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AN ORAL HISTORY

with

PAM McVEY

This is an interview for the Mississippi Oral History Program of The University of Southern Mississippi. The interview is with Pam McVey and is taking place on August 29, 2006. The interviewers are Stephanie Scull-DeArmey, Jeremy Carroll, and Karen Lundy.

Scull-DeArmey: This is an interview for The Center for Oral History at The University of Southern Mississippi, and it is the Hurricane Katrina Project. Today is Tuesday, August 29, 2006. It is the one-year anniversary; a year ago Hurricane Katrina hit the Mississippi Gulf Coast. We are at Biloxi Regional Medical Center. The interviewee is Pam McVey. The interviewers are Stephanie [Scull-DeArmey], Jeremy Carroll and Linda, not Linda, Karen Lundy. And so I’ll just start the interview, Pam, by asking you to state your name and spell it for the record, please.

McVey: OK. My name is Pam McVey, M-C-V-E-Y.

Scull-DeArmey: Thank you. And where were you born?

McVey: I was born in Minneapolis, Minnesota.

Scull-DeArmey: And when were you born?

McVey: January 10th, 1957.

Scull-DeArmey: OK. And where did you grow up?

McVey: I grew up in Minnesota; mostly suburbs of Minneapolis, Minnetonka, Minnesota.

Scull-DeArmey: What brought you down to the Mississippi Gulf Coast?

McVey: I’m a drifter. I am. I essentially, I went from Minnesota to St. Louis and St. Louis to New Orleans and New Orleans over to Mississippi.

Scull-DeArmey: OK. And why did you become a nurse?

McVey: Not for very noble reasons. I actually wanted to be a vet, and I’m an animal fanatic, and you know, my dad, in all of his wisdom, said, “Well, you know, what are you going to do when some little kid brings in their puppy, and the puppy has to be
put to sleep?” And I said, “Ooh, you know, I never thought about that.” So then I was
going to go into physical therapy, and they said, “Oh, no, no, no,” because I was going
to the LSU [Louisiana State University] program in New Orleans, and they said, “You
know you have to work on human cadavers to do physical therapy.” And I said, “Ooh.
Well, I don’t want to do that. So let me try out nursing.” And so I went into the BSM
program at LSU and still had to work on human cadavers. So here I am. (laughter)

Scull-DeArmey: OK. And is that where you got your degree?

McVey: Yes.

Scull-DeArmey: LSU. And you are an RN [registered nurse]? Is that right?

McVey: I’m an RN, um-hm. One semester away from obtaining my masters.

Scull-DeArmey: Fabulous. Are you working on it steadily along?

McVey: Oh yeah, yeah. In fact this December I should graduate.

Scull-DeArmey: Oh good. That’s great. That’s great news. Well, we’re going to
really broaden the discussion out and just ask you if you would to tell us about your
experience with Hurricane Katrina.

McVey: OK. Well, being in the administration part of it, preparations before the
storm started, days in advance. actually, let me just tell you that our preparation starts
years in advance. We put a lot of time and effort and emphasis into education for the
staff. We do hazard surveillance, hazardous rounds, extensive training. We go unit to
unit every month, and we have an entire, you know, emergency operation manual,
environment of care manual. And it’s got what to do for utility failures, what to do for
this, what to do for that. And so we spend a lot of time educating the staff. If the
power goes down, what do you do? If you can’t use the elevator, what do you do? If
there is no water, you know, how do you flush toilets? How do you wash your hands?
How do you bathe your patients? And we drilled down on this constantly. If there are
no phones, how do you get your messages? Well then, we have a runner, and we run
from person to person. We got back to the old method. And we drill down on this
constantly. So when we get to the storm, any storm, any disaster, then that has already
become like a second nature, a rote. Nobody has to think anymore about what to do in
these situations. They just automatically do it. So we do a lockdown. We pretty
much say, “Before the roads and the bridges close, you need to be here.” The people
that are going to work the storm, we do like A teams and B teams during the storm and
then recovery period. So we locked down probably around seven o’clock the night
before the storm. And everybody’s kind of, nobody really knows what to expect. And
we’ve done this many times and partied, and everybody went home the next day, and
everything was fine. So there was a, given the size of the storm, there was more
concern. And given—of course you’ve probably heard this a million times—that Jim
Cantore was on the beach—(laughter)
Lundy: He’s become the grim reaper, we’ve decided.

McVey: And then—

Lundy: I didn’t realize he was such a—

Carroll: Bad omen?

Lundy: Yeah.

McVey: And this has always been the joke here. All of the staff would always say, “I’ll tell you what. The day Jim Cantore appears on our beach, I’m not coming. I’m getting out of here.” Well, of course don’t you know that morning, there he is, so.

Lundy: Thank you, Jim.

McVey: Thank you, yeah. Everybody was in a little bit of panic, so there were more nerves probably going into this storm given the size and given him being there then, than normal. And so we locked down, and the night shift that was scheduled for that night worked the shift.

Scull-DeArmey: What is the purpose of lockdown? First let me say, does that mean that no one comes or goes?

McVey: No.

Scull-DeArmey: What is the lockdown, and what is the purpose of it?

McVey: The purpose of it is primarily to give a sense of, “OK, we’re here.” Well, we do lockdown. We do, we all, we have automatic locks, computer locks that we can lock the perimeters and all the doors, and so we do do that. Everybody’s, all the employees have badges with bar codes, or we have key fobs that you can use like to get in. So you can gain, all employees can gain access. What you want to do is to start controlling the number of people that are coming in and out of your facility.

Lundy: Yeah.

McVey: Because a hospital, especially a half a block off the beach, is not a safe haven for the general public to come and just mob your lobbies and your waiting rooms and your cafeterias and everything, so we do the lockdown. And that’s pretty much like, and then also it gives a sense of structure and timing to our employees. Say, “OK. This is kind of it. Get in, get settled.” Yes, they can come and go but—

Scull-DeArmey: It’s kind of a deadline.
McVey: It’s a deadline, exactly. And the staff all knows that you have to be here, obviously, before they shut down the bridges, and that usually happens at about, AMR declares that, and I think it’s probably forty- or fifty-mile-an-hour winds, the old bridges (laughter) that come up and down, they close it down.

Scull-DeArmey: OK. Hold that thought and let me just get some clarification on something you said earlier. You said you do hazardous rounds. What does that mean?

McVey: The hazardous rounds are where we go—and we go unit to unit—to make sure that everybody understands what to do if there’s a power outage, what to do if the utilities go down, communications go down. How are you going to function because on any given day, any kind of disaster, any kind of storm, any kind of anything, you can lose telephone service, but you still need to make contact within the hospital? So how are you going to do that? If whatever reason we have a water failure, you can’t flush the toilet; you can’t run the water to wash your hands. What do you do? You use bottled water; you use alcohol rub. You do those types of things. You walk from department to department. Instead of faxing a piece of paper, you walk it from the sixth floor to the lab. What do you do if the elevators go down? And so that’s what we do with our hazardous surveillance rounds, in addition to looking for outdated supplies, equipment, safety issues, ceiling stains, ceiling tiles, fire doors that don’t close, those types of things.

Scull-DeArmey: OK. And you mentioned an A team and a B team. What does that signify?

McVey: The A team is the team that will be here during the storm. And the B team is to come in as soon as they can get here, after the storm. And the A team can’t go home, of course obviously, until the B team is here and in place and ready to take over.

Scull-DeArmey: OK. Is the A team voluntary or—

McVey: Pretty much.

Scull-DeArmey: — are assignments made? OK.

McVey: What we try to do is—we’ve never had a problem with staffing pre-Katrina. We’re not really sure how that’s going to work post-Katrina. So far, it’s not been tested, and we’re grateful for that. Usually the A team, yes, it’s voluntary, and it’s not voluntary. First of all, every employee that applies here knows that they are required to be here to work any storm. So they know that upfront that’s the conditions that they accept employment. After that it’s like our nursing staff works Monday through Thursdays; that’s one shift. And Friday, Saturday, Sunday is the weekend shift. So if the storm is going to occur on a Monday or a Tuesday, then the Monday-through-Thursday crew is here. If it’s a weekend, then the Friday-Saturday-Sunday crew is here. Exceptions are always made if there’s a single parent with nobody to watch the
children. People who said, “You know what? I would go absolutely crazy at home. I would rather be there working,” so there’s a lot of leeway in between. Post-Katrina we’ve made exemption forms that identified specific things that would be considered for exemption to work the storm, so.

**Scull-DeArmey:** Um-hm. What are some examples?

**McVey:** A single parent with nobody else to watch the children, an elderly person living in your home that you’re the sole caregiver for, physical illness, or we do have some people who would not be able to withstand the temperatures, those types of things: asthma, CHF [congestive heart failure] Your employees, a lot of times, are just as sick as the patients in the beds.

**Scull-DeArmey:** Hm, interesting, right. OK. So we were at lockdown.

**McVey:** We’re at lockdown, and so three days after the storm, I couldn’t have given you a timeline as to what time Katrina came in. I really couldn’t. I know it came in during the day, so of course what typically happens is the night shift doesn’t sleep the night before, but even those that are off, they don’t sleep. The day shift comes—well, let me just say this. The shift that’s supposed to be off and sleeping doesn’t sleep because they’re all excited, and they’re all wound up, and everybody is running around.

**Scull-DeArmey:** Cannot sleep.

**McVey:** Right. So when the storm came in, of course, nobody had slept. And I know it came in in the morning, and by ten o’clock in the morning I had looked at a couple of clocks on the wall, and it was ten o’clock in the morning, and I said, “Oh, my gosh! That’s so weird. All the clocks stopped at ten o’clock,” when in fact, they hadn’t. It had just seemed like that we had put in a full day of work already by ten o’clock in the morning.

**Scull-DeArmey:** Oh, man.

**McVey:** And I just looked at the clock, and I was like, “Oh, there’s no way all the clocks stopped at ten.”

**Lundy:** You thought it had already been a day?

**McVey:** Uh-huh. I thought it had already been a day, and it was only ten o’clock in the morning.

**Scull-DeArmey:** Wow.

**McVey:** So it had been raging for a while. The first thing that we did notice, of course, were things that were starting to fly off of the roof and flying past some of the
windows. Myself and Donna, who’s my assistant chief nursing officer, we made rounds constantly from all the units, all the nursing units, just kept recycling constantly. At one point, I don’t remember—well, let me just say, early on we had—and I’m sorry this is so terrible—

Scull-DeArmey: It’s all right.

McVey: Early on we had made a plan in the incident command center that when the winds reached eighty miles an hour we would take the patients out of the patient rooms and put them in the hall.

Lundy: Yeah.

McVey: Well, of course there’s no way to know when the winds reach eighty miles an hour.

Lundy: I thought you were going to put your finger out. (laughter)

McVey: It may be time to go.

Lundy: That, we should know that as nurses, right?

McVey: Yeah, exactly.

Lundy: What instrument or something.

Scull-DeArmey: You should be able to tell by looking.

Lundy: Tell by looking, yeah.

Scull-DeArmey: How fast did it go past?

McVey: But it sounded good, and at least it was the basis of a plan for us, and at some point patients had to come out of the room and into the halls. OK. So that was the main thing for sure.

Lundy: Measurable.

McVey: Measurable. So we got them into the halls, and then there were, we had a nurse and her small child that was here, and they were sleeping in an empty patient room, and the window blew in. And that was the first window, thank God, that blew in, was an employee, and I say that versus a patient. And we got her and the child out with no injuries, but of course there was high hysteria on her part, primarily for her three-year-old. So that was the first thing. It was like, “Hoo!” But we had already gotten all the patients into the hallway prior to the windows starting to blow in. Once that first window blew in, it seemed like they started blowing in on a very regular
basis. And what happens is—and I don’t know the physics of it and how it all works, but after it blows in, after a certain point and time, it wants to suck everything in the room out the window. So the ceiling tiles, of course they all go flying, and you don’t want to get these wind tunnels ripping through your whole building, so the faster that you can board up these windows, [the better]. So our maintenance guys who were just as much heroes as our direct caregivers, we lined them up with goggles and sleeves and everything. And they actually went into in the height of the storm, with all this glass and equipment and everything swirling through these rooms, and boarded up the windows right in the middle of the storm. What the rest of us had to do, because the doors all opened inward instead of out into the hall, we all had to pull on them. So we were like hanging on and pulling to keep the doors closed to decrease the suction for the guys that were trying to nail the window shut.

Lundy: Keep them closed, you mean?

McVey: We had to keep, yeah, so that nothing was flying into the hall.

Lundy: Flying into the hall, OK.

McVey: And then it decreased the suction for the guys—

Scull-DeArmey: To be drawn out of the window, right?

McVey: —from going out the window. Correct.

Lundy: Gosh.

McVey: So that was interesting. And they started flying in on sixth and on third and on fifth.

Lundy: Was there a pattern to the windows? Did they start going from the top down, or would they just start breaking all over?

McVey: They just started, they just started breaking. And so—

Lundy: Did you expect that?

McVey: No, not at all.

Lundy: You didn’t? I mean, it was just completely—

McVey: No, because our windows are built for Category Four or Five.

Lundy: So you just, it just really did surprise you?
McVey: It really did surprise us. The windows are built to breathe so they suck in and out all the time, which can be unnerving because they’re flexible.

Lundy: Because you see it.

McVey: Oh, yeah. And they just kind of like, whew! That whole glass is just kind of going in and out. And of course the building sways a little.

Scull-DeArmey: Ooh.

McVey: And you’re like, “OK. It’s supposed to”—

Carroll: Yeah.

McVey: So that it doesn’t just topple, it’s like, “It’s all good. Everything’s working like it’s supposed to,” until, chom, the first windows blew in. And truthfully we don’t know if debris would strike the window and then with the—

Lundy: Yeah, it shatters.

McVey: —wind force. We don’t know. So that was unnerving. That was the first thing that happened. Well, like I said, we have six floors to the hospital. So at some point I was on the sixth floor, and a significant number of windows, or so it seemed. I never really knew how many ended up blowing in, and the sixth floor was rocking pretty well. And we have big plate glass windows at the end of each hall that look over the Gulf, And those were boarded up prestorm, and it was getting just kind of, just a little dicey. And so I called up at the incident command center and I said, “I really want to move the patients.” And things were flying off the roof. So, “I want to move the patients off of the sixth floor down to the lower level.” And they said, “Do it.” Well, by this point in time of course the rain was just absolutely pouring. The wind was heavy, and the rain was heavy at this point in time. So when we got to the elevator shaft—and of course the power was out; we were on emergency power, so the lights would be on sporadically and off sporadically. But rain was pouring down the elevator shaft and into the elevator. And of course, they’re open to the roof for, I guess for ventilation or whatever, and so the whole cable cars were swaying, and the sound is tremendous because it is a big tunnel. And the water was pouring in, of course, over the light fixtures and everything. So then you’re faced with, “OK. Do you try to haul all these patients piggyback down the stairs to the first floor, or do you take the elevator?” So we took the elevator. Now to our (laughter) to our self—

Lundy: This is like a horror movie, isn’t it?

McVey: Yeah, it is.

Lundy: Does it sound as bad as you just—I mean, I’m just imagining this right now, not just the sound, but the lights blinking off and on in the elevator.
McVey: And water pouring into it, and the whole thing’s swaying.

Scull-DeArmey: What if we get stuck in the elevator?

Lundy: (inaudible) umbrellas over it? I mean—

McVey: Oh, no. You didn’t have (inaudible). I mean—

Lundy: I mean, is water pouring on you and the patients?

McVey: Yes. Yeah.

Lundy: Oh, gosh.

McVey: Well, my assistant Donna, it was so funny when the elevator opened. She was like, she looked at me, and she said, “We’re not really getting on that, are we?” (laughter) And I said, “Uh, yeah.”

Carroll: Did you have any preset ideas that this was safe or any regulations of how, you know—

McVey: Like—

Carroll: —how safe this was?

Scull-DeArmey: When you decide that you’ll take the elevator versus the stairs.

Carroll: Or was it purely instinct?

Lundy: Because there’s always, there’s only that little, bitty thing that says, “Do not use in case of fire.”

McVey: Fire, right, it doesn’t say in case of wind and water.

Lundy: Wind and water. (laughter)

Scull-DeArmey: That’s right.

Lundy: It just says, “Do not take in case”—that’s the only little warning. It shows somebody taking the stairs, and the elevator’s on fire.

Carroll: I was wondering if they had told you that under these circumstances an elevator can still operate; under these circumstances, it can’t.

Lundy: No. They’re not one, not that condition.
McVey: No. And see we’re on generator power by that time. I should have told you that as well. And no air-conditioning works under generator power.

Lundy: Right, found out that, yeah.

McVey: OK. So August 29, Biloxi, Mississippi.

Lundy: Four hundred degrees.

McVey: Yeah, it’s hot. And so then what you do is, you’re like, “OK. Do I (laughs), do I really want to keep running up and down the stairs, or do I want to take my chances in the elevator?” (laughter) And after a certain point of time—

Lundy: And it’s wet. Wet is OK.

McVey: Well, we wanted to take the elevator, and so we did that, and we got the patients all moved down. And to our staff’s credit, which is amazing—and I put it back first of all to the spirit of our staff here, and I hope you’ve been able to see from the people—

Lundy: We have.

McVey: —that we’ve talked to, they are phenomenal. They are phenomenal, and the training that they had in the disaster education where they didn’t have to think about what they needed to do in those emergency situations, they could just do it and care for the patients. Only one of our patients in the entire hospital, that I’m aware of, actually even panicked, and that was a mother with a four-day-old infant, and she had a PE [pulmonary embolism], and so she wasn’t able to go home. And she was panicky for the infant, not so much for herself. And there was very little we could do to get her nerves under control.

Lundy: She was also, though, on telemetry.

McVey: Correct. We—

Lundy: With those patients—

McVey: Yeah.

Lundy: —arresting, I mean, even any mother would’ve been.

McVey: Would’ve been, exactly. And that was the only one. When we were moving patients from the sixth floor in these elevators to the first floor, the patients were kind of talking, and they were like, “Wow! Y’all made this kind of fun, and it’s kind of an adventure.” And we were like, “Oh, good, OK.”
Scull-DeArmey: Were they on good drugs or something? (laughter)

McVey: No, and neither were my staff. My CEO always accuses me (laughter) of drugging the nursing staff. (laughter) You know what he said? “They’re just too happy.” But no, and I was like, “OK. Well, that’s good. That’s all good.” So we got all thirty-eight patients from the sixth floor down to the first floor. And it seemed to me that—and it was a big ordeal.

Scull-DeArmey: About how many?

McVey: Thirty-eight patients.

Scull-DeArmey: Thirty-eight, oh, ooh.

Lundy: How long did that take?

McVey: Ah, I don’t know.

Lundy: Yeah, till ten o’clock.

McVey: Till ten o’clock. (laughter) It was a long day by ten o’clock. I don’t really know. I have absolutely no timetable. I have no reference points. It’s just really strange. The entire thing just runs and blurs together tremendously.

Lundy: Yeah, sure. That happens that way, though.

McVey: But it seems—

Lundy: With trauma, it does.

McVey: Right. And you know nothing goes like what we’re saying: this happened, and then that happened. It just happened in there.

Lundy: Bits and starts.

McVey: Right. But it seemed to me, because we were exhausted by the time we got the last patient down there because it was really tense, you hoped that you’d get the last patient down before the elevators gave out or whatever, or what happened in those elevators. (laughter) And so it seemed like almost as soon as we got the last patient down somebody—I don’t even remember who—came up to me, and they said, “Miss Pam, have you looked out the emergency room doors lately?” And I said, “No.” They’re like, “Well, you might want to do that since you brought all these patients to the first floor.” And I said, “OK.” So I ran over, and I looked out the emergency room door, and the Gulf of Mexico was in our loading dock, and it was just a steady rising. And I thought, “Oh, my gosh!” So we turned around, and we took all the
thirty-eight patients—well, not all of them. We got about half of them up to the second floor, and then the water stopped rising. And it never came in. And it stopped about six inches below coming into our emergency floor, our first floor, and six inches below our emergency generators. Another six inches and we would have been without any backup generators.

**Lundy:** What stopped that surge, Pam? Was it the buildings in front of you?

**McVey:** Oh, no, because—oh, no.

**Lundy:** What kept the surge—are y’all high?

**McVey:** Our hospital’s built on the highest point in Biloxi.

**Lundy:** Built on the highest point, OK. So that literally is what you saved you from the surge that would’ve taken you—

**McVey:** Everybody has a theory about what saved us, but there was definitely a power at work that saved us. I mean, a lot of people say, “Oh, y’all were lucky because the Beau Rivage [Casino] probably blocked you.”

**Lundy:** It couldn’t have blocked, though, the whole surge. It would’ve just slowed it down, right?

**McVey:** Because the buildings in front of us were demolished. And buildings behind us were demolished, and there’s no way this building really should still be standing. With the onslaught this close to the beach of that storm that came in, you just, you just don’t know.

**Scull-DeArmey:** Well, if the surge had come in your first floor, you might not have stood.

**McVey:** Exactly. That’s exactly right.

**Scull-DeArmey:** Yeah.

**McVey:** And six inches—

**Lundy:** So the surge came to—how high is the dock?

**McVey:** Um—

**Lundy:** I mean you’re saying the building itself is—

**McVey:** Well, the loading dock is, the building is built up, and then the loading dock is just like the driveway—
Lundy: Driveway up.

McVey: —into it, so—

Carroll: Was it a foot?

McVey: Oh, no, probably like—

Lundy: No. It’s higher than that. We’re about five or six feet.

McVey: Five or six feet, yeah, and so it was that high. The cars like in all the parking lots around here were all floating, and they were landing on top of each other. Reynaud Street, which is our front street between here and the parking garage, the water was high, the mattresses from the Beau Rivage were floating out and coming up the street. We didn’t know it at the time, but dead bodies were floating up the street. But cars were like, there was enough surge that they were on top of each other and piling up and just, I mean, it was, it was amazing. So we got those patients up to, half of them up to the second floor, and they pretty much stayed there until the end of the day; I couldn’t tell you what time. Now, do you want anecdotal—

Scull-DeArmey: Everything.

McVey: —things, as well?

Scull-DeArmey: Everything you remember.

Lundy: The ones that, the things that you remember, the things that—

McVey: That are vivid?

Lundy: Vivid and important.

McVey: Well, I can tell you that the smell from the storm was so overpowering; it smelled like death and destruction that was outside. And I didn’t think that I would ever in my whole life lose that mental—you know how you get that mental smell? It was horrible, and you could just tell it was just total death and destruction, and the whole outside was permeated. And of course people started opening windows because it was so hot and steamy inside. I had told a couple of you prior to this interview that our air-conditioning takes like seventy-five hundred or seventy-five thousand—I’m not sure—seventy-five-something gallons of water a day to run the chillers. But the infrastructure in the city of Biloxi, the whole water system was wiped out. So we had generator power for electricity, but we had no water for the chillers, so we had no air-conditioning. It was very, very hot in here, and it was very humid. So the wind was driving rainwater through the bricks, straight through the bricks and down the walls. So we didn’t get surged, but we got the water damage that came just—I mean, I’ve
never seen wind so strong that it could drive it straight through the bricks, and then it would run down the walls, and then it would run across. So the ceiling tiles were all falling in, and you could see big bulges where it was about to burst, and of course computers and equipment and storage rooms with some of our massively expensive surgery equipment was ruined by the water all falling on it and that type of thing. So the halls then, because of the humidity and the water, became very slick and the humidity was building, inside. And it’s just hard to describe it. So when people starting opening the windows, of course the stench from the outside was coming in. Well, since we had no water capabilities and people had been using the toilets prior to the water going out, the last crew that had used the toilets prior to the water going out couldn’t flush. So there was a standing stench in this hundred-plus degree, humid, moist inside. And then people had to start urinating and defecating in red bags and tying it up. So staff, what we used was the regular office size wastepaper basket and lined it with the red bag, and that became peoples’ toilets. And it’s really freaky when it’s still, today when I look at one of the wastepaper baskets, the images—

Lundy: Yes, never go away.

McVey: They never, they never go away. (laughter) So we went through a lot of red bags. And then of course, during the storm you can’t take those red bags outside, so they were all piling up in soiled utility rooms in the hospital, and a door with cracks in the door only maintains that smell.

Scull-DeArmey: When you seal up the red bag, which for the record is a biohazard bag—

McVey: Correct.

Scull-DeArmey: —does it pretty much keep the smell inside? No.

McVey: It doesn’t. Well, let me just say this: maybe it does in reality, but mentally it doesn’t. (laughter)

Scull-DeArmey: I don’t think it does in reality. (laughter)

McVey: It just smells. Can you spell stink? (laughter) It was bad. And then—

Lundy: And the heat had to have—it probably does maybe when it’s not so hot.

McVey: It was hot.

Lundy: I think looking at is—(laughter)

McVey: And then of course, the body-odor factor started kicking in because staff couldn’t bathe and—
Lundy: It’s five-day deodorant pads.

Scull-DeArmey: Patients couldn’t bathe.

McVey: Patients couldn’t bathe.

Scull-DeArmey: Except spit baths that the staff might give.

McVey: Well, yeah, and what we did have: we do a great job of stocking prestorm so we had a lot of the antimicrobial bath lights.

Scull-DeArmey: Oh.

McVey: So we were able to do that for the patients. And of course early on it’s like, “OK. All this stuff is for patients only.” Well, and then pretty soon, you just have staff that are just like itching and creeping, “I’m sorry. I just have to.”

Scull-DeArmey: Well, that’s for the patients, too. (laughter)

McVey: That’s true.

Lundy: If you got to lean over one of them (inaudible).

McVey: That’s right.

Scull-DeArmey: They appreciate that.

Lundy: Yeah, you don’t want them to completely go (inaudible). (laughter) (inaudible) You think it’s hot now.

McVey: That’s right. (laughter)

Carroll: What kind of intuition came in early and some intuit? I mean, like how did people—did people try to beat this with like handkerchiefs with perfume or anything like that? Or did they, I mean, did you have any white masks, or did they all just grin and bear it?

McVey: Everybody just pretty much grinned and bore it. We were so incredibly busy that, in retrospect, you can sit; you can stop and think about the sights and the sounds and the things you did at the time. I mean, there were times when you just rounded a corner and went like, “Oh! Oh, my gosh! I can’t do this!” And then you had to do it. I mean, you just have to do what you have to do. When the windows were breaking out, and the command center would call me, and they’d say, “Oh, room 615, it broke out.” Well, of course, the elevators were out for a certain period of time and because we had no idea when we would get diesel fuel, and of course that all takes diesel fuel to run everything, there were certain times where we had extensive periods
where we didn’t run the backup generators just to conserve fuel because we didn’t
know what was coming. When that happened you had to use the stairs. So OK. And
we’d be on the second floor here, and, “A window blew out in 615.” OK. And Donna
and I would, we’d run up the stairs from here to the sixth floor. And we probably ran
up and down the stairs for maybe eight hours of the day, and then there was a code on
the fifth floor, and of course we ran to the code, and that person survived. And I’m
not really sure about long-term longevity. I know they left the hospital alive, but
beyond that I really don’t know.

Lundy: Were the steps wet?

McVey: Um-hm, they were moistish, but not slippery. They weren’t—

Lundy: Stairwells usually get wet.

McVey: They weren’t slippery.

Lundy: I’m surprised they weren’t wet.

McVey: Yeah, but they were—everything was, had that like a oily, moist film. And,
of course Donna’s the same age as I am, and so and about the same size, so after eight
hours of running up and down the stairs, what I did start to notice was that
everybody’s legs and feet and ankles were swollen. Probably from the knee down,
everybody was like at least three times the normal size.

Lundy: Get your shoe off, huh?

McVey: Get your shoe off. Well, we thought that things were starting to settle as far
as windows blowing in. Everybody was 100 percent wet. You could take your
clothes and wring them, your hair and wring them. I mean, you talk about ugly! My
gosh! I mean flat, wet, dripping hair and stinking. And I mean, at least everybody
looked the same, swollen feet and ankles, and people with big blisters all over their
feet. And then everybody’s all creeped out because of the smell, and the assumed
germs with these blisters that everybody’s getting. So we went down to the command
center, and we sat for probably about fifteen minutes. And they did have a fan in
there, and we got a Diet Coke and some water and a little ice bag, and we sat long, just
long enough to get stiff. And of course the call came that a window had broken out on
the fourth floor, and so they look at Donna and I because that’s our job. That’s our
clinical area. That’s what we do. And so we jumped up, and we ran for the stairwell,
and we were on the first floor, and we ran up the first flight of stairs, (laughter) and we
ran up the second flight of stairs, and we went got to the third flight; I’m not kidding
you. I’m like my foot wouldn’t move and go. I had to literally pick up my leg and put
it on the next step.

Lundy: Because it had gotten stiff?
McVey: Well, I mean just, it was just worn out. My leg, it just said, “No more! I’m not doing it. It’s 110 degrees. You’ve been running for eight hours up and down six flights of stairs. I’m not doing it.” And I looked at Donna, and it wasn’t funny because—and this was in the general psych unit, so we’re like, “Oh, Lord!” We have, just have pictures, they’re like climbing out these buildings.

Lundy: Hanging on the end of the window.

Scull-DeArmey: Oh, Lord.

McVey: And we looked at each other, and we started laughing, and we got hysterical laughing because neither of us could get our legs to go up. And I remember saying to her, I said, “I certainly hope that more than just us two are responding in this crisis because we are just not going to get there any time soon.”

Scull-DeArmey: You guys were a wreck.

McVey: Exactly. You know, so—

Lundy: You’d hit the wall.

McVey: That was it. Had we not sat down for those fifteen minutes and stiffened up, hopefully we couldn’t have made it to the floor. We finally made it, and the general psych patients were not swinging out the windows.

Lundy: On the curtains or something.

McVey: Exactly. So that’s what it was like in the immediate storm. And then that night, after the storm started, we felt like I think maybe twelve or thirteen hours of storm where everybody was pretty much contained inside, and assessing, and doing the immediate things. After that, when the winds died down and stopped, we could kind of take a breath and step outside and look around. Truthfully, everybody had been so tremendously busy inside that most of us didn’t have time to even look outside to see what was going on. So when we opened those doors and stepped out there, it was unbelievable. It’s when we knew, when we looked around, “There’s no way we should even still be standing here, given all that.” We couldn’t venture very far because there was debris everywhere. I mean, nothing was anymore where it used to be. Everything was all scattered. And right about that time, people started arriving to the emergency room. And I don’t remember a lot of the physical ailments. I do remember snake bites. I remember some guy got cut with a limb or through his leg, those types of things. But the people were absolutely dazed, just, I mean like zombies in war zones. And they were coming to the emergency room and didn’t really know, or shaking, just, and it was so hot, and they were just shaking and freezing. And we were lining them up inside, in like little, folding chairs like this, waiting to be seen initially. And just kind of trying to talk to them, and they’d been either walking or swimming for seven hours or hanging from trees, and looking for missing family
members, and, “Did anybody by this name come in?” But they couldn’t—they were so stunned that they couldn’t—they could like say, “Did Laura come in?” And so it was really weird. And we did talk to them a little bit, and “Where were you when this happened? And how did you end up out in the storm?” And just tried to talk to them. And of course then the whole [Hurricane] Camille thing came up, and we heard that from patient after patient after patient. “What made you stay? Why did you think it was safe to not evacuate?” “Well, my house was safe during Camille, and so I figured that it would be safe here.” And we said it from the very beginning, and you’d hear it on the news ever since then, that Camille killed more people the second time around than she ever did the first time. And it was an overwhelming response that, “My house was safe during Camille.” And so that was—

Lundy: That’s very true. You’re right.

McVey: That was very true.

Carroll: Same thing happened in Camille, though, because the forty-seven hurricane [Hurricane of 1947] was considered—

Lundy: The worst.

Carroll: —that Camille, their time, so they’re like, “We were OK for the forty-seven hurricane and (inaudible).”

Lundy: But Camille, though, we were not—

Carroll: There’s always going to—just like if there’s something worse than Katrina though, like I was safe for Katrina, and they go (inaudible).

Scull-DeArmey: I hope not. I hope people learn their lesson.

Lundy: I hope people learn from this one.

Scull-DeArmey: There’s something wrong—

Lundy: Because I’m not staying at my house after this one, and I’ve learned my lesson.

Scull-DeArmey: There’s something wrong with that One through Five Category classification. It doesn’t take into account enough variables in a storm.

Lundy: It’s just one measure. It’s one measure.

McVey: Well—

Lundy: And I’m not even sure it’s accurate to a point.
McVey: Well, and I don’t know if you hear this or not—

Carroll: Just wind speed, not longevity.

McVey: Well, the wind speed, I don’t remember if it was—is it NOAA [National Oceanic and Atmospheric Administration] that does the—

Lundy: Right, yeah NOAA.

McVey: If it was NOAA or who it was that said that the buoys had actually stopped functioning, which is what they were measuring the wind speed. So when everybody was like, “Well it’s a Category Five,” and then all of a sudden it was a Category Three, there was somebody that, I think it was NOAA, but I could be wrong.

Lundy: Well, the same was true of Camille. Camille at the time it came in, they still don’t even know how strong Camille was.

Scull-DeArmey: Yeah. The measuring devices topped out at two hundred [miles per hour, and could not measure any wind greater than that in 1969].

Lundy: Topped out at two hundred, so they’re not even sure.

McVey: Yeah.

Lundy: And then look at the damage from Katrina; it was so much worse than Camille.

McVey: Exactly.

Carroll: It stuck around.

Scull-DeArmey: It was bigger.

Carroll: And it just stayed longer.

McVey: Forever, it just pounded.

Lundy: So you can’t just, look at just the Category.

Scull-DeArmey: Exactly.

Lundy: And why are we so surprised.

Scull-DeArmey: Yeah.
Lundy: I mean, honestly, we didn’t get all that prepared, I mean—

McVey: No, we—

Lundy: I mean till Saturday, maybe.

McVey: Exactly.

Lundy: I mean, y’all were probably much more—

McVey: Well, we were.

Lundy: —aware of it, but we were just blindsided.

McVey: We weren’t.

Lundy: In Hattiesburg, yeah, we are sixty miles from—

Scull-DeArmey: I wasn’t.

Lundy: Well, we were.

Scull-DeArmey: When I saw that hurricane [Katrina] taking up four-fifths of the Gulf of Mexico—

McVey: But see, by that point in time it was already the weekend, I think. I was in—

Scull-DeArmey: I don’t remember when it was.

Lundy: Friday, it was just too far; it just didn’t look like it was—

McVey: It wasn’t scheduled to come here on Friday.

Lundy: No. It was just—

McVey: That was weird.

Lundy: The weekend just consumed us; I mean, it was just like all of a sudden.

McVey: Exactly.

Lundy: It was like a—when, during the hurricane, what did it sound like? I mean, while y’all were going through that you said that you only had the one patient that really panicked—

McVey: Right.
Lundy: —which is phenomenal—

McVey: Right.

Lundy: —credit to your staff.

McVey: Yeah, it is.

Lundy: Your staff say that they were able to just do it. They just did it because they—that’s where—this is where they should be.

McVey: That’s right.

Lundy: They were being nurses.

McVey: It’s what you do, exactly.

Lundy: We’ve talked about this before.

McVey: Yeah.

Lundy: But what was it? What’s it sound and feel like? I mean, you say the building was moving.

McVey: The building swayed and—

Lundy: Because, I mean, I know what it sounded like—

McVey: Right.

Lundy: —sixty miles from here.

McVey: Right.

Lundy: And it was horrific. I wasn’t in the buildings. I was just with three cats, a dog, and a fifteen-year-old, and a fifty-eight-year-old man. I cannot imagine being here. And you were here you said for eight to twelve hours?

McVey: The storm battered us—

Lundy: I’m sorry. It battered you—

McVey: —probably about twelve hours.

Lundy: —for twelve hours.
McVey: I think it was about twelve hours.

Lundy: Well, did the building actually—were the staff—could they hear and feel this, or did the building—

McVey: They could feel it. They could feel it. And if they were near the windows, they could see it and hear it. I think what happened is that everybody was so busy and so focused on the patients—

Lundy: And they say that; we hear them say that.

McVey: —that just like everything else in nursing, we only speak to nursing. You tune out everything—

Lundy: That’s right.

McVey: —because you have to—

Lundy: Be who you are.

McVey: —concentrate—exactly—and do your work. And I think that’s what happened for the nonclinical people that were here. I don’t know what they saw and heard, but the focus is so, it’s so intense, and I’m sure that subconsciously you hear and see these things because that’s what drives, I think, the more intense focus on what you’re doing.

Lundy: Well that, I understand what you’re saying.

McVey: Yeah.

Lundy: Actually the more—

McVey: —external stimulant there is—

Lundy: —the more you focus.

McVey: —the more you narrow in.

Lundy: But the building itself, I guess I’m trying to get a sense of what the physical experience would be in that kind of hurricane in a building like this.

McVey: Yeah, um—

Lundy: Does it feel and—I mean, you don’t actually—
McVey: It didn’t feel unsafe.

Lundy: OK. That’s what, I guess, I’m trying to get to.

McVey: Yeah. No—

Lundy: Did you ever feel threatened?

McVey: Well—

Lundy: For your own physical safety?

McVey: —not really.

Lundy: Like the building was going to fall around you?

McVey: No. I mean the basic structure of the building felt very secure. Of course the windows blowing in—

Lundy: Blowing out.

McVey: —was a surprise, but it was a window—

Lundy: Sure, right.

McVey: Nothing happened. Our roof didn’t rip off. The building didn’t all of a sudden just like a cruise ship just pitch. It does that give and take. The elevators looked and sounded scary, and yeah, it was like, “Ooh, do I really”—she said, “Are we really going to get on that?” So yeah, that was—

Lundy: And then the surge you saw, and then that was the worst of it, so you figured that that was as high as the water—

McVey: It was as high as the water was going to go.

Lundy: —was going to go.

McVey: Well, we didn’t really know. I mean, you had—

Lundy: Could you see when you were—some of your nurses have mentioned that when they looked out from one of the nurses’ lounge, I believe—

Carroll: Break room on the fifth floor.

Lundy: —that they could see the things flying by them.
McVey: Oh, yeah, you could see that.

Lundy: You could see that.

McVey: You could only see that if, like you said, if they went into the break room, so the patients couldn’t see it because they were in the inner hallways with the doors closed—

Lundy: Right and they could only see—

McVey: —which is where most of the staff was. Now, of course, everybody—

Lundy: Right, and I think only one or two nurses said that they could see.

McVey: And of course, if the patients were so—people did want to peek out and see whatever they could possibly see, so everybody did that and did see the cars floating and the stuff floating up the street and things flying past, absolutely.

Lundy: But you did know we have a sense of that kind of you didn’t. I mean I’m really, you didn’t—

McVey: No. I don’t believe that anybody in this building truly knew the devastation. When it was all said and done, we had no idea—

Lundy: How bad it was.

McVey: —of the massive devastation up close. But you see, we had also lost—we could call each other internally. We never lost our little landline telephones to call each other, in-house, but our—

Scull-DeArmey: Cell phones.

McVey: —our cell phones were down, and our communication with Harrison County EOC [emergency operations center] and Civil Defense was not working, so. And of course cable TV was out.

Lundy: And you could, could you get radio at all?

McVey: Mm-mm.

Lundy: So you didn’t know what was going on around you?

McVey: We had no idea. Once that storm broke and things, our communication, we were totally cut off. We were like on an island. We had absolutely no idea what was going on.
Lundy: So you couldn’t even get emergency radios to work here.

McVey: We couldn’t even get emergency radios. We had nothing.

Lundy: Wow, that’s pretty significant.

McVey: Exactly. Once the storm passed and we were able to get outside and go look around, it was like “Ooh, this is bad.” Of course we didn’t know really that it extended any farther than what we could physically see. At that point in time people were trying to frantically call cell phones because it was like, “All right. We lived through this. Now, what about our families and our homes that everybody had left to come here?” And cell phones worked very sporadically after the storm died down. If you stood like in a tree at a certain spot, you could get through to some people. It was really weird. We tried to make connections with our parent company, which you’ve heard some about. So I can tell you from the incident-command-center side that we couldn’t call directly to Naples, which is our corporate headquarters, because the cell phones wouldn’t work. And our division offices for the Mississippi Division are in Jackson, Mississippi, and we couldn’t call—

Lundy: Yeah, the Mississippi cell powers were gone.

McVey: —Jackson, Mississippi. However, we could reach the CEO at our hospital in Clarksdale, Mississippi, which is in the Delta in the middle of nowhere, and we could talk to Clarksdale.

Scull-DeArmey: It was a relay.

McVey: It was the relay. So we were able to get to Clarksdale and say, “Hoo, hoo! We survived.” And then they could call Naples and Jackson and tell them that we had survived.

Lundy: Send ice.

McVey: Send ice. (laughter) Send water; send food; send chocolate.

Lundy: Yeah. Right. We’ve heard about that. (laughter)

McVey: Yeah. And so that’s how the initial conversations routed. So within, I would say, thirty-six hours maximum the first trucks from Naples, Florida, were arriving here with ice and food and water. And bless their hearts, they came with cash; they came with armed guards and cash for the employees. I mean, there was no stores. There was nothing to buy, but on the off-chance that somebody needed cash to get something even for their home or whatever, they brought the first entire payroll in cash.

Scull-DeArmey: Wow.
McVey: But they had to come down with armed guards.

Scull-DeArmey: Of course.

McVey: And they have, this company has steadily issued money to the employees up until probably last month was about the last paycheck that they issued that was separate from payroll just for hurricane relief efforts. So they brought in, they brought in motor homes and trailers for some employees to stay in. Our physicians were staying here. We probably had about 35 to 40 percent of our staff that lost absolutely everything. About 55 percent of our physicians did the same, businesses and homes, so we actually, we lost one nurse in the storm. She—

Lundy: (inaudible)

McVey: Yeah. And—

Lundy: That was a very hard loss.

McVey: That was big. And then our surgery employee, he was one of the OR techs, he died like the day after. He had been helping his mom clean up. And then—

Lundy: And he lost like his grandmother, was it?

Scull-DeArmey: Grandchild.

Carroll: Grandchild and mother.

McVey: Yeah.

Lundy: That must’ve been a very difficult loss, too.

McVey: It—

Lundy: He was here when he died, right?

McVey: No. He died on his own front porch, on his mother’s front porch.

Lundy: Oh, did he?

McVey: Um-hm.

Lundy: OK. But he, did they bring him here or (inaudible)?

McVey: I don’t even know. I don’t think they did. I don’t know.
Lundy: But it was—he’s the longtime, he’s the surgical—

McVey: Longtime surgical, surgical tech. Now he worked the storm here and then left to go check on his family and then, yeah.

Lundy: I know that was a hard loss.

McVey: Yeah, that was big. He had been here a long time. I’ll tell you some of the things that are significant. Of course, you know our hospital is only 153 beds, so our morgue is very small. And you know the Harrison County workers and things would bring bodies to the hospital to put in the morgue. And you know we’re conditioned always to be very respectful of the dead and everything, and so of course everybody that had died within the hospital had their own little tray in the morgue and all this kind of stuff. And as bodies started coming in, and people were dying through the emergency room, as the morgue started filling up, there was no way that you could just place people—

Lundy: —in individual.

McVey: Right.

Lundy: Refrigerated.

McVey: Right. And so what ended up happening was then we had to have employees, one of our nurse supervisors went in and a couple of the maintenance guys and some of the security guards, and they actually had to go into the morgue and rearrange bodies, which was a horrendous experience for them, probably one of the absolute worst, and then we actually just had to stack body on top of body.

Lundy: I guess you have to do what you have to do.

McVey: You have to do it. But it was a devastating, probably as bad as anything that went on.

Lundy: But a nurse went down there?

McVey: Um-hm.

Carroll: Did they have bags, or was it just—

McVey: No. They were all in bags, yeah. And—

Lundy: That’s very—I’m really impressed that a nurse was there because that’s very—and takes a great deal of respect for the dead, but it’s very hard to do.

McVey: It was very hard, and yeah.
Scull-DeArmey: As long as your patient is alive, there’s hope.

McVey: Exactly.

Scull-DeArmey: But once it’s a corpse, it’s beyond the pale.

McVey: Yep.

Lundy: But as nurses we still try very hard to respect—

McVey: Be respectful.

Lundy: Be respectful of the dead but it’s something, under those kind of conditions I mean, what you have to do is make sure that they stay cold.

McVey: Exactly.

Lundy: And you had a great deal of difficulty, I’m guessing, if you hadn’t.

McVey: That’s right. And to make it also worse, one of our intensive care nurse’s husband had been—he wasn’t really a patient, but he was very ill and had evacuated here with her, and he died during the storm, which was expected. He was a “do-not-resuscitate.” He was advanced ill, but she didn’t want to be separated from him. But she needed to [and] wanted to work the storm and figured that this was the best place for them. And he died. And he was one of those that had to get stacked in there. So it was, it was bad.

Scull-DeArmey: Yeah.

Lundy: Some people brought corpse—well, of course they had to bring them here, right?

McVey: Um-hm.

Scull-DeArmey: At some point did you have to turn them away? I understand from another interview that a truck—did a truck come to—

Carroll: Refrigerated truck.

Scull-DeArmey: —put them into, to transfer them to—

Lundy: County morgue?

Scull-DeArmey: Maybe I misunderstood.
McVey: Well, let me tell you that—

Lundy: Where did they eventually go, the county morgue?

McVey: I have no idea.

Lundy: Well, I didn’t think the county morgue, though; it was devastated.

McVey: Yeah. There was nothing functioning.

Lundy: The county morgue was gone.

Scull-DeArmey: Right.

McVey: And I can tell you that it has always been the plan that we would get a refrigerated truck; whether that actually happened, I have no idea.

Carroll: Someone said they did, one of your employees.

Scull-DeArmey: That’s what I thought.

McVey: But I don’t think that any of my nursing staff would know (laughter) whether that really happened. You know what I’m saying? I mean—

Lundy: You would know if anybody would know.

Scull-DeArmey: It’s interesting that people—

McVey: Yeah, but that was the plan.

Lundy: It sounded like a very good plan.

Scull-DeArmey: People can experience the same thing and recall it so differently and be convinced that—but for them, that is their truth.

McVey: That’s right.

Lundy: It is their truth, and it is what they would hope that would happen, too, because I think that’s important in our system.

McVey: Exactly.

Lundy: Nurses want that dignity with death. I mean Pam and I—I’m just talking here with Pam. I’m sorry.

McVey: That’s right.
Lundy: I mean, it is important with nurses.

McVey: It is.

Lundy: And that may have been one of the nurses was really projecting there that—

McVey: That that really did happen.

Lundy: —that really did happen.

McVey: And that truthfully was, that is part of our plan. That is part of our disaster plan. I just don’t know—

Lundy: That it happened.

McVey: —that it happened.

Scull-DeArmey: Sure.

McVey: And it could have.

Scull-DeArmey: Yeah. Did it, could it really get through?

McVey: It could’ve gotten through because we had employees that got through the next day. I mean you had to work at it, but they got through it. Actually early on in the storm, people were able to get through. It was a few days later then that the government and everything started—

Lundy: Putting blocks.

McVey: —coming, digging out of wherever they’d been buried. And they were.

Lundy: Sure.

McVey: To start blocking off roads and saying, “Oh, no. We can’t let traffic into this devastated area.” So early on it was much easier to get in. Different things that happened were very strange. We had to have gasoline for our generators and things like that. And we’d get all these calls from different oil companies and different distributors saying, “How much gasoline do you need?” And we would tell them what we needed, and then the trucks would either never arrive, or when they got here, it had like maybe a fourth of what we had actually needed and requested. And it was all getting commandeered before it ever got down here.

Lundy: Were people just taking it as—or they were selling it?
McVey: Oh, no, no, no. I mean it was government.

Carroll: Police officers and government.

McVey: It was state police, and it was like they were just—

Scull-DeArmey: “We need it, we’re taking it.”

McVey: Or this place—

Lundy: Or they had a better place.

McVey: —needs it. Or they got a phone call that just directed them to send it someplace else, so—

Lundy: You were too far down the line.

McVey: Yeah, we were. We were right down here, and they probably figured, “There’s nothing left standing down there. Why are you sending [gasoline]?” We don’t know that; I mean, but it was just—so we didn’t get everything. So, but then our company did get everything that we needed here. It was amazing.

Lundy: They brought their own gas?

McVey: They brought their own gas. We set up a gas station just across the street.

Lundy: That’s the only way you can do it.

Scull-DeArmey: Amazing.

McVey: Exactly. And they kept big tankers of gasoline. Every employee could get up to a half of tank of gas a day. They got little, little pass cards and everything so that they could come and go, and they could—

Lundy: That’s incredible because gas was completely—you couldn’t get gas on the Coast.

McVey: You could not get gas at all.

Carroll: Well, further above the Coast until Jackson pretty much.

Scull-DeArmey: Hattiesburg, it was pretty tough getting gas.

McVey: Yeah.

Lundy: We couldn’t get gas at all.
McVey: Yeah.

Lundy: I mean for anything.

McVey: We had to—

Lundy: I mean, it was bad enough, if you could get a generator, but then you couldn’t get the gas to run it.

McVey: Exactly.

Lundy: So y’all probably had—and we heard about your—what was it? The thing outside?

Scull-DeArmey: Educational (inaudible).

Lundy: The water, no, the water—

McVey: The reverse osmosis?

Lundy: Yeah, where you brought the water from the—

Carroll: Purifier.

Scull-DeArmey: Oh.

McVey: We did. We worked with the Army Corps of Engineers with—

Lundy: So you brought water out of the, you got water out of the—

McVey: Out of the Gulf, um-hm.

Lundy: Was it out of the Gulf?

McVey: It was out of the Gulf. And—

Lundy: Sounds pretty cool.

McVey: Yeah. Well, it was a Department of Defense—

Lundy: Was it?

McVey: —thing. Uh-huh. And I don’t know this for a fact; I think I heard that was the first time that they were actually putting it to use, and so the Army Corps of
Engineers and then our own maintenance, and then by this time corporate maintenance and engineers were here, and they—

**Lundy:** That’s really fascinating.

**Carroll:** An experimental thing come to fruition.

**Lundy:** So they had to desalinate it. They had to take—

**McVey:** Exactly, filter all the—

**Lundy:** And so that’s why it was the osmosis. I’m sorry. Go ahead.

**Carroll:** And did the tube run all the way just right across [Highway] 90 there?

**McVey:** Uh-huh. I don’t know. I’m saying uh-huh.

**Carroll:** Because that’s the closest that you could possibly get it to the water.

**McVey:** Right. But I’m not really—(laughs) because I really didn’t badger our—

**Lundy:** You had bigger fish to fry.

**McVey:** I, yeah, I was so focused inside but—

**Lundy:** It was interesting to your staff, though. I mean, it apparently looked pretty cool.

**McVey:** Well—

**Lundy:** And interesting.

**McVey:** Right.

**Lundy:** I mean, it sounds like something out of a science—

**Carroll:** It sounds like a big water bed or something. (laughter)

**Lundy:** Science-fiction thing.

**McVey:** And what made it so special to our staff was that—

**Lundy:** You could flush the commodes.

**McVey:** —we could flush the toilets. (inaudible)
Lundy: One of the nurses were going, “Choo-choo, you can just flush.”

McVey: Right.

Carroll: She said they were doing it just for fun just to see if it still worked.

Lundy: It’s amazing how (inaudible).

Scull-DeArmey: It was a celebration.

Carroll: It was like a slot machine.

McVey: Exactly.

Lundy: Oh, I remember when we could flush our commodes because we didn’t get our water for a couple of weeks, and it was like—

McVey: It’s a big deal.

Lundy: —choo, choo! I mean because we were using lake water.

McVey: Right.

Lundy: And it was (inaudible).

Scull-DeArmey: You had to tote it.

Lundy: And we had to tote it, yeah.

Carroll: And the smell was—

Lundy: The smell—

Carroll: —not as bad as what she was smelling.

McVey: No. I mean, it was bad here. I didn’t think I’d ever lose that smell.

Scull-DeArmey: Well, they tell you: don’t try to sniff more than three colognes at a time because the olfactory sense kind of shuts down. And that might be a fortunate, (laughter) a fortunate kind of reaction.

McVey: Exactly.

Lundy: Oh, you mean it could neutralize it if there are more than three?

McVey: It just overloaded; I think it may have overloaded.
Carroll: Just the fact that it was overloaded, it would shut off, and like you run into a new kind of stink, and you’re just thinking about the last one instead.

Scull-DeArmey: Yeah. I’m going to have to put up with three kinds of stink. (laughter)

McVey: Well, yeah, we had three.

Lundy: Well, you definitely probably had more. (laughter) No question there was three.

McVey: No question.

Carroll: I (inaudible) three myself.

Lundy: (inaudible)

McVey: Yeah.

Lundy: That didn’t even mark (inaudible).

McVey: But I mean we never thought of it.

Lundy: Well, I’m (inaudible) it would’ve overwhelmed (inaudible). When I went through surgical nursing, I thought I was going to quit nursing school. There was something about it. And I threw up every morning. We had to go through—back when I was in nursing school, you had to scrub in. I mean, you actually had to go through the whole nine yards. And I got sick, the smell of surgery.

McVey: Oh, wow.

Lundy: I mean, it was just one of those things.

Scull-DeArmey: Wow.

Lundy: My mother taught me a trick of her mother’s. You just put Vick’s Salve around your nose, and you can’t smell anything. But I think this would’ve probably defied it. I think this was just overrun.

McVey: Because this way hanging on you, I mean—

Lundy: And this would’ve also made this beyond—you would’ve smelled Vick’s Salve and thrown up.

McVey: Exactly. (inaudible) (laughter)
McVey: Oh, you just—I mean, you just can’t even—

Lundy: Pam, tell us about your personal experience.

McVey: My own personal experience?

Lundy: Of preparing for the storm.

McVey: Well, my parents live with me, and they’re in their seventies, but they’re happy, healthy. My dad still works full-time. And I had lots of cats and two dogs. And what I had to do was get my parents out of here, my whole—I was born and raised in Minneapolis, but my whole family, both my parents were born and raised in Illinois. So all of our extended family is in Illinois. So they, my parents, were initially taking one of the dogs and driving; they were going to go to like Columbia or Columbus, Mississippi, wherever.

Scull-DeArmey: In the Delta.

McVey: Above Poplarville, is that what’s it called?

Scull-DeArmey: Oh, no, not in the Delta.

Lundy: Columbia.

McVey: Columbia?

Scull-DeArmey: Columbia, OK.

McVey: And thought that would be far enough, and it was. I mean, they, the day of the storm they were fine there. And then of course once they saw all the TV reports and everything, they said, “Well, obviously we’re not going to turn around and try to head back because we’re not going to get in.” And stuff like that. So they went ahead and went on to Illinois to aunts and uncles, and a lot of my sisters live there and things like that. And so I couldn’t reach them. I mean you could—because they also had 228-area-code cell phones, so you couldn’t do that—

Lundy: The tower was down.

McVey: And of course—right. So I couldn’t—and I didn’t have any of my aunts and uncles or sisters’ phone numbers with me, not knowing that they were going there. And they couldn’t call through. They tried and tried and tried. They didn’t know if the hospital was still standing. And I don’t know; I think my mom did, but my dad didn’t hear this. One of our nurses said that she was in Hattiesburg, and her dad was dying at a hospital in Hattiesburg when the storm hit, so she was with him. And she was watching the TV, and she was hysterical seeing the damage, and she said she saw
the governor, Haley Barbour, on TV, and they were asking, “Well, what about
different sections?” And he had said that the Coast was bad. And for whatever
reason, I don’t know, but he said, I guess he said—I never heard it—that Biloxi
Regional Medical Center had taken a direct hit. Well, we did take a direct hit, but he
never went on to say they were still standing and relatively fine. So different people
had heard different things. The hospital had been hit, and there were casualties, and
there were different things. So my mom had heard that the hospital had taken a direct
hit; my dad had never heard that. So of course everybody is pretty worked up, and
you can’t make connections because once the immediate storm in the inpatient side
had settled, that’s when we started getting the seven to eight hundred patients a day
through the emergency room. We normally see eighty patients a day through the
emergency room. So our emergency room was overwhelmed. Police and fire at this
point, early on, were still not out and about. There was no ambulance service. So
these were the people that were walking, swimming, whatever they could, that had
been blown out of their homes into the storm, and they were coming. So we were
crazily busy these first few days, and if you even thought about trying to get out to go
look at your own place, you couldn’t. First of all, you couldn’t really drive anywhere,
and then because of the workload you couldn’t.

Lundy: Where were you staying?

McVey: In my office.

Lundy: You were sleeping there?

McVey: On the floor, uh-huh, on the floor, as was all the staff. Staff was sleeping
primarily, if you worked on the sixth floor, you slept in the break room or the locker
room on the sixth floor. If you worked on the fifth floor, that’s where you stayed. If
you worked in an office, you slept in your office, so.

Lundy: Did you have food in the cafeteria?

McVey: We did have food in the cafeteria. In fact, at peak time during this whole
ordeal, they were serving like two thousand meals a day.

Lundy: So you-all had enough to eat and drink for the staff and for the—

McVey: And for the patients.

Lundy: —patients.

McVey: Right.

Lundy: So food and drink, other than debilitated patients, I mean, y’all, those were,
that was a different—
McVey: Now, of course we couldn’t cook because there was no water, so the meals were interesting. They were—

Lundy: Prepackaged?

McVey: Well, no. Well, we did have those military rations as well. But we did have—if they could make peanut-butter-and-jelly sandwiches and the prepackaged Jell-O and those types of things, and chips and fruit and that type of thing. So we did have that, and we never ran out of bottled water; we always had extensive bottled water. We did reach a point where corporate was sending food, and it didn’t come when we—so we knew we were running low. So it was just like, “OK. The food truck was supposed to come yesterday, and it didn’t make it. We can just hope and pray that it really actually makes it before we got desperate.” And it did. So there was only that one time where it was just a little like, “Ooh, I hope we get food soon.” (laughter) But that was the only time.

Lundy: Now, you were on the emergency room; you were talking about when the number of emergency room patients—

McVey: Right. So we couldn’t get out. So as time went on, different other managers started saying, “I really want to be able to run home and take a look at my place and come back.” And of course different ones did, and they’d come back and devastated: “I have nothing left,” or “My house was gutted,” or this type of thing. But they’d have to come back to work. And the same with the nursing staff when the replacements could start to come in, a couple could go home, and then they’d come back just a mess. Well, I lived so—well, not so far but in Pass Christian, so I didn’t live right here in Biloxi. I could not get that far for, probably about a week, and I’d asked the different—and I was hearing nothing. We started getting television back without cable, but if we could rig the little antennas and—

Lundy: WLOX [Biloxi, Gulfport, Pascagoula].

McVey: Yeah, that’s right.

Carroll: Bunny ears.

McVey: WLOX and that was it. And nothing was coming out about Pass Christian, at all, which is where my house was. And so of course every police officer, every Harrison County anybody that was coming, I would be like “What have you heard about Pass Christian?” And you know some of them were just like, “Well, no, I haven’t lived down there; I haven’t talked to anybody.” Several just like, absolutely wouldn’t make any kind of eye contact. “Oh, I don’t know.” And I’m thinking, “All right. That’s strange.” And then my sixth-floor manager’s husband works for Harrison County Emergency Operation Center, and he finally had made his way to the hospital, and she was all happy, and so she asked him when we were standing there, “What about Pass Christian?” And he, finally he said to me, he said, “You really
don’t expect anything to be standing, do you?” And I looked like, “Well, I guess not now.” I mean, so for me I was backtracking, and I said how many animals and everything I had. The day before the storm, the day before lockdown, so on Saturday, what I had to do once I got my parents off, starting to evacuate and get out of town, is to take my animals. And no one place could take all of these pets, so I had to put them in three different kennels across the Coast. And of course the one in Pass Christian was totally demolished, and I lost all of those. The one in Gulfport had had extensive damage, and all of those animals survived. My big dog was almost dead; he was laying on the bottom of the kennel, and he could not even lift his head off of the floor. All he did was roll those big brown eyes and look at me, and of course I was like hysterical. The CFO here, our chief financial officer, had taken me in his pickup truck and we went first to—well, the third place I had, it was at a beautiful kennel in Woolmarket, and those animals were fine. Those four were fine. They had no power but—

Lundy: Cats or dogs?

McVey: Those were four cats.

Lundy: Were the others cats?

McVey: I had ten cats and the big dog. And my parents had taken the other cat.

Lundy: So you lost how many?

McVey: Well, actually, no, I had—well, let me just back up. Ten cats made it; six cats died. So it was six cats at the Pass Christian Live Oak Animal Hospital that died. Six cats and my big dog in Gulfport, and then four cats in Woolmarket. And actually the Woolmarket was—I still had these four cats that I couldn’t place anywhere, and I was getting hysterical, and I didn’t know what to do. I had called these people three times. It was the Oakmere Kennels, and I said, “Palease, can’t you take my babies?” And these four were two—before that I had, they were orphans, and I had hand-raised them since they were two weeks old, and of course I was getting pretty hysterical. And I said, “I’m chief nursing officer at the hospital, and the hospital’s a block off the beach. I have to get there.” And when I said that, she instantly said, “Bring them on.” She said, “We will do anything we can for healthcare workers and first responders.” She said, “Bring them now.” So I took them there, and they were fine. They lost power, but the kennel was absolutely fine, and these were wonderful, delightful people. And so anyway, so my chief financial officer, his house was in Woolmarket, and his stuff was fine, so he told me that, “Let’s go check in Woolmarket for my babies.” And we went there, and they were fine. We went to Gulfport, and they were not fine, but the big dog was near death, and when he tried to get up, it was like he had mad cow disease. And he is very heat intolerant, and they had not even a backup generator, so all they were doing for him was trying to hose him down, like every hour on the hour. He has long hair; he’s half shepherd, half chow, and it was matted like right to the skin, he had bed sores on his elbows and—
Lundy: Oh, gosh.

Scull-DeArmey: He had been there how long?

McVey: A week.

Lundy: A week, so he wasn’t breathing?

McVey: Oh, he just, I mean, he was, he was a wreck. And then my six cats that were there, they were like in a back room. They were all in kennels. And don’t get me wrong; this vet was doing the absolute best that he could do under the circumstances. He had no help. He couldn’t get food. He couldn’t get water. I mean, after this extended amount of time, I think he had generators, but he couldn’t get gas anymore for the generators. And they would take candles into this inner room to kind of check on the cats that were in this room. So it was bad. They were filthy. The cages couldn’t—they had no litter to change the cages and everything. So of course I was hysterical. They were OK-ish. They were petrified, but they were alive, and they were not looking in physical distress. But my big dog was dying, and so Mike Winter, my CFO, he said, “Do you want to take him to Woolmarket?” I said, “I want to take them all to Woolmarket.” And he said, “Well, let’s take them.” He had a pickup truck so we couldn’t fit all the carriers in. And so my big dog, he’s like a hundred pounds, a little over a hundred pounds. Mike picked him up off the floor and carried him out and put him in the cab in the pickup truck, and we took him to Woolmarket to Oakmere Kennel, and they came running up, and they helped. And he could barely walk, and Mr. Hank, who’s one of the owners, he is—this couple is from England, and they’re phenomenal. And he said, he talked to Mugsy, and he just kind of like settled him down, and he encouraged him, and he brought him a big pan of water, and he encouraged him to drink, and he walked him. And he said to me, he said, “I’m not going to lie to you.” He said, “He is in bad, bad shape.” He said, “But I honestly think that I can get him back for you.” And he did. He did.

Lundy: The difference is he survived.

McVey: He survived. He’s fine. He’s physically fine; a little mentally off. Anytime there’s a storm, he’s a wreck.

Scull-DeArmey: Oh, yeah.

Lundy: He was traumatized.

McVey: Oh, he starts hyperventilating, drooling, pacing. I mean, he is a wreck. The six cats, we went back and got those and brought those to Oakmere Kennel. And when I moved into the house that I bought after the storm—all my animals lived like another six to eight weeks at Oakmere. And when I finally got a house, the four cats that were orphans that I raised, bottle-raised, sleep in my bedroom. The other six cats,
they have a big room in my house that’s just theirs with their stereo and tree house, and they’re spoiled; all my animals are rotten. And the one little cat, Silky, there’s a big walk-in closet; she ran into the closet, and that was a year ago, and she has never come out of the closet. It’s a walk-in, so it’s got three shelves that go up this side of it, three shelves that go up this side, and one that goes across. For the last year she’s never come—she goes from this top shelf; she runs across this one, and she goes to that top shelf and will not come out of the closet. If you pick her up to try to take her out, she screams hysterical. I mean, it’s bad. And so she has her bed on this top shelf, her food and water on this one, and her litter box in that one, and her toys. And she plays, and she’s happy, and you can pet her and kiss on her and do all that kind of stuff, but you can’t attempt to remove her from the shelf, and she has never stepped foot out in a year. Isn’t that amazing?

Lundy: That should tell us something about trauma, though.

McVey: Exactly.

Lundy: And it should tell us about how people respond.

McVey: Respond. The other, one of the other little cats in there, if I vacuum in that room, which I have to do, he runs in the closet, because the other cats’ litter boxes are on the floor in that closet, and he tries to hide behind it, and he goes absolutely rigid, like cement, and he freezes. And you can literally pick him up by his head and carry him anywhere, and you could knock on him, and it’s like cement.

Lundy: I have never seen that.

McVey: And he stays frozen for about three hours.

Lundy: Frozen?

McVey: Frozen, I mean just—

Scull-DeArmey: Is it some kind of catatonia, no pun intended. (laughter)

McVey: Kind of, yeah, yeah.

Scull-DeArmey: Yeah.

McVey: I mean, he just kind of—he poops and pees in little drawers of river. I mean, it just—and then he freezes. And I mean, so I hate to vacuum in there. I have to vacuum.

Lundy: You could put little ear plugs in his ears, you know.

McVey: And he’s another one, you can’t pick him up to put him—
Lundy: You need some tranquilizers.

McVey: Oh, my gosh! I’d have to tranquilize him every week. I wouldn’t do that.

Carroll: Yeah.

Scull-DeArmey: Yeah.

McVey: But I mean—

Lundy: Well, not every week. That’s true, but we have a—I mean, our Siberian Husky was that way about storms.

McVey: Yeah?

Lundy: During Katrina we had, we gave her, we had to give her a Valium every time because of her, she has epilepsy.

McVey: Right.

Lundy: But during Katrina she won the best pet award. We give awards during storms because we have three cats, four cats excuse me, my daddy’s cat. But she got the best pet award because we just gave her, I gave her just enough Valium. Well, I gave it [subcutaneously] usually or (inaudible), but it really settled her down because she had been through a terrible storm as an infant. As an infant: boy, you can tell we’re animal people.

Scull-DeArmey: Yeah. There’s an infant dog.

Lundy: Well, I mean, it can happen.

McVey: Sure.

Lundy: But I mean, I think that it truly does get into their psyche and—

McVey: Oh, it does.

Scull-DeArmey: Yeah.

Lundy: —(inaudible) difficult, but I’ve never heard of a frozen dog.

McVey: He just—it’s a cat.

Lundy: Cat, I mean.
McVey: He just freezes.

Lundy: I mean, I’ve never seen a—

McVey: He just freezes.

Lundy: Just going statue on you.

McVey: Yeah, and he’ll stay frozen for like three hours.

Lundy: But you have no idea, I mean, what these animals—they hurt and—

McVey: Well, exactly, and that was a place where—

Scull-DeArmey: Because they weren’t with you.

McVey: —it was, and they weren’t with me.

Lundy: And they weren’t with you.

McVey: And they have never, ever been separated from me for any bad type thing, so.

Lundy: The ones you lost, were you able, was the whole place lost?

McVey: Totally demolished.

Lundy: So you never found your cat?

McVey: Never found him. The vet did not evacuate with them. I had caught up with her a couple of weeks later actually, and it was in Pass Christian. It was only about two blocks off of the Gulf, and so of course I have all these guilt feelings about having put them that close to the Gulf, but it was her—her animal hospital was in the old post office building. It was built post-Camille to withstand to federal hurricane standards to survive Category Five, and it was brick, and it was steel, and there was not a brick left of that place at the end of Katrina.

Lundy: So much for those standards.

McVey: Right. And so when I caught up with her, I was like, “On the off chance, did you evacuate with my babies?” Well, of course she was hysterical trying to tell me that no, she hadn’t, and if she had the storm to live over again, she would have. She lost her own pets in her own clinic, and she said, “We thought at worst, if the roof came in that we’d take on some water.” And she said, “What we did in the different rooms”—like my cats they had let out of their carriers in one room so that if they did take on some water the cats could get up on counters and file cabinets, and they’d be
OK. And she said, “We really thought we’d come in the next day, and we’d have a really big mess, at most, to clean up.” She said, “Never in my widest dreams did I ever believe that it would just be gone.” And I said, “Well, I didn’t either. I mean, I don’t blame you. I put them there, so.”

**Lundy:** Nor should you blame yourself, but I know—

**McVey:** You do.

**Lundy:** —you must have.

**McVey:** Absolutely.

**Lundy:** Yeah.

**McVey:** So I got all the animals.

**Lundy:** But they’re all back at home?

**McVey:** They’re all back at home. And so that day after I got the ones from Gulfport to Oakmere, we went on then in his pickup truck to Pass Christian.

**Lundy:** And this is what you found?

**McVey:** And this is what I found.

**Scull-DeArmey:** Oh, it’s over here.

**Lundy:** Jeremy hasn’t seen it. Did you see it?

**Carroll:** Um-hm.

**Scull-DeArmey:** I think Linda thought it was a gift to the file?

**McVey:** Yeah, that’s fine.

**Scull-DeArmey:** Oh, OK.

**McVey:** Yeah.

**Carroll:** Yeah.

**McVey:** And what we had to do, we could only take the pickup truck to north of the tracks, and then he had brought his four-wheeler, and they let us go down on a four-wheeler to the beach. And then we went as far as we could, and we got stopped by another like command center, and they said, “You can’t go any further west than this.”
It’s horrible. It’s a wreck. Not even emergency workers have been in there. You just absolutely can’t go. We haven’t excavated for bodies. The gas lines are all still wide-open and hissing, and you just can’t go.” And Troy, “Please, please, please. We’re administration at this hospital. This is our only chance to get out.” And they said, “It’s just not safe. You can’t go down there on your four-wheeler.” So Mike had the forethought to say, “Well, then can you take us in your pickup truck?” And the captain gave the guy the OK. So he drove us down [Highway] 90, and my house was a half a block off the beach, and it was very strange because the cop was saying to me, “Are you recognizing anything?” And Mike was saying, “Where’s your street? Where’s your street?” And I’m saying, “I don’t know,” because all the landmarks were gone. But my house was on Cedar Avenue, and there was a little natural bend in Highway 90, and Cedar came right off of that. So I said to the police officer, I said “Is this a natural bend in Highway 90, or is this a Katrina bend?” And we were kind of looking at it, and if you looked at the road and the Coast—he said, “I think this is a natural bend.” I said, “Then that’s my street.” But of course, it was covered with trees and debris and everything. So he stopped, and we got out, and we climbed over trees and debris and all kinds of things. Like I said, the gas lines were still wide-open and hissing. And we started making our way up Cedar Avenue, and at that point they were saying, “Where’s your house? Where’s your property?” And I couldn’t even recognize; I couldn’t even get any kind of feeling or bearing, except a couple of doors [down], a neighbor had an in-ground pool, which was still intact, and there was no debris in it. I said, “Oh, there’s my neighbor’s pool.” And typical, like after Hurricane Camille, there were a lot of staircases that went up to nowhere, and that’s always freaked me out really bad. And we were going up the street, and Mike said, “Well, where is it?” And I was like, “Mike, I don’t know, but it’s feeling like we were getting too far up the street,” because I was halfway up the street. And we were just starting to go over a big tree that was across the road, and for whatever reason I kind of looked back, and when I looked back, I could see my bushes. And my bushes that were in front of my house had survived. Now, they were burned from saltwater burn, but they were there, and the gap where the staircase, going up to it, was there. And I was like (inaudible). And for whatever reason—it’s really bizarre—I was all happy because—

Scull-DeArmey: You found it.

McVey: —I got it picked out. I was like, “Oh, there’s my house.” (laughter) And they’re looking at me like, “OK.” And Mike says, “How do you know that’s your house?” I’m like, “Oh, those are my bushes.” And so then that, that’s what I found. And really, you look at it, and you just kind of go numb. I mean, I think my eyes might’ve filled up with tears just a tiny bit but not like boo-hoo.

Scull-DeArmey: It’s too shocking.

McVey: It’s way too shocking. And Mike turned to me, and he said, “Oh, my gosh! You have to be like the strongest person I know.” He’s like, “That’s your house.” And I was like, “Yeah, I know.” (laughter) “Yeah.” And this is exactly, this is the
picture from that day, and there was nothing there. There were not clothes hanging on
the trees. There was no furniture. There was no appliances. There was absolutely
nothing and as far as the eye could see. Every now and then in a lot you’d see a toilet
or things like that, but I never saw a refrigerator or dishwasher, a stove, a bed, an
intact piece of furniture, I mean absolute nothing.

**Lundy:** In your whole, this neighborhood around you?

**McVey:** In the whole neighborhood, as far as the eye could see.

**Lundy:** I mean no, no, you couldn’t tell one?

**McVey:** No.

**Lundy:** Like little sofas or chairs like.

**McVey:** Nothing.

**Scull-DeArmey:** They’re in Hattiesburg somewhere.

**Carroll:** The water was so high that it carried on over.

**McVey:** Um-hm, or just disintegrated.

**Lundy:** Did you find any of your personal things?

**McVey:** I did. I had this old cat named Louie, and he was buried in the front yard.
And several years ago there was an artist from England named Ann, and she used to
do—

**Scull-DeArmey:** Pet rocks.

**McVey:** Pet rocks. And my family had done Louie in a rock for me, and I didn’t find
him that day. But I was, I mean I was crazy about Louie. Louie and I were soul mates
if a cat could be your soul mate. But I had him for fourteen years, and I had him since
he was three weeks old. I got him from the New Orleans SPCA [Society for the
Prevention of Cruelty to Animals] and for a long time, a lot of years it was just me and
him that lived together, and so we were best buds. So I was devastated when he died,
obviously. And he was a big, black-and-white-tuxedo cat. So of course everybody
that got me anything, it was black-and-white-cat things. (laughter) But my family had
had him done in the rock, and it was, I mean it was startling; it looked so much like
him. You would be taken aback if you passed—if somebody moved the rock, and he
was like, “Oh, Louie’s not here. It’s the rock.” So my boss Jim Mitchell, who’s my
CEO, after about four weeks of living in my office, he and his wife and two little kids
invited me to come and stay at their house. So I left my little office, and I moved in
with them. And we went to my site one day to just see if things were settling down
here a little bit, and so we could go. And I didn’t know it at the time, but after we were there for a while, he was just, he was just looking under big debris piles and everything, and I said, “You look like you’re on a mission.” I said, “What are you doing?” And he said, “I’m not leaving here until I find Louie.”

Scull-DeArmey: Aw.

Lundy: And so he knew it.

McVey: He knew about Louie, of course.

Lundy: Did he know about the rock?

McVey: He knew about the rock.

Lundy: Oh, wow.

McVey: And he found Louie; he found the Louie rock.

Scull-DeArmey: Aw.

McVey: And I mean—

Lundy: So it had been in the front yard.

Scull-DeArmey: That is just amazing.

McVey: Well, it had been in my house.

Lundy: Oh, it had been in your house.

McVey: It had been in the house, so.

Scull-DeArmey: Good heavens.

Lundy: So it was heavy enough that it had apparently sunk?

McVey: Yeah. I mean, it was like—

Lundy: No. It was Louie.

McVey: Oh, it was Louie. That’s right.

Lundy: It was the spirit of Louie. I know those cats.

McVey: Now, he was about two or three properties up the street.
Lundy: But he still made it to you.

McVey: But he still made it to me. So of course I have Louie in the old—

Lundy: How wonderful.

McVey: —it’s a little—

Lundy: It was something, though, from your life.

McVey: Right, and some other little things. My mama had this Dresden China collection, a collection of all these little ballerinas, pre-World War I, and they were ancient.

Scull-DeArmey: Good grief.

McVey: A lot of those were kind of scattered all over. We found a lot of them.

Scull-DeArmey: Oh, man.

McVey: Of course, some of the hands and feet broken off, but we found them. Things like that we found. And maybe about two Rubbermaid containers about this big of things from my house, aside from Louie, that we were able to find.

Lundy: Were they around?

McVey: They were kind of in our neighbors’ yard and beyond (inaudible).

Lundy: How far did you go?

McVey: I didn’t go very far. It actually, it was so devastating and—

Lundy: It just wasn’t possible—

McVey: —and again—

Lundy: —to go through it all?

McVey: It wasn’t. We didn’t see that much, and I was all about stink still at this stage, and the mud and the stink in Pass Christian was so horrible that you didn’t really want to pick the stuff up and drag it home, the little things, because they were all broken and battered anyway, but they were yours. I mean, you’re like, “That’s mine,” so. But we did; we put about two little Rubbermaid containers that was full of that kind of stuff, and Tim, bless his heart, we took them to his house, and he sat outside in his driveway, and he hosed, and he scrubbed them for me as best he could.
And then we repacked them up in the little Rubbermaid thing. Well, I’ll just tell you that when I finally bought the house that I’m in, and for a lot of different reasons I’m not going to go into, the people that I bought the house from, they just emptied their whole house without packing anything for me because they had built a brand-new house, and it was my OR [operating room] director. They had built a brand-new house, four houses up the street, and I asked them if I could rent this house, and they said yes. She went home, and her husband’s a fire chief in Long Beach; they pulled their trucks up to their house, and they didn’t box anything. They just threw everything in the truck and ran it up to the new house and threw it all in there, and they went back to work, so that I could move into their house, their old house. But they didn’t empty the garage, and they didn’t empty the attics, and I said, “It doesn’t matter because I don’t have anything at all to sit on.”

Lundy: And I can use it, right?

McVey: That’s right. But they did also have this one little storage thing that’s connected to the carport, and I said, “Well, if I could just clear a space, I could put my two little Rubbermaid containers in there,” because I still didn’t want to bring this stuff into the house. So they finally, after about a month, they cleared a little space. And this stuff, the Rubbermaid, sat out under the carport, and they cleared a little space out, took it in there, and my dad was in there with me, and we were rearranging this little shed so that we could put our two little Rubbermaid things in there. And you will not believe: the bottom Rubbermaid, and both of these things had glass products, and right when we were turning around to walk out of the shed, the bottom Rubbermaid container split in half on the bottom.

Lundy: What do you mean, broken?

McVey: It just broke. It just, all of a sudden it just went rip. And so the Rubbermaid container that was on the top of it, of course, flew across the utility shed, which had a cement floor, and every single thing in that thing broke and shattered into a million pieces.

Lundy: All those little, tiny ballerinas?

McVey: Everything that we had salvaged.

Lundy: Oh.

McVey: And the one that was under it, when it split, the top one, of course, initially dropped down in it and broke almost everything in that before it pitched out because they’re bouncy, kind of. And I was standing there looking at the little bit that we had saved, shattered, all over the floor. And I looked at it, and I looked at my dad. I mean, this was more stunning to me, more devastating than when I first saw that because it was like, “Whooh!” We had recovered this. And my dad just looked at me, and he shook his head, and he said, “Girl, there are forces at work here, and it has been
at work since August 29.” He said, “You were never meant to recover that stuff. It was meant to be gone. It was a fluke that you had found it and brought it back.” He said, “Just hang it up. You were never meant to recover it.” I was like, “Oh, you’re right.” So we swept it all up and threw it in the trash. Well, then I wasn’t quite—that was just my foundation, and I was like, “OK. Well, I have my foundation.” So in Pass Christian they put a notice in the paper that if you wanted your land cleared that you had to sign these right-of-entry forms because they absolutely would not touch your property without a right of entry, and I said, “I’m not signing the right of entry because Louie’s buried in the front yard, and I don’t want him disturbed, and that’s my foundation, and I don’t care if it just—it’s my foundation, and it’s all I have left.” (inaudible) And I could hardly go out there, but about three months later I was just totally drawn to go back and look at the property. And when I went back to look at the property, they had leveled and razed my entire property, but the people next door to me, they had left their foundation. And they had gotten—

Lundy: The wrong address.

McVey: —the properties mixed up. These people—

Carroll: Which is easy to understand because I mean you (inaudible).

Lundy: There were no addresses, right.

McVey: Exactly.

Lundy: How would they know the numbers?

McVey: That’s right. These people were highly upset that the entire street was cleared except they left their place.

Lundy: They left their property.

McVey: They left their property. I mean, which is, of course, I lived in the middle of the block, and they lived right next to me, so everything around it was cleared except theirs. They were out there. They were furious.

Scull-DeArmey: And they’re saying, “Why?” (inaudible) (laughter)

Lundy: You know why. Your dad’s told you why.

McVey: I called him, and I went, “Nope, can’t believe this.” And he said, “I told you forces are still at work.”

Lundy: I can hear that Dad. That’s a Dad—

McVey: That’s a Dad—
**Lundy:** That’s a Dad thing. My dad, I can hear my dad saying that. It was not meant to be.

**McVey:** It was not meant to be. I mean, you were never meant to recover it, so let it go.

**Lundy:** And how old is your dad?

**McVey:** He’s seventy-six.

**Lundy:** Wisdom.

**McVey:** Um-hm. Now, you know because they lived with me, they also lost everything they owned.

**Scull-DeArmey:** Of course, yeah.

**McVey:** You know, but.

**Lundy:** I think sometimes our, sometimes our older—I think my parents, my father was—it was easier; it’s because they become less attached to things.

**McVey:** Um-hm.

**Lundy:** The older they get.

**Scull-DeArmey:** Um-hm.

**Lundy:** Or at least my father did.

**McVey:** Sure.

**Lundy:** Because after losing two wives, three wives, three wives, two wives, sorry. I can’t remember. The third wife (laughs) but I mean I think as they grow older, they do seem to let [go] the attachment to material possessions.

**McVey:** And—

**Lundy:** Sometimes they can’t. I mean—

**Scull-DeArmey:** That would be the mature thing.

**Lundy:** Yes.

**Scull-DeArmey:** One would think, yeah.
Lundy: Yeah. Well, you see, my dad was ninety-two and he was saying—

McVey: And my dad is a, he’s a wonderful guy, and he is a great philosopher. He’s a deep thinker. I mean, and he finds wonder and joy. He’s one of those people in—

Lundy: He’s trying to help.

McVey: —everything and—

Lundy: Yes, and he has given you some sort of a—

McVey: —truthfully he said, “It’s only stuff. That’s all it is. It’s just stuff.” That probably helped me get through all of this more than anything. Other than my animals, my babies that I lost, everything else was just stuff. We still had our lives. I still had a place of employment, which most people on the Coast didn’t have. So we were fortunate. And what you find yourself doing is looking for all the blessings that you do end up with. I ended up with a beautiful home. My insurance never paid on this, so I did have flood insurance, which I had the minimal amount in flood insurance, and the majority in my homeowners hurricane/wind policy, which they didn’t pay a penny because they said this was not a windstorm; it was only water. And so if I could pay off that mortgage, then I’m the proud owner of a new thirty-year mortgage on my new place. But I have a beautiful home and a mile from the interstate, nowhere near the water. (laughter) And early on I said, “You know what? I’m not going to have a single tree in my yard, no water, no trees, no nothing. I’m not going to get nice furniture. If I have orange crates for furniture that’ll be fine because I just don’t want to lose all this stuff.” And of course a year later you have a home, and you have trees, and you have furniture, so.

Carroll: Where do you live now?

McVey: I live in Long Beach.

Carroll: Long Beach.

McVey: Moved too far, but instead of the beach, a little, just—

Lundy: A little back.

McVey: —one mile south of the interstate, so I’m still south of the interstate but just a mile.

Carroll: Well above the railroad.

McVey: Well above the railroad.

Lundy: Well above the railroad.
McVey: Had no damage during Katrina.

Lundy: This house didn’t?

McVey: It didn’t.

Lundy: Is that it?

Carroll: Yeah.

Scull-DeArmey: But we still have video—we still have audiotape going, but no video at this point.

Carroll: Do you want to stop, and you want to change this, and we can change that, too? (brief interruption)

Scull-DeArmey: This is a continuation of the interview with Pam McVey, and we’re wrapping up. The question is, is there anything that you’d like on the record that we have not discussed previously?

McVey: I think we’ve discussed it, but just to put it in extremely explicit terms is that, what I would want the world to know would be to know the dedication of the nursing staff here at Biloxi Regional, not just the nursing staff but all of our staff from administration, nursing, housekeeping, everything; the dedication and commitment to this facility during and after the storm has been absolutely phenomenal. And we’ve taken some hits and some flack from people about, “Why did you stay? You purposefully put yourself and your employees in the direct path of the storm.” And I mean people that criticized us highly for staying, “Why did you stay?” And we stayed because we’re a community hospital, and we know the culture of the people on the Coast, and they do not evacuate. So if this hospital had not been here—when our generators went on, we lit up this section of the city outdoors. It was like a beacon, and people were drawn like moths to that light, and they came, seven hundred and eight hundred patients a day. If this hospital and the employees had not been here, where would these people have gone? I mean, we fed them. We sent them home with food, water, supplies, everything, and that’s what I want whoever knows or hears or sees or reads this, to know: that this hospital and these employees were here for the people of the Coast in the worst disaster ever. That’s what I want them to know.

Scull-DeArmey: All right.

Lundy: You even got on video. (laughter)

Scull-DeArmey: Well, thank you so much.

McVey: Thank you.
Scull-DeArmey: For giving us this interview. Thank you for what you do. Thank you for being here for people.

McVey: Oh, you’re welcome.

Scull-DeArmey: I just have to tell you there’s no words to describe how much I respect you and admire you.

McVey: Oh, well, thank you, thank you, thank you, thank you. And you know what? I’ll just tell you. We laugh about this because I’ve been the CNO [chief nursing officer] here for two and a half years, and like I said I grew up in Minneapolis—there are no hurricanes. (laughter)

Lundy: A lot of snow but not hurricanes.

McVey: What in the world am I doing here? How did this happen? (inaudible) they do. And I said, “You know, I’m not sure of the answer to this, from a personal point of view. Was I in the right place at the right time to help lead my staff through the worst disaster of the history of our nation, or was I (laughs) definitely at the wrong place at the wrong time?” And, you know, I’m not sure. I’m not sure, so.

Scull-DeArmey: You don’t have to answer that question today!

McVey: Good. (laughter)

Scull-DeArmey: Thank you. I’m going to—

Lundy: Thank you so much. I know you’re exhausted.

Scull-DeArmey: I’m going to turn if off.

(end of interview)