

Esteban Gershanik Transcript

ROSALIND HINTON: This is Rosalind Hinton interviewing Dr. Esteban Gershanik at his home, 300 Lake Marina Drive [Apartment 13D]. Today is Tuesday, July 24th, 2007. I'm conducting the interview for the Katrina Jewish Voices project of the Jewish Women's Archive and Goldring-Woldenberg Institute of Southern Jewish Life. Esteban, do you agree to be interviewed and understand that the interview will be video-recorded?

ESTEBAN GERSHANIK: Yes, I do.

RH: Let's begin with what year you were born and then who your parents are, how they came to be in New Orleans and then your Jewish and general education.

EG: OK. I was born in 1975, born in Shreveport, Louisiana. My parents are immigrants from Argentina. They got married in 1966 and, right after their wedding, initially came to Miami to sort of have -- my dad was going to do an internship in medicine in Miami. His brother was there. And so -- I don't know if you want me to tell you this or not. (laughs)

RH: Yeah.

EG: It's sort of a fun little story. My parents, when they came here originally, my dad didn't know any English. My mom did. All my dad knew was "no," because "no" was "no" in Spanish. And they were supposed to come, go on their honeymoon, and then my dad was supposed to start up his intern year. And so they came to the States. My dad decided, on the first day, to drive around. And in Argentina, when you actually parallel park, you can hit the bumpers. It's sort of allowed down there. It's understood. And so, on his first day in the States, the police were looking for him, because in the United States that's called a "hit and run". So that was his first day here. His second day here, he decided to stop by the hospital and just tell them that he was in town -- and just

wanted to introduce himself. So he went by. And before he went, my mom told him to say "yes" and "no" and sometimes "maybe." And so he went in there, "Yes," "No," "Yes," "No," "Maybe," and he doesn't know what he was saying, exactly. And he came back that day. My mom said, "How did your first day go?" And he said, "It went well. There's a lot of Spanish speakers at the hospital, being in Miami, a lot of Cubans. The facilities were nice. The people seemed nice. It looks like it's going to be good." And my mom says, "Do you know when you start?" He's like, "I don't know." So she called up his director and said, "Hey, this Dr. Gershanik's wife. I was trying to see if you knew when he was going to start work." And the director told them that, "Well, he said yes to starting work tomorrow morning." So there went their honeymoon.

RH: (laughs)

EG: Twenty-five, 26 days later they overthrew the government in Argentina. They spent a little bit over a year in Miami. Then my dad -- my parents went to Lexington, Kentucky, where my brother was born, to continue his residency. And then my dad moved to Charleston, South Carolina, with my mom. And my mom was teaching at that point. My dad was continuing in neonatology. And then he went to Shreveport, Louisiana, to be a teacher in neonatology at LSU Shreveport. And that's where my sister and I were born. And in 1979, at one point, my dad realized, as an academic teacher, he wasn't really making that much money. He had, as a kid, various medical ailments. He was shot, at one point. Always worried about, being in this new country, that he didn't know English too well, not knowing how long he would live. He always had this little paranoia of not knowing how long he would live, because of different ailments. And then he decided to take a chance and start a neonatology unit and work at Baptist here in New Orleans, in 1979. At that point, he realized he wasn't sure how much money he'd have for this family, knowing that he had three kids growing up in Shreveport, and getting an academic's salary, so took a chance, came to New Orleans. We initially moved into the apartments they had at Baptist Hospital, which, my brother and I shared the closet and

my sister got to sleep in the big room with my mom and my dad, when he was around, able to sleep some. And then we eventually moved into a house, in 1979, in uptown New Orleans and have been there ever since.

RH: Wow.

EG: So that's the sort of the quick story, I guess.

RH: Yeah. So you were pretty little, four years old --

EG: I was, yeah --

RH: -- weren't you?

EG: -- four years old when I moved here.

RH: Mmm hmm. And so what was your Jewish and general education?

EG: We initially came here -- I was in pre-K, I guess, at the Jewish Community Center for a couple years, because of when my birthday was. And then I went to Isidore Newman school from kindergarten to my senior year of high school. My Jewish affiliation was with Touro Synagogue. We went there for Sunday school -- and also was confirmed there -- and still am a member of Touro Synagogue.

RH: Did you have a bar mitzvah?

EG: Got bar mitzvahed there as well. All three of the children got bar mitzvahed there.

RH: OK. When you were in high school, what was kind of the center of the world in New Orleans? What did you guys do?

EG: Everything. I've always been sort of fortunate, I think, because of my background and sort of, I guess, my family's background, in the sense that we were always friends

with different people. So I had, I think, a much more broader experience than the usual New Orleanian. We had our Argentine and Hispanic heritage. We had our Jewish background and heritage. And then we had the people, I guess, that I met through high school, which was more of an uptown New Orleans background. And throughout the years, I think my parents sort of became very philanthropic. They always felt a great gratitude to the experience they had in the United States and how warm people welcomed them in New Orleans. So they always felt like it was their need to give back to the community. So through different philanthropic events and different organizations, I think we always met people who cared about the city, who were willing to sacrifice their personal time to sort of give back to the city. And for my personal experience, I was always active, I guess, in sports, as well as in sort of some teaching or just volunteer network organizations, just doing what I can in my spare time, when I could.

RH: So your, actually, kind of experience more crossing race, class, religion, you think, than a lot of other Newman kids or --?

EG: Yeah.

RH: Yeah.

EG: Most of the kids at Newman, I think -- not I think -- most of the kids from Newman are from an affluent, middle, high upper-middle class background, traditional New Orleanians. And being sort of, I guess, the immigrant of the group, it gave me a little bit of a different perspective. At the same time, I also got to appreciate different cultures, in a sense. The traditional Newman person, I think, you know, is more from the Caucasian background. There are Jews there but there aren't as many Jews there as there was in its initial inception in 1903. I got to go to a lot of events and balls and things of that nature. But at the same time, I always had access to work in a -- I also worked in sort of the inner city youth organizations. I did some teaching at some of the elementary schools around town, volunteered with different organizations. And I think actually

Newman also gave us access to some of those organizations. But it's also things that you just sort of experience from being around town and learning things. So I think I got a more broader experience than, I guess, [than] your usual typical Newman student. My sister had also gone to Franklin [and the] New Orleans Center for the Creative Arts at NOCCA. And my family was always into -- my brother, my sister, my mom were always into the music scene. So it sort of gave us [my family] resources of different cultural experiences in the city.

RH: So was there a place that was a social center for your family, with you growing up?

EG: Good question. One primary social center -- I would say it'd either be within that Hispanic community -- we had some fellow Argentines that, they were Christians, so we would go over there for Thanksgiving and Christmas, or they would come to our house. And then there was also our friends from the Jewish community, where we would share Passover or Yom Kippur or something of that sort. So it sort of -- it was always intermixed between, I guess, our background, in that sense. On another social setting, just from the friends I made throughout school, there were some kids that I grew up with my entire life that we played soccer or football, and so that group of -- for my social scene, that was sort of my group of social clique, per se. Because we always were playing sports together. And so those were guys that I had gone to Newman with, for the most part, and people I played sports with throughout the years.

RH: Yeah. Interesting. Do you have any vivid memories --? Or if you could give me just one memory of the Jewish community, you growing up, what would that --?

EG: I was fortunate that, at a young age, I was the child blowing the shofar, the ba'al tekiah, for the children's ceremony during Yom Kippur and Rosh Hashanah, for the first -- I guess from when I was 11 years old to when I was about 16 years old. And so that was sort of a unique memory for me.

RH: Do you know how you got that?

EG: I think some people in my family have a natural talent for music. Mine sort of left when I decided to focus more on sports than on music. And I played the trumpet when I was a little kid. It was something that just sort of came natural to me. And I think we were just in class and I blew it and --

RH: (laughs)

EG: -- people realized, "Man, you can really (laughs) do that!"

RH: Blow that shofar. (laughs)

EG: So it was always fun, because, you know, some of the parents would come up to me -- and we had a great person, who still plays the shofar at Touro Synagogue, who's been playing for years. And at that point, he was still the one doing it for the adult services. And I had some of the parents come up to me and say, "Oh, you blow better than the person at the adult services." And he was phenomenal. So it was sort of nice to sort of experience that and, you know, just have the adrenaline of performing for such a significant holiday.

RH: Mmm hmm. Oh, that's a nice story.

EG: Oh, yeah.

RH: (laughs)

EG: It was fun.

RH: Mmm hmm. Why don't we get into the Katrina story? And you weren't here, at first.

EG: No.

RH: So why don't you tell us about that?

EG: Well, I'm currently in my residency in internal medicine-pediatrics at Tulane. And for the past three hurricanes prior to Katrina, I was always [on] what's called the Code Gray Team, which is the team that, gray being sort of like the hurricane or the storm, whenever you're on the Code Gray Team you know you're going to stay in the hospital for a couple days. So you just bring a little extra food. And then there's sort of a recovery team that comes afterwards, so that, once the hurricane passes or the threat passes, there's another team that'll make up whatever days that you were in the hospital. So for Ivan and some of the other ones [hurricanes], I was in the VA Hospital and at University Hospital. And normally you're just there for a day. You know there aren't going to be too many patients. And you normally leave the next day [or two]. I actually was having my holiday-slash-friend's wedding. And I was an usher in that wedding. So I left Thursday morning prior to the storm, when it was just, I believe, a tropical depression near Florida, and flew into Chicago, drove up to Milwaukee, and was in Milwaukee for this wedding. And then someone mentioned, I think it was Saturday morning, "Did you hear about this Hurricane Katrina?" And I'd heard vaguely about it but when you're so -- in a new city, you're too busy dealing with wedding issues, catching up with friends, you're not as focused as to what was a small tropical depression. I think they had some MTV Music Awards in Miami or something of that sort that was rained out a little bit. And it wasn't that big of a deal, four days before. And then the night of and then that morning was when it sort of made that turn, had gone from a Category 3 to a 5 overnight. And it was the night of the wedding, actually at the wedding, that my parents called me and said, "Hey, we're trying to go to [Houston] -- I think your dad's going to stay at the hospital." My dad was volunteering at Baptist Hospital and elected to stay. And my parents originally, in the previous hurricanes, normally stay at a hotel. And [at] the hotel, this time, they had an event that evening and the hotel said, "You can't stay at the hotel tonight. You should try to," you know, "evacuate or go somewhere else." And they initially had a scheduled flight to go to Houston. And when they called, Sunday morning,

their flight -- somehow they switched the reservation and said the reservation was from Houston to New Orleans. And my brother was arguing, "Why would we want to go to New Orleans when there's a storm hitting?" And so eventually my dad stayed at the hospital, at Baptist Hospital, once the storm hit. And my mom, my brother, his wife, and their recently born baby, along with his in-laws, went to a small house in Hattiesburg, or outside Hattiesburg, Mississippi, because my sister-in-law's client had a house there. Unfortunately, that was the last place they could evacuate to, last possibility.

RH: You know, they were really kind of stuck.

EG: Yeah, they were stuck. They were there for --

RH: That was Sunday they left?

EG: They left Sunday. So they went there, a newborn baby, fussy. It took, I think, 12 to 15 hours to get there, where -- and it normally an hour-and-a-half, two hours. And the electricity was off. They had issues with the water. They had all these [fallen tree] logs all over the place, couldn't get around too much. And they couldn't communicate with my dad. Ever once in a while they could. And he was at Baptist Hospital. He eventually evacuated from Baptist on Tuesday. He's with premature babies. So he had an experience on his own, in that they initially weren't sure what they were going to do at Memorial and then they decided to evacuate the Neonatal Unit. And so he volunteered, even though he's partially handicapped, to go on this helicopter. He also has a sort of a fear of flying, at times. And he was resuscitating this little premature baby that [weighed] roughly a pound. And it was in the dark, so he couldn't really see anything. And he's hand-bagging the baby and pinching it to see if it's still alive, wasn't really sure. And eventually it's nighttime. And at that time, all the helicopters would stop, before they would [fly] too long. They would do their own triage. And so what even made my dad even more scared was that the helicopter took off from the roof of Baptist Hospital -- Memorial -- and stopped somewhere in between New Orleans and Baton Rouge. And

my dad's like, "Why are you all stopping? This baby needs to get to the hospital as soon as possible." And the head of the helicopter said, "Hey, we have our own triage system here. Just hold on." They fueled up for gas and they eventually showed up at Women's and Children's Hospital. And fortunately, everyone in the Neonatal Unit made it successfully and all the kids did well.

RH: Wow.

EG: So.

RH: Women's and Children's Hospital is where? In --?

EG: In Baton Rouge.

RH: In Baton Rouge? And so you said your mom called you like at the wedding and said --?

EG: "Hey, we're not staying." "Did you hear about the storm?" I was like, "What about the storm?" "It's a Category 3." Because remember it was overnight that it turned into a Category 5. "And we can't stay at the hotel." There's normally this event the night before -- I guess it's the end of August, called the Azúcar Ball, and my parents always are involved with. "And they said we can't stay here. We're going to try to leave town. We don't know where we're going to stay or where we're going to go. We may be going to Houston." And that was sort of the last I heard from them until Monday maybe, somewhere around there. I was back in Chicago, waiting to come back, because my flight was scheduled to come back to New Orleans on Monday or Tuesday. But all flights were canceled. And so I was trying to figure out where I was going to go, in the realm of things.

RH: So how did you figure out what you were going to do? I mean, you saw the TV. Did you realize the levees had breached or --?

EG: I think no one realized, at that point, exactly -- On Sunday no one really realized what was going on, yet. The breach occurred a little bit later on. And I [was] think[ing], like most hurricanes that come through New Orleans, as soon as it makes that little right turn, everything's OK. There's not much rain. We'll be OK. And then, when the levees breached, you start seeing things on TV that, for me, it [became a] heart wrenching moment. I realized that, who else would be better to go the city to help out than [me] -- I'm a physician. I know the city. I know every part of the city. I could help out and be a part of it and see what I could do. I was text-messaging, trying to get in touch with people, friends of mine that were at the different hospitals. And I got in touch with one or two of them, that somehow went through. No one could get in touch with my phone because it was a 504 cell phone. But fortunately, I got in touch with two people, one at University Hospital, who was telling me that, "There's shooting around the hospital emergency room." And then one of my friends was also at Charity Hospital. And so I was getting some information and communicating. We also had a website -- not a website but more of an access server on Yahoo! or Google that sort of was -- a couple of people were on and getting information around. And so I had a vague idea as to what was going on. And I knew that some of the things portrayed on TV weren't fully true. But at the same time, you feel helpless. And I think someone who's always been -- I think -- and it's always been my nature to try to help. And I think, for everyone, it's sort of hard when you feel like you can't help the city and the people that you grew up with -- and around you. And so -- especially when you feel like you can be of use and help out in one way or the other, and you realize that they're not getting any help. I just felt drawn to do something. So I was staying in downtown Chicago and actually the networks are around there. And so I got in touch with one of the radio stations and got in touch with the NBC affiliate there and sort of was telling them the information that I had from my people in New Orleans. And then I also tried to see if there was any way I could back to New Orleans. And I was staying with one of my best friends up there. And he knows sort of my nature. I sort of tend to go to where the trouble is instead of letting things sort

of pass by. And so I kept on calling on the phone to see when I could get to New Orleans or to Baton Rouge or somewhere. And finally, I think it was Thursday or Friday night after the storm -- Thursday night, where I kept on calling, they canceled all my tickets because they weren't going to New Orleans. And they were able to get me on -- I think it was the last seat, on Northwest. I was going through Memphis at 5:00 in the morning, to Baton Rouge. And so I hopped on that plane. And the day [before], I got in touch with the volunteer coordinator for positions, on the phone, who ended up being one of my staff, who I knew, and just went down there, knowing that my dad was, at that time, staying at a hotel in Baton Rouge. But not as worried knowing that he was staying there but knowing that, if I got there, I could do something about what was going on.

RH: Mmm hmm. So when did you realize your father was out of Memorial? I mean --

EG: My mom got in touch with me Tuesday night, Tuesday night or Wednesday. Yeah, Tuesday night, I believe it was, late at night. It was either Tuesday night or Wednesday. I'm not sure exactly. My mom called me and said, "Your dad's OK." He was fortunate to get a hotel room, because his administrative assistant's son goes to LSU and looked around and found something for him. So that's how I heard. It was more always -- you know, in any chaotic situation you're always running around. I guess the time goes by so fast. You're trying to figure out what's going on. And I believe that was just my mom calling me. And eventually I tried calling my dad, nonstop, and eventually I got through.

RH: Mmm hmm. So you said one of your staff. Tell me what your position is, when --

EG: When the hurricane hit, I was a resident. I was in my residency program in internal medicine-pediatrics at Tulane. We work at the various hospitals in New Orleans, Tulane Hospital, Charity Hospital, University Hospital, the VA Hospital, and Ochsner. And so this was one of my pediatric staff that was now working at the central office. And I called and I heard her voice and I gave my name. And as soon as I gave my name, she's like, "Oh, Esteban, it's me. And I'll see what I can do," you know, "I'll coordinate for you to go

somewhere. If you come down, I'll make sure that there's somewhere you can work." And so that just sort of triggered in my head, "I have to get down there somewhere." At one point there was a radio show on WGN that was going to get me on the air to try to get me on a ride down to New Orleans. Because there was some truckers and shippers and all these people that were going to go down to bring whatever they could to help out. And fortunately, I found this flight and was able to get there sooner than later.

RH: Yeah. So then you got to Baton Rouge. And tell me what happened then?

EG: I got to the Baton Rouge airport. I found out one of the guys that was on the plane with me was someone who had gone to med school with me a couple years above me. And he had informed me that a mutual friend of ours was already volunteering, for the last day or so. We met up with him. He was actually working where my staff was working, as well. Ran into my staff, got credentialed, and then hopped on an ambulance. And initially we thought we were going to go out to the Chalmette, St. Bernard region, because we were informed that they needed help out there. But there was a lot of [chaos and] it was a slow process. You thought that as soon as you would arrive you could go out there and just go and help. And it seemed as though things were always delayed, delayed, and delayed. So as soon as I got there, it wasn't as though I could just sort of hop out, go, and help out. It sort of took a couple hours, and until we eventually left. I stopped by, said hi to my dad, told him, "I'm going to go try to help out in this." And so, soon enough, we hopped on an ambulance. We had our fishing boots to protect us from the water and some other equipment with us. And eventually, instead of going down to the St. Bernard, Chalmette area, we ended up going to the East Jefferson Hospital, the Causeway, and the airport to help out. And ironically enough, some of the people that were driving us in the ambulances weren't from the area, so I was directing them how they had to get from one point to the other. And prior to getting into New Orleans, you would stop in LaPlace and go through the military, fill up with gas, and then continue on.

RH: Mmm hmm. So what was it like? What were you doing and how did it go?

EG: It was sort of surreal. You never -- going in, there was sort of a sign -- it didn't kick in until you eventually got there. And you didn't know what to anticipate. There was all this media coverage, where you thought people were shooting people all over the place, it was dangerous, people were in dire straits, people were acting ruthless. It sort of portrayed, I feel, the worst image you could imagine. Not saying that this wasn't a tragedy at all. People were stuck in their houses. Many of my friends and colleagues had issues with their families, trying to get them out. And some of them used different raft devices, canoes, boats to get people out. And once you entered, it was a combination of nervousness and unpredictability, that you weren't sure what you were going to experience. Initially, it's the shock of seeing [everything]. There was a slow advancement of shock. You see the railroad tracks on the right, over the water, bent. You see trees fallen down. You see -- and the closer you got back into the city, you know, you're going through Kenner, Metairie, you kept on seeing more and more buildings flattened. And that was just in the Metairie and Kenner area, where there wasn't much flooding. And I think, as the group -- it was a group of doctors and nurses that were on board and first-responders. We all wanted to go to where we felt like the need was the greatest, and where we assumed was more where the flooding was, Lower Ninth Ward, Chalmette, St. Bernard, downtown New Orleans. You know, we assumed these areas were where they needed the most help, Mid-City, Lakeview. And we were turned away and told not to go that far. And so it was sort of an awkward silence when we entered the city, too. There was no one around. The first place we showed up, at East Jefferson [Hospital], it was chaotic. They said they needed help but they said they had enough doctors and nurses and ambulances there. The first group of first-responders we met said that half their crew left because they didn't want to be there or -- the way they sort of phrased it initially, they made it seem like they were so traumatized by the experience that they had to leave. And so it was sort of -- we still hadn't seen what the traumatic experience was. So sort of we're in this ghost town. It was like one of

those old Westerns, where you enter a ghost town and all you see is the sand and the air. We're still entering this ghost town where there's no one on the streets. But we see a little damage here and there. After that we decided, "Well, if they don't need our help here at East Jefferson Hospital, we're going to go and see," what the Causeway looked like. So then we went off to the Causeway. And it was the remnants of the 3,000 people, that were there. It was just a handful that were left there. The Port-o-lets were there. Clothes, trash were all in the streets. And we saw five or six people there, that we ended up picking up. One was just a child without his parents, with his aunt or -- I think it was his cousin or aunt that he was with. And then there was a couple of other random people that we just sort of -- with their bags of all their clothes or remnants. They just hopped in. We gave them some food and drink. And then we just headed off to the airport, because we knew that there was a bunch of people at the airport. And there was a huge triage center as well. It was one of the Disaster Medical Assistant Teams that were there. So it was made into a big triage center. And once we got over there, that's when you saw the tens of thousands of people that were no longer in the city but had been helicoptered out or brought by bus or by some aspect, to be rescued.

RH: Mmm hmm. So were you able to put yourself --? I mean, this is like the first day and you're --

EG: This is the first day.

RH: -- kind of trying to find a place to help, since in a sense -- (laughs)

EG: Right. And I think everyone was trying to find -- everyone had the sense of wanting to help. And you just -- you know that help is needed, from everything that you see. And so we finally get there and, you know, fortunately for the child, we ended up, through the thousands of people -- I don't know how we found his parents but somehow we found his parents. And that was sort of an awkward -- not an awkward -- a sort of a -- It was an experience that, you just realized how traumatic this was, how separated people were,

how chaotic, and how important that -- you know, some people that were able to find themselves. So it was -- But then, once we got there, you just had people locked in buses after buses after buses. It was sort of nonstop. People were [without] any food or any drink. They were still waiting in line to get food and drink. You saw the airplanes coming in and leaving and the helicopters coming in and leaving every couple of minutes. It was sort of a nonstop -- you saw people -- where you normally pick up people from the airport, from the baggage claim, you just see them lined out for roughly a mile, just waiting, in the heat. And we went and we tried to find the people in charge, the General and some other people that were in charge for the military and the medical assistance. And we're like, "We're here to help out." Fortunately, they let us help out. They realized that they could use us. But again, we waited another half hour, hour, hour-and-a-half until they realized how they could help us out. And it was just complete chaos. No one really knew [what was going on]. No one was on the same page. No one knew exactly how they were going to do things. It was in the second or third day of the triage system at the airport, so things were moving a little bit smoother. And people just kept on coming in. But the numbers were sort of endless. Eventually, we got to helping and triaging people at the airport. And I was sort of located downstairs with a team of four or five of us -- well, probably five of us. And we had the military down there with their AK-47s and all their big equipment. And we had sort of a fence up. And so people were sort of lined up to go into the first floor of the airport. And then they would be sort of -- they would then designate them to a separate part of the airport. And if, at any time, anyone was sort of sick, we would bring them out and triage them through. The awkward moment was if someone would pass out or if someone would say, "Hey, we need medical assistance." If we were to go out to help them, the military would have to follow us. So a lot of times some of us sort of went out there and the military would sort of run after us. And we would just try to help out, not seeing through the lines of whether it was dangerous or not, and just trying to help [where] we could. What sort of stood out for me was how appreciative a lot of these people were, after being trapped in

their houses for five, six days. You know, there wasn't that rampant chaos that we sort of think was, at times, portrayed on TV or heard about on TV. But I had a lot of kids and family just say all I could give them was water and some crackers or just random snacks. "Thank you. Thank you, very much." "Can I have one or two?" "OK, thank you." They were very appropriate, for being in a situation that was so traumatizing and so desperate. At the same time, you also had a mix of everyone out there, so with all the good people were an occasional bad person or two that, a lot of times, the military or the police were trying to make sure they got all the group that was causing the chaos into a separate location, and sort of pushed them to another location so that it wouldn't cause chaos amongst the rest.

RH: Mmm hmm. So could you explain to me, when you triage somebody, what that means?

EG: Yeah. We have sort of different -- In a disaster situation, you have sort of different locations based on the [urgency of the diagnosis.] And it's the same thing that works in emergency rooms. Based on the critical nature of the patient, you put them into their level of where they need to be. If someone's in critical condition, they usually need immediate care. So in the airport they had flags up, a red flag, a yellow flag, a green flag, a blue flag, and a black flag, to sort of designate the critical nature of where you would triage a patient. The day before, they had a black flag area, that I didn't see the day I was there, which was more people that were already on their way [to] dying, I mean, whether it was someone with multiple conditions that the heat and three days -- or just -- you know, in any situation, on any day, you're going to have people that are elderly [and ill], that may have multiple [medical] conditions, that there isn't much you can do for. You can try to send them out but they're already there. Those were in a separate location, the day before I arrived. And they weren't as much -- they had sort of a group of the nursing home location, where you were there trying to get all the elderly and nursing home patients in sort of a separate area, so they could triage them to wherever they were

triaging them to, which means wherever they were going to send them to afterwards, whether it would be Baton Rouge or somewhere else across the United States. Red was for the more critical patients, people who needed to be seen right away, have some type of intervention. Yellow was sort of like the yellow light, a warning. They're not critical but they need medical attention. And the other ones are sort of for more lesser intensity. So triaging is sort of, based on the critical nature -- or how bad or how severe the symptoms are in a patient, you would sort of allocate them to where they needed to be.

RH: And so were most of these people flown out at some point?

EG: Yeah. Most of them were flown out. We also had some -- [that] were brought in by either buses, helicopters, or ambulances, from what I saw that first day. And some people actually walked to the airport.

RH: It's quite a walk.

EG: Yeah. And as soon as they would come in through the helicopter or the ambulance or [whatever mode of transportation], they would come through one area, we would give them their water or their crackers or snacks, and, if something would happen to one of them -- you know, a lot of people were going five or six days without their medications. Some people hadn't had their medications in months. Just from how things were normally in their lives, they just couldn't afford medications. And the extreme heat, along with their lack of food, the lack of [medications], sort of put their condition overboard. And a diabetic may be going into what's called diabetic ketoacidosis, when they don't have the insulin for their sugar and they go into an acidotic state, which can be very critical. So someone then would need fluids and liquids, because they can become severely dehydrated. They need their insulin. They need to be watched. And [of] a critical nature. So those patients would move to [the] red area [because they were an emergency]. Some people didn't have fluids for a while and were dehydrated. We had one child that was 12 years old -- or ten or 12 years old that passed out. And we didn't

know why they passed out. Didn't wake up, initially. So we had to rush him to that red location and sort of figure things out, get some initial labs and do some things to sort of --

RH: And --

EG: Or not get initial labs but just sort of do some initial interventions. Because your resources were limited, at the time.

RH: Well, so this was a young man -- You said that, when you went to one of those areas, you were allowed one caregiver?

EG: Yeah, one caregiver -- so you had these families that could be anywhere from one or two people to ten, 15, 20 people, a group of families, that were waiting in these lines of -- I mean, it had to be at least tens of thousands of people waiting to sort of get into the airport. And [with] this one child, we were given instructions by the disaster medical action teams, the military, and the medical -- the generals, and [everyone else working] that, if someone needed triage/needed additional medical attention, you would have to get them, along with one other person from their family, and you could bring them, together. This one child, he was in a family of four. It was him, his sister, his mom, and his dad. I brought him [with his dad] through and I could see that his mom and his sister were part of those tens of thousands of people [left behind]. They weren't going to get through the airport. They weren't going to be flown anywhere. They were probably going to just wait there throughout the night. And who knows where they would end up? And so they gave us these instructions -- one family member with the patient. And the dad told me, "Hey, what can I do for my wife and my daughter?" And so what I ended up creating or doing was, in order for the family not to be dispersed, I gave the sister another diagnosis, eventually not having her be seen, and just had them all come through, in order for them to [come together].

RH: So they wouldn't be separated.

EG: Right.

RH: There was chaos. I mean, people had a hard time finding people who were sick, I understand.

EG: Yeah.

RH: They didn't necessarily know where they went.

EG: Yeah, a lot of people assumed that there was a system intact but when you were working there you just really never felt that there was something definite. You tried to sort of make what you could of the situation and get the best solution that you could. You know, there weren't all the medications in the world that you would normally see at a hospital or at a clinic. There weren't all the resources. You would just sort of make with what you could and go from there.

RH: Mmm hmm. So how long were you there at the airport?

EG: The airport, we ended up staying throughout the day to the night. We came back and were scheduled to work at a separate [location], what was called a generalized or a special needs shelter in Baton Rouge, that night at 1:00 in the morning. So a couple of the doctors stayed at the airport. Fortunately, also, ironically, at the time, I ran into some of my colleagues that I had worked with before the storm, in my residency, and different staff, at the airport when I was working there temporarily. And so some of the doctors stayed, slept the night there on the floors or wherever they could. We ended up coming back in the ambulance. And then we drove to a separate location in Baton Rouge where supposedly they had created all these different general needs or special needs shelters for people who still needed medical attention. One of the locations was an old Kmart building that they changed into a big triage center. Again, you had your red, your yellow, your green. You had resources. You had medications. And they're anticipating a lot of the people from New Orleans to be coming there. And so we went by. We saw how

things were working. There were some nurses there, there were some people working there, but there weren't any patients, at that point. And then there was also the Pete Maravich Center on LSU's campus, [which] was made into a big triage center, a special needs/general needs shelter as well, where we saw a lot of patients. We brought buses there as well. And that's where some physicians saw patients for the first week after the storm. After that it seemed like some of the locations sort of died down after a while. And there [continued] still this sort of unpredictable nature of, when you would all of a sudden see patients and [then] you wouldn't. So there was always a guessing routine to how many more evacuees would be showing up, how many first-responders we'd need [for] help. There was sort of uncertainty as to how many people actually needed the help [everywhere we went].

RH: And your reflection on it is kind of interesting, because you said that it was chaos, that sometimes you'd have people there who were more interested in being interviewed (laughs) on the news -- or by news media and that nobody was sitting and figuring out what was going on and, if you did that, you kind of started to get more responsibility.

EG: Well, the first day at the airport, [there was] media from around the world. I remember there was a moment when -- I think it was either one of the Japanese stations. They were trying to get camera clips of people in the critical area. And they're going over the screens, they're going on top of chairs. And you saw media from around the world trying to get pictures and snapshots of what was going on. And then you had people interviewing with all these networks from around the world. And at times it seemed -- again, I use the word surreal. Because it was. You have this catastrophe and people are taking the time to get in front of the camera and say something. And yet still they're not really sure what exactly is going on. At the same notion, no one can be at all the locations at the same time. The catastrophe was so immense that the various levee breaches, the various flooding -- it wasn't just one location. It was throughout. And so to have accurate information about the millions of people that were affected by this was

difficult. So what you started to find out was that, whether the information was accurate or not --

RH: So, being a native you had an advantage. Like they were sending some people to a place you thought was underwater. So there was probably --

EG: Yeah. As a native, you have an idea as to what locations and what's occurring. Considering -- at the Emergency Operations Center -- throughout the next couple days we started seeing the maps as to where [the flooding was]. And so I was fortunate in the sense that I had good bearings of the city and had traveled through Lakeview, Mid-City, New Orleans East, the Gentilly area, St. Bernard, Chalmette. Having traveled through the area, I had the bearings as to what was going on and where. And I think a lot of the people that came into town -- which was great. I mean, it was great to see that so many people were willing to come help their fellow citizens in an area that they're not familiar with. But at the same time, I think they weren't really sure where they were going, what they were doing, or where the flooding was exactly or where the help was needed.

RH: Mmm hmm. And how did you start to take on more responsibility -- you said.

EG: After the first day I sort of realized that everything was chaotic. So on the second day -- if you can call it a second day, because really we got two hours of sleep and went back out -- there was a center where all the ambulances were located, where the Wildlife and Fishery was located, where they credentialed the physicians, the nurses, and where everything was sort of allocated, at one point. There was actually two centers. But that one center was sort of at the Jimmy Swaggart World Ministry building, which was a combination of the Department of Health and Hospitals, Office of Public Health, the Emergency Operations, all sort of in one.

RH: That was in Baton Rouge.

EG: In Baton Rouge. There was also a separate Emergency Operations Center where different entities were sort of sitting down and sort of creating their own little center as to what they were trying to do, and sharing information. And so what I tried to do, as my colleagues were going on these military planes and sort of experiencing the military experience of it -- because the only way you could sometimes get in was through the military helicopters, the special helicopters, the ambulances, going through different areas by boat with the Louisiana Wildlife and Fishery. I just tried to figure out what was going on. I was answering phone calls. At one point I was credentialing doctors. And then I was figuring out why things weren't working together, why this doctor wasn't going to this location because the ambulance left or why the Wildlife and Fishery guys were leaving at 5:30 in the morning but they didn't have a doctor go with them. Everything was chaotic. Nothing was fluid. Nothing was being efficient. And each entity -- everyone was sort of helping in their own way but not working with one another. So a simple question as to how do you get medications with you or how do you bring medications to that location was you have to go to the medication room or to the National Stockpile. And sometimes people didn't know that. Or, "How can we get vaccinations?" That's a separate department. That's the Immunization and Vaccination Department. "How do you decide where we're going?" "Oh, that's the Central Command," where the ambulances and first-responders are all together. And they decide where all the locations are going. "Well, how do they know?" "Well, they get information --" Everything was sort of separate. Then you have the people in charge, the Office of Public Health, Department of Health and Hospitals. They're on their own separate conference calls for the information that they're getting and incorporating. [Also, many] people in those routine -- not routine -- some people who were already in positions of power were dispersed and weren't in New Orleans or Baton Rouge [so there was a vacancy of leadership]. Some people from the New Orleans Health Department, I remember, were in Dallas or Houston. So sometimes things weren't together. They weren't fluid. They were so preoccupied with what they were doing that they didn't have the time to figure it

out. And even though I didn't have the time, I tried to figure it out. And then, I think by day one that I was there, people realized -- somehow they listened to me. And I figured out how things were being done. And so, by the next day, I was coordinating which doctors were going where, what ambulance they were hopping on -- or what first-responders and ambulance were going with them, which nurses were going with them, and making sure they're all going to the same location, talking to Central Command to figure out what information they got compared to the information I got on my phones that somehow got through, and just coordinating it all together, the Wildlife and Fishery as well. Because at different points, no one was really on the same page. Everyone was sort of in their own separate world trying to do what they could. And eventually all the evacuees were being dispersed across the state and there weren't as many in that central location that they were originally. And then the water was sort of coming down some and different areas were having more access than others. And at the same time, from a religious perspective, you had a lot of the churches and synagogues, different religious establishments, taking people in, across the entire state. So all of a sudden you have a church in, let's say Folsom, or a church in Bush, Louisiana, and different spots around that all of sudden had 120 people staying with them, some that need fluids, some that need medication, some that need vaccinations. And at that point, no one was still really certain as to what the exposures were, whether people definitely needed a tetanus or a hepatitis A, a hepatitis B. The CDC still hadn't fully incorporated themselves into it and see what was break -- and no one knew. So at that point, the chaos of it was still they need all these vaccinations, they need these medications. They were still trying to sort of figure everything out. And also, no one knew what their resources were. So I think no one really did the inventory or figure out what was available and then how they incorporate it and make it efficient and put it into place.

RH: Wow. So how long did you do this?

EG: (laughs) Initially, it seemed as though, before other people started coming back into their positions -- I guess for a couple months. My residency sort of took a little [break]. For the first month, everyone was sort of given a [pass] -- not a leave of absence but they sort of figured out where everybody was. They tried to put them in locations where they had a more certain, secure location. Some people ended up doing their residency -- or continue their residency in a [separate program] -- whether it was in Chicago or New York or Birmingham or in a city where they're from -- to continue their training. And a lot of those residency programs allowed them to come and accepted them with open arms in the transient time. And our coordinators tried to coordinate as much as they could to make sure that they still had a structure for all of us. Throughout -- having this access to all these locations, I ended up calling some of my colleagues and some of my staff and saying, "This is a great opportunity for us to sort or reincorporate ourselves here and sort of stay true to what our message is, which is taking care of the people of New Orleans and Louisiana." And we had set up some clinics around town. Initially they were makeshift clinics. One was at the Omni Hotel -- the Royal Hotel. It was all locations where the New Orleans Police Department were, at one point. The First District Police Department was right across the street from the Covenant House. Eventually we had just sort of just a table, medications and doctors we would send out there. And eventually one of the nurse practitioners, PAs, and doctors were telling us that, "We may be able to get into that Covenant House next door." And the cops helped us get in there. And sure enough, after about a couple weeks we also got in touch with the head of the Covenant House. And then we sort of incorporated the residents that we were friends with to man it. We had our staff come down and help out. That's now developed into a [complete clinic]. And we got some of the people involved, at the high level at our institution, to finally discuss what they could do with the clinic. And two, three, four months down the line, it became an established clinic, that we now are using until today.

RH: So it's still going at the Covenant House.

EG: It's still going. Now it has a full structure. It has electronic health record. They're sending uninsured patients, both kids and adults. They've gotten grants from Qatar, \$5 million from Qatar, a Robert Wood Johnson grant as well. They've gotten a ton of resources. And it's working beautifully. It's working great. It's serving as sort of these ideal community health centers that they're trying to work. Another location that we had was right in front of Harrah's by where the Spanish Plaza is. We set up a tent -- or a table there. And we're giving vaccinations to all the workers and all the people that were still in the area that came by. At one point we got the Palmer Bascom Ophthalmology Group from the University of Miami, who came in, who are top line with ophthalmology -- come in. And they started doing free screenings and giving eyeglasses and diagnosing people, some access that some people in New Orleans actually never really had. And we eventually had a new van come in there that we incorporated from The Children's Health Fund. The Children's Health Fund is an organization in New York started by Paul Simon and his high school friend, Dr. Friedlander, who -- oh, not Dr. Friedlander -- I'm blanking out his name right now. It's killing me.

RH: (laughs)

EG: Oh, let me get to that in a second. I'm sort of embarrassed. I forgot now. But The Children's Health Fund is an organization that improves access to underserved areas. They're from New York and they -- They started in New York. They developed in 12 other [states]. And as soon as they heard about the tragedy, they sent a couple of units down here, that were mobile medical units. Initially, I had gotten in contact with them because I was sending them through what's called Region 9, which is sort of the St. Tammany Parish area, to help out. And eventually they came down to help out in New Orleans as well. And eventually they got together with the pediatrics part of my med-peds program and I had been working there as one of my pediatrics clinic for the year-and-a-half since the storm. So we were seeing patients in Chalmette and in the Lower Ninth Ward, on this medical mobile unit that they provided. And they're still here until

today, and collaborated with Tulane to sort of -- to provide services to underserved and uninsured patients.

RH: Well, tell me, like this mobile unit -- and you're telling me that they saw patients in Chalmette and Lower Nine. I'm sitting here thinking, how many months into this are there people down there, Lower Nine, and when are they starting to see people?

EG: Well, we originally -- You know, the way they sort of coordinated things was to see where people were going. Initially, when we started the clinics originally, it was where all the New Orleans Police Department was. So there was one at the Wal-Mart on Tchoupitoulas Street at the Lower Garden District. There's one near Magazine. There's one at -- The Omni Hotel is where I think the Fifth or Sixth District was. So we sort of made or clinics at those locations, where there was safety and yet we also knew there were services needed at those locations, and sort of spread the word. There's also -- some of the Charity residents, the LSU Charity residents, who had stayed at Charity Hospital. And I was also collaborating with them and trying to send resources their way, because they were trying to keep Charity Hospital open. And they worked with the Special Forces to [try to reopen the hospital]. They had a German draining system that drained all of Charity Hospital. And it actually took longer than what they thought [initially] it would because they didn't realize that it was connected to Tulane Medical School as well. So they ended up draining two [buildings] at once. And the residents in the Charity ER program, along with their staff, the military, and some of the Tulane residents, sort of worked there to try to clean it up. And it was actually the best we had ever seen the Charity Hospital look for a couple days. The first four floors were spotless. And we had even sent this one gentleman from -- oh, I'm forgetting where he was from exactly -- had a generator to turn on a small city or a huge building. And he was a previous military person. And so he was working with the Special Forces and saying, "How can we turn this entire building on?" And the Special Forces had related to us that, whenever they're in another country, what they would do would try to open up a location

that was pertinent from both a resource standpoint and also from an emotional or purposeful standpoint. And so they were trying to open Charity Hospital with us at the same time. And eventually that led to the Charity staff deciding -- or the Charity hierarchy deciding that no one should be in there. And they sort of kicked everyone out at one point and said, "There's no trespassing here. Don't try that. It's not going to work. The building has too much damage." So it was unique seeing everyone trying to work to make things move forward and still do their service to the city. And eventually things just sort of led to, wherever we found out people were, we would try to go to those locations and establish a way that we could serve them.

RH: So were you coordinating a lot of this?

EG: Initially, I was and then eventually we got more and more people into it. So as more of us got involved -- We found out where everyone was when we initially -- Just to sort of take a step back, a group of us were coordinating it. Initially, I was sort of the first person there. Eventually, you started seeing people get involved and realizing the contribution they could make. (I think he's trying to tell you something.)

RH: OK. Keep going. We have a few more minutes here.

EG: OK.

RH: So.

EG: Originally, you realized everyone wanted to get involved. And I think, once they saw, initially what I had done, what myself and some of my colleagues had done together, they realized the magnitude of what was occurring. And initially, you know, we were just residents, before the storm. Soon after the storm, we're in charge of roughly the healthcare of the region. And when we went to sort of help out at Charity, we went to the Naval Command Center on the [naval ship] they had, Iwo Jima, and we said, "Hey, we're volunteers with the Emergency Operation Center, the Department of Health and

Hospitals." And the head of the military medical team for Katrina, the medical assistance, found out we were on board and stopped us and said, "Hey, I really need to talk to you all. I haven't found anyone with the Department of Health and Hospitals, the Office of Public Health, and CEOs of the hospitals. Do you know where they are? We're meeting at Ochsner tomorrow with the Office of Public Health, the CDC. We're going to have our meetings there every day at this time. And you need to get people to go over there." And we sort of relayed the information. Again, it was a matter of getting accurate information, communicating person-to-person, and then relaying it back to our resources and then getting people involved. And soon enough we all got involved and saw how things were playing out -- and talking to the head people who were getting involved with everything that was going on. And we also opened up a lot of locations on the West Bank and by the Convention Center, where we got the military involved to take down some doors of the New Orleans Health Department clinics, and we just sort of manned those clinics, in areas that we felt had to be served. Eventually, the hierarchy came into being, into people that were sort of displaced and didn't realize what was going on, sort of ran with what we had started and realized that they could reestablish what was going on. And so, for the month of October, instead of rejoining my residency, they allowed myself and a couple of my colleagues, who, we all sort of worked together to get a lot of these things done, they allowed us to sort of continue to work on some of these primary care committees we had started, some of these operations committee that we had gotten involved with. And we worked jointly with them in order to get our residency reestablished back in New Orleans.

RH: OK. Let's take a break from --

EG: OK.

RH: [It's sort of m?]-

END OF AUDIO FILE 1

M1: We're rolling.

RH: All right. This is tape two of Katrina's Jewish Voices, with Esteban Gershanik. Tell me -- Now, you said too that Rita came. And what happened with Rita? What --?

EG: Well, it was -- You know, a lot of the shelters that were general needs shelters, special needs shelters, to serve people, and medical conditions, who needed help, were in Lafayette, were in Lake Charles, were in Shreveport. There were primarily more in the southwest and the nearest the city that you could get to New Orleans. And so, once Rita was coming, three weeks later [from Katrina], some of those shelters had to be shut down temporarily. So we ended up going from Baton Rouge, at one point, and going to Lafayette, once the storm was sort of passing by. And you realize the magnitude of these hurricanes once you're driving after they're passing by. The latter end of the storm was going through Louisiana, at that point, and I was driving a van for the Office of Public Health. And we're on the highway, going 70, 80 miles per hour, to get there as soon as we can with the ambulances. And you could just feel the van move with the wind. And it was a pretty frightening moment for me, because here I am driving and the van just sort of moving on me. (laughs)

RH: On its own.

EG: And there's some wet conditions and -- but we had to sort of clear some of their shelters, send people further up north, and then reopen some of the locations. So there was like the Cajun Dome, I guess, the Hymann Center -- or Heymann Center, and in Lafayette as well, that we had to reestablish and make them back into shelters for medical needs, general and special needs.

RH: They were starting to take in Texans.

EG: Yeah.

RH: Is that right?

EG: Well --

RH: Because of Rita.

EG: Yeah. Some of them would come back this way. And it's sort of funny. I mean, I -- or not funny but -- I had some friends that left to Houston and then were leaving to come back because it was coming towards Houston, were going to Baton Rouge, and then were leaving back to Lafayette. And they kept on moving around. They were sort of in no man's land. Wherever they tried to move, it seemed like some natural disaster was coming at them and they were told to evacuate. But with Rita, you know, fortunately -- I mean, the hardest part, for Rita, from my standpoint was that we went to sort of reestablish this center. We brought what we needed. We established what was needed. Some of the people were already in Lafayette. They had established a shelter beforehand. So they were accessible and had coordinated things better than previously, for Katrina. And then, when I had come back that evening, that evening of Rita passing by and setting up the shelter, the Central Command office got a call saying that one of the nursing homes in that area needed to be evacuated. And I had just spent all day over there and just come back. And they sort of looked at me and I was like, "I'll go back there if you all need me to." And eventually, somehow it was worked out and somehow these people from -- I don't know if it was from Lafayette or Lake Charles -- were sort of evacuated from that region. But you just realized just the resources were dying down and -- And the chaotic nature of all these events always led to something new popping up, and another need. Whether it's, at 1:00 in the afternoon or 1:00 in the morning, there was always something that just sort of randomly popped up throughout the evening.

RH: Wow! So you stayed in Lafayette for a month. Is that right?

EG: I stayed in Baton Rouge --

RH: I mean Baton Rouge --

EG: -- in Baton Rouge --

RH: -- for a month.

EG: -- for about a month.

RH: And was your family there at all or --?

EG: My father eventually -- my father initially was evacuated to the Comfort Suites, off of College Drive in Baton Rouge. I [had] never spent much time in Baton Rouge. I had been to a couple of LSU football games [in the past]. Other than that, I hadn't spent much time there. He initially was sort of nervous because he assumed that maybe something happened to their house. So he was looking to buy a house on the market, possibly. We had some friends in Baton Rouge, actually that we met through friends of ours from the Jewish community in New Orleans [who] had moved to Baton Rouge. And so they provided us some resources. We looked into things. My brother had moved, with his wife and their child, to Baton Rouge. His in-laws were staying with them in Baton Rouge. So they rented an apartment. My dad was staying with my mom and I in this hotel, once my mom came back from Mississippi and then Florida. Because they went from Mississippi to Florida and then came to Baton Rouge. And they were trying to figure out whether they needed to buy a house or rent a house in Baton Rouge. Still, at that time, no one really knew what was going on in New Orleans. There was all these rumors of people breaking into houses, things not functional, not able to go back. I think people heard of that for the first couple of weeks. Eventually, fortunately for my dad, being a physician he was able to get into town a little bit easier. I also sort of took a look at the house to see how things were going. And, you know, everyone had this doubt of whether they needed to buy something or not -- or move to Baton Rouge for a while. And that

was shared amongst my family, whether we needed to move to Baton Rouge for a while before we could go back. Because, you know, possibly your house wasn't there. Possibly your job was no longer there. What were you to do?

RH: So also, what about the place you lived? Because you're pretty close to the 17th Street Canal.

EG: Yeah. Initially, when I was in Chicago, the angles they were showing on all the major networks sort of made it seem like it wasn't the Lakeview side of the 17th Street Canal. They made it look like more it was the Jefferson Parish side of the 17th Street Canal. And so at first I thought I was in the clear. But as soon as you got additional information, you started realizing that that was on my side. (laughs) I live in a condo that's elevated, so I was on a higher floor, thinking that I wouldn't have had any damage. I knew my car was going to be gone, because it was only six blocks away from the breach. And once I finally got to my car, I got to see that -- it was my first car ever, that I had just bought three or four years before. And these leather seats now had a nice little algae, greenish-grayish look to them. It was more like fur seats now. And the car next to it actually had a couple of fish in it. (laughter) So I was actually sort of upset that I didn't get any fish and that the car next to me got some fish. And some things I'd left in my car were destroyed. And then, when I took a look at my condo, I actually had gotten some mold and some water from some floors above me, where their windows had popped. And the electrical system, the elevator, and the whole first floor of my building was sort of completely demolished. I mean, the windows and doors and panes were all cracked in. A lot of it was missing. The water actually came from the breach from the levee and it hit the other levee that's right in front of my condo and then put additional pressure onto the condo complex. So I knew it was going to take a little time.

RH: So [a thing?] -- I would just say, it's kind of fascinating because it came from the canal towards Lake Pontchartrain, the water came, and then stopped at a levee that

keeps like Pontchartrain in.

EG: From falling over into Lake --

RH: (laughs)

EG: Yeah.

RH: And then came back into your condo.

EG: Yeah.

RH: It's amazing --

EG: Or to the condo complex.

RH; -- the way the water -- the apartment, the building.

EG: Yeah. Yeah, it gave it a little bit of an extra wave, an extra push. But that was all the -- and the inception of it. And later on, the security guard told me how they tried to maneuver things so that the electricity wouldn't be completely destroyed and how the Fire Department ended up staying here, because it was a location -- and then people were embarking on their boats here so that they could tie them up to the second floor, so they could have a stationed location. So.

RH: Tying it up to the second floor.

EG: Yeah. (laughs)

RH: Wow.

EG: You have enough water up high to help out.

RH: Wow.

EG: But, I mean, fortunately for me, I mean, I was able to move back into my condo. I'm above water. It took a while to move back in. My parents' house was for the most part OK, except for a couple windows here and there. My brother's house was OK. They both live in uptown New Orleans. All I really lost was a car, that I got some money back on. And I was able to sort of eventually move in after some work. Not everything is perfect yet but compared to everyone else, I mean, my family and I are very fortunate.

RH: So did you connect at all with the Jewish community in Baton Rouge or did your family?

EG: Well, you know, soon after Katrina we had Rosh Hashanah and Yom Kippur. And we knew some people in the area. I was so busy, I actually didn't sleep for the first two, three nights, I guess, I was in Baton Rouge. I was working nonstop. The adrenaline, I guess, sort of got me through the night. And then I was averaging two hours of sleep a night for about a month-and-a-half. And my dad will make the joke that, you know, here he is trying to sleep and here I walk in at 2:00 in the morning to use the bathroom. He could see the light come on. And then he would see the light come on again at 4:00 in the morning, so I could take a shower and leave or just wash up. And so he knew exactly how much time I was exactly staying in the hotel, because the bathroom ended being right in front of his bed, so each time the light went on he can see me waking him up. But we met some people from the New Orleans community that were transplanted to Baton Rouge and some people that had previously moved to Baton Rouge from New Orleans before the storm that we were familiar with. Some of them had us over for Yom Kippur, to break the fast. And it was a really warm welcome. The rabbi of Sinai --

RH: Cohn?

EG: -- Rabbi Cohn, who's a good family friend, he actually married my brother and his wife. And also, his daughter was in my high school class. He was in charge of the ceremony for Rosh Hashanah and Yom Kippur. So it was fortunate to have a familiar

face, you know, away from that normal environment that you live in and just sort of know that things are still cozy. You appreciate things. It's unique to have Yom Kippur and Rosh Hashanah soon after Katrina, realizing, you know, what you appreciate in life and sort of add that religious perspective into the realm of what occurred.

RH: So did it feel like kind of a suddenly some normalcy in the midst of the chaos you were involved in or --?

EG: It never felt like normalcy.

RH: Never? (laughs)

EG: There was no sense of normalcy. The normalcy was not feeling normal. About a month later -- or sooner than a month later, my parents had already moved back to their house.

RH: When did they move back?

EG: Probably late September, early October -- late September. They were already getting started on how to get things together. They were able to refocus themselves. My brother had rented a place in Baton Rouge for a couple months. So he was out in Baton Rouge for a couple months. I moved in with my parents in New Orleans in order to sort of be back in New Orleans, do what I needed to, and feel like I could be sort of functional and make as much of a contribution as I could in the city -- and also occasionally make trips to Baton Rouge in order to see what I could do. At that point, I didn't have a car. I was actually borrowing my dad's car. And then, earlier on -- or the month of September, I had a friend of mine's car and also the people in the Command Center, the first-responders and people in charge of the ambulances, sort of grew a bond to me, so by the first week they gave me an ambulance. So that's also how I was able to sort of get around. So it sort of facilitated me getting the work that I felt like I needed to get done done.

RH: Mmm hmm. Mmm hmm. So how did you sustain yourself during this?

EG: You didn't think about it. I was so focused on getting what I felt like needed to get done that I guess I wasn't tired, I wasn't as stressed. It was almost a motivating factor. There was always something to do or something that was left undone. And I think also the people around you sort of realized -- everyone was so motivated to set something done, they sort of helped out. I saw some of my colleagues [just leave]. I know some of my colleagues that were at the hospitals when the storm hit took off to different cities and needed time to sort of decompress. Some people would be going out nonstop. After the storm, some people were discussing how there was an increased incidence of people drinking more, taking on recreational activities, sort of a coping mechanism for them in order to sort of help out with the stressors that came about through Katrina. The people I worked with, they would often, after finishing at midnight -- would go out for a couple drinks, to sort of relax, take perspective on things. I eventually would sort of have a late night dinner with them or a drink or two, down the line, but I never felt like I had that need to sort of decompress. I was more focused on what needed to be done, and the need, instead of the need for myself. I felt like there was a greater need or a greater duty that needed to be done, instead of having to worry about myself. And I think sometimes we were so preoccupied with getting something done, you're able to sort of forget about your own situation.

RH: Right. So it occurs to me, from the last tape, from your description of that you almost created a new form of residency, (laughs) well, you know, another -- what do you call it, where you have a focus or a --

EG: Well, I ran into one of my staffs that I had actually gotten my Master's -- I had got my Master's in public health and health systems management and one of my staff I ran into, he runs the Daughter of Charity clinics. He's the CEO of it. And at all these meetings, where all the people in charge of, whether it was primary care clinics -- or CEOs of the

hospitals, they're all at these major meetings that I was fortunate to go to due to some of my work and after seeing what I had done, we both discussed the notion of how it was like I had gotten a PhD in emergency operations. And at one point I sort of looked back at what was learned from 9/11, in reference to disasters, and it's some of the same principles, even though 9/11 was sort of in one central location, at the World Trade Center, and sort of dispersed and Katrina was sort of throughout. You sort of realize that the main things throughout chaotic or disaster, emergency situations are communication, making sure you collaborate with one another. And that sort of was the key, at points, throughout Katrina, is making sure that everyone communicated with one another, and not just communicating but accurately communicating. And then learning how to work together in order to get things done.

RH: Mmm hmm. So if you're engaged in turf, it made life a lot harder, I guess.

EG: Yeah, and you started to see that later on in the process. I think, initially, everyone was so vulnerable, initially, that they didn't have any turf to work with. And, you know, eventually, as some of us were sort of dispersed back from our new positions and then the old positions were starting to come back in, you started to see the older turf war sort of come through. At one point there was a hope that this would make a -- you know, everyone thought, in New Orleans, this was a new New Orleans, there would be no -- you know, there was no murders in the area. Everyone's like, "It's a crime-free zone." All the schools that were bankrupt are now -- we have a clear table, clear tablet. We can start everything from new. And know that it was a unique experience, because you had such hope for what -- an appreciation of New Orleans, because of the culture, the people, the uniqueness of the city. And then you had a hope of what New Orleans could have always become, its potential and where it could go. And then it sort of went back to sort of people not wanting to let go of what they knew of their position in New Orleans. And it was sort of -- not to be lost in all of it was, still, a lot of unique collaborations were formed, unique partnerships were formed with one another. But as things progressed in

the recovery -- or let me change that. As things didn't progress in the recovery, people started to learn that there's less area, there's less resources. If we still want to be here as an entity, we have to sort of see what we can do for ourselves and see what we can make and go from there. I don't know if I'm making myself clear. Not that it was a bad thing, at times. But I think, at times, some people, in order to fight for their own survival, you just sort of -- see what they can do. And so after a while, I think, when everyone was collaborating and trying to get things done, people's hopes sort of weren't being fulfilled. And the more it continued, the more it continued, the more it continued, people started to realize, "Where are we going to go from here?"

RH: Mmm hmm. So it seems like, if I'm understanding you, that the resources -- you realized that things weren't getting done. And so the resources were sparser. And so it kind of deflated the hope.

EG: The resources were sparse but it was also a matter of the opportunity for greatness. Not that things aren't great. But there's an opportunity to make something that was new, was top of the line and there was a moment to seize the opportunity. And I think, as people saw that opportunity diminish, they started realizing, "We're going to have to make do with what we have." It's sort of we're almost two years out and people still have those false promises of how much money they're going to get from The Road Home program. After two years of people using all their resources, their savings and not having nothing, there's only so far you can go. Someone who doesn't have any resources and all of a sudden loses their house, their job -- in a new city, going through all their savings, if they have any savings, there's not much more you can do.

RH: What happened when you were --? You were talking about when the hierarchy started to come in. About when did that start to happen and when did you start to feel the programs, I guess, more in shape of what they had been pre-Katrina?

EG: They never eventually got completely formed to what they were pre-Katrina. I think each person and each individual -- or each entity had their own individual issues to deal with. Certain people had their own unique perspectives on what they needed to do.

RH: Did you feel territorial about some of the things you created and like, "I want these to continue."

EG: Yeah. I mean, I think it's only natural for one to feel that way.

RH: Did many of them continue? Did many of these things --?

EG: Many of them did continue. But you also realized that there are certain people in certain positions that, that's their job. And just because they're not there at that one time, but they returned back to it -- that it's their duty to sort of do their work. And I was never naïve to the notion that that was going to continue the way it was going to continue. At one point I even thought about just dropping my residency and trying to start something anew, just because I felt so dedicated and so passionate about getting something done that needed to be done. Eventually, a lot of things did occur. A lot of people took the reins and sort of -- I guess they had to sort of take a quicker class as to learn what had happened over the first couple weeks, the experience that I'd had first-hand and people sort of had to get, I guess, second- or third-hand, and sort of catch them up with things. You're a little bit territorial but, at the same time, you want the ultimate thing to be done. So what I ended up realizing was, as long as the job was getting done, I was sort of happy with that. If someone else takes the reins of some of the work that I did or my colleagues did, I think the bottom line was, as long as whatever gets done is going to benefit the people -- and the people in need, that was ultimately what the mission was.

RH: Mmm hmm. So what happened with Tulane and the residency programs in the medical school?

EG: Each residency sort of had a different situation. The medical school relocated to Houston. So the medical students went to Houston. The residents were dispersed throughout the country. For my residency, we had a couple that decided to change residencies. Some people had unique personal situations for which they couldn't return to residency. Some people had their significant others that had jobs in different locations. Because, frankly, there weren't a lot of businesses in New Orleans or the region at that time. Some of them discontinued. So some people would go to their hometown, knowing that they had a house to stay out, and finish their residency there and get credit. Eventually, each director was sort of creating what they could of the situation. Some people would leave. That was for all residencies in New Orleans and the region. Fortunately for Ochsner and East Jefferson, their hospitals were maintained and sustained throughout the process. So their unique residencies were continued. One of the calls I got after the storm was actually from one of my colleagues that was doing pediatrics at Ochsner, telling me, "Hey, can you help us get out of here?", which eventually developed. For Tulane, for LSU -- LSU, fortunately, had some resources in Baton Rouge. And Tulane, eventually, was sort of trying to figure out what you could do. I mean, everyone was sort of in the same situation of not knowing how things were going to move forward. All we could go on was what our superiors said was going to be the next step. And a lot of times the answer was, "We really don't know." Some of our training was moved to the Tulane lakeside location in Metairie, where we never worked before. And we tried to make do and make a medicine ward and a pediatric ward out of locations that were never medicine or pediatric wards. And then some of us did some work at Ochsner. Eventually, some of us also worked at West Jefferson, at one point. We did what we could. We also -- a lot of the residents went to the clinics that my colleagues and I created throughout the storm and sort of developed it into an actual established clinic. You know, now one of the clinics serves the community and has seen at least, I think, 7,000 or 8,000 people and is fully funded. So it's --

RH: Which one is that?

EG: That's the Covenant House clinic.

RH: The Covenant.

EG: The Children's Health Fund is also seeing thousands of patients and giving medications, vaccinations, the whole extent. So eventually things slowly opened up. The hospital opened up in November of 2005 -- November -- around that time. We slowly --

RH: 2005?

EG: Yeah.

RH: OK.

EG: I think four or five months after the storm, the hospital reopened, not with the same resources, not in the same situation. We made what we could of what we had. We didn't have the same amount of nurses. And we went from there. The VA opened up, on their ninth and tenth floors and their parking lot, a clinic for the VA patients. And we had access to those resources. So we'd see some of the VA patients on the tenth floor of the VA building. And so, slowly, as things opened up, we did what we could. All the hospitals and all the clinics in town were full. But it was also a matter of knowing when would the evacuees eventually come back. Because the question was are you going to open something if they're not going to come back? What's to come of it? From a residency standpoint, you have to do so many rotations, you have to see so many patients. So different program directors sort of guided where people would be, whether they would stay in the city that they were in. A part of our residency had moved to Alexandria, because we had done some work previously in Alexandria. Some people were in Biloxi. Some people were in nearby locations and in other cities. Part of my pediatrics program had gone to Baylor. Baylor accepted us with open hands. And University of Texas Houston, University of Texas San Antonio, some of those locations,

were where some of the other residents were doing rotations for six months. So some people, while they had their mortgage here, were also paying rent over there, and trying to figure out where they were going to go and what was going to happen. So it was a fluid time. Everyone understood it was a fluid, transient time. We never knew what was going to happen next month, where we were going to work, exactly. Plans were always evolving and changing. And that was just the nature of the beast.

RH: Oh. That's an interesting personality, to be able to deal with that fluidity, I think.

EG: Yeah, and, you know, the irony of it is that residency is supposed to be based on a stable time in a physician's training, where they can focus on just learning. At times, working at Charity Hospital, University Hospital at Tulane, that in itself -- or at the VA Hospital -- anyone who's ever worked in any of those hospitals knows that, in itself, it can be chaotic often. But in all of that, you put in an ever-changing moment of every day of your residency not knowing if you were going to see patients, where, what. I mean, you have to learn how to transition and -- and there were some people [who] had to leave. And some people decided to stay. And all the power to the people who decided to stay, because they really felt they had a mission to serve the people of the area.

RH: Has your networks, the people you work with, are they around --

EG: Yeah.

RH: -- now, your --?

EG: I mean, most everyone moved back after about six, seven months. There was about, I'd say, 10% of people that may have had to go somewhere else, due to professional, personal reasons.

RH: So your colleagues -- because it does seem like a lot of people -- a lot of physicians have left the city.

EG: A lot of physicians have. I think what gets lost throughout a lot of this is, sort of the resident physicians, which are the physicians in training, a lot of them stuck around. They just had a sense of wanting to stick around in the area. And my father and I actually collaborated the work and made a party for everybody who stayed --

RH: Oh, wow!

EG: -- and raised money to sort of -- for their pursuits down the line, for continued medical education. And you could see that it was a relief for a lot of residents that they were acknowledged. A lot of times, residents are sort of the lower people on the totem pole. They're just doing all the work and then the staff members and everyone else sort of gives them a little checkmark and that's it. And you could see, when we threw this party, that a lot of people realized, "Oh, people do appreciate us. We really need this release." And it was good to see. I mean, 1,000 residents, I think, is what we have, total, around in the area, somewhere around there, who just appreciated, you know, knowing that they were appreciated --

RH: Wow.

EG: -- especially when people could -- my brother was telling me, early on throughout the storm, that I should take advantage of the moment and transfer somewhere else, transfer to a more acknowledged institution. And some people ended up going to the Harvard's and to a different location. But I think the ones that stuck around here had a unique experience.

RH: Mmm hmm. So let's shift gears a little bit, and tell me what it's like to live with your parents again, after you're (laughs) an adult. And how many months did you live with your parents?

EG: Months or years? It was a year, about, that I lived with my parents --

RH: You lived a year?

EG: -- a little bit more than a year. My old high school bed, my old high school room. People would say, "Oh, it must be great to have people who will do laundry and cook for you." What they forget is that, even though I'm back in my high school room, in my high school bed, my life isn't my high school life.

RH: (laughs)

EG: And I think most people, during Katrina, experienced this. Your privacy sort of changes. Now you're with whoever you're living with. Many people took on their parents or their cousins or extended family in their homes. I think my parents sometimes forget that I'm working 80-hour weeks, at times. I'm not used to doing duties around the house like I used to. I also used to do some work with my dad. So for him it was just natural to ask me to do little things around the house, because I was there.

RH: After your 80-hour week. (laughs)

EG: Yeah! A son has to do his duty, I guess.

RH: (laughs)

EG: But again, at the same time, I mean, I was fortunate that I had a place to go. I think everything throughout the storm was about perspective, knowing what you have and what you don't have. So.

RH: Mmm hmm. What are some of the things in the city that you think are worth preserving?

EG: I think each area of the city has its own unique personality. One of the things I always like about New Orleans is that you can go five minutes away and the area will be completely different. You can go by the Audubon Park area in uptown New Orleans. It

has its own little feel. You can go up Magazine, which has its own unique perspective. And next thing you know, you're in the Garden District, which has its own other feel. And the Lower Garden District has a different feel. Then the Warehouse District's completely different than the central business district. And then the French Quarter. And then you have the Marigny, the Bywater, Lower Ninth Ward, Mid-City. Each of them is so close together, yet has so distinct personalities. I've been fortunate to know most of the areas. I think sometimes people in New Orleans are very territorial. They're very tied to the location that they grew up in. And I think I've been fortunate that I've had friends in every area, that I've always been able to appreciate the uniqueness of each area. And I think preserving that, the culture of it, the food, the music. Those are things that -- the personalities of some of the people, the -- you know, when my family first moved here, people welcomed us with open arms. They brought us food. They introduced themselves. They were always there when we needed them. And they had no need to go out of their way to help us out. And they did, when we moved here. And so we always felt a duty to help those around us. And New Orleans is one of those environments where people are so open and warm about that.

RH: Mmm hmm. Do you feel it's real different after the storm? Is New Orleans different?

EG: It's different. But you still find its essence. There's still those areas where you know what New Orleans is about. You can go to a place -- you were asking about socializing, earlier. You can go to a place like Le Bon Temps Bar and go see the Soul Rebels performing. And it's a mix of black and white New Orleans, in a bar that has a little unique personality to it. You know, in other cities you'd have to pay a cover fee of \$5, \$10, \$15, \$20 to get in to see music, that in New Orleans you can just sort of walk in for free. Everybody's dressed in a relaxed manner and just enjoying the moment. I think, in New Orleans, people often enjoy the moment. They have that spirit, whether it's Jazzfest or, you know, Mardi Gras or the hundreds of festivals that we have around town, the

Saints, the sporting events. There's always something going on around here. I also love the fact that you can sort of walk around in New Orleans in different parts and see the historic aspect of it. I know, soon after the storm, what was unique for me was I walked around downtown New Orleans in the French Quarter and you just start seeing things from the 1800s that you don't really realize that was so original and been there for years. You go to any other city -- most other cities in the United States don't have as much history that this city has. And I think that uniqueness that comes from its history is something to be preserved.

RH: Mmm. Do you think racial tensions have been heightened from the storm, are --

EG: Yes and no. Being someone who -- I'm Hispanic and Jewish -- or Latino and Jewish, better said. I have friends from all backgrounds. I can hang out with friends from -- I could hang out and be the only guy in a group of black friends and it won't make a difference. I'm with them. I can be with my uptown friends, who are all white. I can be with them. Hispanic, Jewish, Vietnamese. It's always -- I think, for someone who's been exposed to all those groups, I've had perspective from all their insights. And they all talk about one another, when they're in their setting. After the storm was a unique moment, because, in a coffee shop in the Garden District, and you had students from Xavier and students from Tulane, Loyola, all studying at the same shop, you know, and students from Dillard. So, you know, all of them were studying in the same locations. And so it was nice to see -- at that point, for me, it was like, finally, these people who -- you know, whether people were previously living in St. Bernard, Chalmette, Gentilly, New Orleans East, Lakeview, places that were underwater -- are now sort of hanging out in the same area, so they're getting to know each other a little bit better. After the storm, you got to see everyone sort of mixing a little bit more. And as things progressed, you started to see sort of -- I think, people's hopes for the city and the promises that things would be better, once they didn't come to what people -- for what people thought it was going to be, I think there was anger. And I think sometimes, when people get angry, they need to

sort of see where it comes from and sort of place that anger along different lines. I think the racial subject is something that's always been sort of sensitive in this area, and then across the United States for that matter. And I think, for people who have not been able to sort of venture between all racial lines -- sort of lose track of that. You know, for me it was unique to see that, after the storm, the people who were cleaning up the Superdome and the Convention Center were all these immigrants and this new Mexican feel into the area. And to see people in the clinics I was working in that weren't getting paid, were doing all this work, didn't have all their hazardous equipment, were sort of disenfranchised, it was almost like a new slavery. Because people were being brought here, taken advantage of, and then sent back, not knowing where they were being sent back to. It brought a new racial element into New Orleans. You know, we're two years out and now we're having unique aspects of whether taco stands can be on Veterans Avenue. It's unique that each race has always sort of felt as though they haven't been at the forefront. And yet, whenever a new race sort of enters the picture, it sort of creates more of a -- threat, from what I've seen. Brett Anderson, the food critic for The Times-Picayune, I thought wrote a great article, on the second page of The Lagniappe. It talked about how he found it interesting that the Sicilian, Italian immigrants that came into Jefferson Parish and came serving mufalettas, which was known as like a poor man's Italian sandwich, just to try to make their stake in the area and make it, are now the ones trying to push the taco stands and the Mexican [and Latinos out]. And then the sad thing is that they're not all Mexican. The majority of people here are from Central America. And the Honduran population in New Orleans was the third or fourth largest Honduran population in the world, after the three top cities in Honduras. So a lot of this population was already here. But to see it so open -- it's ironic that people whose families, in order to establish themselves in the area -- are now trying to move out those same families that are now trying to make their own mark in the area.

RH: Right. Do you, yourself -- or are you seeing any ways, any movements to try to not duplicate some of the racial divisions? You think there's ways to --

EG: I think the one --

RH: -- kind of recover?

EG: Are there ways to recover? Yes.

RH: From racism (laughs) and whatever, I guess.

EG: You see, I once took a sociology course that said that racism is based upon the hierarchical sense of race, who's on top and who's on the bottom. The only way to see through racism is that if you don't judge people through race, if you see them first as a person, for who they are. And then, whatever their background is is just sort of something down the line. First you have to see the person as a person. And then, whatever race they are, whatever culture they are may encompass what they are as a person. I think, a lot of times, when you don't know who the person is you tend to see their race -- or people tend to see their race, because it helps generalize who they are, and tend to not see the person for who they are. They tend to see them as a race. That, in itself, is racism. It's nothing that can sort of disappear overnight. I think it's something that's going to take years to overcome. We talk about racism as something that's sort of easy to sort of talk about once and then it's going to be resolved. I think, in due process, things are going to have to change. And it's also a matter of establishing our infrastructure. When you have public schools that aren't functional, with poor teachers, an establishment that's not there, you can never change things. So it's a matter of the only way that race can be resolved is that if you fix everything on the whole -- have an open dialogue, have everyone talking to one another, and have more interaction amongst people, to where things can sort of push towards moving forward. Until that time, race will be talked about but I don't think will be fully understood.

RH: Mmm hmm. Do you think that --? Because you were here on the ground. Do you --? Well, actually, I guess you were here by Thursday. Do you think there was racism

involved in, I guess, the first response and recovery?

EG: Yes, in different ways. If I'm an African-American who's stuck in my house -- I'm going to give you a little different perspective on this, because it's one that's really not talked about as much. If I'm stuck in my house and the only person who's -- most of the people from the Louisiana Wildlife and Fishery are white, redneck type atmosphere, yelling for people to get out of their houses. That in itself can sort of cause a little -- not the easiest of moments, at times.

RH: OK.

EG: Just one of those things where you don't really -- it's clear to see black and white if you want to make it black and white but I think the complexity of racial issues go far beyond getting a simple answer. All you can look at is the history of race and see how that played a role as to what happened.

RH: Tell me, do you have a different understanding of the local, state, federal government than you did before?

EG: Yes. In what way would you like me to describe --?

(laughter)

RH: Well, has your understanding of them changed? Has your --? Maybe something you took for granted before, maybe that you won't take for granted any more.

EG: I think everyone, from Katrina, learned that you can't depend on government, you can't always depend -- and wait to see if your elected officials are going to follow through. Sometimes the leaders have to come from the community itself and sometimes you have to be your own leader, in order to make things happen. That's sort of what I learned.

RH: I want to move now to kind of another section. I don't mean to jump around.

EG: Oh, no worries.

RH: But I want to --

EG: I may want to take some of that racial stuff out --

RH: OK.

EG: -- from what I said, just to sort of tell you.

RH: (laughs) Actually, I think race is an incredibly complex -- and you kept it very complex. And it's such a complex issue. But I also feel like, for history, we should at least try to talk about it. (laugh)

EG: Well, I minored in African-American studies at Emory --

RH: Oh.

EG: -- and sort of worked on the Martin Luther King papers --

RH: Oh, really? And then, as you said, history plays such a big role in how people perceive.

EG: And we can't change history. We can only sort of learn from it.

RH: Right.

EG: And that's the only thing we can take from race right now, is sort of learn where things were prior and how we can move forward from this. Dillard University used to have -- Dillard University, which is a black college, founded by Jews, if I'm correct --

RH: Right, right.

EG: And the Jewish community always tend to sort of see what they can do, at times. I mean, it's not something that I learned before. You had a question on there whether I learned something new about the Jewish community. I guess you were trying to go at did I learn that the Jewish community was so giving or came through, in times of need? And you sort of learn, throughout the years, that it's always been that way. They always tend to sort of look out for one another or do something in order for people to learn more about their Judaism. And so these black-Jewish relations talks at sort of conventions, that sort of now don't exist any more, there are open discussions about the race topic and why certain things work out the way they do. And it's an open expression -- and sort of talked about things that needed to be talked about.

RH: Mmm hmm. Right. Well, so this is where I was headed, was into the Jewish community. And did you draw on the Jewish community in any ways, over the past two years? Did you accept help from the Jewish community --

EG: (laughs)

RH: -- the \$750 of --?

EG: No. I guess my father -- I'm a -- I don't want to say proud person. I realize that there was more people in need than I was. I felt very fortunate throughout all this. I knew there were a lot of resources out there, whether it was through the Jewish community, whether it was through different grants, whether it was through the medical community. There were a lot of resources there. I felt too appreciative of what I had and felt like there was probably other people in greater need. And for that reason, I didn't really search out -- not search out -- I didn't accept anything, even though people were more than willing to, you know, help out, from various communities.

RH: What has being Jewish meant to you during this experience?

EG: Try and figure all that out.

RH: Has your Jewish identity changed any? Has your understanding of yourself as Jewish changed any?

EG: I think I've always had a strong sense of what it meant to be Jewish, a sense of community. Having once been in Berlin at 4:00 in the morning, by myself, thinking that I'm by myself here and I'm waiting to take the train and I don't know what could happen here and this is where history was, had me grow in appreciation of what it was to be Jewish and how the Holocaust was just 60 years ago. This experience just sort of reiterated what I've known for years, in the sense that we've always had our Jewish community around us, I think, my family, in this area. We've had close friends from the Jewish community who were always there for us. And so I don't think it's really changed my perspective of what it means to be Jewish. Katrina just reinforced what it meant to be Jewish, I think, a sense of giving, knowing that Jewish funds were out there for people in need, seeing --

RH: Have you been proud of the Jewish community?

EG: I've been proud of all the religious communities, ironically enough. It's been spoken about, time and time again, how all the religious-based communities sort of stepped up to the plate in the midst of Katrina, how the Catholic community and the Jewish community, the Islamic community, they all sort of came with resources and services to provide help. And I know that we even had some Israeli physicians that came in town to try to help out as well. To say that it changed my sense of being Jewish, I can't really say it did. It just sort of reinforced what I already knew about my Judaism and what I know about the Jewish community.

RH: Mmm hmm. Are you involved in any of the rebuilding of the Jewish community?

EG: Directly, no. I always try to make sure that -- I've tried to take part in the rebuilding community of New Orleans. And I've tried not to make a particular subjective sect or

anything of that sort. I try to make it just sort of an overall rebuilding of New Orleans, is the way I try to contribute, in any manner that I can. My work schedule's already working 80 hours a week. It doesn't provide you with much time to help. But I just try to help out with the public health fairs, the clinics. I haven't been involved directly in any specific Jewish endeavor. There are some things I almost got involved in but, because I'm uncertain of where my future lies, I'd rather just sort of stay part in what I can and go from there.

RH: Has this experience changed your understandings of God?

EG: (laughs) No. I think we all have our own personal feelings about God, in whatever fashion that we encompass it in our lives. I think this may have reinforced different people's feelings about God or how they incorporate their sense of God or religion or spirituality.

RH: Can you articulate your -- or do you mind articulating your understanding of God or your spirituality?

EG: I think I've always had my own sense of morality that I've lived by. I think everyone has their own sense of morals, whether it's something they get through religion or their spirituality or God. I can't say any of that has really changed. It's made me appreciate certain things more. But I don't think God's impact on Katrina -- or the impact Katrina had on God ever -- or the perspective of that ever changed. It's just each person, I think, goes through their own personal experience and realizes what's important to them, what's not. I think it's all about -- I think I said before, for me, it's about perspective and what you appreciate and what you don't and what's important in people's lives. For me, that really hasn't changed, in terms of my spirituality or where I consider God or whether it's changed since then.

RH: You were talking about your perspective. Have any of your priorities changed?

EG: Yes, a little bit. I've always done as much as I can for others. And I tend to forget about myself, at times, and family and things of that nature. And so -- I'm going to have to -- my family's always been sort of a tight-grouped family. I think it comes from both intrinsically and also culturally from both the Latino side and the Jewish side. I think both communities have a strong sense of family. And I think that hasn't changed since then. I think, for me -- I'm forgetting where the question was going, again.

RH: (laughs) Just a sense of priorities, and that changed in --

EG: No. It makes me stay true to what my sense of duty is and realizing that I also have to prioritize myself at times and not forget about myself. You realize how fragile life is, how many people lost family members. You realize how important friends and family are. And even though I work a whole lot and my time's limited with my friends and family, you appreciate them more, I think. And you learn how to prioritize what you need out of life, as well, instead of -- I think sometimes, in the medical community, people sometimes prioritize everything else but themselves -- or in the philanthropic community or people who just tend to help them, to sort of focus more on other people than themselves. And at times, you realize you sometimes have to worry about yourself.

RH: OK. Let's wrap up on this tape. And I have just a few more questions --

EG: OK.

RH: -- to ask. Do you want to get up and move around?

END OF AUDIO FILE 2

M1: Rolling.

RH: OK. Tape three of Katrina's Jewish Voices, with Esteban -- Gershanik. (laughter)
Excuse me.

EG: It's not the easiest of names.

RH: I apologize. You have been in a position to help people an awful lot. And so I wonder if you could tell me what's the best kind of help that people need?

EG: People need comprehensive help, more than any one individual can probably give them. They need a network of help. The issue I think many physicians have in the city is that there are so many people to see, yet to truly treat the entirety of a patient you have to deal with every aspect of it, whether it's their physical health, their mental health, their social health, their home situation, what resources they have. And sometimes it's overbearing. There's only so much help you can give, sometimes. And I think that's extremely hard.

RH: Mmm. We were talking off camera, for a minute, again, about the race issue. And I was wondering if there was something else you wanted to say.

EG: Well, I had made the brief comment about how it is hard not to, throughout the early parts of -- or even now, through Katrina, how it's hard not to really see -- you're asking whether there's an aspect of race to all this. And it's hard not to see race, at times, when you had -- you know, almost all the people we had at the airport were primarily African-American. Most of the people that we saw cleaning up and rebuilding were a lot of the Central American or Mexican -- Hispanic folks. And, you know, it's something that's there but, to talk about the complexity of it, I think, is far more expansive and would take an interview -- or there's no simple answer. There's an aspect of race there. But as I said previously, I think much of race also has its sort of historical aspects that maybe we can learn from but in order to put in detail the extent of race is sort of difficult.

RH: Mmm hmm. OK. You said you witnessed and learned about the politics, bureaucracy, and just how different people react in the midst of chaos. What kind of things did you learn about that?

EG: Chaos can bring some of the best people in the world. Some of us are -- usually, and I think we saw it through the tsunami, through Katrina, 9/11, you see people who are willing to help -- the bravery, the willingness to help. At the same time, it'll bring a few people who are enticed by the drama, who are more there for themselves than they are for the actual need. Now, that's in the minority, I think. Katrina showed us how giving people are, how willing people are here to help. People are still here, to this day, building houses, cleaning up houses, doing what they can for people around the community. And I think that's something that, as a community or as a race, we need to be very proud of. All humans have come down here to -- people from various different backgrounds and from around the world have come down here to help out. And that's something I think that people can be very proud of. At the same time, it can also bring people who like chaotic situations. Some people like the chaos. So with the majority good, you bring the minority bad. But the good usually outweighs the bad in situations of chaos.

RH: You said for the most part you've taken a stand of just trying to be more positive. Could you kind of explain that a little bit?

EG: Well, I think there are so many negative things in this community after the storm that it's easy to get yourself down. There are so many positive things occurring too. And I think it's easy to focus on the negative. I think that on TV people usually like to highlight the negative. Scandals bring bigger ratings. Negative aspects of things bring greater ratings. It's easy to be connected to the negative. It's easy to spot out the negative, because it's so apparent. And you sort of lose sight, I think, at times, of the positive things that occur in the community. And sometimes the positive things go under the radar. It's not talked about. It's just sort of done. And I've tried to be more positive,

because there are so many good things that are occurring. And you have to look at the positive, because I think it sort of helps you move forward. If you get yourself focused on the negative, it sort of brings you down. You tend to get in a rut sometimes, may not want to get out of it. And I think, when you focus towards the positive, look forward, it sort of helps you move along.

RH: What's one of the most positive things that you see coming out of the storm?

EG: I think a lot of people have come to New Orleans, both from away and people who have moved to New Orleans even though they're not originally from New Orleans. And I think people that are from New Orleans and love New Orleans have made the dedication to stick around here, even through the hard times. I think that's a very positive aspect of things. I think a lot of people have started to take things upon themselves instead of waiting on others. I think people realize that, a lot more, the future is in their hands, they can't trust -- not as much trust -- they can't depend on, whether it's the national, state, or local government, at times. And they realize that, in order for some things to occur, they have to do it themselves.

RH: What's one of the things you're proudest of that you've done?

EG: I think just the establishment of some of these clinics and just sort of working with my colleagues to sort of create an entity that is still in service today and is being useful and having a service to the community and making an impact. I think that's one of the proudest things I can think about. I think I'm also proud of the fact that I've been able to sort of continue on and move forward and sort of not be as much, you know, with a focus on the task at hand, and still try to contribute in the community, without bogging myself down as much.

RH: Well, is there kind of a memory of a remarkable moment in the rescue operations in the initial period that you were involved in, that you witnessed yourself or --?

EG: I think there were probably a couple moments that I had. I think when I was able to triage the entire family together. I thought that was sort of a proud moment for me, because I had just arrived and sort of bent the rules a little bit in order to make sure that a family was together. Having one of the children that we found at the Causeway find their parents was sort of a proud moment, not, in a sense, for myself but just sort of for them, knowing that they were able to be back together. And then also, I think -- I had something in my head that just sort of disappeared. (laughs) There was a moment when the people in charge of the Command Center sort of gave me my own ambulance. And I thought that was a proud moment because it sort of told me that they believed in me. And just sort of the trust I received from people in charge of every aspect of the Emergency Operations, the Office of Public Health, the Department of Health and Hospitals inviting me, a resident, a volunteer, who just happened to volunteer and make a difference, and inviting me into their world and access to what had occurred. So, I mean, that was sort of a proud moment or a glaring moment for me. I mean, to be on Iwo Jima and talk to the medical director of the Army for the Katrina operations -- talking to me bluntly and openly about what's going on and what we need to do and trusting me and telling me, you know, "Hey, I need you to do this and do that. And we're all in this together." You know, I think it's sort of rewarding and it's a proud moment to know that you've done things that have continued and -- I mean, those were some moments that sort of stick out for me.

RH: Mmm. What would you like to see for --? No, I have a different question I want to ask you.

EG: (laughs)

RH: Are you going to stick around New Orleans? Do you think you're going to be able to stay? Or --?

EG: I don't know. I think many New Orleanians have a love-hate relationship with this city. There's things you love about the city at times and there's things you hate about the city at times. Sometimes there's not that happy medium. It's one way or the other. There's a lot of things to appreciate about this city, the uniqueness of it, which I talked about earlier. But at times you realize, once you venture out of the city, that there's unique opportunities that are easier, that can advance your career a little bit easier. I think sometimes the masochist quality in me enjoys the way New Orleans is right now. There's also unique opportunities around here, where you can sort of start things from anew -- try to make a unique impact in an area that is needed. But also, it may be time for me to sort of take off for a couple years, see something new, and then decide whether I want to come back -- or whether there is something on that other side of the fence, the other side of that wall, that sometimes I think people in New Orleans don't see. I think, for many people around here, it was their first time leaving -- or not think. I know it was the first time for many people in New Orleans, who never had access to other parts of the country -- were able to see new things. And even though I've been able to travel around the country and see different things, through meetings, through work, and going to college in a different town, it sort of has opened my eyes to sort of how things are outside of New Orleans. And I don't know if I'm going to stay or if I'm going to go.

RH: Mmm hmm. Are there any new directions that you've been thinking about that --?

EG: I had a clear plan before the storm, I think, as to what I wanted to do. And learning about the ins and outs of government, regular bureaucracy, just reality, in a sense, it sort of has brought in my mind as to how to accomplish things and how to sort of be sincere to what I want to accomplish in life, how to do the service that I want to give to the community, and how I want to perform as a physician and onward. And -- I'm forgetting again what the question was exactly. (laughs)

RH: Just new directions that --

EG: New directions.

RH: -- you're kind of thinking about going. You said you had a clear plan before. Has that changed any?

EG: I had ideas.

RH: Because --

EG: I didn't have a fully clear plan. I had an idea as to what I wanted to do. But I learned that I have to experience more things and maybe take some things upon myself, before I complete that plan, before I go further. I sort of look at things a little bit more, not as much short-term -- but appreciate the moment that I'm in, now, a little bit more. I realize that I need to focus a little bit more in the moment, while still understanding where the short-term will lead me, down the road. Again, for me, I think the perspective is what I have appreciated the most, perspective of the things I have, the things I don't have, the situation I have, and the opportunities I have in the future. I know I have more opportunities than, I guess, your common Joe, which broadens my opportunities. But we'll see where things go. It's one of those things where you realize wherever the road leads you is where you'll go. You never know what's going to pop up, what new opportunity, or what disaster may strike.

RH: Well, it seems like you've learned some things about yourself, also, in this.

EG: I've taken -- I'm a very s--

RH: Or maybe learned more about just how bureaucracies work and these large systems.

EG: I was never naïve to all of these aspects of things. I always understood. But to actually experience it, I think, puts a different twist on it. I don't know where you want to

lead me with this.

RH: Learned about yourself?

EG: What did I learn about myself? Not as much learned about myself. I think you re-appreciate what you are [and who you are]. You start reexamining who you are and what you're trying to do. It's not as much learning about myself. I always knew who I was. It sort of puts things in perspective. That's all it really -- I think it does. And it sort of makes me, again, appreciate the moment and see where things lead. You try to do what you can. And as long as you accomplish what your goal was set out to be, you should be appreciative of that and satisfied -- not satisfied but appreciative of that and then try to see what else you can do from it.

RH: Mmm hmm. OK. I have -- I'm just -- one more question here. Since you didn't have your home for a year, (laughs) what does home mean to you now?

EG: Oh, another thing I realized, that I appreciate my space. For as much as I love my parents, living with them is something I learned I can't do any more. (laughter) Oh. Home is, I guess, a safety blanket, a sense of security. That's my sense of home, just something that, you're comfortable in it. I tend to be comfortable in all different realms, I guess, different homes -- or different people's homes. But just, a mentor of mine once said that, "You know, before you go to sleep you have those ten minutes on your bed, where it's the ten minutes where you can be true to yourself and know what you're about" And I think about those ten minutes of re-analyzing what you're about before you go to sleep. Some people make it their first ten minutes in the morning, realizing, you know, what they're about. And I think the sense of home, for me, is not as much the space that I'm in but the person that I am. And that's a sense of home for me. So that way, you can sort of be anywhere you want to be but you have a sense of home because you're comfortable with who you are and that provides you with sort of a homey quality wherever go.

RH: So I think that's a nice ending there. So tell me if there's anything you want to add.

EG: I can't think -- off the top of my head, right now. I'm sort of just tired (laughs) --

RH: Yeah.

EG: -- tired and hot.

RH: And just to say, you've been working 12-hour shifts and you've just come to -- you agreed to do this -- and this --

EG: Well, no. It's usually 30-hour shifts --

RH: [Oh, it's?] 30-hour?

EG: -- so I'm just happy --

RH: (laughs) Oh.

EG: When we're on call we go in at 7:00 in the morning and then we leave the next day at 2:00 in the afternoon.

RH: Oh, my God! Yeah.

EG: So --

RH: So, yeah. I didn't want to make this too much of an endurance test. (laughs)
Yeah. You've done a --

EG: I mean, is there any --?

RH: -- great job.

EG: I don't know what I've said or what I haven't said.

RH: (laughs)

EG: I just know at times I repeated myself. And I said "um" a little bit too many times. And I lost train of thought a couple of times towards the end.

RH: (laughs) That's OK.

EG: I'm just hoping I said things that were more true to what I'm about. And sometimes there's like more elaborate answers that people look for, I guess, not that you're looking for answers. But I guess my brain just isn't working as sharp as it normally does.

RH: (laughs)

EG: And that's why I'm saying "ah" --

RH: (inaudible) at the beginning.

EG: -- and I'm looking off into space.

RH: You've given me a great interview and I really appreciate it, and some inside spin to Katrina and the recovery that no one else has given, in 75 interviews. So.

EG: (laughs) I just don't want --

RH: I really appreciate that too.

EG: -- any negative tone on it. Like I'm trying to make sure that --

RH: I don't think anything was negative.

EG: OK. Because that was the whole pers--

RH: (laughs)

EG: I mean, I could give you names of people and how they --

RH: (laughs)

EG: -- made a lot of money out of all this and all this other stuff but -- Like I said, I just --

RH: Yeah.

EG: I don't think it's changed my sense of God, who I am, perspective. It just -- it made me reassert -- you know, we all go through times where we sort of lose what we're about because we're so busy or because of the situation or because of circumstances. And I think you take that step back, you catch your breath, and you start realizing what you're about. And as long as you stay true to who you're about and what you're about, it sort of comes through. I mean, I think that's all you really can do. Because once you have that sense of falsehood and that façade of what you're about, people can see through it.

RH: Oh, that's pr-- Yeah, I think you're right. And also, if you knew who you were, into the storm -- there were two women who said the worst moment in their life wasn't their storm. They said the moments they grew the most was their divorces. And so (laughs) they were in place when the storm came. You know, they had an understanding of who they were, you know, because that was their moment of growth. And it happened, you know, two to three years earlier. So, no, they didn't change that much. Their understandings of God didn't change that much, you know.

EG: Well, I think that's what -- I mean, I think Katrina made a sense, for a lot of people, about who they are. And a lot of people were leaving New Orleans for the first time. And they're like, "Oh, I'm from New Orleans. This is part of my culture. It's not really that --" Oh, and it also opened their eyes as to things that they could become.

RH: Right.

EG: Because, you know, a lot of things are bad here but no one's ever known better at times. And you go off somewhere else, it's like, "Oh, these people really help us out." There's no crime on the streets. This education works this way. I mean --

RH: Even the kids who were advocating for toilet paper at McDonough --

EG: Yeah.

RH: -- because they went to a school that had toilet paper. (laughs)

M1: [OK?]. [It's not?] (inaudible).

(laughter)

M: I'm going to turn this off.

EG: Thank you.

[END OF INTERVIEW]