

**20<sup>th</sup> Anniversary of Hurricane Hugo's Impact on**  
**MUSC**  
**Oral History Project**

Interview with Gail W. Stuart, PhD, RN, FAAN  
July 27, 2009

Interviewer: Brooke Fox, MUSC University Archives

Location: College of Nursing Building, Room 205

Brooke Fox: The following is an oral history interview with Gail Stuart, PhD, RN for the twentieth anniversary of Hurricane Hugo's impact on MUSC. The date is Monday, July 27th, 2009. The interviewer is Brooke Fox.

Dean Stuart, thank you for agreeing to meet with me, to discuss your experiences of Hurricane Hugo. What was your position at MUSC in September 1989?

Stuart: I was the Administrator of Psychiatric Services for MUSC, which meant that all the in-patient units, any of the day treatment programs, I was the administrator over all those activities.

Brooke Fox: OK, and how long had you been at MUSC at that time?

Stuart: I was at MUSC for four years then; I came in 1985.

Brooke Fox: And that was your first position?.

Stuart: No, I actually came as a joint appointment with the College of Nursing and the Department of Psychiatry, starting up a graduate program in the College of Nursing in Psychiatric Mental Health Nursing. But, in the Department of Psychiatry, a new building was going to be built, the Institute of Psychiatry, and the Department Chair for Psychiatry asked me to devote more time to Psychiatry.

Brooke Fox: Uh-huh

Stuart: Actually, you know what? Do you have that article--trying to think back, I want to make sure I had my title right. Actually, at that time, I was not the Administrator over all Psychiatric Services; that came later. When Hugo struck I was the Director of Nursing for the Institute of Psychiatry.

Brooke Fox: Okay.

Stuart: Right.

Brooke Fox: OK. Great. Can you describe the days leading up to Hurricane Hugo's landfall? What, what was going on on campus, and in the Psych, Psychiatric building?

Stuart: Well, as I'd mentioned, I'd only been here in Charleston for four years, and before that, I was in the Baltimore/Washington area, so that whole hurricane thing was new to me, and people clearly get very nervous, a week, two weeks out, if they see something on the weather screen. And so there's a level of anxiety that builds. People start getting tense. There's talk about how things would be handled, but you know, the weather patterns change, and so it almost seems like it's the last two or three days that people really get into high gear.

Brooke Fox: Uh-huh.

Stuart: For us at the Institute, we began preparing by discharging patients when we realized that it was really coming towards us. We started to discharge as many patients as we could, from the inpatient units. Unfortunately, many of the patients could not be discharged; we didn't have a place to relocate them to. And we also had a children's unit, and some of those children also had to stay, so we prepared by moving all of the patients who were on the first floor, up to the taller levels, the higher levels of the building, because we were expecting what, twenty-foot tides, they said.

Brooke Fox: Uh-huh

Stuart: In addition, you know, for faculty offices, we removed computers from windows; we knew that there was a lot of vulnerability, because there's so

much glass in the building. And so, we tried to wrap things in plastic as much as possible. In addition, the Institute of Psychiatry was a relatively - the inpatient part--was a relatively new building at that time, and when it was built, we were told that it was hurricane and earthquake-proof, so we were going to test and see what that was like. But there was some comfort in that it was a newer building, and we were told that there were some additional structural precautions that had been taken.

Brooke Fox: Were your offices in the older building? Hal Curry said that there was an older building that he had an office in.

Stuart: Right. Our offices were in the older building, which was on the corner here, and that's where it was really more of the faculty and the out-patient wing.

Brooke Fox: Uh-huh.

Stuart: The offices that were on the inpatient side were basically internal offices, residents used them, etc. But they were mostly for patients, and all of the patient rooms had external windows. So, if you look at the serpentine shape of the building, what you see, with all the windows, are all patient rooms.

Brooke Fox: Oh, Okay. So, the day or two before the storm hit, were there other preparations that you all made?

Stuart: Yes. Yes, we then started doing the essential processes, which were sandbagging, putting sandbags along all of the doors, not knowing if the water would come in or not. And the older building is connected to the newer building. So, again, even if the newer building had certain protective features, we weren't sure what the older building would do. In addition, we started stockpiling the things that we thought we would

need, and we began to talk about staffing issues, in terms of the clinician coverage that we would need. As we discharged patients, we knew that we didn't need all of the staff we would normally need, but we did say that the nursing staff were essential personnel, and we limited the number of essential medical staff. At that time, Hal Curry was the Administrator and George Arana, Dr. George Arana, was the Medical Director. We decided that because we would be in a holding pattern, more or less, for the patients, we didn't need a lot of intensive medical coverage, just a couple of physicians, maybe one per floor, whereas we would need the full component of the nursing staff to really take care of the patients on the same staffing ratio as we had beforehand.

Brooke Fox: What was the general mood of the patients that stayed, that you couldn't release at that time, was there--did they know what was going on?

Stuart: Yes, I think, you know, that kind of thing gets spread throughout the whole community, and well, I'll describe a little bit about how it was for both the staff and the patients. From the staff's point of view, and this is again mostly the nursing staff, except that Hal stayed, and Dr. George Arana stayed as well, the split is between leaving your families and being a mandatory personnel at work or, wanting to be with your families, and evacuate, or whatever. But we're talking about staff children, and you know, perhaps older family members, parents, as well as spouses. And so, Hal, George and I made a decision that we would require the nursing staff to stay, but we would allow them to bring their family members in if that's the decision that they wanted. Now, many of the staff said, "No, my spouse is going to take the children and leave town". But, for single parents and others that was a very good decision on our part in the long term. And what we suggested to people, and this was again, two or three days ahead of time, "Bring in sleeping bags, any kind of things that you'll need for the next couple of days," and since we didn't really have space for them, what we did was we opened the faculty offices, on the faculty

side, the older building, and allowed staff to kind of claim an office and hunker in, and nest with their families, so they could have a place to put their things. If they were little, and can sleep on the little sofa, that's fine; if not, sleeping bags on the floor. But every kind of family had a space that they could use. That went a long way to helping the nursing staff get re-engaged with the work of keeping the patients safe rather than worrying about what's going on with their family and all the rest. And, it's very clear I think in any health care setting that if the staff is calmer, the patients are calmer, whether they're in for medical problems or psychiatric problems. And so, I think the sense that was communicated was, we have a handle on this. We stocked up on peanut butter and bread, you know, did all the things that you would normally think about, such as unplugging electrical equipment, and getting the area as safe as possible. However, I do remember--well, then we can move into the actual storm itself.

Brooke Fox: Sure.

Stuart: So we were kind of prepared, we felt like we knew who was on board, people had their families with them, whatever supplies they needed. And then the storm rolled in. The storm came in the evening, which added to, what I think, was the eeriness of it. It came through with a lot of wind initially, as the gusts took off, and what we realized, fairly early in that process, was that the roof of the Institute must have had kind of a gravel layer. And, all of a sudden, all of the loose pieces of gravel, started coming down and hitting the windows of all of the patients' rooms, creating quite an uproar, not to mention everything else in this whole atmosphere was swirling around. That created a good bit of anxiety. People were afraid, you know. But the windows in the new Institute of Psychiatry, those windows were supposed to be glass-proof, so if a patient, for example, threw a chair at the window, it shatters, but it doesn't break. Again, it was a new building, and, hearing all of that pounding, and

the gravel, almost like little pellets shooting at the windows, I think raised everyone's anxiety. And so, we called together all of the patients and staff. And Hal, who was the Administrator, and had a large responsibility for the building itself, described to everyone that the windows won't break; this building was built under these specifications; and you know, there's no way that the windows can pop out. This was important because there was someone hearing that over across the street at the main hospital, some of the windows had popped. You'd hear a little bit of things like that which added to our stress level.

So what we learned was that through that open forum, where people could ask things and get clear, honest answer, everyone felt a lot calmer. And so we had regular communication meetings like that each day, with staff, and staff and patients, even a couple of times a day, just to let them know how things are going, etc. And, so I think that everyone again calmed down a little bit; everyone knew it was a time-limited thing, in terms of when it's going to come through.

It was eerie, though, that right when the eye of the storm was over us, some of us came downstairs, and as furious as the previous winds were, with everything hitting and blowing, it was absolutely still; there wasn't a breeze anywhere. And, of course, the water had come in, so when you looked out the doors, you saw that the water came over the parking meters, if you can imagine how high that is. So, you couldn't see the parking meters at all. And it looked like you were looking out on a lake. And it was so still, kind of that movie-scary-something-bad-is-on-its-way stillness.

Brooke Fox: Uh-huh.

Stuart: And, so that was kind of a unique sight that I guess I'll never forget. It didn't last long, the eye of a hurricane only stays a certain time, and then,

of course, we were aware that there would be the huge rush out, with the same winds, etc. I vividly remember going downstairs, just to see it, the time when the winds were very high. The palm trees that we could see, the palmetto trees, actually were touching the ground; they were almost at a ninety-degree angle. And, it was amazing to see their resilience. I guess that's what you know about palmetto trees - they're like rubber.

Brooke Fox: Uh-huh.

Stuart: And, so they have this ability to bend, and then when the winds subsided they just righted themselves. But, it was also very bizarre to see, Now, of course, meanwhile, we saw a lot of other damage occur, you know, you could see the other trees going down, you can see the power lines down, and of course that was one of the big issues after the storm - power lines exposed all over campus and all over the streets. All that being said, interestingly, a lot of people slept through it all. You know, a lot of the patients--after the first initial blast, which was in the middle of the night, and a number of other people like the children slept through it - woke up the next morning. And I thought that was interesting too that people, you know, were comfortable enough that they could sleep.

Brooke Fox: Uh-huh.

Stuart: When the morning came, of course, that's when everyone realized the damage that had been done, because when it was covered with water, you really couldn't see it. We were fortunate that the building was intact; there were no broken windows, none of the windows even shattered. We didn't have any water inside the building, so all of that were the good things. Of course, we did all have all of the resultant problems, such as, we lost power, and the Institute had a back-up generator. That also went down. So we were totally without electricity. We were without water. We were without phone service. So think of all of your systems going down. As I



recall too, it was kind of a warm September, and, since it was the psychiatric hospital, the windows don't open, and so, we were really containing a lot of heat. Normally, if you lost your air conditioning, you'd move in some fans, right, to clear the air a little bit, but when your electricity isn't working, there's no fans that you can put out there. So, everyone's focus became very much immediately concentrated on gosh, kind of the survival mode, where, for example, even getting water was challenging. We had the National Guard come by, and I'll always remember, they pulled up right in front of the Institute probably three times a day, and all of the staff would go in and bring gallons of water, because we had no other way to hydrate people in those conditions. Obviously, our refrigeration system was down, so what milk we had, we reserved for the children, and we had a lot of sandwiches, peanut butter and jelly, anything that didn't require refrigeration. Got a little tired of peanut butter and jelly after a while. On the other hand, the sense was everybody was really pitching in. There was a real camaraderie that I think was established just by how we had prepared for it. And then, the fact that you all came through it, and everyone seemed fine, was also very helpful. For example, the children of our staff, including my two children were with me; guess they were about, let's see, nine and eleven at that time. I'm looking back on their birthdates and the days of the Hugo. We had the children of staff join the patients who were children, on the children's unit, on the second floor, which sounded like a great idea, and you know, there are places for them to play. In fact, the staff children were more difficult to take care of than the patients, the little children patients. And that was a big lesson that we learned. They were noisier, and kind of more out of control. But the feeling was, "We're one big family," that really emerged at the time, and I think that's how everyone felt.

The other thing we did was everyone did everything. For example, here's a crisis, the toilets don't work when you lose water. Not good. So we had

a Toilet Patrol, where we would go around with a plunger and a bucket of water, which was very, you know, precious, and flush them through. And, we had regular, hourly Toilet Patrols. And, I think, the interesting part was, my assistant, Elizabeth Huggins and I did that. I mean--so, there was no job that those of us in the charge, Hal, or George or myself, wouldn't do. And we were very visible, we were on the units with staff. And, I think that did make everyone feel like everyone's really pitching in here. There's sandwiches needed to be made: we all pitched in and made the sandwiches.

It was pretty devastating to look outside, and I think the next thing that happened is that staff really began worrying about their own houses. And so, you know, here we were safe, we were taking care of each other, miserable circumstances, no water, it's hot, but then, of course, your thought turns to, "I wonder if I have a house?" And the reports we were getting were of course, you couldn't get out to Sullivan's Island, they wouldn't allow anyone--well, you couldn't even go down the street because there were all these exposed electrical and power lines. And so, you know, it's always true that the not knowing is worse than the knowing.

Brooke Fox: How were you getting your reports? People walking across from the hospital, kind of back and forth...

Stuart: Back and forth, some walkie-talkies, we actually adopted walkie-talkies at that point. And, we learned, I think, in Hugo, and I know the hospital did in general, what kind of systems we didn't have that we should've had. But we relied on walkie-talkies at that point, which we did have. Not that many, but we had enough. And that was important for us to know what was also going on in the hospital. I mean, we could've had a medical emergency, so we had to stay in touch with, "What happens if?" And that's when we heard that some of the windows had blown out, etc. But, it

was sketchy. You know, people, some people had some short-wave radio that they could listen to the news. But the reporters weren't out there. People living out on Folly Beach, wondered, "Is Folly Beach still there?" For the staff I think the anxieties switched to their own personal environments. Problem being they wouldn't even allow people to use a lot of the main streets for a couple of days. And then, people, like as I said, on some of the barrier islands, wouldn't have access at all. So, it's kind of like living with uncertainty.

Brooke Fox: Uh-huh.

Stuart: It was about two weeks that we were without the water and all the rest. So, it was a period of time. Towards the end of the first week, or maybe ten days, we did have a couple of folks who could walk to their homes. And so, I think, Hal, George and I decided that all the food that was in the refrigerator and the freezers was going bad. And so we asked everyone to bring in anything that they had in the freezer and we set up some barbecue, charcoal barbecue grills, in the psychiatry courtyard, so it was contained. And we had the world's biggest, most different smorgasbord of barbecued anything!

Brooke Fox: Uh-huh.

Stuart: Again, for staff, patients, and their families. And that was kind of fun. It was almost like a little celebration - we got through this! We felt like it was a good use of the food, because it was just going to go bad anyway. And that, in some ways, to me, marked kind of the ending of the crisis part of Hugo and the beginning of the real work of recovery, whether it was for the Institute of Psychiatry, in terms of their processes and procedures, and all the rest, as well as people in their individual homes. We did then, rotate schedules, so people could slip out and see their place, even if they couldn't live in it. We allowed that as we had enough staff to

cover, and people had some time away. We rotated staff for shift work so that, you know, people were able to get their regular amounts of sleep, or as normal as it could be, under the circumstances. And we tried to get back to business as usual, you know, in the best way we could.

The next thing I remember about the aftermath is that the patients actually seemed to do fine. I mean they were secure; they were safe; they had good care. It was really the staff then who began to discover that their homes were significantly damaged. There was a lot of grieving, concern, worry over that. And for example, we had one nursing staff member who lost her entire house. At a time when everyone's feeling this great sense of loss and damage, it's interesting, all of the other staff brought things from homes, and they all tried to put together the beginnings of a new place for her, and supported her through that process. And sometimes giving back to others when things are bad is the best way to deal with a crisis, and so, you know, you do come full circle in these times. Nobody, of course, wanted to be in her shoes but if you could help out, I think that would be, it was a good thing to do. I think it, you know, it brought us all closer, it gave us a greater understanding of the reciprocity of patients and staff and family. And, if good could come out of a situation like Hugo, I think that we probably did the best that we could.

Brooke Fox: How long was it before you started taking patients in again?

Stuart: I believe that it was probably about three or four weeks before we did that. And of course, the other issue was, the entire community was so devastated that everyone was in a state of shock. We did also set up groups, debriefing groups for staff to deal with their own issues of loss, and how they are going to take care of patients. So, we tried to support the staff as much as the patients. You know, many of our patients did not have private residencies. They might have had a long history of psychiatric hospitalizations, so they were in group homes, or in other

facilities. So, their needs were a little bit different from our staff needs understandably. But, you know, we tried to have open lines of communications and as many support group situations as we could possibly do. Knowing that, at times the most you can do is support each other; that there's not a lot physically you can do to rebuild houses or, you know, do some of the reconstructive efforts that were needed.

Brooke Fox: Did staff stay in the Institute or live there for a little bit, like a week or so...?

Stuart: It really varied. If staff couldn't, we had, for example, one psychiatrist, who could not get to his home on the Isle of Palm--no, I think it was Sullivan's Island. You know, because they wouldn't even allow boat access. And so, yes, if you couldn't have access based upon where you were, they could stay longer. You know, we certainly didn't call people back to work, in terms of the faculty, etc, because many of those people evacuated. And then they had to get back to Charleston, so it wasn't like they were around the corner anyway. But many people at that point preferred if they could get home, if they had, you know, a reasonable situation at home, well everybody likes to sleep in their own beds, even without electricity and you're buying candles. I mean, it's pretty primitive, so it really staggered a bit, based upon individual needs. But I wouldn't think anyone was there longer than two weeks, so it wasn't a long-term issue. At that point, the staff would rather stay with friends, still out in the community rather than in the Institute. So, it took a little while to get it all sorted out.

Brooke Fox: How many patients ended up staying during the storm?

Stuart: Gosh, I don't remember the exact number, but I think it had to be about forty, and that was large. I think, since then, I understand, I know the VA, and even the Institute really would try even harder to evacuate, if

possible, because you know, what we learned was not only that was a bad storm but, it was really devastating. And, so the best thing that you can do is try not to subject people to that. I understand also that since that time, our hospital overall has made a policy that staff 's families would not be allowed to stay during these times of emergency--you might want to follow up on that, but I do believe that since then, that has been adopted as a policy. I don't know how the general hospital did in Hugo but, afterwards, I know that decision was made, and I understand the rationale for it, because it's more liability, it creates more pressure in the general hospital, where they may not have had faculty offices to open up, etc. I think that's too bad, however, because if you ask me for one of the things that helped people who stayed, since we had patients and staff stay, it's that conflict between family and work that can really be detrimental, and exacerbated in a time of a crisis, so I was sorry to see that, I don't know how that policy applies across the board, but I do believe I heard that they had made such a policy.

Brooke Fox: Let's see...

Stuart: I read over your questions, and so I was a little prepared.

Brooke Fox: Well, thank you. The first time you went back to your office, what--did you have any damage in your office?

Stuart: No. A couple of the offices did have damage; mine was not one of them. And the damage really stemmed from, in the older building, the windows, either being cracked or broken. And luckily, because we had taken the computers and put them in the middle space and covered them up, the office damage was minimal. Actually, quite honestly, the entire damage to the hospital was minimal, because of all the, you know, building codes and regulations. I think other parts of the university certainly had more damage. And also, as you can see, the Institute, the Psychiatry, both the

old building and the new, is raised up, as opposed to, for example, the College of Nursing, where the water came in on the whole first floor, almost, you know, three-quarters of the way up. And so, we were fortunate that that building was up a little bit more than some of the others on campus.

Brooke Fox:

Can you describe when you--the first time you went out, you came outside after the storm, and kind of what, how did you feel?

Stuart:

Yeah, I remember that pretty vividly. It was very hot, so that hot air kind of, you know, hits you, and I can remember looking just on these two streets, because you really couldn't go much beyond where the doors open up, and there's the little landing there. And it just looked almost like a bomb had hit. I mean, it was just devastation, it was just trees and wires, and just stuff, stuff that had come in from the coastline, I mean, from everywhere, because you know, in that torrent, where it's coming in, and all the water's mixing around, it just was one of those scenes that I guess now you see on TV when you see other damaged areas, but the sense you get is the power of nature. And, I'll be honest, I came from the North, and I never experienced a hurricane, even though they do sometimes happen up the East Coast, I know that. But I had really never been on the Coast at that time. So for me, it was quite an eye-opener. And, I now take hurricanes very seriously. I mean, I, in fact, I lived on James Island and my house was all on one floor. And I didn't really--well, first of all, being all on one floor, there's only so much you can do. I mean, if I rolled up the rugs and put them on the table, but if the water's really going to come up, it's going to come up anyway. And, I know staff who lived downtown, and the water in their houses came up over the china cabinets and all the rest. But, I think that preparing differently, evacuating clearly, you know, of course, if you're an essential personnel, you don't have that option. But that's why if you can reduce the patient census, allow as many people to evacuate as possible. Of course, the other thing we saw with Hugo was--

and there were colleagues who did evacuate, and they, College of Nursing faculty, and other faculty from Psychiatry, was that it hit Columbia and some other aspects of the State just as bad. I mean, they tried to leave here, but some pockets of devastation, especially as the tornadoes made their way inland were terrible. So, you know, you can run but you can't hide, I guess. But, that does give me pause for evacuating because you just have to wonder now, you know, how is this really going to work out? The other thing that I think I've learned is that, as good as the weathermen are, you know, these storms are very unpredictable. So a lot of people still get very anxious very early on. And, I feel like they can turn in two hours and go in a different direction. So, I think you make preparation, you try to have water in your home at the start of every hurricane season. But, you really have to wait till a little bit closer to really understand it.

The other thing that I think is interesting, and this is more of a staff issue, is if staff knew that they were going to be relocating, what things they were going to take from home as you can only have a car full of stuff. And it was--we talked about that a lot, about what people tended to pick. And, the number one thing is not surprising, you probably guessed it, but it's family photos.

Brooke Fox: Uh-huh.

Stuart: So, anything that can be purchased and replaced tends to stay, but anything that has irreplaceable value, or special family meaning, tended to get taken with them. And, I think that's kind of an interesting thing for people to think about, it reorders your life in a way. It makes you think, "Well, what's really valuable in my life and, you know, what's the most important thing to me?" So, do good lessons come out of bad things? Sure, I think there's good things that came from this. I really do think that the rebuilding that occurred in Charleston afterwards helped the economy, helped to stimulate the city at a time when other parts of the country were



struggling, that's a good thing. Is it good to lose your home, or anything that's of value to you? No, it's not. But I guess, basically, your life is the most important thing.

Brooke Fox: Well, do you have any--I think you've answered every question I have, do you have any other...

Stuart: Insights?

Brooke Fox: Insights, or kind of a story that, you know, you remember from that night, or...

Stuart: Well, I remember my children sleeping through it. I was amazed at that, I thought, this is great, they're sleeping through it and I saw no value in waking them up. The lasting images that I have are snippets of the barbecue, and the Toilet Patrol, that's an image that will stay with you forever. And it got worse as time went on.

Brooke Fox: How long did that last?

Stuart: Oh, we had, I think a good week we were doing that. And then, of course, underneath it all backed up, see, so the sewer blends with everything else. I mean, if you think about it, it's just really not very sanitary. And those days, we weren't all focused on Purell everywhere. And so, you just did the best you can. Perhaps the most interesting thing was that this was a devastating event. And yet, it really created a lot of good for us at the Institute. And, I think that's the impression I come away with at the end of the day. And so, the lesson learned from that is: You have to anticipate crises, whether they're hurricanes, or other kinds of disasters, natural or man-made. But you have to come out in a better place, and you have to think about that beforehand. And, that's basically how you deal with the people part of it. Because if the people work together, and they feel like

they're all in this together, then I think, you're going to have a much better resolution than if every person is like an isolate, and feeling very alienated from the larger context of things. So maybe that's not surprising. My background is psych, so you would think that I would have that take on things, but it is also nice to practice what you preach.

Brooke Fox: Sure.

Stuart: And, you know, I'm hoping that we don't have another episode like that, but now that I'm in charge of the College of Nursing, I would encourage everyone to stay with family, go home. You know, there will be some faculty who have volunteered for the Red Cross, and put their names on the list as people who would be willing to stay as nurses. But I think, taking care of your own safety and your families' well-being is really important. And of course, for us now, our "patients" are in some ways our students. And so, we have to be assured that they have places to go, and get notice to evacuate. And I get a list each year of those students who may not have an evacuation plan or a place to go. And we take that upon ourselves to find something for them.

Brooke Fox: Oh, okay. Great.

Stuart: There we go.

Brooke Fox: Well, thank you very much.

Stuart: You're welcome.

Stuart: Hope it's been interesting.

Brooke Fox: Oh no, it has.

**End of recording.**