

**IN THE NEWS**

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## **Committee OKs bill giving board hospital control**

### **The Times-Picayune | 04.30.09**

By Jan Moller  
Capital bureau

BATON ROUGE -- Louisiana State University would cede control over its New Orleans hospital operations to a new, independent board under a bill that sailed out of a House committee Wednesday.

The House Health and Welfare Committee approved House Bill 830 by Speaker Jim Tucker without objection, despite opposition by LSU System President John Lombardi. Lombardi contends the change could mean a step back for the university's efforts to develop a first-class teaching hospital to take the place of Charity Hospital.

Tucker, R-Algiers, said creating an independent board to run the Interim LSU Public Hospital and the \$1.2 billion teaching hospital in lower Mid-City proposed to replace it would let LSU focus on medical education and create new opportunities to attract research dollars and private investment.

It also could help resolve long-standing differences between Tulane and LSU over management of the hospital. While LSU maintains that the state constitution gives it ultimate oversight of the hospital operations, Tulane insists the management authority belongs to a board mainly dormant since Hurricane Katrina.

"I want to see us build the finest medical school in the country right in New Orleans," Tucker said, adding that an independent board would ensure that not just LSU but Tulane, Dillard, Xavier and other local schools have an equal stake in the facility.

But Lombardi said Tucker's proposal would create a "political board" and would put Louisiana at odds with models that have been successful in other states.

"Nowhere else in America has anybody been able to produce this model and get the kind of results you describe," Lombardi said.

LSU proposes running the new hospital through a quasi-public, nonprofit entity that would be under its control.

Tucker's bill calls for a seven-member board to run the New Orleans hospital starting Jan. 1. Three of the board members would be appointed by the governor and two each by the House and Senate from a list of nominees submitted by health care and good-government groups.

LSU would continue to run its Health Sciences Center in New Orleans and other state facilities in the Charity Hospital System.

The debate over a governing structure is the latest twist in the multiyear effort to build a new teaching hospital in New Orleans to replace Charity Hospital, which has been shuttered since Hurricane Katrina.

State officials plan to build a 424-bed hospital, but financing for the facility awaits a decision from the federal government about whether the state will be reimbursed the \$492 million it believes it is owed for hurricane-related damage. That money, plus \$300 million in state cash already set aside for the project, would cover most of the construction costs, while borrowed money would likely cover the rest.

Lombardi said the nonprofit governing board that LSU envisions would be able to sell revenue bonds for the project without affecting the state's debt limit, advantages that a public board within the Department of Health and Hospitals would not have.

But Tucker said the state has several other financing options besides selling bonds, including privatizing parts of the medical complex.

After the hearing, Lombardi bemoaned the infighting in New Orleans that has characterized the hospital debate and pitted LSU against a loose confederation of neighborhood activists, preservationists and other universities.

"New Orleans sees something, and they immediately splinter into 400 groups," Lombardi said.

The bill now moves to the House floor for more debate.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-7/1241069790152300.xml&coll=1>

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## **Panel backs proposal on Charity Hospital**

**The Advocate | 04.30.09**

By JORDAN BLUM

Advocate Capitol News Bureau

Legislation to yank the so-called Charity Hospital and other New Orleans health-care operations away from LSU successfully made its first steps out of committee Wednesday.

House Speaker Jim Tucker's plan would give control of the formally named LSU Medical Center of Louisiana at New Orleans to a proposed board of directors within the state Department of Health and Hospitals.

Despite opposition from LSU, Tucker's House Bill 830 was approved without dissent by the House Health and Welfare Committee. The bill would ensure that LSU, Tulane University, Xavier University and other entities would all have representation in New Orleans health-care and medical education services, Tucker said.

Tucker, R-Terrytown, argued that the legislation expands private opportunities for getting medical care back on track in New Orleans after Hurricane Katrina. He said LSU's hands are already full.

"All these things LSU does are still doable," Tucker said. "Going forward, however, we need to be cognizant of the opportunities we can have beyond the state system."

The legislation comes at a time when LSU is seeking to build a new \$1.2 billion LSU/Veterans Administration medical complex to replace the old Charity Hospital that was badly damaged by Katrina and remains shuttered. LSU and Tulane have struggled to agree on some of the details.

"We're the right vehicle," LSU System President John Lombardi said. "This bill is not the right vehicle."

The LSU System currently oversees the state's medical education and hospital system. The legislation would only lessen LSU's authority in the New Orleans area with the Interim LSU Public Hospital and future construction plans.

LSU contends its Board of Supervisors is responsible for the daily oversight. Lombardi said the bill would share LSU's authority with entities like Tulane while leaving LSU liable for anything that goes wrong.

"They're not responsible for the operation of the hospital," Lombardi said. "We are."

Lombardi is asking the state to go in a different direction that would allow LSU to maintain control of the medical center by forming a private, nonprofit affiliate to run day-to-day operations while still partnering with Tulane and others. Lombardi said LSU and Tulane agree on 90 percent of the plans.

"We've had endless negotiations of extraordinary difficulty but also great interest with our partner Tulane," Lombardi told the legislative committee. "The key is getting LSU and Tulane on the same page, and that's not easy."

LSU seeks to build a 424-bed medical complex to be funded by \$492 million from the Federal Emergency Management Agency that LSU says is still owed from Katrina, about \$300 million from the state and the rest to be funded through bond sales. Lombardi said a new nonprofit, LSU-affiliated board could oversee the bond process.

Tucker said a new board would not be able to secure the bonds without a state guarantee. Tucker said privatizing certain aspects of the medical complex could cover additional costs.

Tucker's plan would form a seven-member board of directors who have health-care or business management expertise. They would consist of three appointed by the governor and confirmed by the

Senate, two chosen by the Senate and two picked by the House. They would serve staggered terms of up to four years.

A nominating committee would make recommendations to the governor and insulate the board from political tampering, Tucker said.

<http://www.theadvocate.com/news/44036132.html>

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## Delay in release of hospital plan criticized

The Advocate | 04.30.09

By ALLEN M. JOHNSON JR.

Advocate New Orleans bureau



NEW ORLEANS — Inside Grace Episcopal Church late Wednesday, state officials unveiled designs for a controversial \$1.2 billion LSU Academic Medical Center to replace storm-damaged Charity Hospital.

Three schematic plans of the 424-bed LSU teaching hospital ringed the interior of the church, for the federally mandated meeting. Two weeks earlier, at the same church, plans for a new Veterans Administration Medical Center — the federal half of a 71-acre LSU/VA medical complex — were similarly displayed at a public forum that quickly turned heated.

Last night's crowd of 100 people was slightly smaller, the mood was different, there were protesters outside the church, and the Easter lilies were gone from the altar.

Waving green and orange signs, a handful of demonstrators outside protested proposed cuts at University Hospital.

The 200-bed facility has handled the city's most serious trauma cases since Charity closed in the wake of Hurricane Katrina in 2005.

Inside the church, residents who had come to hear state facility and planning officials detail the LSU hospital plan, complained of a lack of notice and of information.

Ten hours before the doors of the church opened, the plans for the LSU hospital still had not been posted on a FEMA-operated Web site.

"In order for the community to give meaningful input, you want to give them as much information as soon as possible," Davida Finger, a Loyola University law professor, said.

"If you don't want community input, the best way is not to put out the information."

Finger added that she was disappointed that the LSU plans were not posted sooner.

"It's awful late in the game," said Sandra Stokes, spokeswoman for the Foundation for Historical Louisiana, a preservationist group that favors restoring Charity Hospital. "It would have been nice to study the plans" before the meeting.

Andrew Thomas, a spokesman for the Federal Emergency Management Agency, said the LSU designs were posted at 10:30 a.m., eight hours before the meeting began.

"I'm not aware of why there were delays," Thomas said.

Thomas also said he did not know when FEMA received the LSU plans from the state office of Facility Planning and Control.

As early as April 15, taxpayer-funded newspaper ads stated that "project information" and conceptual designs for LSU-AMC would "soon be available" at <http://www.LSUAMC.com>.

The public comment period closes May 13.

Attorney Mary Howell, a critic of the hospital planning process since the first public meeting on the proposed complex on Nov, 29, 2007, blamed LSU.

"Unfortunately, they have done everything possible to frustrate and suppress open dialogue about what they are doing," Howell said of LSU officials. "It has been a fundamentally anti-democratic process. If they wanted (the designs) out, it would be all over town."

However, LSU System spokesman Charles Zewe said the lawyer's comments should be directed to the state.

"You may wish to note that LSU, although a member of the LSU/VA design planning team, is not in charge of the process," Zewe said in an e-mail. "Jerry Jones and State Facilities Planning and Control are running the show."

A spokesman for the state Division of Administration did not return a request for comment late Thursday.

Eli Ackerman, 24, an activist who helped set up <http://www.savecharityhospital.com>, said federal officials did a better job of informing the public about the VA Medical Center's plans than FEMA and the state have done for the LSU facility. Internet postings do not suffice.

"There is still an incredible digital divide in this city," Ackerman said.

"We put out multiple public service announcements (on the Wednesday meeting) and news releases. My feeling was it was very well advertised," FEMA's Andrew Thomas said.

Not everyone has the Internet, professor Finger said. "There have to be much stronger efforts to reach the community, especially those most adversely affected, including low-come people."

FEMA says anyone who wants a copy of the plans can call or write the New Orleans office at FEMA-EHP, 1250 Poydras St. 18th floor, Box 43, New Orleans, LA 70113.

<http://www.2theadvocate.com/news/44036082.html>

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## **Hospital plan process criticized**

**The Times-Picayune | 04.30.09**

By Bill Barrow

Staff writer

Many New Orleans residents used a meeting scheduled Wednesday for reviewing plans for a state teaching hospital in lower Mid-City as an opportunity to air myriad complaints about the process as a whole.

And when they weren't talking big picture, few had good things to say about the three schematic options that state-paid architects unveiled for the proposed \$1.2 billion, 424-bed facility that would cover the acreage bound by South Claiborne Avenue, Tulane Avenue, and Galvez and Canal streets.

The primary differences are whether the patient towers would be located along Canal or Tulane and whether clinic buildings or parking decks would front Galvez, the street that will divide the state campus from the proposed U.S. Department of Veterans Affairs hospital.

All the plans call for two construction phases, with the first phase concentrated toward Galvez.

The plans are available on [www.lsuamc.com](http://www.lsuamc.com). The site allows public comments through May 13.

Representatives from the National Trust for Historic Preservation echoed previous criticisms that the designs show very little physical sharing between the state hospital -- called the LSU Academic Medical Complex -- and the proposed Veterans Affairs hospital.

Mary Howell, a lawyer whose office is near the footprint, put it more bluntly. "We feel like victims of a bait-and-switch," she said, recalling talk of the necessity to build the state's replacement of Charity Hospital next to the VA facility.

Howell said the federal planning process -- agreed to by city, state and LSU officials -- is to blame.

"I don't see how we can have informed decision-making if we can't talk about the project in totality," she said. From the beginning, planners and the community should "consider this when connected to the VA, when connected with the Charity building. The neck bone is connected to the ankle bone, and we are being prevented from being able to look at the entire impact."

The "tiered" process set up under federal law divided discussion of site selection, the design phase and the future use of the old hospitals downtown. The public meeting Wednesday was held to open the public-input period required in "tier two," the design phase. The VA held its tier two hearing earlier this month.

Jack Davis, representing several groups pushing for a third-party review of the entire project, mocked architects describing the largely suburban design as a bridge from downtown to Mid-City. "I'm hearing that to transition into a neighborhood, we have to tear down that neighborhood," he said.

Members of Deutsches Haus lamented that the plans show the old structure being razed.

Some Tulane advocates warned that the state risks abandoning downtown and leaving Tulane's medical enterprise on an island, particularly if the second phase is delayed or never built. That would leave a vacancy on the property's southeast end.

Dr. James Moises, formerly an emergency room physician at Charity, suggested that LSU leaders and other public officials pushed for a new hospital without ever considering rebuilding Charity as a viable option.

Nonetheless, state officials defended the site selection and the plans as the best option for returning quality medical care to New Orleans. LSU System Vice President Dr. Fred Cerise promised a new model

that would attract researchers and clinicians to a hospital for both former Charity patients and insured patients who rarely used the old hospital.

A lone Canal Street business owner, meanwhile, said he welcomes the redevelopment. "This is a good thing for our community," Chuck Perret said. "This is a good thing for health care in our community."

Architects said the schedule calls for clinics to open in 2012, with the hospital to open in 2013. The state, however, still has not completed its financing plans for the project.

<http://www.nola.com/news/t-p/neworleans/index.ssf?/base/news-10/1241069604152300.xml&coll=1>

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## **Bill to strip LSU of hospital oversight moves forward**

**The Times-Picayune | 04.29.09**

by Jan Moller, The Times-Picayune

BATON ROUGE -- Legislation to strip Louisiana State University's control of its New Orleans hospital operations and give power to a new, independent board sailed out of a House committee Wednesday.

The House Health and Welfare Committee approved House Bill 830 by Speaker Jim Tucker without objection, despite warnings by LSU System President John Lombardi that the change could mean a step backwards for the university's efforts to develop a first-class teaching hospital to take the place of Charity Hospital.

Tucker, R-Algiers, said creating an independent board to run the Medical Center of Louisiana at New Orleans and the \$1.2 billion proposed teaching hospital in lower Mid-City that is proposed to take its place would let LSU focus on medical education and create new opportunities to attract research dollars.

It also would help resolve longstanding differences between Tulane and LSU over management of the hospital. While LSU maintains that the state constitution gives it ultimate oversight of the hospital operations, Tulane insists that the management authority belongs to a board that has been mainly dormant since Hurricane Katrina.

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LSU wants to run the new hospital through a quasi-public, non-profit entity that would be under its control.

Under Tucker's bill, the New Orleans hospital would be run by a seven-member board, with three members appointed by the governor and two each by the House and Senate.

[http://www.nola.com/politics/index.ssf/2009/04/bill\\_to\\_strip\\_lsu\\_of\\_hospital.html](http://www.nola.com/politics/index.ssf/2009/04/bill_to_strip_lsu_of_hospital.html)

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## **LSU Bogalusa Medical Center Respiratory Therapy Department Receives National Recognition**

### **LSU Health Care Services Division | 04.29.09**

Baton Rouge (April 29, 2009) – The LSU Bogalusa Medical Center (LSU BMC) Respiratory Therapy Department has earned Quality Respiratory Care Recognition (QRCR) from the American Association for Respiratory Care (AARC). The QRCR designation ensures quality respiratory care in a hospital and helps patients and families make informed decisions about the quality of the respiratory care services available at the institution of their choice.

“This recognition is another example of our staff’s superior skills and dedication to their profession and, above all, their commitment to providing the best possible health care to our patients,” said Kurt Scott, LSU BMC hospital administrator.

About 700 hospitals in the United States, or approximately 15 percent, have received the QRCR designation, which places LSU BMC among the elite for respiratory care in the nation, reflecting the high level of respiratory expertise at LSU BMC.

“Our department is in the top tier of respiratory care in the nation,” said Brandy Barnwell, RRT, LSU BMC respiratory care supervisor. “We’re also the only hospital in the region with this recognition, which assures patients and their families that our care is quality care.”

The LSU BMC respiratory medical director is Lee Roy Joyner, MD.

In 2003 the AARC began awarding QRCR status to help consumers identify facilities using qualified respiratory therapists for respiratory care. The AARC is a membership organization representing more than 46,000 health professionals in the field of respiratory care nationwide. Hospitals earning the QRCR designation ensure patient safety by agreeing to adhere to a strict set of criteria governing their respiratory care services.

Criteria for QRCR include the following: all respiratory therapists in the facility hold certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credentials or are legally recognized by the state as competent to provide respiratory care services; respiratory therapists are available twenty-four hours of the day; other personnel qualified to perform specific respiratory procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing; and a doctor of medicine or osteopathy is designated as medical director of respiratory care services.

QRCR designated hospitals provide a level of respiratory care consistent with national standards. A list of QRCR hospitals is available at the AARC website, [YourLungHealth.org](http://YourLungHealth.org).

Respiratory therapists are specially trained health care professionals who work under physician’s orders to provide a wide range of breathing treatments and other services to patients with asthma, chronic obstructive pulmonary disease, cystic fibrosis, lung cancer, AIDS, and other lung or lung-related conditions. They care for premature infants and are key members of lifesaving rapid response teams in medical emergencies.

The LSU Health System - Health Care Services Division is one of the largest public health care delivery systems in the country. It has over 35,000 inpatient admissions, nearly 196,000 inpatient days, 515,500 outpatient visits, 894,000 outpatient encounters, and nearly 244,000 emergency department visits. Each year nearly 500 residents and fellows from the LSU and Tulane Schools of Medicine and Ochsner Health System and 2,200 nurses and allied health students from many colleges and universities are trained in LSU facilities.

LSU is the largest single provider of uncompensated inpatient care in Louisiana. LSU HCSD hospitals have an economic impact of over \$1.4 billion in asset business activity, \$568 million in personal earnings, and generate over 12,000 jobs.

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## **Bogalusa doctor is Citizen of Year**

**The Daily News | 04.29.09**

By Jacob Brooks



**The 2008 Bogalusa Citizen of the Year, Dr. Whit Gallaspy, sits on his front steps flanked by his parents, Dixie and John Gallaspy, both previous Citizen of the Year winners. Other past honorees stand in background. They are (from left): Marjorie Cutrer, Carl Cutrer, Beverly Sheridan, Vaiden Barlow, Dr. Walter Tisdale, Mickey Murphy, the Rev. James Cyrus, Stephen Genco, George Bateman and Greg Genco.**

A Bogalusa doctor has been named the 2008 Citizen of the Year for the eastern side of Washington Parish.

Dr. Whit Gallaspy, the head doctor at the OB/GYN unit at LSU Bogalusa Medical Center, was voted last years most outstanding citizen on Monday during a meeting at The Daily News office.

He is the 50th person to receive the award, which is chosen through a vote of previous honorees. Nominees for the award are chosen by the public.

After electing Gallaspy Monday evening, about a dozen of the previous winners proceeded to the doctors house in Bogalusa to inform him of the honor.

He was surprised at the visit and still in his hospital uniform when approached by the group. When told of the honor, Gallaspy was humbled, and said others were more deserving.

Don't know what to say except I don't deserve it, he said.

But the election committee saw otherwise, and chose Gallaspy from eight nominees during a meeting that lasted about an hour. The local doctor did have a big year in 2008, which included a deployment to Afghanistan and the opening of local hospital's OB/GYN or Special Beginnings unit after a 10-year hiatus.

Gallaspy, at lieutenant colonel with the Louisiana National Guard served with the New York National Guard from July through October last year in the Middle East.

There's a real shortage of doctors, so they pull doctors from other states, Gallaspy said. It was his second tour of duty to that part of the world, having deployed with Louisiana National Guard to Iraq in 2004.

The doctor attributed a great staff at LSU BMC for his success there and the blossoming of the new OB/GYN unit.

Gallaspy is also working with city officials to construct a new recreation area at Lake Vista near Ponemah Cemetery where folks, young and old, can easily fish or enjoy nature.

Gallaspy's wife, Stacy, described him as a family man who works a lot.

But local doctor is quick to pass the credit.

I couldn't do any of it without my wife, he said. The couple has four children: Connor, 12, Caitlyn, 12, Marianna, 9, and Molly, 3.

Both of Gallaspy's parents are previous Citizen of Year winners — John Gallaspy in 1965 and Dixie Gallaspy in 1982. Both were on hand to see their son named the 2008 winner.

I'm just immensely proud of him, said John Gallaspy, a Bogalusa attorney. He has a lifelong history of service to other people.

A meet and greet reception for Gallaspy has been scheduled for Tuesday, May 12, from 4 p.m. to 6 p.m. at the Bogalusa Country Club. The public is invited, and Gallaspy will receive a medal for his accomplishment.

<http://www.gobogalusa.com/articles/2009/04/29/news/doc49f85865e783e565794280.txt>

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## **Moss Regional working with DHH to be tobacco-free hospital American Press | 04.29.09**

W.O. Moss Regional Medical Center in Lake Charles has committed to becoming 100 percent tobaccofree.

Taking part in the Louisiana Department of Health and Hospital's Project H.E.A.L. campaign created by the Louisiana Tobacco Control Program (LTCP), Moss Regional will develop and enhance current policies that prohibit tobacco use on hospital grounds or its surrounding campus effective July 4. Examples of the help that Moss will receive with Project H.E.A.L.:

A month-by-month calendar outlining every stage of going tobacco free, from informing the board of directors to posting signage.

Employee surveys to gage the number of hospital employees who would need help with cessation.

A patient consent form that insures that all visitors to the hospital are accommodating with the hospital's new tobacco policy.

Information cards that can be passed out to both employees and patients with information about cessation services provided by the state.

The targeting of rural hospitals by Project H.E.A.L. is part of the LTCP's ongoing commitment as part of the Bureau of Primary Care and Rural Health to help prevent new tobacco habits from forming, help current smokers with cessation and to eliminate second-hand smoke exposure and disparities among tobacco users in Louisiana.

<http://epaper.americanpress.com/Repository/ml.asp?Ref=QW1QLzIwMDkvMDQvMjkjQXIwMTUwNg==&Mode=HTML&Locale=english-skin-custom>

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## **Budget cuts slash stipends**

**The Almagest | 04.30.09**

By Phillip Sledge

LSUS Instructors who received professorships last fall will not lose their title as professor; however, they will no longer receive the stipends associated with their professorships due to the statewide budget cuts.

"We continue to award the professorships, but in name only. The stipends were not awarded this year because the funds were below the initial invested amount. This practice is being followed throughout the state," said Jennifer LaPierre, director of media and public relations.

The eight instructors who have received stipends will not be forced to pay back the money to the LSU system.

Wolfgang Hinck, Ph.D., associate professor of marketing, who was awarded the BlueCross BlueShield of Louisiana Endowed Professorship in the College of Business Administration, said, "Most of the professorships are established after someone or some entity donates \$60,000 to the university. The school then applies for \$40,000 from the state, and once that is granted, that \$100,000 is invested and an endowed professorship is established and awarded to a faculty member."

"The faculty member then receives a stipend, which depends on the interest that is earned by the invested money and generally cannot exceed \$5,000 per year," Hinck said.

If the initial investment falls below \$100,000, then the stipend is no longer paid.

Rather, the stipends are held back until the investment is brought back up to \$100,000.

The faculty member keeps the title of the professorship but does not receive the stipend.

Trey Gibson, instructor of communications and director of forensics, who was awarded the Bradley Kemp Professorship in Debate, said that he was just proud to be awarded the professorship.

Gibson said that he owes a lot to the work of past debate coaches and all they have accomplished at LSUS, adding that he "was at the right place at the right time in the wrong economy."

LSU would continue to run its Health Sciences Center in New Orleans and other state facilities in the Charity Hospital System.

The debate over a governing structure is the latest twist in the multiyear effort to build a new teaching hospital in New Orleans to replace Charity Hospital, which has been shuttered since Hurricane Katrina.

State officials plan to build a 424-bed hospital, but financing for the facility awaits a decision from the federal government about whether the state will be reimbursed the \$492 million it believes it is owed for hurricane-related damage. That money, plus \$300 million in state cash already set aside for the project, would cover most of the construction costs, while borrowed money would likely cover the rest.

Lombardi said the nonprofit governing board that LSU envisions would be able to sell revenue bonds for the project without affecting the state's debt limit, advantages that a public board within the Department of Health and Hospitals would not have.

But Tucker said the state has several other financing options besides selling bonds, including privatizing parts of the medical complex.

After the hearing, Lombardi bemoaned the infighting in New Orleans that has characterized the hospital debate and pitted LSU against a loose confederation of neighborhood activists, preservationists and other universities.

"New Orleans sees something, and they immediately splinter into 400 groups," Lombardi said.  
The bill now moves to the House floor for more debate.

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**Letter: Dentists offer help to needy children**

**The Advocate | 04.30.09**

Dr. Marty Garrett

Advocate Capitol news bureau editor Mark Ballard's story on for-profit, in-school dentistry was a good start in explaining the need for Medicaid-eligible children to receive proper dental care.

However, in my conversation with Mr. Ballard I stressed that more than 1,100 dentists in our state are now participating in outreach to these children in our Medicaid Task Force Access-to-Care program that provides a dental home, where children receive examinations and treatment in a permanent, fixed office with the appropriate equipment, technology and health-care support.

Access to care is the result of a 10-year effort, and Louisiana is on the right track in addressing this need.

This is unquestionably the right way to treat these children, who deserve the best dental care available.

Dr. Marty Garrett  
immediate past president, La. Dental Association  
and chairman, Access-to-Care Task Force  
Baton Rouge

<http://www.theadvocate.com/opinion/44034922.html>

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## State testing if 62 cases are swine flu

The Times-Picayune | 04.30.09

By David Hammer

Staff writer

State officials rushed Wednesday to analyze culture samples from 62 influenza cases that could be swine flu, including one sent to a state laboratory by a doctor at Tulane University's Uptown Clinic.

There were no confirmed cases of swine flu in Louisiana as of late Wednesday, state health officials said.

Tulane's Dr. Rade Pejic saw a young boy with flu symptoms Wednesday, and he reported the case as possible swine flu and sent a swab sample to a state lab because relatives told him the child had been around people who were recently in Mexico, Tulane spokesman Mark Romig said.

Pejic told colleagues in an e-mail Wednesday that he suspects the boy may have swine flu, but the case hasn't been confirmed.

State Police arrived Wednesday afternoon to pick up a swab sample, and a state lab is expected to conduct preliminary tests within 12 to 24 hours. A state procedure calls for more testing by the Centers for Disease Control and Prevention in Atlanta if local testing doesn't rule out swine flu, officials said.

Romig said Pejic ordered the swab sample out of an abundance of caution. The boy is being treated with appropriate medicine and did not need to be hospitalized, Romig said.

--- La. reviewing illnesses ---

The local case is one of at least 62 across Louisiana under review by the state Department of Health and Hospitals, DHH spokeswoman Jolie Adams said Wednesday afternoon.

In Mexico, swine flu is suspected of sickening 2,400 and killing more than 150, according to The Associated Press. The Centers for Disease Control in Atlanta reported fewer than 100 U.S. cases and one death Wednesday afternoon.

The AP reported that the one U.S. death was a Mexico City toddler visiting Texas.

The World Health Organization raised the risk level for swine flu Wednesday to 5 out of a possible 6, meaning the world is at imminent risk of a pandemic.

Tulane University is among United States institutions that have moved to suspend programs in Mexico as a result of the outbreak, a spokesman confirmed Wednesday. Meanwhile, Louisiana added to its stockpile of antiviral drugs.

--- State Police collect samples ---

State Police spokesman Joe Piglia said state troopers have been picking up samples from across Louisiana in recent days, but no cases have been confirmed.

Pejic's boss, Dr. Richard Streiffer, chairman of Tulane's department of family and community medicine, said the state is acting quickly to calm unnecessary fears.

"The state's taking this seriously, which is evidenced by them getting resources like troopers to get the specimens," Streiffer said. "And they want to cut off the panic by getting the diagnosis confirmed or refuted quickly."

Streiffer said it's important to keep the threat of swine flu in perspective. It's a new strain of influenza, so people haven't built up immunity and vaccines won't block it, but there is no indication that it is any more virulent or dangerous for normally healthy people than the more typical strains of flu.

--- No general immunity ---

"What people don't seem to understand is it's not worse than the average flu, except there's no herd immunity -- which means there's no immunity in the general population -- therefore, everyone's at risk, but not necessarily for anything more virulent or dangerous than average influenza," he said.

Pejic's wife, Ticia, initially reported the possible swine flu case in an e-mail to The Times-Picayune. She said the boy is 8 years old and attends a public school in New Orleans and that the school has been notified. But Romig said Tulane University Hospital could neither confirm nor deny the boy's age or any details about the school he attends.

The Orleans Parish School Board, Recovery School District and a smattering of local charter school officials said Wednesday they have no word on which school might be affected by the case. Some school officials added that the matter should be treated with caution because it is not yet confirmed that the boy has swine flu.

President Barack Obama said Wednesday night that school officials should strongly consider closing schools with confirmed or suspected cases of swine flu.

A private elementary school in Lafayette was closed indefinitely Wednesday after five sixth-grade students tested positive for Type A influenza, Gov. Bobby Jindal said. Swine flu can be found within Type A.

Jindal said the decision to close Cathedral Carmel School is precautionary while tests are done to determine if the flu strain is swine flu. Although the Type A strain is common -- comprising about 60 percent of all U.S. cases in the current flu season -- extra caution is being taken because one of the ill students recently visited Mexico.

Jindal said preliminary tests are being conducted at a state lab and that results should be available tonight or early Friday. If those tests cannot rule out swine flu, the samples will be sent to the federal Centers for Disease Control for more evaluation.

"If it's a new strain (such as swine flu) we can't type it," Health and Hospitals Secretary Alan Levine said.

Although flu symptoms afflict 10 percent to 20 percent of the population at the height of flu season, the current season has been mild and has been winding down.

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-12/1241069782152300.xml&coll=1>

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## **Virus closes Lafayette school**

**The Advocate | 04.30.09**

By MARSHA SHULER AND SANDY DAVIS

Advocate Capitol News Bureau

Cathedral-Carmel School in Lafayette closed Wednesday after five sick students tested positive for a virus that accompanies the swine flu, Gov. Bobby Jindal said Wednesday.

Jindal said school officials accepted a state health agency recommendation that the school close until at least Monday as a "precautionary" measure until further tests can be completed to determine whether it is the swine flu.

The swine flu outbreak has led to deaths and a major health emergency in Mexico. So far, there has been one confirmed death in the U.S. — a 23-month-old child in Texas.

Louisiana has no confirmed cases of the illness.

Upon news of the closures, public and private school districts in East Baton Rouge, Livingston and Ascension parishes began notifying faculty and parents of their plans and precautions.

For instance, East Baton Rouge Parish school system spokesman Chris Trahan sent an e-mail asking to be notified if there is a "noticeable increase in the number of student absences."

Kay Betts, headmaster of Episcopal School in Baton Rouge e-mailed parents asking that they notify the school if "they have been in an at-risk environment for the flu" and she instructed teachers to schedule "hand washing breaks" for students.

Bill Michelet, a spokesman for the Catholic Diocese of Baton Rouge, said the diocese would inform the schools in the eight parishes it oversees about the symptoms of the disease and the precautions school officials should take.

An Ascension Parish school system official said they also closely monitoring the situation.

"We have been working with the state epidemiologist," said Johnnie Balfantz, a spokesman for the district.

Jennifer Wilkinson, the nursing coordinator for the Livingston Parish school system, said two doctors from the U.S. Centers for Disease Control and Prevention, called the CDC, told a conference of school nurses Wednesday that if there were to be an outbreak and the school had to close, the school would have to stay closed until seven days after the last child was diagnosed with the disease.

"The biggest thing they told us was that the best prevention is for people to stay home if they're sick," Wilkinson said.

The five ill Cathedral-Carmel students are all sixth graders, Jindal said. One of them had been in Mexico in the last two weeks, he said.

Health officials said the student's father had been sick earlier and recuperated after returning from a cruise to Mexico.

Cathedral-Carmel is a Catholic school with classes from kindergarten through eighth grade. It is at 848 St. John Street in Lafayette.

Anna Larriviere, superintendent of the Office of Catholic Schools of the Diocese of Lafayette, which includes Cathedral-Carmel, said Thursday state health officials have not recommended a thorough cleaning or disinfection of the school at this point, so that is not being done.

The school's administration issued a notice to parents Wednesday afternoon alerting them to the decision, which also included postponement of extra-curricular activities.

"Though nothing has been officially confirmed, and the welfare of our students being foremost in our minds, we are erring on the side of extreme caution and are abiding by the recommendation of the State Department of Health," the notice said.

Jindal said the initial samples taken at either Lafayette hospitals or doctors offices have been sent to the state health office for analysis. He said the results of the testing should be in by early Thursday morning.

If it's a new strain of flu that the state cannot type, the sample will be sent to the federal Centers for Disease Control and Prevention for a determination if it's "swine flu," he said. That testing will take a day or two, he said.

"It's prudent and responsible for the school to be closed," said Jindal. He said it would allow the treatment of students and prevent the spread of the virus.

Mark Ballard and Richard Burgess of The Advocate also contributed to this report

<http://www.theadvocate.com/news/44037022.html>

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## **Swine flu is a threat; under-funded public health is a disaster**

**The Times-Picayune | 04.30.09**

The Associated Press

(AP) — St. Louis Post-Dispatch

The following editorial appeared in the St. Louis Post-Dispatch on Wednesday, April 29:

The three most alarming words in medicine are these: "We don't know." They've been invoked frequently in connection with an outbreak of swine flu over the last few days.

It began in Mexico, where thousands of people have been sickened and reportedly more than 150 people are dead. The virus spread with alarming speed to the United States, Canada, New Zealand, the United Kingdom, Israel and Spain.

Still, there is no reason to panic. Public health officials already have activated emergency plans. Doctors report the virus responds to anti-flu drugs that are available widely.

Still, many questions remain about the new influenza strain, which is a combination of swine, bird and human viruses. The combination makes for interesting science. Perhaps one day what we learn about this flu will offer strategies to prevent future outbreaks of even more deadly diseases.

The challenge for public health officials is to avoid both over-reaction and complacency.

Swine flu is famous in the annals of public health. A small outbreak on an Army base in 1976 led to a national vaccination campaign, but the feared epidemic never materialized. For years afterward, swine flu was synonymous with a threat that was more theoretical than real.

It's still unclear how great a threat the 2009 version poses. But in the United States, at least, it occurs against an ominous backdrop of budget cuts and soaring numbers of uninsured people.

The public health network we rely on to protect us from disease outbreaks is a fraying fabric of more than 3,000 federal, state and local health departments. Falling tax revenues from the recession have caused many governments to cut funding.

Ironically, one area that has been hit particularly hard is pandemic influenza preparedness. Federal funding for those state programs ended last August. The Association of State and Territorial Health Officials reports the loss of federal funding caused layoffs and program reductions at public health agencies. Those agencies are, quite literally, the first line of defense.

At the same time, millions of Americans have lost their jobs and the health insurance coverage that came with them. Uninsured people are less likely to seek medical care right away, especially for things like the flu. Without treatment, they can spread the disease.

When they do get care, they're more likely to seek it in an emergency department where they easily can become infected ? or spread infection among the most vulnerable people, those hospitalized in ill health.

In Mexico, which has a limited ability to detect and track community disease outbreaks, most swine flu cases have been reported among patients hospitalized for pneumonia. Infectious disease experts have suggested that explains why the death rate in Mexico appears to be much higher than in the rest of North America.

It also may be, however, the virus has mutated to become less lethal. Or it could be that future waves of infection among more vulnerable patients will push up death rates here and around the world. We don't know.

It will take time to answer those questions. A vigorous public health response doesn't have to wait, but unless the nation invests in its public health agencies, our ability to respond to emerging infectious disease outbreaks is as fanciful as pigs that fly.

<http://www.nola.com/newsflash/index.ssf?/base/commentary-0/1241094313321130.xml&storylist=health&thispage=1>

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## **Swine flu fears come to Louisiana Daily Comet | 04.29.09**

HOUMA -- As Louisiana officials announced the first possible Louisiana cases of swine flu, and the closure of a Lafayette parish school Wednesday, local health officials say they're starting to see concern in local communities over the spreading disease.

Related Links:

\* Swine flu pandemic labeled imminent

"We're getting more calls from people that are worried," said Kathy Hebert, director of safety and infection control at Oschner St. Anne General Hospital in Raceland.

Wednesday, Gov. Bobby Jindal announced the state was closing Cathedral Carmen School in Lafayette as a precaution after tests found five possible cases swine flu in students, including one involving a student who recently returned from Mexico.

The cases have not yet been confirmed as swine flu. Doctors did a quick test to see whether the students have one of two broad types of flu, and were found to be Type A influenza, which includes swine flu.

If a more detailed state test cannot rule out swine flu, the samples will go to the federal Centers for Disease Control and Prevention in Atlanta.

Swine flu is a respiratory disease of pigs caused by type A influenza viruses.

People don't normally get swine flu, but human infections were reported throughout the globe this week, triggering fears of pandemic.

Hebert said that hospital officials have put signs around their hospital and clinic detailing the symptoms of swine flu, and asking patients to inform the staff immediately if they have any of the symptoms.

"If they have these symptoms they are being given a face mask," she said.

Symptoms of swine flu are similar to those of regular human flu including fever, cough, sore throat, body aches, headache, chills and fatigue.

The hospital has also beefed up hand hygiene campaign, she said. Good hygiene is one of best ways you can protect yourself from the flu, Hebert said.

At Lady of the Sea General Hospital in Galliano, hospital officials said they've been at work implementing a pandemic flu emergency plan that they created in January.

As the threat rose, officials at the hospital started stocking up on antiviral medication and masks.

"I feel we're as prepared as we can get," said Helene Melancon, infection control director for Lady of the Sea.

The hospital is also setting up a section on its Web site that will provide information about swine flu, and will soon have a swine flu hotline.

In Houma, Chabert is offering a swine flu hotline through the LSU Health Care Services Division. You can call 1-877-578-8255 for swine flu information.

Swine flu is a mutant strain that is not included in this year's flu vaccine. The strain of flu is a combination of genes from swine, bird and human influenza viruses, Hebert said.

Many may not realize that more than 200,000 people are hospitalized from complications from the regular flu every year, and about 36,000 people die annually from flu-related causes in the U.S.

Tamiflu, a drug designed to treat the flu, has been found to be effective against swine flu, Hebert said.

"So I don't know that swine flu is any more dangerous than the regular flu," Hebert said. "The countries with the worst-case scenarios maybe don't have the medical facilities we do, or the disease reporting system."

Hebert recommends visiting the Centers for Disease Control, Web site, <http://www.cdc.gov/swineflu/>, for more information.

The Web site tracks confirmed cases of swine flu, lists symptoms, and provides a helpful four-page brochure on how to care for people who might be sick with flu in your home, and keep the flu from spreading to others, Hebert said.

<http://www.dailycomet.com/article/20090429/HURBLOG/904299799/1223?Title=Swine-flu-fears-come-to-Louisiana>

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## **Swine flu concerns arise in Louisiana, N.O.**

**WWLTV | 04.29.09**

Susan Edwards / Eyewitness News

NEW ORLEANS – Test results for five Lafayette children and an 8-year-old New Orleans boy are expected back by noon Thursday to see if any of the children have swine flu.

So far, there are no confirmed cases in Louisiana, but a number of preventative measures are in place, including a Lafayette school closing, just to be safe.

Governor Jindal calls the move to close the Lafayette school a precautionary measure, until swine flu can be ruled out.

"Two facts. One, the fact we had a child to go to Mexico within the last few weeks, and second, the fact we had so many cases in one class," said the Governor during a press conference Wednesday afternoon.

In New Orleans, an 8-year-old boy was tested Wednesday for what could be the city's first case of the illness. The boy was seen by a pediatrician at Tulane's Multispecialty Clinic, suffering from flu-like symptoms, after spending time around people who recently returned from Mexico.

"The patient is not hospitalized, he is taking medicine at home with his guardian. We are hopeful," said Mark Romig, spokesman for Tulane Medical Center. "We took the right steps necessary, every clinic in the country is doing this right now."

Over the last few days several people throughout the state have been tested for swine flu. Those samples are collected, then taken by state police to the state health lab. The turnaround time for those tests is approximately 12 to 24 hours.

The state said it is prepared for any potential outbreak, armed with hundreds of thousands of doses of anti-viral medications.

So far, there have been no confirmed cases of the illness here, and some physicians worry the threat of swine flu is being overhyped.

"If I go to Mexico City on vacation, I have a much greater risk of being injured in a car accident than acquiring swine flu or dying of swine flu. We just need to put it into perspective of what the risk is," said Dr. Benjamin Sachs, dean for the Tulane University School of Medicine.

The type-A strain that the children in Lafayette tested positive for, is a common strain. About 60 percent of people who had the flu this season had type-A.

The problem is, the H1N1 strain, known as swine flu, is so new, it can't yet be typed.

So the tests first go to the Louisiana Department of Health, and if swine flue can't be ruled out, the results go to the Centers for Disease Control for more exhaustive testing.

<http://www.wwltv.com/topstories/stories/wwl042909cbflutests.4026aeb.html>

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## Senate confirms Kansas Gov. Kathleen Sebelius as HHS secretary

The Times-Picayune | 04.29.09

by Erica Werner, The Associated Press



AP Photo/The White House, Pete Souza

Secretary of Health and Human Services Kathleen Sebelius is briefed on swine flu by John Brennan, assistant to the President for Homeland Security, Tuesday shortly after her confirmation as HHS secretary. Chief of Staff Rahm Emanuel, second right, and National Security chief of staff Mark Lippert listen in background.

WASHINGTON (AP) -- Kansas Gov. Kathleen Sebelius won Senate confirmation Tuesday as the nation's health and human services secretary, thrusting her into the middle of a public health emergency with the swine flu sickening dozens of Americans.

The 65-31 confirmation vote came after Democrats urged quick action so that Sebelius could get to work leading the federal response to the flu outbreak.

"We find ourselves in the midst of a global crisis," said Sen. Chris Dodd, D-Conn. "What we've been missing in all of this is the head of the Health and Human Services Department."

Sixty votes in the 100-seat Senate were necessary for approval. Immediately after the vote Sebelius resigned as governor in Kansas and headed to Washington to be sworn in. She drove directly from Andrews Air Force Base in Maryland to the White House, where she took her oath in the Oval Office. Keith Marszalek / Nola.com Kathleen Sebelius listens to Deacon John in the Blues Tent on Sunday, two days before she was confirmed as HHS secretary.

"We wanted to swear her in right away because we've got a significant public health challenge that requires her immediate attention," Obama said, standing beside the last Cabinet official to win Senate approval.

"We need all hands on deck," he said. "I expect her to hit the ground running,"

Sebelius immediately went to the White House's Situation Room for a briefing with Obama's homeland security adviser, John Brennan, and other officials dealing with the first domestic test of the administration, which turns 100 days old on Wednesday.

Replacing Sebelius as the state's chief executive was the lieutenant governor, Mark Parkinson, 51, a former Republican lawmaker and state party chairman Sebelius had persuaded to be her running mate in

2006. Parkinson has said he plans no major policy or staff changes and wouldn't run for a full term next year.

Republican opponents cited Sebelius' pro-abortion stances and her initial underreporting of campaign contributions from a late-term abortion doctor. They raised concerns about whether Obama administration plans to overhaul the nation's health system would cut out Republicans and lead to rationing of care.

"She is the wrong appointee for this particular assignment," said Sen. Robert Bennett, R-Utah. "She has backed a partisan process for health care reform. She has refused to support patient safeguards."

With no HHS secretary in place, the White House has turned to Homeland Security Secretary Janet Napolitano to help lead its response to the swine flu, even while insisting that vacancies at the top of HHS were not a problem.

Sebelius, 60, a two-term Democrat, was the first of 20 HHS officials requiring Senate approval to win it, and she heads to work with many team members missing. The Senate hasn't acted on Obama's nominees for deputy HHS secretary or commissioner of the Food and Drug Administration, and Obama hasn't even nominated people for other key jobs, including surgeon general and assistant secretary for preparedness and response.

There's also not been an appointment for head of the Centers for Disease Control and Prevention, another component of the sprawling HHS, which has 65,000 employees and a \$750 billion budget.

The whole process suffered a setback when Obama's first pick for HHS secretary, former Sen. Tom Daschle of South Dakota, withdrew in February over unpaid taxes.

Though the swine flu will be an immediate focus, Sebelius will also be charged with shepherding Obama's overhaul of the nation's \$2.5 trillion health care system to reduce costs and cover some 50 million uninsured Americans.

[http://www.nola.com/news/index.ssf/2009/04/senate\\_confirms\\_kansas\\_gov\\_kat.html](http://www.nola.com/news/index.ssf/2009/04/senate_confirms_kansas_gov_kat.html)

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## **St. Charles Hospital picks assisted living developer**

**The Times-Picayune | 04.29.09**

by Matt Scallan, The Times-Picayune

The St. Charles Parish Hospital Board has chosen D.C. Schonberg and Associates to build an assisted living center on land owned by the hospital.

The board of commissioners of the publicly owned Luling hospital chose the firm Wednesday morning, which allows it to begin negotiations with the firm to build the facility, which hospital officials estimate will cost \$8 million to \$10 million.

Hospital CEO Federico Martinez Jr., said he plans to meet with the state Attorney General's office to discuss the legal parameters of the deal before beginning negotiations..

The project will be built on a 6-acre tract of land on Ashton Plantation Boulevard that the board bought for the purpose in 2006.

Assisted living facilities are designed for people who need assistance in performing daily chores, but do not need full-time care provided by nursing homes.

"I really feel good about the project," said David C. Schonberg, managing partner of the company. Schonberg grew up in Luling and is a 1988 graduate of Hahnville High School.

"I know the market in St. Charles Parish and I'm very confident in it," he said Wednesday. "The people of this area need these kinds of services and the hospital will be a great partner."

The Schonberg firm operates facilities in Houma, Hattiesburg, Miss, and in Anderson, Summerville and Greenville, S.C.

The Schonberg proposal also includes a proposal to reserve a certain number of units for St. Charles Parish residents for a specified period of time before the opening of the center. St. Charles residents would have priority for vacancies if the facility is fully occupied.

The board also received a proposal for Tanguis Development Services LLC, also of New Orleans. The Schonberg firm proposes to build a 65-unit facility. The Tanguis firm proposed an 80-unit facility.

Martinez and board member Thomas Lorio said they were impressed that the Schonberg firm manages its properties. The Tanguis firm said in its proposal that it would contract out management of the facility and eventually sell it.

In other action, the board chose Murray Architects of Destrehan to design its new emergency room as well as parking improvements.

The new emergency room and lab is scheduled to be complete by February 2011, hospital CEO Federico Martinez Jr. said. The estimated cost is \$4 million.

Because the emergency room expand the hospital's footprint over existing parking. Martinez said he will also ask that additional parking areas to the rear and side of the hospital be paved.

[http://www.nola.com/news/index.ssf/2009/04/st\\_charles\\_hospital\\_picks\\_assi.html](http://www.nola.com/news/index.ssf/2009/04/st_charles_hospital_picks_assi.html)

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## Mexico Limits Public Services as Flu Alerts Are Increased

The New York Times | 04.30.09

By DENISE GRADY and ALAN COWELL



Eduardo Verdugo/Associated Press

People awaited care at a Mexico City hospital Wednesday. A Mexican child was the first death from swine flu in the United States.

As the swine flu virus appeared in new locations as far apart as Peru and Switzerland on Thursday, Mexicans braced for a national shutdown of offices, restaurants, schools and even the stands of soccer stadiums in an attempt to slow the spread of the disease.

In nationally televised speech Wednesday night, Mexican President Felipe Calderón said that, as of Friday, many public services would be closed through Tuesday, encompassing a long holiday weekend. Most government offices and many private businesses will be ordered closed, restaurants, schools and museums will remain shuttered, and spectators will be barred from all professional soccer matches.

Churches are expected to be nearly empty on Sunday.

Officials in Asia and Europe also scrambled to confront the sickness, but Hong Kong's chief executive, Donald Tsang, said that "pandemic flu will continue to spread and Hong Kong is very likely to be affected."

Senior European health officials prepared for emergency talks Thursday in Luxembourg to mold their own response, and governments in Asia stepped up preparations for a potential pandemic.

World health officials are very concerned about the potential for large numbers of fatalities globally from the mutated virus, to which most people will have limited or no immunity, even though the epidemic so far has resulted in mild illness in many of those infected, and claimed only a confirmed eight lives in Mexico and one in the United States. Roughly 170 deaths are suspected of having been caused by the virus in Mexico.

In Hong Kong, where health checks are being conducted on passengers arriving at the city's airport, janitors put up fresh sheets of plastic film over elevator buttons so that any sick people pressing the buttons would not share their germs with too many people who pressed the same buttons later.

In China, the official Xinhua news agency reported that Vice Premier Li Keqiang had toured the Chinese Center for Disease Control and Prevention in Beijing on Wednesday and had called for manufacturers to produce more face masks, sterilization chemicals and flu medicines.

Mr. Li said that China still did not have any confirmed cases of swine flu, according to Xinhua.

The measures came after the W.H.O. raised its alert level on swine flu to Phase 5 on Wednesday, based on the flu's continuing spread in the United States and Mexico. Phase 5, the next-to-highest level in the worldwide warning system W.H.O. alert system, has never been declared since the system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

Worldwide, at least 13 countries have confirmed cases of swine flu. Switzerland became the fifth European country to report a case of the disease in a 19-year-old student, and the Netherlands soon after became the sixth, reporting a case of the virus in a three year-old who had recently returned from Mexico. In South America, Peru reported its first case, according to news reports.

"All countries should immediately activate their pandemic preparedness plans," Dr. Margaret Chan, the W.H.O. director general, said at a late-night news conference in Geneva on Wednesday. While she emphasized the need for calm, at times she spoke as if a pandemic had already begun, saying, for instance, "W.H.O. will be tracking the pandemic."

Global health officials have warned that it is not feasible for authorities to contain the disease by closing borders or restricting travel. Instead, they are encouraging governments to focus on mitigating the disease's spread through public health measures, a challenge governments are taking on with a spectrum of responses.

In Britain on Thursday, authorities launched an advertising campaign urging people to sneeze into tissues and to wash their hands after doing so. The campaign was called "Catch it, bin it, kill it."

But in Mexico, the epicenter of the disease, Mr. Calderón urged much broader precautions. People should stay inside their homes during the holiday hiatus, he said, and the shutdown and restrictions could possibly be extended further into next week.

The Mexican minister of health, Jose Cordova, said all nonessential federal services will shut down, and Mexico City extended the federal ban to include health clubs, gyms, museums and movie theaters.

Police stations, airports, bus stations and the capital's subway system were to remain open under the federal plan, along with banks, food stores, pharmacies and gasoline stations.

Some 2,500 Mexicans have been sickened since the swine flu outbreak began last week in the town of La Gloria, 110 miles east of Mexico City. Mexico has reported just 99 confirmed cases of swine flu to the W.H.O., along with eight deaths, although as many as 168 people are suspected to have died from the disease there.

The only death from swine flu outside Mexico was reported Wednesday in the United States — a 23-month-old child from Mexico who was being treated in Houston.

The Centers for Disease Control and Prevention reported 91 confirmed cases from 10 states, up from 64 cases in 5 states on Tuesday. The number of confirmed cases was almost certain to grow as laboratories completed further tests on cases now termed "likely" or "probable."

The first infection in Switzerland was confirmed Thursday morning as health ministers from the European Union gathered in Luxembourg to coordinate efforts in how to manage the flu outbreak on the continent. Cases of swine flu have already been confirmed in Germany, Spain, Britain and Austria, and some of the ministers expected the flu to spread in the coming days.

Dr. Chan, in her remarks, emphasized that flu epidemics tended to take much higher death tolls in poor countries than in rich ones, and said her organization and others would need to make special efforts to help poorer nations.

She called for global solidarity, saying, "After all, it really is all of humanity that is under threat during a pandemic."

President Obama, terming the outbreak "cause for deep concern but not panic," took the unusual step Wednesday of using a prime-time televised news conference, convened to mark his 100th day in office, to deliver a public health message to the American people.

"Wash your hands when you shake hands, cover your mouth when you cough," he said from the East Room of the White House. "It sounds trivial, but it makes a huge difference. If you are sick, stay home. If your child is sick, take them out of school. If you are feeling certain flu symptoms, don't get on an airplane."

With public health officials recommending that schools close if there are more confirmed or suspected cases, Mr. Obama urged parents and businesses to "think about contingency plans" in case of such closings. Government preparedness plans may include steps like ensuring that laboratories can test for the disease and that health systems can identify and treat cases, track an outbreak and prevent the virus from spreading in hospitals and clinics. Governments should also decide on measures similar to those already taken in Mexico, such as closing schools and discouraging or banning public gatherings.

The outbreak has caused such concern because officials have never seen this particular strain of the flu passing among humans before, said Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

"There is no background immunity in the population, and it is spreading from human to human — all of which has the potential for a pandemic," Dr. Fauci said.

The disease centers' count of 91 confirmed cases in the United States did not include some later reports by states that confirmed cases after the C.D.C. tally was posted. In addition, there were suspected cases in Louisiana and Delaware. Kits being provided to the states and other countries will allow them to test for the virus on their own and obtain results within a few hours.

New York City added five new confirmed cases, bringing its total to 49. All have links to Mexico or St. Francis Preparatory School in Queens, where the virus first surfaced in New York, health officials said. The city identified five more probable cases.

The total in Canada rose to 19, from 16. In Mexico, more than 150 people are suspected to have died from the flu, and almost 2,500 are thought to have been infected.

Kathleen Sebelius focused on the outbreak on Wednesday during her first news conference as the secretary of health and human services.

"We're determined to fight this outbreak and do everything we can to protect the health of every American," Ms. Sebelius said.

Dr. Besser, who joined the news conference via a video feed, said the most recent cases included patients of a broad range of ages, with two-thirds of all cases occurring in people under 18.

"There have been five hospitalizations so far, including the child who died. But we have a number of suspect cases that have been hospitalized and we expect that number to go up," Dr. Besser said.

Dr. Besser said that a quarter of the nation's stockpile of 50 million treatments of antiviral medicines would be distributed to states by Sunday.

The United States has no plans to close international borders because, Dr. Besser said, such closings are not effective in slowing pandemics. When Hong Kong was hit with severe acute respiratory syndrome, or SARS, "increased border screening on entry and exit was not an effective way of identifying cases or preventing transmission," he said.

Nonetheless, Customs and Border Protection agents have stepped up efforts to spot sick travelers and are passing out travel health advisories.

Denise Grady reported from New York and Alan Cowell reported from London. Reporting was contributed by Mark McDonald and Keith Bradsher from Hong Kong; Sharon Otterman, Liz Robbins and Sewell Chan from New York; James C. McKinley Jr. from Houston; Nicholas Confessore from Albany; Monica Davey from Chicago; Sheryl Gay Stolberg from Washington; Larry Rohter from Mexico City; Marc Lacey from La Gloria, Mexico; and Ian Austen from Ottawa.

<http://www.nytimes.com/2009/05/01/health/01flu.html?ref=health>

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## Containing Flu Is Not Feasible, Specialists Say

The New York Times | 04.29.09

By DONALD G. McNEIL Jr.

“Containment is no longer a feasible option,” Dr. Keiji Fukuda, deputy director general of the World Health Organization, announced Monday night in Geneva after a meeting of the agency’s emergency committee on the spreading swine flu virus. “The world should focus on mitigation. We recommend not closing borders or restricting travel.”

Many countries are still ignoring that advice. The globe is a confusing welter of bans, advisories and alerts on some pork and some people.

On Wednesday, Homeland Security Secretary Janet Napolitano was heavily pressed in Congressional hearings to ignore the advice and close the border with Mexico. She defended her decision not to do so, saying it “would be a very, very heavy cost for what epidemiologists tell us would be marginal benefit.”

President Obama defended it too, telling a reporter that it would be “akin to closing the barn door after the horse is out.”

Experts on the global movement of flu say Dr. Fukuda, Ms. Napolitano and Mr. Obama are right. The world, they say, must bow to the inevitable: closing borders would not only fail to stop the virus, but would also cause economic collapse and possibly add to the death rate.

“But it’s wrong to think we’re throwing up our hands and saying ‘Let ’er rip and let’s hope for the best,’ ” said Dr. Martin S. Cetron, director of global migration and quarantine for the Centers for Disease Control and Prevention in Atlanta. “This has all been in the national pandemic flu plan since 2007.”

Closing borders is dangerous because many goods needed in a pandemic are made abroad, said Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, including most masks, gowns and gloves, electrical circuits for ventilators and communications gear, and pharmaceutical drugs and the raw materials to make them. (For example, most suppliers of shikimic acid, the base ingredient in the antiviral drug Tamiflu, are in China.)

“You cut those off and you cripple the health care system,” he said. “Our global just-in-time economy means we are dependent on others.” Much of our food is from overseas. “A Kellogg’s Nutri-Grain bar has ingredients from nine countries in it,” he noted.

The fallback position, experts said, is mitigation, the use of “nonpharmaceutical measures.” They include personal ones like washing hands and wearing a mask, occupational ones like working from home or arranging care for children who are sick or whose schools close, neighborhood-level ones like closing theaters, museums or restaurants, and metropolitan-wide ones like shutting a school system or canceling a major league ballgame.

The three goals, Dr. Cetron said, can be plotted on the graph of new infections called the epidemic curve. “You want to shift the curve to the right, blunt the peaks and squash the area under them,” he said.

Moving right is slowing new transmissions until the arrival of hot summer weather, which is unfriendly to flu, and to buy time — the 16 to 20 weeks it takes to make a new vaccine.

Blunting the peaks of new cases decreases demand on hospitals, so patients do not have to be triaged off ventilators to die because others are waiting.

Ventilators cost \$30,000 each, though models as cheap as \$100 are stockpiled for pandemics. But patients whose lungs are delicate or mucus-jammed need professional monitoring. And fewer people infected per day slows the multiplier effect. Each one usually infects two or three more.

For the World Health Organization, mitigation is an about-face from the strategy that has contained the H5N1 avian flu, which has caused fewer than 300 deaths. That flu's first appearance in 1997 was contained by killing every chicken in Hong Kong. Since then, each time a cluster appears, the public health authorities try to cull all the local poultry, vaccinate birds in a large ring around that, and drop the "Tamiflu blanket" on people — dosing everyone in the area.

The 1976 swine flu was also beaten by containment, said Dr. Pascal J. Imperato, dean of the school of public health at the State University of New York Downstate Medical Center, who was the chairman of the New York City Swine Flu Task Force in 1976. The 230 cases were all among soldiers at Fort Dix, N.J., "and they were all just held within that base," he said. "They had no external contacts. One died, the rest had mild infection."

Experts feared that flu was a re-emergence of the 1918 strain and that it would come back with a vengeance in the winter. They vaccinated 40 million people, but it never did come back.

In the 1918 Spanish flu, American cities that reacted quickly had fewer deaths than those that acted slowly and used fewer precautions, according to a 2007 study of 43 cities by researchers from the University of Michigan and the Centers for Disease Control. The most common combination was school closings and bans on public gatherings, which in 34 cities lasted for a median of four weeks. All those cities except New York, Chicago, and New Haven closed their schools; the median time was six weeks.

Deaths per 100,000 population ranged from 210 for Grand Rapids, Mich., to 807 for Pittsburgh.

Although some scientists and historians have argued that those measures just delayed deaths that later happened anyway, Dr. Cetron, one of the authors of the 2007 study, denied it.

"There's no evidence of that," he said. "Cities that acted early and layered on different interventions did well."

Many people do not realize how long measures take to work. A child can shed flu virus for 10 days, Dr. Imperato said, an adult for 5.

Some experts are cautiously optimistic. A computer simulation of this outbreak released Wednesday by a team from Northwestern University projected a worst-case scenario, meaning no measures have been taken to combat the spread. It predicted a mere 1,700 cases in the United States four weeks from now.

<http://www.nytimes.com/2009/04/30/health/30contain.html?ref=health>

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**Local Health Agencies, Hurt by Cuts, Brace for Flu**  
**The New York Times | 04.29.09**  
 By KEVIN SACK

The recession has drained hundreds of millions of dollars and thousands of workers from the state and local health departments that are now the front line in the country's defense against a possible swine flu pandemic.

Health officials in affected states said they had thus far been able to manage the testing and treatment of infected residents and mount vigorous public education campaigns. But many said they had been able to do so only by shifting workers from other public health priorities, and some questioned how their depleted departments might handle a pandemic.

"I'm very concerned," said Robert M. Pestronk, executive director of the National Association of County and City Health Officials. "Local health departments are barely staffed to do the work they do on a day-to-day basis. A large increase in workload will mean that much of the other work that is being done now won't be done. And depending on the scale of an epidemic, capacity may be exceeded."

At a news conference on Monday, Dr. Richard E. Besser, the acting director of the federal Centers for Disease Control and Prevention, said the public health system was in "a tough situation."

"We hear about tens of thousands of state public health workers who are going to be losing their jobs because of state budgets," Dr. Besser said. "It is very important that we look at that resource because this outbreak was identified because of a lot of work going on around preparedness."

Mr. Pestronk's group estimates that local health departments lost about \$300 million in financing and 7,000 workers in 2008, a year when more than half of all agencies shed employees. There were about 160,000 health department workers in 2005, according to the group. Mr. Pestronk said he expected to lose at least another 7,000 jobs this year.

State public health agencies lost an additional 1,500 workers through layoffs and attrition from July 2008 to January 2009, according to the Association of State and Territorial Health Officials. The group anticipates 2,600 job losses in the coming fiscal year.

South Carolina's Department of Health and Environmental Control, which also staffs local health departments, has lost \$30 million in state money and a third of its 6,000 employees over the last decade, said Thom W. Berry, a spokesman. The department is currently investigating several "probable" cases of swine flu.

In New York City, which has the highest concentration of confirmed flu cases, federal grants for emergency preparedness have fallen to \$23 million, from \$28 million a year ago, said Andrew S. Rein, the city health department's executive deputy commissioner.

In California, which has 14 confirmed cases, the Department of Public Health recently absorbed a 10 percent budget cut ordered by Gov. Arnold Schwarzenegger to help close a huge budget gap. It did so without laying off workers, instead reducing grants to local health departments, said Dr. Bonnie Sorensen, the chief deputy director of policy and programs. During the flu scare, about 100 state health workers have been diverted from other duties, Dr. Sorensen said.

On Tuesday, Mr. Schwarzenegger declared a state of emergency that calls for all California agencies to assist the health department. It gave the department special powers to enter into contracts, suspend competitive bidding and waive certification requirements for laboratories. The federal disease control agency has shipped equipment and chemicals used to test for swine flu to California so the state can hasten its laboratory work without sending samples elsewhere.

"The bottom line is, we are prepared," Mr. Schwarzenegger said this week.

The White House asked Congress on Tuesday to provide \$1.5 billion in emergency financing to battle the swine flu outbreak, but it is not clear how that money might flow downstream.

Public health officials said Congress had missed an opportunity by excising nearly \$900 million in proposed financing for pandemic flu preparation from this year's stimulus bill. It was to be the final installment of President George W. Bush's request for \$7 billion in federal spending on vaccines, medical equipment and planning. Congress last allocated money for pandemic planning by state and local governments in 2006 — about \$600 million over two years, said Dr. Paul E. Jarris, executive director of the Association of State and Territorial Health Officials.

"The entire system is lining up to decrease resources at the time we need them most," Dr. Jarris said. "We have to realize that we're at the starting line. The stress will come if this escalates."

Jeffrey Levi, executive director of the Trust for America's Health, said the financial strain made "it more important that we luck out" with a mild outbreak.

Dr. Alvin D. Jackson, the state health director in Ohio, which has one confirmed case of swine flu, said his agency's state appropriation had declined by about \$10 million over the last two years. Dr. Jackson said his budget to prepare communities and hospitals for an influenza pandemic had dropped to \$34 million, from \$55 million in 2004.

"Right now we're O.K.," he said. "We feel that we can do an excellent job protecting our citizens. But looking forward, we do understand that some additional resources would be appreciated."

In Cleveland, Dr. Terry Allan, the Cuyahoga County health commissioner, said the decline in state and federal money had prompted a 25 percent cut in spending on pandemic preparedness over the last two years. That had cost the department at least 10 workers, Dr. Allan said, and further cuts are expected.

"Those are people we would have had available to expand and build on our plans for social distancing, for mobilizing antivirals," Dr. Allan said. "Our plan is not adequate. It's barely started."

<http://www.nytimes.com/2009/04/30/health/30states.html?ref=health>

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## **Swine Flu Vaccine May Be Months Away, Experts Say** **The New York Times | 04.29.09** By ANDREW POLLACK

Federal officials said it would take until January, or late November at the earliest, to make enough vaccine to protect all Americans from a possible epidemic of swine flu.

And beyond the United States and a few other countries that also make vaccines, some experts said it could take years to produce enough swine flu vaccine to satisfy global demand.

Although production is much faster than would have been possible even a few years ago, it still may not be in time to avert death and illness if the virus starts spreading widely and becomes more virulent, some experts said.

In this country, the biggest problem is that despite years of effort, the country is still relying on half-century-old technology to make the flu vaccines.

Federal authorities have spent years and more than a billion dollars trying to shift vaccine production to a faster, more reliable method — one that involves growing the vaccine viruses in vats of cells rather than in hen's eggs, the old technology. And there are numerous small companies developing totally new approaches that might allow for the production of huge volumes of vaccines in a matter of weeks.

But the cell-based production is not quite ready, and some of the newer techniques are not proven enough to satisfy many experts.

"Those are all great technologies, but it isn't going to happen in time," said Dr. Greg Poland, head of the vaccine research program at the Mayo Clinic.

Federal officials have not yet made a decision on whether the swine flu is enough of a threat to warrant vaccine production. But they are taking the initial steps.

A potential problem is that producing swine flu vaccine might interfere with production of the seasonal flu vaccine for next winter.

"We would have to most likely make a compromise," Andrin Oswald, chief executive of the vaccine division at the drug maker Novartis, said in an interview.

But Robin Robinson, who runs the emergency preparation research program for the federal Department of Health and Human Services, said most manufacturers would have finished producing the bulk of seasonal vaccine by June.

If production of the swine flu vaccine were to start right after that, the first 50 million to 80 million doses would be available by September, Dr. Robinson said.

A full 600 million doses, enough to provide the required two shots for each American, could be finished by January. If immune stimulants called adjuvants were added to the vaccine, that could reduce the dosage needed by each person, allowing enough doses to be ready by late November, he said.

The vaccine industry is in a much stronger position to respond now than it was five years ago, when the United States had only two flu vaccine suppliers and was hit by a severe shortage.

Now there are five suppliers to the domestic market. And the vaccine industry, once a backwater of the pharmaceutical industry, is attracting new investments, lured by government subsidies and higher prices for vaccines.

Still, a study done with the World Health Organization and the International Federation of Pharmaceutical Manufacturers and Associations estimated that it would probably take four years of production to satisfy

fully global demand for a vaccine to protect against the bird flu strain that has concerned health authorities for the last few years.

Similar projections might apply to the swine flu vaccine, some experts say.

“The bottom line is there won’t be enough vaccine quickly enough and the vaccine will largely go to the countries that already produce the vaccine,” because countries will restrict exports in a pandemic, said Dr. David Fedson, an independent expert on pandemic preparedness.

The federal government is encouraging manufacturers to set up production in the United States, since all companies but one, Sanofi-Aventis, now import their flu vaccines.

The government also gave \$1.3 billion, spread among several manufacturers, to develop ways of producing the vaccine in vats of animal cells rather than in eggs. Cell culture is less vulnerable to contamination and the process could save at least a few weeks.

The results so far have been mixed. Solvay, which was awarded the biggest federal grant, nearly \$300 million, decided it was economically too risky to build a flu vaccine plant in the United States. (Most of the grant money had not yet left federal coffers and will not be lost, Dr. Robinson said.) Sanofi-Aventis has also put cell culture production on the back burner, Dr. Robinson said.

But Novartis is building a cell culture flu vaccine factory in Holly Springs, N.C., which might be ready for use in 2010 or 2011. The federal government is providing nearly \$500 million in construction costs and guaranteed vaccine purchases.

<http://www.nytimes.com/2009/04/29/business/economy/29vaccine.html?ref=health>

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## **In Treating H.I.V. Infection, Sooner Is Better, Study Finds**

**The New York Times | 04.29.09**

By RONI CARYN RABIN

Powerful drugs are available to treat H.I.V., but doctors have long argued about when to start therapy. Is it better to treat patients early, exposing them to risky side effects, or to wait until the disease is more advanced?

A new analysis suggests that sooner is better than later.

The study, which is not the final word on the matter, tracked the survival rates of 17,517 asymptomatic North American patients with H.I.V. who started drug therapy at different points, as determined by blood levels of the immune system's CD4 cells, which decline as the infection progresses.

The analysis found that asymptomatic patients who postponed antiretroviral treatment until their disease was more advanced faced a higher risk of dying than those who had initiated drug treatment earlier.

The paper, posted online this month, was to be published Thursday in The New England Journal of Medicine.

"This has been one of the most important questions in the last decade: what the optimal timing is for starting therapy," said Dr. Mari M. Kitahata, director of clinical epidemiology at the Center for AIDS and S.T.D. at the University of Washington in Seattle and the paper's first author. "Our study provides evidence that patients would live longer if antiretroviral treatment was begun when their CD4 count was above 500."

That could mean starting drug treatment several years earlier than is currently recommended, since national guidelines now advise starting antiretroviral therapy in asymptomatic patients when their CD4 counts dip below 350.

A separate report published online two weeks ago in the journal Lancet came to a similar conclusion.

The new study suggests, however, that even earlier treatment may be beneficial. The study analyzed two groups of H.I.V.-positive patients who received care from 1996 to 2005 in the United States and Canada, were asymptomatic and had never previously been on antiretroviral therapy.

The first group had 8,362 patients, 2,084 of whom started therapy when their CD4 counts were from 351 to 500 cells per cubic millimeter, and 6,278 with similar counts who postponed therapy until their counts fell to 350 or less. Among those who deferred therapy, the risk of dying was 69 percent higher, the researchers found.

In the second group, made up of 9,155 patients with CD4 counts of more than 500, 2,220 started therapy within six months, while 6,935 postponed therapy. Of those, 3,881 had counts that dropped, and 539 initiated antiretroviral therapy within six months of a count of 500 or less.

Among those who deferred therapy, the risk of dying was 94 percent higher than those who initiated therapy early on.

The new analysis is an observational study, not a clinical trial, and as such does not provide definitive answers, said Dr. Paul E. Sax, clinical director of the division of infectious diseases at Brigham and Women's Hospital in Boston, who wrote an editorial accompanying the paper.

<http://www.nytimes.com/2009/04/30/health/research/30aids.html?ref=health>

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