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Remembering Katrina

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Many of us remember all too well the events of August 29, 2005, and then seeing the horrendous images of our beloved city on national television in the days that followed. In the wake of the overwhelming devastation, we pondered many then-unanswerable questions about the potential for our lives and our region to ever resume a semblance of normality. Will our insurance companies and employers be fair to us? Will the Road Home work? Will schools ever be able to reopen and resume the role of educating our children? If the city is able to rebuild, will it be worth moving back into my old neighborhood? Who will be available to help with the remediation of my home and business? Will anyone else be there when I return? What are the chances that the city will flood again in my lifetime?

In the year following the storm, many of us were forced to live and work in another city or state because of the massive relocation efforts in the public and private sectors. At the time of the storm, I was serving as chair of the Ear, Nose, and Throat Department and Associate Dean for Graduate Medical Education at Tulane University School of Medicine. I spent the next year living in Houston, TX, where the university temporarily relocated to resume the medical education of hundreds of enrolled students and residents. The ability of Baylor College of Medicine to accommodate our trainees was, in a word, *remarkable*.

That year taught me a lot about myself personally and as a healthcare professional. I was brought up in a family where my two older sisters and I were taught that if you work hard and long enough on anything, determined efforts will be rewarded and success will eventually be yours. However, the complexity of the issues in the aftermath of the storm quickly revealed that no amount of my time and hard work would be enough to solve the myriad problems needing attention. I quickly learned—the hard way—that I too had limits.

Despite this realization, that year was a great time of personal and professional learning, primarily around what a determined leadership team can accomplish when they work and support one another. Success was eventually realized when the School of Medicine reopened on Tulane Avenue July 1, 2006.

The team at Ochsner was also highly successful, thanks in large part to the institution's predisaster planning. As a result, the hospital did not close during or after the storm. Ochsner was instrumental in reestablishing the healthcare infrastructure not only of the City of New Orleans but also of the entire region. Ochsner's success allowed many to return home and begin to rebuild what once existed, only this time, doing it a little better. The Ochsner Health System as we know it today was established and rapidly expanded in an effort to support patient needs.

Physician and staff losses occurred as a result of the storm, but consider where we are today in terms of the total number of Ochsner employees across our system. Many new provider sites and services have been added to facilitate the repopulation of our region. The establishment of the Ochsner Destination Centers of Excellence (COEs) is a unique example of how we have expanded our role as *THE* healthcare site to provide the most complex medical and surgical care in the region. Examples within this model include the Ochsner for Children and the Women's Services COEs, both of which represent critical strategic initiatives aimed at offering the most comprehensive services available to our patients. In many ways, healthcare has been changed for the better in a powerful way, and Ochsner led the way throughout these extensive rebuilding efforts.