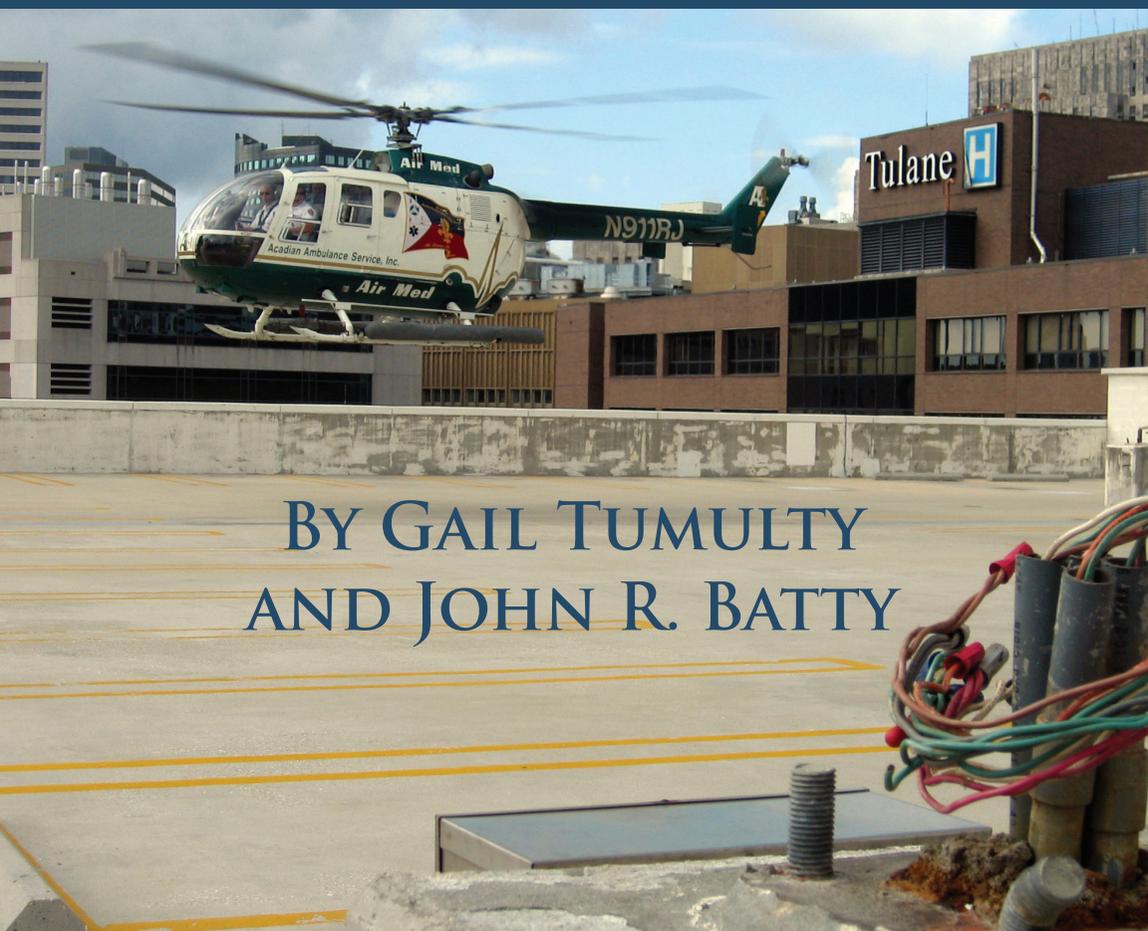


VOICES OF *Angels*

DISASTER LESSONS
FROM KATRINA NURSES



BY GAIL TUMULTY
AND JOHN R. BATTY

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This book is dedicated to Dr. Barbara Gail Tumulty

Dr. Barbara Gail Tumulty is one of the most important and influential persons in the history of nursing and the lives of thousands of people around the world. The patients she treated, the nurses she led, and the nurses she taught all owe her everlasting gratitude for changing their lives with her positive force.

She was the inspiration behind the creation of the Loyola Health Care System Management Program, in the Graduate School of Nursing. It was the first online program in the history of the university, and was founded with approximately \$2 million in federal and state grants. Now in its eleventh year, the program has trained over 1,150 nurses from around the world to be managers. Loyola has benefited enormously in grants, prestige and international reputation because of Gail's work.

She was universally regarded as an outstanding nursing educator and mentor to her loyal students. Loyola recognized her importance to the Graduate School of Nursing and bestowed upon her the title of Emeritus when she retired in 2014. These magnificent accomplishments are the work of a quiet, brilliant young angel from Kansas.

As the coauthor of the book *Voices of Angels* I often marveled at her people skills, her persuasive smile and her native intelligence. It was one of the most fortunate and productive friendships in my life. Any success that may come from this project will not be the same without her here to enjoy it.

We wanted the true story of the nurses who are angels written and saved for history. We wanted young nurses to someday be inspired by the heroic actions taken by the nurse angels who worked in every Louisiana and Gulf Coast hospital and healthcare center in the wrath of Katrina.

And now, her friends, her colleagues and wonderful loving family feel she is with the angels, smiling down upon us.

— John R. Batty, RN, MSN, HCSM

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Introduction

By John Batty, RN, MSN, HCSCM

I am a nurse “raised up” in the Charity Hospital tradition. Killer hurricane named Katrina? Hah! We don’t run. We stay to take care of the poor, we stay to be the last hope for everyone, and we stay because it is in our blood—or maybe you should be working somewhere else. We could not imagine leaving a patient to die; we stay to the bitter end, whatever that outcome might be. However, the two toughest women in my life looked me straight in the eye.

Miss Rita, 85, lived in the 1400 block of Polymnia St., in the Lower Garden District all her life. The first born of Sicilian immigrants, she had saved the down payment for her craftsman double from a clerk’s salary. When the neighborhood went down and the grand old houses were converted to 18-unit tenement apartments, she became the rock of the neighborhood. And when it came back, the young professionals viewed her as the Sheriff of Polymnia Street.

Hurricane? Hah! She wouldn’t think of leaving. When a hurricane threatened the year before, the feisty little lady came to us: “Can I borrow a life vest? I might have to swim for it.”

My darling wife, Miss Kitten, had other ideas. She had been the curator of a French Quarter house museum built in 1832, and she knew the Mississippi River. Kitten was from Memphis and could recite the history of crevasses and floods when the levees split wide open in 1927, and flooded towns in Arkansas, Mississippi, and Louisiana. She knew the history.

“We’re leaving,” she said, “I’m not hanging around here when 22 feet of water is forecast for the front yard in 48 hours. I never saw anything like this in Memphis, and I’m not starting now. We’re out of here tomorrow morning, do you hear me?”

As a veteran psych nurse, I filtered out the anxiety and focused

on the positive. “But Kitten, the levees are modern, state-of-the-art engineering marvels designed by the US Army Corps of Engineers, and they haven’t breached since the 1930s.”

“Do you think Katrina and a 22-foot storm surge gives a damn?” she steamed, channeling her level best Scarlett O’Hara piercing voice.

“But Kitten, there is no mandatory evacuation. If it’s up to me, I’d never leave New Orleans, besides, we’re on high ground. Do you think Miss Rita is leaving? Certainly not! And besides, I can volunteer at Charity.”

“Well, you can stay, but I’m leaving, and you and Miss Rita who love this sinkhole of a city so much can swim for it,” she said.

On the earliest maps the city is called the Isle de Orleans. It is surrounded by subtropical swamps on the east and west, Lake Pontchartrain on the north and the Mississippi River to the south. It was an excellent home to insects of all kinds, snakes, alligators, disease, pestilence, natural disasters and calamity. When New Orleans became an international port, it just opened the door for more lethal problems.

In fact, the city has had a long list of perfect natural disasters such as yellow fever, malaria, flooding, fire, typhoid, cholera, venereal disease, hurricanes, and many imported disasters such as nutria, Formosan termites, red ants and killer bees. Yellow fever killed 41,000 residents in the 1800s, but that was merely the official number.¹

The nutria hitchhiked from South America then burrowed into the levees and canal banks so much that the structures materially weakened. Jefferson Parish Sheriff Harry Lee sent his sharpshooters out at night to whack them, and the state put a \$7 bounty on their pelts.²

Formosan termites arrived courtesy of the shipping industry, and promptly started eating creosote docks, French Quarter landmarks, Garden District mansions, and everything else.³

Levees have routinely failed throughout our history. Engineers

have said levees are designed to fail at a certain level of stress that Mother Nature has always found. Before Katrina, residents of the Lakeview neighborhood near the 17th Street Canal had complained to the New Orleans Levee Board of leaks in the base of the levees causing puddles to form in yards. The board did nothing about it. “Oh, that was natural,” the levee board told residents.⁴ It was little surprise that the concrete and earthen 17th Street Canal failed spectacularly, sending a flood tide roaring into the city that reached rooftops across the city and into the Lower Ninth Ward.

If anyone knew this dicey history of disease, flood, and disaster, it was Miss Rita. When she knocked on the front door, we wondered what to expect. Would she give us her standard hurricane advice born of 85 years? Did she have a premonition to tell us?

“Jan, John, come out here on the porch and talk to me.” The voice of the little Sicilian was strangely calm and reserved. The stainless steel in her character was showing.

“I’m going to tell you something I never thought I would say in my life—I’m leaving. Can I catch a ride to my relatives in Covington?” Her cool gaze told me all I needed to know. She had weighed the possibilities, she was leaving town for the first time in 85 years. I was hard aground between history and cold logic. It was time to make discretion the wiser part of valor.

“You’re right, Miss Rita,” Jan said, meeting her gaze, “we’re leaving at noon and we are delighted to have you with us.”

The car was packed, the engine was running and the air conditioner purring. I took one last set of pictures of the home we shared with Miss Rita. We had no idea what we would find when we returned, if indeed we managed to return to our home on Polymnia St.

Introduction

By Dr. Gail Tumulty, RN, BSN, MSN, CNAA

Like the million-plus residents of Southeast Louisiana, my husband Joe and I evacuated the city late on Saturday evening after the 10 p.m. news. We expected to return in a few days.

Mayor Ray Nagin shared the forecast from the National Hurricane Center that the levees in New Orleans were predicted to fail. Joe was not intimidated by this news, but I was ready to evacuate for the first time in our lives. Our children kept calling to encourage us to move to safer ground. We packed a few things “just in case.” Due to the late hour, traffic was light and we drove easily north on I-55 toward Jackson, Mississippi. I insisted we keep going to our daughter’s home in Columbia, Missouri. We arrived later that Sunday evening, staying there for two weeks when we heard that we were allowed to return to New Orleans.

We steered south and stopped for the night in Memphis. By the next day, the entrance into New Orleans was stopped by a second hurricane named Rita. We decided to reroute to Dallas where our youngest son, his wife and baby had rented an apartment. We stayed with them to share the baby’s first birthday and then left again for New Orleans.

New Orleans was clearly decimated by the storm. Loyola University had been closed for the fall semester and students and faculty were not allowed at the school. The National Guard had taken over the campus with so many vehicles it looked like an Army base. Like most of the city, streets around Loyola narrowed to one lane, crowded by trees, building debris and garbage. Our home suffered roof damage, kitchen damage, with 3.5 feet of water in the lower level and other exterior damage.

The nursing graduate program, health care systems management, was fully online as well as on-campus. I was the coordinator and put our program back online as soon as the technology was

available. Even students who could not attend class on-campus were welcomed to the online classes. No students were refused. Students appreciated the ability to keep up with their classes and finish their classes on time.

Loyola University New Orleans reopened in January 2006 when classes fully restarted. As students returned to class, it became clear they were in the later stages of shock. The students were seasoned nurses earning a master's degree in health care systems management. They worked in a variety of positions at area hospitals. Many were managers who shouldered a great deal of responsibility.

The stories they told were amazing to those who had not been in the hospitals. The nurses were kind enough to allow taping of their stories and shared what had happened in the five to six days that they spent in the hospitals caring for their patients and taking care of themselves.

This book will be a beginning of the things that these nurses shared. Some stories are about the horrors of the recovery of the hospitals. The lack of electricity, food and water threatened lives. It was and still is amazing to realize the realities that the nurses endured.

Into this moment of governmental chaos and incompetence, in stepped the perfect monster to thrash the City That Care Forgot.

Although many nurses said they would rather die than desert a patient to suffer alone, enough patients died at one hospital to spark investigations, grand juries, and an attorney general who wanted to find the truth. All he found was a quick exit for a Louisiana incumbent.

The Bible tells us much about angels on earth and in heaven. This book is about the angels who walk with us every day and lead us in caring for others. Those nurses who lost loved ones, who lost everything they owned, and everything in their futures, struggled on to care for their patients despite everything they suffered.

These women and men are the Nurse Angels of Katrina. And these are the legends of how they earned their wings.

Chapter 1

Katrina Is Born

Over 100,000 residents and visitors were stuck in the City That Care Forgot. It was the end of the August 2005, and the Social Security checks that many of these impoverished people depended upon for food and utilities had not been mailed. They were broke and going nowhere fast. The monster hurricane of a lifetime bore down on them with no mercy. The plans to bus folks out of town did not happen. The buses themselves were not moved to higher ground. Mayor Ray Nagin knew this. They flooded just like some of their riders.

Diehard New Orleanians seldom imagined leaving home for a hurricane. This time they did. The six-lane highway contraflow opened on Saturday, August 27, 2005 at 4 p.m. and worked so efficiently that it was closed Sunday at 6 p.m. In approximately 26 hours, over 1 million evacuees fled New Orleans and surrounding communities.¹

The shake, rattle and roll of the city headed out of town. The birthplace of jazz hushed eerily. Natives accustomed to makin' groceries on Saturday were suddenly confronted with a surreal emptiness they never imagined. Even the French Quarter seemed to roll to a depressing stop. Stillness hung in the air like the hot humid blanket of August.

The evacuation of patients and seniors from public and private hospitals and senior centers was far more complicated. Evacuation wasn't even considered by most hospital leaders for the simple fact they were extremely limited in destinations. Where to flee? How to get there? How to pay for it?

New Orleans was the largest city with the largest concentration of doctors, specialists, and hospitals in the state. Even with one-way

highway contraflow, the route to Baton Rouge was a seventy-five-mile parking lot, by ambulance or pick-up truck. Most evacuation helicopters could not reach Alexandria—much less Shreveport or Monroe, where hundreds of empty hospital beds awaited.

The time and money for moving thousands of patients would stun even the Pentagon. Simply ordering Charity Hospital staff to Code Grey hurricane watch cost an additional \$600,000 per day in added staff expense.²

Transportation expenses could be astronomical for even a simple evacuation. An ambulance trip to the nearest hospital, Earl K. Long Hospital in Baton Rouge that could take Charity patients could easily exceed \$1,000 per patient, for a 200-mile roundtrip, in 2005. There were simply not enough ambulances or staff in the state to move patients by ground.

Air evacuation was slow and expensive. In 2006 it started at



Helicopter evacuation mobilized Tuesday at University Medical Center. Other hospitals like Charity watched and waited in vain for promised help that did not come.

\$12,000 per patient plus mileage. Acadian Ambulance Service helicopters could carry maybe two patients and an attendant on each trip.³

The rate for evacuating one patient could approach \$15,000 depending on the length and destination of the trip. Public hospitals would be reimbursed by FEMA, but the private hospitals were not. Hospital administrators winced at the thought of a budget-busting evacuation.

Katrina defied decision-making. The speed and unpredictable path of hurricanes is legendary. The Department of Veterans Affairs Medical Center, for example, had a timetable that required evacuation decisions be made within 36 to 72 hours before storm landfall.⁴

It was a formula for disaster. Further complicating the decision was a state law that restricted the operations of ambulances in weather with winds less than 45 mph.⁵

In New Orleans East, Pendleton Memorial Methodist Hospital was an attractive general hospital, served by a veteran staff of doctors and nurses. Its gleaming white exterior was a beacon for miles across the flat marshy eastern edge of the city, and it gave residents a sense of safety knowing it was near in time of need.

The Methodist Foundation that built the hospital sold its majority ownership in 2003 to Universal Health Services, based in King of Prussia, Pennsylvania. UHS installed the energetic Chief Executive Officer Larry Graham to lead its new acquisition.

Graham was closely monitoring the hurricane on Friday. Thinking Katrina was going ashore in Alabama or Florida, he decided to go fishing on the Saturday before Katrina mauled Louisiana, according to his trial testimony in 2010.⁵

Graham received no calls from the city or the state authorities. And when it became evident that the hurricane would hit the

city, it was too late to evacuate, he later reported to the House Congressional Select Bipartisan Committee investigating the disaster.⁶ He also testified that he called his corporate office for helicopters to evacuate the patients of Methodist Hospital on Tuesday after the storm came ashore. The helicopters did not arrive because, Graham reported, the helicopters and supplies were seized by FEMA.⁷

Nurses, doctors and emergency responders in states on the Gulf of Mexico and the Atlantic were well aware of hurricane season. They knew the bulk of patient care would fall directly on them. Most had all suffered personal losses in previous storm seasons. Betsy in 1965 and Camille in 1969 were deadly and dangerous hurricanes that lurked in the memories of coastal residents. Louisiana and Mississippi natives lived in fear due to the long histories of these tragic events.

The Medical Center of Louisiana was composed of two venerable old hospitals only a few blocks apart: Charity and University. Both were vital to the city.

Charity Hospital was founded in 1736 with a grant by a French shipbuilder Jean Louis. He died before he could see the hospital for the poor ever open.

Until Katrina, Charity served the poor for 250 years. The Sisters of Charity ran the hospital for a century. Many others stepped in—including Gov. Huey Long and the LSU Healthcare System to build Charity. First Gov. Kathleen Blanco then Gov. Bobby Jindal would make sure the Charity never reopened in the decade after Katrina. It was the second-oldest continuously operating hospital in the US. Bellevue Hospital in New York is only a month older. To predominantly poor, uninsured minorities, the hospital provided primary and specialized care to well over half the population.⁸

As a Level One Trauma Center, Big Charity was the go-to ER, and accounted for well over 80 percent of the uncompensated medical costs in the city.⁹

The street called Charity the *Big Free C*. Its ER was the destination of choice for crime victims, those suffering severe trauma such

as spinal cord or brain injuries, and life-threatening accidents all over New Orleans and South Louisiana. If you got shot, stabbed or were ready to be born or die, you wanted Charity. Its trauma surgery suites were staffed by outstanding nurses, residents and surgeons. Over half of the poverty-level households in the city had family members suffering from chronic diseases such as asthma, hypertension, diabetes, chronic obstructive pulmonary disease, coronary artery disease and chronic kidney disease. Many were treated at Charity.¹⁰

The massive 18-story structure was completed in 1939 as a dream of the late Louisiana Gov. Huey Long. Assassinated in 1935, he did not live to see it completed for “every man a king.” Its footprint covered almost all of a large double city block, and its art deco designs added a luster of glimmering beauty to Tulane Avenue in its heyday. Its three-foot thick walls of steel and reinforced concrete inspired the staff with a sense of confidence it would survive any hurricane. It was a commanding presence in the Depression era when it opened, and over the years the uninsured and poor population came to regard it as their savior in time of medical need.

The annual storm preparations and exercises at Charity and other South Louisiana hospitals gave the staff essential training that would help them survive in the days to come. Many hospitals divided staff into two groups. The Ready Team or A Team would ride out the storm in place. The Recovery Team or B Team had the task of returning after the storm. The two teams relied on a volunteer staffing system that seemed to work for local hospitals.

Ready Team Members Bring Families, Pets, Chicken

Many of the nurses who volunteered for the Ready Team had established a practice of gathering the members of their families who could not evacuate, bringing them into the hospital to stay until the storm passed.

At Charity, more members than the immediate family came. They brought with them appetites for New Orleans cuisine—and the gear to cook it on. Fried chicken, boudin sausage, fried catfish, red beans and rice.

At Ochsner Medical Center, just over the line in Jefferson Parish, some brought pets.

Families at Charity Hospital dragged barbecue pits, microwaves, iceboxes loaded with food, and generally moved into the hospital for the duration.

Families and evacuees at Pendleton complained they weren't receiving the same food as the staff, causing staff to advise them they could leave any time they pleased. But the snakes, alligators and nasty water surrounding the hospital gave the visitors second thoughts about striking out into the outside world.

Although this family-friendly practice made logistical planning difficult, it was much easier to find enough volunteer veteran staff to meet the hospital's needs when they were allowed to bring their families into the hospital. The practice of bringing families into the hospital to weather hurricanes was great for the nurses who brought the clan with them.

However, subsequent events changed the plan after 2005. The families proved to be so much of a diversion to the hospital staff and its resources that the Joint Commission of the Accreditation of Hospitals recommended the policy end after 2005.

John Jones, the director of nursing at Charity, had grown up in Florida, and regarded storms as a routine display of nature. "I kinda liked the lightning, the wind and all of the rain, as long as nobody got hurt, and when it was over, the sun came out again."¹¹

But much of the coast of Florida was above sea level. When hurricane storm surges rolled inland, floodwaters returned to the Gulf, Atlantic, bays, bayous and rivers.

New Orleans was built on swamps, bayous, old sandbars, and sediment deposited by the Mississippi River over millions of years. Half of the land in the city was anywhere from 2 to 15 feet below sea level. The Crescent City was surrounded by water. It was Lake Pontchartrain on the north, the Mississippi River on the south and vast swamps on the east and west. When the famously poor levees were built to keep hurricane storm surge out, some simply raised the edges of the bowl, and retained the floodwater. Even though the city had massive pumps and efficient drainage canals, a thunderstorm often resulted in street flooding and feverish pumping

“Preparing for hurricanes had become so routine to most of us,” said Jones. “You collected all of the things you would need for a short trip, loaded up the family and moved into Charity. The supplies of water, food, and medical disposables were moved from the warehouse into the hospital and placed where they were most likely to be used throughout the hospital. We had done it before and everyone knew what their responsibilities entailed and where their families were staying,” Jones said. “We knew the routine, and we were all proud Charity nurses.”¹²

John Jones was a veteran US Navy nurse who had served in the Pacific during Vietnam caring for wounded soldiers and airmen being transported back to the States. He was of average stature, but in his eyes one saw courage, determination, and the ability to fearlessly lead his nurses in the worst of times. He did not frighten easily. In the private sector, he had paid his dues in climbing the ladder to nurse executive. His calm demeanor and the air of confidence earned from wartime experience made him the perfect leader between senior hospital administrators and line staff. He fit the role of the nurse CEO.

The annual hurricane preparations at Charity had been in place for as long as any nurse could remember. The yearly exercises had engendered an assured attitude of survival. Many nurses proudly told people if you were “raised up” at Charity, you had confidence that you could survive anything. Monster Hurricane Katrina? So what?

But this hurricane was different. Could it be the tragic killer disaster everyone feared? They called it *The Big One*. The old veteran nurses kept respect. The city had a history of evading killers like Camille. Somehow, this hurricane was different. Maybe their time had come. As the hurricane drew a bead on the city, many braced for the dreaded “worst case scenario,” as it was famously known to the National Weather Service.

While over a million people already fled South Louisiana, many nurses and doctors realized the peril for those left behind. “It was kind of strange to be the only one on the interstate coming into

town,” said a Ready Team member enroute to the hospital, “when it looked like everyone else on the other side of the interstate seemed to be headed out of town.”¹³

These moments made some nurses feel the eye of the killer was headed directly for them.

It is the duty of nurses to remain calm in life-threatening events, otherwise your patient could be lost. But some were scared stiff and not afraid to admit it. The ER nurses who had seen every kind of injury and trauma the devil could imagine had not seen a direct hit on the city since Hurricane Betsy in 1965. The city was overdue and they knew it.

Lucy, a veteran of the ER, was nervous about the storm, “I don’t know what it was—I mean I’ve been on the Ready Team for years—but I never had this feeling about a storm before.” Lucy asked that her name be changed for this interview. She spoke softly, earnestly. “I just knew this was *The Big One*. It was headed right for us. I was worried about my daughter more than anything else, so I found her a hotel on Canal Street and told her to just sit tight.”¹⁴

Lucy is a devout, caring person who has lived in the sometimes horrific atmosphere of a big city ER, seeing the worst that man and machines can do to another human being. The ugly possibilities swirled in her mind as she thought about the Sunday night meeting they all faced with the hurricane called Katrina.

It was after midnight on Sunday and the traffic was still inching on I-10 out of town. Katrina seemed to be headed directly for New Orleans, fulfilling the worst nightmares of many residents in the Big Easy and the Gulf Coast. Over 100,000 residents stayed behind to endure the killer storm. Katrina had grown to an enormously powerful Category 5 storm, and the TV weather reports had the monster aimed directly for New Orleans.

CNN correspondent John Zarrella, reporting from the French Quarter in New Orleans on Sunday night, August 28, 2005, said, “It’s that calm before the storm, that eerie feeling...a light, light breeze, the wind barely moving. A little bit of a drizzle.”¹⁵

Early Monday morning, the outlying feeder bands of the hurricane lashed South Louisiana with rain, and the NWS reported 55-foot high waves and winds over 175 mph in the eye of the storm. The massive hurricane covered an area 1,000 miles by 1,400 miles and pushed a 28-foot storm surge ahead of it, crushing everything in its path.¹⁶

At 6:30 a.m. the storm surge poured over the levees protecting New Orleans East from Lake Pontchartrain and within a few hours flooded the entire region, including Pendleton Memorial Methodist Hospital. Surprised nurses in the ER watched as a trickle of rain water suddenly grew to a torrent, announcing the huge levees only



Residents who could not get out in time and those who need medical care converge at New Orleans hospitals. Some walk in, some wade in.

a few hundred yards away had been overtopped by raging storm surge. The destructive killer winds on the left side of the eye swept across the overloaded Lake Pontchartrain driving million of tons of water at the levees, then over the top. New Orleans East was doomed in minutes.

Pendleton had endured a miserable night of high winds, storm damage, broken windows, nurses scrambling to protect patients, staff and families. In the early morning light director of nursing Carol Beck-McCulloch realized the terrible impact of the rapidly rising water. She quickly turned to the staff and ordered them to move the ER to the next floor up. Patients, families, equipment—everything had to move before the rising water caught them. In seconds Pendleton would be surrounded by floodwaters soon teeming with snakes, alligators, and refugees trying to survive.

Suddenly, it seemed the hand of God intervened. The hurricane began to slightly wobble on its course, suggesting the city might avoid a direct hit. The massive eye of the storm was 30 miles wide, and it now directed its fury on a path slightly to the east of New Orleans, throwing its most intense and dangerous side directly toward the coast of Mississippi and Alabama, but sparing the city a paralyzing direct hit.

Katrina weakened to a Category 4 as it closed on the Louisiana coast and it came ashore at Buras, Louisiana, 65 miles south southeast of New Orleans, at 6:10 a.m. It destroyed everything in its path with sustained winds of 140 mph, gusts up to 200 mph, and a 21- foot storm surge. The killer ravaged a twenty-mile wide section of the Mississippi River levee below Port Sulphur, then jumped the mighty river on a course due north. The powerful right side of the hurricane smashed the Mississippi Gulf Coast for hours.

“The Water’s Up to My Neck and I Can’t Swim!”

“When the water hit the Lower Ninth Ward, it went from nothing to as high as 14 feet within 23 minutes,” testified New Orleans Police Department Superintendent Warren J. Riley.¹⁷

When he walked into the Communications Section to get a report, he found almost every dispatcher and 911 operator crying.

“Chief, you have to listen in on the calls,” a dispatcher said. He heard panicking mothers, fathers and children begging for help:

“I can’t swim.”

“My babies can’t swim.”

“My husband has drowned—please help me!”

“The water’s up to my neck and I can’t swim!”

“Oh my God, the wind just blew my husband off the roof!”

“God please help me!”¹⁸

The New Orleans Police Department fielded over six hundred 911 phone calls in 23 minutes but officers were powerless to help in winds over 100 mph.¹⁹

In the next few hours, the NOPD would see most of its stations flooded or destroyed, most of its equipment ruined and useless.

The New Orleans Fire Department suffered a similar fate of near total destruction, flooding and lost equipment.

The Louisiana National Guard headquarters was destroyed by a tsunami that flooded its trucks and equipment then swept a flood of water into its historic compound.

The modern FBI headquarters on the Lakefront was flooded and destroyed. The Coast Guard station on the Lakefront was washed away.

But the two most important organizations of men, women and machines had the foresight and experience to protect their assets and prepare for the most important mission of their lives. The Louisiana Department of Wildlife and Fisheries and the Coast Guard were experts in rescue at sea. The wildlife agency protected its patrol boats before the storm hit then prepared to launch shallow water *bateau* boats into the rapidly flooding city. In the most strategic action of the disaster, the Coast Guard moved helicopters to bases west and east of the storm for protection. The birds were poised to operate as soon as the hurricane blew inland.

Bordering the west side of New Orleans, the 17th Street Canal is the largest drainage outlet with the greatest pumping power in the city. A levee failure on this canal would be catastrophic because the massive pumps would have no place to send the floodwaters.

The concrete retaining walls of the canal toppled over. The torrent of water rushed from Lake Pontchartrain on the north side of the city into the fashionable neighborhoods of Lakeview, then further south to Mid-City.²⁰

The Lakeview neighborhood was a lovely section of modern brick veneer houses built in the 1950s and later. The lovely postwar construction was favored in a community of older houses, but it had one tragic characteristic—the 17th Street Canal bordered on the west. As the retaining wall collapsed like dominoes, larger and larger waves from Lake Pontchartrain pushed into the city. The waves of water tossed aside wooden houses and simply swept the modern brick houses off their foundations. Entire blocks washed away in seconds. Lake Pontchartrain would pour in for the next four days, eventually covering everything with 4 to 12 feet of water.

At 7:45 a.m., two massive sections of the floodwall collapsed on the east side of the Industrial Canal, sending a torrential tidal wave into the lower Ninth Ward, Arabi, and Chalmette. The storm surge swept a 300-foot barge into the Lower Ninth Ward and flooded a large section of the city.²¹

Houses swept along with the torrent, only to be found blocks away, completely destroyed. Barely 45 minutes later the surge rolled over the secondary levee protecting St. Bernard Parish, and put its only hospital, Chalmette General Hospital, out of operation. Patients, families and staff quickly scurried to the second floor as the water rushed into the hospital.

Lindy Boggs Hospital was the next victim. The destruction and overtopping of levees and floodwalls in New Orleans continued with a vicious force. At 9:45 a.m., the 17th Street Canal floodwaters reached Mid-City, inundating Lindy Boggs Hospital. Although the flooding had begun early that morning, it was not reported in the media until much later in the day.²²

Hurricane Katrina had devastated New Orleans. Few people would understand the depth and severity of the damage until later Monday. Even though the hurricane marched rapidly north, the tidal surge from Lake Pontchartrain continued to pour into the

city for four more days until it reached the level of the lake on the north and the Gulf of Mexico on the south.²³

In all of the other disastrous hurricanes in US history, the water drained away, but this hurricane was different. This time, the water stayed. Satellite weather images showed a city that was 80 percent underwater with all of its important pumping stations deeply submerged and fatally wounded.

John Jones and most of the nurses at Charity exhaled relief that the monster had moved north. The balmy skies that followed bore no hint of the trauma to come to the city and everyone who did not evacuate. The Ready Team thought Charity had dodged another hurricane, and they would be going home in a day or two.

When the floodwater climbed the ER ramp, people realized this hurricane was not going away quietly.

They had no idea of the coming ordeal at the *Big Free C*. And every other New Orleans hospital, retirement home and clinic.