Mississippi Oral History Program

Hurricane Katrina Oral History Project

An Oral History

with

Gregory Scott Ladner

Interviewers: Wanda Jones and Crystal Threadgill

Volume 1090
2006

This transcript is for reference and research purposes only. It is protected by copyright. Permission to publish must be requested from the Center for Oral History and Cultural Heritage. Contact information can be found at http://www.usm.edu/oral-history.
Biography

Gregory Scott Ladner was born December 29, 1979, in Crosby Memorial Hospital in Picayune, Mississippi. On May 16, 2000, he married Elizabeth Ladner. At the time of this interview, they had one child, Donnie Ladner (born December 26, 2005).

Ladner attended Roseland Park Elementary School and Picayune Memorial High School, from which he was graduated. He earned his ADN from Pearl River Community College. At the time of this interview he was a registered nurse working at Highland Community Hospital. He enjoys hunting and fishing and spending time with his wife and son.
## Table of Contents

- Personal history ................................................................. 1
- Choosing nursing ............................................................. 2
- Typical ER patient census at hospital ............................... 3
- Preparing for Hurricane Katrina ....................................... 3
- Surgery roof peeled off by wind, collapsed during Katrina ... 5
- Emotional tone of hospital residents during Katrina .......... 5
- Staff at hospital during Katrina ......................................... 6
- Unusual tasks nurses performed during Katrina ............... 6
- Influx of emergency cases after Katrina ............................ 6
- Hospital building unsafe, triage on outside dock after Katrina 7
- Short on supplies ............................................................ 7
- Physicians ........................................................................ 7
- Going home after Katrina .................................................. 7
- FEMA .............................................................................. 8
- Emotional support at hospital .......................................... 8
- MASH arrives .................................................................... 8
- Hospital staff exhausted .................................................. 9
- Staff’s losses ..................................................................... 9
- Belief during Katrina that all would be well in the end ...... 10
- Lessons learned ............................................................. 10, 11
- Aftermath of Katrina was stressful ................................... 10
- Forrest General Hospital .................................................. 11
Threadgill: Would you state your full name for the record and spell it?


Threadgill: Where and when were you born?

Ladner: I was born at Crosby Memorial Hospital in Picayune, [Mississippi]. Date of birth is December 29, 1979.

Threadgill: What are the names of your parents?

Ladner: Greg and Janet Ladner.

Threadgill: Tell me a little bit about your childhood, growing up.

Ladner: I was raised locally just outside of town in the country, went to school in Picayune, married a girl who was local, and just nothing major.

Threadgill: So you essentially have fond memories of your childhood.

Ladner: I do.

Threadgill: OK. Tell me about when you were in high school.

Ladner: OK. I went to high school across the road at Picayune Memorial High School. I was in the band; I played the drums. I ran track. When I was a sophomore I actually started dating my wife and just fond memories of high school.

Threadgill: OK. Was there any single event in your life that made you decide to become a nurse?

Ladner: Well, my mother and also my grandmother, her mother, were both nurses and coming right out of high school, I mean, to be honest with you, I wanted to get
married, but I wanted to have a job where I could make a decent living to support my wife and family, so that’s why I really became a nurse.

Threadgill: How long have you been a nurse?

Ladner: Six years.

Threadgill: Six years.

Ladner: Um-hm.

Threadgill: What areas have you worked in?

Ladner: I’ve done telemetry, ICU [intensive care unit], a little bit in the cath [catheterization] lab and emergency room.

Threadgill: Would you say you have a favorite or least favorite?

Ladner: My favorite would have to be the emergency room; my least favorite would have to be med-surg [medical/surgical].

Threadgill: What area are you currently working in?

Ladner: Emergency room.

Threadgill: OK. What’s your title there?

Ladner: I’m just staff/charge nurse.

Threadgill: OK. And what are your responsibilities there, here in this, you know, comparing this being a small town to other areas? Just give me an idea of what an average day is at this point.

Ladner: We are extremely busy. We have got quite a significant increase in the population. We see probably anywhere from thirty to fifty patients per twelve-hour shift. And being the only hospital between like Hattiesburg and Slidell, you know, we’re liable to see anything. If it needs to be somewhere else, we’ll ship it at somewhere else, but there’s really hardly anything we don’t see.

Threadgill: OK. What would you say the, prior to Katrina, what was the working environment like? What was the morale? How well did you get along with your coworkers, that type of thing?

Ladner: We all got along just fine. We tend to sometimes play pranks with each other and, you know, have fun. Patientwise we were significantly less busy. I mean,
there were days that we would basically hardly do anything at all sometimes, so there was definitely—it was an easier work environment.

**Threadgill:** Has your role as a nurse affected you much personally? Do you feel like things are the same?

**Ladner:** I think they are. You know, I don’t tend to wear my emotions on my sleeve, so there are a lot of things I see that I just have to kind of, you know, put in the back of my mind that would make you sad or make you think about giving up nursing altogether, but I just have to take it in stride.

**Threadgill:** OK. Well, what was it like maybe two or three days prior to Katrina?

**Ladner:** Well, we were just, both here and at my house, we were just basically getting ready. A few days before, they were still figuring it was going to take a turn and head somewhere else, but we were going ahead and taking some precautions, getting ready just in case it didn’t because it’s hard to really tell where those things are going to go until they actually do make landfall, so just a lot of preparation.

**Threadgill:** So in your mind, two or three days before, did you feel like you-all were pretty much adequately prepared?

**Ladner:** Yeah, for the most part. I mean, nobody could’ve prepared for the magnitude that it actually wound up being because we, you know, other than older people who have been through like [Hurricane] Camille, we’ve never seen anything like that before. But, you know, as well as we could have been prepared, I think we were.

**Threadgill:** OK. Well, what about within twenty-four hours of the hurricane as compared to three days before? It’s getting closer to that point, so what’s going on then? What are you thinking then?

**Ladner:** Everybody’s getting unnerved at that point because by that point we actually knew it was headed for us, and we knew it was going to be quite a devastating storm. I wouldn’t necessarily say panic, but everybody was quite uneasy.

**Threadgill:** So you still felt like within that time within twenty-four time, even though there was somewhat of a panic you still felt like there was adequate plans in place for a staff and the patients?

**Ladner:** As best as there could’ve been. I mean, we are in an older building, and we don’t have a lot of rooms and all that, so they made the best precautions that they could with what they had.

**Jones:** When did you come to work that Sunday or Monday?
Ladner: I actually worked my night shifts all in a row, six on and eight off. I came—let’s see. I was there that Thursday, Friday, Saturday and Sunday night. I think I stayed over—I worked Sunday night, and then I stayed over Monday morning, so I was actually in the hospital when the storm actually hit.

Jones: And you were working in the emergency room at that time?

Ladner: Yes, ma’am.

Jones: Did you have patients coming in, like an increased number of people coming in either for care or for refuge, Sunday night?

Ladner: We did. We certainly did; had quite a few. Those numbers actually got significantly more after the fact when nobody had electricity or water or ice or anything like that. We had a lot more come in at that point.

Jones: What kinds of preparations were you doing last minute, like early Monday morning?

Ladner: As far as the hospital?

Jones: Um-hm.

Ladner: At the hospital? At that point we were just trying to, they were just trying to get a kind of a read on the staff, find out where everybody was, find out what everybody’s plans were. If you were scheduled to be in, you’d come stay the night before if you got to work that day. If you worked at night, then of course they weren’t going to let you go home in the middle of a hurricane. So I mean, that’s a lot of what that entailed.

Jones: Did you have any of your clothes or belongings with you?

Ladner: I had some. I had a few clothes, some food.

Jones: So you were somewhat prepared to stay.

Ladner: Um-hm.

Jones: OK. And so tell me about how you began to divide up roles as to who was to do what.

Ladner: Basically at that point we weren’t seeing really any patients during the actual storm. We did have some trouble with the roof. The roof collapsed in surgery, and the roof got peeled off in quite a few places, and so there was a lot of water in the hallway. We took a good bit of structural damage, so everybody just kind of pitched in and did their part. The administration directed people where to go, and once you
got where you were supposed to go, you just kind of jumped in and did whatever needed to be done.

**Threadgill:** You’ve been a nurse for a relatively short time. Do you feel like throughout the storm you had a difficult time prioritizing?

**Ladner:** No, no, not at all.

**Threadgill:** So you didn’t feel that you had to take a lot of direction from supervisors and that type of thing?

**Ladner:** No, no, not at all. Me and basically the majority of people that work in the emergency room, we have to prioritize, and I mean, that’s just because anything can hit us from one second to the next. If it’s a wreck that gets us thirty people, we’ve got to be prepared in that aspect all the time, so we tend to be very well prioritized in our care and what needs to be done.

**Jones:** How were people emotionally when the, sort of in the peak of the storm?

**Ladner:** Well, everybody was nervous, everybody that was here. They didn’t have their family with them, of course, and were worried about their family. And the ones that actually had their family here were worried about them because we started having the roof troubles and all that. Everybody was just afraid or worried.

**Threadgill:** So where was your wife at this time?

**Ladner:** She was with her parents.

**Threadgill:** So you weren’t concerned about personal issues?

**Ladner:** Well, I mean, I was worried about her and her parents, but I knew as soon as this storm kind of sort of let up, I was headed out. And I did, probably about two or three o’clock that day. I had my four-wheeler with me in the back of my truck, and I just took off down there. I told my boss I was going to check on the house.

**Threadgill:** Was there any point while you were here that you felt like you had gone beyond the realm of nursing or above and beyond the duty of nursing?

**Ladner:** There are a few instances, but that’s just trying to get people, like during the eye of the storm when we had such structural damage we were trying to get family members and our staff that wasn’t working, that just stayed up here, we were trying to get them across to the gym at the junior high across the street there for shelter. You know, just other things; trying to get everybody kind of hemmed in and get a running tab on everybody, get people in a little bit safer location, trying to, you know for after the storm we were trying to get the patients to different facilities, transferring them out so they could get the care they needed.
Jones: What other staff did you have working with you at that time, like techs [technicians] or maintenance, housekeeping, that sort of thing?

Ladner: We had basically everybody. There was, in my night shift rotation there was a couple of us nurses who were very close that we worked together for quite some time, and we had X-ray techs and, well, one particular X-ray tech and his receptionist and all that, and we stayed pretty well—

Jones: And then in addition to like getting people across the street, what are some other kinds of things that you did that weren’t typically nursing?

Ladner: Just trying to like, after the storm, moving a little debris that was maybe against people’s cars, just stuff such as that, trying to help move a little bit of debris. I don’t really know anything else we really did other than that that was above the duties of nursing.

Jones: When you were moving patients like within the hospital, did you like move patients and then wind up having to move them again somewhere else because that area got wet as well?

Ladner: We did. There were some. There was a couple of rooms in the ER [emergency room], we couldn’t use the floor, had people in the hallway; I mean, they were just—especially after the storm when we had such an influx of people. We were jammed to the gills, and the emergency room had people everywhere, and people that were admitted, some had to go in the hallway. Some had to be moved to separate sections of the hallway when the roof started to leak.

Jones: What kinds of injuries did you see?

Ladner: We basically saw everything from people getting cut, having like glass lodged in their feet, chest pains, shortness of breath, people that are on home oxygen and didn’t have any, weren’t prepared. I mean, we just saw an array of things, back pains, arm pains, neck pains, everything.

Threadgill: Is there any point during the storm that you felt helpless that you couldn’t perform your duties?

Ladner: No.

Threadgill: You never felt helpless?

Ladner: No, ma’am.

Jones: Tell me about managing supplies and medications and that sort of thing.
Ladner: Well, I think it was a couple of days after the storm we actually kept the emergency room open full blast, but the patients, the patient load just got to be too much, and the roof began kind of falling in in places here and there, so it was really a liability for patients’ families and all that, and we didn’t want anybody injured. So they basically set up a triage out on the back dock of the emergency room and in order to manage supplies and medications because we only had what we had, and the supplies were, some of it, a lot of it got ruined and wet and all that, so we were down on supplies. We had to set up a triage area on the back dock and basically triage patients. And if they were not necessarily acute, we had to turn them away in order to—we didn’t have enough supplies or anything for everybody.

Jones: Tell me about relationships with physicians during that period of time.

Ladner: I didn’t have much to do with the local physicians. Dr. Haddar(?), who was a local physician here, loaned me a generator during the storm, but that’s about the only thing I had to deal with him. Our emergency room physicians were basically right there with us the whole time, helping any way they could. I mean, we’ve always had a good working relationship with our emergency room physicians. Dr. Danielson, in particular, was—well, he stayed here, I think, the whole entire time; he was always here. And he really put out an extra effort during that time.

Jones: And so once you checked on your wife and her family, then you came back to work?

Ladner: I did. I left the day of the storm, which was Monday. I went and checked on them, and then I came back to work Monday night, and worked Monday night and Tuesday night, and I think at some point Wednesday I worked.

Jones: So you’d go back home during the day and get some rest and then come back?

Ladner: I’d go home. I wasn’t getting any rest, but I would go home.

Jones: What kind of damage did you have at your home?

Ladner: Not really any. I lost about three shingles, and that was it.

Jones: But you had no power?

Ladner: Um-hm, no power. No power, no water. I mean, that’s just, that was tough in the aspect of, we’re, as a society we really are spoiled where we’re used to our air-conditioning and our cold drinks and everything. And when you can’t even get ice or water, it blows your mind. I mean, it’s really like culture shock to you. But my father was a chief at a local volunteer fire department, and he got FEMA [Federal Emergency Management Agency] to come down and kind of set up a—oh, what’s the word? I forgot what they call it, but he had supplies there that you could go by there and get your supplies, your water, your ice. He would actually send some of his
volunteer firemen out to deliver around the area for people who couldn’t get gas or anything like that. So it was just a couple of hours, maybe; I’d say twelve hours or so that we were really wondering where we was going to be able to get supplies, but it all kind of started falling into place.

**Jones:** Tell me what kinds of examples of emotional support occurred either among staff or you as professionals with your patients.

**Ladner:** Well, we tried to provide the best support we could for our patients, but at that point, I mean, most of them really weren’t, didn’t want to listen to much of anything. They were just basically shell-shocked from what had happened. As far as staff goes, we really leaned on each other. We are a close-knit group, especially in the emergency department, so I mean, we helped get trees out of each other’s yards and all that. I mean, we really bonded together and helped each other out.

**Jones:** Toward the end of the week when supplies were getting less and less and—were you here when the MASH [Mobile Army Surgical Hospital] team pulled up?

**Ladner:** I was here the night—they got there during the day, and I came in that night, so I was here when they first got here.

**Jones:** So tell us about what work was like that night. You were getting ready to transfer patients to them, right?

**Ladner:** At that point they had already started setting up what they saw—they had basically their assigned area, out there at their MASH units. The hospital would keep, I believe they had two nurses, yeah, two nurses from the ER would actually stay in the ER, and just basically if the MASH unit needed anything, we would get them whatever they needed. If they needed a hand, we’d give them a hand, but they had it under control. So I mean, we just kind of basically sat around. To be honest with you, we just kind of sat around in case they needed anything.

**Jones:** But a lot of the staff were at the point of exhaustion—

**Ladner:** That’s true.

**Jones:** —I guess, at that [point].

**Ladner:** That’s what they brought them in for. I mean, we were exhausted both mentally and physically. Night-shifters weren’t getting any sleep during the day. Day shift people weren’t really sleeping at night, I mean, part due to the heat but part due to the stress, as well, so.

**Threadgill:** Did any of your coworkers sustain any injuries, like during the storm or after as far as cleaning debris or that type of thing?
Ladner: No, not that I remember then; nobody did.

Jones: A lot of the staff lost their homes or belongings?

Ladner: A few did. For the most part, a lot of people did OK. I think everybody had roof damage but other than that as far as losing their entire home, I mean, most everybody came out all right.

Jones: How has going through that storm changed you personally and professionally?

Ladner: Um—

Jones: Or impacted you, not necessarily changed you.

Ladner: Well, I mean, going through it, it was tough. I don’t really know how it really impacted me. I mean, it was a tough couple of weeks, but things kind of got back on line, and it was just something that I’d never been through, something I don’t necessarily want to go through again. Other than that I just, I don’t know. I really don’t.

Jones: Were there times that the storm was so bad that you thought maybe y’all might not make it through?

Ladner: No. No. I mean, we saw, we sat on the back dock there, and we could see the roof of a building over there being peeled off. Our roof sustained damage, but it wasn’t to that point around here where we were worried about actually making it through. We knew we would make it through. It was bad but, I mean, it wasn’t to that point where we were worried for our lives. I think we were more worried for our family members than ourselves.

Threadgill: You sound very positive about this whole experience. Comparing the way you feel, what you were thinking at that time? Do you think other nurses felt the same way, or others of the community were as calm and felt as positive that they would make it through?

Ladner: Oh, I’m sure a lot of them didn’t. Coworkers, we did OK. There were times we were very anxious about some things, but we made it through OK. The community as a whole was basically blaming the government for not getting down here when they should and all of that, which is still going on to this day. They’re still blaming FEMA for all that, but they did exactly what they could do. I mean, they couldn’t do any more than I think they did. They got us supplies when we needed it, got us help when we needed it.

Jones: How do you feel right now that the hurricane season has just begun, and what kinds of things were going through your mind?
Ladner: Oh, well, basically, with my infant son, we will stick around for smaller hurricanes, but I’m not going to subject him or my wife to that recovery period again. I don’t want to worry about whether or not I’m going to be able to get him baby food or have enough gas to even go to town to get baby food. I’m going to take them, and we’re going to go.

Threadgill: So what is that you would perhaps do differently now that it’s hurricane season again, in comparison to the way that things went before?

Ladner: Well, just plain simply the fact that I would actually evacuate. I mean, we’ve always, any hurricanes that we’ve had we’ve always stayed and rode them out. We never, never evacuated before. So I think in that aspect just the fact that I’m not going to subject my family to another one. And what really, the hurricane wasn’t as bad. It was just that period afterwards that was really the worst on everybody.

Jones: How long were you without power?

Ladner: Just a couple of days over two weeks. It was about two weeks we were out of power.

Jones: Here at the hospital, what kinds of preparations are you making that are different or in addition to what you had done last year?

Ladner: The only thing I’m doing different is actually having an evacuation plan for a bad storm. I mean, that’s the only thing I’m doing differently.

Jones: Has the hospital had additional safety meetings and more formalized plans for evacuation of patients, I guess stronger relationships with other hospitals or more formal relationships?

Ladner: As far as like being maybe public knowledge, I don’t know of any but just the fact that we were actually acquired by Forrest General [Hospital] as being part of them, basically. They should have better contingency for patient evacuations if we’ve got to get them out, and being part of Forrest General, they ought to be able to really help us out. So I think that’ll work out in that aspect.

Jones: If you were speaking to a group of nurses who, somehow we knew that they were going to go through this storm, this kind of storm, what kinds of things would you talk to them about?

Ladner: Well, I mean they, if they definitely, if they have families they definitely need to think about their families and get them plans for evacuation. If they do have families but don’t necessarily want to have their families evacuate without them then, I mean, they really need to examine what’s actually important. If you go and have to get your family—if it’s the only way you can get your family out of harm’s way, I mean, you have to do what’s best.
**Jones:** And if they’re going to be working during that period of time, what would you tell them?

**Ladner:** Just basically don’t let your emotions get the best of you. You’re going to be scared. You’re going to be anxious. You’re going to be basically overworked, exhausted. You just have to power through until there’s actually help available for you.

**Jones:** Is there anything that we have not asked you that you would like to share with us or like to say?

**Ladner:** No, ma’am. No, I don’t think.

**Jones:** OK. Thank you very, very much.

**Ladner:** You’re welcome. (brief interruption) Basically, in our field, if we let our fears get the best of us, if we get anxious and kind of freak out, it’s going to impact the patients and everybody around us, so even though it’s hard, we have to keep everything in check and just think about the consequences of our actions.

(end of interview)