



Rodney Steiner Transcript

Rosalind Hinton: – interviewing Rodney Steiner at his home at 515 Broadway, in New Orleans, Louisiana. Today is Monday, December 11th, 2006. I’m conducting the interview for the Katrina’s Jewish Voices Project of the Jewish Women’s Archive in the Goldring/Woldenberg Institute of Southern Jewish Life. Rodney, do you agree to be interviewed, and understand that the interview will be video recorded?

Rodney Steiner: Yes.

RH: Okay. Why don’t we begin with how you came to be in New Orleans, and your Jewish and your general upbringing.

RS: My family moved to New Orleans in a business move from the Midwest to New Orleans to get away from cold weather in 1969. My dad was a CPA for a large, certified public accounting firm. You got offers from other offices within the firm as a form of promotion. So Dad got an offer to come to New Orleans to be the Managing Partner of that particular CPA firm. So I was 10 when we moved to New Orleans, and had lived in Cincinnati, Ohio for a period of time, and then Milwaukee, Wisconsin for about four years. So it was a break to get out of the frigid Midwestern weather, and come down to tropical New Orleans. But otherwise – excuse me – we had no connection to New Orleans, had no family here, so it was a big deal for a small family of four – my sister is three years younger than I – to just pick up and move from the Midwest to New Orleans.

RH: It’s kind of an adventure.

RS: Yes.

RH: So when you got here, did your family affiliate with the synagogue, and what area –



RS: We did.

RH: – did you move?

RS: We did. In Milwaukee and in Cincinnati, we were Conservative Jews. When we moved here, the Conservative synagogue was in the process of moving and rebuilding, and the Orthodox synagogue actually was closer and more established. And we joined Beth Israel, which is – or was – on the corner of Canal and Robert E. Lee. So it was a different kind of Judaism for us, because we had never really been Orthodox, and we didn't maintain an Orthodox home. To some extent, it was more for convenience than it was for ideology, but it worked out OK. And there were many other Lakefront Jewish families like us, who were really more Conservative than Orthodox, that had joined that particular synagogue. So we weren't alone.

RH: Talk a little about the neighborhood that you grew up in.

RS: My family, I think, coming from the Midwest, was a little intimidated by the Garden District and Uptown New Orleans, with the racial mix, and I think also based on economics, largely moved to the Lakefront area. They felt safer, and they could afford the homes in that area much easier than they could afford an Uptown house in a nice neighborhood. I grew up in Lake Terrace in the 70's, which at the time was almost exclusively white and middle class. My sister and I both went to public elementary school and then I went all through public junior high and even public high school in the Lakefront area. Eventually, I went to high school at Franklin, which is the Magnet school here in town, which was Uptown, but I just as easily could have gone to the public high school out at the Lakefront, which was Kennedy, a big public high school. Very quiet, safe neighborhoods that, you know, a ten- or twelve-year-old could have free reign of – ride your bike anywhere you wanted to go, and lots of other neighborhood kids, lots of activity.



RH: And did you go to Sunday school at Beth Israel, or –

RS: We did. My sister and I both went from the time we moved to New Orleans until we were each confirmed. We had Bar and Bat Mitzvahs. I had an Orthodox Bar Mitzvah. It seemed to never end. [laughter] I'm sure my relatives probably felt the same way. [laughter]

RH: Did you have to lead the entire service, or –

RS: We led every part of the service. I don't think there was any part of the service, other than the Rabbi's sermon that we weren't involved in as a 13-year-old in that synagogue.

RH: Do you have any memories that were important to you about growing up, you know, with Beth Israel and the Jewish community, or kind of – symbolic?

RS: Well, I think I alluded to it a little bit. The Beth Israel experience was odd for us, because we were a little bit a fish out of water, and were, our contemporaries, other Conservative Jewish families that had joined were trying to move Beth Israel away from its Orthodox roots, and getting the Rabbi to at least allow some services to have mixed seating. Because, at that time, the men all sat down low as privileged citizens, and the women were up in the balcony, where they could whisper and gossip, but families didn't get to pray together, which upset a lot of the Conservative Jews who were used to that sort of environment. So, we were always doing that. There was a little bit of contention. But otherwise, it was a pretty happy place to get a Jewish education. Very few of my contemporaries in the Beth Israel Sunday school class, or in the Bar Mitzvah group were really Orthodox Jews. We were Lakefront Jews who preferred to have a synagogue closer to home as a hub in our lives, rather than going out to the new Conservative synagogue, which we considered was way out in Jefferson Parish, which is only a fifteen-minute ride. But most of us could either walk or ride our bikes to Beth Israel in ten



minutes.

RH: Okay. What do you love about New Orleans? Tell me about New Orleans for you.

RS: What I love about New Orleans is its uniqueness and charm and personality that I think is very, very different than what you find in most cities in America, especially a city of this size. Geographically it's fairly small, and the population is pretty small and yet there's tremendous cultural diversity and racial diversity. There's a lot of creativity, not just in food and music, but as well as in art, and in the way we speak to each other and interact. It's really a tremendous melting pot of cultures, all in this one small geographic area. We have our problems, but I think we also have so much unique and creative institutions that it's a real magnet for families to stay, and for kids to go off to college, and then end up back in New Orleans for whatever reason.

RH: Why don't you talk a little bit, now, about where you and your family are? You have four children?

RS: I have four. My wife is – their family has been here for three generations. They were in a local business. It was very prominent in the New Orleans area in years past. Her great-grandfather started it. She and both of her sisters have gone off to parts outside of New Orleans to get college degrees, masters degrees, and yet they have all relocated back to New Orleans, for better or for worse. They love it and hate it, but they're here. You know, they're intelligent, well-educated people who have certainly seen other parts. My wife lived in New York after college, but eventually got tired of that and moved back. Her sister got educated in Washington, D.C., but came back. Her other sister's been in all parts of the country, and still maintains a home here, and would call herself a New Orleanian. Three out of my four were born in New Orleans. One moved here when he was six months old, as soon as he could, and they all go to the same private school, which was started for the Jewish orphans about a hundred years ago. It's now one of the most recognized small private schools in the South. It sends



virtually 100 percent of its kids to college.

RH: Can we name it?

RS: Yes. It's Newman.

RH: Newman School. Okay. You live now in the area called Uptown? Is that what we call it?

RS: This is sort of the edge of Uptown. This house was built in the 1840s. It was bought in the late 1830s by the then Dean of the Tulane and the LSU [Louisiana State University] Law Schools. This was his getaway residence. He lived in the Garden District, but there was not a streetcar line back then that brought you from the Garden District all the way to here to Carrollton. He owned acres and acres of land around this house. Audubon Park was not yet established, and there was really no residential community here back in the 1840s, so he owned property from here all the way to the river – had horses and they rode. This was the country back in the 1840s. And then the city of Carrollton started maybe 20 years later, and the old Ben Franklin High School was established in 1860. That was the Carrollton Courthouse. So that's a historic building across from Camellia Grill, and then Carrollton became a city and slowly New Orleans and Carrollton merged, and then this became residential. This is one of the oldest homes in this area. But it's considered Uptown. We're almost across the street from Tulane Undergrad, and right next to the Audubon Park, which I think was established in maybe the 1860s, 1870s –

RH: '70s, something like that.

RS: Something like that, a hundred –

RH: Was that exposition, maybe, I'm not sure.



RS: Yes.

RH: The World's Fair. Tell me a little about your general education, because that will play a little factor into where you ended up for Katrina.

RS: Yes. Well, having finished high school here in New Orleans at the Magnet public school, I went to the University of Texas for four years, became a Texas resident, and then went to the University of Texas Medical School in Houston for another four years. So I spent eight years in Texas, which at the end of that period of time meant that I had really spent more time in Texas than Louisiana. After eight years I was really more a Texan than I was a New Orleanian. But I'd come back periodically for JazzFests and Mardi Gras, and my parents obviously still lived here. After finishing medical school, I came back to New Orleans to do the bulk of my general surgery training. So that was six years in New Orleans, which I did here at LSU, and then at the Ochsner Clinic. Then in 1991, left again, and lived in Memphis, Tennessee for two years to complete training in pediatric general surgery, but had already married Jane with the understanding that after a couple years in Memphis, if the timing was right and there was an opportunity, we'd move back to New Orleans, which we did in '93. So from 1993 to the present, we've been New Orleanians, for better or for worse. [laughter]

RH: So tell me about the Katrina event. Tell me what you guys do around a hurricane, and when this one kind of came into your consciousness.

RS: Well, I guess going back, as a child of New Orleans, we moved to town just in time to get missed by Hurricane Camille. As I said, we lived in the Lakefront area in 1969. My family lives right on the London Avenue Canal, within vision of Lake Pontchartrain. Camille was an enormous hurricane, and I guess tracking wasn't as good as it was today, but we stayed home in our house, in Lake Terrace, a small ranch, one-story home, for Camille, never thinking that we should evacuate, either vertically or geographically. We all just stayed home. The hurricane, as you know, missed us and hit Biloxi. A couple



of weeks later, my father threw all of us in the car, and we drove down to Biloxi to see what had occurred. I think we were all awestruck by the force of that storm and what it did to large structures and boats in the Biloxi area. I know my dad said to himself, as well to us, we were crazy to have stayed home. We could never stay home if another hurricane like this came through, it would rip apart our neighborhood, it could break the levies at the London Avenue Canal, or overtop the sea wall at Lake Pontchartrain, and our neighborhood would be, you know, Lake – it would really be Lake Terrace. So, that was kind of a wake-up call, I think, for my family, so when subsequent hurricanes came, we always did a vertical evacuation. My dad worked in office buildings, so I can remember as a kid, for various hurricanes, packing everything into the car, driving down to 1010 Common, and being in the BNO Building, or the PanAmerica building with other families and kids, and sleeping in sleeping bags in the hallways, and riding out hurricanes, all of which missed us, because New Orleans really had not been hit by a hurricane since Hurricane Betsy in '65. So from 1969 till I went to college, there were a series of scares, but nothing ever materialized. Then from 1993 until now, there were a few scares, but nothing serious. Even for Hurricane Ivan, which nearly hit New Orleans, it was all I could do to get my family to leave this house, and come downtown. But we went down to the med school and slept in my office until Ivan blew through and missed us, and then we turned around and came home. So the weekend that Katrina was stirring out in the Gulf, I think most New Orleanians were worried and scared, but there were a group that were kind of complacent, thinking that it's going to miss us, just like all the other hurricanes have for the last forty years, and my wife certainly fell into that category [laughter] as did her family. Her parents were babysitting two of their grandchildren, and they live in this same zip code, but closer to Claiborne, and they have flooded just in some rainstorms. I convinced them on Saturday that they should not stay in their home, and should take their two grandchildren somewhere where it would be easier to take care of them. It was a tough job to get them to leave their home and go, but it was the right decision, and they actually drove north to Fulsom, Louisiana, where



they rode out the storm, and then drove further north and got to Jackson, where they flew to New York eventually. Their home took on three feet of water, and it would have been miserable to have been there with two grandchildren, and to have been rescued by boat, or I don't know what would have happened, had they stayed. We, here, really spent a pretty nice weekend Friday and Saturday, and I think we even went out to dinner Saturday night at a nice restaurant on Magazine Street as if nothing was really happening. Although Saturday I moved every piece of pool furniture indoors, so that it wouldn't blow around, had moved all the trash cans. So I had done the sort of things that I do for a hurricane. We did not tape up windows, we do not have the big boards that people use for their windows, but I did close the few shutters that we have. Then Sunday morning, when I got the newspaper and saw this enormous storm that took up the entire Gulf of Mexico, I realized that we were not going to get missed by the storm, no matter which direction it turned. We were going to get some bad weather from this particular storm. My wife had gone out for a run that morning, so when she came back from exercising, I said, "We can't stay here. You can either get in the car and take all the kids and go somewhere, or we can all go down to the medical school." She was loathe to get on the highway and get stuck in traffic, so we all agreed that we would go down to the med school. So we packed up clothes, an air mattress, and dog food. We've had him since Hurricane Ivan when he was abandoned, so we adopted Moose – he was a hurricane dog.

RH: He's a big, black lab.

RS: He is. He's a 110-hundred-and-ten-pound black lab, and we've never left him, and we wouldn't leave him here in the house. So we took two cars, and Jane, of course, had to make food. So we made as much food as we possibly could, did not empty freezers or refrigerators, but just took whatever fresh food we had and leftovers, put it in ice chests, and late Sunday afternoon, drove down to the med school, parked the cars in the garage, left Moose in one of the cars, and set up camp in my office. I have maybe 600 square



feet of office space on the eighth floor of the Tulane Medical School. I was on-call for the weekend and was covering not just the Tulane Hospital, but the Children's Hospital and the Ochsner Clinic. Independent of me, the pediatric surgeon who normally works at Children's called me and said he was going into Children's to cover, and the pediatric surgeon at Ochsner called and said he was going to Ochsner to cover. It was interesting that they didn't abandon the city either. They were not on duty but felt obligated to cover their hospitals and provide service to their hospitals as well, and I would, obviously, serve as the pediatric surgeon for the Tulane Hospital. So Sunday night we went down, and everything was a big party. We had electricity, so the kids were playing on the computer. We had videos and DVD players, and there were lots of other families, lots of other pets, lots of other children, and a lot of fresh food. It was terrific, so far. The storm came through really early Monday morning, or almost late Sunday night, and then into parts of the day on Monday. We woke up Monday morning with no power in the med school, but the med school had generator power, so there were lights in the hallways, but we no longer had internet connectivity. I think we may have had a landline for a little bit longer, we had some phone lines. But the mood changed a little bit, as we realized that this storm really was going to hit parts of New Orleans. But by Monday afternoon, it was really over, and we left the med school, and went walking outside of the med school area where City Hall is. You could look up and see blown-out windows in the office buildings, and there were a lot of tree limbs down. But we really felt pretty lucky that this big horrible storm had crossed through the New Orleans area, and yet most of the buildings downtown looked pretty good. There were some, as I said, broken windows, but so far so good. One of the things that I'll never forget is as we were walking back to the med school on that late Monday afternoon, I noticed that there was water flowing out of one of the drainage sewers, right on the corner of Gravier, sort of catty-corner to the Charity Emergency Room. It didn't really make sense to me that water was flowing out of there. It wasn't flooding the streets yet, there was no water in the streets, but there was water flowing out of the grate. I didn't realize at the time, but that's really how the area we were



in was going to take on water. That's where it was coming from. Jane wanted to go home Monday night with all the kids, and I convinced her that that was a bad idea, there'd be no power in the house, and there'd be tree limbs down, and maybe power lines down, and it wouldn't be safe, and I didn't know that she'd make it from the med school to our house, and then once she got here, I didn't think it was going to be a very good atmosphere. So I convinced her to stay with all the kids and the dog another night. Just, I said, "One more night. We'll go home first thing Tuesday morning." So, of course, we went to bed Monday night in the med school and woke up Tuesday morning, and we were in three feet of water. I remember looking out the window when we woke up Tuesday morning, and not really believing what you were seeing. I mean, this cannot be happening. It was kind of a surreal experience because as far as the eye could see from the Tulane Med School, there was water. There was water all the way down Tulane Avenue toward Airline Highway. There was water all the way down Tulane Avenue beyond Loyola into the CBD [Central Business District]. Every direction, all you saw was water.

RH: So, were you –

RS: It wasn't really deep –

RH: – on the eighth floor. I mean, were you in your office and you could see this water?

RS: From the windows. So you would go to various vantage points, and eventually, we just went out onto the garage attached to the med school, where you could look in 360 degrees. There was water everywhere. It wasn't very deep, so you'd see people walking through it, you know, and it would be maybe waist-high, but it was water everywhere, where it shouldn't have been. The hospital on Monday night had held a meeting that the storm was over, the Gulf Coast had taken a real beating, and we would probably get lots of injured patients and patients transferred from the Gulf Coast hospitals to the Tulane Medical Center since we are the first hospital that you come to if you're heading west



from the Gulf coast. So we geared up to get busy, to see patients, and we figured there'd be some injured patients in the New Orleans area who were going to clear their roofs and get injured on ladders and chainsaws, and the usual stuff. So Monday night that was the strategy for the Tulane Med Center. We were going to stay put, our families could go home, but we needed to stay in the hospital, we were going to begin to get really busy. The OR was going to gear up and figure out what resources they needed to start working. Nobody knew when the power would get back on, but at the time, they knew how much diesel fuel they needed to run the generators, and they were just going to plan on running the hospital and the medical school on generator power, with complete resupplies from 18-wheelers with diesel fuel filling the tanks up, and they could run the OR's, and the cafeteria, and several elevators. The hospital really knew exactly what it took to function on diesel power. It all sounded pretty good until Tuesday morning when we woke up, and we were flooded. Then the plan changed to, we need help. We now have technology-dependent patients, we cannot get resupplied with diesel fuel, the generators are going to run out of power in X number of hours, and we know that we're not going to get resupplied. The tanks for the diesel generators are underwater, and no diesel truck is going to make it to us to resupply us. We need to get our technology-dependent patients out of here as fast as possible before they begin to die. So, they made some priorities, and they still had some landlines because cell phone service was miserable. With landlines, they were calling the corporate office in Nashville for the health care corporation, and the Nashville office was really instrumental in contacting air ambulances, children's hospitals, Acadian Air Transport to get them to assist us in the evacuation attempts. On Tuesday and Wednesday, every children's hospital in this area flew to Tulane and picked up patients. Now, the Tulane Medical Center, prior to Katrina, did not have a helipad, but they realized that they would need one post-Katrina. So the maintenance crews went up to the newest parking garage on top of the cancer center, where there are thirty-foot light poles, and they took down the light poles without any power tools. They unbolted these thirty-foot light poles and let them crash to the ground,



and then dragged them out of the way so that there would be a space to land helicopters – pretty big space. It's a nice big rooftop garage. The FAA [Federal Aviation Administration] initially said you can't land helicopters there. HCA [Hospital Corporation of America] must have lobbied. I don't know who they called, but a few hours later, we had permission to land helicopters. As I said, almost every children's hospital in the area that has a helicopter service came – Texas Children's, Miami Children's, Arkansas, the Emory Children's Hospital. All of these children's hospitals, as soon as they heard word that we had kids in trouble, flew to the Tulane Medical Center, and all of the kids and babies were evacuated first, really, within thirty-six hours.

RH: So, was the plan to get children out first, because you said technology-dependent?

RS: Not all of the technology-dependent patients were children, but by and large, the children were evacuated first. There were some adult technology-dependent patients that were evacuated in those first couple of days as well.

RH: And what is the corporation? Because we're at Tulane, and so I'm not used to thinking of Tulane –

RS: Tulane –

RH: – the medical part, as a corporation.

RS: Right. The Tulane Medical Center was built in the 1970s and was fully owned and operated by Tulane University until the mid-'90s, when Tulane University elected to sell a portion of the Tulane Medical Center to the HCA Corporation started by Bill Frist and his family, but at that time was a publicly-held company. At the time of Katrina, we were an HCA hospital. It's an eighty-twenty split. Tulane owns twenty percent; HCA owns eighty percent, but the administration and the day-to-day running and operations of the hospital is done through the HCA Corporation that has national offices in Nashville.



RH: Oh, okay. I didn't realize that.

RS: Yes, so that's been about ten years. They behaved beautifully. Their regional director of HCA is a young guy who grew up in New Orleans, so prior to Katrina, he positioned himself at the Tulane Medical Center. That's not their only resource in this Gulf Coast area. He runs the whole Gulf Coast region. His name is Mel Lagarde, and why he chose the Tulane Medical Center is not really clear to me. I would have predicted we were on high ground and were not very vulnerable. But he chose to stay at the Tulane Medical Center, and that helped us a lot because we not only had our own CEO rooting for us, but we had the regional director of the whole Gulf South area calling the shots, giving information to the national headquarters in Nashville, and getting resources that we needed to help with this evacuation. On Tuesday morning, when we realized we were flooded, I think we had over two hundred patients in the hospital and about twelve or fifteen hundred people – nurses, respiratory therapists, people who worked in the cafeteria, maintenance crews, medical school people, research people in the Jay Bennett Johnson Building, plus all of their families and pets and children. We had canaries, snakes, widgets, ferrets, cats, dogs – you name it. It was a typical New Orleans evacuation. HCA could have easily said, "We're going to evacuate just our patients, and then we're going to evacuate our employees, and the rest of you are on your own." It wouldn't have been a nice thing to say, but they weren't really responsible for all of us, but they took responsibility for each and every one of us, even those who don't work for HCA and don't take care of patients, and dogs, and cats, and canaries, and snakes. We were all in the same family, as far as they were concerned, and they took responsibility for each and every one of us, and they weren't leaving until we were all safe and out of that hospital, out of those buildings.

RH: Wow. So Tulane's a success story, as far as the evacuation, or were there some –?



RS: They say it's the most successful evacuation of an American hospital ever in the history of America.

RH: Really. Wow. So, did everybody have to be taken out by helicopter?

RS: Everybody.

RH: There was no way to get a bus there, unlike Touro, for instance.

RS: There were no buses. The only trucks that really made an appearance were the big National Guard Deuce and a Quarter trucks whose wheels are six feet tall – five and a half, six feet tall wheels. As I said, we were busy evacuating patients on Tuesday and Wednesday, and really by Thursday morning, we really didn't have any patients left. We had a few scattered here and there, maybe, that were pretty healthy, that we were evacuating. Charity Hospital is right next door, geographically, I mean immediately next door. Remember, the storm was Monday night; Tuesday morning, everybody was flooded. By Thursday afternoon, Charity Hospital hadn't evacuated a single patient – nobody. No one had come to the aid of the state flagship teaching hospital. In fact, the governor had come on the radio and said the Charity Hospital had been evacuated. The folks in the Charity Hospital were listening to the radio and called her office and said, "Ma'am, we're still here. So are all of our patients." On Thursday, several Tulane physicians who were also taking care of Charity patients flagged down some National Guard trucks, who, at the time, seemed to be just driving around aimlessly without a lot of leadership or direction. They forced these National Guard truck drivers to back up onto the Charity ramp, where they then proceeded to load up the sickest of the Charity Hospital patients, their technology-dependent patients who had not been evacuated and who had been without electricity since Tuesday morning, so forty-eight hours without appropriate monitoring and technology. These were often ventilated patients who weren't breathing on their own, and they had been hand-ventilated by nurses, medical students, family members, and doctors. So these people were in bad shape. They



loaded these people up on the National Guard trucks and then drove over to Tulane and backed into the garage. These were the only trucks that could have accomplished this because of how big and tall they are, and they can drive through three feet of water without flooding. So they backed these trucks into the Tulane garage, and we heard about it. So those of us who were involved in helping evacuate our own patients then began evacuating the Charity Hospital patients. Now, at the same time, the fifteen hundred people that were in the three buildings were lined up in the garage, waiting to be evacuated themselves. On Thursday morning, the Tulane University Police Department cleared out all of the buildings – the JBJ Research Building, the Tulane Medical School, and the Tulane Hospital – and put all of us in the parking garage of the Cancer Center, which had become the Helipad. So, here are all these fifteen hundred people and their families lined up, hadn't eaten, shaved, [or] showered since Monday – this is now Thursday afternoon – and here are some of the sickest patients from Charity Hospital being dropped off on the ground floor of the garage. We're using private pickup trucks. We're driving down the garage, putting the Charity patients into private pickup trucks one or two at a time, and then driving the six floors up to the roof, where we then triage the Charity Hospital patients, put them in line, and assist them in getting evacuated. At the same time, some of the hospital personnel and their families are being evacuated. It just depends on what the helicopter is capable of doing and what that particular helicopter pilot wants to load onto his helicopter. So sometimes we would take family members if it wasn't a helicopter design to take a patient, and sometimes they took a patient and maybe that patient's family. But much of the day Thursday was spent evacuating the sickest patients of Charity Hospital, and they were the first patients to leave Charity Hospital, all via the Tulane Medical Center garage.

RH: So, your evacuation of family and friends, too, you worked in the Charity patients?

RS: Right. And they were sick –



RH: They were sick.

RS: We worked them out. As I said, they moved everybody out. We had been sleeping in the med school, and it was hot, but we had adequate water, and we had the use of some of the med center facilities. Now, the electricity was off, and the generators were long out of diesel fuel, so the med school became very hot and very dark. You had to have a flashlight everywhere you went, even during the day. The stairwells were dark, none of the toilets flushed, and there was no running water. It was hard to find a bathroom that didn't reek, but you were always in search of some bathroom that wasn't as foul as some of the others, so people were bouncing around various floors to try to find a bathroom and brushing your teeth with bottled water. When they came through Thursday morning and said everybody had to leave, we had anticipated that, and those of us –

RH: Who is they that came through?

RS: The Tulane Police Department came through. They wanted to consolidate where we were, and everybody thought that we would all get out on Thursday. So, Thursday morning, they came through around nine o'clock and said, "Everybody out, we're all going into the Cancer Center garage, and everybody's getting out of here today." Those of us with animals said, well, how about large dogs, and this and that and the other? We were told that they just didn't know what they were going to do with large animals, and they thought maybe Wildlife and Fisheries would pick you up from the med school and take you by boat somewhere. That didn't sound particularly good to me, and I didn't want to lose my dog. I also didn't want to have Wildlife and Fisheries just drop me off at the edge of dry land, wherever that was, with no resources, with my family. At the time, I had inherited another child and then another adult who had lost his wallet and had no identification and no money, who I agreed to take with me wherever we ended up. So, I not only had my five dependents, but I had another child and another dependent, so I



was sort of in charge of seven people, eight including me, plus my hundred-and-ten-pound dog. So we made the decision Wednesday night that we would leave the dog in the medical school and we would create a kennel. There's a copy room on the eighth floor of the med school that did not have carpeting. All the other rooms did. So, we moved all of the copy machines out of the copy room. We papered the floor with brown wrapping paper, and then my children and their friends decorated the wrapping paper, and we all wrote notes as to who he was, where he was, and what our cell phone numbers were, and my sister's telephone number in Texas. I went up to the animal research facility, which is on the ninth floor of the medical school – and I have a friend who works up there – and said, "I'm going to leave my dog. What do you have?" He said, "Well, on Tuesday morning, when I realized we had flooded, I filled up all of those trash cans with water." This guy was a genius. None of the rest of us had thought of that. But he had filled up seven trash cans with brand new black plastic liners, full of perfectly acceptable drinking water. He said, "You can have any of that you want. I'm kind of done with it, and I'll be out of here soon." He said, "In the other room, there's pounds and pounds of animal feed. Take whatever you need." So I took forty pounds of dog food and a big trash can full of water, which took several trips because you had to carry everything. There were no elevators working in the med school, so we carried the water down the stairs in smaller trash cans, and we filled up two igloos, one with water and one with dog food, and took off the top so that he couldn't accidentally close them. So he had forty-eight quarts of water and forty pounds of dog food. On Thursday morning, when we had to leave the med school, we closed the door and left him in his kennel, as it were, lots of tears, lots of crying. I had to assure my kids that we would definitely come back and get him and that he would be okay. By then, most of the security guards in the Tulane Police Force knew that he was going to remain, that he was going to stay behind, and that that was a decision that I had made. When we got into the garage on Thursday, one of the hospital administrators asked me where my dog was, and I said, "Well, I've kenneled him." She couldn't handle that. She began crying, and



she begged the Tulane Police to allow the two of us to go back and get him. She said, “They’re going to let him on the helicopter, and they’re going to let you take him out of here.” I said, “No, I really think he’s safer where he is.” But she really begged and pleaded for the Tulane Police to allow the two of us to go back into the med school and get him, and they wouldn’t let her. They said, “We really can’t assure your safety. We think there are already looters in the building, and we cannot go with you, and we don’t want you to go.” So she was beside herself, thinking that I was going to lose my dog, and she couldn’t handle that. I was actually okay with it. I had made a decision, and I was going to stick with it, I thought it was the most rational at the time. So, we left him Thursday morning and went into the garage. We were sort of in the back of the line, and I was still helping evacuate patients, both the Charity patients and some of the remaining Tulane patients and families. As Thursday went on and on and the sun set, then the helicopters stopped, and there was still a group of maybe four or five hundred of us that had not been evacuated on Thursday. The Cancer Center garage became our place of residence that evening.

RH: So, you slept in the garage.

RS: We slept in the garage.

RH: Was it kind of outdoors and kind of protected, but open on the sides?

RS: Yes. The Tulane Police were still with us. The Marines had dropped off a marine sniper, which my kids thought was very cool. The Tulane Police were about maybe twenty-seven or thirty men and women. They had flak jackets, AK-47s, twelve-gauge shotguns, nine-millimeter weapons, flashlights – they were well-equipped.

RH: I never knew they even owned those things at Tulane.

RS: They have all of this stuff. They’re well-equipped. They were very professional, and we all felt pretty safe, as safe as the situation allowed. They manned the doors. They



didn't let anybody in or out. You could either be on the sixth floor of the garage or the seventh floor of the garage. They didn't let anybody go down the ramps after the sun set Thursday night, and they didn't let anybody come up the ramps. They manned all the doors, and they didn't sleep. Nor did most of the rest of us. We sort of spent Thursday night awake. We had adopted some of the Charity physicians who had been there helping evacuate their patients, and they had elected not to go back to Charity and to just get evacuated from the Tulane Medical Center garage, so there were people I hadn't seen for a while. But it was a very interesting evening to be on the roof on this Thursday night. Remember, there was no electricity, so the stars were gorgeous. After the storm, there were no bugs, there were no mosquitoes. The humidity was about average, but the days were cloudless blue skies. Everybody was getting sunburned after Katrina, being on the roof, and helping to evacuate patients. It was a gorgeous night, and yet we were all pretty profoundly affected by where we were, what we had been through, and then the unknown of what this event would do to the city of New Orleans. But I think at that point, many of us realized the enormity of the storm and the flooding and realized that this would have a huge impact on our city, and on our lives, and where we would all be in subsequent months. Schools and homes. I think people began to take it in at that point. You could finally breathe a little bit because we really had done our job as physicians. We had evacuated all of our patients, and now the only thing that remained was to get our families and ourselves to safety.

RH: What was the emotional level that you had to cope with, and how you coped with it in your own family and in the larger community?

RS: My family was amazing. My kids at the time were six, eight, eleven, and thirteen. They did amazingly well, and they saw things that they emotionally probably weren't ready to see. There were several of the Charity patients who didn't make it and then were dead. I know my own children had never seen a dead person before, but they could hardly help not see it. We were all in too close proximity for them not to be aware



of that. They were with some of their friends and colleagues who also evacuated to the medical school, but they held together amazingly well, and I'll be the first to admit that my children are spoiled. They're used to warm baths, air-conditioned homes, color TV, video games, and cell phones, and there was none of that. There were no complaints. Nobody complained, at least in my nuclear family. The boys probably enjoyed not having to take a shower every day. The girls found just going to the bathroom to be a pretty horrendous experience. But nobody complained. Everybody was a little hungry. We were living on water, Pop-Tarts, and Rice Krispie Treats by then. The larger HCA med school group behaved remarkably well, and all of us, I think, came to the same conclusion, which was – this is really when you find out what you're made of and what your friends are made of. People behaved really well, they really did. In that line on Thursday, to get out of the med school – in that line were physicians, chief of the service and their wives and their families, next to the housekeeper and her family, next to the nurse and her family, and on and on and on, a different mix of socioeconomic classes, a different mix of race and religions. Yet, there was no pushing, there was no shoving, there was no "I'm getting ahead of you, I'm getting out of here first." Everybody just sort of stayed put [and] made the best of it. Everybody was pretty jovial for the environment, and there was a tremendous team effort to get everything accomplished so that we could all get out of there in one piece. On Friday morning at about four, there's an oil refinery in Eastern New Orleans that exploded and woke all of us up. I don't think I went to bed until about two o'clock in the morning. Late in the evenings was the only time that you could really get any kind of cell phone reception, so I actually had a conversation with my cousin in Los Angeles. I couldn't get anybody locally, but I know he's always awake, and it's two hours earlier. So, at two o'clock in the morning my time, midnight his time, I'm having a cell phone conversation with my cousin. You could text message, but once I had that conversation with him, then it was his responsibility to communicate to the rest of the family where we were and who we were with. My parents had already evacuated to Austin and were trying to get news as to where we were and how we were going to get



out, and were pretty worried, especially from what they were seeing on television about the looting, the crime, and the chaos. They really thought we were in the midst of all of that. They had some contacts in HCA in Texas who attempted to help them and sent my dad a list of all of the people that HCA had in the building, and we weren't on that list. Well, it was a list, really, of HCA employees, and that's why I wasn't on the list. But my dad was apoplectic that we weren't listed, that they weren't taking care of us, and yet there was little he could really do. So we woke up – until he heard, at least, from my cousin the next morning. So, Friday morning, he at least knew we were there. But at 4:00 a.m. Friday, this explosion occurred, the rest of us are sort of awake, and then the sun rose. It was just a beautiful thing to be on the roof and to watch the sunrise, even though the city was devastated, there was no electricity, and it was obviously still flooded. You woke up every day thinking the water was going to be gone. I don't know why rational, thinking, intelligent people thought that they'd be able to pump that much water out of the city that fast. But you kept waking up thinking, it's going to be gone today, I'm going to be able to walk home. Yet, it never was. From Tuesday morning to Friday morning, the water levels stayed the same. We all looked at the same fire hydrant and the same car that was flooded and realized nothing was really changing. But the sun rose on Friday, and as you can imagine, this parking garage was a mess. I mean, candy wrappers and bottles and trash, I mean, just everywhere. Close to two thousand people had marched through that parking garage in the last twenty-four hours, and there were five hundred of us left. We had to set up some temporary bathrooms. So we made some curtains, and we had some portable potties that we'd give to the patients, and we lined those with trash bags, and we had a girl's end and a boy's end, and everybody brushed their teeth, and everybody pottied, and we bagged up all the waste. Then, once we were done with that, they kind of handed out what they had left for breakfast, which was more Pop-Tarts and Rice Krispie Treats and bottled water. There was no hot coffee and cinnamon rolls. But you did the best you could, and then a couple of the maintenance guys picked up red bags and began throwing away trash and kind of



cleaning up a little bit. Well, fifteen minutes later, there were two hundred people with red trash bags. An hour later, there was no trash; there were just four hundred bags of trash, all in a neat pile on one wall of the garage. There was not a speck of litter anywhere, so the place was spotless by the time the first helicopters came to evacuate the rest of us. These were military helicopters by then, so these were big Black Hawks, which take, I don't know, maybe six or eight people. Then, the big, double-rotor helicopters called Chinooks, which is what the President flies on. It's the same size helicopter that he leaves the White House in when you see him waving. So, my boys had already said, "Dad, we don't care what happens today, but we're only going on a Chinook." [laughter] I was still helping – there was this big queue, so you started on the sixth floor, and you wound your way up, and then you went up the back stairwell. Then, when it was your turn to go, you ran out on the ramp and got into your helicopter, and they were taking everybody to Lakefront Airport. So, Friday morning, we assumed our place in line next to everybody else, and pretty soon, it was our turn to go, and my whole family, plus the two extra individuals that I picked up, got on a Chinook, and took off from there. It was pretty emotional to finally be leaving the med school. I mean, you really felt like you were making some progress. We flew, and everybody had a window seat because there wasn't anything else, you're all standing like sardines in this helicopter. They don't even bother to close the back door, so the back door of the helicopter is open. You can turn around and see as far behind you as you want to. Really, as far as we could see – and we were flying from the eastern portion downtown, where Tulane Med Center is, all the way out through Jefferson Parish, into the airport area, you could really see the devastation and ripped-off roofs. You saw people on the expressways waiting to be picked up. I mean, it was real devastation. It reminded me of one of these summer movies, where it's either an ice storm or a hurricane or a volcano, but one of these Hollywood catastrophic movies. That's what the scene looked like, and yet you knew it was your city, and it was real life. I mean, hundreds and hundreds of people on the expressways – because they were dry – just kind of hanging out in the heat.



RH: You and your family, were you saying anything to one another when you looked, or were you just kind of in stunned silence?

RS: Well, the helicopters are incredibly loud, but I kept pointing things to the boys and that sort of thing. Then we got to the airport, and the airport was full of press. We weren't inside; we were actually outside of the airport, and the President had arrived that day. So, Air Force One was there, which was a problem because the state police wouldn't let the buses into the airport area to pick us up because the President was there. So we ended up spending hours at the airport, waiting for buses from Lafayette to swing through, that HCA had arranged to pick all of us up and bring us to a hospital in Lafayette. So we were at the airport for a while, kind of roasting.

RH: Were you outside?

RS: Oh, yes.

RH: Oh, yeah?

RS: Yes. I take it, at that point, the airport itself was just becoming a triage for needy New Orleanians, but we were not allowed inside the airport. I don't think the airport had power anyway, so it would have been just as hot in there, but we were all outside, not in a baggage area, but in an area near some maintenance sheds. So, there was a little shade, and it was pretty hot. We waited hours, I mean, maybe four or five hours, for the buses to finally come. When the buses came, they had ice, and it was as if it was a brand-new invention that you had never seen but couldn't get enough of. Because they had ice, cold drinks, and some new snacks and things. We all got on the buses. You had to give up whatever shoes you were wearing during the Katrina. They didn't want any of that contaminated footwear on the bus. You gave up your shoes. Most of us didn't have any belongings anyway. We had left, really, everything in the med school. Nothing was clean by that time; you'd only brought a few days' worth of clothes in, and



you had worn them, and you didn't take much. You'd wear a shirt for half an hour, and it would be drenched with sweat. So, most of us just had the clothes on our backs, and we got on these buses, which were air-conditioned as well, so that was Heaven. Then went from Lafayette – went from the New Orleans airport to Lafayette. HCA owns a rehab hospital in the Lafayette area, and they had moved all of the rehab patients out of the hospital and were using it as a way-station to clean up all of the HCA employees from the Gulf South area. So they were bringing groups of HCA people whose hospitals had been flooded, and they gave you tetanus shots and antibiotics if you needed it. Then you gave up your clothes, and they gave you scrubs. They had gone to Old Navy and bought shorts, t-shirts, and flip-flops for the kids. So all the boys – I took my two boys, and we went in one hospital room, and we all cleaned up and took showers and put on our fresh clothes, and the girls did the same, and then we came through and got tetanus shots, and if you wanted antibiotics, they gave you antibiotics. Then we actually got in a bus from there, drove to the Lafayette Airport, and flew to Austin, Texas. So by the time we got to Austin on that Friday night, it must have been about, I don't know, ten or eleven o'clock at night. I called my sister, and I said, "We'll be in Austin soon." I said, "In addition to the six Steiners, I have two other people. So you're going to need to bring one of your big cars. Bring the Suburban." I'll never forget this. She said, "We're all coming." So we got to the Austin airport, and they all came. I mean, she has four kids, my parents, several other friends. There were nine cars [laughter] to pick the eight of us up.

RH: We're going to stop just for a minute here.

RS: Okay.

[END OF TRACK 1]

RH: – Voices, and I'm Rosalind Hinton interviewing Dr. Rodney Steiner. You were saying that you didn't experience – some of the other hospitals seemed to experience



some diversion of helicopters. You were saying you didn't really notice that.

RS: I don't think so, and I wasn't at any other hospital, but I did hear stories where the helicopters would land at another hospital, and there wouldn't be anybody ready to go, there wouldn't be a line of patients or families ready to be evacuated. I think that's one of the things that we did well, even though it meant spending a night in a hospital garage. But we were always ready, and we had an army of people – residents, medical students, and hospital employees – ready to bring patients immediately to a helicopter, so when the helicopters landed, it didn't take more than five or ten minutes for us to fully load them and get them up and running. I don't mean to imply that because we were efficient they gave us better service. But the same group of Black Hawks and Chinooks on Wednesday, Thursday, and Friday just kept coming back to us, making a loop between us and the airport and then back. We could tell – we could see the same numbers, you could see the same faces.

RH: So, at that point, became a different kind of rescue, or was that still HCA? I mean, once you have military –

RS: It was, I think, orchestrated by HCA. I think they made the contacts. But it was definitely military helicopters, versus Tuesday and early Wednesday, it was a lot of small, private helicopters that they had contracted with. Those helicopters could only take one or two patients at a time. The Black Hawks and the Chinooks could take several. So it became much more efficient once the military got involved. It could be that on Tuesday and Wednesday, the military just wasn't there and that they didn't arrive in these helicopters until Thursday and Friday.

RH: Did Tulane lose any patients?

RS: We didn't have a single loss.

RH: Wow. That's really something.



RS: We had some fairly complicated patients. We had two patients who were waiting for heart transplants who were on heart-assist devices, which are very large pumps inserted via surgery into the heart that then are connected to a pump and connected to electricity. Without electricity, they then ran off batteries, which we had to bring in. So we had somebody bring in the batteries to keep these two patients alive. The heart-assist device weighs four hundred pounds and had to be carried from the intensive care unit on the third floor, with the patient attached to it and the battery that followed it, down to the second floor, where we could then wheel it into the garage, and then pick it up again, put it in a pickup truck, and drive it up to the roof. Both of those patients not only lived but made it to centers that ultimately transplanted them. There was a five-hundred-pound woman that had recently undergone gastric bypass surgery for weight reduction, and she did not walk prior to surgery and was certainly not walking after surgery. She was on the fifth floor of the hospital and had to be strapped to a small mattress and slowly slid down three flights of stairs, where we could then pick her up and put her on a rolling gurney so that we could get her into the back of a pickup truck and get her to the roof. Those were two or three of the more complicated patients that we moved out. But all of the small newborns that were on ventilators –

RH: Did you have any of your patients –

RS: I'm a pediatric physician, so all of the small technology-dependent babies were moved out really Tuesday, as soon as we realized that the city was flooded. HCA was up early Tuesday morning in the wee hours when they heard the water rushing in. My wife and I did too, we just didn't realize. Both of us got up early Tuesday morning to go use the bathroom, and as we walked past one of the air conditioning vents heard water but didn't understand what we were hearing. We were hearing water rushing into the basement of the Tulane Med School through the ventilation ducts. But when HCA realized that early Tuesday morning, they were already on the phone with surrounding hospitals in Baton Rouge and Lafayette to come pick up our babies. These are hospitals



that usually send babies to us because we're the tertiary hospital. We're the hospital that does pediatric heart surgery and has all of the various services. Most of the time, these hospitals are calling us to come pick up their sickest babies. We were now calling them to ask them to come and take back some of their babies or just pick up babies for us to take care of them. And they were all more than glad to reciprocate. For years, we'd been helping them.

RH: Back in Austin, you have nine cars that greet you. That must have been something.

RS: Well, they'd been glued to television sets, seeing the worst.

RH: You actually had not seen the worst, I'd assume, or had you heard about it from within the hospital?

RS: No. We had really very little access to any news and didn't really know what was going on. The rumors were rampant, but you tried not to pay too much attention to them. But we really had not seen any of the news coverage that the rest of the nation was glued to from Tuesday to Friday.

RH: That was probably a blessing, huh?

RS: Probably. We did not see the mayor on TV or the governor on TV.

RH: What was that greeting like? What was seeing everyone?

RS: Very emotional. My parents, I think, were the most worried about all of us, especially without any news, and they did not know how to text message and did not receive text messages, so they really didn't know what was going on. They got a little bit of information from people that I was able to get in touch with. But they were very glad to see us.

RH: So, what did your family do then? Did you stay in Austin?



RS: We did. My wife and I entertained a lot of wild and crazy ideas, but when it came down to it, we realized that we had to enroll our kids in school, and we couldn't just rent an RV and go drive around the country for six months, that we really needed to get our kids back in school. My sister had already enrolled most of my children or had made contact with the Austin schools that they would ultimately go to before we even realized that we were going to enroll our children in school in Austin. But we enrolled my oldest in a private school in Austin, where two of his first cousins go. Both of my nieces were already there. My other three were going to go to a public school in Austin where, again, their nieces had gone to school. My sister was the first New Orleans connection to call that school, and they said, "We've been waiting for these calls. We knew we would get some New Orleans kids, your nephew is first in line." So, right after Labor Day – that was Labor Day weekend that we got to Austin. So, Tuesday morning, he went to school in a brand-new school. Now, he wasn't yet enrolled, but he followed his first cousin around – she's in the same grade in Austin. I think by Wednesday afternoon or Thursday, he was enrolled. They met with us – there was another New Orleans family that had evacuated to Houston, and then Austin – they had a daughter, same age – and they met with the two families, and we both said, "We've paid tuition for the year in New Orleans." They agreed to educate our children free of charge.

RH: What did you think of that?

RS: It was a pretty nice gesture, it really was. It's sort of above and beyond the call. They recognized that the schools we had already paid tuition to would really need that money to support their own teachers and to fix any damage that the school encountered and that they could absorb a few kids and not accept tuition for those kids. It was a pretty nice gesture.

RH: You really arrived, in some ways, worse than most people in the – well, first of all, you'd been through this incredible week. But also you had no clothes. You had nothing



of your own.

RS: Right.

RH: Most people say they had two days of clothes.

RS: No.

RH: But you had stripped down.

RS: No, I got there in a pair of scrubs and flip-flops. My kids had some ill-fitting Old Navy t-shirts and shorts. But my sister has four kids, and they quickly found clothes that fit. It wasn't Labor Day, but maybe the next day, we found ourselves in Nordstrom's. No, actually, it was – we got there Friday night. We went to Nordstrom's on Saturday, then when the woman found out we were hurricane evacuees, they just couldn't do enough. They kept bringing out more and more stuff and didn't want to charge us for this, that, or the other. Everybody got a lot of clothes at Nordstrom's in Austin on Saturday. We went to the mall. We bought brand new Texas cell phones. The feeling of not being able to communicate during that week was really pretty powerful when you've always been used to e-mail, text messaging, picking up a cell phone, picking up a landline, and getting in touch with somebody. So, going a week without being able to communicate at all, and then realizing that your New Orleans cell phones might not work ever, we immediately had – there was like a top priority for my wife to get a Texas cell phone that worked now. So we both got Texas cell phones immediately.

RH: Were you able to get in touch with the rest of your wife's family, and different –?

RS: Eventually. They, again, had New Orleans cell phones, which were kind of spotty, but when they finally got to New York and picked up some New York lines, yeah, we were able to get in touch with them.



RH: So, the big question. What happened to Moose?

RS: It's another really great story. I've been at Tulane since 1993, so I have trained a number of people. I've trained two women, one of whom lives in Franklin, Louisiana, and one woman who came back to Tulane in July of 2005 to start a plastic surgery residency. Neither of these women were in the Tulane Medical Center for the storm, but some of their fellow residents and colleagues were, and they found out that I had left the dog in the med school and these two women are both real dog lovers. They have very small dogs, but they love their dogs, nonetheless. They couldn't stand the idea that we had left a dog in the med school. So, Dr. (Aria?) and Dr. (Tessie?) drove into New Orleans from Franklin, which is about an hour southwest of here, four or five days after the storm, when the city was closed. I mean, this was when things were really crazy, and the National Guard had finally gotten here and set up checkpoints and were getting everybody out of the city who had been left. They put on scrubs, flashed hospital IDs, and they got through, saying that they needed to go check on hospitals or patients. They drove from Franklin, Louisiana, to a neighborhood very close to here to check on a house that one of them owned [and] that the other rented. The house was fine, and Uptown looked pretty damn good. So they decided to, then, rescue Moose, who they didn't know, didn't know what kind of dog he was, or where exactly he was. But these women then went in a small SUV down Tulane Avenue, got as close to the med school as they could, and then parked. I mean, at the time, there was, the water was still a couple of feet deep, so they weren't driving to the med school. They found a guy who was from Mississippi, who just happened to have a small flatboat, and they said, "You're taking us to the med school." He said, "Yes, ma'am." They got in, and they paddled through the muck into the med school garage, where they docked and went up in the garage and tried to find an open door to the med school. Well, security had done a pretty good job of securing the building. So, most of the doors were really locked pretty well. But they eventually found a door on the very top of the garage that didn't lock very well, and it was open. At that point, the National Guard came over and said, "What are you doing?"



They said, “Well, we’re here to rescue a dog.” He said, “You cannot go in that building.” She said, “I’m not leaving until I get the dog, and give me your flashlight.” He turned over his flashlight and walked away, mumbling that she was crazy, some crazy doctor. So, she got into the med school, went up to the eighth floor, and checked the office where she thought he was, and he wasn’t there. So, she said, well, I guess somebody has gotten him, one of the security guards, somebody must have gotten him, I guess I’ll leave. Pretty disappointed. And he barked. So, she realized she was in the wrong office, opened the door, not knowing who he was or what kind of dog he was, and found this huge creature, and then realized, how am I going to get this dog and the two of us and this joker in a small flat boat, and float out of the water. But he was pretty good. They went down in the garage, he got in the boat, hunkered down, and didn’t tip it over. The three or four of them paddled out of the muck, got back to their car, drove the hour back to Franklin, and e-mailed me that she had my puppy. At the time, I was desperately trying to get in touch with any of the animal rescue groups or anybody at Tulane and was having no luck whatsoever. None of the phones answered. None of the 1-800 numbers would answer. So my plan was to take my sister’s Suburban and get an inflatable boat, throw it in the back with one of the power inflaters that you can plug into a cigarette lighter, drive as close as I could to New Orleans, sleep overnight, come in first thing in the morning, drive to the flood, float the boat to the med school, get the dog, float out, and drive home. I was just about to put that plan into motion when she sent me an e-mail and said, “I have your puppy.” A few days later, she was going to drive from New Orleans all the way home to California, and I said, “Well, I’ll meet you in San Antonio, and I’ll pick up my dog.” She said, “No, I really want to come to Austin, I’ve never seen Austin.” So she delivered him. Pulled up into the driveway of my sister’s house, and her two little dogs with heads out of the window –

RH: Oh, see, he wants to get into the picture now.



RS: – and then, him, sticking his head out of the moon roof. So my kids were pretty happy. He then spent the fall with us in Austin.

RH: Wow. So, everybody had to be pretty pleased. The family was intact.

RS: Yes. We were once again intact. Probably the only one who wasn't excited about it was my sister, with this huge dog in her house.

RH: So, how long did you stay in Austin?

RS: We stayed in Austin through the winter break.

RH: [laughter] So you came back about December, January?

RS: The kids must have gotten out of school, maybe, in the twenties of December, and we loaded up, moved everything out of our rental house in Austin, and came back. The Newman School had announced that they would be open in January. I'd been back a couple of times to New Orleans, once in September and again in October. And then we had come back – we actually hosted Thanksgiving here. We felt it was pretty important. We had everybody back.

RH: Who is everybody when you came back?

RS: My wife's family and most of my family. We all came back, and we had Thanksgiving here in November.

RH: Okay, now it's time to get Moose into the picture here. Moose?

RS: So, we'd been home a couple of times already.

RH: So, tell me why you thought it was important to be back?



RS: Well, we've been in New Orleans for a long time, and it's almost as if you have a sick relative. That's how we felt about New Orleans. It's not dead; it's just sick, and it needs some attention, it needs some loving support and some nurturing, and it will come back. We need to be a part of that. So we always felt like we had to be a part of the recovery.

RH: Tell me about – Moose is distracting me here, so I can't help but watch him with his tennis ball. I'm so glad he's alive, too. [laughter] I'm really interested in your story upon the return and Tulane's story because this is a story I haven't heard much about. Here, you've come back to a city, and the medical communities had a hard time.

RS: Oh, yeah. This has been very difficult, especially for Tulane. Tulane, of the three academic hospitals or units in town, Ochsner, LSU, and Tulane, Tulane was really hit hardest by all this. The Tulane Medical Center was very much the focus of a lot of the teaching and the whole graduate medical education enterprise for both the medical students as well as for the residents who come to Tulane to be trained. They spend a significant amount of their time at Charity Hospital, University Hospital, and the Tulane Medical Center. All three of those institutions were closed by Hurricane Katrina. Charity and University we thought would never open, and nobody had any idea how long it would take to get the Tulane Medical Center open. It was just a guess that it would be months and months, and it took until Valentine's Day of 2006 for the hospital to reopen. They were closed from late August until February. That's a long time to not be around and not be available. In addition, the population of Orleans Parish and the Gulf Coast was markedly diminished, so the population we served was largely displaced. We lost hundreds of physicians in the Tulane family – the faculty.

RH: Explain why that happened.

RS: Well, the Tulane Med School, initially, after the storm, announced that they would pay everybody for a period of time, and then had some emergency meetings and made



some very tough decisions about who they could retain and who they would have to let go. They let go maybe two hundred out of five hundred full-time faculty members. All of the part-time faculty members were let go almost immediately. But full-time faculty members were kept on salary until they could have these emergency meetings and determine where they could really go and what they could do financially. So, all of the departments lost members. Some more than others. Some left voluntarily, and some were dismissed as a Katrina-related event.

RH: Were you teaching at Tulane?

RS: Oh, yes. I've been teaching Pediatric Surgery at Tulane since 1993.

RH: Okay. That's a community, also. I've heard, and you'll know better than me, that the population of children in New Orleans is a third of what it was. I don't know if that's correct.

RS: You hear various numbers, but certainly, in Orleans Parish, the number of kids that permanently reside here is much, much less than it used to be. I think there are still children on the West Bank and Jefferson Parish on the North Shore. Many of those pediatric populations are probably more close to what they were pre-Katrina levels than Orleans Parish. But people like to get their pediatric care at home, close to home. So a lot of those kids are getting most of their basic pediatric care in the North Shore Hospitals, in the Jefferson Parish Hospitals, and in the hospitals on the West Bank.

RH: So, what has happened to your practice?

RS: Prior to Katrina, my practice was almost entirely based downtown, mostly at the Tulane Medical Center, with maybe ten or fifteen percent of my practice at the Charity and University campuses, trauma, and then covering the University Emergency Room for kids. Since Katrina, I've moved almost entirely to the Children's Hospital here Uptown. Now, it's the majority of my practice, and maybe ten percent of my practice is in the



Tulane Hospital, which reopened. University has not reopened for children, and Charity, I don't think, ever will.

RH: Why is it so low at Tulane?

RS: Well, I think the Tulane Hospital being closed for so long, people found alternate sources for their health care, so many of the kids that were under the care of Tulane physicians either went to the Ochsner Clinic or found physicians at Children's and they're happy in those arrangements and did not come back even when their Tulane pediatric physicians returned. I think a lot of the patient population that we serve simply no longer lives in the city, and they're displaced in Houston, and Dallas, and Mississippi, and they're not here to get care anymore.

RH: What's it like after you've established yourself in a place, to suddenly kind of be uprooted?

RS: It's hard. The Tulane Pediatric Department is an outstanding group of physicians, and they were my colleagues, and they supported my practice as I did theirs. We all brought patients in together that we communally treated, and it's been hard to watch those practices dwindle and suffer so much. I think that even though many of these physicians would like to stay and see their practices return, they're frustrated, and many of them are leaving. I think more will begin to leave in the next year.

RH: So, you don't think we've seen the end of the outmigration of physicians?

RS: No, I don't think we've seen the bottom of physicians leaving town, and I know of many more leaving than anyone coming. It's going to be very difficult to recruit physicians to the New Orleans area.

RH: I don't mean to belabor the obvious but tell me the reasons why you think that.



RS: Well, it's always been a tough place to practice medicine. It's always been felt that there were too many physicians, too many hospitals, that they couldn't all succeed, [and] we couldn't all be busy and successful. Now that the population has been reduced by so much, that's probably more true today than it was. For physicians treating pediatric patients, it's always been a very tough place to work. Louisiana leads the country in childhood poverty. So, the reimbursement for medical care for much of your patient base is very low, so it's difficult to make a living taking care of kids in the city.

RH: Those kids have been in the Charity system, or the –?

RS: Well, some of them are in the Charity system, but many of them are in the Tulane system. Many of them get their care at Children's Hospital. If you are in the Medicaid program, really, you can go to any hospital in the city and get care.

RH: So, what would you like to see –? I have a few questions here. I'm very interested in why you think there's not going to be a Charity in –is the University Hospital going to come back? Do you have a sense of that?

RS: The University Hospital, as we're speaking, is attempting to open. Going to be very difficult for them. There's a huge shortage of nurses and respiratory therapists in the city, and everybody is trying to hire them and paying them pretty well. Charity is not a nice place to work. The University Hospital has not been. The state can't afford to be in a salary war with the Ochsner Clinic, Touro, and the HCA hospitals. They're going to lose that war.

RH: So, how about Tulane? How do you feel it's situated if you –?

RS: Tulane is still struggling. It's a 275-bed hospital at max capacity, and I think less than a hundred beds are open as we speak. Some of that is due to some certification issues with the joint commissions and getting them to come back and recertify additional beds. But, again, they're struggling to hire nurses to take care of patients. You can't



open more beds if you don't have nurses working those shifts to take care of them. The Children's Hospital, right around the corner, is struggling with the same issues. So is the Ochsner Clinic.

RH: What about the residents at Tulane?

RS: Very interesting question.

RH: Where are your surgeons? Where are you training your surgeons?

RS: It's been difficult. As I said, most of their experience was in those three downtown hospitals, and we've placed residents at the Lakeside Hospital, out in Jefferson Parish, which is also an HCA facility, but it's a small hospital, and there's limited surgical experience out there. We're trying to get the Tulane Hospital up and running, and I suspect when they move the Trauma Center from Elmwood back to University Hospital, we'll send residents to get educated there as well. But we've made some new alliances with some of the community hospitals in town to train the surgical residents. But it's going to be difficult, and some of our residents recognize that their training would be severely impacted by Katrina and found alternative residency spots almost immediately after the hurricane. That happened not just in general surgery, but in orthopedics, urology, ENT – these are smart kids who can really, could have gone, and still can go anywhere they want to get their education because they're sought after, they're smart, and they recognize that their chance of getting well-educated was impacted by Katrina, and they made a choice shortly after the event to find alternative places to get trained. It's all about numbers in training.

RH: Do you know how many you lost – residents?

RS: I would say the Tulane Surgery Department probably lost twenty percent of its residents.



RH: And you were just saying – I didn't mean to interrupt – it's all about numbers. Explain.

RS: Well, you have X number of years to have patient interactions before you're finished with your residency. It's about repetition and about exposure. So, it's all based on being in a high-volume, efficient center with lots of services provided so that you can take care of all complexities of patients. That's what an academic health center's all about. I think they recognize that with the closure of Charity and University and the flooding of the Tulane Medical Center – I'm sure they looked at themselves and said, "Where am I going to get exposure to these patients if I stay in a Tulane residency?"

RH: You don't believe Charity will open again?

RS: Not in its current form. Not in that building. I think it's interesting that they condemned, un-condemned, condemned, and un-condemned University Hospital.

RH: So, tell me why you think that's interesting.

RS: Well, I think the state realized they were in real trouble, and they must have worked with the federal bureaucracy not to permanently condemn University Hospital because, at one point, it was condemned, and felt that it should never be reopened. And this month, they reopened. There was a move, shortly after Katrina, to try to resurrect Charity Hospital, which, I think, is crazy. I think the state will be forced to make some very difficult decisions, and I hope they make the right ones, but if they're going to try to ensure that both the Tulane and LSU Med Schools are successful, they're going to have to build a new teaching facility in the downtown area, with residents from both med schools participating.

RH: This is kind of in on the drawing boards with the LSU and the VA.

RS: Right.



RH: That keeps going back and forth, too, whether to have it or not to have it, and you'd like to see that.

RS: Oh, yes. I think, not just me, but I think, you know, there are lots of folks in town that would – they would like to see that – the community hospitals as well. The community hospitals aren't really set up to take care of some of these really complex patients, and the physicians who work in these community hospitals aren't interested in taking care of really complex patients in many instances. They always liked having a Charity Hospital that they could send those patients to.

RH: Well, at Charity, I have heard physicians, some of my friends, they could have gone to Grady in Atlanta, they could have gone here, and they came to New Orleans to work at Charity. It kind of had a reputation of, "You're going to see everything."

RS: Right.

RH: And it's going to be great training.

RS: There certainly was that feeling. I mean, during the '40s, '50s, '60s, and maybe into the '70s, it was an amazing place to train. Then we let it get outdated. It no longer provided all of the services that you might expect in an academic health center. I think that this is a terrific opportunity to recreate a state-of-the-art teaching hospital for the Tulane and the LSU Med Schools.

RH: What do you think are the obstacles to this?

RS: The federal government and state and local authorities. The federal government, at least, has said that they don't want New Orleans to create a two-tiered health care system, as was in place prior to Katrina, with poor indigent patients getting care at the Charity and the University settings and patients with insurance getting care in community hospitals. I think that's incredibly shortsighted and doesn't recognize the service that



Charity provided, both to those patients as well as its role in graduate medical education. New Orleans doesn't have a diversified economy. We have tourism and the port and very little else after that. One of the economic engines that you could use to help revitalize and rebuild this city would be medicine and research. But you've got to make a commitment, a financial commitment, to build the bricks and mortar, and you've got to support those institutions so that they become first class, so that you can recruit brains, intelligent people who want to work in a research facility, or in a teaching hospital, to come to New Orleans, settle here, and rebuild the city.

RH: So, Rodney, if you're a betting man, what are you going to bet to be able to move this forward?

RS: I think that either Blanco or Bobby Jindal will get it accomplished. I really do. I think it's going to happen. I think she's going to come up with three or four hundred million dollars to get it started. I think, in the long run, it will cost three or four times as much as they anticipate, which would be on par with everything else Louisiana has ever built, including the Superdome, which was ten times over budget. But I think as long as we get started, then they won't be able to quit, and they'll have to come up with the additional money to do it. I think the idea of partnering with the Feds and building a six or seven-hundred-million-dollar structure in downtown New Orleans sounds fabulous. There's more than adequate land. You can certainly knock down some of the older buildings, and that would begin to create a hub of medical activity that you could then parley into research institutes and graduate programs in nursing, physical therapy, occupational therapy, and alternative medicine. You already have the Tulane School of Public Health, which is, unfortunately, largely ignored, even though it's a fabulous institution. It needs a new building and could certainly benefit from being a part of a big medical hub.

RH: Explain to me what – so, you're really asking for a university teaching hospital, not really another Charity Hospital, or it is, it'll be a University Hospital/Charity Hospital. Can



you talk about –?

RS: Well, I'm not sure I understand the differences. It doesn't matter so much to me who runs it. At the moment, we still have a system of seven Charity Hospitals run by the State, where the only –

RH: In the state of Louisiana.

RS: Right. We're the only state in the country that runs a system of state hospitals. We've been accused of running this system for indigent patients inefficiently in smaller cities that probably don't need these hospitals. I mean, there's been a myriad of complaints about the Charity Hospital system. I'm not sure that it's all bad, but you certainly need a large teaching center in New Orleans to support the two med schools. Whether you disassemble or disassemble the Charity Hospital system and you close Earl K. Long in Baton Rouge, Huey B. Long in Alexandria, and South Louisiana Medical Center in Houma, that remains to be seen. You have to determine where your medical resources are best spent, as the state of Louisiana. But I think you have to have a first-class teaching hospital in downtown New Orleans. I think if you don't do that, you really put both of the medical schools in jeopardy of failing or relocating.

RH: I mean, there's a bunch of people who'd like to see it in Baton Rouge.

RS: If she doesn't get a state hospital built in New Orleans, a teaching hospital in New Orleans, I think what you'll have is an LSU Med School where they spend their first two years here in New Orleans and their next two years in Baton Rouge, and almost all of their graduate medical education years in Baton Rouge.

RH: You, I take it, wouldn't like to see that.

RS: Well, it wouldn't be best for New Orleans. We didn't even mention Tulane. But if we don't have a big teaching hospital in Tulane or in New Orleans, I really think that the



Tulane Med School will begin to falter, and the university will have to determine whether to relocate it or close it.

RH: Let's get back to you. I appreciate your expertise in spending time there. How are you and your family doing? How's it like being back in New Orleans?

RS: Well, I'm sure you've heard the terms, the Isle of Denial, for Uptown New Orleans. Unless you wander out of Uptown New Orleans, life's amazingly normal right here in this little area. So my kid's lives, on a day-to-day basis, isn't terribly different than it was pre-Katrina. There are a few less kids in their school classes and a few less teachers, and they hear about this family or that family that are getting ready to move on, and there haven't been any new kids enrolling in Newman, just kids leaving. Otherwise, their soccer teams are about the same. Their soccer fields and their daily lives is largely unchanged. My wife's involved in commercial property, and thirty percent of their properties were severely damaged by Katrina, so they have a lot of work to do. They're negotiating with insurance companies for settlements and then rebuilding damaged shopping centers and individual stores in neighborhoods that no longer exist. So they recognize that they're putting these places back together without any expectation that they'll lease them or generate any revenue from them. So, it's a little sad in their business right now. It's a downtime for them. For me, it's been a transition of working with the LSU Pediatric Group instead of the Tulane Pediatric Group, in a hospital where I'm an unknown and aren't familiar with many of the physicians that I'm working with, after working with really the same group of pediatricians for thirteen years and being well-known in my little fiefdom at Tulane.

RH: So, you don't have a fiefdom?

RS: No, I've lost my fiefdom. I'm now an unknown fish in a medium-sized lake rather than a big fish in a pond. But I'll get used to it, and I'll get over this, and we'll see what happens.



RH: Is there enough work? Are you busy?

RS: There are five pediatric surgeons in the city. There were six prior to Katrina, and there's probably enough work for three of us instead of five.

RH: Wow. So, tell me, you were talking to me a little earlier about just driving into your old neighborhood, which is on the Lakefront, and what that was like.

RS: Every now and then, I just have to remind myself that we're still living in a city that's been ravaged by a hurricane. So, a couple of days ago, I just got in the car by myself and drove to my old neighborhood and visited a lot of the places that I used to go to as a kid on a bicycle, and realized that with rare exception, every one of the neighborhoods, and every one of the local businesses that I used to go to as a kid is damaged or gone or closed. The snowball stands, and the little nickel-and-dime stores where we bought sodas and bubble gum, the grocery stores, pet stores, pizza shops, that's all boarded up and closed.

RH: How does that make you –? What's the effect on you?

RS: Well, it's sad. I think everybody likes to go home, and you like to show off your home, so it's fun to bring my thirteen- or fourteen-year-old kids to the places I went when I was thirteen and fourteen and show them where you've been and where you get a Po' Boy, and where you get a snowball. I don't think I'll be able to do that. I don't know what those neighborhoods will look like and what those stores will look like. It won't be the same, that's all you can say. I hope they come back. I think they will, but it'll take time. It could take five to ten years for some of those neighborhoods.

RH: I have a couple of questions that I want to ask you around life with your Jewish identity and if that has factored in, in any way, for you. Has it, are there any frameworks, growing up, with your Judaism, that helped you the last fifteen months?



RS: Well, I think even prior to Katrina, we were not a very religious family, but we were a little more involved in Judaism than we are today. My oldest was to be bar mitzvahed in the Fall of 2006, so in August, he was – in late August, he was really two months away from his bar mitzvah, which Katrina canceled. We debated about whether to have something small in Austin and decided not to. We talked about rescheduling it, here in New Orleans, once we got back, and ultimately did not.

RH: Was that his decision?

RS: It was a little bit, it was a little bit of all of our decisions. It's a tough sell for me and my wife. She grew up with much less Judaism than I did. Neither she nor her sisters had a bat mitzvah, went to Sunday School, or got confirmed. So, our experiences were markedly different, and I was trying to shoot a middle road for my own children. Sunday School is not popular when you're twelve or thirteen years old. Hebrew School is even less popular, and it was a tough sell to convince my son to do a Bar Mitzvah in the first place. I found it increasingly difficult to answer some of his more poignant questions, which were fairly simple. "Why do I have to do this? It's not meaningful to me. Is it meaningful to you? Just because you did it, why do I have to do it? Why do I have to stand up in front of friends and relatives and speak a language I don't understand, and when it's translated, it's not meaningful to me." I found it difficult to answer those questions, and ultimately, I think, somewhat fueled by Katrina's cancellation of what was going to be an imminent event, I no longer feel like I have to force Judaism and bar and bat mitzvahs on my children. I'm going to expose them to some Judaism, and ultimately, they'll decide where Judaism fits into their lives, and their morals and values, and how it's going to work out.

RH: So, expose them? What's your kind of idea of that? The holidays?

RS: I would say now we have not re-enrolled them in Sunday School. They complained that they learned nothing about being Jewish in Sunday School, so we're exposing them



to Judaism in our own ways, family traditions, and celebrating Jewish holidays. But I'm much less religious than I was as a kid.

RH: It does seem like Katrina's changed things a little bit.

RS: It has because I think if Katrina hadn't occurred, and my first had been bar mitzvahed, it would have set the tone that everybody was then expected to follow in his footsteps and either have a bar mitzvah or a bat mitzvah.

RH: Do you get any questions from your kids about God? Why this happened?

RS: Surprisingly, no. Even immediately after the event, there were really few questions about the larger nature of this. I don't think my children even blamed this on God. They realized that hurricanes occur. They study them in science. They understand the pressure phenomenon, the currents, and the heat, and what creates a storm. They never felt like New Orleans was being punished, or they were being punished, or that this came from a mad God, or – there really wasn't a religious element to explaining Katrina to them. They live in an area that's susceptible to hurricanes. It's part of the weather systems that come in and out of the Gulf Coast area.

RH: Are there any priorities that, for you, are different now since the storm?

RS: I don't think. I don't think it really changed my moral compass, or my priorities. I think, if anything, I appreciate New Orleans in ways that I didn't appreciate before. Austin's a very nice to live, and there are probably lots of nice places to live in this country, with culture, art, and probably better urban planning, but they're not New Orleans. They're just not. You don't often appreciate it until you live without it.

RH: Could you tell me what you miss the most?



RS: You miss almost everything. You miss the jazz stations, you miss the food, you miss Community Coffee, you miss P.J.'s, you miss the sound of the streetcars going by. You miss the art galleries and the museums. You miss the funny way people talk. You miss some of the diversity.

RH: Is there anything that you have learned about yourself this past year that – or even, in the kind of, the pressure cooker of the hospital for those five days?

RS: Well, you learn that you're more resilient than you think you are, that you'll get through this, and that even though it seems like an awful event and a life-changing event for a city and for a family, we still live in America. We still live in the richest country on the face of the planet. We're not in a Third World Country that will never recover from this. We'll recover from this. We'll be a different city. We might be a smaller city, maybe we'll be a more well-planned city. But we still have all the resources of the greatest country on the face of the planet. We're smart. We're resilient. We have resources.

RH: We've got a guy here who wants it this to end.

RS: He's kind of done sitting around.

RH: [laughter] Let me ask you if we can get one or two more questions in –I'm curious how you feel now about, I don't know if he's going to let us do this, huh? [laughter] All right, Moose. You want the center stage, huh? You're talking in a kind of very hopeful way. A lot of people were very frustrated with the government, the response, and even the speed of recovery, and yet you don't seem to have lost faith in America.

RS: Oh, no. I haven't. I think this was an event that was huge in its scope and probably very difficult to plan for. Yes, I think the state, local, and federal responses could have been better. But I don't think they had ever been to a party like this before, and I don't think they really knew how to behave. I think they will have learned a lot of lessons and will be better equipped for the next disaster unless it's hugely dissimilar from a Katrina-



like adventure. But they still will have learned, and they'll respond better next time. That's just the way human nature is. I think down the road, we'll have much better levee protection than we do now, but right now, it's iffy, and insurance companies are pulling out. But I think a lot of that is just going to be transient, and I think, in the long run, the Mississippi will always flow by New Orleans. It's a lifeline. It's the reason we existed in the 1700s, and it's still a big part of why we're here today. We'll still have offshore drilling. We're still going to be a major source for gasoline refinery. We'll always have what makes New Orleans really unique, which draws people here to eat, drink, and hear music. So, I think it'll come back. It just isn't going to come back tomorrow. I think people are really impatient. They're going to have to learn to be patient if they want to be a part of the solution.

RH: Anything you want to add?

RS: No. Not that I can think of.

RH: That was a nice ending.

RS: Okay.

RH: Thank you.

RS: You're welcome.

[END OF INTERVIEW]