



# Les Hirsch Transcript

Rosalind Hinton: This is Rosalind Hinton interviewing Les Hirsch at Touro Infirmary on Monday, November 13th, 2006. I am conducting the interview for Katrina's Jewish Voices on behalf of the Goldring/Woldenberg Institute for Southern Jewish Life, and the Jewish Women's Archive. Les, do you agree to be interviewed, and realize that this interview is being videorecorded.

Les Hirsch: Yes, I do, and do realize that.

RH: Let's just begin with where you were born, what year you were born, and a little about your own Jewish and general education.

LH: Sure. I was born in Newark, New Jersey, and I was born in a hospital that is named, today it's called Newark Beth Israel Medical Center, but when I was born there on October 3rd, 1952, I believe it was called Beth Israel Hospital, and that institution still exists today. I grew up in Belleville, New Jersey, for the first seven years, and then Nutley, New Jersey, both of which are suburbs of Newark. Nutley had a very small Jewish community. It was predominantly a working class town with very heavy population of Italian, Irish, Roman Catholic. And actually in my high school class, there were only 12 Jewish students in a class that was about 500. It was actually the largest class in the high school's history at the time. I think we were the 100th class. Nutley had a small Jewish community. There were only a couple of hundred Jews in Nutley. And I went through Hebrew school, and I guess I started Hebrew school in third grade, and then went regularly all the way through to my bar mitzvah. We were members of what was known as Temple B'nai Israel, which was in Nutley. That synagogue, unfortunately, no longer exists, and merged into a synagogue in Montclair, New Jersey about 15 minutes away, because the Jewish community was small to begin with, and then it really



dwindled. And I didn't go on to be confirmed. Actually, you know, being a Jewish kid growing up in a town where you were always different, the religious activities, as important as they were, took me away from other things that the other kids were doing. And so, when I got done being bar mitzvahed, I went back to those other things. And in a way, as I look back on it, I wish I had gone on to become confirmed, even though it wasn't the popular thing to do then, at least in our community. It seems like now more, that's more of the thing to do. And I think I could have learned a lot more about Jewish history, had I. But I didn't. And so, that was at 13 --

RH: Were you in a Reform congregation?

LH: Conservative.

RH: Conservative.

LH: It was a Conservative synagogue, and so I did that up until the time that I was 13. And actually, given that it was a Reform synagogue, I remember doing --

RH: Conservative.

LH: I'm sorry, Conservative. We're now in a Reform. I remember leading the Saturday morning service, and the Friday night service in our temple. You were expected to lead just about the entire service. So, we did quite a bit, and it was quite an experience.

RH: So, it was lay led?

LH: Excuse me?

RH: It was lay led?

LH: No, it wasn't really lay led, but the bar mitzvah got to do the lion's share of the service. In some synagogues, the bar or bat mitzvah now, they sit there for most of the



service, and the Cantor and the Rabbi do the service, and when it's your time to come up and do, you do. You do your role. But in our synagogue, what we did is we literally lead both the Friday night and the Saturday morning service, with assistance from the Rabbi and the Cantor. But you weren't sitting for long while the service was going on, just waiting for your part, in terms of the Haftorah, and so forth. You literally lead the service, under the direction of the Rabbi and the Cantor. So it was a great experience.

RH: You have a pretty vivid memory of that experience.

LH: I can remember it like it was yesterday.

RH: Really?

LH: I can remember it like it was yesterday. Especially being at Hebrew school. After school, we'd go to Hebrew school, and then when we'd take a break in the middle of the class -- the Cantor would give us a little bit of a break, and then we'd run downstairs. They had a gym down there, and we'd starting playing basketball, and then the Cantor always had to come down and round us up to get us back up into the classroom, otherwise [phone ringing] we would get distracted with the basketball. Let me just shut that off for a minute, and I --

RH: So, why don't you tell me -- do you have any other vivid memories of growing up Jewish in Nutley?

LH: Well, as I said, I understood early on, even though we all looked alike, I always -- there was always something different. I mean, I knew I was different, and we had, we were Jewish. We observed all the holidays. It was, there were days when the holidays came where I stayed home on the High Holy days, and other kids went to school. The town was not geared for the Jews, basically. So you grow up always knowing that you're different than the rest. I had a great childhood growing up, and Nutley was a wonderful town. I was involved in sports, and I played high school basketball, and was always



known for the fact that I played. And actually, it's part of the USY with the Jewish youth organization. I used to play basketball with them, too. I didn't go to too many of the dances, as I remember (laughter), but I did play a lot of basketball. And but, you know, I guess -- something that I do remember was growing up and always being different. I knew what it was, early on, to be the only one or two of my kind, and you are different. I never really experienced any antisemitism, or anything like that, or where I felt made fun of or picked on because I was Jewish. But it was just a matter of knowing that I was different. And as I grew into my young adulthood, I just always recognized that I was different, and I was going down a different road, even socially. You know, there weren't many, for instance, many Jewish girls. And for whatever reason, I didn't seek to get real active in the youth organizations, where you'd get on a bus and go to another town. I just didn't take to that. And so, you know, in a way I was kind of locally isolated from that. So, there was always a little something that was just a little different for me, recognizing that I wanted to go in a different direction. And I did.

RH: What was the direction you went in?

LH: Well, I guess, when I look back now, most of my friends that I grew up with, they all -- and I have an enormous respect for the blue collar, I used to work blue collar. I used to drive trucks, and started out washing dishes, and, talk about working your way up, that's how I started. You know, I'd take a bus for my first summer job to Newark, literally, in the morning to get to the restaurant to wash dishes for \$1.50 an hour. And I worked blue collar, I drove trucks, I did asphalt, I did construction, anything that you use to build a building with, I handled, and one way or the other either with my hands or on the truck, dropping loads of lumber, which were always the better loads, because you just raise the body and drop it, as opposed to unloading a truck of 200 cinderblocks by hand. So, I really, truly understood the value of that, and when I said I was going some place different, really, most of my friends that I grew up with, they didn't really pursue professional careers. Only one of them did of the entire group. Otherwise, everybody



else pretty much pursued blue collar, or sales, or they weren't really going down the path that eventually I headed down.

RH: So, what do you think lead you down that path of professional life? Was it your family's expectations, and --

LH: I don't know that there was any expectation. I think, you know, I guess leadership was in me from early on. When I played basketball, I was a point guard. Point guards are usually in charge out on the floor, directing traffic. And there were times that I wasn't always the point guard, but I kind of gravitated to that, and always had a strong competitive spirit. And I think sports are really good for children, and my kids have, were both involved in competitive sports, and I think it's a good thing, if kept in the right perspective. So I took a lot from that. And I always did that, so sports were very important to me, going on and growing up. But let me --

RH: So, where'd you --

LH: -- I just wandered from your question --

RH: -- to --

LH: -- professionally. Yeah.

RH: What was this path?

LH: Yeah, you asked me about --

RH: You were talking -- about a different path. Why don't we just talk about what it was?

LH: Yeah. Yeah, I got off on a little bit of a tangent, talking about sports and leadership, and -- you know, I don't know. My father was a hard worker. My mother worked part-time as a bookkeeper. My father worked for Metropolitan Life in sales. And so, it was



always expected that you'd go to college, and I was pushed to do that. I actually wanted to go to law school, up until my, probably my senior year in high school -- college, rather. All of a sudden, my senior year in college, I decided the world didn't need another Jewish lawyer in the form of Les Hirsch, and I decided that I just didn't want to go to law school anymore. And then, it took me a little bit to find myself. I pursued graduate studies in the evening, actually, I did my undergraduate work at William Patterson, what's now called William Patterson University. It was William Patterson College at the time, part of the state college system in New Jersey. And then I went for my master's degree in Public Administration at Fairleigh Dickinson University, and so, I got a Master's in Public Administration. And then I found my way into health care. And I think, maybe in the background, the way I migrated to hospitals was, I started working in a county division on aging, and I got involved with planning health and social programs for seniors, in particular, a homemaker program for shut-ins that, and there was no reimbursement for them. The county had some funding, and I got to work on that program, and put it together, and administer it. And that got me really involved, interested, involved and interested in health care. And, yeah, I spent a lot of time in hospitals as a kid, periodically, not as a patient, although I did have some sports injuries, and I'd find my way there for stitches, or casts on one extremity or another. But my mother and father had occasions to go in the hospital, you know, on occasion for serious life-threatening illnesses. So, I had been to hospitals in New York, NYU, Columbia, been to hospitals in New Jersey, as a kid with my parents. And actually, my father, in particular, had, early on in my life, when I was seven years old, and when I was again a teenager, he had a couple of life-threatening incidents. And then, even in my early 20s, I had already decided I was going down the road for health care. He had yet a third life-threatening incident that almost took his life. So, I don't know, subliminally, if being in hospitals, and then getting involved in health care, and I just gravitated to hospitals, and I wanted to be in leadership. And my perception was that the hospital, where else would it be better to be in leadership than in a hospital? So, I just more or less, just gravitated toward it,



figured it out like that, as an alternative to law, and then found myself.

RH: Well, tell me how you came to be in New Orleans, and where you coming from when you arrived.

LH: Well, I came to New Orleans from Denver, Colorado. We went to Denver, I guess, in 2002. Actually, after working and living in New Jersey for almost 50 years, we got an opportunity -- I left my job in Camden, I was CEO of the Cooper Health System, had been COO and CEO there, and had actually worked, in the early part of my career, or from, not just the early part, but up to that point, I was in my -- let me see, I guess, by the time I left Cooper, I was already about 49. So, I had been in New York and New Jersey from when I started working in my first hospital job, which was in 1979. I spent about six and a half years at a place called Clara Moss Memorial Hospital at the time, that's what it was named. That was a very large community hospital, a 575-bed hospital. And then I got a really big break, which, to me, was really the big break of my career, where I got recruited to become part of the team, the senior management team at Bellevue Hospital Center in New York City, and would ultimately, within a short period of time, be responsible for about a third of the operation of that organization. And a third of the operation of that organization was of greater materiality than even the hospital that I came from. You know, there were about 8,000 employees at Bellevue, and an enormous budget. It was just this big, complex place, that most people, when they think of Bellevue, they think of psychiatry. But the reality is, psychiatry and forensic medicine is really about a, maybe a quarter of what goes on there. And then the rest is major, tertiary, quaternary care, and it's a major teaching affiliate, the core teaching affiliate for NYU, with residents and fellows numbering over 600, I remember, at the time, rotating through there. And the various programs and staff by the NYU faculty. So, that was quite an experience. That was my big break, and I spent literally exactly 25 months, to the day. And I kid around and say, I spent 10 years during a 25-month period at Bellevue (laughter). But it was a great experience. It's kind of like going away to war. You know,



you, at a young age, I took that job when I was 33, and it seasoned me quite a bit, and I was grateful for the experience, although I'm glad that the next opportunity came, and I got recruited as Chief Operating Officer, Executive Vice President and Chief Operating Officer at the Cooper Health System in Camden, which was an emerging academic medical center that, ultimately, by the time I left as CEO, literally, was over 400,000,000-dollar net revenue organization, over 4,000 employees, and beside the university hospital, literally had a network of about, I guess, 50 offices and 35 different municipalities in Southern New Jersey. So, it was a big operation, and that was a great experience, and I learned a lot there, and had a wonderful experience. And then left, and then went to Denver, as President and CEO of Saint Joseph Hospital. That was part of a small system of three hospitals called Exempla Health Care. And what was really interesting about that was Saint Joseph, which actually is the largest single hospital facility in Colorado, just a large, very busy hospital. It's a Catholic Hospital, and it's a hospital that's still owned by the Sisters of Charity of Leavenworth, Kansas. And the hospital is placed at a joint operating agreement, a JOA with Exempla, but still is owned by the Sisters. And what was really just a great experience there was, I was the first non-Catholic to head that institution in 133 years. And actually, the only, only was the second lay executive. But the first non-Catholic they had at that institution ever, and I was real proud of that. And I took very seriously the, their mission, and their heritage, and I learned a lot there, and it meant a lot to me, that experience. And I guess, what I would say is that it was truly an honor to have them place their trust in me, because the reality is, while it's not a written requirement, most Catholic hospitals hire Catholics or Christians. It's more the exception than the rule, that -- it's not unheard of to hire someone who's Jewish -- but it's certainly much more the exception. Just like in Jewish hospitals, it's not a requirement that you be Jewish. You didn't have to be Jewish to become the CEO of Touro. But the fit was there, and I happened to be Jewish, and so it works. That's usually an unwritten kind of approach in these searches. But I stayed there, and I was only there for three years. I expected to be there longer, and then this





call came for Touro [phone ringing], and what was ironic about it is I had been contacted 14 years earlier by Touro, when they were doing a search that ultimately resulted in my predecessor getting the job. He was here in an interim role, trying to turn the place around. They were in financial difficulty then. And he stayed, a fellow by the name of Gary Stein, who actually I knew back in Jersey, when we were young bucks coming up, and he ended up at Touro. But what was ironic, it was very ironic that, here, 14 years later, I'm getting a call again about Touro, and this was long before Katrina was a gleam in anybody's eye. And what intrigued me about Touro was, I liked the idea that it was a Jewish hospital, not that I'm so overly religious. In fact, I am what I am in my heart. I could probably, in a formal sense, practice more in terms of my physical presence (laughter) on the Sabbath. But I know what I am in my heart, but the idea of becoming a leader of a Jewish organization really meant a lot to me. And as I met the people here, I saw how fiercely committed they were to the fact that this was a Jewish hospital. Touro was actually the oldest not-for-profit in the state of Louisiana, and it's the second oldest Jewish hospital in the country, second to Cincinnati Jewish. And what's ironic is that many Jewish hospitals have merged, or been acquired, or have lost their independence in one way or another. And the thing that was really intriguing to me about Touro, and meant a lot to me -- I know it means a lot to the people here, and it continues and will continue to mean a lot in the future -- and that is being independent. This is a community-based organization, with a community-driven mission that is independent. Not owned or operated by a larger concern, and that's something, as we enter 2007, that is not a norm anymore in health care, because there's been so much consolidation. And many of the Jewish hospitals, even Beth Israel that I spoke of earlier is now part of a larger system of ten hospitals in New Jersey. And there was another hospital, there was actually a Beth Israel Hospital in Passaic, New Jersey, and from what I understand, my understanding is that that hospital is, I'm not sure that it's not operating any longer, but I'm not certain what the future of that institution is. So, you know, a lot of hospitals like Touro grew up in inner city areas, those areas changed over the years, and it became



very hard as they became safety net hospitals, literally to survive. So, a lot of them haven't. So the fact that Touro remains, today, 154 years later, and is a survivor, we look to our future with great anticipation and enthusiasm about continuing to be that way.

RH: Why don't we -- I do have a question. Do you notice a difference in style, or attitude, now that you've been in a Catholic-run organization and a Jewish-run organization?

LH: I don't know if I'd say a difference in attitude. I think both are very committed to the community, to doing the right thing. I think Catholic health care is more formalized in comparison with hospitals that consider themselves to have a Jewish faith tradition and consider themselves "Jewish hospitals." Catholic health care is an organized movement. There are hundreds and hundreds of Catholic hospitals around the country. There are very large systems of Catholic hospitals, where various religious communities have come together to form larger systems. For instance, Catholic Health East is a very large system on the east coast. It's probably \$8 billion in assets, and they have a presence from Maine to Florida, hospitals, nursing homes, probably more than 40,000 employees. There's a similar organization on the west coast, and there's some in between Catholic health initiatives. These are very, very large organization of Catholic hospitals. And Catholic health care is more formalized, in terms of a formal set of beliefs that are played out through the ethical and religious directives, that is authored by the council of bishops, and those directives prescribe, when it comes to health care, and as it relates to certain beliefs. Specifically, when it comes to death and dying, and women's services, in particular. So, there's a, certainly a formal organization in Catholic health care, whereas, in terms of hospitals that are Jewish hospitals, there isn't quite the same formality and the same organized "Jewish health care", like there is in Catholic health care. But I think at the heart and at the core that the principles are the same, in terms of justice, equality, doing the right thing, being community-based, taking care of those that are less fortunate. And I think again, not that I'm an expert on religion, but there are



probably more similarities among Catholics and Jews than there are, perhaps, between any other religious sects. Because let's face it, if you go back in history, that's obviously how --

RH: Yes, there's a --

LH: -- how --

RH: -- continuing stream from --

LH: -- exactly. How the religion --

RH: -- Judaism into it. Right.

LH: -- started, so -- so I think from a value standpoint, there's a lot of similarities. In a hospital like Touro, you won't see a lot of Jewish symbolism, the way you would in a Catholic, where there literally will be religious symbolism, be it statues of this saint, or that saint, you know, that sort of thing, crucifixes. There's much more demonstrative presence of the fact that you're in a religious organization, and -- whereas, in a Jewish hospital like Touro, there isn't that kind of symbolism. We are fiercely, as I said before, fiercely loyal to the fact that we are a Jewish hospital, and I can't imagine Touro ever giving that up. But it's just different, in terms of our symbolism that is not so visible.

RH: Well, let's talk a little about when you arrived in New Orleans, and how you got settled, and I guess what, kind of, hit you in the face, five days after your arrival.

LH: Sure. Well, I started to tell you earlier, I got this call, you know, being at Saint Joseph, and expected to stay there longer, was having a good time. And then this call came in from Touro, and I mentioned how, 14 years earlier, I had been called. And so, my wife and I decided to take the job. The place felt a little more eastern. Forest Ember's a great place to live, but New Orleans, actually on a much smaller scale,



actually reminded me a little bit of New York. And that's the city that I most identify with. So, we -- I started here on August 22nd, actually seven days before the hurricane. And even, again not withstanding the hurricane, I was to come down here and I would be going back and forth for a year, up to a year, back and forth from Colorado, because our younger daughter, Erica, was just starting her senior year of high school. We had our older daughter, Melissa, at the University of Colorado at the time. So, we wanted to take this job, we thought it was a great opportunity, my wife and I. And I say we, because we took the job, but I was going to be doing that traveling. And then Katrina struck, and it just changed everything. It just changed the city, obviously devastated the city. We were very fortunate. The only reason why we're open today, perhaps, is because this hospital did not go under water [phone ringing]. There were some hospitals in town, a number of hospitals in town, that went under water, and are still closed, and at least one that's now reopening is just operating at a fraction of what it was before the storm, because of the extensive damage to the plant there. We literally, some of the hospitals were ten feet under water. And it's pretty remarkable to think about, if you look out the window here, and just imagine that it's now all covered by water, ten feet of water. That's what some people, literally within a couple of miles of here experience. But I don't know, maybe being a faith-based hospital of, with that Jewish heritage, I guess we had an angel on our shoulder. Either that or else we were on the high ground, and the water --

RH: Or both.

LH: -- we had both.

RH: It helps to have both.

LH: Yeah, it helps to have both.

RH: The high ground and the angel.



LH: Yeah, and the water in the street outside of the hospital didn't get deeper than about a foot, with water coming up out of the sewers. We never did really get flooded during the hurricane. Our floodgates held back the water. And if it wasn't for the fact that the levees broke here, everybody would have been much better off, because Mississippi really got hit harder than we did. But then, the levees breaking really is what put us over the edge. But fortunately for Touro, we had millions and millions of dollars of damage, and loss of equipment, and supplies, and a total loss of over \$60 million, from the standpoint of business interruption and property damage. But thankfully, 28 days later, we opened up. And actually, if it hadn't have been for Hurricane Rita, which came in right on the heels of Katrina, we would have opened up in 21 days. But Rita set us back a week, and we opened up the emergency room on October, on September 28th. And then two weeks later, we reopened inpatient and outpatient services, about 50 beds of inpatient services and a surgical schedule, and outpatient services. And that was two weeks later, on October 12th that we reopened.

RH: If you know -- I don't know if you feel like you'd like to do it, or if you've done it to death. But to take us a little through the narrative of what it was like to be here during the hurricane, and Steve told me a little bit before he left --

LH: Yeah --

RH: -- of one of the things that struck him was something you said. "We're losing the building."

LH: That's right. We were losing the building.

RH: And --

LH: I just got the chills when you said that, and I said that. Yeah, we were losing the building.



RH: That had a profound impact on him, too. And so, I don't know if you could tell me a little bit about what happens in a hospital when a hurricane comes, and how you felt about also being involved, being so new to the city and everything.

LH: Yeah. Steve is right. I did say that we were losing the building. It was great having him onboard. You know, there's a mentality in New Orleans that I learned about early on, that the hurricane comes and it goes, and it'll be OK the next day, and whatever damage is there. But people, again, feel very strongly about not leaving their homes. And actually, many people didn't either, because they didn't want to, or because they couldn't. And that was another story, which is why so many people got stranded, and why, unfortunately, many people lost their lives, because they couldn't be rescued, and they couldn't get out, or they didn't get out. And that's a real tragedy, when you look back on it, and you think about that people died here because they either couldn't be rescued, or whatever systems that should have been in place to get people out of town failed, and failed terribly. But Steve, actually, came into the hospital that Sunday, and he was one that was going to stay at home. And I offered all the board, if they wanted to -- our board members, if they wanted to evacuate to Touro, to come to Touro and ride out the storm. And the only one that really came was Steve, and he brought his wife, and younger son, and dog, and mom and dad, and a couple of cousins. And then by Tuesday, by Tuesday morning, and the building conditions were changing, and his mom and dad, as I recall -- you know they're in their 80's -- they weren't feeling as well. And I said to them, just please leave. You can get out of here now. Go. This was in the interim of finding out about the levees breaking, and the fear that we might have ten feet of water down here. I remember profoundly what made an impact on me was when somebody said, we could have ten feet of water down here, I just couldn't even begin to fathom that. So, I encouraged Steve to leave, and he did. And I think he felt a little guilty that I was here. I was so new. And I just told him flat out, I'm here, you have your family, take care of them. I don't have my family here, I don't have to worry about any family, you pay me to be here, and this is what I do, so please go. And thankfully, he did.



Because he also helped us on the back end, with the evacuation, and getting some busses for us, which he wouldn't have been able to really do from here. So, you know how everything works out in the end. But it was a remarkable experience, and when you talk about losing the building, what happened was our generators began to fail. On Tuesday morning, when we got word that the levees were breaking, later on that morning and into the day, our generator started to act up. We have a series of generators here, but the two workhorse generators -- these two 500 kilowatt generators were beginning to fail -- we would later learn that we got what we call the bad load of fuel. And we had gotten fuel from a military source that morning, and I don't know if we got the bottom of the tank. You know, we needed a load of fuel because we were running low already, you know, having gone on emergency power from about three o'clock in the morning on Monday. We didn't want to run it down too close, so by Tuesday morning, we were really looking for fuel. So a fuel truck came in. Within a few hours or less, our generator started acting up. And when I say we were losing the building, what happened is those generators began to fail, and having gone from Monday, where we thought we dodged a bullet, and felt like we dodged a bullet, assessing the damage. The sun came out in the afternoon, just like it is right now. It was the sun coming through after the storm, and everybody felt very good about things. But then Tuesday morning, everything changed with those levees breaking, and the fear and the concern that began to sit in on people, and their own worry about losing their own homes. People were already beginning to worry that, my God, you know, people were saying, my house, it must be under water. I'll lose my house. And then later on, with the little bit of TV that we had left for the local station, because we lost everything, the cable and everything, you could see some of it. And I remember the upset among some people that lived down Lakeview, that ultimately lost their homes. So, all of that was going on, but when I say we were losing the building, if you don't have generators powering the building, and when you're on emergency power and you don't have your full capacity -- because there're some parts of the building that won't be air conditioned, and that are compromised just being on emergency



power. But then the areas that are compromised, and then on top of that, the areas that should be on emergency power, now you're losing them, too. You lose the building. You lose your electrical power, your lighting. Much of the building was dark. You lose your air conditioning. The conditions were oppressive, if you've ever been in New Orleans in August and September. It's very, very hot and humid, and the building begins to sweat. And so, you could walk down a tile floor and think that the floor got flooded, because you're sloshing through water. But the fact of the matter is, the water is created from the condensation, that the building starts to sweat. So the conditions were just horrible. Picture this building where most of it is dark, it's not cooled, toilets aren't able to flush, you've lost your water pressure, you don't have any potable water running out of the pipes any longer, you don't have telephone, cable TV, and air conditioning. And that's how I define 'you're losing the building.' And by Tuesday night, late Tuesday afternoon, it was very clear to me that this is what I have referred to as a second-round knockout. Because the first round was day one. On Monday, we got through it. And on day two, that's, we were a second-round casualty. And it wasn't the flooding that got us, it was the loss of generators. And so we've since remediated that for future similar circumstances, but in that circumstance, we couldn't get an emergency generator sent in to drop a generator in here. I was on the phone with the hospital association. We had no help from the government. I mean, for all of the help and assistance that we got from the government later, when they finally got their act together and got organized, that first 48 to 72 hours was really very limited, and it was lonely. You know, there was nobody here checking on us. It's not that they had to come to us by boat. I got not one call, or one inquiry from any government official in those 48 to 72 hours after the storm. In fact, it was eerily unusual and surprising to me that --

RH: So, [inaudible] --

LH: -- how alone we were.





RH: -- would have expected to hear from --

LH: I would have expected something. The emergency radio systems didn't work, there was nothing. I mean, thankfully --

RH: Did you have emergency radios?

LH: We had a hookup with an emergency radio, what they call the HEAR system, but that didn't work, and even when it was working, we got very little response. I will say this, that the New Orleans Police Department kept an eye on us. We boarded some of their people here, and provided, willingly provided facilities for them. And then a couple days later, we did get some National Guard that stayed here. In fact, I had an air mattress in here, and I remember laying on the floor with that air mattress, and we needed to provide some of those things for the National Guard, so I said, take my air mattress, I'll sleep on the couch that was in here at the time. Not that we were getting much sleep, you know, if you got a couple hours a night, you know, you were lucky.

RH: What did you decide to do when you heard that the levees had broke, and then here you have these generators that are failed? What did you discuss with your staff?

LH: Well, the first thing we decided to do was to move everything upstairs to the second floor. We got off the first floor. We had already moved the patient unit from upstairs downstairs to the emergency room, because we were having some issues up there. Now we moved them back upstairs, a critical care unit. We moved our command center upstairs. We just got everybody off this floor, that was the very first thing. We were having meetings, which I think was a great experience for Steve Kupperman, because with Steve being here as the Board Chairman, I encouraged him to come to our command center meetings, and listen in on them, and I wanted the staff to know that he was there. And you know, so Steve was there. We were communicating what was going on. I think, as I look back, we could have, that communication could have better



permeated the institution. Because what people were hearing from the outside, you know, wasn't pretty. There were reports of civil unrest and disobedience, guns being shot, helicopters being shot at, pharmacies being ransacked, hospitals literally being attacked, if you will. And some of that was true. Some of it, I guess, will be forever urban legend, that there were some things that were reported to have happened that didn't, but some of it, and it's real that it did. And so there was fear. The Rite Aid, right up the street from us, a couple blocks away, was ransacked, looted. The only thing they didn't do to that building was burn it down. But it was a mess. You know, we had 2,000 people on board with us here. We had 250 patients, we had a couple of hundred pets, we had staff and family and friends that amounted to, all of that amounted to about 2,000 people. Some of the young people that went out to take part in the looting of the Rite Aid, that tried to come back into Touro with their goods, we turned them away, our security turned them away and sent them out into the night. They were not allowed back in. We gave people, we put red bands on their wrists, so we literally went through a process of checking people in. Their bands were cut off their wrists, and they were sent away. So, it was a little scary. And Tuesday night we began planning for an evacuation, but I can remember talking with our staff, and our staff was actually being fearful. Here I am, at that point I'm eight days on the job, and you asked me about what it was like for me. I had my own moment of truth, but you know, there're certain things that you come in contact with through your life, your career, personally, professionally, and it's a test. And you either get up for the test, or you hide under the table somewhere until it's over. And my nature is not one to dive under the table. My nature is to lead. And I literally, I had my own moment of truth. I thought to myself, boy, this is very weird (laughter). Here I am, I'm eight days. I mean, that first week before the storm, I went out, I pressed the flesh a lot, I got to meet people, there were some events, I got to see a lot of people. So, you know, building a relationship, and -- but how much can you do in a week? You know, you're here, you're the CEO in name, you've been hired to be the leader, but you really haven't become their leader that they've, that people, you know, have taken to you



in such a way where, after a time in a role, people have a growing, hopefully, a growing affection and respect for leadership. I didn't have that. But I decided, in my own moment of truth, that I couldn't stand on the sideline. I couldn't say that, "look, you have been through hurricanes before, I haven't, you know the disaster plan better than I do," to the senior staff. You know, you take the lead and I'll watch. I couldn't do that. So, I just lead as if, I didn't care if I was here five days or five years, or ten years. I figured if I couldn't lead during this period, then I could never be the leader of Touro. And that's what I did. I, and others, we stepped up and led. But that was a defining moment for me, not only in my life, but in my career, certainly, in terms of being pressed for that, because again, the only thing that prepares you for an experience like Katrina, if you've never been through something like that before, the question is really, will your collective experiences that you've had over the course of your life and career, will those collective experiences translate into an ability to take action, all of those experiences being a point of reference that you can draw on, that allow you to move forward and take leadership, even though you may not have been involved in that specific incident before. Those collective experiences, and whatever wisdom, you know, that has been gained over time, and learnings over time, actually come in one end, and then come out the other end in applying to the circumstance. And that's, in a way, what happened here, because I and others had never been through that. But somehow or other, we, through our instincts, and I guess our intellect or instincts, our hearts and our emotions, we found our way, not only through the evacuation of getting our patients to safety, but also then in being able to take the actions necessary to put it back together, and lead it back, and restore it, and recover it. And in a sense, we're still in a recovery mode. You know, we're not fully over this yet, not nearly.

RH: Let me ask you, if -- what is your leadership style, and did the kind of style that you use in leadership, was it helpful in the storm?

LH: Well --



RH: Did you have to modify it in any way?

LH: My style, I mean, I'm intense, I'm tenacious, I'm very passionate. I'm a Type A all the way, there's no doubt about it, but I'm not one that normally dictates. I like input, I like to have a conversation, I like to be able to inquire about the collective wisdom of others, as we're navigating through issues, or deliberating about issues. I think dictatorship is lonely, and is associated with fear. And it's one thing, in certain circumstances, where you have to behave more strongly, and call the shots, and dictate. But there's a difference between doing that on occasion and in certain circumstances, with the benefit of input, whatever input you can glean, as opposed to just acting independently. And so, my style is to seek input, as opposed to act independently, to make decisions as fast as they need to be made. If a decision has to be made in the spur of a moment, and I don't have the time for all the input that I'd like to normally get in a decision, I'll make it. If I can have an hour and make a decision, then I'll do everything I can to get the input that I need. You know, you begin to ask yourself questions on decisions. Who will be impacted if we do this, what are the consequences if we do that, what are the consequences if we make such-and-such decision, what's the worst possible thing that could happen associated with that decision, how might we act to avoid the worst circumstance from occurring? So, it really depends, but I like to be inclusive in my leadership style, and I want to have a, and encourage an environment where people feel free to speak, even if some of that dialogue gets animated among the participants. What's a core issue is that there has to be mutual respect among the group, and teams develop trust in one another. But it doesn't mean that everybody has to be guarded in what they have to say, or worry about stepping on the next one's toes. I mean, if people are constructive and honest in their passion and input, then you get the best out of everyone to make a decision. And I say to people sometimes, don't be upset if you recommended something, and I end up doing something totally different, because the value of your recommendation may have helped in reaching a better direction, for whatever reason. So --



RH: So, could you take us through some of the decisionmaking processes during that week? Were there some disagreements at times?

LH: I can't say that I recall really any disagreements. Not that I can really think of. The only, I don't know that I'd call this a disagreement, but maybe it was differences in perspectives. I remember on Tuesday that morning, when we got word that the levees were breaking, and we had a meeting at midday, and people were already beginning to get the reports of what was going on out there. And what was really remarkable to me was the sense of fear. I had never seen a sense of fear already beginning to set in among some people in the leadership. I remember in this room, having a packed room of people meeting in here. There must have been 30 people in here. And I remember people raising questions already about, when are we getting out of here? Now, here we hadn't even started an evacuation yet. We had a houseful of patients, and everything from very old patients down to very young patients, that were neonates in the nursery, in the intensive care nursery. And I remember saying to people that, to let's get a grip on this. The essence of it was, let's get a grip. I don't remember my exact words, but I remember saying -- and these were my exact words in this sense -- we are 30 hours into this disaster. Literally, it was about 30 hours after the storm passed through -- it was on Tuesday -- and I said, I don't know when we're getting out of here, we don't have a plan yet to get out. We will, but the very first thing we have to do is take care of our patients, and we're not getting out of here until we take care of our patients. And I frankly said, we don't have a plan right now for when we're getting out of here. But we're 30 hours into this disaster, even though it seems like we may have been at it for a week already. You know, you start, you have a couple of nights where you're going around the clock and very intense surroundings, and you getting an hour or two a night, and you're getting up and doing it again. People begin to lose a sense of perspective and appreciation of time. It was only 30 hours, but it seemed like a lifetime, a short lifetime, perhaps.

RH: So, how -- what was the first plan that -- how did you develop a plan?



LH: Well, what we started doing is, we realized that we were getting no help (laughter) from the government, and so I had made contact with a gentleman by the name of John Matessino. John is the President of the Louisiana Hospital Association. And John was definitely a hero of mine, as well as another fellow by the name of Richard Zuschlag, who was the Chairman of the ambulance company, the private company, Acadian Ambulance, who ultimately played the major role in getting us out. But those as individuals were really heroes, in addition to the hundreds and hundreds of people here, that everyone was a hero. But John helped us, in terms of getting word to the government, because we had no contact with the government. And I called John, and the only reason why I knew John was because as a candidate for the job here, a couple of months earlier, I had called John, just cold-called him and said, hey, I'm Les Hirsch, I'm a candidate for the CEO role at Touro. What can you tell me about Touro, what can you tell me about working in New Orleans, and how might a guy from the Northeast fare down in New Orleans, and you know, what can you tell me about it? So we had built a rapport right at that time, and he was the person I turned to. I called him, and thank God he was there, because he played a major role in advocating, on our behalf, to get the attention of the people out there that needed to be pulled on, so to speak. And I think if not for John, I don't know when we would have gotten out of here. John was just fantastic, as was Richard Zuschlag, who sent helicopters. So, that Tuesday, when it was time, and I realized that we needed to evacuate, and literally made a decision -- because I had some of the staff were getting nervous, and they were already talking about evacuating. And I said, we're not evacuating this hospital now, because the hospital was still running. And had those generators not failed, we would not have evacuated the hospital the way we did, with the sense of urgency that we did. We would have been able to, perhaps, maybe never close the way we did. But when those generators began to fail, we started to lose the building, as I said earlier, and it was very clear to me, by late afternoon, early Tuesday night, that we had to evacuate. And I made the decision, I got people together, and it was interesting. You know, this was one I didn't seek input on



that. I think everybody was happy with that decision, and maybe it was just so obvious to me, that it wasn't something that we needed to deliberate and debate about. And I think people were happy, because if we were going to evacuate the hospital, then it meant that we would be one step closer to our staff being able to leave. So, we started, literally starting to call around to the other hospitals a good old-fashioned disaster plan, and we started calling other hospitals -- we only had one phone line, by the way. All the phones were dead, the cell phones weren't working. We had a Bell South technician on board in the hospital with us, and I think it was Monday night, or Tuesday morning, whenever it was, he was able to secure a line. And I don't know how he did it, but he found an analog line from the switchboard, and he said, where do you want it, and I said, I'll take it in my office. And he put it on a line in my office. It just happened we had a red phone on my predecessor's desk that I now inherited. And I said, put it on that phone, it seemed kind of fitting, it was the red phone (laughter). So, that's how we had that one line. And we started making phone calls with that one line. I didn't know the phone number of that one line. The way I found out, about one o'clock in the morning, when I was able to get to the phone, I called my older daughter, and I said, what number came up on the caller ID? She told me the phone number. That's how I found out the phone number. But that phone was our lifeline, to be able to call to the outside. It was the only phone line. The payphones were working sporadically, but that was the only phone we had to the outside. It was a Godsend. And so that night, we started planning an evacuation. Actually, I made contact with, up in Lafayette, Women's and Children's, and we made arrangements for them to evacuate our 13 neo-natal intensive care unit babies. Actually, we would have done it that Tuesday night, but New Orleans was dark, and rather than them have to fly into a dark city, and look for a circle of light on a heliport, which was Touro, they decided that the next morning would be soon enough, and none of the babies were in jeopardy, and it seemed like we could make the night. And so we did. And then, that morning they came and --

RH: So, women and children --



LH: -- took the babies. They --

RH: -- sent their own --

LH: No, we -- the helicopters in the morning. Acadian Ambulance came, and we evacuated all the babies in the helicopters. And they kept, I think, six or seven of them, and the balance of them went, I believe they went to Dallas, they went to a children's hospital in Dallas or Houston, I forget.

RH: So, yours didn't go, your community of patients didn't go to the airport.

LH: Well, we had some that did. What happened was, now on Wednesday, after the babies were evacuated, we had a very active evacuation under way. It was moving so quickly. After we got the babies evacuated, we had a meeting in the command center, we were already triaging patients. And the command center we had a list of every patient's name on the board, and we were going through a process of triage to prioritize evacuating patients. And they had indicated to us, the ambulance company, which operated these helicopters, indicated that they would evacuate us and have us out that day. We would have been out Wednesday evening. And things were moving very quickly. They -- the helicopters were just coming in in rapid fashion. They were coming in one after the other.

RH: How many could each helicopter take?

LH: Well, generally, a helicopter will take a couple of patients at a time, but what we were doing is, we were shuttling them back and forth to the airport. So, we were making pretty good headway. In fact, the helicopters were coming in so fast, we couldn't even keep up with them. So, what we did is, that building across the street that you're looking at, on the top of that garage, is where the heliport is. On the third floor, there's a connector that connects the parking garage and the hospital. All the patients had to be wheeled across and taken to the third floor, some of them by the time we lost elevator





service, some of them had to be carried down steps, those that were transported by ground. Fortunately, we got all the patients over to the garage before we lost all of our, all the power, and we still had some elevators running. So, we didn't have to do manual handling of the patients and taking them downstairs. So, we brought all the patients over, across to the deck, to the, near the heliport, and staged them there. And literally, we had over a hundred people up there, and it was hot. It was just really oppressive temperatures. But it was better outside than inside, as hot as it was, because here it was really unhealthy, with no circulation of air, and just oppressive stickiness, and conditions like I had never felt. It was just really brutal. You talk about losing the building again, it was just brutal in here. What happened though, on that Wednesday afternoon, I remember going up on the deck, because I was not sitting in my office, I was all over the place. And when I got up there, I said to the staff, I didn't like what I saw when I got up there, all this intensity and rapid fire of moving the patients. It was just dead. It was calm, and I thought, something's going on here. And I asked the staff, I said, when was the last helicopter here. And they said, it's been awhile. And I said, when is the next one coming in? They said, we don't know. And I thought to myself, ach, you know, a wild card. We got dealt a bad hand on this one. And what had happened was, even though we had been promised that these helicopters would just evacuate us until we got done, it turned out that what the ambulance company told me was that -- and I don't know if it's true or not, I'm only telling you what I was told, so I take them at their word -- that FEMA had, or the government authorities had redirected those helicopters for other rescue operations, trying to literally rescue people off of their roofs in other places, and hospitals actually were a lower priority at that time. The hospitals were not considered a high priority for evacuation. And so, here we lost our helicopters. Now, what happened, by the evening we did get some activity. And during the course of the night -- they flew into the night -- we were able to evacuate perhaps another 20 patients or so, and over a period of hours. Now, you may say, gee, why did it take so long? Well, we couldn't go to the airport any longer, because after dark, the helicopters couldn't land at the airport,



because apparently whoever was responsible for the emergency lighting there, whether it was FEMA or whomever, there were no emergency lights. So they couldn't continue to land there into the night, I was told, because of the lack of adequate lighting. So, we had to run patients --

RH: You land at the airport at night --

LH: Huh?

RH: I landed at an airport last night. I mean, you need emergency lighting to land at an airport at night?

LH: Well, in this area you needed emergency lighting, everything was out. Everything was out. The airport was on emergency power, too, and remember they were, you know, wherever they were setting up emergency lights, if, you know, when a plane lands at an airport, they're not landing in a lit up area. They're landing on a runway with some lights. But they're not landing in a very lit up area. And whatever the conditions were, they didn't have them, so we had to send patients elsewhere. And the turnaround time was dramatically slower.

RH: So, we're going to stop this tape and begin --

END OF PART 1

RH: -- infirmary. So, Wednesday night, by the end of Wednesday, how many people had you evacuated, about?

LH: Well, we had about 85 patients left up on the deck, up on the parking deck adjacent to the heliport, and it turned into a M.A.S.H. unit. That's also probably my most vivid memory. There's two things that really stand out, like when you said earlier, that concept



of, we're losing the building. I mean, when you conveyed that to me, what Steve had remembered, as I said to you earlier, I, that brings chills over me. In fact, recounting it now again, I had that feeling. And the other thing that really is remarkable to me, that I remember vividly, was that Wednesday night up on the, what I call the deck. And the deck is basically the parking garage adjacent to the heliport. And what was so remarkable about that, it was like a M.A.S.H. unit up there. Not that people were having surgery, or anything like that, but there were so many compromised patients. They were -- it was hot, we were struggling to have enough water for them, we were down to giving them water that actually had been cooked. And what I mean is that we cooked up a formula of water where you take water that's not potable -- because the water wasn't potable any longer -- you put a little bleach in it, in a formula of how many parts of bleach to how many parts of water, and you get a water that can be potable. It's not the best-tasting water, but at least you can drink it. And so, it just was remarkable to me. I can see that scene vividly, like it was yesterday. It'll forever, I think, be burned in my mind, and what was going out there, patients uncomfortable, they wanted water, and you know, some of them just really distressed. And, you know, your heart just goes out to people. And so, we did what we could for them to keep them comfortable. We brought them in underneath the shelter of a deck that was above, and so we sheltered them. And actually, you know, it's funny how things work out. You know, when you say, well, things always work out for the best, and you know, what's meant to be, so to speak. The fact that we rushed to get those patients up to the deck earlier in the afternoon on Wednesday, I believe that, just as a quirk of fate -- because we were rushing to keep up with the helicopters, even though they went dead on us and slowed down -- the good news was, we got everybody up there. We also made the decision -- and here you talk about making decisions. You know, sometimes people will come to me and ask about what to do, and then I ask them, well, what's the best thing to do? And then they answer the question, and basically, they make the decision, and all I do is confirm it and say, yeah, that's right, that's the best thing to do. We oughta keep our patients out here, and



keep them overnight, and not move them back into their rooms. And I believe truly -- although we'll never know, only God knows -- that, had we moved patients back into their rooms to stay overnight, I believe we would have come back in the morning, and there would have been people that wouldn't have made it through the night, because of the conditions they were -- it was so hot and oppressive, that even being up on the deck, and staying outside overnight, you know, maybe it cooled off to the high 80's, with a little bit of a breeze, was a lot better than being in this building. And so, the next morning on Thursday, I remember, when we woke up, and I say the next morning waking up. I mean, I think I got to bed that night about three in the morning, which was literally three in the morning on Thursday morning, got up and took a conference call literally in the middle of the night with this fellow, John Matessino, and Richard Zuschlag, to explain to me what was going on that day. And they were so upset about what had happened, and they promised me -- in fact Richard promised me that they would have us evacuated on Wednesday. And he told me what had happened, why the helicopters had been diverted the day before. And then at 8:30 that morning, we started --

RH: On Thursday.

LH: -- on Thursday morning, we started the evacuation again. We started out the day with about 85 patients upstairs, and by one o'clock, we had fully evacuated and left. And I don't know what happened, I don't know exactly what happened, but I'm sure that through the efforts of John and Richard -- this was largely a private sector evacuation, where it was Acadian Ambulance, but we were supplemented at that point by some military, but it was largely a private operation. And I don't know, I honestly don't know exactly how it occurred, but I remember that morning, about ten o'clock in the morning, the -- we were -- I was sitting at my desk, and I had people on the other side of the desk, we were working the phone and doing what we were doing. And I looked up and the Fire Chief was there. Now, it turns out that his wife was an employee here, and his daughter was here in the hospital. I'm sure he cared for Touro, but I know he also had concern for



his family. And when I looked up, I could just see the look on his face, Charlie Parent. I saw the look on his face, and the first words out of my mouth -- he was actually standing there with one of our Vice Presidents, Frank Folino, and I looked up at the two of them and I could just see the look on both of their faces. And I said to him, I said, this is not going to be good news, is it? Or I said, this cannot, I said, this can't be good news, right? And he said, no. And then what Charlie went on to tell me was that we needed evacuate as quickly as possible, and we all needed to get out of here, or he couldn't guarantee that they could protect us longer than literally an hour. He said, you need to be out of here with everybody in the next hour. And I said to him, there's no way we're going to be out of here in an hour. You know, I mean, we started the morning with 85 patients on the deck. Maybe at that point, you know, who knows, maybe we were down to, maybe we were down to 70 at that point. But there was no way we were going to be out of here in an hour. And I remember, you know, his sense of urgency, and his concern, and telling me that we needed to be, because otherwise he couldn't guarantee that we could be protected. And I'm thinking, protected from what? And my reaction to him was, we're not leaving here until we evacuate everyone. And what is another memorable moment was when he said to me, well, you might have to make that decision to leave some people behind. And I said, I would never do that. I said, I would never do that. But I guess what the sense of urgency was, and what we were needing to be protected from, was what he also conveyed was that morning, what was going on. If you remember watching the news, that on Thursday morning, September 1st, it just erupted at the Superdome. I mean, there were reports of some 30,000 people being in there, with the kind of conditions that we were experiencing here at Touro, no facilities, no potable water, oppressive heat. And the people, I guess, had had it. And what he told me was that there were fires in there, that the police and the National Guard were retreating to literally fortify City Hall, and that the city was under martial law, that it was mayhem. And I guess what the concern was, because there had been incidents of civil unrest and disobedience, and other hospitals literally had been ravaged by people



coming in looking for the pharmacy and what have you, there was a fear that literally, that we would be attacked, that we would be under siege. And it was just, you know, an unbelievable feeling to me. And I have to say, not to sound melodramatic here, but never in my life did I ever feel like my own life might be in danger. Because what I envisioned was, here our forces here were fortifying, literally what happened, what was assembling at Touro -- I give a presentation, and I call it Fort Touro, Armed and Ready -- literally, what formed around our facility for a square block, was an armed perimeter of a combination of police, National Guard, fire personnel literally carrying their own weapons, hunting weapons, rifles, shotguns. I even said to them, I said, did the firemen carry weapons? He said, as of three days ago, we do now. And I thought to myself, my God, what are we gearing up for? And when I saw this, I thought, you know, a feeling, I had a feeling of what it was like to feel that, geez, you know, maybe your own life could be in danger. You know, you think of your family, you think of things. It was just an unbelievable feeling to think that that was going on here, where there was this armed capability being organized at Touro. We had a SWAT team from Terrebonne Parish that the sheriff up there sent down. Our medical staff president, Teddy Tedesco, had, because of his dad and where he comes from, strong contacts there, they sent us a SWAT team. And between the SWAT, the police, the fire, and the National Guard, we had an armed perimeter of 50 to 60 personnel that manned positions, some of them elevated. And thank God, you know, the bad guys never came, but we were prepared. And so, the evacuation went on. All of a sudden, it just got so intense --

RH: Did the fire department leave?

LH: No, they stayed. We bought time, we had the evacuation going, his hour turned into three hours. And finally, under the protective, or the protection of the police, we had two caravans of hundreds of people that left. By that time, even though we had about 2,000 people on board, in terms of patients and visitors and staff, family, so forth, we were down to, my estimate must have been between six and seven hundred, because after the



weather got nice, after the storm, you know, a lot of people left, thank goodness. And then, when people heard the levees were breaking, a lot of them left to go out and get a jump on it. But we still had, by my estimates, somewhere between six and seven hundred people. And so, in a couple of caravans that were, went out under police escort, over the bridge, taking us to the West Bank, finally we got out. When I got the word that the last patient was gone, that was it. We left under police protection, and we drove through the city, we raced out of the city.

RH: How -- did you leave in a car?

LH: I drove my own car out. I was, I think, second or third in that line behind the police and, or security director.

RH: What route did you take?

LH: We, you know what? I don't even know the route. All I know is we went down, we went through town, we went down Tchoupitoulas, past the Wal-Mart that had been looted, heavily looted. And then we went up over a bridge, over the river to the West Bank. And by that time, we were going, driving through throngs of people that were pouring out of the Superdome, that actually had walked across the bridge to try to get to the other side of the bridge. And then what we would learn later on, is that they were turned back, apparently they were turned back by the sheriff over there. They didn't let people come into their parish. It's like the boundaries were up, and people walking from Orleans Parish were not, were being turned away and turned back to Orleans Parish. They weren't being allowed in to Jefferson Parish. It was, you know, like martial law almost, or it was. It was very strange, and we escaped. We closed the hospital, we left it in the hands of the National Guard. And that was it. We got out about one o'clock, and this intense evacuation that was mostly done by air and some by ground, and we were gone. It was the most remarkable experience of my career, extraordinary experience of my career, and it was a life event, you know, it was definitely a life event.



RH: How did you decide which, what were the patient priorities for evacuation?

LH: You know, I'd have to let you talk to the doctors of -- but they went through a process of military triage. And that kind of triage is not necessarily who's the sickest goes first. It's who has the best opportunity for survival, and you make decisions, and you score them on that basis. We lost two people of our patients that died during the process.

RH: Did their bodies go out?

LH: No, they stayed behind. We left bodies here. We also had seven deaths from -- we rented space to a licensed facility, a long-term acute care, and they're taking care of very, very sick patients that are all ventilator-dependent. They had a census of about 15, and my understanding is they lost seven patients that were under their care. And again, these were very, very compromised, ill patients.

RH: Was this kind of hospice care?

LH: I wouldn't say hospice care, but ventilator-dependent, what's called long-term acute care, very, very high acuity, respiratory conditions, and other disease conditions at work. But very, very, very sick people. And the conditions were just horrible. Under the circumstances, you never -- you know, one life is one too many. But under the circumstances, the fact that we safely nearly evacuated nearly 240 people says a lot about the people here.

RH: Did you talk to your wife on the phone during this whole thing?

LH: Sure. Yeah.

RH: What did you talk about? What did you -- ?





LH: Well, I would call late at night, and actually I had her making some phone calls for us, and I just let her know that we were OK, that we were, that I was fine and that we were OK.

RH: Did you talk to your children?

LH: Sure. Yeah. Yeah.

RH: Did they just think, what kind of a city have I let my husband bring me to (laughter)?

LH: They were more concerned for my safety and wellbeing. And that was it, what could I say? I mean, I would talk to them as much as I could late at night, because that (laughter), that one phone was the one phone that was operating. And during the day, that phone needed to be used for the purposes -- and then, there were other people in here that would come by and say, hey, could I use that phone, I just want to call my wife. And so we let people use that phone, so, you know, I'd try to steal a call during the day here and there, or else it was late at night, early in the morning, and I would just call. And I would tell them, it's OK, I'm fine, and whatever you see going on on TV, it's (laughter) not going on here.

RH: And that was my next question --

LH: If you see fires and mayhem, and --

RH: They may have been more hysterical --

LH: Yeah.

RH: -- in some ways --

LH: Yeah.

RH: -- watching TV.



LH: And I really didn't get to tell them about what went on on that Thursday morning, until after the fact. So, you know, but I would have kept that more to myself. I didn't want to worry them, and you know, but it was quite an experience. It affects everybody, you know how that goes. But --

RH: That was the moment where you really felt, I could really lose my life.

LH: Well, I felt, I had never had a feeling in my life -- and again, I don't want to be overdramatic about it -- but I never had a feeling in my life, ever, where I thought that, boy, I could get hurt here, a lot of people around with guns, guns all over the place, and the reason why people are there with guns is because they're worried that there are other people out there that might try to do us harm. I mean, the whole scene was set. The only thing that didn't happen was, you know, "none of the bad guys came", and thank God that whatever we prepared for never occurred. I mean, the reason why that perimeter formed was because of the fear that was there, and that we needed to be protected. And so, thank God that it didn't happen. But yeah, no, it was a strange feeling. I had never felt that before, and you know, and then just the pressure to lead, and to have the courage and perseverance to not give up, and to not --

RH: Break down.

LH: -- break down from, you know, that just, that I told myself that there was nothing that was going to stop me from seeing this through to the end. And I remember, again, I'm not the most religious person, but I asked God to give me that strength. I truly did, yeah. And He did. Yeah, it was pretty interesting.

RH: So, there were times during this that you, kind of, who you were as a Jew, as a, came --

LH: Yeah, I wasn't so much thinking about, you know, so much as being a Jew. I mean, I was a guy feeling the same kind of things that other people were feeling, and as a



leader, you know, I was resolved that I was going to be strong to the end. And then, when I was in my car alone, I could be as spooked as I'd want to be about it. And because then I was out, and we were out. But as long as I was here, I was going to lead, because people were looking to me. I was their leader, and as I said earlier, in terms of that moment of truth of being on the job as short a time as I was, that I either was going to lead, or I never could be the leader of this organization. And I don't say this, I say this with all humility, I became the leader of this place, over the ensuing 48, 72 hours. I became the leader of this organization. I became their leader, so --

RH: Not by fire, but by flood.

LH: (laughter) It was a --

RH: Trial by flood.

LH: Yeah, people said to me, boy, that was like a baptism by fire, and I said, yeah, for a Jewish guy, that was a pretty good dunking (laughter), a pretty good baptism.

RH: Where did you go, once in your car?

LH: Well, it was interesting. We got out of here, and to show you (laughter) how we had no plan, we went out over the bridge by caravan, and then we scattered. I was following our Director of Security, Johnny Poumaroux, and I said to him, Johnny, whatever you do, don't lose me. And to add insult to injury as we evacuated, there was this torrential downpour that actually was worse, I think, worse of a driving rain than the hurricane. It was a, just a blinding downpour that went on for about an hour and a half. I thought to myself, my God, what did we do to deserve this? So, I followed Johnny, and I, and what had happened was, he said, why don't you just come to my house in Baton Rouge? And I said, I'm not coming to Baton Rouge, I'm driving back to Colorado. I was so, at that point, I'm out. I don't have to be the leader right now, it's Johnny and I, and we're out, we evacuated, now it's every man for himself. We weren't even thinking in terms of, well,



how do we keep in touch with people? We just scattered, we just, we had no plan of where to go, where we would meet and hook up with one another, what we would do. And you know, some things just work out by the grace of God, I think. And what happened was, I had no gas in my car. I started out that ride with him with about a quarter of a tank of gas. Baton Rouge is about 70 miles away. You couldn't get gas. There were lines that were so long, I don't know how long they were. And I didn't get gasoline on that Saturday before the storm came in. And when we had a meeting with the senior team that morning, when I put the hospital on alert, somebody said to me, get your car filled up with gas. And I said, I'm not going anywhere. They said, have a full tank of gas, you never, you never go without a full tank of gas, you've got to be prepared. Well, that Saturday afternoon, the town was really preparing. The people were boarding up their shops, there was that pre-storm hype going on. Everybody was getting ready. And the gas stations had lines. Now, six or eight or ten cars was a piece of cake, compared to the lines that were there after the fact. I didn't get gas, and, which actually was a mistake, but it proved to be a blessing at the same time, because as Johnny and I were driving around, heading in the general direction of Baton Rouge, we had to do a bypass, because we went out over the West Bank, and we went way out of the way, and we did a loop. And I'm burning fuel. Finally, he said to me, he said, we can't find gas anywhere. And reluctantly, I said, OK, I'll come to your house. I figure I'll stay there overnight, and you know, sleep the next day. And it turned out that, he said, how, I said, how far is it to your house, because he asked me if I had enough gas to get there. And he said, I don't know if it was about 22, 24 miles. And I looked at the, what I had left, and I said, I could make it. I was literally down to my last slash. I figured I could go 20 miles. And we did, we got there. And just, again, how things work out, it was a blessing that I didn't have a full tank of gas, because had I, I would have kept driving, I would have crashed somewhere overnight in a motel in Texas somewhere, I would have been able to get gas by then, I would have been out of the range of the storm, and would have driven to Colorado. It would have been an huge mistake. Because that Thursday



night, it turned out that there were a few people, actually some of the key people -- what a blessing it was, our Facilities Director, who is now our facilities Vice President, and two staff members, two women, Denise [Eschermann?] and Sandra Dufresne, who were sitting across from me in this office as the command center, planning this evacuation, trying to find out where there were beds in the region, they ended up at Johnny's house, too. And literally, besides Johnny's family -- I mean, picture this. Talk about Southern hospitality. Johnny's mother and father lost their house. Their house was flooded, they're there at his house. His sister and brother-in-law and son, they lost their house. They're at his house. He's got his own wife and daughter, and then he's got five of us from the hospital, there in his house. And here I am, I'm 11 days on the job, and we're sleeping at Johnny's house, side by side, on cots in the dining room, sleeping with our staff. I kid around with Sandra and Denise, and kid around and say that they're the only people here at the hospital that I've slept with. Because we literally were lined up side by side, sleeping on cots next to each other. But the blessing of the whole thing was, after we got a shower and got a good night's sleep, we realized by Friday morning that this wasn't over. We now were reconnected with CNN and the world. And we may have escaped, but this was far from over. And then the realization set in on me. That's what I said before about all this experience comes in on the back end of, you know, 30 years of experience. And then what comes out on the other end is your actions that you take based on your experience and your instincts kick in. Well, we began to put things back together. We dominated the phones at Johnny's house, we created our own command center there, at his house. And we literally began the rebuilding of Touro. And that was going out -- and actually, John Matessino had secured office space for us during the storm, he said, you're going to need space. So he took office space for us in Baton Rouge, right across from the Hospital Association. That Saturday, there was a feeding frenzy going on in Baton Rouge for property. It was -- I'll never forget it being in a realtor's office. It was like being in a busy emergency room. (laughter) I couldn't believe it. People were buying properties, sight unseen. And I went in there, and committed the



hospital to buying a property for \$775,000. You talk about unique circumstances, here I am, I'm now two weeks on a job, less than two weeks on a job, we've closed the hospital, we've evacuated, we're spread out all over. I've made a commitment that would be at least 120, 30 thousand dollars for the year, if we needed it, although I figure we might be up there for a couple of months. As it turned out, we were up there for three weeks, which seemed like a lifetime. And here I was, out buying a house that Saturday afternoon, with no authorization to make a purchase. And I remember sitting there, and John said to me -- I guess I was in thought, deep in thought -- and he said, are you OK? Because you know, we're still all getting to know each other. And I said, yeah, no, I'm fine, I'm perfectly fine. I said, it's just a little strange to me, here we are, we're in Baton Rouge in a realtor's agency, and we've just evacuated the hospital. And now we're going out and we're buying a house for \$775,000. That was actually \$20,000 above the asking price, because I don't want somebody else to buy it. We needed that house. It was a large house, we could put a lot of people there. Well, within a few days, we would go out and buy three more houses, and spend about almost 1.7 million dollars on these houses. But we needed them, because we had to have a place to put people, and you know, again, we started with buying furniture. And part of the staff started working on getting that office set up, with telephones, furniture, the houses furnished. Now, within a week, we had an operation set up in Baton Rouge. And within five days, we had a website built. We contracted with people I knew back in New Jersey. They became our strategic communications group, and they became our call center. They fielded hundreds of thousands of calls, and the immediate thing was making contact with our people, having a Touro website up. We advanced four weeks' pay to all employees, and then advanced another four weeks' pay. People ultimately, whether they were coming back to work or not, got eight or nine weeks' pay, just to hold them over. And --

RH: Who made these decisions?



LH: I did. I did. Yeah. I just, I did, with the input of staff, and asking for ideas, you know, senior staff, and saying, what do you think we ought to do? And we made those decisions. We just did them instinctively, without any other approval to do it, not necessarily that you could wait to go ask --

RH: Well, why advance pay?

LH: Why?

RH: Yeah.

LH: Simply, everybody's life was disrupted. Their financial, the integrity of their financial wellbeing was disrupted, and if you were on direct deposit, or you can get in touch with us, we could get money to you. It's a rule in Touro right now, if you work at Touro, you are on direct deposit. Nobody gets a paycheck, and has to worry about going to the bank. Everybody here is on direct deposit, because, in that circumstance, the 90 percent of the people or so, that were on direct deposit, we were able to get money to them. But we advanced the pay to them so that they could carry on their life. We were closed. So you have to make a decision about, what are you going to do to hold your work force, and to protect your work force? And we were doing both. We were trying to do the right thing, so that they could meet their personal needs, and ultimately, you know, you'd want to keep your work force intact. People that were loyal to this institution for many years, and in this time of need, we had to help them. It was an easy decision. It was a very easy decision. We advanced the first four weeks, and then made a decision to advance another four weeks.

RH: So, who -- did you, were you getting phone calls, too, from other people from out of town, friends, family?

LH: I was getting some e-mail. Once our e-mail system got back up, I had people, in some cases, sending me e-mails, and asking. And you know, I'd write them back, and



some people were amazed that I was getting back to them so fast. But, you know, eventually, in the course of a day, you know, you have some time to yourself, and you know, when you're up 23 hours a day (laughter), you know, when you're in the hospital, you're getting ready to evacuate it, you know, I did have some time here and there. But mostly, people were calling Carol, were calling my wife, and expressing their concern and wellbeing. You know, at times like that, even people you may not have spoken to for some time, they see it and they want to know how you are. So, that's what was going on. And then I went back to Denver that Sunday night. I evacuated on Thursday, the 1st, and flew back to Denver that Sunday night. I stayed at Johnny's house --

RH: Bought a home on Saturday.

LH: Huh?

RH: Bought a home on Saturday.

LH: Made a commitment, signed the contract to buy a house on Saturday, and made a commitment to buy three more a few days later. But what I did is, I decided to go home to Denver on Sunday night, so I could see my family. And what I did is, I worked from home that week. I never spent so many hours on the telephone. Because what started happening is, people were calling in, we all got in touch with one another, who was in Illinois, who was in Arizona. And every day, at 11 o'clock in the morning, I forget what it was, Eastern Time or probably 11 Eastern or so, we had a conference call. Conference call started with three or four people, then before you know it, we had 20 people, and with our communications people in New Jersey. And we were building this website, and we were focused on, what did we need to communicate? What did we need to communicate to employees, what did we need to the medical staff? Because things began to move very quickly. I mean, again, we put this thing back together, and we opened in 27 days. And so, there was, you know, by the time we got to Baton Rouge, and the following week -- I spent a week in Denver -- went back to Baton Rouge the following Sunday night, and





Monday, arrived at our interim office in Baton Rouge, which would have been -- let me see, if Thursday was the first, so Friday, Saturday, Sunday was about the fourth -- so, by Monday, a week later, we opened that office. And the week before, the office was being set up and furnished, really quickly. The guys, our staff did a great job getting that up and running, Frank Folino, Scott Landry, they did a wonderful job. And then when I came back Sunday night, went back to Johnny's house, slept. And actually, I stayed at Johnny's house with several other people, until we moved into that first house we bought on September 18th. So, when I got back to John's house, I stayed there another week, and lived at his house. And we went into the office in Baton Rouge, and we reopened, and then we started to plug in with what was going on here. By that time, the 82nd Airborne was on the ground, the National Guard was on the ground, the U.S. Public Health Service was here. And there were meetings going on to talk about the area, and how was it going to come back. And so, quickly, Touro had to plug into that. And then there was a realization that Touro was not flooded, and everybody realized that Touro was the only hospital that could reopen. So, then there was this sense of urgency, we got to get Touro open. So, we worked with all those governmental representatives to get Touro open. And they were all very, very helpful to us. They were invaluable. At that point, it was wonderful having them, and, whereas we didn't have the kind of help we needed in the beginning, and then we had, just a load of help, and it was great working with them.

RH: What did you need to have the place open? What needed to happen?

LH: Well, we, oh, God, you've never seen such a mess in your life. If you could picture this hospital, where, from the humidity and the dampness that was in the hospital, from shutting down the air conditioning not once during Katrina. But then, as we were getting geared up to reopen, Rita came, and we shut it down again, and shut the air conditioning off, and evacuated, even though Rita didn't hit us. That put the place over the edge, which was good, actually, because whatever compromise there was to the integrity of our



systems, and even the ceiling tiles, by the time we got back from Rita, it had put it over the edge, and there were thousands and thousands and thousands and thousands of ceiling tiles that had to be replaced here in this building. Virtually, every ceiling tile had to be replaced. You've never seen such a mess. Millions of dollars' worth of supplies were contaminated from the conditions of heat. Equipment, major equipment, like X-ray equipment, nuclear medicine equipment, was damaged that we couldn't use it. That, it would have to be replaced. Now, we didn't replace everything by the time we opened, but we sure as heck had to get this place cleaned up, we had no potable water. We had to get portable hand-washing stations, to be able to open the place. We had to have the State review us, the Joint Commission on Accreditation of Health Care Organizations review us, and the government was very helpful. The government was very helpful, the U.S. Public Health Service was invaluable. The 82nd Airborne, they were invaluable, in terms of the support they gave us for logistics planning. I mean, in the military, operations occur. They are the absolute best at logistical planning, and when they strike something, that's the end. The means to the end is all this extraordinary logistical planning and calculations that go on to make that happen. Well, the 82nd Airborne was here and they helped us, they worked with us, they helped, with a discipline that we needed to organize ourselves logistically, to the point that we could reopen. And it was a wonderful thing, being here and being occupied by the 82nd Airborne. I mean, imagine that. I mean, how many people get to experience being in an American city as an American citizen, and having a friendly occupation of your own military? It was an extraordinary experience, it was just an extraordinary experience. And hopefully, the kids will come down here to visit us often, and friends will come to visit often. But --

RH: OK, are we ready to start --

LH: I'm --

RH: Let's again, that wasn't on, so --



LH: OK.

RH: -- tell me about your family, and when you, what they're doing now.

LH: Well, my children, we're out of Colorado completely. My children are both at Rutgers University, and they're going to school there. My wife just moved down, about two and a half months ago, in August. Actually, it was August 24th, and so she's here with me, the kids are up there going to school.

RH: Where are you living, what part of town?

LH: We live up in Uptown, which is about five minutes from the hospital. It's very novel to be able to work five minutes away from home. It's such a great thing, to be able to go back and forth so quickly, having not ever being able to do that before. And the hospital is very busy. On any given day, we have 250, 260, 70 patients in the hospital. We've been over 300 patients in the hospital on a number of occasions. And we're basically back, in terms of volumes, and in some cases, we exceed our pre-Katrina volumes. The emergency room is up about 25 percent. We're seeing a lot more indigent care, where people are coming to the hospital, they're sick, they get admitted. We do that by law. We also do it by, I think, the laws of morality and what's right. But by the same token, we're providing a lot of free care that we're not receiving any payment for. And that's an huge issue. Not only it's a big issue in the United States, but it's particularly exacerbated here in New Orleans, because we had a higher rate of uncompensated care to begin with, more so than the country. And now after Katrina, it's even gotten worse. Touro, in a sense, has become a safety net provider for this city right now. Of any hospital in Orleans Parish, we are the, really the only fully operating -- there's another hospital operating. I think they're only running about a hundred beds, down at Tulane. They're not open to the extent that we are, in terms of how busy they are. And then the, what was the Baptist Hospital has just reopened for ambulatory services, pretty much, and very, very minimal inpatient. And they don't have any emergency care there right now.



So, Touro is really, and has been shouldering a very, very significant burden. You know, the charity hospitals are closed, here in New Orleans.

RH: I think Steve told me that -- this was a little while ago, too -- that the endowment had put in about \$30 million, or had to use \$30 million to pay for indigent care, or --

LH: Well, it's very likely that our costs this year for indigent care could be as high as \$25 million. I mean, we're on a run rate, and on track to have that kind of amount.

RH: And that's extraordinary for Touro --

LH: Oh, sure, well, I mean, Touro was providing a fair amount, a very substantial amount of uncompensated care, free care, before Katrina, under normal circumstances. But it's one thing to provide 12 or 13 million dollars a year, and absorb that, and get little or no funding for it. It's another thing to have somewhere between 22, 23 million, and maybe as much as 25 million, that which remains to be seen where we'll end up this year, but we're pretty much 100 percent more than we were before Katrina increase in the amount of uncompensated care being provided here.

RH: What does that mean for long-range, do you think?

LH: Well, in the long run, it means that you'll go bankrupt doing it, if you do it long enough, because we need to operate with a surplus, with a positive surplus. We're a not-for-profit organization, but our surplus from operations is what helps to fund future requirements, reinvestment in capital, benefits and wages. And we have no owners or stockholders that they get profits, but even not-for-profits try to operate with a surplus, so that this way you can have something for a rainy day, and invest in state-of-the-art technology, and do what you need to do to be viable. We're operating at a loss right now, in terms of our operations on a current operating basis, and you can't do that forever. It's no different than your own household. If you spend more than what comes in, eventually it runs dry, and you have no more capacity to do deficit spending. And so



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RH: Can you weigh in on what you'd like to see New Orleans -- I mean, in some ways, with medical care, it's almost a blank slate.

LH: Well, it truly is.

RH: Have you been involved --

LH: It truly is --

RH: -- in discussions about what you'd like to see in New Orleans?

LH: I've been involved, to a degree. I've served on the Health Committee of the Mayor's Bring New Orleans Back Commission. I served on the Public Health Task Force of Louisiana Recovery Authority. And there's an effort, now, under way with what's called the Health Care Collaborative, to design a new concept for health care for this region, New Orleans and this region in this state. There is a concept paper that's been given to the Secretary of Health and Human Services, Michael Levitt, and hopefully, the federal government will work with the State, to develop some kind of model and waiver program, that ultimately would put people that don't have health insurance, allow them to go into a form of a managed care type of organization. I mean, it's not rocket science. If you, you need money to do this. The ideas are not new, in terms of putting people in what might be considered a medical home, having them have a primary care doctor, and be in a system where they could receive medical care no differently, or very similarly to someone who has health insurance. It has to be funded. But the premise is that if you do that, that will avoid unnecessary emergency room visits. It will address health issues upstream, as opposed to downstream, so to speak. When people end up in an emergency room, they have no health insurance, they haven't been under the care of anyone, and their condition has deteriorated to a point where now it's going to cost a lot of money to take care of them, and not only will it cost a lot of money. It may cost a life. Louisiana has



some of the worst health status indicators of any state in the country. It's not by accident. There needs to be a different system, and it's everything from lifestyle, to the way the health system is organized. And I think a lot of people agree that what was in place shouldn't be, necessarily, just recreated, mirror image. But I also think there are a lot of people that want to hold on to something of the past, and maybe even the entire past. You know, there are differences of opinion about that. There's strong politics around that system of care.

RH: The charity system.

LH: The charity system. I'm a newcomer here, I'm not an expert, I'm an observer, in many respects. But clearly, whatever was in place, it's hard to argue that that system of care worked to the greatest extent possible. And now, this is a wonderful opportunity, a once in a lifetime opportunity, to take advantage of the opportunity to do something different. You know, when you have damages the way we've had, or, you know, one of the benefits of damages, if there's such a thing as a benefit, is the compensatory effect of it, which means that there's help that comes. Well, there's help that's available for Louisiana. The challenges are for the leadership to take proper advantage of that help, and do the right thing, and provide and take the leadership necessary to lead the State and region and direction that would allow it to optimize [phone ringing] the compensatory damages, so to speak, that are available now, as a result of Katrina, to help this state, and this city, and this region to rebuild, and hopefully to be better than it was before the storm.

RH: So, does a medical home kind of preclude a charity hospital? I'm --

LH: Not necessarily. I think what it does is, it says that a certain class of people don't automatically have to go into one sector of the health care delivery system. I think it would give --



RH: They could follow --

LH: -- choice, and have the money --

RH: -- kind of private --

LH: -- follow the patient.

RH: -- follow the private system?

LH: Sure. That would be certainly my concept to it, and let patients have choice, as opposed to generation after generation being born into the expectation, well, I'm poor or medically indigent and don't have insurance. Well, I just go to charity. I think that's part of the argument. I certainly have nothing against a public hospital system. I think there's a role for a public hospital system. They're, they're all over the country. But I think it's also important that people not be born into as a birthright, so to speak, that that's their only choice, and that if there's some social program that allows them to afford another means, then why not? You know, why should they be literally born into a system of care, and that's their lot, because they were either medically indigent or poor, as opposed to some other track.

RH: Are you concerned about attracting residents, and worried about the Tulane and LSU Medical School, and how, are they going to be here in New Orleans?

LH: Sure. Yeah, that's a worry. I worry about it, and have concern about it from the standpoint of, that, if you look at every major city, depending on how you define major city, and even secondary markets, you'll find, as a very strong part of the economy in those markets, health care. And having a health sciences facility and capability is a very important part of many cities in this country, a very important part of their economic engine. And I think it would be a shame for New Orleans and this region not to have the benefit of a strong health sciences capability. I think it's absolutely essential and



needed. And it would just be unfortunate if this area lost that, and went without that, let alone all the years of tradition and history of LSU and Tulane, and their proud heritage, as being academic and educational institutions, producing physicians and other health care professionals. I think that's real important, and I would rue the day to see that not be here in this city.

RH: Tell me this, after this entire year, is there anything you've learned about yourself, that's different or new?

LH: Well, I don't know. Either I have incredible insight about being here, and wanting to be here going forward, or perhaps I'm incredibly a glutton for punishment, I don't know. I've always gravitated to situations where I've worked in urban areas, and major teaching hospitals, and have always worked in more difficult environments, perhaps maybe with the exception of Denver. I would say that was urban, it wasn't inner city. It was an easier environment, in terms of the economics of the marketplace. This is what I do. I'm committed to this, it's my profession, it's my livelihood. And I don't know that I've learned anything so new about myself. I don't know, I think I've had a tremendous learning, of having been through what I've been through, that if it happens again or something like it, I'll have that experience on which to build, and to let my instincts kick in, and say, OK, now what I do, what do we do? I never thought about not coming back here. It was interesting to me that people said to me, when I came back, thanks for coming back. And even Steve Kupperman, Board Chairman. And that's when it really dawned on me, and I asked him, I said, did you think I might not come back here? And he said, I really wondered. He said, you were just here a week, and you don't have a house here, and you know, and the place is devastated, and we would have understood if you said that you weren't, and that, or if your wife wasn't going to move down. And I just never gave it a thought of even considering not coming back. It's just, I went home that Sunday night, had a plane ticket to come back the following Sunday night. There was no question in my mind that I was coming back, and that I was going to, at least, see this through for a





minimum of six months, if not longer. Because that was my obligation. I had a moral and ethical obligation, and then I would see how things were going, and you know, was there going to be a Touro? What would happen if there wasn't going to be a Touro? I'd have to look for a job. But I --

RH: So, the six months has come and gone.

LH: -- But I was coming back. Oh, a long come and gone. My wife is here. We're invested in a home in real estate, and we're here. And my wife came, to her credit, and I think it's extraordinary for her and I, and I think a lot of other people here, you know, love her for it, that she came willingly. I mean, I didn't have to drag her down here. She came willingly with an open mind and said, we'll give this a chance, and see how it is. And this is where we are now, and you know, we'll see how the future goes. Maybe if things go well, I came here with the idea that I'd retire from Touro. I came here with that idea, and I still think that could be a very strong possibility. So, we're here. We're living here, we enjoy it, we're hopefully not going to put on weight from all the good food that we eat. And it's an interesting environment to be in. It's got its challenges, but at the same time, there's something about it that just kind of bites you, and gets under your skin, and, in a positive way. And then there are little annoyances, why potholes can't be filled, or why the roads are so bad, or why the streetlights aren't working right, and why the place isn't getting cleaned up faster, and why more progress isn't being more made more rapidly. And I have concerns about that, both from a personal standpoint, as well as from the standpoint of Touro's future. So, but as a I said before, that's what I do, and you know, that's the, I guess, that's the work that I've chosen to do, and frankly, I guess I wouldn't know anything else, other than hospitals and doing what I do. So, I'm here, and we're going to see it through, and it's always an honor when people place their trust in you to lead, and that's what they've done here. I feel like people are depending on me and us, the people of Touro, and I'm, Carol and I to a degree, because if Carol's not happy here, it would be hard to stay. So people want her to be happy, and so we have people



counting on us, and that's a great responsibility, and it's, when people place their hand on your shoulder, so to speak, and place responsibility in you, that's something I take real serious. And again, leading is not anyone's prerogative, in my opinion. You can't lead unless somebody places trust in you to lead, and to lead and to have that trust placed in you is truly an honor. And I look at it that way, and I take it very seriously. So --

RH: Well, it's a whole community that's very grateful you're here.

LH: Well, thank you.

RH: That's one reason they asked me to capture this, and --

LH: Oh, thank you.

RH: -- if there's anything you'd like to say to finish, this was a --

LH: No, just thank you. I'm glad to have had the opportunity. I, just like I wanted to be a part of Touro, because there was something about it as a Jewish hospital, and to be the leader of a Jewish organization, I'm equally honored to be inscribed, so to speak, in this part of Jewish history. That truly is an honor, and I hope someday people will look at this, and maybe learn something from it, and I guess the other thing that would be very interesting to think about -- maybe some day my children, my grandchildren, my great grandchildren would get to watch this, and say, wow, that was my dad or my grandfather. So, hopefully, it's a lasting contribution, in that way. And I say thank you.

RH: Sure.

[END OF INTERVIEW]