

Steven Winkler Transcript

Rosalind Hinton: Rosalind Hinton interviewing Steven Winkler at his home at 211 East Woodgate Court in Baton Rouge, Louisiana. Today is Tuesday November 28th, 2006 and I'm conducting the interview for the Katrina's Jewish Voices project of the Jewish Women's Archive and the Goldring/Woldenberg Institute of Southern Jewish Life.

Steven, do you agree to be interviewed and understand that the interview will be video recorded?

Steven Winkler: Yes I do.

RH: If you would please begin with when and where you were born, your general and your Jewish education, and how you came to be in Baton Rouge?

SW: All right. I was raised in Dalton, Georgia, which is about 30 minutes from Chattanooga, in a small Jewish community there of about 55 families. It was a Conservative congregation. We actually did keep kosher and some of my fondest memories are meeting the train or the bus as the kosher meat order would arrive and playing with the dry ice as a kid. From there went to high school in Rome, Georgia at Darlington School, which was a private school. Lived in dormitory. One of a handful of Jewish kids at this school. And we were able to persuade the school to allow us to use the school car on Friday nights. So the handful of us would go to services in town. They had an even smaller Jewish community there. In fact usually had a student rabbi that would come in. From Darlington went to Vanderbilt University up in Nashville, Tennessee, and then from there, graduate work at Duke University in Durham, North Carolina. From there, went to work in a hospital as my education as a master's in health administration or hospital administration. From there, went to work in a hospital in Chattanooga, Tennessee, 64-bed pediatric hospital, until it was sold. And when it was

sold, obviously the first one to go was the administrator. So from there, I went to another hospital in Florida through the Humana system. And after some period of time there transferred to another hospital in Florida, from Brandon to Plantation, Florida. At that point in time, I was also contacted by Baton Rouge General to come to work here in Baton Rouge, and that was 1984, and I came to work for Baton Rouge General in 1984, and was there until last year.

RH: Tell me a little about what it's like to be Jewish in Baton Rouge.

SW: To be Jewish in Baton Rouge, you have to be Jewish in Baton Rouge. It's not like living in New York or New Jersey where the vast -- well large number of people are Jewish. In Baton Rouge you've got two synagogues with families of probably 200 in one, maybe 185 in the other. Some of those are actually joint membership families, as we are. You have to practice your Judaism here or you'll be rolled into the rest of the community and you'll be almost forgotten. So it's very important for me and for our family to participate and be involved in the Jewish community here in Baton Rouge.

RH: And what are some of the most important types of observances and involvement?

SW: Clearly everything from the Sunday school, the future is our kids, and so the children are all enrolled in Sunday school and in Hebrew school. Two of my daughters have already had their bat mitzvahs. The youngest one is just beginning her Hebrew school training. They've all -- well one of them has been through Confirmation, the second one will be confirmed probably this year. The oldest one actually is back at Sunday school assisting one of the lower grades and teaching. So that accompanied with that of course Friday night services, and if you can make Saturday morning services that's great. And of course obviously the High Holidays, we always participate in those activities. And then the activities that go along with being a member of the congregation, whether it's in the Men's Club and cleaning the synagogue, fixing the synagogue up, participating in the corned beef sandwich sale that we do annually, which is a huge

fundraiser for us. And all the activities that are associated with the synagogue and synagogue life and the lifecycle events that one goes through.

RH: Do you have any family rituals that are important?

SW: No, I don't think we have any.

RH: Or observances?

SW: Obviously Hanukkah time is most of the activities are in the synagogue. Activities, Hanukkah more in the family situation or Passover, those kind of things. So certainly the tradition of lighting the candles in the home certainly are done here, but usually Passover's spent at somebody else's house or at the synagogue for the Seders there.

RH: Tell me about your connection to the New Orleans community and the New Orleans Jewish community.

SW: Really is not a whole lot of connection until the storms came about. With the storms, we certainly became very involved with the Jewish Federation of New Orleans as they moved their offices up to Baton Rouge and in fact at that point in time I had the opportunity to work with them actually assisting members of the community in dealing with their insurance issues. One of the things that I did in the hospital industry was purchase the insurance for the hospital and dealt with the Medicare Part D program and some of those kind of issues. So I was available to help them, in essence, fighting with their insurance company or at least working through some of the issues with their insurance company, where do we go first, how do we get in touch with the agent, how do we get in touch with the adjusters and how do we file our claims for the damages that occurred as a result of it. So with my work there I got to know a number of the Jewish community in New Orleans and of course at this point in time actually my middle daughter is actually dating a fellow from New Orleans, so we've been down for his sister's bat mitzvah just recently. But beyond that -- and other than folks who have lived

here and have moved back to New Orleans, the connection to the New Orleans community is really not that strong.

RH: And what about the connection of the Jewish community to the larger Baton Rouge community?

SW: There certainly is a good connection there. The rabbis here in town have had a wonderful relationship with the community. The organization, the Federation of Churches and Synagogues here in Baton Rouge, has been very strong. There are prayer services or prayer breakfasts that have occurred. They're very much interdenominational. There has been an exchange between churches and synagogues and actually some of the others, for instance the mosque in town with interfaith activities. They have come to our synagogue, we've gone to their facilities as well. The Baton Rouge Jewish community is very well known in Baton Rouge, and I think very well integrated with the community and well respected based on some of the good work that's been done by the rabbis in town and also some of the community leaders.

RH: Why don't we get into the Katrina story, and tell me a little bit about your background before, because you had a job change that made you available, and I'd like to hear about that.

SW: As I mentioned, I was with Baton Rouge General for about 21 years, and my wife was a Director of Nurses, and she was there for 30 years. Changes occur in July of 2005. Basically both of us were given an opportunity to find a new opportunity in health care or wherever we wanted to. So shortly thereafter the storms occurred, and they opened the Pete Maravich Assembly Center and the LSU Field House, again my wife is a nurse, immediately responded to that and was working in those two fields doing whatever she could to take care of those patients who had come up and had been involved in the storms. The Thursday night before Labor Day weekend we received a call here at the house about 11:00 at night from a physician here in town who said you

guys are the perfect two to help us do this. And he wanted us to come to his house that evening right away and hear what the story was, and what the plan was to be put together. Both of us were a little hesitant about what it was at 11:00 at night they wanted us to do, but of course we went. And visited with him and several other people who he'd gathered together. And the story was to basically create a surge hospital to handle the needs, which would also allow LSU to return their facilities back to them so they could continue on with their work and be an athletic facility and gym and so forth. The next afternoon -- or actually the next day we had the opportunity to visit with the folks from Department of Health and Hospitals and find out if indeed this was for real, that they actually wanted us to do this, to create this surge hospital. Because needs were being taken care of at the LSU facilities. And indeed the answer was that absolutely they did want us to put together the surge hospital. So that afternoon, probably 4:30, 5:00 in the afternoon, was the first time we actually got in to see what was a former Kmart store on Airline Highway, just north of Earl K. Long Medical Center. And you have to picture this in your mind, but imagine an absolutely empty vacant Kmart that had been closed for approximately ten years. So you can imagine what the facility looked like. It was absolutely filthy. Just absolutely filthy. The plumbing did not work. The electricity -- there was electricity but there may have been two lights that were working. The air conditioning system had been taken out. The place was just -- it was a wreck, and they wanted us to turn this into a hospital. And what I have to tell you is that when we were given the responsibility or asked to do it, along with a lot of other people, I don't want anybody to ever get the idea that it was my wife and I that did this, there were a lot of other people who were involved in this, volunteers came out of the woodwork, cleaning crew was contracted to come in. Electrical contractor was called. And again this is Friday night of Labor Day weekend we're talking about. Getting a plumbing contractor out. I contacted a friend of mine who's in the air conditioning business and he said what I was looking for was an air conditioning unit basically on an 18-wheeler that we could roll up and hook up and start cooling the building. He was aware of something, or aware of

another company that he put me in touch with. I got in touch with them and as luck would have it they literally were taking a unit off of an Exxon facility and getting ready to ship it to someplace in Virginia for use. And I persuaded them to bring it to us because of our needs. So we were able to get an air conditioning device in. The electrical contractor brought in a crew of guys that actually worked all night long rewiring the place, restringing cables. Again my wife is a nurse, and she is saying I have to have emergency power for -- because potentially we didn't know what we were going to have. So we had to be set up for a full-scale hospital. So we needed emergency power in case the power went out, with backup generator. So they wired the facility and put the little green stickers on those electrical outlets that were to be designated for the generator power. So if we had a ventilated patient we would have emergency power. And the story goes on and on from there. Volunteers came from everywhere. We were able to obtain or rather some of the restaurants in town were providing food for us. Volunteers from LSU came out. Volunteers from the community came out. A truckload of supplies was brought to the loading dock. And in the truck of supplies were cots and IV tubing and IV poles. All kinds of equipment that would be needed to set up basically a MASH hospital unit. So we were able to take those off and created the hospital. Again, my wife looked at the layout of the Kmart and set out how we would operate from a triage standpoint. Where the patients would arrive. The Fire Department in Baton Rouge came out and allowed us to use their emergency shower, which is a popup device, to have a decontamination point, because we knew that these patients that were coming to us from New Orleans had been in this contaminated water for days. So we had to get them decontaminated before we even brought them into our facility. And setting up a triage area so that the patients could be first of all checked from a security standpoint, be sure they were not bringing any weapons in, because we didn't know what we were getting in. So security had to be obtained. Then once they came into the triage area we needed to have a computer system of some kind so that we could keep track of these patients so that when family members did call we would have some idea of who we had and what

had been done for them. Where did this computer equipment come from, but from a local accounting firm, and from LSU. And together they put a system together, literally overnight. So that when patients came in we did have a mechanism to keep track of where they were. They pulled together emergency room, in essence hospital records, and created a file. All these things were done. Basically one of the fellows went to Home Depot and Office Depot and said we're here, we need this stuff, we'll worry about paying you later. Plumbing contractor had to be called in to get the plumbing back in order. We set it up so that we could actually do dialysis on patients. And so we ultimately had to have, new plumbing had to be installed in this building. All this is being done almost overnight. So that when patients arrived we would be able to take care of them. We were ready to deliver babies. We didn't know whether we were going to have to do any obstetrics or not, but we were prepared for it. We set up a pediatric area. Again you got to visualize this is a wide-open store. So how do you create these different sections? And that's where again a fellow who was brought in, Tommy Ray is his name, basically started stringing between the poles of the building, cable, and then used plastic sheeting to create different categories or areas of the new surge hospital. LSU sorority gals came in and it was like it was a pep rally, they were painting signs, this was acute area one, this was acute area two, this was triage, this was -- it was just all these things were going on. We had some volunteers who came together and got more volunteers. These are the sort of thing -- Mark and Debbie Lumpkin are the two people in particular who I call attention to. The physician who created this whole scenario that called us that night is Dr. Bill Cassidy. Of course Dr. Bill Cassidy is now running for State Senate, so there may have been some politics playing in all this. I don't know and I'm not going to go there. But all this is transpiring literally overnight, within a little over 24 hours. Fire Marshal came in to check us out to be sure we were OK to operate, to open it up. So we had to have fire extinguishers in certain places. The temperature had to be a certain temperature in the building before they would let us agree to take patients. Ultimately all that was done literally in a little over 24 hours.

RH: Wow.

SW: It just blows your mind, just phenomenal, what was able to be accomplished in that period of time. And indeed patients started arriving. The volume of patients was nowhere what we had expected. We thought we would literally be having buses coming in. And in fact we, a number of times, were alerted that buses were on the way. Buses never showed up really. We just continued to have an influx of patients that came by car. But we really never had the influx of patients that we anticipated. Patients were diverted from Earl K. Long's facility over to us, because we were certainly able to take care of them, and they were just totally overcrowded over there. I think the only part of the old Kmart that was actually used almost as it was was the old pharmacy. We literally reconstructed the pharmacy in there so that we would have medications. And of course some of our people went over to the Pete Maravich Assembly Center and picked up medications that they had, because they had a master pharmacy over there, and brought it back to us so that we could utilize it in our facility. And we ultimately took care of somewhere around 184 patients, somewhere along that line. We were in, actually, operation for probably three to five days. Stories go on from there about the reunions that took place, about people coming there and finding relatives that they hadn't seen. There's so many stories about people coming in literally with a plastic garbage bag, that that was everything they had was in that bag. They almost didn't want to give it to us so that we could get them through the process, because that was everything they had. Any number of really heartwarming stories could be told from the experience. And actually what ultimately happened, we ultimately did bring it down at a certain point, once we'd taken care of all those patients and gotten them placed in other positions. We had social workers there, we had nurses there, we had physicians that came in from all over. There was a particular team from Iowa that probably was the one that spent the most time with us. And of course my wife would be the best one to describe it, as she worked very closely with the medical staff, as opposed to my working more on the -- I was getting the whole operation operational, and trying to keep things in motion, and from the electricity

to the plumbing to the air conditioning to the food service to all those kind of things, and working with our volunteers. She worked more with the medical staff, and the number of nurses and folks that came in from all over the place were just phenomenal. And they were here just to do whatever they could, which once again is just so heartwarming to see these people come from all over to do whatever they could to help us out in this situation.

RH: So where were the patients coming from?

SW: The vast majority of them coming out of the New Orleans area. Just whatever mechanism they had to get to Baton Rouge, whether it was, again, school buses that may have brought them to the River Center or to Earl K. Long Medical Center or to the other hospitals in town. And then we literally went over to some of the other facilities and said we can handle some more and they came to us. Because we had, like I say, just a fabulous medical staff that had been assembled from all over the country. And so we got the facility, let's take care of them. And so we were able to do that. Fortunately we never had to do any obstetrics. We didn't have to deliver any babies and we didn't have anybody on any life support. We did have some seriously injured patients that we were taking care of there.

RH: Could you talk a little about that? What kind of condition people were in?

SW: Probably so many of the patients that arrived, probably the biggest thing, or the one condition that we saw the most of, were skin conditions because of where these patients had been, literally in water that had been contaminated for days. You certainly had other patients who had been without their medicines for days. Diabetics, hypertensives, this sort of thing, that had to be -- it's interesting how, you have to say, how God works, that they didn't have a crisis not being on their medication for those couple of days that this was going on. It's almost -- you have to almost wonder if there's not somebody looking out for these people, because if they had been without their medicine routinely they

would have gone into some kind of diabetic shock, or coma or something. Yet they were able to continue to operate, even without their medicine. So we had to get them back on their medications, get their blood pressure back under control, and treat the injuries to their legs and arms and their chests from being in this water that had been contaminated for so many days.

RH: Were they primarily African American or --

SW: Yes I would say it was primarily African American but certainly we had every variety and every race, creed and color that came through. But primarily African American.

RH: Did you encounter personally some people whose stories moved you?

SW: Without question, without question, specifically can I remember all the details of them, most of them were stories of people who had literally taken their loved ones from a downstairs to the attic and then they were trapped in the attic, and stories of people who lost relatives as a result of it. Others where they were able to break through the roof and be rescued. Others that were -- family members were dispersed because of the way things happened, and they were able to be reunited in fact in our facility, or we were able to tell them where their loved ones were. It clearly bring tears to your eyes, you start talking about those things.

RH: So you might have the loved one in your facility --

SW: And their family member may be --

RH: -- looking for them.

SW: Exactly. Or their family member may be being treated at the River Center or at the PMAC or the LSU facility. So it was trying to find where everybody was and --

RH: So when they were rescued they were separated.

SW: Yes.

RH: And sent just randomly.

SW: Wherever, exactly. You had relatives that were sent to Houston, to Phoenix, to Detroit, all over the country. In fact, later in all of this one of the roles that I played was actually working for an agency that was -- their goal was to try and reunite people. It was the Family Assistance Center. And what we were doing was actually taking those people who were lost, and trying to find their relatives wherever we could.

RH: So was this a state agency or was it a non-profit or --

SW: It actually was a contracted deal, program ultimately through the Department of Health and Hospitals in Washington. Somehow also connected with FEMA organization, that they contracted with this private organization to put together a team of folks who came together here in Baton Rouge in an old -- another old abandoned store, big box store, that we put together a huge amount of resources from the State Police, social workers, to some of the DNA analysis people from LSU, the forensics folks, and actually DNA folks from across the country also came in and worked for a week with us. Trying to help identify the deceased who had been found in New Orleans in all the rubble, and trying to match them with their relatives. Because so many times the folks in New Orleans who died in New Orleans, we had no identification on them. And so they were trying to match relatives who were missing people, get DNA samples from them to match the DNA samples that we were able to obtain from the bodies that were recovered in New Orleans.

RH: So were you working in the morgue or the coroner --

SW: I did not work -- I was working with the coroner certainly, with Dr. Cataldi, who -- and of course the coroner in New Orleans had certain responsibilities down there. But I was working primarily up here in Baton Rouge, and they were working with the coroner's

office down there. But obtaining DNA samples from folks who had come into our facility looking for loved ones, so that we could maintain a library of DNA to hopefully match to those folks whose bodies we had down in New Orleans. And it was -- the number was just a huge number to begin with and every day we were just knocking those numbers down as we would find family members who had been shipped to across the country.

RH: So when did this work start?

SW: That started -- I started working for them probably in -- I guess it was in February maybe.

RH: And so, when you say it was huge numbers and you started to knock the number down, do you know how many --

SW: Don't hold me to these numbers, but I want to say we started out with like 30,000 people we were looking for, and by the time we left we were down to less than a few hundred that had been identified, or had been matched together with their loved ones.

RH: What was the process? Could you kind of explain it?

SW: Sure, basically there was an 800 number. We asked anybody and everybody to call into us, let us know that they were missing relatives. At the same time the process had begun of trying to identify the deceased. And so it was a process of trying to match those two to begin with. And then, if you had a relative that you had not seen since the storm, please call us and tell us that they were out there. Now, the problem you ran into was we had a multitude of people who were trying to do sort of the same thing, because the Red Cross was involved with it. There were other agencies that were set up trying to find missing people, and we were trying to consolidate it all to one. Missing children was an 800 number that you could call that was also involved in trying to track people down. Because literally kids were ripped out of their mothers' hands and floated someplace else. Hopefully rescued by other people. So it was how do you find all these -- how do

you reconnect all these people. So it was all these processes were going on. Again, like I said, State Police was involved. So we're utilizing the computers from the State Police trying to track people down. If they applied for a driver's license in another state, if we could connect that kind of information together, really it was a broadcast all across the country saying if you were in New Orleans, if you were part of the Katrina disaster, or in Lake Charles, or anywhere else that you'd been involved with it, please call us on this 800 number as we were -- and again, it was family members also calling into us saying I last saw him at this point in time. If they knew that an individual had been in a house in a particular address in New Orleans, there was a team of folks who would go back to that address, and with the dogs, cadaver dogs, try and find the remains of somebody there. We were also involved in -- as so many of the cemeteries were disrupted, the gravesites were disrupted, the graves were disinterred if you will, bodies floated away from the cemeteries. So one of the other things that this particular group was supposed to do, was once again try and identify that body and restore it back to the grave that it had been disinterred from. So the reinterment process was involved. Many of the people that I worked for, or worked with, were folks who worked major disasters, many of them had been at 9/11 and trying to uncover the remains there, working other floods that occurred, other airplane disasters when there are multitudes of people who were killed. So that's their expertise. Many of them funeral home directors, and that's where they got their expertise. And of course, working with the LSU forensics folks to try and identify the bodies, to match it to family members who were wherever they were, trying to match them all together.

RH: Did you ever think in your life you'd be doing something like that?

SW: Not at all. Never. Never. And the working with these folks was just absolutely fascinating. Again, I was working with people who had come in from all across the country. Real estate agents, attorneys, who because of their military service had been involved in this sort of activity before, and so they were recruited back to come back to

work for this contractor to do this work. So it was absolutely fascinating work. But would I have ever dreamed that I would be doing this? Not on your life. Not on your life.

Taking care of the sick and injured in a disaster, yes. But, the other side of it, trying to reunite these people with their loved ones, trying to find which grave this body came from, no, never in my life. And from this, in fact there have been some legislative pieces that have taken place, of trying to put some more identification into a casket so that if the casket were to float away there would be some information in the casket that would tell us who this was, and where it was supposed to be. Part of that, to me though, will answer part of the question, but the other part of it is that the body goes out of the actual casket, then you've got a set of bones. And are the bones connected, or are they going to be just dispersed everywhere? So, do you try and put something on the actual skeleton of the individual so that you can try. And it's got to be something that's going to last for a long time, because some of these graves that we were working on, cemeteries were hundreds of years old. And trying to reinter those remains in the right place.

RH: Did you by chance know which cemeteries where they were?

SW: I was not familiar with any of them. With my work with these folks they'd identified which cemeteries and had scattered them out, and we'd go on a field trip with them just so I could have a better understanding of what they were dealing with.

RH: So did you go down to New Orleans?

SW: Oh yeah, absolutely, absolutely, in fact the first day I got on this particular assignment it was like, get in the van, we're going to New Orleans. So I was able to see the mass destruction, particularly in the Ninth Ward, right when I got there where you literally saw just --

RH: So this was in February?

SW: I think it was in February. Where you literally had houses that had been picked up and pushed into the house next to it, and then those two houses pushed until they hit a third house. Just what was a house before was nothing but a concrete pad. Just the overturned cars, the telephone poles that were just twisted and turned, the street signs that were all mangled, it was just -- there's no word to describe it unless you've seen videotape of the Ninth Ward in particular and what damage had occurred there. And it's not just one little block, it was blocks and blocks of area that were devastated by the storm.

RH: Can you articulate how it made you feel?

SW: Yeah. Just devastated by this, because you knew that every one of these homes that had been destroyed was a family, a family unit, a mother, a father, a grandmother, a grandfather, children, everything they had was just gone, and just that quickly, that they -- many of them never even had a moment, you think about in a fire situation what would I pick up first, when you get out of the house. They didn't even have that opportunity in many cases, because for whatever reason they didn't evacuate when they should have, and those that did certainly were anticipating being gone for two, three days. Not that their whole house would be gone and everything in it would be gone. What was absolutely amazing though, in some cases where literally walls would be moved from these homes, you're looking right into a cabinet or a closet of a house, and the clothes are still sitting there, and even months later going back down there now. Now we're in October, November of '06. You can still drive through certain sections of the town, and the breeze is still blowing the curtains out the window. Nobody's touched those buildings in this 18 months or so since it happened. It just is really, totally unfortunate that in this wonderful country that we're in, we weren't able to bring together the resources that we needed to go in there, and if it means bulldozing the whole thing and fixing everything up, but do something. These people are still terribly hurt by what's happened. And they can't go back, there's nothing to go back to and they have no means to go back to it.

Those in other sections of town that had the insurance and were able to afford it have been able to go back in. They've been able to fix their homes and many of them are back in their homes. But so many of these other people have not been able to. It's just totally destroyed their lives, totally changed their lives forever.

RH: So what do you think of the response by the city, the state, the federal government? First, in just the immediate disaster, and then talk a little about the recovery.

SW: I have to think that their intentions were all good from a state and federal level. But they absolutely just missed the boat. Nobody had any idea that the levees would -- at least I don't think they had any idea that the levees would break. There are those who say they -- we told you so. But that's looking at it backwards, looking at 20/20 vision. Could they have foreseen it on the front side, should they have absolutely demanded that everybody evacuate the city? Looking at it today, we're looking at it again, looking backwards, I have to say we absolutely should have evacuated them. The buses were there, yet we didn't utilize them. The buses ended up in the water. Should we have gone in with a police state in essence, and said you're coming out, for the safety of all those people? Looking at it today, absolutely the answer is yes. Looking at it if I had been in that situation and I'd been sitting there, would I have wanted to leave, I don't know. It's a hard course to scope. What should we have done once this all happened? I have to believe we should have gone in there much faster than we ever did, brought the military in if we needed to bring the military in, and taken care of this. Those areas in New Orleans should have been cleared by now. We should have been able to -- if we're not going to be able to rebuild in the Ninth Ward or some of those other areas, low-lying areas, we should have gotten in there and cleaned it all up by now. We should have discovered every remaining body that was there. We shouldn't -- there's still a concern today that maybe we have missed some. And they're going back in just as they are at 9/11, they're just now uncovering bodies there or pieces of bodies that they're finding.

We just should have gone in there very systematically, piece by piece, gone in there, dismantled those homes, moved them out and if we're going to create a park there or whatever you're going to do, let's create a park there. But let's do something. And let's also create and design some mixed use housing so that we can return New Orleans to where it was before, so we can invite those who don't have the means to come back to create the low-income housing, create it in a system that works, learn from our mistakes, don't create a pool of low-income housing so that we create a pod of problems for ourselves. But let's do some creative things. Let's do some things that have been done in other cities and hopefully would work in New Orleans as well. But to go ahead and bring it back, we're just not bringing it back fast enough in my humble opinion.

RH: Why do you think you didn't get more people at the Kmart? Do you have any ideas about that?

SW: I think it's a political issue. I think -- of course I hesitate to say this, but I'll say it. I think LSU recognized that this was good for LSU. They had the systems in place. They had the students as volunteers that they could use. That they would just take this opportunity to use LSU and the facilities at LSU, as opposed to clearing out the facilities, putting them to work at our place, putting the patients in our facility, and utilizing our surge hospital, and returning the facilities to LSU. I think LSU probably looked at that as a great opportunity. It was good for them.

RH: So the Kmart didn't really replace the LSU facility.

SW: That's correct.

RH: You ended up duplicating.

SW: We absolutely did duplicate, and clearly underutilized what we could have done at the Kmart. We set up for 250 beds and had anticipated the potential capacity to go to 1,000.

RH: Why do you think you didn't get some of the evacuees from the hospitals in New Orleans?

SW: I think what was happening -- well of course we were late on that. I think the hospitals had pretty much been evacuated by the time we were on line. But the other thing that was going on, as people were being evacuated from New Orleans, they literally were being told not to stop in Baton Rouge but to go on. So I think that's part of the other issue why we didn't get more of those folks. The buses that we heard were coming were not allowed to stop in Baton Rouge. They sent them on. The River Center complex was probably at capacity. There were all kinds of stories coming out of there about problems which I don't think ever really occurred. But it did send the city into a scare. In fact, shut down downtown area at one point, sent everybody home, because there was a fear that there was a riot going on at the facility downtown.

RH: And that was --

SW: Turned out not to be true, but that's what was rumored out there. And I can understand it. You take all these people who are used to having their space and their own home, and you put them all literally into a big building where their privacy is gone, you're lying on a hard floor, you're not allowed to do a whole lot of things, you're going to run into problems quickly. People are going to get antsy. And they want to go back to New Orleans. They want to see what happened to their homes. And they weren't able to do that. So I can see where you cage an animal, the animal's going to get pretty upset. And I don't mean to say that by any means, that the people who came up from New Orleans were animals, but you take an individual and you literally you cage them, that they're not going to be happy. How long are you going to sit in one place like that?

RH: So you might feel the same way.

SW: Absolutely, absolutely.

RH: If you were sitting in --

SW: Absolutely, you put me in that situation, I don't know how many days I'm going to be able to sit there and you got to be doing something, even if it's just going down to New Orleans to help find your relatives, go see what happened to your home.

RH: We're talking a little about this around the edges, so we might as well go right, dive in, and talk a little about race and Katrina. And if you think -- what do you think about race and Katrina? Were some of the rumors do you think because of the large influx of African Americans? Or do you think the response times were a problem because of the community that was perceived to be needing help?

SW: I don't want to think that that's the case. I don't want to think that. I don't know the facts. I have to believe that the people who were making those decisions just did not anticipate that the levees would break, and that we would have the disaster that we ended up with. I have to think if they had any knowledge of it, that they would have gone in, sent the school buses, loaded folks up and gotten out of harm's way. If that's not the case, then shame on them. But was it because it was primarily a poverty-stricken area and it was primarily African American and therefore nobody wanted to help them? I just don't buy that. What we did in setting up a surge hospital, we didn't care what color people were, we were there to take care of people. And that's all it was. At the Kmart, at the Pete Maravich Assembly Center, at the Field House, yes the majority of people we took care of were African American, but nobody cared. We were there to take care of the people. It didn't matter what color skin they were, what their economic background was or anything else. We were there just to take care of those folks. To me that's what health care providers are all about.

RH: Were you working at the Kmart with FEMA, or did you have any connections with some of these --

SW: FEMA I think did come in and see what we were doing. Certainly Department of Health and Hospitals for the state of Louisiana came in and saw what we were doing. Lieutenant General P. K. Carlton came in from the University of Texas, and he actually documented a lot of what we were able to do at the Kmart and put together a slide presentation or a PowerPoint presentation of actually what was accomplished there.

RH: And who is he?

SW: He's a retired lieutenant general with the University of Texas A&M, and he has studied these kind of situations and creating surge hospitals. And actually, from what he did there actually became a chapter in the Joint Commission on Accreditation of Hospitals about surge hospitals, which we actually were noted in that material, because Joint Commission was like what do you do with -- how do you accredit a hospital, or what standards do you keep under these field circumstances. And so, they were very interested in what we had been able to accomplish as well. Again, from a political standpoint, I just feel like clearly not enough was done. Maybe more was done than I'll know or ever know. The other thing that you certainly have to look at is, it does seem like FEMA spent millions of dollars, but those dollars didn't get to the people who in my opinion were actually doing the work. They were the contractors who had subcontractors who had subcontractors. Those folks made lots of money. And the actual people who actually did the work didn't get it, and it's like if we had contracted with more of probably the local folks, maybe we could have seen a lot more of that money getting right to the people who were actually doing it, instead of these huge corporations who subcontracted, subcontracted, subcontracted down to the folks who actually did the work.

RH: Did you see any of that particularly? Or just more stories?

SW: More stories, more stories than anything else. Certainly, I was actually working for a subcontractor of a subcontractor. So once again, it was a lot of money that was made in the various levels before you actually got to the folks who actually were doing the

work. Could it have been done differently? I would like to think it could have been done differently. But again that's beyond my pay grade as they say.

RH: Tell me about your connection throughout the early days to the Jewish community, and how you were interacting with the Jewish community.

SW: Well, one of the first things that occurred was -- and the two synagogues in town approached it differently, B'nai through Barry Weinstein virtually turned his synagogue into a shelter. Certainly Beth Shalom Synagogue talked about it, but really felt like that we did not have the facilities to handle a sheltering population, because primarily the bath facilities, there was no place to take a shower in either synagogue. Security issues were certainly also of concern to us as well. So what B'nai did, literally became a shelter, and they accepted people into the synagogue and Rabbi Barry Weinstein did just an admirable job of -- in fact it almost -- it was too much for him. Because he was there round the clock taking care of these people, opening the synagogue and taking care of the folks. They arranged to be able to get showers across the street at Saint Joseph's Academy. So they were able to get them a shower there. And there was certainly -- actually my daughters got involved with -- and I got involved in trying to help get some medication for patients who were at that facility. Beth Shalom's approach was more of a receiving facility, that they would bring folks into the synagogue, debrief them, actually had them evaluated by a physician or two that was there, and then get them out to various places in the community whether it was members of the congregation's home or other places of shelter, so that we would take care of them. A couple of fellows that we ended up taking care of brought a number of animals up here. Well, a member of the congregation, the wife is a veterinarian. They took all these animals into their home and took care of them while they were there. Ultimately those two gentlemen actually ended up being taken to Pennsylvania I want to say. And so, because of somebody knowing somebody that was saying send them up here. We've got a place for them. We'll take care of them up here. So all those kind of things were going on. Then of course you've

got Hurricane Rita that comes into play after Katrina and the synagogue -- now the other thing of course that's going on in all this, is that we've gone down to New Orleans through Richard Lipsey and through the Sheriff's office here, Chief Phares, put together a team of folks, and we drove to New Orleans to rescue the Torahs out of the sanctuaries in New Orleans.

RH: Tell me how you got involved in that project.

SW: Received a phone call from somebody in the community saying -- because they knew I had a Suburban, they knew I was readily available, said are you interested in helping us try and retrieve the Torahs and other religious objects in the synagogues in New Orleans. Well, you didn't have to ask me twice. It was like where are we meeting, when are we going. And so, that was put together rather quickly and then we met actually at Richard Lipsey's office and lined up all the Suburbans that we had, lined up all the able-bodied men that we had, and literally followed the Sheriff's officers in tandem down to New Orleans at a breakneck speed.

RH: How many people did you have, about? Do you remember?

SW: I would tell you there were probably 20 of us at least that went down there, plus the Sheriff's brigade that went with us. As we got to New Orleans we stopped for a moment, and the Sheriff's officers all put on their SWAT team equipment and they were armed to the teeth and had bulletproof vests because there were rumors about guns being fired in the area. Now I tell you I never saw any of it, never heard any of it when I was there, and we were told it was a military mission. We were told not to get out of the car and do certain things. And the Sheriff's officers would handle it from East Baton Rouge Parish and so forth. And we followed their instructions pretty much to a tee. We got down there and this group was to go into this synagogue and retrieve those Torahs. We moved from there to the next synagogue and that group went into there and retrieved those Torahs and other objects that we wanted to get, and on we went, even to the Hillel office on the

Tulane campus. So we retrieved all those items, turned around and came back to Baton Rouge, and put all these Torahs into the sanctuary or into the temple, both at B'nai and at Beth Shalom. Then of course what happened next was Hurricane Rita arrives. Well Saturday morning the Rabbi's going to Beth Shalom Synagogue for services that morning, and he walks in and he hears water rushing. And then he realizes he's actually standing in water. So what had happened is that the roof drains on Beth Shalom Synagogue had become clogged, the water on the roof had risen to a point that it had gotten into the roof vents. And once it got into the roof vents it saturated the entire sheet metal roof of the sanctuary and social hall and water just poured into the building. So the ceiling tile was all ruined, the sheetrocks on the wall was ruined, the sheetrock in the sanctuary was ruined, the carpet had to be pulled up. So when he walked in there and saw that, he called me because, once again I handle the insurance for the sanctuary and also I'm the guy who fixes things around it, changes light bulbs, and he knew I knew who to call in the situation. And so, immediately I made a phone call to one of the disaster recovery programs here in town that I know and know the owner, and got them to get out there with their team. And we made phone calls, and phone calls to the congregation, and the congregation en masse showed up. We eliminated the problem on the roof so we got the roof drained. And then we just had to get the water out of the building, tearing out the sheetrock and tearing all the carpet off, moving the pews out of the sanctuary. And once again having to move these Torahs that we rescued from New Orleans to another individual's home here in Baton Rouge along with all the Seder books and all the prayer books that had to be removed as well.

RH: You appear to be a man who sees a task and you get to it. Can you reflect a little on how you felt in New Orleans rescuing the Torahs and what that was like?

SW: I guess what I would tell you is number one, I was very pleased to have received that phone call first, to be asked to participate. Because it was to me an honor to be asked to go down there and rescue those Torahs. The good news was that all the

Torahs were in good shape. To my knowledge none of them had been damaged as a result of the storm. They were all pretty well protected. And interestingly enough, even here where the water had gotten into the sanctuary it didn't get to the Ark. So the Torahs were protected here as well, which is -- you almost have to wonder again is there somebody else with a master plan that's keeping all this in. But certainly a tremendously warm feeling to be able to go in, rescue the Torahs, bring them back to Baton Rouge, and to be able to put them in a place that they were protected. And some of these Torahs actually I think even went to Houston after this to be stored for a period of time until the sanctuaries in New Orleans were able to be opened back up. Warmth is the only thing that just runs through me when you think about that. It was just an honor, a privilege to be able to participate, to be able to help save those Torahs, and do whatever we could for the New Orleans Jewish community.

RH: So what was it like to be -- was it important to be a part of the Jewish community through this whole period?

SW: Oh I think absolutely. The outpouring of support that came both from the Baton Rouge community, the needs that were there from the New Orleans community that we were able to help with, the support that came nationwide. We look once again at what the Federation was able to accomplish with the literally millions of dollars that flowed into this community. We were able to really beef up the Jewish welfare services, the social services that didn't really exist here. There is a Federation here in Baton Rouge, but we really had no social service programs. But with this influx of money we were able to do all kinds of things. They have begun Terrific Tuesdays. We've done these educational seminars for insurance. We've done the material for Medicare Part D individuals.

RH: Terrific Tuesdays?

SW: Terrific Tuesdays where we gather all these folks who -- generally it's the senior citizens who have come from New Orleans, who just don't have it to be able to go back to

New Orleans. They don't want to fight those issues. They're very happy here in Baton Rouge. Many of them had family here in Baton Rouge. And they're just not willing to fight the battle of tearing their old home down, rebuilding, going through all that. So they've settled here. And what this Terrific Tuesdays do is they bring together the community comes together. They're able to see their friends that they haven't seen because of the storms, where they used to get together with them all the time. And we'll bring speakers in that'll talk about various issues, whether it's an author or a rabbi, or somebody else to talk about some things that are going on. And they're able to deal with some of the issues that they're going through. That's what the Terrific Tuesdays are all about. And they also get a meal. So it's a great program. It keeps the community very cohesive. The other thing that happened was when the folks came from New Orleans the daycare center at Beth Shalom, the Rayner Center, was inundated with people needing daycare program for their kids. Well space, I mean, they took every bit of space that was available to do that. Added staff to it. But through the donations that came in we were actually able to purchase a modular building and get it put on the campus onsite, and is now a large classroom that's used by the Rayner Center so that we could handle -- you only can get so many kids per square foot. There are certain regulations related to it. And so, now we've got that additional square footage that we're able to take care of those kids. Not a whole lot of them stayed with us but at least we're there.

RH: I have some questions that I guess I want to ask you about the Jewish community. And so, I think what we'll do is we'll start another tape and then we'll move into those questions.

END OF PART 1

RH: And this is Tape 2 with Steven Winkler. And we were going to get into questions about the Jewish community. And I guess when you were talking about being down in

New Orleans and the honor of being involved in the Torah rescue, and I was thinking about what an incredible year you've had. And I wanted to know if any of this has -- you've said a couple of times you wonder about God. And how has this changed you in any way? Or even your understanding of God?

SW: Fortunately I know this can be edited so the dead space can be taken out. It's an interesting question. I don't know that I've gotten to that level of deep thinking that it's really changed the way I look at God or Judaism. I think the spirit was still there. I think it was there the same way as it was before that I will be led into the path that I need to be going into. Has it made me stronger? Probably a little bit. But I don't know that, from where I am internally, what I would have done before versus what I would have done after really has changed my personal philosophy and the way I would do something. I think I was that way before.

RH: You've lived your life this past year though with a lot of uncertainty, and you've seen people who have lost everything, which you've described like in the Lower Nine families who at one moment had this whole life, and suddenly don't. And I was wondering if living in that uncertainty has changed your worldview or changed your priorities in any way.

SW: I think it clearly makes you appreciate more what you have. I think family becomes a little bit more important. Having the -- excuse me -- having the opportunity to spend time with your children. One of the issues that my wife kept warning me about when I went to work for Earl K. Long was be careful about leaving early and this sort of thing to be able to go to the kids' soccer game, basketball game, basketball game, whatever it may have been. My approach to that was I knew the number of hours that I was putting in. I knew the kind of work that I was putting in. I knew what hours were being put in by the people I reported to. And it didn't make any difference. I was going to make the kids' activities. Maybe at one time I might have said I'm not doing those things, I've got to get my work done, but I think certainly the attitude changes a little bit and you realize that

you're going to do what you need to do. And if it meant going to a ballgame and missing a meeting or delaying a meeting or moving a meeting you do those things.

RH: So is this a little different attitude now than 15, 16 months ago?

SW: I would tell you it certainly is. If I look back when I was beginning my career here in Baton Rouge I may not have made all those ballgames. I didn't pick the kids up at school. The housekeeper might have picked the kids up at school. Neighbor's mother may have picked up the kids. Whereas today you're probably going to see me picking up the kids.

RH: Has this past 15 or 16 months changed your relationship to the Jewish community in any way?

SW: I will tell you it has, in that certainly before I never worked for a Jewish organization, whereas immediately, post the storm actually, I was working for -- of course this is again after the LSU facilities and after the Kmart, I did go to work for the Jewish Community Federation here. And what was interesting in talking with some of the professionals there, their approach was, this is what I ought to be doing all the time. And never had I considered that at all, because my role had always been in health care and in health care management. Religion was a part, an important part, but it wasn't something that directed me, and that's not where I saw myself going. Certainly I was involved with the synagogue before. I'm still involved with synagogues. I don't think that's really changed at all.

RH: But now tell me about this work with the Federation and what you're doing.

SW: What I was doing with the Federation again was I was assisting, trying to help a number of the New Orleans folks, and other people, not necessarily just New Orleans, but any of the other Jewish community members who had been involved in some kind of damage as a result of the storm. In working through their insurance issues and getting in

touch with their insurance agents, getting in touch with their insurance adjusters, sitting down with them and looking through their insurance policies if they had them or how to obtain a copy of their insurance policies. And doing whatever I could to assist in getting damage estimates so that we could get this material put together for their insurance companies to assist in that way. Because unless you've ever fooled with an insurance company it's a foreign animal to you, and often times you don't know where to begin. And at least -- and again, we're dealing with a number of the elderly who didn't have anybody that they could help them get through this, and so, that's a lot of what I did. Addition to that, about that time we started getting into the crunch on Medicare Part D and they had to apply for Medicare Part D by a certain timeframe. And that got extended as a result of the storms, but early on it had not been extended.

RH: Explain what Medicare Part D is.

SW: Medicare Part D is the Medicare prescription drug program-- in essence drug insurance program. Before drugs were not covered under Medicare Part A or Part B and so, Medicare Part D did provide coverage for your pharmaceuticals. And so, many of our senior citizens are on any number of medications. And they can get very expensive. So they were very interested in getting into the program. And if you didn't get into it in a certain time, and you joined it at a later point in time, there were penalties to be paid. So we were encouraging everybody who did not have some other form of drug reimbursement program to go ahead and get into the program. Well, it involved going on the computer and filling out a number of pages of information. And of course, number one they didn't have access to a computer, and number two even if they had access to the computer they didn't know where to begin to turn the computer on. And then we needed to have all their medications. And once again from my hospital background, health care background, we were able to find their medications. If they had the generic, what the generic actually was, or if they had the brand name to find the generic and to carry it through. And they have some conversations with their physicians about could

they go to the generic brand. And then, to evaluate which one of those programs would work best for them, because the program had a number of idiosyncrasies, if you will, in that there was a deductible that was involved, there was a doughnut hole that's in the middle of it, and then what did they have to pay and which plan worked best for them. So there was a number of scenarios that had to be played out, and what their financial situation was. Would it be better to go with a no doughnut hole, no deductible, was it better for them to have a set fee per month, did they need to go to a Medicare supplemental program that might have covered it at no expense to them, so there were all those kind of things that we were working through.

RH: So you were doing case management?

SW: To a small degree. I stay away from that because we had social workers who were really doing case management and helping these people get their lives back together again. We had a number of folks who came to work at the Federation from out of town. So there were a number of apartments that had to be leased, and things moved in and out of, and so I was involved in helping with that. We had members of the Jewish community here in town who had access to these apartments and were able to get them leased, because at a certain point in time apartments and office space in this town were just at an absolute premium. You couldn't find office space or you couldn't find a place to live.

RH: So tell me a little bit about what it was like always being in health care and then suddenly working for the Jewish Federation and how that felt.

SW: It was totally different, as you can imagine, because I'm used to dealing with life and death and nurses and radiologists and pathologists and hospital administrators and patients. And this really was just a shift in some degree because instead of patients we had a different kind of patient. We had a person who was in a tremendous need. So in some respects some of the same health care need answers that you use in health care

we just turned the corner and utilized some of the strengths that I had from a health care environment, again dealing with insurance on the health care side, to deal with insurance on the property side for these folks. And the Medicare Part D was just a natural. So it was almost very much a really neat fit that I was able to sit in that role. Because many of the other folks who were involved in the Federation certainly had had no experience dealing with Medicare Part A, Part B, Part C, Part D. And whereas I was much more familiar with it and could assist in that one. And having fooled with the insurance for the hospital from property, liability side, I was able to assist on that as well. So it's where, again, you start sitting back and looking at all these things, is there a master plan that I'm being rolled into to be able to assist in all these things.

RH: So do you see one?

SW: I don't know.

RH: Do you see a change? Do you feel you're in the middle of a change of careers?

SW: No, I think the health care pull is so strong, and that's where I'd have to say, given a choice of where do I go back to, I have to go back to health care, I feel like. There has been an interesting push on some sides, as my father is in the stock brokerage business. And he's nearing that point in time where it may be retirement age. I will tell you right now he's working six days a week, and loves every minute of it, and people have said to me why don't you go into that business and pick up his book of business, if you will, because it's a substantial book of business. I just -- that's just not -- it's not in my blood, whereas health care is. From my youngest as a child memories, I was always right there assisting an uncle or a cousin as they were stitching up a child. I'm the one holding the child's head as they're doing the stitches. It's just there. I don't know that I can get out of it.

RH: So do you think -- are you glad you didn't move away from Baton Rouge? Are you glad you were here, and in some ways a little freer than you would have normally been, had you not been between positions?

SW: I think absolutely yes. I think the opportunity to have been able to do all the things that Monica and I have been able to do is -- you couldn't have been able to do it anywhere else. What are the chances that we would be called upon to create a hospital out of this vacant store in 24 hours? It's not likely to happen again. It's a once in a lifetime opportunity. To have had the opportunity to work with the Louisiana Family Assistance Center, and seeing and putting together families who had been separated as a result of the storm. To be able to help in even the smallest little part, to the Jewish community particularly with their insurance issues, with their Medicare Part D. To be very much involved as I was with getting this modular building set up in place, going through the permitting process, which you can -- it was just mind-boggling, the amount of time it took us to get this modular building set up on the property at the synagogue and operational. All those things have just been fabulous. To have had the opportunity to work with the rabbis in New Orleans. To have the opportunity to work with Rabbi Bergadine and the Federation here. To work with the folks who came up from New Orleans. All those things are so positive, and to work with the folks who came, literally from Iowa and all across the country, to put the Family Assistance Center together. Just those opportunities I would not have had. What would I have been doing had I still been with Baton Rouge General? I'd have been at Baton Rouge General the whole time. I would have missed all those opportunities. Now would all those other things have happened as a result? I don't know. Would we have had a -- would the levees have broken had I been working at the General? I don't know. Would there have been a need to rescue the Torahs in New Orleans? I don't know. Would there have been a need to rescue the Torahs out of Beth Shalom Synagogue had I been working at Baton Rouge General all that time? I just don't know. That's why you have to wonder is there a master plan that somebody's got for me. Just wish He'd give me an idea where I'm going next so I can go

on and move on to that.

RH: Tell me about how you think the Jewish community has conducted itself in this crisis.

SW: Overall I think they did a fabulous job. I have to say that I have some issues with what happened probably at B'nai and the creating the structure and what happened as a result of that for the shelter and what's transpired since with Rabbi Barry.

RH: Do you want to candidly talk about that? Because everybody's talking around.

SW: Well in order to say it -- and I'll speak candidly about it because I don't have any -- Rabbi Barry married us. When I came to town I joined both congregations. And have been a member of both congregations the 22 years I've been here. There were a number of issues there, and I don't know all the insides of what transpired. I have to say that I don't think it was appropriate to have the synagogue become a shelter. It's not designed as a shelter. It was never intended as a shelter. They didn't have the facilities, the capacity to do it. Barry did an absolutely monumental job. I think it was too much for him to do. He didn't have enough people around him to support it. You needed -- because we had at the Kmart hundreds of people there to make that thing work. He didn't have but a handful. Unfortunately I think that may have led to the problems that resulted, and ultimately why he is retiring as a result of it. It's sad that it went that way, because what they were doing was absolutely fabulous. What the intent was was fabulous. It was just carrying out a plan that should never have happened. Take Barry and utilize his resources at the PMAC Assembly Center, or at the Field House, or at someplace at the River Center, but don't try and do what he did there. And all due respect, and I don't want this to -- for anybody to feel like I'm downing him, but it was just -- it was too much for him to try and do.

RH: You would have given him a little different advice had he come.

SW: And we had this discussion. I was involved in the discussion at Beth Shalom Synagogue, about do we set it up here. And the answer there was clearly we don't -- yes we have the structure, but we don't have the facilities to really take care of this, and we didn't have the volunteer staff. I think what they chose to do was a much more appropriate thing to do. Come in here, stabilize them, evaluate them, be sure they're well, actually have a physician or two see them, determine that they were OK, and then get them to some other place where they could be properly taken care of.

RH: So understand your limits a little better.

SW: I think absolutely.

RH: And you feel that the Rabbi, Barry, wasn't treated well afterwards?

SW: Well, that again is -- it's hard for me to say because I'm not on the inside circle of what went down. I think, again all due respect, there were some issues that he had personally as a result of all this, and probably the synagogue really had little or no choice on how they moved in giving him some time to try and recover. His was clearly a life-changing experience. Was mine? It may have altered my life a little bit, but I think for Rabbi Barry this was an absolutely life-altering experience that he went through that truly tested every bone in his body and every nerve in his body. And I think it clearly changed him. And where he's going now, on this terminal sabbatical, and the work he's going to do and continue to do for our friends who are in the trailers here and the modular homes, it's fabulous. We need more and more people like him to be able to do those things for them, because their needs are not going to stop. They're going to continue to be there, and they're unmet needs. Is there any Jewish population in these modular homes, these trailer parks? I think very small. But he serves a much greater population than just the Jewish community, and I think he puts a wonderful face on the Jewish community doing what he's doing.

RH: So talk about the changes in the Baton Rouge community and in the Baton Rouge Jewish community as you see it.

SW: In the overall Baton Rouge community what seems to be the biggest change is the population growth. The city just grew overnight, almost doubled in size. The infrastructure of the city, the road structure cannot handle it. What used to take 15 minutes to get someplace now will take you 30-45 minutes to get there, the traffic is just unbelievable. The Jewish community itself has grown, but I'll say just slightly. I don't see a huge growth in the Jewish community. Many of the folks who came up here from New Orleans, I think have gone back to New Orleans. Again there are several more senior citizens who have remained here, and will probably remain here, but I think that number is relatively small. The good news though, is I think that the Federation here recognized a need that may not have been met before, and that we've expanded the social services aspect of what we're doing here. And so, hopefully that'll continue and continue in a good fashion. Because I think this community is getting older, and those people are going to need more and more of those kind of services. And so, to have some of the social services available in the Jewish community I think is extremely important.

RH: And you talked about some opportunities here in the Jewish community. Do you see some opportunities from just the intensity and the closeness that people have been working with one another? Are there any opportunities that can come out of that?

SW: I would like to think that there could, but even during the storm with the exception of the Federation the two synagogues seemed to operate independently. There was -- what little bit they did come together was in the Torah rescue. There were members of both congregations that came together and made the run to New Orleans and rescued the Torahs. And certainly they opened their doors when our synagogue was damaged and said bring your Torahs over here. Conversation about possibly holding services in their sanctuary. Ultimately what we did do was go right next door to the Jefferson Baptist

Church, who welcomed us with literally open arms. And we took one of their little classrooms and created the smaller chapel, if you will, with a portable ark that we used for the Saturday morning services which usually have just a few people. We're right around the corner from Rosh Hashanah Yom Kippur at this point. What do we do then? The good news was it happened to hit during the week, not on a weekend, not on a Sunday for the church, so we were able to literally use their sanctuary. And once again we brought in our small ark, portable ark, and held Rosh Hashanah Yom Kippur services in the church.

RH: In which church?

SW: Jefferson Baptist Church, which is right next door to us. And they were just fabulously warm about the whole thing. Of course their sound system as you might imagine was tremendously different than our little one switch that we had to pull. So their gentleman who handles that for them, a fellow by the name of Michael Bloodworth, who is a pharmacist by training, taught me their board. So on the services I was up in the penthouse, if you will, controlling all the microphones and all the things that they had available to us. And it was just -- they were just -- couldn't have been any nicer to us than they were. And then we had bar or bat mitzvahs coming up as well. And what we did, particularly Randy Goldich and I, Randy Goldich is a congregation member who has since moved to Colorado, and actually, he had come back to town. We went into our sanctuary and took white sheeting, drop cloths, because what you were looking at in the sanctuary if you were sitting in our sanctuary today would have been steel girders and a brick wall. And what we did is we came in and attached these white sheets, drop cloths, and created a background so that as you walked into the sanctuary now you saw to me a much nicer wall covering, if you will, rather than just the concrete block. So that when came time for the bat mitzvah the family had a choice. They literally had several choices. They could do it in the Jefferson Baptist Church, they could do it in our somewhat damaged but back to operational sanctuary with the white sheeting, could go

to B'nai Israel to have the services there, or to some alternative fourth place. And the family chose to have it in the sanctuary at Beth Shalom Synagogue.

RH: Was there a missed opportunity by not going over to B'nai Israel after the damage?

SW: Well you can certainly ask that question at this point where we are today in that we've got one damaged sanctuary, we've got the other shul who is sans a rabbi if you will. Is this not the perfect opportunity, if there ever was one, to say to both these congregations let's look at tying our resources together? You got two Reform congregations in this city, can we not sell both congregations, both synagogues, build one? And the economies of scale certainly are there, in my opinion, to build a beautiful building, have a rabbi for both congregations, have an administrator for both congregations, to have one Sunday school -- and I guess this is where I fall down on this one all the time, because as a Jewish family in this community, to have kids not know the other kids in the other congregation until they get to the point where they're either going to camp up at Jacobs Camp in Utica, Mississippi or they get into the youth group, which is -- they're in high school already. You've missed just, in my opinion, a huge opportunity for these kids to get to know each other, to play together, to know one another, and to grow together. That to me is the saddest piece of this whole split congregation situation in town. Put the kids together some kind of way. Sure, some of the kids, when they all went to Rayner Center as the daycare program, got to know each other. Some of my kids' best friends developed as a result of that. But then they were separated once they either went to a different school, or separated certainly when they went to Sunday school. We have tried in the past to get them together for end of the year school party, or for a Hanukkah party or for something like that. And those have worked in the past, but they've not worked real well, and in fact I think this last maybe year or two they've not even done it. That's a missed opportunity if you want to talk about missed opportunity in my mind. To pull these schools together. Work out your differences, people, about how you're going to teach one story or the other. There can't be that much difference in it.

Let's figure out a way to do that. And actually, I would have to say that when I first came to town, again being raised in a Conservative environment, two Reform congregations in here, I was probably much more comfortable at Beth Shalom Synagogue than at B'nai because B'nai had a choir, they had an organ, if you wore a yarmulke in services you were almost looked upon like why are you doing that, whereas at Beth Shalom, more liberal synagogue at that point in time, that was the standard, you were expected to be in yarmulke and tallis, and Hebrew was used heavily. But they have moved -- when I say they, B'nai Israel has moved much closer in their traditions now. They wear the yarmulke. There's much more Hebrew in the service. They don't have the choir that I've been to a service, and I've not heard the organ played in some time. So they moved in my mind a whole lot closer to where Beth Shalom is. That once again to me this is the time to do it.

RH: So worship practices are not as far apart. Do you know if there's some ideology?

SW: And there has to be, and I don't know, and I've never really gotten into what it is about the Hanukkah story that they tell differently than we tell. It can't be that much of a difference in the Hanukkah story. But there may be some fine points that I just don't have that much appreciation for. To me the story is a pretty simple story, and surely we could agree on one that we could all agree on. But that to me is the -- you're talking about to me a missed opportunity. It's one that I -- and I've been very involved with rabbinical searches certainly on the Beth Shalom side, and certainly support the rabbi who's in place now, Rabbi Zamek. I just feel like for the -- we've seen too many congregations in South Louisiana and South Mississippi that have died. I look at my own family congregation in Dalton, Georgia. When I've gone back for services there, that congregation is getting smaller and smaller and smaller. It was 55 families when I was there to begin with.

RH: So I'd like to hear also about your vision about Baton Rouge and where you see Baton Rouge going, what you'd like to see Baton Rouge go, and its relationship to New Orleans.

SW: This is where I probably step on some more toes I'm sure, as soon as I step into this stuff. But there seems to be almost a bit of a fight between New Orleans and Baton Rouge. And once again maybe it's the peacemaker in me that says there's no need for this. Because we should be two strong communities. We should be working together on more and more projects. I just -- I guess I see the same issue with the congregations here in town. They seem to be their heels so dug in the soil that they can't move. Whereas we're all here in my mind for the same reason, and that is to have hopefully a very active, a vibrant Jewish community in this town. And in New Orleans. And it just seems like there is somewhat of a dispute going on between the cities and who's going to control the money, who's going to control this, who's going to do this. I just don't see that at all. I see no reason for that. Let's work together, let's put some smart people together and work it all out. To me there are some things that probably Baton Rouge could utilize -- we don't need to have in Baton Rouge. We could utilize the services out of New Orleans. Certainly the Foundation, do we need to reinvent the wheel on the Foundation if you've got a Foundation in New Orleans? Obviously the Foundation would have to recognize and appreciate and work with Baton Rouge on various projects. So why not put the olive branch out and say let's work together on this. It just makes the Federation -- or the Foundation of New Orleans stronger if there's additional dollars put into it there. There are a number of people here in this community in Baton Rouge who put their money into the Baton Rouge Area Foundation, which is a well respected, well run operation. But should they have put their money into a Jewish federation -- or Jewish foundation? I would certainly -- if you give me a choice, I've got a Jewish foundation or the Baton Rouge Area Foundation, chances are I'm going to lean toward the Jewish foundation. Whereas, do we have that opportunity, could we have that opportunity, and I got to believe that we could. There are a lot of people in Baton Rouge who were from

New Orleans. Just I don't know. I don't know the politics well enough, it just seems like we have some huge opportunities, there are probably some services that we could have garnered from New Orleans. Obviously some of the social services actually came out of New Orleans and came up here. One of the social workers from New Orleans was in our office here in Baton Rouge and cranked it up. Now yes, Baton Rouge people actually staffed it up, but we probably could have used some social services interaction before. And why didn't we do that, why didn't we have more of a conversation between the Federations and between the two cities? Is it the same sort of thing that exists between the two congregations? I don't know. I just look at it maybe --

RH: So you're hoping they'll work more together now that you've come together in some ways, is that --

SW: I would like to think so but I'm afraid it's not going to happen. I'm afraid they've returned to New Orleans and they're back to -- much like what I've seen in the charity hospital system.

RH: So talk about that a little bit too. What is your vision of the hospital system here in Baton Rouge?

SW: Puts me in a really particular situation, because as I sit here today I'm certainly working toward getting a job within the charity system again. Possibly in Lafayette because obviously I was here in Baton Rouge and released of that responsibility so the chances are I'm not going to be able to get back in there. I can wear a strictly hospital administrator hat and as I look at this I would tell you there is absolutely no reason for the charity hospital system at all. That let the money follow the patient. Create a Medicaid system in this state that allows those uninsured or underinsured to participate and become members under the Medicaid program. Let the money follow the patient. The facilities here in town are large enough that they can take care of the needs of the population that the charity hospital, particularly in this city, are taking care of. You

eliminate multiple levels of administrative responsibility. Instead of having a department manager in three hospitals you now would have a department manager in two hospitals. The economics of it again much on the same line as I feel like is with the two synagogues coming together. That there is enough capacity in the private sector that they could take care of it. I look at Woman's Hospital in particular here in Baton Rouge. Before these patients could be -- the patients needed to be delivered, they were uninsured, underinsured, whatnot, were taken care of at Earl K. Long. And they did a booming amount of business. The moment the state allowed those patients to be covered under the Medicaid program, the program at Earl K. Long went to almost nothing. And all those patients went to the private sector. Why? Multiple reasons. Number one you've got much nicer facilities, even though buildings were built at the same time, but you got much nicer facilities at Woman's Hospital. You got private rooms. Earl K. Long you got five and six patients in a room. So the care was absolutely fabulous, there was no problem with the care at Earl K. Long, but you got an opportunity to be in a much nicer environment. Give me a choice, am I going to be in a room with five other patients or am I going to have a private room, where are you going to go? You're going to the private room setting. So that to me is the same kind of scenario that we're talking about. Once those patients became eligible as Medicaid patients Woman's Hospital opened their doors to those patients and they're being taken care of.

RH: So I'm sitting here wondering though if the money follows the patient more money would be up in Baton Rouge. Because more people are up here.

SW: Certainly, and I'm not even thinking along those lines, I'm just thinking along taking care of the patient. That's where I am, because the charity system that exists today, we're not able to take care of the volume of patients that are needing us.

RH: Well I was thinking as an analogy, we mentioned this before, is that it looks like it might be an opportunity for Baton Rouge to have like a UAB system, to take off with the

residents and have the health care system primarily located in Baton Rouge, not New Orleans, because your population doubled overnight, it's still -- I'm not quite sure what the population is now.

SW: Think there are numbers anywhere from 100 to 200,000 additional people in Baton Rouge as a result of the storm.

RH: And certainly 300 less in New Orleans, or 200,000 less at least. So what are your thoughts about that?

SW: I'm absolutely in 100% agreement that the private hospitals or a university teaching hospital could be created. To create the UAB model that you're talking about. The hospitals here in town have brought in a number of the residents because when New Orleans obviously was destroyed those residents and medical students that came up here had to be taken care of here and had to continue their education. They opened up Pennington. We're doing the education for their medical school there. The residents were being taken care of -- or not being taken care of but were having the opportunity to work with the local physicians in the private hospitals here. It just worked. Now do we have the physical facilities? Was it designed for it? Maybe not. In the sense of we need more classroom space so they can hold lectures for the residents and that sort of thing, and maybe we need a little more conference rooms on each of the floors so that they can have an opportunity to visit as they talk about these various patients. So there's certainly some things that could be done along those lines to improve the facilities, but in my mind it's going to take a little bit of a mindset change for the physicians in town because it takes longer to work with residents. Because you got to go through a whole lot of different scenarios with them and it just takes longer to work with them as opposed to walking in, taking a look at the patient, you making your judgments on what's going on, writing your orders and getting out of the room. Now you got much more explanation of what's going on with the patient, ruling out various other diseases that are going on with

the patient, all these kind of things that are going to take place under those circumstances. But can we do it? Absolutely. Should we do it? In my mind there's no question about it. I go back to do you bring the medical school up here to Baton Rouge. In my mind yes, this is the flagship of the university, LSU system, and the medical school ought to be at the flagship on the campus, somewhere on the campus or in this vicinity. You look at any other great schools, that's usually where their -- all the programs are all together on one campus. Why it's in New -- New Orleans already has another medical school. So it's not like we're going to deprive New Orleans of its medical school education program because there's another one there. So why not bring it to Baton Rouge where you got the now largest amount of population in the state and you've certainly got the facilities here in town that can handle it.

RH: I assume you like Baton Rouge.

SW: Oh yes.

RH: What are some of the things you like about Baton Rouge?

SW: Well of course it used to be that Baton Rouge was a small town with a big city attitude. Now of course it's a little more difficult just to get around town because of the influx of people. But it still is still a small town, it's still a nice town, people still speak to you. They're still relatively courteous to you on the roads. You do have certainly Louisiana State University is here, Southern University is here. Baton Rouge Community College is just going like wildfire, they're growing so rapidly. Health care is good in town. The city's a nice place to live. You've got all kinds of cultural events. The Manship Center downtown is going very well. There's a lot of positive things that are going on in Baton Rouge. Downtown is being revitalized. We're seeing a lot of improvements there. And we certainly have our share of restaurants and a number of the New Orleans restaurants have come up here and opened up here. So that's also good.

RH: There things about Baton Rouge that you'd like to see less of as you look into the future?

SW: I think anything we could do with relation to the crime with the city and of course, mention crime and what do we hear on the news, just the other night, three or four more shootings and murders in New Orleans. Fortunately we're not seeing too much of that here but there is a concern that that environment has degraded here, if you will. So certainly if there was a way to improve the infrastructure, the road system here so that we can reduce the amount of time you're spending on the road, and if we can hold the level of crime down, that would be certainly very good.

RH: Do you attribute the level of crime to the New Orleans population?

SW: No, I do not. I think there has been some that certainly is related to it. There have been the 225s and the 504 gangs that have appeared in some of the schools. But I don't attribute that to it. I have to throw some of that back onto the schools, onto the school faculty. You've got to address those things. I look at it from you can get good service in certain restaurants, certain hospitals and certain stores, where is that coming from, the leadership of the institution. If the leadership of the institution is demonstrating those abilities, they're in there, they're visible, they're being seen, they know what's going on in those schools. If they'll get out of their offices and check on it. And they've got to get in there and they've got to know what's going on so that if there is some hooligans starting to start up get in there and address them. I come back to something that's been said to me any number of times about my role in the hospital. One of the things that you would always see me doing is, number one, you'd see me walking the halls of the hospital. Number two, you'd see me on the linoleum floors using my shoe to unscuff a scuffmark, picking up pieces of paper, picking up paperclips, trash on the floor. People come into an institution, to a hospital, they don't know what kind of care they're going to get. But they can certainly tell by the attitude of the staff is this a friendly place, is it an unfriendly place,

is it a clean place, is it a dirty place, is the food good when they're as a patient. They don't know necessarily whether the nurse gave them the right shot, gave it to them in the right mechanism, or did what she was supposed to do properly. But they can judge all those other things. And one of my roles would be absolutely to make sure that the place was clean, that people did speak to people when they walked through the halls, and that the food was as good as we could possibly make it, because we recognize at home you're putting salt on it and you can't do that in the hospital. But those are the sort of things, and I'm going to be out there, I'm going to be seen and I'm going to see. And if we're not doing what we need to be doing -- I try and put myself as much as possible in the patient's predicament. And if you can do that and you can instill that in that staff then they have a much greater appreciation for what's going on. Story just yesterday, we're in a hospital in Florida, child had been injured. Now, number one, the worst thing in the world that can happen is to have a child injured. And you don't know what's going on or what's happening with them. But when you can't get anybody's attention to respond to your needs, yet you look over to your right and you see this group of people, doctors and nurses presumably, shooting the breeze, talking about whatever, laughing, it does nothing but irritate that family. And the family is saying take care of my child. And my response to them is that as the staff that's working there you have to recognize that you are onstage all the time. Sure, this is the place where you work and you got to have some downtime. But you can't do it when people can see you. You got to go behind some closed doors or go outside or leave it till after work. Because the worst thing in the world is to have a child who's been injured and then to have these people standing over here shooting the breeze, talking, laughing, they don't know whether you're talking about their child or whether they're talking about another patient or whether it has nothing to do whatsoever with your care. But they're not doing what they need to be doing, which is taking care of your child, your patient.

RH: So you feel this model pretty much works, and it'll work in other institutions.

SW: Absolutely, absolutely.

RH: Are you concerned about the -- what is it, Renaissance Village, and some of these places that are just -- been created?

SW: Absolutely. Once again you've caged them literally. They will not let people into those communities without certain passes or without knowing somebody. It's just -- to me it's a horrible environment. We need to do some things and to have to live there for 18 months as they've had already, come on. That's where we need to get going on the stuff in New Orleans and rebuild New Orleans, get them some permanent housing. Even if it's in an apartment complex, at least get them into something that's much more reasonable than being in these trailers. The thing that concerns me about the trailers, this hurricane season is almost past, and we've been very fortunate not to have any problems. But had we had wind currents coming up here over a certain level we would have had to evacuate those facilities, those trailers. Just we're not solving the problem. We need to go ahead and resolve the problems.

RH: So let's talk a little bit, what do you feel like you've learned about yourself this past year?

SW: I'd have to say probably a little bit more resilient than I probably would have thought. I've been able to maintain I think a fabulous attitude in the wake of all that's happened. I never would have expected to have been terminated from one job, much less be literally terminated from two jobs, in a relatively short period of time. And you begin to question yourself. Once again is it something I'm doing or not doing or something I should have done that I -- but it's not, it's clearly not that. And you have to tell yourself that every now and then and say no, I'm OK, they're the ones that have the problem. And what has probably buffered that more than anything else is the number of people from both institutions who have picked up the phone and called or in some cases actually come by and said what were they thinking when they did this, and then on top of

that is to see -- and you hate for an institution like a hospital to be going down if you will, but at the same time when they do that to you you're almost -- that's the natural tendency, but when you hear that the number of nurses have left, that they're now having to have what we refer to as temporary staff come in or contract staff come in, we had eliminated that when Monica was there before, makes you feel very good that what you were doing was good, was right, and whatever they brought in after we've left isn't working. So it makes you realize that you were doing good, you did good, and it was not you, it was unfortunately the people who are managing the institution, if you will, now.

RH: You and your wife have partnered together a lot this past year. Of course you worked together before but in a different way. In this very intense environment. How is your relationship with your wife? Has it changed any?

SW: Well of course what's going on now is that she literally is getting on a plane usually on a Monday or a Tuesday morning and flying back in on a Thursday or a Friday night. So it makes the time we have together certainly we've got to be more aware of it and make it much more quality and deal with the issues that we got to deal with and spend the time with our girls as well. I think probably it's a little bit stronger than it was before. I think even though we worked in the same institution for the 21 years that I was there, 30 years for her, we didn't work together so much, because our responsibilities were somewhat separated. And so, obviously we had a number of issues that we talked about in common but we really -- she did her thing on this side and I did what I was doing over here. It was almost rare that we were actually in a meeting together. Which was a unique situation. But we were thrown in virtually together on the Kmart hospital. And we worked together fabulously well. Now she has since then said we will never work in the same institution again because of what happened to us in the first institution. And I continue to argue that she shouldn't have that attitude, but that's her attitude, and I'm not going to change her attitude. So, and then of course, this one -- obviously this is difficult with her being out of town four out of five days a week if you will, because of

responsibilities to get the kids to where they need to be and doing all the things with them. She desperately dislikes not being here particularly for Megan's senior year and not being able to see all the sports activities that they're involved in. So that's a problem. But we --

RH: So not really from Katrina but your life has taken on some new directions. You have new responsibilities now.

SW: This is true. This is true.

RH: So how's that?

SW: It's good in that it's obviously forcing me to spend more time with the girls, which is great. We have one that's a little bit younger than most do. We have an eight-year-old. So there are a lot of things that -- excuse me -- there are a lot of things that I did with the older two girls that now I'm having to redo again with this younger one. But it's also keeping me young because of that. So I'm having to stay a youngster to be able to continue to do the things that I thought I wouldn't have to do again. But we're outside shooting basketballs and running around like you do with a little one. So that's all good.

RH: Well what are you most grateful for at this point?

SW: Probably the most grateful thing, there's probably several, there's probably three or four. Number one, is to have your health. Because without your health you don't have much. Certainly to have a very loving family. To be in a situation financially that we can afford to take a hit like this, if you will, of not having income coming in. There are so many people who if they lost their opportunity to earn a living would be destitute in a week. And a lot of those people are absolutely wonderful people. I worked with a tremendous number of them in the hospital. But I'm fortunate to be able to be in a situation that I don't have to worry about where the money is going to come from to pay the electric bill next week. So probably those things would be number one, health,

number two, is family and the financial security that I have, that I'm able to -- that we're able to go on. And the family piece extends not just to Monica and the girls but to her immediate family, which is a very large family, she's one of 16 children, and to my folks. I'm an only. So it's quite a contrast between an only and Monica's 16 brothers and sisters.

RH: 16. Are there any things you took for granted before that you would just not take for granted anymore?

SW: I think probably the one thing you might have to not take for granted that you might have taken before was when a storm comes through, be prepared for it. Fortunately Baton Rouge hopefully is pretty well protected. But it's made me even question what about the levees here in Baton Rouge, how well protected are we from that. Did I increase my insurance? Yes I increased my insurance. Did I take out a flood policy? Yes. Did I need to? Probably not. But they're relatively inexpensive, and based on what I've seen and lived through this last year I think it's appropriate to do that. Would we tape the windows and barricade the doors if there's a storm coming up here? Have we in the past? Might have been slow to do it in the past but I might be a little bit faster to do it now. And would we have provisions in the house to take care of a lengthier stay? Yes. Would I consider going to Georgia? Even more so under the circumstances. Now depending on what the job responsibilities are. When we were with the General I never would have even thought about it, because my responsibilities would have been to the hospital, to the institution, to the patients. We would -- and we have in the past taken our kids, our three girls, and moved them to the hospital. Lay them down in either my office or in my wife's office. Because that was where our responsibilities were. And of course, you feel pretty strong that the hospital is built in such a way that it would survive a storm.

RH: May not survive the aftermath is what we've learned, and survive the storm.

SW: Exactly. And certainly there's a lot of lessons learned about where to do you put a generator now in a situation like this. But there are always going to be lessons learned after every disaster that occurs. You can try and think everything possible you can think of. But you're still going to have something that's going to happen that you never thought would happen. And so, you just have to -- you learn from every one of these experiences.

RH: Is there anything you'd like to say just to wrap up?

SW: It's almost one of those, if I've offended anybody in this tape it was unintentional and it was just -- these are facts that are not a part of --

RH: I don't think that --

SW: I probably have said some things that may offend some people. And I would hope that I have not done that. I may have expressed some opinions that are truly mine and that when I put on a certain hat that's what I have to think, and I look at it in a certain light. Wear a hospital administrator's hat I look at one thing, and yet I may be applying for that work for the very agency that I'm saying doesn't need to exist. Does that present an opportunity that I could be involved in working on a system that would make it work for the state? Sure, I'd love that opportunity. Is that going to happen? More than likely not. So I just don't see these changes taking place.

RH: OK, this is a good moment.

[END OF INTERVIEW]