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Hospital fight could kill a golden opportunity
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Randolph D. Green, D.D.S.

Re: "LSU won't let facts get in hospital's way," Other Opinions, May 6.

The LSU/VA Medical Complex should never have become an emotional issue. This medical complex is simply good business for an economy that desperately needs a jump start.

Common sense should tell everyone that this project is a once-in-a-lifetime opportunity for this city to finally get something right. For far too long we have relied on tourism, conventions and our culture to survive. Are we so naive as to believe that these industries can support us for the next 50 years? Well, wake up, New Orleans!
Advertisement

Emotional tirades will only sabotage the hope that our city will be able to pull itself out of its post-Katrina economic funk. They jeopardize our chances of acquiring FEMA funding that is vital to the success of this project.

Washington is watching our every move. As long as we are perceived as a house divided, our chances of building two state of the art medical facilities fade with each passing moment.

The planned LSU/VA hospitals will create 19,722 jobs in the New Orleans area and provide an economic impact of $1.2 billion a year. Columnist James Gill has put us on the map once again for all the wrong reasons. He looks at the blighted property between Tulane and Canal as an opportunity for LSU to "extend its medical empire." We should all be thankful that anyone has a plan of any kind for that area during these difficult economic times.

One thing is for sure, if we squander yet another economic opportunity, 10 years from now that blighted property will still be blighted -- but on a much greater scale. Because, you see, the "empire" will have been relocated 90 miles upriver.

Politically appointed governing boards have no place in medical education or in the delivery of quality health care to our veterans and indigent. Economic opportunities should not fall victim to half-baked emotionalism.

Urge your legislators to get this project on the fast track.

We have already wasted too much time.

Randolph D. Green, D.D.S.

Metairie

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N.O. Hospital Bill Delayed for Changes
LAPolitics Weekly | 05.08.09
By John Maginnis

A bill to take control of the proposed New Orleans hospital away from LSU has been delayed but remains very much in play. Speaker Jim Tucker pulled the bill that was set for debate yesterday in order, he said, to work over some changes with those involved.

The bill would set up a non-profit corporation run by a board of community stakeholders under the Department of Health and Hospitals, while it would leave the state's nine other charity hospitals under LSU's management.

The governor has said he could support the bill if LSU, Tulane and other universities using the hospital for medical education have some representation on the board. Tucker is amenable to that change. LSU has opposed giving Tulane, whose hospital is run by Hospital Corporation of America, a vote on the new hospital's business management board.

Tucker's bill was earlier seen as a move to nudge LSU toward a power-sharing agreement, but a complete change of control is now seen as possible. There are some LSU officials in Baton Rouge who would not miss the ongoing political headache.

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W. O. Moss Regional Announces Service Auxiliary Officers for 2009– 2010
W.O. Moss Regional Medical Center | 05.08.09
Chance W. Landry – Executive Staff Officer

Pictured left to right: Jimmy Pottorff, Melba Duhon, Betty Duhon, Wilma Miles, Della Williams, Pat Johnson, and Denise Newman.

LAKE CHARLES - LSU Health Care Services Division - W. O. Moss Regional Medical Center – Service Auxiliary installed their newly elected officers for the year 2009– 2010. Founded August 15, 1961, the Auxiliary represents a cross section of the community.

The Service Auxiliary operates the gift shop, answers telephones, calls patients with appointment reminders, along with many other duties. The Auxiliary also offers financial support to many special projects of the facility and also assists with patient needs.

The newly elected officers are: President – Darsie Derouen, Vice-President – Melba Duhon, Treasure – Ellen Henderhan, Secretary – Betty Duhon, Correspondence Secretary – Wilma Miles, Social Services – Denise Newman, Gift Shop – Pat Johnson, and Recorder for RSVP – Della Williams.

The installment ceremony took place April 21, 2009 when, Jimmy Pottorff – Hospital Associate Administrator, swore in the new officers.

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Panel restores money to budget
The Times-Picayune | 05.08.09
By Jan Moller
Capital bureau

BATON ROUGE -- A legislative committee made hundreds of changes to Gov. Bobby Jindal's $27 billion budget proposal Thursday, sending it to the floor with new money added for health care, higher education and pet projects in legislators' districts.

Despite the new dollars added by the House Appropriations Committee, the budget bill still contains deep cuts to many state services as lawmakers wrestle with a $1.3 billion drop in state revenue expected in the fiscal year that starts July 1.

Among other things, the committee restored $14 million to prevent the closing of the New Orleans Adolescent Hospital. The Jindal administration has proposed closing the 35-bed Uptown mental hospital and folding its operations into Southeast Louisiana Hospital in Mandeville, a move that would eliminate dozens of jobs and potentially save the state $9 million.

Administration officials did not oppose the amendment for the hospital, added to the bill by Rep. Walter Leger III, D-New Orleans. But Health and Hospitals Secretary Alan Levine said he will continue trying to convince lawmakers that the hospital should be closed.

Part of the money to keep the hospital open would be taken from new community mental health services the state put in place last year in the New Orleans area, Levine said. "That creates a huge hole in the mental health budget," Levine said.

Other amendments added by the committee steers money to boat ramps, museums, nonprofit groups, parish councils on aging and local construction projects -- the kind of "member amendments" that get sprinkled into the budget every year and sometimes draw fire from good-government groups.

The budget committee's chairman, Rep. Jim Fannin, D-Jonesboro, said there were far fewer member amendments than in years past. "Certainly it doesn't fund what everybody would like to be funded," Fannin said. "This has been a most difficult year in that we are limited in our revenue."

The amendments include $300,000 for St. Charles Parish to build a boat launch along U.S. 90 in Luling; $200,000 to the Algiers Development District for "blight remediation and infrastructure improvements"; $100,000 for the Greater New Orleans Biosciences Economic Development District; and $100,000 for the Bunny Friend Neighborhood Association.

Also added to the bill was $1 million for the New Orleans Center for the Creative Arts, $100,000 for the Orleans Parish Indigent Defenders Program and $500,000 for crime prevention activities in Algiers, the West Bank of Jefferson Parish and Plaquemines Parish.

All of the money for the member amendments -- along with new dollars for home-care services for the developmentally disabled and money to restore cuts that Jindal had proposed for state historic sites -- came from the Insure Louisiana Incentive Program. The program was established after Hurricane Katrina to pay insurers willing to set up operations in the state, but the incentive program expired last year with $74 million left unspent.

About $16 million remains in the insurance fund as the budget bill heads to the House floor.

Legislators also added $50 million for higher education, which would come from money the state expects to reap from a tax-amnesty program that is being considered in another bill. The tax-amnesty bill, House Bill 720 by Rep. Jane Smith, R-Bossier City, is expected to generate up to $175 million next year from delinquent taxpayers.

House Speaker Jim Tucker, R-Algiers, added language directing the governor's budget office to reduce the state payroll by 2,278 positions next year.

As it came to the Legislature for review, Jindal's budget proposed cuts to colleges and universities totaling $219 million, along with health care cuts of more than $400 million. University officials have said the cutbacks will lead to larger class sizes, staff layoffs and elimination of some programs.

House Speaker Pro Tem Karen Carter Peterson, D-New Orleans, tacked on an amendment that would funnel new dollars to a variety of health-care needs, but only if her House Bill 889, which raises a 50 cent per pack increase in the cigarette tax, should become law. A similar tax-raising bill by Peterson was defeated in a House committee last week.

Another amendment by Peterson would have taken $28.5 million from the Louisiana Mega-Project Development Fund to use for higher education and community food banks. The money is equal to the amount the Baton Rouge-based Shaw Group was in line to receive from the incentive fund before the company announced this week it was turning down the state's offer due to the budget crunch.

The committee voted 22-2 to reject Peterson's amendment after the governor's budget office testified that it wanted the money to still be used for economic development.

The amendments by the House Appropriations Committee followed more than 70 hours of testimony from state agencies. The full House is expected to pass the bill Thursday.

http://www.nola.com/news/t-p/capital/index.ssf?/base/news-7/1241760158246560.xml&coll=1

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House gets budget; cigarette tax hike sought
The Advocate | 05.08.09
By MICHELLE MILLHOLLON
Advocate Capitol News Bureau

Lawmakers sent Gov. Bobby Jindal's $27 billion state operating budget proposal to the House floor Thursday after adding money for higher education, health care and arts programs.

The House Appropriations Committee reversed some of the governor's proposed budget cuts by tapping into an insurance fund, a proposed tax amnesty program and money for state workers' pay raises.

The committee also found dollars for museums, small towns, firefighters, boat launches and the Lamar-Dixon Expo Center.

House Bill 1 — the budget for the fiscal year that starts July 1 — is expected to be heard by the full House late next week.

"It doesn't fund what everyone would like to be funded," said state Rep. Jim Fannin, D-Jonesboro and chairman of the appropriations committee.

The state is facing a $1.3 billion drop in revenue for the upcoming budget year because of a decline in oil prices, previously passed tax credits and the general national economic malaise.

In order to balance spending with decreased revenues, Jindal proposed $219 million in cuts to higher education and more than $400 million in cuts to health care.

Legislators reduced some — but not all — of those cuts.

Using state dollars, lawmakers directed:

$50 million more than what the governor recommended to the state's public colleges and universities.

$35 million more to hospitals and community-based services for the developmentally disabled.

$6 million more to state historic sites.

The money for some hospitals' uninsured patient costs, the developmentally disabled and state historic sites would come from a fund that lawmakers established several years ago to lure new insurance companies to Louisiana.

The appropriations committee spent about $58 million of the $74 million remaining in the insurance incentive fund.

The money for higher education would come from a tax amnesty program that is working its way through the state Legislature.

The program is expected to generate at least $150 million by encouraging delinquent taxpayers to pay their taxes by waiving the penalties and half the interest owed. However, the first $73 million would go into a special fund to pay hurricane-related expenses.

Jindal said the storm costs are substantial.

He said he is concerned about any proposal to use one- time money for a higher education budget problem that is expected to continue for several years.

House Speaker Jim Tucker, R-Terrytown, proposed an amendment to HB1 to reduce the state work force by 2,278 jobs.

He said he is concerned that the state is entering just the start of an economic downturn.

"We're not getting into micromanaging … . But I think we need to set targets for downsizing state government," Tucker said.

He said many of the positions can be eliminated through attrition.

"What I'm trying to avoid, quite candidly, is a mass layoff in three years," Tucker said.

The committee adopted the amendment, which would allow the Jindal administration to decide where jobs are cut.

Speaker Pro Tem Karen Peterson, D-New Orleans, tried to take $28.5 million from an economic development megafund and direct the money to higher education and other expenses.

Fannin said the megafund should be left intact. The committee — with the exception of two members — sided with Fannin.

Lawmakers found money for a number of projects in their districts.

They added spending to beautify a highway, help the Princess Theater in Winnsboro, build a boat launch in Luling and purchase furniture for the city of Slidell.

A number of road projects in Baton Rouge received funding. Money was found for councils on aging and elderly programs across the state.

Two amendments — totaling $400,000 — were added to help Ascension Parish Government with the purchase of the Lamar-Dixon Expo Center.

Jindal's budget

In House Bill 1, which the full House is scheduled to vote on May 14, lawmakers approved changes that would generate more spending money by eliminating state workers' pay raises, which would generate $13 million, and by draining a fund for enticing insurance companies to sell policies in Louisiana, which would generate $58 million. Here are some of the ways they would spend the money:

* $535,000 for councils on aging and programs for seniors.
* $300,000 for a boat launch on U.S. 90 in Luling.
* $99,996 for high schools in Rapides Parish.
* $60,000 for a New Orleans film and arts festival.
* $100,000 to build a drainage ditch in St. Francisville.
* $50 million for higher education.
* $35 million for the developmentally disabled and hospitals.
* $9 million for LSU Agricultural Center.
* $6 million for the state's historic sites.
* $1 million for Southern Agricultural Research and Extension Center.
* $400,000 to help Ascension Parish Government with the purchase of the Lamar-Dixon Expo Center.

http://www.2theadvocate.com/news/44572852.html

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Our Views: Don't outlaw school dentists
The Advocate | 05.08.09
Advocate Opinion page staff

Louisiana has thousands of poor children who lack access to dental care, and we believe the state must use a variety of approaches to address the problem.

School-based dental care can be an important part of the solution, which is why we oppose a bill being considered by the Louisiana Legislature that would ban most dental care in schools.

Some dental-care providers accept Medicaid payments, but parents of poor children often have trouble getting to dental appointments at conventional dentist offices. They might have jobs that prevent them from leaving work for such appointments, or they might lack transportation to get to a dentist office.

School-based dental services have brought dentists onto some public school campuses to provide dental screenings and routine dental care for qualified children.

Children with extensive dental problems are referred to conventional dentist offices for treatment. Parents or legal guardians must sign consent forms for their children to be treated by dentists in school settings, and parents also are provided with follow-up information about treatment and with contact information if they have any questions or concerns.

House Bill 687, filed by state Rep. Kevin Pearson, R-Slidell, would ban most dentists from practicing in school settings. Supporters of the bill, including the Louisiana Dental Association, claim school-based dentistry is overly risky and subjects children to substandard care.

But we have seen no evidence of such problems, and as the Federal Trade Commission noted in its comment on the bill, the U.S. Surgeon General and other prominent health authorities have advocated more school-based dental services.

The FTC is responsible for preventing unfair methods of competition, and it sued South Carolina officials in 2002 when they tried to impose similar restrictions on school-based dentistry.

We must wonder why, if the ostensible purpose of this bill is dental safety, it would prohibit the practice of dentistry on school campuses only if a fee is charged. Curiously, the bill also has an exemption allowing some school-based dental practices administered by universities within the LSU System and University of Louisiana System.

After reading the bill, FTC officials concluded that it "does not appear concerned with the location of the services, or the competence of the provider, but rather the profit motive of the provider.

"The FTC staff is unaware of any evidence that for-profit health care providers provide inferior care to that provided by non-profit providers."

Dentists who provide school-based dental services in Louisiana are subject to regulation aimed at ensuring appropriate standards of care, and those who provide Medicaid services are subject to specific Medicaid standards.

This seems to us more of a turf battle between dentistry providers than an honest debate about what's best for Louisiana's children.

Some supporters of this bill have suggested the best way to treat poor children is to expand access to conventional dentist offices. We favor such expanded access to fixed dental offices, but the demands are so large right now that school-based dentistry is needed, too.

Opponents of the bill, including the state chapter of the Louisiana Academy of Pediatrics, say essentially outlawing school-based dentistry would take away one of the few opportunities poor children enrolled in

Medicaid have to get dental care. Proper dental care is important because poor dental care can lead to more serious health problems.

We urge lawmakers to reject this bill.

http://www.2theadvocate.com/opinion/44570917.html

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Leveraging Crisis for Competitive Advantage
Inside Higher Ed | 05.08.09
By John V. Lombardi

The unusually large reductions in state appropriations to higher education in many states and the impact of the current record setting economic decline on other sources of university funding has pushed institutional responses into high visibility. We usually interpret America's never ending economic crisis in higher education as instances of unique phenomena, each one requiring new dramatic response. We react with surprise, alarm, and exceptional rhetoric to the cyclical downturns in public funding or private support. We dramatize the dire consequences that reduced funding will cause. We project an imminent decline in the international standing of American higher education as a result.

Yet, we weather these storms. Our traditional response is to lay off some people, cut back a few programs, delay some maintenance, and pull down our reserves. At the end of the cycle, we may be poorer, but we are not much different. Major research universities in particular are remarkably resilient enterprises. Constructed for the most part in cellular fashion, with each department, college, school, and unit operating almost independently within a national context rather than fully integrated into an institutional construct, the difficulties of one cell have attenuated impacts on others. Research universities generally protect core tenured faculty no matter what the fiscal circumstances, although they may reduce contingent faculty and dismiss staff in less critical areas. Universities have many open positions at any one time, and by delaying replacements, closing peripheral enterprises, and using reserves and other funds to buffer short-term losses, most institutions can find their way through a fiscal crisis without major structural changes to their operations, even when confronted with the dramatic reductions currently anticipated by many institutions.

Often, too, legislators and reform-minded politicians look to financial crises, especially ones as severe as this one, as devices for refashioning public colleges and universities in their own image. They want them smaller, less focused on research, more concerned with delivering job-related degrees to as many students as possible at unrealistically low costs. They imagine they can refashion the educational landscape using economic hardship as a primary tool. This effort generates much rhetoric from all affected parties, everyone seeking to highlight the benefit or damage such reforms might bring, and everyone being right to some degree.

This ritual cycle has its real victims in faculty careers delayed, employee jobs lost, and opportunities for students curtailed. Once the cycle of crises passes, however, the universities, like hardy boats in a storm-tossed sea, right themselves and continue sailing on in the same direction, restoring their damaged equipment as best they can while maintaining their course.

Dramatic realignments and restructuring of higher education only rarely result from the downturns of American economic life, but beneath this cycle of crisis, complaint, response, damage, and repair another less visible but nonetheless significant realignment takes place. The intense competition in American higher education, especially among the top 200 or so American public and private research universities, turns always on the fulcrum of money. Research university competition runs on human talent, whether students, faculty, or staff. The quality and productivity of people determines the winners in this competition. These quality people have the common characteristic of mobility: They can go wherever they believe their talent will find the most support and reward. The money determines which institutions can purchase the largest number of productive high talent people.

The economic cycles of American university life substantially affect the ability of institutions to sustain their competition for the best people: the more severe a financial crisis, the more significant the impact. The consequences of poor institutional response to a crisis tend to erode competitiveness over time rather than generate a dramatic crash. If a university focuses on its competitive context as it adapts to a financial crisis, it will make adjustments that enhance its ability to beat the competition when the crisis recedes. If the institution seeks to minimize internal conflict and maximize stability and continuity, it will almost surely weaken its competitive strength as it emerges from crisis mode.

University competitiveness is a function of how much money the university can spend on quality after it has paid for its sustaining operations. The critical issue in a crisis, especially a severe reduction in revenue, is preserving that margin for competition rather than spending the margin to sustain the status quo. Indeed, a truly competitive institution will reduce its expenses MORE than required; recognizing that as everyone recovers from the financial storm, the institution with money to spend on new people and their programs will have a relatively short period to outbid everyone else for talent, and at lower cost. Institutions that spent their margin sustaining what they had before, and often borrowing into the future to maintain the past, will find the improved economic benefits, when they come, already committed to the deferred costs of the crisis decisions made earlier. By the time they recover and begin to build a margin, they will find themselves behind in the competition for the best people.

This formula is simple and everyone should understand it, but acting on it is quite difficult. Universities are collaborative enterprises, they always seek to minimize conflict and maximize agreement, they have multiple constituencies that fight amongst themselves over declining resources, and they often have leadership concerned with maintaining the collegiality that builds career advancement. In public universities, governing and coordinating boards may be highly political and responsive to the short-term interests of the institution's many clients and supporters. Legislators may demand quick-fix solutions, and the public may find higher education's lament only semi persuasive. Private universities, already more coherently managed and with the ability to act in real time with a clear focus on institutional self interest, generally although not always respond better. In the constantly recurring cycle of financial crisis and university response, the benefit of private focused governance gives these universities an edge, especially during severe reductions in state revenue that limit the advantage of public university tax-based subsidies. Over time, and sequential budget crises, that edge helps explain the ability of private research universities to pull ahead of their public competitors in many areas.

Dramatic, revolutionary change does not readjust the competitive hierarchy of American research universities as much as the consistent pursuit of high quality, supported by a financial model that produces a consistent marginal surplus for investment in competitive people. That marginal surplus need not be large, but the university must deliver it consistently and invest it effectively. When that happens, it produces an institution whose competitive quality increases steadily and inexorably over time.

University competition is a game played on the leading edge of institutional behavior, not at the center. The optimal strategy is to move money from the less productive trailing edge to the more productive leading edge. Executed consistently over time, this strategy delivers an ever-increasing leading edge of highly competitive quality that pulls the center of the university's operations relentlessly forward towards higher standards of performance. The financial crisis cycle provides periodic opportunities to move more money from the trailing edge for investment in the leading edge. Those institutions that take advantage of these crises benefit greatly.

http://www.insidehighered.com/blogs/reality_check/leveraging_crisis_for_competitive_advantage

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Panel might block state merit pay raises
The Times-Picayune | 05.08.09
Advocate Capitol News Bureau

The state Civil Service Commission announced Thursday it will consider suspending merit pay raises of some 60,000 state employees at its June 3 meeting.

The proposal affects the 4 percent pay increase classified state employees would get on their job anniversary dates starting July 1.

Commission Chairman James Smith said the suspension of authority to grant the merit raises is being considered because state government is "facing an unprecedented budget crisis in the coming fiscal year."

"These difficult and challenging times call for fiscal prudence and shared sacrifice among all of us who serve our fellow citizens," Smith said in a news release issued by Civil Service.

Louisiana State Penitentiary Warden Burl Cain, a member of the commission, said the granting of the merit pay raises could increase employee layoffs.

"Stopping salary increases could help save some employees' jobs," commissioner Cain said in a statement.

Cain is the elected state employee representative on the commission.

In past tight budget years, administrations have not provided funds for merit pay raises but allowed agencies to make other cuts to free up funds to pay the raises.

The commission proposal would stop that from happening.

State agencies today can seek Civil Service approval to eliminate merit pay raises as a layoff avoidance measure.

Civil Service does not regulate the pay of unclassified employees — those who are subject to hiring and firing at will.

Smith said the commission will ask elected and appointed state officials with unclassified employees to stop raises for them too.

http://www.2theadvocate.com/news/44571927.html

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Seven cases of swine flu confirmed in La.
Jennings Daily News | 05.08.09
Associated Press

BATON ROUGE – Governor Bobby Jindal announced that state officials are now investigating four new suspected cases of swine flu in Lafayette Parish and one new case in Ascension Parish, bringing the total number of suspected cases currently under investigation in Louisiana to 21.

Samples of the five new suspected cases tested positive for type A Influenza, which could indicate either seasonal or swine flu virus. These are not yet confirmed cases, meaning they were unable to be sub-typed as the H1N1 virus by the Office of Public Health laboratory in New Orleans. The H1N1 virus subtype is confirmed by U.S. Centers for Disease Control and Prevention (CDC) lab tests.

http://www.jenningsdailynews.net/news.php?id=3194

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Swine flu threat appears to be ebbing
Shreveport Times | 05.08.09
By Mike Hasten

BATON ROUGE — It appears that the threat of a serious outbreak of swine flu in Louisiana is passing, says Alan Levine, secretary if the state Department of Health and Hospitals.
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"The fact that we have only one new suspected case, that none of our cases are in the hospital, and that the CDC is relaxing guidance on testing and treatment makes me hopeful that we've passed the peak of this outbreak," he said in a statement Thursday.

"While we continue to take a cautious and watchful approach with the current outbreak, we have turned some of our attention toward re-evaluation of our current pandemic flu plan and aggressive planning for the fall flu season, in the event this virus makes a resurgence."

News of the revised standards —including don't go to a doctor and get tested unless you're really sick — comes on the day that the state has secured the machinery needed to test samples to determine whether they contain the H1N1 virus, rather than send them to Atlanta for testing.

However, until the "analyzer" borrowed from the Association of Public Health Laboratories is validated by the Centers for Disease Control and Prevention, the state can't run its tests with certainty, said Rene Milligan, DHH spokesman. The CDC is expected to validate the machine next week, using results the state submits.

The new suspected case — another from Lafayette — was sent to the CDC on Thursday. That makes a total of 35 cases, 23 from Lafayette, that have been sent for testing but still only seven cases have been confirmed.

Since the H1N1 strain is new, equipment owned by the state could not run the tests needed to distinguish whether swine flu virus was present. State machines could tell if it was Type A, which could be regular flu or swine flu, but couldn't determine the sub-type H1N1.

Having the analyzer will reduce costs of shipping samples to the Centers for Disease Control and give quicker results. The CDC is to supply test kits to the state lab in Metairie.

The state received its latest confirmed case from CDC on Sunday.

Although much of the testing materials used in the state lab were supplied by CDC, other costs pile up.

Milligan said state troopers have been taking samples from around the state to the testing lab, where a team of technicians has been on duty 24 hours and day since the first samples started arriving. Overtime is mounting and running the tests requires chemicals and materials.

The state has received 1,848 specimens since the first presence of the H1N1 virus. A total of 730 specimens have been tested.

The state has been keeping record of all costs on a special emergency log, just in case the federal government decides to reimburse states for the costs of dealing with the emergency, Milligan said.

Now that the H1N1 virus has been found to be no more virulent than normal flu strains, CDC has changed its guidelines for DHH in handling cases and guidance for health care providers and the public in dealing with the illness.

A major change is who should see a doctor or get tested and who should receive treatment for H1N1 influenza.

Milligan said that if people follow the new guidelines, fewer people will go to the doctor and fewer samples will be sent to the state.

"We are finding that this virus is behaving a lot like seasonal flu," Levine said. "Most cases are relatively mild, and managed by otherwise healthy people at home. Nationwide, the majority of people who have H1N1 influenza at this time recover without special medical treatment of any kind."

Under normal circumstances, there is no need for medical evaluation or specialized testing of mild illness, Levine said. For those who are only mildly ill with the flu, specialized testing and antiviral treatments do not have much impact on the course of recovery.

According to a news release, DHH and CDC now recommend antiviral treatment of H1N1 flu only for hospitalized patients with confirmed or suspected H1N1, or those patients who are at higher risk for seasonal influenza complications.

None of the Louisiana cases required hospitalization.

Included in the list are of people who treatment is recommended if flu symptoms are shown are:

children under 5 years old (especially those under 2);

adults 65 and older;

people with the following conditions: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);

Immunosuppression, including that caused by medications or by HIV;

pregnant women;

people younger than 19 years old who are receiving long-term aspirin therapy; and

residents of nursing homes and other chronic-care facilities.

"People should seek medical attention for those signs and symptoms they normally would call their doctor for, but should not go to a health care provider if they are simply curious," said Dr. Jimmy Guidry, state health officer.

"The nation has had only two deaths related to the current H1N1 outbreak, and both of those were people who were at high risk for complications from influenza," Guidry said. "If you have these signs and symptoms and are feeling ill enough that you would normally go see your doctor, then you should do that.

"But if your symptoms are mild and you are not one of the high risk categories, then you should stay home and try to recuperate with rest and fluids," he said "You might not even need any special medical testing, treatment or medicines."

http://www.shreveporttimes.com/article/20090508/NEWS01/905080329/Swine+flu+threat+appears+to+be+ebbing

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Guidelines for swine flu loosened
The Advocate | 05.08.09
By SANDY DAVIS
Advocate staff writer

State and federal officials scaled back their response to swine flu Thursday after the U.S. Centers for Disease Control and Prevention changed its guidelines and is now recommending that most people with mild flu symptoms no longer need to see a doctor.

Instead, the CDC and state health officials are recommending that only people in the hospital, young children, older adults and those with underlying illnesses should be given the anti-viral medications Tamiflu and Relenza, according to a state Department of Health and Hospitals news release.

Specialized testing and antiviral treatments do not have much impact on the course of recovery, DHH said.

Those at high risk are: children under age 5 (especially those under age 2), adults ages 65 and older, pregnant women, residents in nursing homes, and people with chronic illnesses.

“If your symptoms are mild and you are not in one of the high-risk categories, then you should stay home and try to recuperate with rest and fluids,” said Dr. Jimmy Guidry, the state’s health officer.

Guidry cautioned that people should still seek medical attention for symptoms “they would normally call their doctor for.”

Guidry said he doesn’t want people to ask to be tested for swine flu “if they are simply curious.”

There are seven confirmed cases of swine flu in Louisiana.

One more suspected case of swine flu was found Thursday in Louisiana, bringing the total to 35 suspected cases, with samples from those cases sent to the CDC for confirmation.

None of those cases has been tested by the CDC so far, Rene Milligan, a DHH spokesman, said.

“We don’t know when the results will come back,” Milligan said. “The CDC has been overwhelmed with samples from all over the U.S., so there’s a huge backlog.”

But Louisiana might be closer to getting a quicker turnover in test results after the state borrowed a piece of equipment — known as an “analyzer” — that will enable the state to do its own testing for H1NI virus, or swine flu, Milligan said.

But the machine has to be validated and the people who will use it have to be trained before testing can begin in Louisiana, Milligan said.

“It could be as soon as the middle of next week or it could take longer,” he said.

Until now, only the CDC has had the capability to test for H1N1.

Meanwhile, state officials said, the worst may be over now that the CDC relaxed its policies.

“The fact that we have only one new suspected case, that none of our cases are in the hospital, and that the CDC is relaxing guidance on testing and treatment makes me hopeful that we’ve passed the peak of this outbreak,” Alan Levine, secretary for DHH, said.

On Thursday, there were 896 confirmed cases reported in 41 states, according to the CDC’s Web site.

There have been two deaths reported in the U.S. from H1N1, both in Texas, and the two victims had underlying chronic illnesses, Guidry said.

Worldwide, there are 2,353 confirmed cases in 23 nations, according to the World Health Organization's Web site.

Most of those cases are concentrated in North America. Besides the 896 cases in the U.S., there are 1,112 cases in Mexico and 201 in Canada.

Flu surpassed 2,000 cases worldwide

The World Health Organization reported Thursday that swine flu has the potential to infect a third of the world's population in the next several months. Confirmed swine flu cases:

Mexico: 1,112 (44 confirmed deaths)
U.S.: 896 (2 confirmed deaths)
Canada: 201
Spain: 73
Britain: 28

World Health Organization; CDC; state and federal governments

http://www.2theadvocate.com/news/44572137.html

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Top flu expert warns of a swine flu-bird flu mix
The Times-Picayune | 05.08.09
MARGIE MASON
The Associated Press

(AP) — MEXICO CITY - Bird flu kills more than 60 percent of its human victims, but doesn't easily pass from person to person. Swine flu can be spread with a sneeze or handshake, but kills only a small fraction of the people it infects.

So what happens if they mix?

This is the scenario that has some scientists worried: The two viruses meet-possibly in Asia, where bird flu is endemic-and combine into a new bug that is both highly contagious and lethal and can spread around the world.

Scientists are unsure how likely this possibility is, but note that the new swine flu strain-a never-before-seen mixture of pig, human and bird viruses-has shown itself to be especially adept at snatching evolutionarily advantageous genetic material from other flu viruses.

"This particular virus seems to have this unique ability to pick up other genes," said leading virologist Dr. Robert Webster, whose team discovered an ancestor of the current flu virus at a North Carolina pig farm in 1998.

The current swine flu strain-known as H1N1-has sickened more than 2,300 people in 24 countries. While people can catch bird flu from birds, the bird flu virus-H5N1-does not easily jump from person to person. It has killed at least 258 people worldwide since it began to ravage poultry stocks in Asia in late 2003.

The World Health Organization reported two new human cases of bird flu on Wednesday. One patient is recovering in Egypt, while another died in Vietnam-a reminder that the H5N1 virus is far from gone.

"Do not drop the ball in monitoring H5N1," WHO Director-General Margaret Chan told a meeting of Asia's top health officials in Bangkok on Friday by video link. "We have no idea how H5N1 will behave under the pressure of a pandemic."

Experts have long feared that bird flu could mutate into a form that spreads easily among people. The past three flu pandemics-the 1918 Spanish flu, the 1957-58 Asian flu and the Hong Kong flu of 1968-69-were all linked to birds, though some scientists believe pigs also played a role in 1918.

Webster, who works at St. Jude's Children's Research Hospital in Memphis, Tenn., said bird flu should be a worry now. Bird flu is endemic in parts of Asia and Africa, and cases of swine flu have already been confirmed in South Korea and Hong Kong.

"My great worry is that when this H1N1 virus gets into the epicenters for H5N1 in Indonesia, Egypt and China, we may have real problems," he told The Associated Press. "We have to watch what's going on very diligently now."

Spokesman Dave Daigle said he could not comment specifically on how concerned the U.S. Centers for Disease Control and Prevention is about the scenario Webster describes, or what it is doing to study such a possibility.

Malik Peiris, a flu expert at Hong Kong University, said the more immediate worry is that swine flu will mix with regular flu viruses, as flu season begins in the Southern Hemisphere. It is unclear what such a combination would produce.

But he said there are indications that scenario is possible. Peiris noted that the swine flu virus jumped from a farmworker in Canada and infected about 220 pigs. The worker and the pigs recovered, but the incident showed how easily the virus can leap to a different species.

"It will get passed back to pigs and then probably go from pigs to humans," Peiris said. "So there would be opportunities for further reassortments to occur with viruses in pigs."

He said so far bird flu hasn't established itself in pigs-but that could change.

"H5N1 itself has not got established in pigs," he said. "If that were to happen and then these two viruses were both established in pigs in Asia, that would be quite a worrying scenario."

Michael Osterholm, an infectious disease specialist at the University of Minnesota who has advised the U.S. government on flu preparations, said while flu experts are discussing the scenario, he has yet to see specific evidence causing him to think it will happen.

"Everything with influenza is a huge guessing game because Mother Nature holds all the rules, and we don't even know what they are, so anything's possible," he said. "We don't have any evidence that this particular reassortment is that much more likely to pick up H5N1 than any other reassortment out there."

"We don't have to put these things together," he added. "This is not chocolate and peanut butter running into each other in the dark hallway."

But there is in fact discussion of putting them together-in a high-security laboratory-to see what a combination would look like, according to Webster. Similar tests have been done at the CDC mixing bird flu and seasonal human flu, resulting in a weak product, he said.

Daigle, the CDC spokesman, refused to comment on the prospect of any such experiment.

Webster has done groundbreaking work on both swine and bird flus in his 40-year career, and has followed the evolution of the current swine flu strain from a virus that sickened a handful of people who worked with North Carolina hogs into a bug that has spread from person to person around the world.

He is closely involved in the global effort to analyze what the virus might do next. It has killed 42 people in Mexico and two in Texas, but so far has not proven very deadly elsewhere, leading to some criticism that the World Health Organization's warnings of a potential pandemic have been overblown.

Webster said underestimating the swine flu virus would be a huge mistake.

"This H1N1 hasn't been overblown. It's a puppy, it's an infant, and it's growing," he said. "This virus has got the whole human population in the world to breed in-it's just happened. What we have to do is to watch it, and it may become a wimp and disappear, or it may become nasty."

http://www.nola.com/newsflash/index.ssf?/base/international-2/1241770854228570.xml&storylist=health

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Swine Flu Cases Worldwide Exceed 2,300
The New York Times | 05.08.09
By DONALD G. McNEIL Jr.

The World Health Organization said Friday that 2,384 people in 24 countries now had confirmed cases of swine flu.

Only 46 people are known to have died of the virus, all but 2 of them in Mexico.

Scientists on Thursday described 11 cases of Americans who were infected before the current outbreak with swine flus that partly matched the new epidemic strain that emerged in Mexico in March. The first case was in December 2005.

In articles published online in The New England Journal of Medicine, virologists from the Centers for Disease Control and Prevention described those cases, most of them in young people in the Midwest who touched or were near pigs. All had a “triple reassortant” virus that combined human, swine and avian flu genes.

The H1N1 flu now spreading out from Mexico also has those genes, as well as genes from Eurasian swine.

The Eurasian genes “have never been seen in the Americas before, in humans or swine,” Michael W. Shaw, a member of the C.D.C.’s virus investigation team, said in a news conference on Thursday. “There is a gap in the surveillance.”

But, he added, “a lot of researchers are digging through their freezers” for stored samples that might contain the Eurasian genes.

The 11 patients all recovered, though 4 had to be hospitalized.

In Mexico, university and high school students returned to classes on Thursday. Fearing that bringing people back together could cause a resurgence of the virus, the Mexican authorities continued to recommend face masks on public transit. Restaurants reopened, but all staff members had to wear masks, too.

Dr. Keiji Fukuda, a W.H.O. assistant director general, noted that, in previous pandemics, up to a third of the world was eventually infected with each new virus over the course of one to two years.

The total number of swine flu cases in Europe increased to about 150. But there is not enough evidence of sustained community transmission there to justify raising the W.H.O. pandemic alert level, Dr. Fukuda said.

In the United States, state health authorities are not testing every possible case of the virus because backlogs have developed and 100 different viruses can cause flu symptoms. In New York, for example, the authorities test only people with flu symptoms serious enough to warrant hospitalization.

On Thursday evening, the C.D.C. case tally stood at 896 cases in 41 states.

“We are not seeing any signs of this petering out,” said Dr. Richard E. Besser, the C.D.C.’s acting director. “We are still on the upswing of the epidemic curve.”

Only about 10 percent of those infected had a travel history to Mexico, he said.

About 5 percent of the people with confirmed cases have been hospitalized. That is a much higher proportion than normal for seasonal flu, and the median age is 15, which is unusually young. But because some states are now testing only seriously ill patients for the novel virus, such skewing of the data is to be expected, Dr. Besser said.

While schools do not need to close because of a case of swine flu, he said, children who have it should stay home for seven days, including a day after their symptoms disappear.

Holding “swine flu parties” or otherwise deliberately trying to get infected with the virus on the theory that it will provide immunity if the disease returns in the fall “is a big mistake,” Dr. Besser said.

“How an individual person will be impacted by the infection is something we do not know,” he added. “We do not recommend that people follow that course.”

The CDC report released by the New England Journal of Medicine also included additional information about America’s two swine flu deaths — a toddler and a pregnant woman who both died in Texas — each of whom had suffered from several other illnesses when they were infected with the virus.

The report said the Mexican toddler had a chronic muscle weakness called myasthenia gravis, a heart defect, a swallowing problem and lack of oxygen. The 33-year-old woman had asthma, rheumatoid arthritis, a skin condition called psoriasis and was 35 weeks pregnant. She delivered the baby safely by Caesarean section before her death, news reports said.

Sharon Otterman contributed reporting.

http://www.nytimes.com/2009/05/09/health/09flu.html?_r=1&ref=health

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House budget committee amends and approves Gov. Jindal's $27 billion budget
The Times-Picayune | 05.07.09
by Jan Moller, The Times-Picayune

BATON ROUGE -- The House budget committee approved hundreds of changes to Gov. Bobby Jindal's $27 billion budget proposal this morning, sending it to the floor with new money added for health care, higher education and dozens of pet projects in legislators' districts.

Despite the new dollars -- many of them taken from a dormant state fund designed to attract insurance companies to the state -- the budget contains deep cuts to some state servicesas lawmakers wrestle with a $1.3 billion drop in state revenues.

Among other things, the House Appropriations Committee restored $14 million to keep the New Orleans Adolescent Hospital open through the 2009-10 fiscal year. Jindal had proposed closing the Uptown mental-health facility and moving its operations to Southeast Louisiana Hospital in Mandeville, an idea that drew strong opposition from New Orleans lawmakers.

Other amendments added money for boat launches, museums, non-profit groups and local construction projects -- the "member amendments" that get sprinkled into the budget every year by legislators eager to take care of their districts.

The author of House Bill 1, Appropriations Chairman Jim Fannin, D-Jonesboro, said the "member amendments" were far fewer in number than in the past, when the state had more money.

"Certainly it doesn't fund what everybody would like to be funded," Fannin said. "This has been a most difficult year in that we are limited in our revenue."

Legislators also added $50 million for higher education, which would come from money the state expects to reap from a tax-amnesty program that is being considered in another bill. Jindal had proposed cuts to colleges and universities totaling $219 million.

The move by the House Appropriations Committee followed more than 70 hours of testimony from state agencies about the effect of budget cuts. The bill now moves to the House floor, which is expected to debate and pass the bill next Thursday.

http://www.nola.com/politics/index.ssf/2009/05/house_budget_committee_amends.html

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Legislature throws lifeline to New Orleans Adolescent Hospital
WWLTV | 05.07.09
Susan Edwards / Eyewitness News

BATON ROUGE, La. -- For months, mental health advocates in New Orleans have been fighting the proposed closing of the New Orleans Adolescent Hospital, or NOAH. On Thursday, they had a small, possibly temporary victory in the legislature.

The House Appropriations Committee paved a way to keep mental health services on the Southshore for one more year.

House members heard testimony from NOAH advocates recently on the effects of closing NOAH, and why the facility should remain open in New Orleans. On Thursday the committee amended the budget, shifting about $14 million back to the hospital.

It's money that was earlier transferred to southeast Louisiana hospital in Mandeville in anticipation of consolidating the two.

With $3 million in outpatient services already allocated, it gives NOAH about $17 million for the year – a smaller budget compared to last year, but one that keeps the doors open.

The planned closure was part of Gov. Bobby Jindal's healthcare cuts, estimated to save the state about $9 million, effective as early as July. But legislators said the New Orleans region needs more time to find a way to provide services, before merging the adolescent hospital.

"Post-Katrina life in our area, in New Orleans and Jefferson Parish and St. Bernard, Plaquemines, we've seen an uptic in mental health issues, obviously," said state Rep. Walt Leger, D-New Orleans. "Additionally it's a public safety issue. Many people involved in criminal acts have mental health issues, and we need to be able to service them."

Leger said the goal is to find a way to keep NOAH here long-term, but cautions there are no guarantees, and no commitments right now for future funding.

http://www.wwltv.com/topstories/stories/wwl050709cbnoah.2ffcc45.html

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Medicaid | Kaiser Daily Health Policy Report Highlights State Medicaid Developments
Kaiser Network | 05.07.09

Louisiana: The state Department of Health and Hospitals on Friday issued emergency rules that cut Medicaid provider payments by 7% as part of an effort to reduce the department's proposed fiscal year 2010 budget by $445 million, the Baton Rouge Advocate reports. The cuts took effect immediately; however, they will have to be approved by the state Legislature to remain in effect for FY 2010, which begins July 1.

DHH undersecretary Charles Castille said, "If we started rules after the legislative session, it would take several months to put these rules in place and we would only be able to get eight months of cuts." According to Castille, if the state Legislature does not approve the cuts, DHH would "simply pull back and redo on whatever rules are cut or adjusted."

Louisiana Hospital Association President John Matessino said, "I am extremely disappointed in the administration's decision to further reduce hospital reimbursement, which continues to weaken our hospitals' ability to serve their communities" (Shuler, Baton Rouge Advocate, 5/2).

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=58369

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State dedicates $50 million to higher education; big cuts still coming
WWLTV | 05.07.09
Doug Mouton / Northshore Bureau Chief

BATON ROUGE, La. – The House Appropriations Committee said yes on Thursday to using $50 million from a tax amnesty bill for higher education.
Video: Watch the Story

The tax amnesty bill forgives some penalties for people who owe money to the state, and it's expected to raise more than $150 million dollars.

The first roughly $100 million goes to the state emergency response fund. Now, the next $50 million will go to higher education.

“I think the House as a whole wanted to try to make efforts to help higher education and fill the hole,” said state Rep. Jim Fannin, D-Jonesboro.

The $50 million that is being restored to higher education still represents less than a quarter of the money being cut, so big cuts are still coming. So, lawmakers say, the entire system still must change.

“They need to look, and bring to us some ways that they can put more efficiencies in their operations,” Fannin said. “We feel that they can. They have agreed to work with us, and that's the reason that I had this amendment.”

State Rep. Karen Peterson, D-New Orleans, said those changes need to come soon.

“They need to go in and start creating those efficiencies now, so when they get one time money, they see the writing on the wall, and they go in and restructure,” Peterson said. “But I don't think they can withstand $200 million in cuts in one year, and this will provide some level of transition.”

Legislators said it's important to note they found this $50 million without dipping into the state's $400 million economic development fund.

“The bottom line – I've said this over and over the last 30 days – this is not about what anybody deserves, it's about what the state of Louisiana can afford, and we can't afford the system as it currently sits right now,” said state Rep. John Schroder, R-Covington.

And because this is one-time money from the state's tax amnesty bill, it doesn't affect the huge cuts forecast for higher education over the next two years.

But legislators say it helps – for now.

And it's possible once the budget gets to the senate, they could find additional ways to lessen the cuts to higher education.

http://www.wwltv.com/topstories/stories/wwl050709mleducation.18d8aab.html

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When Swine Flu Hits Home
The New York Times | 05.07.09
By Roni Caryn Rabin

After the first reports were published about swine flu among kids at St. Francis Preparatory High School in Queens, N.Y., where I live, a friend called me in a panic. Like many parents in the neighborhood, she was wondering if should keep her 10-year-old home from school.

Her house is a stone's throw from the school, and mine is just a few miles from hers. "I'm scared," she said. "One of his best friends has an older brother who goes to St. Francis."

Fear was spreading faster than any virus could. Hand sanitizer was flying off the shelves. Then the wet wipes started to disappear. People walking through busy shopping areas, and even back streets, were wearing surgical masks, a habit many Asian immigrants had brought from China. I drove past one car with three mask-clad passengers in back.

When a girl at my daughter's high school complained of a cough, the nurse gave her a choice of wearing a mask for the rest of the day – or going home. (Guess which she chose?) A lot of schoolkids stayed home; my friend told me of one parent who kept her children home for three days straight, and she lived in another borough.

"Tell them to wash their hands a lot," was the only advice I could offer.

Reporters like myself often parachute into a region to report about a war or an election, but in this case, I just happen to live here. As journalists we often feel insulated by our status — we're observers, after all, not participants — and on some unconscious level I think I believed my family and I were immune.

I was wrong.

The fear, meanwhile, fueled rumors. My friend Mary, who lives nearby, said her daughter stayed home from public school because she wasn't feeling good one day. Her friends called that afternoon and asked if she was alright — they heard she had swine flu. Four of the kids in her class had been to Mexico over spring break, Mary's daughter told her. The next day she corrected herself: only one had gone, "and that was to Jamaica."

But it soon became clear it didn't really matter who you knew or where they had been. The cat was out of the bag.

Some parents wanted the city to close all schools. But while St. Francis was shut down for a week and a half, a lot of students with nothing to do went to hang out in another enclosed gathering place … the mall.

When my own 15-year-old started coughing on Monday evening, I thought little of it. She's pretty hardy and hadn't missed a day of school since sixth or seventh grade. But when she woke up at 3 a.m. groaning loudly enough to wake me, I realized I'd been mistaken.

Sure, most years my daughter didn't get the flu. But this was a novel strain. A new virus.

It was a miserable night — for our whole family, but mostly for her. She didn't know what hit her. She was hot, and then she was cold. She shivered and coughed and groaned. Her throat was killing her, and by morning she was whispering.

"Will I have to go to the hospital?" she whispered.

"What if I gave it to my friends?"

"Will they shut down my school?"

I was worried, but not nearly as much as I would have been just a few days earlier. It was becoming fairly clear that young people in the United States weren't dying of this flu strain, and most recovered without being hospitalized. If you weren't very young or very old or pregnant, and you didn't have diabetes, heart disease, H.I.V. or a compromised immune system, you probably wouldn't even get a definitive diagnosis, and any available Tamiflu, the anti-flu drug, would be reserved for someone else.

An infectious disease specialist had told me on Friday that health officials were reassured by the way the outbreak was unfolding here. "If it weren't for Mexico, this would be a page-15 story," he'd said.

One thing is clear: we have good surveillance systems. Everyone was collecting data and phoning it in. When the high-school attendance office called, they didn't just want to know my child was home sick, they wanted a list of symptoms: Did she have a cough? Sore throat? Fever? How high? Fifty kids in the school were absent, up from a daily average of 20 at most.

We had good information, and it was easily accessible to the public, not just through the traditional media but through the internet and twitter.

You could go to the Centers for Disease Control and Prevention Web site and find out whether face masks work (unclear), what you can do to minimize your risk (wash your hands, stay away from crowds, don't touch your nose and face) and what you can do to help (sneeze into a tissue or your sleeve, stay home if you're sick).

I still don't know if my daughter actually has swine flu. The doctor who examined her was pretty sure she did — he called it A(H1N1), which somehow sounded less sinister. But there was no need for a test, and she was otherwise healthy and therefore not a candidate for Tamiflu anyway.

He listened to her lungs, proclaimed them all clear, and swabbed her throat for a strep culture, which was negative. The prescription was the usual for flu: Motrin, lots of fluids, rest. Oh, and ice-pops for the sore throat. We were to watch out for shortness of breath, worsening fever or unusual behavior.

She had completely lost her voice by then, so she borrowed my phone as we drove home and texted into it. "Throat like sandpaper stop 4 ice pops."

By evening she was over the worst of it. She sat with us at dinner but had drunk so much tea she wasn't really hungry. Every time she coughed we dove under the table. But I knew she was much better when, as she prepared for a world history exam, she had just one question, "What am I going to do about my chem test?"

And I have one lingering concern myself. If — and when — this rolls around again, in a fiercer form, will people think health officials are crying wolf and be blase about it? If this current flu does turn out to be much better than feared — and we all hope it does — the public health campaign must not stop. People need very clear explanations about why and how this virus could mutate into something worse.

http://well.blogs.nytimes.com/2009/05/07/when-swine-flu-hits-home/?ref=health

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Taxing Those With Insurance to Pay for Those Without
The New York Times | 05.07.09
By REED ABELSON

It is an alluring way to pay for the ambitious plan to expand health coverage to the nearly 50 million people who are now uninsured. Simply put, the government would tax the people who already have the most expensive health benefits, as provided by their employers.

By one Congressional estimate, taxing this “Cadillac coverage,” as some call it, could yield $100 billion in revenue over five years. No wonder Senator Max Baucus, the Montana Democrat who is a leader of the health reform effort, seems keen on the idea. And although the candidate Barack Obama criticized the notion last year when Senator John McCain promoted it, the concept now has some support in his administration as part of an overhaul of the health care system.

“There aren’t that many pots of gold to pay for health reform,” said Jonathan Oberlander, a health policy expert at the University of North Carolina.

But Mr. Oberlander and some other experts say Congress may have a difficult time devising a new tax on health benefits that does not threaten to do more harm than good.

If the plan is not designed carefully, they say, the additional taxes could affect many workers who are far from affluent and put the cost of adequate coverage further beyond the reach of many Americans. Some critics also warn that the taxes could undermine the employer-based coverage that is the bedrock of the nation’s health insurance system.

The details have not yet been worked out. But critics say a tax could add to the burden of many employees, who already pay a hefty portion of their own insurance premiums and have additional out-of-pocket costs in the form of deductibles and annual co-payments.

And many people have high-priced insurance that is expensive for reasons unrelated to the quality of the coverage because they live in a high-cost city or work for a small business with old or sick employees.

“We too often equate expensive health insurance with generous health insurance, and they’re not the same,” Mr. Oberlander said. “It’s not clear that you are going after ‘Cadillac’ health plans at all.”

Right now, the amount that an employer spends on a worker’s health insurance is not taxed as income, and employees can pay their share of premiums with before-tax earnings. The proposals being debated in Congress would start considering some part of the value of the health benefit as income and tax it accordingly.

Representative Charles B. Rangel, the New York Democrat who is chairman of the House Ways and Means Committee, which presides over tax legislation, made clear on Wednesday that he opposed a change in the tax treatment of health benefits.

And employer groups and labor officials have also come out against the idea. They say taxing benefits could endanger the current system of employer-based coverage, which now is responsible for insuring nearly two-thirds of Americans who are under 65 years old and have coverage.

“If we began to tax employee benefits, there would be mutiny at the gate,” said J. Randall MacDonald, an I.B.M. executive who is chairman of the HR Policy Association, which represents corporate human resource professionals. “It’s just counterintuitive to the problem we’re trying to solve.”

The challenge for Congress, aside from the political battles already stirring, is whether policy makers can come up with a proposal that addresses opponents’ concerns, by limiting the tax to the wealthy, or otherwise fine-tuning it.

Proponents argue that the revenue could be raised by taxing only the most expensive policies for those people who can afford the few hundred or thousand dollars at stake — money they say is essential to government's ability to provide basic coverage to more people.

"We need the money," said Len Nichols, a health economist at the New America Foundation, which supports overhauling the current insurance system to give more people access.

Some supporters of these plans say the current system gives an advantage to people who get coverage from their employer and to people with high incomes.

"There is a huge consensus that this is inequitable and unfair tax treatment," said Robert E. Moffitt, a policy analyst with the Heritage Foundation, which has long supported changing the tax laws and contends this is an area that might have significant bipartisan support.

What is more, some economists and policy analysts say the current system encourages overly generous coverage, which they say helps drive up the cost of medical care by keeping patients insulated from the true costs. "One of the arguments for doing it is trying to achieve higher value through the health care system," said Katherine Baicker, a health economist at the Harvard School of Public Health.

But the political opposition remains fierce.

Union officials, for example, say that the proposed policy could translate into higher taxes for some of its members, many of whose contracts call for generous health benefits. "Capping the tax exclusion would undermine the place where most Americans now get their coverage, before we have built a proven effective, sustainable alternative to employer-based plans," said Gerald M. Shea, an official with the A.F.L.-C.I.O. in recent testimony before Congress.

And there is little doubt that more expensive coverage does not always mean more generous coverage. Small companies, for example, typically pay more for the same benefits than large employers do. And some companies pay more in premiums because more of their employees are older or sicker.

Moreover, the cost of insurance varies in different parts of the country, so that someone with the same plan in New York or California will pay more than someone in North Dakota.

Congress may be able to balance these issues. But the problem, some policy analysts say, is that if a grand compromise ends up too narrowly defining the group of people who will end up paying the new tax, the amount of money raised might not be enough to make a difference in paying for health reform.

"I think it's got some traction, but what happens when push comes to shove?" asked Paul Fronstin, an analyst for the Employee Benefit Research Institute, who recently completed a lengthy analysis of changing tax policy.

"If it's not going to buy them much, why do it?" he asked.

http://www.nytimes.com/2009/05/08/health/policy/08healthtax.html?ref=health

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Diabetes: More than just sugar overload?
CNN Health | 05.07.09
By Katy Koontz

I walk every day, eat a healthful diet, and have no diabetes in my immediate family. I'm not model skinny (truth be told, I've been known to pack on a few extra pounds), but I'm certainly not a couch potato or junk food addict. So, imagine my surprise when a routine blood test showed that my blood sugar was elevated and I was officially prediabetic.

Diabetes is not a painful disease early on, says one expert, so people don't realize how serious it is.

Prediabetic, meaning I have higher-than-normal blood sugar levels that put me at risk of developing diabetes, the seventh-leading cause of death in the United States. Yikes!

The fact that I'm not alone doesn't make me feel any better -- 57 million Americans have prediabetes and another 24 million have diabetes (90 to 95 percent of all diabetes diagnosed is type 2, which typically appears in adults and is associated with obesity, physical inactivity, family history, and other factors). Being part of what's shaping up to be a diabetes epidemic in America isn't a club I want to join.
Health.com: How to lower your risks for developing diabetes

Another wake-up call

It turns out that prediabetes isn't really "pre" anything, according to Mark Hyman, M.D., author of "UltraMetabolism" and "The UltraMind Solution: Fix Your Broken Brain by Healing Your Body First." "It's a danger in and of itself that sets off a whole cascade of problems," he says.

In fact, there's now evidence that a prediabetic patient's risks for eye, kidney, and nerve damage, as well as heart disease, are nearly as great as a diabetic's, says Alan J. Garber, M.D., chairman of the American Association of Clinical Endocrinologists task force that's currently writing new guidelines for managing prediabetes.

What's more, diabetes can be especially dangerous for mothers and their unborn children, potentially leading to miscarriage or birth defects. Women with diabetes are also at higher risk of having a heart attack at a younger age. And elevated insulin levels have been shown to put postmenopausal women at increased risk of developing breast cancer.

The more I learned about diabetes, the more determined I was to lower my blood sugar levels. But how? What was I doing wrong in my so-called healthy life? Here's what I found out that can help you, too.

I'm not alone in my surprise at having blood sugar troubles. Virginia Shreve was in the same boat when she went to a walk-in clinic with a bad backache and found out she had full-blown diabetes. "I had no clue," says the 52-year-old from Lynchburg, Virginia. During her exam, the doctor tested her blood sugar and found that it was 280. (A normal, nonfasting blood glucose level is less than 140 mg/dl.)

"I felt like a deer in the headlights," Shreve remembers. "I'd always been healthy. I knew thirst was a symptom, but I thought it was healthy that I was drinking so much water. And I'd been a good walker for years, so it wasn't like I never got any exercise."

When she returned to the doctor the following week, Shreve was given the results of her hemoglobin A1c test, which shows how blood glucose is controlled over two to three months. Normal for nondiabetics is 6 percent or lower -- but Shreve tested at 9.6, enough to require medication.

Diabetes symptoms include being hungrier than usual, urinating frequently, and losing weight without trying, as well as fatigue, irritability, blurred vision, tingling or numbness in hands or feet, persistent infections, and slow-healing cuts or bruises. But some people have no symptoms or don't equate the symptoms they do experience with diabetes.

"A lot of people feel fine with prediabetes or even when they're diagnosed with type 2 diabetes," says Sue Kirkman, M.D., of the American Diabetes Association. "It's not a painful disease early on, so people don't realize how serious diabetes is and what kind of bad complications it can cause."

Experts say the nation's obesity epidemic is certainly partly responsible for the rise in diabetes. "As weight climbs, so does diabetes risk," says Lauren Richter, D.O., a family practitioner at the Center for Integrative Medicine at the University of Maryland School of Medicine, in Baltimore. "My goal with patients is to get the people at risk to make lifestyle changes even before we notice higher blood sugar on a blood test because by the time we find diabetes, they've already lost 50 percent of the function of their pancreas."

Yet not everyone who gets type 2 diabetes has a sugar- or carb-laden diet, or is even overweight. Up to 20 percent of people with the disease have a normal weight. Genetics and environment play a part. And additional risk factors include a family history of diabetes, certain ethnic backgrounds, and having gestational diabetes or giving birth to a baby that weighs more than 9 pounds. The risks increase with age, too. And some studies suggest that environmental toxics, such as arsenic (sometimes found in drinking water and seafood), may be related to an increased risk for diabetes. Other factors (such as being stressed or sick, or taking certain medications, such as steroids) also affect blood sugar, and they can push you over into prediabetes or diabetes if you're already borderline.

The good news is that in many cases the progression from prediabetes to type 2 diabetes can be prevented with a few lifestyle changes. How? By losing 7 percent or more of your body weight, in addition to exercising and following a low-calorie, low-carbohydrate, high-fiber diet. Research has shown that people with prediabetes who took these steps had a 58 percent success rate in avoiding progressing to type 2 diabetes, AACE endocrinologist Garber says. Prescription medication -- such as metformin, acarbose, or thiazolidinediones -- may also be required for those in high-risk groups or those not successful with lifestyle changes. Health.com: 20 little ways to drop the pounds and keep them off

Even if you do end up taking meds, the ADA's Kirkman says, "don't think you can take a pill and then eat whatever you want. It's not a substitute for trying to be healthy."

Fighting stress and getting enough sleep may also help control blood sugar, an idea embraced by Richter, who has prediabetes. "For me, sleep is critical for managing stress and maintaining proper insulin levels," she says. "I get a minimum of seven hours, preferably eight, a night. I also get massages and acupuncture routinely -- I have one or the other every six weeks. This is not a luxury. If you're going to try to manage blood sugar, you have to manage stress."

Get moving

If you have diabetes or prediabetes, exercise does more than just help control your weight, says Tim Church, M.D., Ph.D., of the Pennington Biomedical Research Center in Baton Rouge, Louisiana, and co-author of "Move Yourself: The Cooper Clinic Medical Director's Guide to All the Healing Benefits of Exercise (Even a Little!)." "It increases muscle mass -- and healthier muscle is more responsive to insulin, lowering blood sugar levels."

How much do you need? Church recommends 30 minutes of moderate-intensity aerobic exercise (such as walking) at least five days a week and 20 to 30 minutes of resistance training one to two days a week. Combining aerobic exercise with resistance training yields a bigger drop in blood sugar than either type of exercise alone, according to a recent study. Health.com: Why getting rid of belly fat may lower type 2 diabetes risk

If you can exercise even more often, do it, says Nadine Uplinger, R.D., director of the Gutman Diabetes Institute at Albert Einstein Healthcare Network in Philadelphia, Pennsylvania. "We're finding that some people, especially those who may not be on any medication, need closer to an hour of aerobic exercise a day, seven days a week to combat diabetes." Also, strive for a body mass index of less than 25.

Eat healthier

Americans eat an average of 158 pounds of sugar per year. That, plus all the refined flour, bad carbs, and trans fats we eat, means we are overfed and undernourished. We consume too many calories and not enough nutrients, Hyman says: "Our diet is a huge contributor to diabetes." Health.com: Fiber, starch, fats, and serving sizes: Eat right advice for your diet

High fructose corn syrup is doubly problematic, he says, because it fails to stimulate leptin (the hormone that makes you feel full) and doesn't lessen ghrelin (a hormone that makes you hungry). The same is true of the fructose found naturally in fruit, but because it's not processed you still get a good dose of healthy fiber and antioxidants.

Whether HFCS is more harmful than table sugar is a matter of debate, but one thing is certain: It's in a lot of packaged foods, so much so that most Americans consume it in excess without even realizing it. It's hard to limit sugar to no more than 10 percent of your daily calories, as suggested by the World Health Organization, if you're eating processed foods, sugary treats, and low-fiber carbs. Instead, follow these healthy eating guidelines.

Balance your plate. Eating healthy to prevent diabetes is a balancing act, Uplinger says. "I encourage people to make half of their plate nonstarchy vegetables (broccoli, green beans), one quarter starch, and one quarter protein."

Pick whole foods. During digestion, all carbs break down into sugar -- raising blood sugar more than protein and fat do. But the carbs in processed foods are even more rapidly digested and so have a greater effect on blood sugar. "The more you refine foods, the more you take away their protective compounds, such as the antioxidants that help metabolize carbohydrates," says Kalidas Shetty, Ph.D., professor of food biotechnology at the University of Massachusetts in Amherst, Massachusetts. Plus, whole foods have more fiber, helping people with diabetes eat the 25 to 30 grams of fiber recommended daily by the ADA.

Use the glycemic index (GI). The glycemic index gives values from 0 to 100, according to how much a food raises blood sugar. High-GI foods (like white bread) are rapidly digested and cause significant spikes in blood sugar, while low-GI foods are more slowly digested and produce more gradual elevations in insulin levels and have less impact on blood sugar. Health.com: Foods with low glycemic index

"A good way to use the index is to aim for low-GI choices and avoid high-GI ones," says Jennie Brand-Miller, Ph.D., of the University of Sydney in Australia, one of the foremost GI experts and co-author of "The New Glucose Revolution for Diabetes." "Think slow-carb, not no-carb," she says. Select available low-GI options within food categories (like whole-grain or sourdough bread, or breakfast cereals like traditional oatmeal or natural muesli).

Eat more spices. Many spices, herbs, and seasonings -- including basil, cloves, cumin, garlic, ginger, mint, oregano, rosemary, thyme, and turmeric -- may help manage blood sugar levels. Cinnamon, Shetty says, appears to be particularly helpful in slowing sugar uptake and helping insulin receptors in the body work more effectively.

Know the truth about sugar-free. "There's this misconception that if something is sugar-free, it won't affect your blood sugar and you can eat all you want," Uplinger says. "But it's simply not true." These foods may not have sugar, but they still have carbs -- and some of them actually have more carbs than the normal foods they attempt to replace.

These changes can certainly be overwhelming. "But you didn't develop diabetes or prediabetes overnight, and you don't have to fix it overnight," says Donna Kay, co-author of "The Complete Diabetes Lifestyle." "Small changes you make every day add up to big, important changes over time. The more you can control diabetes, the less control diabetes will have over you."

A sweet ending

As for me, I developed a plan that included exercising more, in addition to eating more low-GI and high-fiber foods and fewer processed foods. I found a farmers' market where I could load up on fresh veggies and hormone-free grass-fed beef. Each morning for breakfast, I'd have a good, protein-rich breakfast of scrambled eggs and whole-wheat toast with natural peanut butter. Lunch would be my biggest meal. For dinner, I'd stick to just low-fat cottage cheese with some pistachio nuts. And for snacks, I'd eat half a protein bar at midmorning and the rest of it at midafternoon to make sure I hardly ever went more than three hours without eating some protein. (Many experts believe that balancing foods high in starch and sugar with protein can prevent blood sugar from spiking.)

I'd religiously read labels at the supermarket, too, refusing to buy anything with sugar listed in the first half of the ingredients. I'd sprinkle cinnamon on many foods and take cinnamon capsules. And if I wanted dessert, I'd have a no-sugar-added cup of pudding. For special treats I'd enjoy 2 ounces of very dark chocolate (at least 70 percent cocoa) or maybe a glass of dry red wine, both of which are high in healthful antioxidants.

After three months I dropped 20 pounds -- and now my blood sugar levels are normal. Even so, my doctor wants to keep an eye on me. I've been sobered by what I've learned. And I know now that staying healthy is a process, one I'll have to fine-tune for the rest of my life.

http://www.cnn.com/2009/HEALTH/05/07/diabetes.sugar.overload/index.html

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