When rescue workers arrived at New Orleans Memorial Hospital 13 days after Hurricane Katrina struck, they discovered a shocking scene: the bodies of 45 patients strewn across the hospital. Far more chilling, though, was the revelation that these were not natural deaths. The revelation of who was behind these deaths was even more astonishing.

Aryeh Cohen
For a city largely constructed below sea level, Memorial Medical Center in New Orleans was built at a fairly low point: three feet below sea level. It was situated close to one of the more upscale sections of the city, but also not far from a housing project. Therefore, the hospital served a rather mixed clientele of wealthy white and poorer black patients.

The Medical Center was founded in 1926 by a religious Christian group and was bought by Texas-based Tenet Healthcare Corporation in 1996. It was built with thick walls that made it especially suited as a shelter during hurricanes. Many workers would move their families into the hospital when a particularly bad storm hit the city.

When Hurricane Katrina began pounding New Orleans in the early morning hours of Monday, August 29, 2005, a total of 2,000 people were sheltered in the hospital, including 200 patients and 600 staff members. Most of the patients who remained were those whose condition made it too precarious for them to be evacuated in the days before the storm arrived.

Nobody in the hospital was prepared for the ferocity of the hurricane, though. The winds and rain pounded the building and many windows were smashed either directly by the storm winds or by debris falling from nearby buildings. The shattered glass and the violent shaking left those people trapped inside on the verge of panic.

At 4:55 AM, the municipal electric power supply was interrupted and, after a second of total blackness, the hospital’s backup generators kicked in to continue providing electricity. However, these generators could only provide emergency power for the most critical needs, such as emergency lights and life support equipment. Many of the hospital’s systems remained cut off, including air conditioning and ventilation.

After several harrowing hours, the winds quieted down as the storm passed. The floodwaters appeared to be receding and it looked to everyone like the worst was behind them. Memorial Hospital had sustained heavy damage, but it remained functional nonetheless.

Evacuation Begins

On Tuesday, August 30, the morning after Katrina, doctors glanced through the window and were deeply shaken by what they saw: floodwaters were pouring out of the city’s drainage system and covering the streets at incredible speed. Other hospital workers could see a mixture of water and sewage pouring forth from South Claiborne Avenue and heading straight for the hospital.

The city of New Orleans was being inundated by murky, toxic floodwaters at a speed that was out of control.

The hospital staff recognized at once that they were in grave danger and contacted René Goux, Memorial’s CEO, who agreed that the hospital had to be evacuated immediately. Like many other hospitals that had faced flooding before, Memorial’s generators were raised only a few feet above street level and the waters would soon flood them, paralyzing the entire hospital. After Hurricane Ivan of 2004, hospital officials had warned the authorities that the generators could be knocked out of service if severe flooding occurred, but the cost of fixing the problem was very high and only minimal improvements were made to the system.

Now it was too late. The lights were literally threatening to go out and there was nothing anyone could do.

Richard Deichmann, Chairman of the Medical Department, was the highest hospital authority present at that time, and became responsible for running the medical center during the crisis. A New York Times report recorded what happened next:

At 12:28 PM, a Memorial administrator typed “HELP!!!!” and e-mailed colleagues at other Tenet hospitals outside New Orleans, warning that Memorial would have to evacuate more than 180 patients. Around the same time, Deichmann met with many of the roughly two dozen doctors at Memorial and several nurse managers in a stifling nurse-training room on the fourth floor, which became the hospital’s command center. The conversation turned to how the hospital should be emptied. The doctors quickly agreed that babies in the neonatal intensive-care unit, pregnant mothers and critically ill adult ICU patients would be at great risk from the heat and should get priority. Then Deichmann broached an idea that was nowhere in the hospital’s disaster plans. He suggested that all patients with Do Not Resuscitate (DNR) orders should go last.

A DNR must be signed either by the patient or, if the patient is incapable of rendering decisions, by the next of kin. The order authorizes medical professionals to withhold lifesaving treatment in case the patient stops breathing or enters cardiac arrest. DNR patients are still functioning and often survive the crisis that precipitated the DNR order. In