Surviving a disaster: 
Nurses recall Moore’s fierce tornado

It had been a busy morning in the OR at Moore Medical Center in Moore, Oklahoma, on May 20. By 3 pm, the surgery patients had left the postanesthesia care unit (PACU) and gone home. PACU nurses Debra Breshears, RN, and Barbra Barrow, RN, were getting ready to leave when they heard an alert that a tornado was in Newcastle, some 12 miles away.

“We could see on the television how big the tornado was and that the hospital was directly in its path,” Breshears told OR Manager.

Breshears called the nurses on the second floor medical-surgical (med-surg) unit to see if they needed additional stretchers or wheelchairs to move patients to a safe area in the emergency department (ED) on the first floor. The nurses said they had enough.

As Breshears and Barrow arrived at the safe area, the med-surg nurses were bringing in the last of the patients.

“What we didn’t realize until then was that between 250 and 300 people from the community were coming into the hospital for shelter,” says Breshears. They were being directed to the cafeteria.

Dire warning
“Watching the television in the ED, we could see the tornado coming closer and closer to the hospital,” says Breshears. Then the news broadcaster announced that if people in the path of the tornado were not below ground, they would not survive.

They began discussing what they could do to protect themselves. They gathered blankets and pillows. Breshears ran to the PACU for flashlights, and she could hear debris hitting the building when she got back to the safe area.

Just before the tornado hit, an ED nurse announced, “there are 40 of us in here,” says Breshears. “It was his way of telling us that if we were buried in rubble, and someone was pulled out alive, we could tell rescuers how many had been in the safe area,” she says.
“We all lay flat on the floor and covered ourselves and the patients with blankets and pillows, and we prayed,” says Breshears.

When the tornado hit, it was extremely loud, with huge blasts and sounds of ripping metal, and every alarm in the hospital went off. The pressure made everyone’s ears pop, and it was hard to breathe.

“Just when we thought we couldn’t stand it any longer, it stopped,” says Breshears. Everyone was afraid to move at first. The room was pitch black.

Breshears turned on her flashlight and stood up. Then others stood up. “Then we all hugged each other,” she says.

**Treacherous trek**

As Breshears walked out of the safe area and shined her flashlight, she saw people from the community walking from the cafeteria toward the ORs, each one hanging onto and following the person in front of them. There was total darkness, and no one knew where they were going.

When Breshears told them there was no exit in the direction they were headed, a man said, “you have a flashlight; show us where to go.”

Breshears took the lead. As she shined her flashlight around, she could see wires, sharp objects, and glass everywhere.

“I would go forward a few feet and then turn and shine the flashlight behind me so the people could come toward me, and I kept repeating this as we inched our way forward trying to find a way out,” she says.

But every time she led them to an area where she knew there was a way out, the way was blocked.

A little girl started crying. She was scared and barefoot. Breshears told a man who was holding her hand to pick her up and hold her close but not to raise her up higher than him. Then she shined the light up higher so he could see the wires hanging down. At the time they didn’t know if any of the wires were live or not.

Finally, they could see daylight down a hallway. The light was coming from a 2½-foot hole in the wall. Breshears told them to crawl through the hole and run from the building as fast as they could. The smell of natural gas was overwhelming in this area, making it even harder to breathe and fueling fear that the building might blow up.

Outside, there was more danger. Everyone had to run around mangled, compressed cars that were hissing like they might explode.

In the end, however, all of the people from the community got out safely, as did the patients and their care givers.

**Moving patients**

While Breshears was leading the townspeople out, the other nurses in the safe area made their way with the patients to a back loading dock, notes Kelly Wells, the media relations coordinator for the Norman Regional Health System.

They had to roll patients over debris. If they got stuck, they would help patients stand up and lift the chairs over the debris, and then the patients would sit back down and they would keep going. The loading dock was the only place where the ambulances could get to the patients.

The safe area the patients were in was about 50 yards from the closest outside entrance, but everyone had to go about 150 yards to get out because all of the entrances were blocked with cars that had been flung up against the building by the tornado, says Wells.

Patients were taken to 2 other hospitals in the Health System—Norman Regional Hospital or HealthPlex—and some went home.
Lessons learned
“Going forward, there is a lot we can learn from this,” says Breshears.

Hospitals should have a tornado disaster cart with flashlights, masks, and whistles in their safe areas. “Masks would have been a big help [in] finding our way through the dust created by the debris. Whistles would have been invaluable if we had been buried in the debris. We totally expected to be dug out,” she says.

Breshears is now working in the PACU at Norman Regional Hospital, about 8 miles from Moore. Norman Regional Health System is working to find jobs for all of the 200 staff members who were at Moore.

Moore Medical Center was deemed a “total loss” by structural engineers and insurance adjusters. Demolition of the building began on June 25. Plans are underway to determine what type of facility Norman Regional Health System will rebuild in Moore.

—Judith M. Mathias, MA, RN