital in either Dallas or San Antonio.’

“The police stated, ‘I don’t know who told you to do this.’ Some of the doctors got up and spoke to the police. Then the police told us, ‘Y’all go ahead, but there are no planes coming out of that airport.’ The police let us go and our bus was back in line. There must have been hundreds of buses—school buses, regular buses—but we got separated from our patients.

“As we waited on the bus, some National Guardsmen with rifles drawn board the bus, telling us no one could leave. There were a few people milling around outside of their buses. We tried to explain we are supposed to be with our patients. We were told there are no patients; you have to stay. We left from one situation and were going to be sitting at this airport for days waiting to get out. The bus driver said he had come from Washington, D.C. He said he had two tanks full of gas and can take us wherever we want to go. His instructions were to evacuate people. We took a vote and everyone said let’s go to Baton Rouge. The driver told the National Guardsmen that we wanted to get out of here and they let us back out, we made this tight turn and we left. We got on the interstate going to Baton Rouge.
“As we crossed over the Bonne Care Spillway near LaPlace, the driver said, ‘I want you to look at something. Look over to your left. We have been sitting in that line of buses waiting for someone to tell us where to go and who to get. We have been sitting there for days, just waiting to go in to rescue.’ I just got so full and tears were coming. There were double rows of buses lined up as far as you could see.” The driver said they could get in, but no one was directing them, and they waited for days.

“No one coordinated or talked about how we were getting out. I could understand Monday or Tuesday they were rescuing people, and when you got down to Friday the Wildlife and Fisheries people were the ones who got us out. We didn’t know where we were going, but the bus driver called Washington, D.C., and his contact called a church in D.C., who called a church in Baton Rouge. They told us that they would be glad to have us—so this bus took us to a church off Siegen Lane.”

Olander’s group arrives and are welcomed with a meal of red beans and rice and cots where they can sleep. Olander calls relatives who lived in Baton Rouge. They come to get her. She feels if it had not been for their bus separating from the others at the airport, they would have been in San Antonio where her colleagues had been sent.

On Tuesday, September 6, Olander goes to MCLNO’s headquarters on Essen Lane in Baton Rouge to report for work. She sees a physician and asks what she needed to do. His reception is warm, and he directs her to the front desk. “He says, ‘I am glad you’re here. Go tell them at the desk you are here and who you are.’ Maybe I was feeling the need for someone to take pity on me. The woman at the desk wrote my name and said, ‘We’ll be in touch with you.’ I thought I was going to be working that day. The doctor had said, ‘If nothing else, maybe you could talk to people who are calling.’” That was her dismissal.

Olander returns on Friday to see the hospital personnel director. She leaves and there is no call.

“The next thing we heard is they were going to start furloughing people; we were on paid leave until November. The administrator over ambulatory care had left a message on my answering machine asking where the list of patients that left the hospital was. When I left, I turned that over to either the COO or CFO. I gave the list away, and now they’re calling me a week and a half later about what happened to the list. . . . Maybe it is still at Charity Hospital. That is the only call I got.”

Olander is bitter having endured the 6 days at Charity Hospital, only to be released from work. She has lost her home, and now she has lost her job. After 35 years in nursing, maybe it is time to retire. She feels re-
sentiment because she was not in the planning discussions on the future of her department.

“I got very depressed because I had lost everything. I had lost my house, lost my job. We were staying with my husband’s relatives—the best people in the world. They had just completed a mother-in-law’s suite just off their house. Very nice. One bedroom, bathroom, and sitting area. We rented from them, so we did have some place to stay. We didn’t lose any family members. And I started asking myself, ‘Why are you so depressed? You have so much to be thankful for.’

“At the time, you could not tell me not to be so bitter. I had lost my house . . . and so I needed to be away. I was not going to get on any medication. Everyone jumps to some pill. I did not want this, but I did go see my doctor. It got to the point I was not getting up; I would stay in the bed all day.

“My husband went back to work. He would leave and I would lie down and look at movies, I got to the point where I just had to get out of bed. I realized then I was getting more depressed. I saw my physician, and she put me on something for a month. Then I started feeling better. I heard of people who were still looking for family members. All of my family had left. They were all safe. I had an aunt and cousin who didn’t leave, and they were evacuated by helicopter, but they were safe. Lucky for us, we kept insurance up on my house and we had adequate flood insurance. Now when I think back, we had a lot to be thankful for.

“Maybe I needed to go back to work. We decided we were not coming back to our home. We built a house. That took some of my mind off of everything. I had told my director I looked forward to retirement and heard people say, ‘Oh, you won’t have anything to do,’ and I thought, ‘Let me just get to that point.’”

In January 2007, Olander returns to work. She works part-time as an Angel of Mercy—a core of nurses, including retired ones, who serve as patient liaisons for the ER. They communicate between the medical staff and the patients’ family members and are there to offer consolation. It is a program she began several years ago at Charity Hospital. She commutes from her home in Prairieville, between Baton Rouge and New Orleans. Renovations on her former home in New Orleans East should be completed in 2009.

Four years post-Hurricane Katrina, memories of Charity are always close. “I am still amazed at the selfless dedication of the staff. It was 6 days of hell. It was unbelievable. For 6 days staff cared for patients on their knees, giving IVs, giving medications, turning, cleaning patients on their knees. We were in it together and everyone worked there as a team.”
“Patients—you would always hear the staff say the patients don’t care. But oh, they do care. They are appreciative. The problem is you don’t listen. You don’t listen to what they’re telling you. You are assuming they have a complaint or whatever and all they want to do is say thank you, or ‘I appreciate it,’ and they did. Our patients were very appreciative. I just wonder why we didn’t get some of those people out of the city even if we didn’t think the worst was going to happen. There was no reason that those nursing home patients weren’t evacuated to someplace. The electricity was going to go off—how were you going to maintain the vents? You didn’t have generators, forget the water—you were not going to be able to maintain them.

“I was one of the staff members for Charity Hospital that worked with the city on evacuation planning. The city was going to use the Superdome for special needs. I was in a meeting where the city officials talked about the possibility of a mandatory evacuation, and I said to someone next to me, ‘What does that mean?’ You have a city where more than half the population relies on public transportation, and you are going to issue the order to evacuate people who do not have a car, and drive to a hotel that they don’t have money to pay for, and just sit there when they are living day to day on assistance or without public transportation. I never could understand why we didn’t have staging areas to take them out in buses. They were very arrogant, with the attitude ‘we can’t be all things to all people’ . . . but at some point in time you know that your city’s population relies on public transportation. . . . Why then would you not have that public transportation to get them out of here?

“The staff went above and beyond. A lot of people did not realize what really went on in these hospitals and what staff had to deal with. I was very proud that we took care of our patients, and our goal was, everyone is getting out. However we did it, we were going to do the best that we could, and staff was behind it 100%.”

Andrea Adams

*Everything I have learned about evacuation for patients, I learned from Katrina.*

Andrea Adams, RN, started her psychiatric nursing career in 1970 as a licensed practical nurse and has been working in psychiatry ever since. She received a registered nurse diploma in 1978 from Methodist School of Nursing in her hometown of Memphis, Tennessee, and received her
BSN from Loyola University in New Orleans in 1991. She has worked for 39 years in the specialty of psychiatry and has held various roles such as staff nurse, educator, and administrator. She started working at Charity Hospital in August 1997, as the associate nurse administrator, up until Katrina. Post-Katrina she has the privilege of working at the renowned Menniger Clinic, now located in Houston, “before returning to New Orleans and my previous employer, now known as Interim LSU Public Hospital.”

August 28, 2008, on the third floor of Charity Hospital’s psychiatric unit, Andrea has 98 patients under her watch. Her staff are assigned 12-hour shifts; they make sure medications are given without interruption and have soft music playing throughout the five units. In addition to her staff, there are 42 family members of patients and employees.

The heat, and each day passing with the unfulfilled promise of imminent evacuation, begins to wear on her staff. There are reports of snipers outside, and the nurses move the patients away from windows and into the hallways. Periodic breaking of windows signal someone’s attempt to encourage air circulation in the hospital. The sounds of helicopters can be heard as stranded residents are plucked from rooftops. “It felt like a war zone. It was a traumatic experience,” she adds.

“As the nurse administrator, I felt like the captain of my ship. . . . When I walked the units, no lights, no air-conditioning, there was such calm. It was eerie how quiet it was. We would take our patients out of their rooms. Every morning we would brief our staff and have an opening prayer. It is amazing that in adverse conditions, how people pull it together. We worked in sync. Even with our patients—they know fear, and they seek those who they trust.”

Reports about the storm and the wake of its path filter to her via news media reports. To her dismay, the reports are not always accurate.

“They were not in the hospital. They did not know what people were going through minute by minute. By the grace of God we were faced with a national disaster. Just the story of the human spirit in a disaster was incredible. Through times like that we are trying to work as one. We were all survivors.”

By chance, she has phone contact with two nurses in Florida, who call her during the 6-day stay at Charity Hospital. Andrea does not know how they reached her, but they became her “lifeline.” On the fifth day, when Andrea and her colleagues are told there is no definitive timeline for evacuation, Andrea cries. She could not bear to tell her staff to wait one more day.
But evacuation comes the next day, when they put their patients on a military truck. They are taken to the Superdome, where they are transferred to buses. She stays in Pineville for a week and then heads to Memphis to be with her family and friends. A few days later, an emotionally and physically exhausted Andrea starts crying and has difficulty stopping. She reunites with her 17- and 21-year-old daughters, who had evacuated to Houston, where all three of them begin counseling. Her home in New Orleans was destroyed by nearly 5 feet of water, but Andrea saved what was most important to her—family photographs.

Katrina taught her lessons in evacuation. “Everything I have learned about evacuation for patients, I learned from Katrina: having those large lanterns; the importance to organize; knowing your patients and your staff. Not everyone can be on the evacuation team. There was staff we had to pull off. You have to know what stresses are in a person’s life.”

On September 25, 2007, officials from the Interim LSU Public Hospital opened a 33-bed hospital psychiatric care unit in the Seaton Building at the former DePaul Hospital. The campus at 1035 Calhoun Street is nestled in the residential area of Uptown New Orleans, near Audubon Park and the Mississippi River. Andrea calls it the perfect location for a mental health facility, surrounded by majestic oaks and open green spaces for the patients. In her capacity as head nurse manager, and with limited personnel, Andrea helped to open the unit. She wrote all the policies and procedures and even retrieved furniture from the shuttered Charity Hospital. Looking out from the second-floor window in the conference room near her new office, Andrea calls nursing “my purpose in life. I get so much joy working with patients.”

**John Jones**

_The flooding caused us the problems, otherwise we would have defended in place, the way we had always done. We didn’t evacuate anybody. We have learned from that experience._

John Jones, RN, MN, NEA-BC, had been employed at MCLNO (Charity and University hospitals) for 16 years. Prior to his retirement in August 2009, John was the chief nursing officer at MCLNO. He had experience in a variety of leadership and administrative positions in New Orleans and Florida over the past 43 years. Raised in Fort Lauderdale, Florida, hurricane season was part of life.
Storms came with the territory for John. When he reports to work at 7:00 A.M. for his post as associate administrator of patient care services, Hurricane Katrina is less than 24 hours to landfall. His only sense that this storm is different from previous ones is when he sees its massive size on news reports. Its sustained winds reach 175 mph and extend 120 miles from its center. If he had not been scheduled for work that day, he would have considered leaving town, something he had never done when other hurricanes threatened the area.

Collectively, the medical campuses of Charity and University hospitals have a patient census of 400 and close to 1,000 staff to ensure around-the-clock coverage. That number does not include family members unreported by employees. Spouses and children go unnoticed when administrators make their rounds. When it is time to evacuate, the tally of evacuees rise with these uncounted persons. At Charity and University hospitals, inventories for linens, pharmaceuticals, food, and water are stocked to provide for 2 weeks of provisions. “The truth is we didn’t run out of anything,” observes John. “We did not have tap water because electrical power had been cut, and running water had stopped functioning. The electricity went out. In terms of water to drink and food, there were no shortages.

“Communications initially were fine because we had everything functioning. As the flooding occurred, the phone lines were underground, and we lost phones. The towers blew off and the cells phones weren’t reliable. They lasted as long as the battery did, but it was nearly impossible to get a line through anyway. You could text, but phone lines were impossible. We had one generator with bunches of cell phones hooked up to it. A satellite phone allowed minimal outside contact.” Although he describes external communications as awful, there were two phones that are operational after the power failure. One is at the medical office building across the street from University Hospital, and another is in the back office. “The phones could only be used for outgoing long-distance calls. A phone line would go silent before you finished dialing.

“Nobody yet has been able to explain to me why these two phones continued to work, but I called my sister in Ft. Lauderdale and I said, ‘Tape CNN for me, because we don’t have any power, I can’t see what’s going on, and tell everybody I am all right and that’s all I am saying, because there is a whole line of people that want to get to this phone,’” he recalls. The fragmented internal communications were a challenge when John hears early Tuesday that the levees have failed and the city is flooding. It is 2:00 A.M., and he needs to reach Olander Holloway on
the Charity campus. He cannot assume they have received the same message. After much effort, he finally reaches Mary and tells her that vertical evacuation is activated and to move patients to the second floor.

“And once I reached Mary, who was one of Olander’s right hands, then I knew it was taken care of and I could quit worrying about them getting notified. I knew they had been informed because Mary, if she had to carry a lantern through every building to let every person know, she would.”

Floodwaters come into Charity Hospital’s basement, and at University Hospital, the water pours into the loading dock. Despite the closing of the dock’s floodgates, the water cannot be stopped. The staff knows it is only a matter of time until power would go down. Generators are set up in all critical care areas. There are no patient transfers. “We were defending in place,” John explains. “Had the levees not broken and had we not flooded, we would have gone through this storm like we did every other hurricane. In fact, I looked out the window of my office and I could see a truck parked across the street. Water was up to the running board, and I would gauge the level of flooding, and think, ‘OK, I guess we’ll sleep here tonight and tomorrow, and then we can go home.’ Like we had many times before, I went to sleep, and when I got up the floodwater was up to the truck’s window. The flooding caused us the problems, otherwise we would have defended in place the way we had always done. We didn’t evacuate anybody. We have learned from that experience.”

When a woman arrives in labor, delivery of the baby by cesarean section seems likely. However, it is not needed. Mom and new baby are readied for air evacuation. John recounts, “When the babies were carried to Tulane Hospital’s parking garage, where they went up to the roof, they got stopped. They stopped the [NICU] babies, too. They had to bring them back over to Charity Hospital and kept them there until we could get them out. Finally, we got word that our babies were going to be taken out to a children’s hospital in Shreveport by helicopter.

“The thing that also impressed me was this: Even though, after the city flooded, staff knew they lived in an area like New Orleans East and that their home was underwater, but that was something they had to shove to a compartment in the back of their brain because there was nothing they could do about it. They had patients to take care of. There were a couple of people who were affected by the storm and the conditions in the building for that long—who were acting erratic—and we had to take them out of patient care and let them rest, give them some
intravenous fluids, but that was two or three—very limited. What is important is to keep your eye on what is going on with what the people are doing, because stress doesn’t necessarily show up the same in all people. By observing behavior, you can spot that something is not right.

“When the National Guardsmen brought a group of patients from a nursing home, our staff told them their resources were maxed and they were not a shelter. They set them in the parking lot and said, ‘Well, you can just leave them there,’ and left. And so of course, we didn’t leave them in the parking lot. They were people who had severe physical and mental impairments—some were children—so we brought them inside and took care of them.

“I am really very proud of everybody and the work that they did. I don’t think that anybody stumbled. I am proud of how they conducted themselves during that entire time. There were only two incidents that concerned me, that really frightened me. In the middle of the night, six boats arrived with maybe a dozen plus officers. They came to secure a prisoner patient that we had. That patient was in the intensive care unit, seriously ill, and wasn’t going to do anything to anybody, but he was a prisoner patient and the police officers came to take him back. They arrived with their guns . . . like one of those raids in Entebbe. They came and got the guy, put him in a boat and off they went.

“That didn’t frighten me, in a sense of personal danger, but this is scary. What kind of patient do we have here that you come and do this in the middle of the night? I think it was more of the police’s overreaction than anything else. The guy was ill and he wasn’t going to cause any kind of problems. However, he was secured by agents of the appropriate authority.”

The second incident involved five young men who were floating in a hot tub, “who were obviously up to no good, having a grand time coming to the hospital to get drugs,” says John. “I was dismayed at the ladies up on the crosswalk egging them on. And as I looked down on the crosswalk, our [University Hospital] security was standing on the emergency room ramp with their guns and said, ‘If you want to get shot, this is the right place to be—come on.’ And the guys’ egos wouldn’t allow them to paddle backward, but they quit paddling and the current let them drift back around the corner. But those five men were up to something. If they had come into the building, there would have been problems. Our hospital security stopped them—it was frightening to watch that. In the middle of all of this mess that we’re in, there are people doing that kind of stuff.”
John says no one was cavalier about their duties. “We were prepared for the storm, but not prepared for the flooding. The flooding was a blessing in that it kept a lot of people away from us. Like the guys in the hot tub. If we had not had the flooding, who knows who would have been coming in what door or where. It was like a moat around both Charity and University hospitals that kept away stuff we didn’t need to deal with.”

The several false calls about evacuation become wearisome for him and his colleagues. His sister tells him the media has reported that MCLNO was cleared of all personnel and patients. He tells her they had it wrong. Having served in the navy, John says orders are followed, not debated. “When you are given an order, you don’t sit there and say, ‘Oh, they’re shooting guns,’ or ‘Oh, the water is too deep.’ When you are given an order, you move! Our government simply did not give the military the order to do something for far too long. We were in there far too long. . . . I can see where they were using their resources to rescue people from rooftops, and I can forgive them for that because we were, even though we were sweaty and hot, in a safe place.

“But at night, watching the platoons come in across Interstate 10—it’s like they were given the order to come in now, because here they come—why it took that long for them to get us out I don’t know. To me that was a really negative, a negative taste that I have. The order to evacuate us should have come much sooner. It was as if everybody sat around deciding who they could point their fingers at.”

He is not concerned about their supplies or their safety. Despite the physical labor, the hospital is secure. “If we needed to stay here another day, we stay here another day. I chanted silently a whole lot that, too, ‘This too shall pass.’ I didn’t do it out loud. I just sat there and sweated and told myself this will be over; it will end. I am pretty stoic when it comes to that kind of stuff. I knew ultimately that we would get out of there. How long ‘ultimately’ was, I didn’t know. I never had concerns about us not getting out. If need be, we would have floated on doors. Heat and taking the stairs—8 flights at University Hospital, 12 at Charity Hospital—proved physically challenging for everyone.”

John describes Friday’s evacuation of patients and staff as extraordinarily impressive. “Helicopters used the fifth-floor roof and the hospital roof as heliports. When one of the pilots walked into the Incident Command Center and announced that he had landed and our roof was soggy, the response from the group was one of bafflement.” A continuous flow of airboats ferry patients and employees away to staging areas
for evacuation from the city. As soon as a boat leaves the ER ramp with its passengers, another one takes its place. No one knows their final destination. No one can tell John and his colleagues where they are taking the patients. John’s is among the last group to evacuate. They are taken to Loyola Avenue and board buses. Again, John said there is no word where they were going. They arrive at Louis Armstrong International Airport.

“At the airport, one of the things that will always haunt me is this poor lady from a nursing home who was obviously senile. There was a bunch of people from a nursing home. They were scared to death. I wanted so much to say to her, ‘You’re OK, you are going to be all right,’ but I didn’t have a lot of reserve left at that point and if I say anything to her she is going to come over here and lean on me and I have enough to deal with. So I just kept in the line and I still regret that I didn’t have more reserve to do something more for that lady because she looked so lost and absolutely terrified.”

John is one among thousands of evacuees at the airport. After standing in line for 2 hours, he reaches the information desk, where he gives his name and social security number. He boards a C130, not aware that the plane is going to San Antonio Air Force Base. There he reconnects with three colleagues. They leave the processing line and take a cab to the Riverside Hilton for a one-night stay. The next morning, they rent a car with plans to reach Houston later that day. When they stop for a meal, strangers next to their table pay their restaurant tab, having heard they are New Orleans evacuees. By the time they reach Houston, there is only John and another colleague. The other two earlier reunite with their families. In Lake Charles, Louisiana, John drops off his colleague and drives to Baton Rouge. It is the closest he could get to New Orleans. He returns to Houston and buys a one-way ticket to Atlanta, where his brother lives.

Talking about the post-traumatic stress that he saw impact people working in the city, including himself, he says, “You learn to deal with what you have to deal with . . . to go to the grocery store. Now I drive across town because the grocery store three blocks from home has no roof on it. So I think that we minimize those kinds of things that we have to adapt to, but they affect us.”

With Charity and University hospitals out of commission, medical services resume in a tent city located in the parking lot next to University Hospital. Operations move into the New Orleans Convention Center. They later relocate to the vacant Lord and Taylor on Poydras Street.
In April 2006, the Elmwood Medical Center is leased for Charity’s trauma services. The following year, trauma services return to University Hospital.

The hospital workforce became a casualty of the storm—a layoff that impacts the 4,000 employees who were kept on the payroll through December 2005. Notes John, “The system reaches a point that it doesn’t have the resources and so laying off 4,000 people that you worked with for 20 or 10 years, or 5, and then bringing them back up, was a challenge by itself. Under civil service rules [you] have to bring back employees by seniority. Fortunately, civil service agreed that competence factored into who would return, so if the most senior person was a neonatal intensive care nurse, and if you didn’t have that service, you could skip over that person. So it became a challenge to review clinical experience and work with civil service rules—this person’s history and this one’s competence—to see who was the right person to bring back to work . . . all of that taxed our energies.”

For emergency preparedness, he advises, “Be reasonable and be prepared, but don’t be overreactive. I still have this resentment about the media and about every storm coming. . . . I realize they can’t ignore it, but the way they hype it up sounds like you can’t get worse than that. So, you alarm people.

“People who go into nursing are committed to nursing, and when something happens they are committed to being there. If it is a fire, or earthquake, whatever, nurses are going to be there doing what they need to do to take care of patients. The whole profession is so dedicated, it’s amazing. If there is a need, here we come. We will be the first ones there and the last ones to leave. Just recently, the Gallup Poll voted nurses the most reliable, and the most trusted, and nursing has earned that.”

Marie May Traylor

*I can’t believe this was happening. It was extremely bad. It was just amazing. . . . Some people are blocking it out. I am guilty of that. When people ask me about it, I still can’t comprehend every nuance, every little thing, every quiet heroic thing that transpired.*

Marie May Traylor, RN, graduated from Touro Infirmary in 1979. She has worked in oncology and worked at Charity for many years in the postanesthesia care unit. She is currently working at Interim LSU Public
Hospital. She has been married for 29 years and has three children and one grandchild. She continues to learn something new every day, and she says she has “not lost my enthusiasm for my profession.”

Since her first day on the job in 1981 as a Charity Hospital nurse, Marie May Traylor worked shifts in the recovery room on the 12th floor of the hospital. Later, she switched to working nights and weekends. Recovery is a sister unit to the intensive care unit. The nursing staff is cross-trained to draw support from each other, as needed. When she arrives at work that Sunday, August 28, there is one patient in recovery. Marie is one of six nurses in the unit. Across the hall, the ICU is full with 12 patients. Because the daily briefings are on the first floor, Marie says her floor was isolated from regular communications. Cell phones do not work, but a colleague’s office has a WATS (wide area telephone service, used for long-distance calls) line receiving incoming calls.

Tuesday, the hospital loses power. Portable generators are carried up several flights of stairs to recovery. Later, when they have to switch to the ambu-bags for their ventilator-dependent patients, the staff hand-bag the patients up to an hour during the transition period. They use wet towels and ice packs, while they last, to cool the patients in the stifling heat of the hospital. The nurses’ sleeping quarters are in the isolation room. Following her shift, Marie tries to sleep during the day, but it is difficult amid the noise of fellow nurses breaking windows in their attempts to cross-ventilate the patient care areas. Some of her colleagues go to the first floor, where administration gives daily communications briefings, but she does not leave her unit.

“I am kind of like that,” she says. “I am going to stay with the core group. I am not going off on my own. When my sisters called and said they’ll come get me, I am like, ‘No, I am fine. Don’t come anywhere near this place.’”

By the middle of the week, fatigue, sleep deprivation, and the heat take their toll on the staff. Communications are fractured. The nurses stay away from windows in case someone decides to shoot at the building. Deceased patients are placed in an open stairwell. A nurse on the fourth floor is admitted to the psychiatric unit.

“One of our nurses almost got in a fistfight with this doctor because he would come up and give us reports so dramatic, and paint such a dark picture, that the younger nurses were getting upset. This older male nurse said, ‘Get the hell out of here, we don’t need the drama with the information,’” Marie shares. She says her colleagues helped her cope during the 6 days they were at Charity Hospital following Hurricane
Katrina. “The people worked because they were just a great support system,” she offers. “When I was feeling blue, they would tease me or do something to cheer me. We all worked together. There is nobody doing it for you. They were making it airier. The guys were making it secure... were locking up other units. Our housekeepers kept our bathrooms clean. We had an increased number of people using the bathrooms, and our housekeepers continued cleaning. They were amazing.

“We had a wonderful nursing assistant who had a sister on the 8th floor, so he would go from the 12th to the 8th floors and check on his sister. And then he would go from 8 to 6, where the cafeteria had moved. He would pick up whatever they were serving and bring it back to 12. It was our people that made that happen and made it as bearable a situation as it could be,” she adds.

At her home in the Mid-City area of New Orleans, her husband and their two sons weather the storm. The flooding stops at the front steps to the house. On Tuesday, she loses contact with her family. The uncertainty about their safety is difficult for Marie, but she focuses on work. There are patients to care for.

Marie’s voice waivers. “That was just really hard, because you don’t know what is going on and some people don’t have family in the city, so they are doing better. It’s just that certain parts of the week I was doing better. I always say this. I wasn’t the best employee. I wasn’t the worst. I had my ups and downs. I was worried about what was going on because we would hear stories of looting and shootings. Some of my coworkers were shot at when they were transporting patients to Tulane’s roof. We don’t have guns. We are in the heart of the city. I guess people were running amok. People started coming to the Superdome, and you could see all of those poor people. . . . We could see a serpentine line and see the helicopters. And we heard horror stories about what was happening at the Superdome. It was so hot.”

On Thursday, September 1, Marie receives word that her husband has rescued her 90-year-old mother from her Park Esplanade apartment that fronts Bayou St. John, across from City Park and the New Orleans Museum of Art. She had assumed her mother had left the city before the storm but learns later that her daughter had stayed with her mother in a first-floor apartment. As water began seeping into the apartment complex, the residents were moved upstairs. When Federal Emergency Management Agency (FEMA) personnel came to evacuate the residents to the Superdome, Marie’s daughter refused to let them take her grandmother.
The next day, Marie’s sister arrives from Dallas. With her is her nephew, a sharpshooter for the Dallas police, and Marie’s brother-in-law. The armed trio rendezvous with one of her brothers, who brings a boat from Baton Rouge. It will be needed to reach her mother’s apartment complex. They return to Dallas with her mother.

Also, on that Thursday the 12th-floor hospital staff prepare their patients for evacuation. They place them on stretchers and begin the slow descent down the stairs. They use the outside stairwells to take advantage of the daylight. Nurses, physicians, and medical students help with the task. They hand-bag their ventilator-dependent patients, maintaining the same rate as when they were on the ventilator. When they reach the first floor, they follow a hallway connected to the ER. From there, boats take them from the hospital to a staging area.

Marie says she and her coworkers were removed from day-to-day communications from administration during those days at Charity Hospital. On Friday, September 2, Marie gets in line to wait her turn to leave the hospital. She sees patients in the hallway. They, too, are waiting to leave.

“That was bad,” says Marie. “We are all ready with our bags, whatever you could take, and there are still poor patients in the hallway. I remember one lady on a stretcher. She said, ‘Oh, I am so thirsty.’ I gave her some water, got her a cool rag.”

By boat, Marie and her colleagues are brought to Loyola Avenue, where they are deposited one block from City Hall. The area is busy with a continuous stream of Wildlife and Fisheries boats unloading passengers, who then board school buses. Marie boards a bus that goes to Louis Armstrong International Airport. The bus driver has come from Arkansas. Her fellow passengers are patients and staff from the hospitals. En route to the airport, she learns that one of the hospital physicians on the bus has arranged for a private plane to take his staff from New Orleans. At the airport, eight passengers disembark from the bus. From her bus seat, Marie silently watches crowds of people. Several people move toward the bus.

“They wanted to get on the bus. I don’t know what the purpose was of the airport. It was very sad,” she relates. “After that sidetrack we get back in the queue with all the buses and we don’t know where we’re going. Nobody knows. There is no direction. And it is getting late at night, because my bus left around five. It is almost nine o’clock. We are still on Airline Highway by the airport. We are at a standstill for hours and hours. No directions. Nobody prepared for when we did get
on the bus. Maybe they were utilizing that time to prepare. We finally go west. It took us 7–9 hours to complete this trip, from 5:00 to around 2:00 A.M., just to reach Baton Rouge. But there is no traffic. Traffic is not the issue.”

Exhausted, she arrives at a reception hall that is filled with several evacuees. She contacts a niece who lives nearby. Within hours, Marie is at her niece’s home, where 14 of her niece’s friends have taken shelter. The next morning, with a one-way ticket and no other possessions, Marie takes a flight to Dallas. She remains there for 8 months at her sister’s home. Marie’s youngest son stays with her. The rest of her family is scattered. Her daughter is in college. Another son heads to Virginia. Three weeks after the hurricane, her husband returns home to resume work. Marie takes her retirement money, pays off debt, and plans for her family to have a one-salary income. Returning to nursing is not in her plans. On April 24, 2006, the LSU Health Care Services Division, MCLNO, reopens its Trauma Care Center at its temporary location in Jefferson Parish. Marie is offered a job there. She declines.

“They wouldn’t guarantee any kind of hours and no kind of seniority mattered. And then I met a few of my former coworkers at the mall. They said, ‘Come back’; I was hired without a job interview.”

In February 2007, she returns to nursing. She says those 6 days at Charity Hospital probably read “like a fairy story. I can’t believe this was happening. It was extremely bad. It was just amazing. . . . Some people are blocking it out. I am guilty of that. When people ask me about it, I still can’t comprehend every nuance, every little thing, every quiet heroic thing that transpired.

“I have a friend, Debbie, who was great the whole time we were at the hospital. . . . She brought two ice chests full of stuff, and when we are feeling low Debbie breaks out a fresh pineapple. That’s amazing to me. Who would think to bring a fresh pineapple? And then my other friend Ann lives in LaPlace and has two small children and an elderly mom. She never cried. She would tell me, ‘Oh, Marie you’re going to be fine. Your family is going to be fine. The Lord says they all will be fine.’ Do you know when she cried?” Marie’s eyes mist. “She cried when she told me good-bye! And she never cried the whole time. We worked every weekend together.

“I think that we would love to be back where we were, love to be back at Charity, to everything the way it was. I really do,” she continues. “But has it been good in respect to a lot of people? I’d say that is has. One friend got a great job with the Department of Health and Human
Services. She critiques hospitals. My friend is now a supervisor. Different things for different people. We were compensated, but one of the things I was really upset and angry about is that not one of the supervisors called and said, ‘Marie, thanks for doing a good job.’ One supervisor I had known for 25 years. No thanks for staying till the end. ‘Appreciate it. How are you doing now?’ Nobody called. I myself would try to call. Nobody from the supervisory level would call at all.

“I don’t think about Charity Hospital too much because my experience was not as bad as others.’ . . . I always do that to myself—nurses do that,” she says, “and I had a better outcome, so I don’t think about it too much. Have you ever read The Purpose-Driven Life? You are always waiting for something kind of big to come along and say, ‘This is it,’ but maybe it is just being kind to a patient and helping them a little bit each day.” She pauses. “My story is neither the biggest nor the best, but it is mine.”

Gail Gibson

Let’s just try to control what we can control. Take care of ourselves number one, and then we can take care of the patients.

Gail Gibson, RN, MN, graduated from LSU Medical Center in 1985 with a BSN and a master of science degree in nursing in 1994, with a focus in maternal–child health and nursing administration. She has been a nurse for 25 years. Gail is currently working at Medical Center of Louisiana at New Orleans (University Hospital) as the nurse administrator for labor and delivery. She has worked at MCLNO for over 20 years in various positions.

Katrina still powerful but gradually weakening as it moves farther inland. A hurricane warning is in effect for the north central Gulf Coast from Morgan City Louisiana eastward to the Alabama/Florida border . . . including the City of New Orleans and Lake Pontchartrain. (National Hurricane Center, 2005b)

The storm roars through New Orleans. At the Incident Command Center on the fourth floor at University Hospital, administrators feel assured that another bullet has been dodged. It is Monday, August 29, and they are assessing storm damage and determining when the first round of employees should be released from work. Their planning is interrupted
when a hospital security officer runs into the boardroom shouting that the water was rising. Gail Gibson says that the group is stunned by the news. There is no rain. The storm had passed. Then the officer says it is rising quickly. The group runs downstairs. Outside, on the ER ramp, they see water creeping up from the street.

University Hospital had recently hired a licensed ham radio operator. He is helpful, but the communications from outside are sporadic. Not knowing when the water would stop rising, patients and supplies are moved from the first floor. Four critically ill patients remain there with assigned staff. The physicians are reluctant to move these frail patients, as they are on ventilators. The decision is made to keep them on the first floor until they absolutely have to be moved. Gail says they were “blessed the water did not come that high.”

Gail had worked in the women’s unit at MCLNO for 20 years. She was on staff at Charity Hospital and returned to University Hospital’s maternal–child services. For several years, when code gray (the code to

Flood waters rise up the entrance ramp on the backside of University Hospital.
alert staff to prepare for an impending hurricane) was activated before a storm, a satellite delivery and nursery nursing staff was set up at Charity, their sister hospital. The satellite had not been needed for previous storms, but for Hurricane Katrina, it was needed and used.

There are five deliveries during that week, with two at Charity Hospital. The last baby arrives Thursday night. It is a 23-week-old preemie whose delivery the nursing staff had tried to delay until they could evacuate her mother. Generators are set up on every floor that had any equipment on emergency power. For Gail’s unit, there are two—one in delivery and one in the nursery. When the equipment is tested before the baby’s delivery, the staff realizes they need more than one generator. “We used two generators in the operating room to deliver and then wound up having to use about three to keep all of the equipment going for the baby. The baby was a little one—one of the first ones to go when we started transferring folks out. We got that baby out fast.”

On Wednesday, Gail says, they are informed that a helicopter evacuation is planned. The obstetric nurses would be ferried by rowboats to Tulane, three blocks away. In their arms, each nurse carries a newborn. A respiratory therapist accompanies the entourage. One baby is on a ventilator, and during the transport, the respiratory therapist hand-bags the newborn—forcing air into the tiny patient’s lungs.

But the evacuation never happens. They return to University Hospital in tears. They had been told their patients could not be taken, as Tulane is doing its last evacuation of personnel and family members. “Oh, that was probably one of the roughest times,” says Gail. “They came in, they were crying, they were angry, they were upset. They got off the boat. I pulled them into the waiting room because our boat dock was right in back of the hospital. I told them the important thing is that they made it back, they’re safe, the babies are safe, bring the babies back up, get them settled and taken care of and we’ll find out what the next steps are.

“They were extremely upset, and we talked about controlling the things you can. And what we had to control right now is making sure the moms stay calm and the babies were taken care of. I told them they were doing a great job at that and we’ll go back and worry about the rest of the stuff. And that is kind of pretty much how we handled that.

“We had one nurse who was just so emotionally drained and upset that I told her, ‘Look, you don’t have to go on the transport the next time,’ and she was like, ‘No, I want to do it, I want to do it. I am just
going to go and take a break.’ It was very difficult. They thought they had got to the point where they were going to get the babies out, and it didn’t happen.”

Keeping communications flowing to the nurses is critical. Gail makes rounds two, sometimes three times a day to every unit, covering eight floors. When there is word about the breaks in the levees, many employees become anxious. Some visitors become restless.

“It was a handful dealing with some family members. We never ran out of food, but we had to ration. They thought that the staff had some special little dining area, having steak and potatoes, and we were giving them a little bowl of applesauce or something. The kitchen was downstairs and we had to move it upstairs. Whatever we could carry up, that’s what was saved and that’s when we started to ration food. We had so many people in-house. We had to feed patients—that was our priority.” Not all visitors had brought their own supply of food. Some got angry with the meager rations. “Or they wanted a bed and there were no beds,” recounts Gail. “They really got angry. At one point, the first day, the National Guardsmen had to come and get some visitors out who were threatening staff. These visitors were angry because they thought that we had more than what we had. We are eating the same thing. We get the same amount of water.”

The unruly visitors are taken to the Superdome, where over 20,000 have taken shelter. Across the street from the hospital, on the fourth floor of a medical office building, someone discovers a working phone. Arrangements are made for employees to take turns for a 5-minute phone call to their loved ones. After 24 hours of connecting employees to the working phone, administration shuts the line down when security concerns arise. People from the neighborhood are trying to get into the building.

For Gail, her major and most time-consuming work is keeping the communications lines open to her staff. With some, she has to sit alone with them and talk or pray. She listens as they share their anguish about not knowing how their family is. She reminds them that their first priority is to take care of themselves so they can take care of their patients.

“If you’re a basket case, you’re not going to be able to be with them when you get out of there because you’re going to be sick or need help, so let’s just try to control what we can control. Take care of ourselves number one, and then we can take care of the patients,” she says.

“[I kept] trying to keep them focused and to have some optimism that things are not only going to work out for us and the patients, it’s going to work out for our family members and they’re going to be happy
to see the smiles on our faces when we get out of here and get to go and see them.”

Before she was activated to work for the storm, Gail brought her two daughters, ages 17 and 6, to their grandmother’s in Baton Rouge. Her husband, a pharmacist, was tending to last-minute requests from patrons of his home infusion business. He said he might ride out the storm at the family’s home on the West Bank. Gail told him that would not be a good idea. Her mother and sisters had opted to stay at the Hilton Hotel on Canal Street, near the Mississippi River, where her brother-in-law was a manager. By Monday, they were part of the hotel’s mass exodus when the waters began rising. She does not learn of their status until she is evacuated from University. Despite the uncertainty of her family’s safety, she says there was nothing she could do about it. “If I concentrated on that, I would probably go crazy, so I just focused on the tasks at hand. I had so many people. We had three nurses who were so emotionally distraught that we had to take them out of duty. One of the nurses’ daughter was a police officer and was involved in the explosion on the West Bank. She didn’t know if she got hurt or was killed, so we took her out. Another nurse knew that one of her family members was in an attic and didn’t know if they got out. They were concerned, so we just kept focusing on helping them, helping our patients.”

The patient census is starting to swell, as several people make their way to the hospital once the storm passes. A few patients were discharged the Friday before Hurricane Katrina made landfall. There are 24 patients on the postpartum units. A pregnant woman arrives. There were no available beds. Gail says they get her a cot. Upstairs, there are 15 patients and double figures of babies between the two nurseries.

When employees venture outside on the ER ramp, the number of people who have not evacuated becomes evident. Recounts Gail, “We had people on their roofs, had people in the water. We had people who were trying to get to the hospital. Initially we were taking people in that could make it to the hospital. We were opening doors getting them in. It was quite a few.”

An elderly woman is rescued by firefighters who are doing search and rescue. “She was an invalid, wheelchair bound,” recalls Gail. “They found her in her bed and the fireman said the water was up to her nose. If she had been in there just a little while longer, she would have drowned in her bed. They brought her in. She was soaking wet. They found her wheelchair and brought it. Getting her in, getting her out of her wet clothes, getting a gown on her, getting her cleaned up, finding a bed for her, getting her in bed. It was pretty sad. She was alone in her house.”
More people arrive in need of care. They are triaged on the hospital ER ramp. Once evaluated, they are given an identification bracelet. Rooms and resources soon reached capacity. On Tuesday night, the hospital locks its doors. However, still more patients come. This time they are deposited on the ER ramp by the military. “We are standing there looking out the window and we see them drive up—they put them on the ramp and leave!” says Gail. “We protested initially and said, ‘Look, guys, we don’t have beds, no stretchers, we are running out of food. We can’t take anybody else. We don’t have the resources.’ It happened about three times; they’d just lay people on the ramp and leave and we had to go out and get them. I didn’t believe that. But we went out and got them. We have to take care of them.”

When she does try to rest, someone would call for her assistance. She stops eating but drinks water to stay hydrated. Many of the staff are concerned about leaving, about being rescued. It is important that she is visible and accessible to her nurses. “I couldn’t just talk to the day people, I had to make sure that at night, when you go in talk to them, you just can’t go in and say, ‘Hey, how are you, got any questions?’ and leave. You have to go in and sit down, talk to them, hear everybody, and let everybody vent and voice their concerns. And it wasn’t just walking in and out and so, to be honest, that is what I spent 99% of my time doing—going around talking to people, making sure they were OK, making sure they got sleep, because they wouldn’t sleep when their shift was over. They’d sit there, talk to the other staff, or walk around . . . forcing people to go sleep, go get a rest because you are going to have to take care of this baby and need to know you are rested enough to take care of this baby or take care of this mom.”

She brings Incident Command Center briefings to her staff and assures all of them that they would be fine and would get out. “I was busy. I had a lot on my plate to worry about. To be honest, I wasn’t really worried about me, and I’m an optimist. I wasn’t just saying that I think we were going to get out; we were going to be OK. I felt that although we did get slammed with the storm, we were probably better prepared than we had been for any other storm, and I felt comfortable with the people who were here. . . . We were going to get what we needed in order to get out; it might not be as soon as we would like, but I felt comfortable we would make it and it would be OK.”

On Thursday, September 1, administration is notified that helicopter evacuation is imminent. The hospital has no heliport. The roof is the only viable site for an air evacuation. Carrying the patients up the flights
of stairs is physically taxing, but the wait is equally debilitating. Gail is told that rescue is coming. They wait for hours—no helicopters. One by one, the patients are carried back downstairs.

Friday morning, September 2, again, word comes that there would be an air evacuation. The patients are brought up to the roof. One patient requires 12 employees to move him. “You can’t move a stretcher up, you can’t move them in the stairwells,” explains Gail. At every turn, a patient had to be lifted overhead because of the narrow stairwells.

No one knows if the roof has the capacity to bear the weight of a landing helicopter. It soon holds the weight of several helicopters that land as if in a choreographed dance. At one moment, when a full helicopter closes its doors and leaves, the patient who is next in line to board collapses, distraught that another helicopter might not be coming. Gail kept repeating, “Another one is coming, I promise.”

With the final patient evacuated, it is time for the staff to go. As each floor is cleared, the staff are directed to get in line to leave. Gail’s nurses are in the red group—the first group out. Their 29 babies have already made a successful evacuation. She tells her nurses they need to go. A few ask her to take their picture. They want a memento because they would not be there again. “I said, ‘What are you saying? We are coming back,’” says Gail. “‘We’ll be back, and y’all will be complaining and taking too much break time.’ They said, ‘No, we don’t think it’s going to reopen.’ I never believed that. I said, ‘It will take a few months.’”

On Friday, in late afternoon, an exhausted but relieved Gail steps onto a boat, along with fellow administrators. Patients, family members, and employees are already evacuated. There is no one left at University Hospital. As the boat moves away from the hospital, Gail surveys the neighborhood. She is shocked by the sight of the water that has engulfed the city. The boat travels on Johnson Street and then turns on Tulane Avenue. A soldier, armed with a machine gun, sits at the bow. Two military boats escort their boat as it makes its way toward City Hall near Loyola Avenue. It is the first time Gail feels fear.

They are brought to City Hall, where buses wait in line. Some of her colleagues take the bus that is going to the airport. Gail tells a fellow administrator that she does not have a good feeling about going to the airport. “I can see myself sitting in the airport 2 days waiting to get out because I knew they were bringing patients to the airport. Another bus was going somewhere they did not know. I said, ‘I am not going to the airport. I will take my chances over here,’” she says.
She boards an air-conditioned bus. Bottles of chilled water and MREs are given to the passengers. The driver cannot tell her where they are going. She drills him: “Are we going to Baton Rouge? Shreveport? Anywhere in Louisiana?” He tells her Baton Rouge is closed for evacuees. She sits back as the bus leaves New Orleans. Her Palm Pilot is out. Her cell phone has no battery power. She begins her questioning anew.

The driver finally reports that their destination is Dallas. Gail asks if she can get off the bus before Dallas. “He said, ‘I’ll get in trouble. I can’t let you off,’” she recalls. “I am sitting there saying most of my family is in Baton Rouge and Lafayette. So finally he calls the other bus driver, then he gets on the intercom and says, ‘We’re making a stop.’ He asks how many people want to get out, and half of the bus says, ‘Yeah, we want to get off. Thank you, thank you, thank you!’”

They are dropped off at a gas station and convenience store outside of Lafayette. It is Friday night. It has been 6 days since she last saw her husband. At the convenience store, she calls her family in Baton Rouge. Her oldest daughter answers the phone.

“I called the number where my daughters were going to be and I didn’t know who else was there, and my oldest answered the phone.” Gail says. “I say, ‘Hi, this is Mommy.’”

On the other end, she hears her oldest start screaming. She can hear her youngest child crying. She tells them where she is. An hour later, she reunites with her family, who tell her she looks like a prisoner of war or refugee. It has been days since she had a shower. She has lost 16 pounds.

For 7 months, Gail and her family live in Baton Rouge while their home is repaired. She fills her days taking care of her children because their lives had been disrupted by the hurricane and its aftermath. Her other home, University Hospital, was closed. She thought she would be there for the remainder of her career, and now it is gone.

“All the people I had worked with for years, I had not been given the opportunity to tell them good-bye and good luck. You didn’t get to leave on your own terms. I had not said good-bye to people I may never ever see again. . . . The hospital didn’t open and they are not going to come back, so that was very disappointing.”

There are work offers at other hospitals in the LSU Health System, but Gail declines. In March 2006, she receives a call. A sister hospital in Bogalusa is opening an obstetrics unit. They need someone to do the planning. Could she come? She says yes, but not on a full-time basis.
“I helped them from ground up,” she states. “They did not have obstetrics and it was the first opening of the service in that city. Patients had to go to Covington, several miles away . . . so they had an opportunity to do very well if they put the unit together right.”

The new job is over 100 miles one-way from her home. Three days a week, she commutes. She is asked to stay. Gail does not want to leave New Orleans. Another job offer comes. It is the one she wants. In December 2007, she returns to the shuttered University Hospital.

“It was very surreal coming back into the building after the storm and just looking around. Did we really leave things like that? Looked like we left in a hurry, things in disarray. Had suitcases in places you don’t normally have them. Clothes taken out when someone had to pull what little they could to take with them when they left.”

There also is a tremendous amount of mold in the basement and other places. Anyone entering the building is required to wear a mask for protection. She periodically goes to the closed and darkened Charity Hospital to retrieve items for use at University Hospital. Oftentimes she goes alone, armed with a flashlight. Returning to University Hospital is exciting and challenging. Gail works with contractors, vendors, and FEMA. The medical/surgical beds are opened first and obstetrics beds open next. All of Gail’s managers eventually return to the hospital. Emergency services reopen in tents, then move into the Convention Center. They are relocated in the former Lord and Taylor store at the shopping center on Poydras, next to the Superdome.

At the time of this printing, University Hospital is not back to its prestorm strength. There are 20 beds open in the obstetrics unit. The 36-bed pediatrics unit remains closed. Gail says there was no choice but to reopen University Hospital.

“One bad storm in 25 years is not too bad and we made it through it. We did OK. Our patients made it through fine. It is important as a nurse, whether you are in a hospital because of a fire, hurricane, or earthquake, to take care of yourself so that you can take care of the people that you are responsible for. Keep your mind on what’s going on and you can do OK and get out of it.”

Mary Kelly

*After Katrina, we didn’t come back to answers because there was nobody who had ever experienced something like this. There was*
no one who wrote about how they handled certain situations. There is so much that comes out of this, but it is never enough because there is always information that you can use if you are ever put in a situation similar to it.

Mary Kelly, RN, MSN, MHA, began her nursing career in 1991 at Charity Hospital in New Orleans. She has worked in many areas and in various administrative capacities within the hospital, including medical/surgical, dialysis, infectious diseases, quality management, risk management, regulatory compliance, and patient care services. Mary is currently working as the clinical planning liaison at the Interim LSU Public Hospital, formerly University Hospital. Her responsibilities include working with an architectural firm to plan a new Academic Medical Center in downtown New Orleans. Mary serves as adjunct faculty for LSU’s Career Alternative RN Education (CARE) program. She is also a trained parish nurse and leads the congregational wellness program at her church. Mary is interested in community outreach and improving health care access. Originally from New Orleans, Mary completed her initial nurse training at Charity School of Nursing and received her bachelor of science, master of science, and master in health administration degrees from the University of Phoenix.

On Friday, August 26, while the staff monitors the projected course of Hurricane Katrina, the hospital’s code gray warning/activation phase begins. As many patients as possible are discharged. Mary, who is on the hospital’s administrative team, reports to work on Sunday, August 28, at 5:30 A.M. She supervises the labor pool and cross-checks employees’ assignments for the storm. Each unit distributes armbands to everyone at the hospital, including families of the staff. Family members automatically become part of the labor pool and will assist where needed. An area is assigned for children of employees.

The hospital plans a semi-lockdown by 10:00 A.M. because it is still in activation phase. Mary’s mother, her sister, and her 17-year-old nephew come to the hospital. She situates them in a room in the adjacent medical office building and returns to hospital administration on the fourth floor. She sets up her work station at the secretary’s desk near the CEO’s office. The hospital census is approximately 200 patients.

Having worked other hurricanes, Mary anticipates nothing unusual with this one. “The first hurricane I reported for was Andrew,” she says. “After each storm we would review what worked and what didn’t. We would ask, ‘Did we have enough supplies? Did our systems work?’ We
reviewed our plan and revised it after each event. Prior to Hurricane Katrina, we had started looking at contingency plans for Health Information Systems. Each time we had an event, we looked how to fine-tune things and make the plan better.”

On Sunday, the Pharmacy Department is relocated to the medical library on the fourth floor. A large portion of supplies from the kitchen and central materials are moved from the basement. The computer management system is set up in the auditorium. Portable generators are stationed in key patient areas on different floors, including recovery and the ICU. Fuel for the portable generators is topped off. They are ready for use at a moment’s notice.

Late Sunday, as the hurricane winds increase, everyone who is using the medical office building for sleeping quarters is told to move to the hospital because of concerns that the walkway that connects the two facilities may become compromised. Mary relocates her family.

On Tuesday morning, the water on the street rises continuously. The CEO calls a meeting with the administrative team. He informs them that there are breaks in the levees that protect the city from flooding. There is no time frame for evacuation. They communicate with Charity, their sister hospital, for additional planning. Hospital police and a few physicians take a small skiff to check out activity in the area.

“After the storm, it was like one of those horror stories and you are on the island. You look right down the street and know there is traffic in the distance. You are saying, ‘We’re dying and why can’t we get out of here?’ ” Mary offers.

She says some nurses had the attitude that “we need to get through this.” Others were overwhelmed from not knowing if their families were safe. “I saw this firsthand. Nurses and physicians would go to the CEO and tell him they needed to leave. You’d have to calm them down and tell them, ‘Look what’s out there. It’s not safe for you to go.’ Later, people told me what they remember is how I calmed them when they did not know what to expect. When I made my rounds I would say, let’s get this done.”

After the hospital loses electricity, the heat becomes oppressive. By Wednesday, August 31, Mary says, conditions worsen. The maintenance crew use sledgehammers to break windows. Mary says it only helps circulate foul-smelling air. When the CEO is directed by the military to evacuate the hospital to the Superdome, he refuses. Everyone will stay at the hospital, where they have resources.

As the days pass, a major challenge is to keep people calm and to assure them that there is enough water and food for everyone. When
generators are refueled, nurses hand-bag the ventilator patients until they can reconnect to the power source.

“Supplies of food and water never ran out,” Mary explains. “It just was the fact of not being able to leave, but needing to go.

“A lot of people wanted to feel OK,” she continues. “They felt if you’re OK, they are OK, but if you start to show any panic and you are supposed to be the lead, well then they are going to take your lead. I made rounds, up and down the stairs, checking on everyone. I’d ask how they were. I would tell them they’re all doing a good job, keep up the good work. When I gave them information I would not give it to them too quickly because then, if it doesn’t happen, they would tend not to trust you anymore. More than one time we were told we would be getting out, and then the news reports said we were gone. They don’t even know we were still there.”

The discovery of a working phone in the medical office building means contact with the outside. Mary sends her sister to wait in line with hospital employees and families to make one call. She reaches the family in St. Francisville, Louisiana, and assures them that they are OK. Her mother is relieved by the news that her other sister is safe and with family in Baton Rouge. Mary’s mother joins a group that sings gospel songs for patients and employees on the fourth floor. The wait for evacuation draws into days. As she makes her rounds, Mary reassures employees that the administration team is in contact with their main hub at the central office in Baton Rouge. Help will come.

“You just had to keep saying we are going to get out. Can’t give you a specific time when, but we are going to get out. People know that we are here. That’s what they wanted to hear. If we started to panic, they would have, but as long as they came up and saw that we were talking, working, and reassuring them, they were OK.”

The hospital evacuation plan calls for patient evacuation first. A color-coded system designates the various levels of patient acuity. A plastic bag that holds medications and notes from the patient’s chart is pinned to each patient’s hospital gown. The majority of patients leave by helicopter. On Tuesday, the babies in the third-floor nursery and NICU are evacuated via boat and helicopter. Next to leave are the ICU patients, followed by the renal patients. Some patients are transported by boat to Tulane for evacuation, but they return and are stationed in the first-floor ER and later evacuated via helicopter.

In 1991, when she began nursing at Charity Hospital, Mary recalls few “luxuries” and many opportunities to improvise. During the 6 days
of confinement at University Hospital, she is grateful for the Charity experience and learning to use limited resources. Mary collects information from employees who need medications when the time comes to leave. Word travels quickly that physicians are writing prescriptions for staff. When they leave, no one knows their destination.

On Friday, September 2, Mary and her family leave. They are among the last group departing. Their boat slowly moves along Tulane Avenue. There is a clicking sound under the boat as the bottom skims across submerged cars. Past the corner of Galvez Street, a body floats in the water. The boat pulls up to a hotel where a military truck waits. Mary and the others press themselves inside the truck. Two soldiers, guns in hand, position themselves at the back of the truck. Their destination is the intersection of Causeway and Interstate 10.

“It looked like a postwar scene—like the survivors after a war where they are wounded,” she relates. “They’re dirty. Some of them are spaced out walking around. You see these movies with these people who are the last ones left on earth. Everything else is gone but now you are here. It was more like a camp setting where everybody had the same issues, but nobody had the solution. It was out of our control, and you just couldn’t say, ‘I need to go.’ And the same highway that you traveled hundreds of times wouldn’t get you to where you needed to be because they had blocked it off right there by Causeway. I had passed that way many times before. What was strange, my mother later could not remember which part of the bridge we were by—I had to show her. I told her, ‘This is where we were, don’t you remember?’ She says, ‘I am sorry, I don’t. I only remember we came off a bridge.’ I guess she blocked it out. The highway that took you west all those years, you are on it, but you can’t go anywhere.”

Still wearing their scrubs, Mary and the other nurses are motioned to a triage area. They are told they need to assist with eye irrigation of the men and women who gather under the overpass. Mary tries to explain that they have come from an evacuated hospital. It does not matter. She is just one of the thousands near the overpass. She takes the saline solution and IV tubing and starts working.

“Three of the nurses I was with just freaked out. Every time a helicopter landed, one person would tell you to do one thing, and then another directed you to the helicopter, telling you that you were not supposed to be there. I saw an elderly man who just dropped in front of me. I knew he was dead,” she says. “I saw a lady whom I had known for years. She used to work at Dillard’s department store, and she was just out of it. She didn’t know who we were. She had been there for days.”
“I was tired, but I knew how my family relied on me,” Mary continues. “I didn’t want them to see me go off. It was bad enough that two of the nurses I was with I thought they were going to need medication. They are shouting at me to tell them we are not supposed to be there. Well, we were no longer at the hospital and had no choice. The military is saying, ‘Don’t move toward that helicopter.’ Finally, the two nurses they jumped on a helicopter. That’s how desperate they were.”

After an hour and a half, Mary sees an employee of emergency medical services. He had worked at both Charity and University hospitals. He tells them where others are waiting to leave on a helicopter. They go there, but military personnel warn them that they cannot leave. Mary is resigned that they will stay, but the man returns later. He tells her to take her family and other hospital employees and walk to another area where the elderly are leaving for the airport. She does, and no one stops them.

“To this day, I have never seen the guy who told us to keep walking to get on the bus. Just because he recognized us he told us to keep walking,” she says.
At Louis Armstrong International Airport, Mary’s group catches up with other University Hospital personnel. Timing is fortuitous because minutes after she joins them, the line they are in is cut off. That evening, they board a C130 bound for a military base in San Antonio. At the base, they have to be processed, along with thousands of other evacuees. Tired, her last shower nearly a week ago, Mary tells a soldier that they are getting out of line. The man replies that he is responsible for her. Then her CEO appears and tells her that she can listen to the soldier if she wants, but he is going to the Marriott. Mary and her family leave. While in San Antonio, Mary finally sees the news reports. There is news footage of boats launched from her neighborhood grocery. She knows that her home in Gentilly was claimed by the water. She reaches a hospital employee who worked in Environmental Services and is also a police officer. She asks if he can check on her mother’s house. He sends back a report—the roses are blooming at her mother’s home on North Lopez, not that far from where University Hospital is located. The house is fine.

From San Antonio, Mary and her family travel to Zachary, Louisiana, near Baton Rouge. They are there for 2 weeks, when her CEO calls to tell her that she has to report to work the next week at the Baton Rouge office. They have a hospital to reopen. In October, the administrative council returns to New Orleans to assess conditions. The hospital police are on-site, as is a National Guard unit. Administration works out of the Human Resources office in a nearby building across from Charity Hospital. They also work from a tent in a parking lot on South Johnson Street.

“I really don’t know what kept me going, but I think a part of it was that I knew I wanted to be a part of the recovery and that we needed to come back to do something,” she says. “There were patients who needed our services. From the family perspective, I had to be there for my mother because my father had died in 2004. At the hospital, I was the only person in regulatory compliance, so I knew I was needed to guide them on the regulations. It is a nursing thing. You need to do for everybody else.”

At Mary’s home in Gentilly, 13 feet of water has left its muddy mark. She finds her Charity School of Nursing pin and Great 100 Nurses pin. They are in a jewelry box inside a soggy shoe box. Other shoe boxes that floated during the flooding are embedded in a bedroom wall.

Mary moves in with her mother. She stays there for 3 years. During that time, she tries to rebuild her home, but it is eventually razed and
the land sold. In December 2008, she moves into a new place near her old neighborhood.

Four years post–Hurricane Katrina, Mary acknowledges that some people may be weary about the subject. But she believes it is important to continue the discussion “because one day, if something happens to hospital personnel, they may be able to recall the experiences of nurses who went through this. After Hurricane Katrina, we didn’t come back to answers because there was nobody who had ever experienced something like this. [Before] there was no one who wrote about how they handled certain situations. There is so much that comes out of this that it is never enough because there is always information that you can use if you are ever put in a similar situation. And now there are resolutions to some of the issues that nobody had before.”

She has seen some of those resolutions with advanced communications systems and improved emergency preparedness plans. Today, hospital policy allows staff only to report during a hurricane evacuation—family members are not allowed. At University Hospital, building renovations have been made to improve flood protection.

“In 2008, with Hurricane Gustav, cable and electricity never went out, so that wasn’t even a comparison to Hurricane Katrina,” says Mary. “They made changes after Hurricane Katrina that made a difference in Hurricane Gustav.”

For every hurricane season, she prepares. “As long as I get my family away to a safe place, I am OK. When I signed up for this, I knew what I signed up for. I agreed to report for a hurricane. I had how many years to decide I didn’t want to do that?

“After Katrina, I had a new attitude, a new outlook on life. I can do anything. Just tell me what is needed. The hospital—we got it running. We had patients. We opened the psychiatric facility at DePaul and opened community clinics throughout the city. That is something we didn’t have before.”

She is on the hospital activation team. Mary’s advice to anyone who may be faced with this situation is to focus on resources before the storm and safety during and afterward. At Interim LSU Public Hospital, she is now the planning liaison and works directly with the architectural firm, giving her clinical input on design, flow, and operations.

“I did not talk about Katrina until 4 years after the hurricane. I had friends from out of town who asked me, ‘Did you cry?’ I haven’t cried yet. It is kind of like when you look at the full picture. I am here, I’ve got life, and my family is safe. When you look at all of that, the rest of it is junk.”
Dan Kiff

I had worked during hurricanes, but never where I was lost by the fact that the hospital was surrounded by water and I have 36 ICU patients that needed to leave. So I was like, well, this is a new one. But I have to say as far as being the leader, I felt in my mind I had to show no emotion. I had to just stay positive and privately I was thinking, my God, I hope my family is OK. I hope my home is OK. I hope that this nightmare is going to end once I get out of here.

Dan Kiff, RN, MN, has been a registered nurse for 18 years. He received a diploma in nursing from Charity School of Nursing in May 1991, a BSN from the University of Alabama in December 1997, and a master of nursing degree from LSU Health Sciences Center in August 2005. Dan is presently employed at the Interim LSU Public Hospital (formally Charity Hospital) as the trauma program manager of the only Level 1 Trauma Center in the New Orleans area. His past job experiences have been in the medical ICU at Charity Hospital as a staff nurse, clinical coordinator, and RN manager.

During his 16 years at Charity Hospital, Dan Kiff had been through hurricanes before. He knows the drill. Plan for 3 days with a change of clothes and food. The storm would pass. Damage would be assessed. The relief team would take over and he could return home. But for this one called Katrina, intuitively, Dan prepares for the worst. He packs a suitcase with a week's supply of clothing, including a suit, just in case he would be job hunting if the hurricane destroyed the hospital. He leaves his personal papers locked in his truck, which he parks in the employee garage.

About three o'clock on the morning of Tuesday, August 30, the aftermath of Hurricane Katrina was not like the other storms. While he is deep in sleep, someone taps Dan's shoulder. Then he hears, “You need to wake up.” Something had happened.

It is one of the charge nurses. Dan quickly gets up. The news is not good. There are breaks in the levees. The hospital is surrounded by water.

“I am thinking, my God, this is not good. How are we ever going to get out of this one? I knew that the water surrounded the city and everything had flooded out. I am thinking, ‘How are we going to get the patients out?’ I had an ICU with critically ill patients. In our ICU, we had a 21-year-old who was fighting for his life. I knew when the water
got in and the power was out and he needed dialysis, this is going to get bad. And there were the two mothers who I allowed to stay in the family waiting room. I had to watch them every day. They would look me in the eyes and say, ‘Are we going to get out of here? Are we ever going to get him out of here?’ It was bad.”

A generator is brought to his unit and they are able to power up the equipment to keep the patient alive. The hospital does not have a heliport. It has no boats. Power supply is limited. The staff can move the patients, but there are no ambulances. How do they get them out through water that is chest high?

By August 31, his fourth day at the hospital, Dan is furious. He tells the medical director that no one is coming to help. What is the plan?

“There were reports that we had been evacuated,” says Dan. “So by Wednesday, I got angry. You know what? I don’t care about public relations anymore; I don’t care about not making a statement. If the nurses want to get on the telephone with CNN, do it!”

There are protocols to follow regarding media relations, but Dan says there were some very young nurses who could care less. The hospital is heavily damaged from the flooding, and most likely they will have no jobs to return to after they evacuate. Dan orders, “Give them a phone and let them say what they want to say.”

“There was one nurse, about 22 years old. I had just hired her,” he recalls. “She had been there about 6 weeks. She was devastated. I say, ‘Listen, I have never been put in this situation. But I tell you what. I won’t let anybody hurt you. We are going to fight together and get out of here. We are going to do that. The one thing I am not afraid of is our protection. We have police officers everywhere. We have an ex-marine on the unit with a gun.’ I was not scared. If they get past this 6 foot 6 towering man, then I need to die. So I wasn’t concerned and she wasn’t scared for her safety. I think she was more afraid about her family. Again, everybody was worried about the unknown.”

The nurses reach the news media. During a live interview, a nurse tells a reporter that she is at the hospital. They have patients and no one is coming to help. The news coverage prompts a response. A private helicopter service can assist. Dan’s patients are in the surgical, medical, and neuro ICUs. He knows three patients must leave soon or they will not survive the hellish conditions at the hospital. One of the patients is a 14-year-old in the Neuro ICU.
“I had to get that patient out of there or he would die,” relates Dan. “That night the owner of a private helicopter service called us saying they are willing to come and get them out of there. Whomever you think would not make it, we’ll get them out.”

The hospital’s medical director makes a call, and arrangements are made for an ambulance for patient transfer once the helicopter reaches dry land. But the challenge is that the hospital has no heliport. Dan explains, “What happened was choreographed through several people. We actually commandeered a boat, and we were able to go across in the boat with the patient to Tulane Medical Center. They had a heliport. We brought the patient from the seventh floor, went down seven flights of steps, and brought him across the street. We got him to safety.”

One patient out, Dan turns his attention to two other critically ill patients. He tells the medical director that if the heat is unbearable for the staff, imagine what the patients are feeling. They have got to get them out.

“I said, ‘We have got to either call somebody else or ask these people if they can get someone else on the radio to help,’ ” Dan says. “And they did that. They got another helicopter. So, again, we did the boat trip and got them over there. That night was when I just said, ‘We have to take matters in our own hands or we are never going to survive. We have got to get the patients out of here. I am able-bodied, but these people are not. We got a game plan.’ And I said, ‘Let’s get the patients to Tulane so they will know that we’re there, and maybe we can get the military involved.’ ”

When headquarters checks on their status, Dan tells the Baton Rouge office that he does not know how much longer they can last. Food and water are running out. They are low on fuel for the generators. His staff has concerns about their own families. Are they safe? Dan’s parents had evacuated their home in Pass Christian on the Mississippi Gulf Coast. He knows the coast has been hit by the worst part of the storm and has brought storm surges in excess of 25 feet. His parents’ home is probably wiped from its foundation.

“The whole time, I kept thinking to myself, ‘God is not going to give me more than what I can handle. These poor patients are dying. Nothing is going to stop me.’ And I kept telling my staff, ‘I won’t let anybody hurt you. Come to me, come find me. We are going to get out of this.’

“I internalized everything. If I don’t think about them, then they’re OK. That is one thing I don’t have to worry about. I have to worry about
what I need to do right now. I tell you what—it builds character. I think that maybe this was the wake-up call to me that this was the right profession. This is what I was put on this earth to do. I had started out as a business major. My parents said enough of this BS; you are not making good grades. We have an option for you. You are moving back to New Orleans and going to nursing school. My mother is a nurse. She said I know I won’t have to worry about you. I didn’t want to do it, but when I got into it, I realized this is for me.”

Military help does come. Dan says a Tulane physician at the Superdome alerts them about ICU patients that needed to get to the heliport. The military brings their large deuce and half-trucks that can navigate the flooded streets.

“I had at least 17 patients vented. At this point, it is Thursday morning. Enough is enough! We have been put through hell; now it’s burning hot, and we have to move all these patients out. We started moving the remaining patients out on the back of the trucks. I felt obligated to stay at Tulane because these are my patients. So, with another nurse and a respiratory therapist, we stayed to manage our patients. I didn’t want Tulane to say, ‘Some physician is using our area,’ and then nobody is going to come and watch their patients,” explains Dan.

From seven that morning, through the night, they work. Dan has lost contact with his staff at Charity. His last communication was when they started transferring patients out. He told them he would be at Tulane. They did not know he wasn’t returning. He sends messages back to them. He does not know if they receive the messages.

“At first they thought I took off. Later, when it all came out what I was really doing, they were like, OK,” he says. “I knew I had to have progress notes for each patient, and the staff was very smart. Each patient had a plastic bag with them. Inside the bag were progress notes, 5 days’ worth of medicine, the patient’s name, their card with all of their identification, list of any personal items they had because these patients could not communicate.” As a Charity nurse now using the evacuation area for another hospital, Dan is acutely aware that his arrival with his patients is an unanticipated interruption for the Tulane staff. But he says they never made him feel he was on the opposing side.

“We kind of interrupted their evacuation,” explains Dan. “We needed to have space for our patients, but we still allowed their patients to go first. These people gave me safety. And I was able to get my patients out. My job was to get them out to the best of my abilities by the grace and goodness of them.
“I think that we, as nurses, are trained to think about nothing else but the cause. It was nothing else but what was the task at hand. To not think of anything else,” he adds.

The Charity patients lie on backboards placed below the top floor of the parking garage. Dan and his colleagues hand-bag their patients. Someone brings them a portable generator and a suction machine. The staging area by the heliport is crowded with employees and patients. Lights are taken down along the perimeter of the heliport because the chopper blades may knock them down. When it comes time to move their patients, they are lifted to a gurney. Then Dan and his colleagues run, pushing the gurney up a steep incline to reach the waiting helicopter. They crouch low as the helicopter blades turn. This is not the time to be clipped by a blade.

Two patients are placed inside a Black Hawk. Dan gets in. They are taken to the staging area by Lakeside Mall, at the intersection of Interstate 10 and Causeway. The patients are handed off to a medical team. Dan returns to Tulane’s heliport. There are 30 more patients to evacuate. “I was exhausted. I don’t know how I did it,” shrugs Dan. “But this person did it. In my mind it was almost like somebody gave me the power to just keep going, don’t stop. And the sad part again was I felt like an outsider because I was at Tulane Hospital and I was a Charity person. Some people were making comments. But I didn’t want to take anything. I had my own water. Just save my patients. But they were very good to me to the point where they gave me a sandwich, and the other nurse who was with me I wanted to split the sandwich. They said, ‘No, no, you can have the whole sandwich.’ I didn’t want to drink their water. They said, ‘No, you’re exhausted. You have been running up there all day.’ I was sweating buckets.”

After 12 hours of nonstop work, the last Charity patient is placed inside a helicopter. It is almost midnight. Dan surveys the rooftop area. No patients. He feels a weight lifted from him. Gunshots ring out close by. A sharpshooter is positioned by the heliport to protect the employees who remain. Dan says the soldier looks only 20 years old. “I looked him in the eyes and thought, ‘My god, you are a child and you are here to protect us.’ When he clicked his gun, I jerked in fear. He said, ‘I am sorry. Do you need anything?’ I told him, ‘Please, don’t click the gun again.’ We offered him a bottle of water. He said he did not need it, he was self-contained.”

A Tulane staffer comes up to Dan and his two colleagues. They are told, “It is very dangerous out there; there is no way to get you back to Charity tonight.”
“He said, ‘You should not go. It is not a good idea,’” relates Dan. “‘You can stay with us, but if you step foot off this property, if something happens, you can’t come back. We will protect you now, but once you leave the property you are on your own.’

“I felt I did my job. All the patients were gone. It was cool on the roof. There was a guy in a hotel next door from where we were in the Saratoga Garage. This man watched us taking the patients out. He said it is amazing what we have done. From a hotel window, he threw pillows to us. I thought that was wonderful.

“That night I slept. I remember hearing a few explosions and thought, man, what is on for tomorrow? No more helicopters came. It was dark, too dangerous to fly. We couldn’t go anymore. We all slept. Friday morning, I told myself I made it through the night. My job was done. I got the patients to safety.”

Dan wonders what is happening at Charity Hospital. Again, he is given the offer to leave with the Tulane employees. The choice is a difficult one. What about his staff? The military helicopters are gone. No one wants to go to Charity Hospital. The only option is to walk to Charity in the water.

“I went to our medical director. He is like my father, my family. I told him, ‘They are giving me the option to leave.’ I said, ‘I feel terrible about this. I am exhausted. I can’t go anymore. I am not walking in water. They tell me it is very dangerous out there.’ People were breaking into places. I did not feel comfortable. We had made it this far; I don’t want to get shot. I made the decision, I did my job, now I am going to go.

“A physician from Tulane said you have done all that you can do. In your mind, if you feel you want to walk those waters into a hostile environment, you do that, but I think you’ve done enough. There comes a time the leader has to take care of the leader. I told him, ‘But I am the leader.’ He replied, ‘Yes, but your staff is going to be taken care of. Everybody now knows what is down here. They are going to get them out.’”

Dan decides to leave with the Tulane employees. “They will take me to safety,” he offers. “Heaven had opened up at that time. To me, life was going to get better immediately. It was the hardest decision I ever made, but when he told me it is time for the leader to take care of the leader, I knew it was time to leave.”

Dan and the others are flown to Louis Armstrong International Airport. From there, they are taken by chartered buses to a hospital in Lafayette, Louisiana. Because of his exposure to contaminated flood waters he
goes through the decontamination process, and is given clothing, shoes, food, and a place to sleep. An ER resident tells him her father is coming from Dallas to get her and her colleagues. Dan needs to go with them to Dallas. He doesn’t have to worry about the details. The physician tells Dan, “You are my people, and we are going to take care of you.”

On Sunday, he reaches his parents. Their home is gone, but they can rebuild. He gets a call from one of his staff members.

“At the same time I was leaving Tulane, my staff was leaving,” relates Dan. “I did not know that until Sunday morning when one of my staff got me and said, ‘Dan, they all got out. They know what happened. They were upset with you, but they know that you didn’t leave them.’”

Of the 36 ICU patients they had evacuated, Dan says 3 died. They lost two on the heliport while waiting to evacuate. A month after Katrina, Dan returns to New Orleans and Charity Hospital. With him is a crew from the television news program 20/20. They go to his office. Two weeks before the hurricane, Dan had graduated with his master’s degree in nursing. He says it is weird seeing his papers and personal effects in the office untouched. He thinks, “This was my life. It is over, gone.”

Soon after his return to the city, the staff has a reunion. They debrief one another. They talk about their future. “There are people I am going to be friends with for the rest of my life because of what I had to share with them. Like the doctor whose dad drove from Dallas to get us. I see her and ask, ‘How’s your dad? I will never forget what he did for me.’ We had a great unit, and through no fault of mine, I had good people who surrounded me.”

In February 2006, Dan returns to work as trauma program manager. The hospital has to reinstate its Level 1 Trauma Center designation and Dan brings to the job his experience in the verification and accreditation process. In November 2008, the hospital is back to Level 1 status. Only five of his former staff members return. It is slow the first weeks after reopening, but soon, they are at capacity.

For Dan, his return to work is a homecoming to a place where he has spent his entire adult life—from nursing school to his first job. He is hopeful that others will benefit from those who dealt firsthand with Katrina.

“With this unstable weather that we have everywhere, others need to learn from our mistakes,” he says. “We made mistakes, but we learned from them. The biggest thing they need to learn is that communication is the key to everything. If you lose communication with the outside world, you suffer. Why is it that nobody came? I would go to meetings
thinking, ‘We are here, why don’t they come?’ You have patients that are your priority. That’s why it takes a very special person to do this job. You had better have the character to do this. If you don’t, then you would have just left and abandoned them. I was there being paid for a job to take care of patients. Now, I may have not been the caregiver to them, but it is funny how your skills never leave you. I was exhausted, and I am thinking, ‘I am as good as the best of them.’ It is still in my head. The young nurses were looking at me as I rolled with the punches. Nothing bothered me. You have got to do it and move! Don’t cry about it; you don’t have time. I now know how to fuel a generator. In the real world, it was life’s lessons learned. I was able to do things that I thought I would not be able to do.”

Those 6 days at Charity Hospital changed Dan. It gave him a new perspective. “I think it was the first time I realized this was probably the profession I needed to be in. Once it all happened and it broke, I was probably one of the senior leadership people in the hospital taking care of what I didn’t know how to take care of. I mean, I had worked during hurricanes, but never where I was lost by the fact that the hospital was surrounded by water and I have 36 ICU patients that needed to leave. So I was like, well, this is a new one. But I have to say, as far as being the leader, I felt in my mind I had to show no emotion. I had to just stay positive, and privately I was thinking, ‘My God, I hope my family is OK. I hope my home is OK. I hope that this nightmare is going to end once I get out of here.’ But I never talked about that with others. I never said, ‘Oh, my God, this is horrible,’ because I didn’t want them to be upset. I just wanted to keep my mind on our task at hand. Get these people to safety so I could go home. My first priority. I say it changed me because it made me realize that my profession had changed me as a person. The people that I was taking care of, they were my first priority at that time. Although I have a family, the task at hand is what I needed to do. My whole thought process was getting patients to safety.”