

IN THE NEWS

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Earl K. Long Medical Center Celebrates National Nurses Week, National Hospital Week & 40th Birthday

LSU Health Care Services Division | 05.28.08

Martha Newborn-Johnson

Earl K. Long Medical Center kicked off its week-long celebration of National Nurses Week, which was May 5 to 9. The week began with a breakfast for all nurses on May 6 and 8. To add to the excitement, the names of all nurses were entered into a drawing for several door prizes on both days. Various vendors in the Baton Rouge area donated the door prizes.

A long time employee, Cindy Miller, RN, purchased gifts for all the nurses so that each nurse would have a special gift during nurses' week. The gifts included hats, scarves, picture frames, books, canvas bags and many others. Specially designed nurse pride t-shirts were purchased by the nurses to wear during nurses' week.

The culminating activity was held on Friday, May 9, with the presentation of the "Nurse of Excellence" award to James Murphy Haydel, RN, during the weekly nurse managers' meeting. An EKLMC employee for 11 years, he, Dr. Jay Hollman and others were responsible for the opening of the Heart and Vascular Center, on March 13, 2008.

EKLMC celebrated National Hospital Week, May 12-16, in conjunction with the hospital's fortieth birthday. Activities included a pancake breakfast on May 13. Administration and other employees served breakfast for all employees.

At the service pin award ceremony on Thursday, May 15, Glenda Ballard received a pin for 35 years of continuous service. Two employees received 30 year pins; 6 received 25 year pins; 9 received 20 year pins; 20 received 15 year pins; and 18 received 10 year pins.

In recognition of EKLMC's fortieth birthday, Vickie Bayham gave the history of the hospital, naming the previous CEOs and the first director of nursing.

A touching highlight of the ceremony was the recognition of the late Ms. Doris Callagan, RN, for her years of service and for being one of the first nurses hired. A beautiful plaque with an inlay of her picture was presented. It will be in the hospital's display case and later will be on permanent display in the nursing service office. Audrey Devalcourt, RN, and Mary Ann Peavy, RN, made the presentation. A reception was held immediately after the ceremony.

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People in Business **The Advocate | 05.28.08**

Hub International Gulf South in Baton Rouge has named Cathy Grace and Denny Bass as senior vice presidents. Grace operated C.P. Grace and Associates in Baton Rouge. Bass was with Bass and Associates LLC. Hub International Limited is an insurance broker headquartered in Chicago.

Joey McClendon has been named director of accounting at Baton Rouge General, overseeing accountability for accounting for General Health Systems. He was audit manager for Faulk & Winkler.

J. Ronald Steelman has joined Baton Rouge General as director of nutritional care services responsible for its Mid-City and Bluebonnet hospitals. He was director of food and nutrition services for Compass Group, where he was responsible for food services at Memorial Hospital in Gulfport, Miss.

V. Carlos Slawson Jr., an associate professor at LSU's E.J. Ourso College of Business, has been named chair of the department of finance. He has been interim chair since June 2007.

Kim Halphen has been named manager of life and disability underwriting/operations at Blue Cross and Blue Shield of Louisiana. She was Southern National Life operations specialist.

Jonathan Clark has been named team leader at the Baton Rouge office of Ryan North America, a tax consulting firm. He was senior consultant. Sheree Abadie was named senior consultant. She was a consultant.

Linda E. Cummings has been named director of toxicological services at Toxicological & Environmental Associates Inc. She was a client program manager for Shaw Environmental & Infrastructure Inc.

Terri. R. Broussard has been named vice president of advocacy for the south-central affiliate of the American Heart Association. The south-central affiliate includes Texas, New Mexico, Arkansas and Oklahoma. Broussard is a Lafayette native and was Louisiana advocacy director.

W. Henson Moore has been reelected to the board of directors of Domtar Corp.

Sherre Pack-Hookfin has been appointed chief executive officer of Lallie Kemp Regional Medical Center in Independence. She has been acting CEO since July 2007.

Jacqueline Hill, assistant professor and undergraduate nursing program interim chair at Southern University, has been elected vice chair of the Louisiana Council of Administration of Nursing Education. She will chair the Legislative Committee. Hill was also named the LACANE representative for Louisiana Alliance of Nursing Organization.

Jennifer Gaar Romero has been named operations manager at Nottoway Plantation in White Castle. She was assistant general manager of Residence Inn by Marriott in Baton Rouge.

Ava Philson has been named sales manager at the Baton Rouge Area Convention and Visitors Bureau. She was coordinator of public relations and press secretary to the mayor of Nashville, Tenn.

<http://www.2theadvocate.com/news/business/19216059.html>

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Editorial: We need to take the wildcatting spirit to biotechnology Shreveport Times | 05.28.08



Ernie Roden, co-founder and product manager of SteriFx, is mixing solutions for testing protocols that range from food shelf life extension, wound treatment, and chemical and biological decontamination. (Mike Silva/The Times)

Shreveport was built on risky propositions.

Clearing a log jam from a river? Crazy for Captain Shreve and 1830's technology. Wildcatting during the oil boom? You could end up throwing money down a hole. And riverboat gambling bringing in tourists? Well, that's the definition of risk.

So it seems odd the Biomedical Research Foundation are having a hard time finding entrepreneurs willing to invest in fledgling life sciences companies.

To fill that gap, they are asking the Louisiana Economic Development Department for \$20 million over five years to hire a cadre of entrepreneurs who would provide seed money and business expertise to fledgling companies.

The foundation has received millions in government money already, but creating the Technology Management Partners program seems just as valid a use of state money as wooing a new manufacturer. Plus, it holds the potential for capitalizing on existing assets and making Shreveport a small hub of biomedical research.

Since its founding 10 years ago, silver triangles have popped up in front of several refurbished buildings in the neighborhoods surrounding the Biomed.

Each one marks a company that started with research here in town and has gone on to successfully, commercially market scientific products such as sludge-eating enzymes and wound cleansers as part of the InterTech Science Park.

The goal of the nonprofit, technology incubator is to link research from LSU Health Sciences Center with industry, so that more life science companies could call Shreveport home.

Results have been companies like Serifix and Red River Pharma, which employ dozens of people and ship their products across the country.

But Dennis Lower, director of InterTech, can't help but mention there should be more.

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In the last six months, two companies based on technologies created here have left for bigger markets, where entrepreneurs wait to convert them from beakers in a lab to wider production.

"We have a brain drain — not just of students graduating, but of our best companies being pulled out of state," he said.

With help from the state, private donors and a Caddo Parish tax, Lower said they have the infrastructure needed to develop products. A beautiful, new biomanufacturing facility has been empty for seven years, and BioSpace 1 is only at 25 percent occupancy three years after its debut. As well, the Foundation has set money aside for research and training technicians.

Whether the slow progress is a matter of execution, tools or just a natural timeline, is unclear, but Foundation leaders argue that the Technology Management program will accelerate progress by filling a gap.

It's based on similar programs in Pennsylvania and Maryland, known as hubs for this type of research.

The hired talent would be commissioned to find promising technologies developed by local scientists and be the link between lab and marketplace. Then those companies can start speaking to venture capitalists about widespread production.

"Venture capitalists say they would rather have B-rate technology with A level management than A-level technology with B-rate management," Lower said.

If the money is secured, the foundation predicts impressive results after five years: more than 250 jobs and an annual payroll of \$18.5 million. If not, excuses would certainly be hard to come by. Lower expects a return of \$45 million, which would perpetuate continuing development and eliminate the need to go back to the state.

A lack of entrepreneurs is a common problem in smaller markets, said Eileen Walker, CEO of the Association of University Research Parks.

Attracting them as well as building the park requires more than just money though.

"You combat that by high quality of life and a good school system," she said.

Biomed is doing what it can to create a school system that fosters scientific inquiry with programs at Southwood and Bossier high schools.

A relatively small investment by the state into these imported entrepreneurs could then help change the culture that has prevented people from investing in biotechnologies.

Science may not produce results as quickly as an oil well, but it has long-lasting benefits.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20080525/OPINION03/805250352/1058>

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Child Health Scorecard Reveals Wide Disparities Among American States Medical News TODAY | 05.28.08

A new scorecard system that examines state child health performance across America, reveals wide disparities among states, according to a report released today, Wednesday 28th May.

The report from The Commonwealth Fund, concludes that millions more American children would be insured, have access to health care, and experience less delay in their development if all the states of the US did as well as the top performers: Iowa, Vermont, Maine, Massachusetts, and New Hampshire.

Using a new system that they called the state scorecard, the researchers behind the report ranked each state's performance in child healthcare according to 13 indicators arranged in five areas of performance: access, quality, costs, equity, and potential to lead long healthy lives.

They ranked each state within each of the 13 indicators, and averaged the indicator ranks to work out the ranking for each of the five areas of performance. The average of all five performance areas (they called them dimensions) gives a state's overall rank.

The report also compares each state to benchmarks already achieved in one or more states. The authors said there was a pressing need for better quality data on measures of children's health at state level.

The results suggest that an American child's potential to live a long, healthy and productive life depends on which state they grow up in. There are also wide disparities among states in the quality of care that their children receive, the amount of insurance premium their families pay, how easy it is for children to access health care and how equitably children are treated by their health systems.

In hard figures, the report estimates that if all states performed as well across the 13 indicators as the top states, then the impact on children throughout the US would be:

- 4.6 million more would have health insurance.
- 11.8 million more would get their recommended annual medical and dental check ups.
- 1.6 million fewer would be at risk of delays in their development.
- 10.9 million more would have a medical home.
- Nearly 0.8 million more would be up to date with their vaccinations.

The authors said that while no single state was top in all categories, some were far better than the rest. On the whole, Northeast and upper Midwest were the best performers in several areas, while most of the lowest rankings across several categories were occupied by states in the South and Southwest USA.

But, the authors emphasized there was room for improvement even among the topmost states because they fell short of established standards on some of the indicators.

Report co-author and Commonwealth Fund Vice President, Dr Edward Schor, said:

"In looking at the country as a whole, we found that, while there are pockets of excellence, there is no one state or region that is doing as well as it could be."

"This scorecard points to the need to make more information available about children's health care and to improve the health care system for children," he added, saying that the good news is "we know improvements can be made because we didn't judge these states based on a pie in the sky standard; we judged them against one another."

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The figures showed that while the proportion of uninsured children varied widely, from 5 per cent in Michigan to 20 per cent in Texas, those whose children were nearly all insured (and therefore had the most access) were almost without exception among the best performers on quality and equity of care provision.

Those who scored badly overall also scored the worst on the access measure, the worst performing states here being Arizona, Florida, Louisiana, Mississippi, New Jersey, Nevada, and Texas.

As a general finding, the report shows that children in the bottom ranked states were less likely to get the recommended healthcare, including vaccines, dental care and regular check ups, and they also counted among those at greater risk of delays to their development and death in childhood.

The report recommends action in several key areas:

- Adequate funding for state children's health insurance to expand coverage for children.
- National policies that allow families to afford health care and to be able to match benefits to children's needs.
- Standards for health care that ensure all children have access to high quality care.
- More funding for research and data collection to allow more detailed and accurate picture of state by state performance on children's health.

Commonwealth Fund President Karen Davis, who also co-authored the report said:

"The health of our children is paramount to our country's long-term success."

"This scorecard serves notice that children's health and well-being are at risk," she added, urging that:

"We must invest in children's health and health care to ensure that they have the opportunity to become healthy and productive adults. The time to begin is now."

The Commonwealth Fund is a New York based independent organization that describes itself as "working toward health policy reform and a high performance health system".

<http://www.medicalnewstoday.com/articles/109036.php>

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Louisiana Nursing Home Owners Likely To File Lawsuit Against State for Lower Medicaid Rate Increase in 2009, Health Official Says **Kaiser Daily Report | 05.28.08**

Louisiana Department of Health and Hospitals Secretary Alan Levine on Friday said that the state likely would face a lawsuit from nursing home owners if Medicaid cuts approved by the state House are not restored, the New Orleans *Times-Picayune* reports (Moller, New Orleans *Times-Picayune*, 5/24). The House this month approved a \$30 billion state budget for fiscal year 2009 that is \$240 million less than Gov. Bobby Jindal's (R) proposed budget.

Jindal's original budget called for a \$600 million increase in Medicaid funding, including about \$21 million for new initiatives. The House Appropriations Committee cut the spending increase by \$183 million but did not specify where the reductions would come from. In a letter to House and Senate leaders last week, Levine wrote that the cuts would affect a wide range of health care providers, and the biggest reductions would be for hospitals, nursing homes and pharmacies.

Levine said that implementing the Medicaid cuts would include \$38.6 million in payment cuts to nursing homes (*Kaiser Daily Health Policy Report*, 5/22). On Friday during a state Senate Finance Committee hearing, Levine said nursing homes are entitled by law to receive a rate increase that would cost the state about \$69 million.

Commissioner of Administration Angele Davis has asked lawmakers to restore the health care cuts. Doing so, however, could bring the proposed budget near the constitutional cap on state spending, according to the *Times-Picayune* (New Orleans *Times-Picayune*, 5/24).

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=52396

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Gulf Coast Area Children Who Lived in Trailer Units at Risk for Long-Term Illnesses, Experts Say

Kaiser Daily Report | 05.28.08

Tens of thousands of Gulf Coast area children who lived in trailer units provided by the Federal Emergency Management Agency after Hurricane Katrina in 2005 might have increased risk for long-term health problems, according to physicians and federal health officials, the *AP/Denver Post* reports.

CDC in February announced that a study of the air quality in the trailer units found toxic levels of formaldehyde, which can cause respiratory and other health problems. FEMA and CDC did not begin efforts to relocate residents of the trailer units until after the release of the study, and federal lawmakers and health officials maintain that the "agencies' delay in recognizing the danger is being compounded by studies that will be virtually useless and the lack of a plan to treat children as they grow," according to the *AP/Post*.

In 2009, CDC plans to begin a five-year study that will expand on a smaller study released earlier this month. The new study, which will include as many as 5,000 children from Alabama, Mississippi and Texas who lived in the trailer units, will seek to determine whether a link exists between the units and their health problems.

However, some federal lawmakers and health officials maintain that the five-year study is inadequate because some health problems, such as cancer, can take 10 years or longer to develop. Rep. Bennie Thompson (D-Miss.), who has introduced a bill that would require FEMA and CDC to provide health screenings for Gulf Coast residents who lived in the trailer units, said, "Monitoring the health of a few thousand children over the course of a few years is a step in the right direction, but we need commitment."

Christopher De Rosa, assistant director for toxicology and risk assessment with the Agency for Toxic Substances and Disease Registry at CDC, said, "It's tragic that when people most need the protection, they are actually going from one disaster to a health disaster that might be considered worse," adding, "Given the longer-term implications of exposure that went on for a significant period of time, people should be followed through time for possible effects" (Moreno Gonzalez, *AP/Denver Post*, 5/28).

Health Problems Related to Trailer Units Examined

The *Washington Post* on Sunday examined how ineffective "government contracting, sloppy private construction, a surge of low-quality wood imports from China and inconsistent regulation all contributed" to the health problems of Gulf Coast residents who lived in the trailer units. According to the *Post*, "Each of the key players has pointed fingers at others" for the health problems, a "chain of blame with a cost that will not be known for years."

FEMA spent about \$2.7 billion to purchase trailer units manufactured based on a one-page, 25-line list of standards that did not adequately address the safety of residents. Manufacturers produced the trailer units "with unusual speed," and, within months, "some residents began complaining about unusual sickness; breathing problems; burning eyes, noses and throats; even deaths," the *Post* reports.

FEMA attributed the health problems of the residents of the trailer units to the manufacturers because, in an effort to meet demand, they used low-quality, low-cost wood products that led to increased emissions of formaldehyde. However, the manufacturers maintain that FEMA did not provide consistent standards for the trailer units and that they relied on their suppliers to provide quality wood products. Meanwhile, the wood product suppliers "blame cheap, high-formaldehyde-emitting plywood imports that flooded the U.S. market during the recent housing boom," according to the *Post* (Hsu, *Washington Post*, 5/25).

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Health Problems Among Homeless New Orleans Residents Examined

The *New York Times* on Wednesday examined the health problems and other social issues among residents of New Orleans left homeless since Hurricane Katrina. A survey of New Orleans residents at a city encampment conducted in February by the Unity of Greater New Orleans found that 80% of respondents had at least one physical disability, 58% had some form of addiction, 40% had a mental illness and 19% had all three problems.

The group has asked Congress to include \$76 million in a supplemental war appropriations bill to help fund rent subsidies and services for 3,000 homeless New Orleans residents with disabilities (Dewan, *New York Times*, 5/28).

http://www.kaisernetwork.org/daily_reports/rep_hpolicy.cfm#52390

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Safety Lapses Raised Risks In Trailers for Katrina Victims **Washington Post | 05.28.08**

By Spencer S. Hsu



Nicole Esposito says her daughters Alyssa, 16 months, above, and Alexa, 4, developed health problems while the family lived in a FEMA trailer. (By Nikki Kahn -- The Washington Post)

Within days of Hurricane Katrina's landfall in August 2005, frantic officials at the Federal Emergency Management Agency ordered nearly \$2.7 billion worth of trailers and mobile homes to house the storm's victims, many of them using a single page of specifications.

Just 25 lines spelled out FEMA's requirements, with little mention of the safety of those to be housed. Manufacturers produced trailers with unusual speed. Within months, some residents began complaining about unusual sickness; breathing problems; burning eyes, noses and throats; even deaths.

Today, industry and government experts depict the rushed procurement and construction as key failures that may have triggered a public health catastrophe among the more than 300,000 people, many of them children, who lived in FEMA homes.

Formaldehyde -- an industrial chemical that can cause nasal cancer, may be linked to leukemia, and worsens asthma and respiratory problems -- was present in many of the FEMA housing units in amounts exceeding the Centers for Disease Control and Prevention's recommended 15-minute exposure limit for workers, the limit at which acute health symptoms begin to appear in sensitive individuals.

Weak government contracting, sloppy private construction, a surge of low-quality wood imports from China and inconsistent regulation all contributed to the crisis, a Washington Post review found. But each of the key players has pointed fingers at others, a chain of blame with a cost that will not be known for years.

Already, 17,000 plaintiffs who lived in FEMA units have alleged damaging health consequences, from respiratory problems to dozens of deaths and cancer cases, in a federal class-action lawsuit naming 64 trailer makers and the federal government. Many of the plaintiffs were drawn from the roughly 350,000 people who unsuccessfully filed claims against the Army Corps of Engineers over the levee breaches that flooded New Orleans.

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The CDC reported this month that Hurricane Katrina led to increased complaints of lower-respiratory illnesses among 144 children studied in Mississippi, but it found no difference between those who lived in FEMA housing and those who did not. However, the CDC said the findings could not be generalized beyond the sample, and the agency is conducting a broad, five-year study of the storm's health impact on children across the Gulf Coast area.

"I still can't believe that we bought a billion dollars' worth of product with a 25-line spec. There's not much you can do in 25 lines to protect life safety," said Joseph Hagerman, a Federation of American Scientists expert who is leading a \$275 million effort, funded by the Department of Homeland Security, to develop new emergency housing. "There's over 20,000 parts in these homes."

FEMA, for its part, faults manufacturers of the trailers, which are wheeled, and the mobile homes, which usually sit on concrete pads. Some trailermakers used cheaper, substandard wood products in the rush to meet production targets, increasing emissions of the cancer-causing chemical, according to industry officials and analysts.

Companies say that federal guidelines were inconsistent and that they relied on suppliers to deliver quality materials. In turn, wood suppliers blame cheap, high-formaldehyde-emitting plywood imports that flooded the U.S. market during the recent housing boom.

R. David Paulison, who became acting FEMA administrator two weeks after the storm hit the Gulf Coast on Aug. 29, 2005, acknowledged missteps but said changes are needed far beyond his agency. "We're taking all the darn heat. . . . You would think that I ordered them with extra formaldehyde so they didn't rot or something," he said.

"The manufacturers have been skating by on this thing," he said, noting that many trailers bought by FEMA were on sale to consumers. "This is bigger than FEMA. This is bigger than FEMA," he said, repeating for emphasis.

A price has already been paid by trailer residents such as Nicole Esposito, 25, a full-time warehouse worker in Slidell, La. She first noticed her toddler's symptoms after moving into a FEMA trailer in April 2006: an endless series of coughs, colds, sinus infections, earaches and pink, crusty eyes. Treatments and antibiotics had no effect, and soon Alexa, now 4, and later her newborn sister, Alyssa, now 16 months old, regularly needed atomizers to help them breathe.

Last August, doctors said they suspected the cause was exposure to formaldehyde, and told the single mother to leave her trailer at once. "My girls, they could have all these problems the rest of their lives," Esposito said, her voice breaking, ". . . and the doctors still don't know any more."

Hasty Decisions

On Sept. 4, 2005, one week after the storm, Paulison's predecessor, Michael D. Brown, declared that FEMA was "pulling out the stops" to find housing for 237,000 Katrina evacuees who were staying in shelters, the largest internal displacement of Americans since the Dust Bowl of the 1930s.

The price of haste was, inevitably, waste. FEMA bought \$762 million worth of mobile homes, most of them unusable in coastal flood zones under FEMA rules because they could not be moved quickly in case of another storm. After an intervention by then-Florida Gov. Jeb Bush (R), FEMA spent \$249 million to lease cruise ship cabins, which evacuees largely refused to use.

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FEMA bought 21,300 mobile homes and 33,100 trailers off dealers' lots for \$1.4 billion using one page of specifications, according to interviews and documents provided by the agency. It paid manufacturers \$931 million to produce an additional 76,800 trailers using eight pages of custom requirements, again with limited safety standards and no mention of formaldehyde.

Paulison said FEMA incorporated applicable federal codes in ordering the mobile homes. Regarding trailers, which are not subject to federal regulation, those sold to the public and to FEMA in the past produced few complaints, he said. "We bought them in good faith, just like we have for the last 20 years."

The largest housing orders were filled by Fleetwood Enterprises and Gulf Stream Coach. FEMA's \$520 million order from Gulf Stream, the largest from any builder, exceeded the company's reported 2004 recreational vehicle sales and was its first direct federal contract.

Formaldehyde is a colorless gas present at background levels in nature but emitted from the resins and glues used in many construction components, including particleboard flooring, plywood wall panels, composite wood cabinets and laminated countertops. Emissions are greatest in warm weather and when trailers are newly constructed, the conditions experienced by Katrina victims on the Gulf Coast.

But manufacturers did not discuss, nor did FEMA ask, if it would be safe to house evacuees in trailers for 18 months or more with such materials. "They did not," Paulison said. "I don't think they were asked, either."

A spokeswoman for Fleetwood, based in Riverside, Calif., whose subsidiaries produced 10,600 trailers and 3,000 mobile homes for FEMA, said the company did not discuss the formaldehyde issue with the agency. "You know, when something hasn't been a problem, you often don't suddenly consider that it will be. I don't believe that anybody expected these people to stay in the trailers as long as people have stayed in them," Kathy Munson said.

Fleetwood said its trailers, which were built with only higher-quality, low-emitting wood products that the company said met federal standards for mobile homes, had the lowest levels of formaldehyde, with only 10 percent exceeding the CDC benchmark. Gulf Stream's trailers had the highest levels, with more than 50 percent topping the CDC standard.

Gulf Stream's lawyers said in a letter to congressional investigators that the company mostly met a "longstanding policy" to buy components that comply with mobile home standards, but it acknowledged exceptions. They said the firm "did not conduct any testing on components or parts" but instead "relied on the representations" of its suppliers about their quality.

Brian Delaney, a Gulf Stream spokesman, said he could not respond to questions, citing in part litigation. Among other companies whose trailers tested high in the CDC study, Keystone RV declined to comment. Forest River referred questions to the industry's trade group, the Recreation Vehicle Industry Association.

Dave Hoefer Sr., chairman of Pilgrim International, said the pending lawsuits limited what he could say, but he pointed out that FEMA specifications prompted his company to put in fewer sidewall openings than usual, which may have restricted ventilation. He said his company had never received a complaint about formaldehyde and used its usual materials to build Katrina trailers.

An industry association spokesman, Robert Feldman, said symptoms may be caused by mold, Katrina-related chemical spills, smoking or local climate factors. "There may be a rush to conclude formaldehyde is the issue when in fact the results seem to suggest the answer is a little more complex," he said.

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However, others said that in 2005 and 2006, much of the nation's hardwood plywood came from Asia and was high in formaldehyde. China's share of the North American market has grown from 4 percent to nearly 40 percent since 2001, according to the Hardwood Plywood & Veneer Association, which represents North American producers.

"The most likely source of formaldehyde in the Katrina trailers and in all travel trailers are composite wood products . . . [and] the most likely source for those materials are imported products," primarily from China, said Elizabeth Whalen, director of corporate sustainability for Columbia Forest Products, of Portland, Ore., the association's largest U.S. plywood manufacturer.

Sen. Ron Wyden (D-Ore.) demanded a U.S. trade investigation after domestic producers complained in 2006 that containers of imported hardwood plywood reeked of formaldehyde, products advertised as having low formaldehyde emissions were falsely labeled and sample tests showed levels much higher than allowed in federal housing.

"There's no real enforcement authority by the government," said Gail Overgard, vice president of Timber Products in Springfield, Ore.

Little Regulation

No binding safety standard exists for formaldehyde in any U.S. homes, even though the chemical was classified as a human carcinogen by the World Health Organization in 2004 and is deemed a probable carcinogen by the U.S. government.

But early this year, the CDC reported that 41 percent of the trailers it tested in December and January had levels of formaldehyde greater than 100 parts per billion, the level that the CDC's National Institute for Occupational Safety and Health recommends as safe for 15 minutes of exposure by workers.

California health regulators estimate that lifetime exposure to formaldehyde at 100 parts per billion increases cancer risk by 50 cases per 100,000 people.

"Even at levels too low to cause . . . symptoms, there could be an increased risk of cancer," the CDC reported in February. Because the tests were done in winter, they understated exposure levels during warmer months, the agency said.

J. Joe Donaldson, president of the Mississippi chapter of the American Academy of Pediatrics, said that "pediatricians along the Gulf Coast . . . all reported epidemic problems with asthma and respiratory symptoms . . . covering the time of the hurricane, and, although it's diminished over time, it's ongoing. I personally believe that formaldehyde did play a significant part in the problem."

Despite its hazards, the chemical's presence in homes has largely escaped regulation. In 1985, after consumer complaints and lawsuits, Washington imposed a limit on the amount of formaldehyde emitted by plywood and particleboard in mobile homes -- but did not restrict how much of that wood can be used.

The Housing and Urban Development office that enforces those rules has a small budget of \$6 million and a staff of 13 based only at headquarters. Robert Wilden, who directed the office in the 1980s and 1990s, said in an interview that while the industry "benefits from minimal regulation," it lobbied for cuts in the office's budget.

When HUD set the formaldehyde limit for wood in mobile homes 23 years ago, it said it anticipated that the resulting ambient air levels would be less than 400 parts per billion, or quadruple what the CDC says is problematic. The RV industry association points out that, according to the CDC tests over the winter, levels in 99 percent of the Katrina trailers fell below that threshold.

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The use of formaldehyde in trailers is unregulated because they are considered vehicles, not homes, and because their makers say they are typically used a few days at a time, a few times a year.

"The RV industry is generally unregulated, and lobbying efforts have succeeded in keeping it that way," said Connie Gallant, head of the RV Consumer Group, which represents trailer owners.

California regulators recently enacted the nation's tightest formaldehyde limits on wood products, setting limits 60 percent below HUD standards by next year and 75 percent below by 2011. The rules are expected to become a de facto national standard.

FEMA, meanwhile, has barred the future use of trailers, and required that mobile home builders use wood that emits virtually no formaldehyde. The RV industry has embraced HUD and California standards.

FEMA has relocated more than 4,000 families after receiving 11,000 health complaints, but about 22,000 of its trailers remain occupied despite a CDC recommendation that all residents be moved to safer housing. As of May 1, more than 3,000 mobile homes were still occupied.

Paulison said that in the absence of a legally binding safety standard for residential air quality, FEMA will do the best it can in providing disaster housing. But, he complained, "There is no national standard for formaldehyde levels in American homes -- not conventional . . . homes, not [mobile] homes."

Staff researchers Madonna Lebling and Julie Tate contributed to this report.

http://www.washingtonpost.com/wp-dyn/content/article/2008/05/24/AR2008052401973_pf.html

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Resources Scarce, Homelessness Persists in New Orleans New York Times | 05.28.08

By SHAILA DEWAN



Kathy Uhlich at a homeless encampment under a highway overpass in New Orleans.

NEW ORLEANS — Mayor C. Ray Nagin recently suggested a way to reduce this city's post-Katrina homeless population: give them one-way bus tickets out of town.

Mr. Nagin later insisted the off-the-cuff proposal was just a joke. But he has portrayed the dozens of people camped in a tent city under a freeway overpass near Canal Street as recalcitrant drug and alcohol abusers who refuse shelter, give passers-by the finger and, worst of all, hail from somewhere else.

While many of the homeless do have addiction problems or mental illness, a survey by advocacy groups in February showed that 86 percent were from the New Orleans area. Sixty percent said they were homeless because of Hurricane Katrina, and about 30 percent said they had received rental assistance at one time from the Federal Emergency Management Agency.

Not far from the French Quarter, flanking Canal Street on Claiborne Avenue, they are living inside a long corridor formed not of walls and a roof but of the thick stench of human waste and sweat tinged with alcohol, crack and desperation.

The inhabitants are natives like Ronald Gardner, 54, an H.I.V.-positive man who said he had never before slept on the streets until Katrina. Or Ronald Berry, 57, who despite being a paranoid schizophrenic said he had lived on his own, in a rented house in the Lower Ninth Ward, for a dozen years before the storm. Both men receive disability checks of \$637 a month, not nearly enough to cover post-hurricane rents.

"If I could just get a warm room," Mr. Gardner said, sitting on the cot under which all his belongings are stored, "I could take it from there."

Lurlene Newell, 54, said the Federal Emergency Management Agency had paid her rent in Texas after the storm, but when she moved back to New Orleans, she could not find a place to live.

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By one very rough estimate, the number of homeless people in New Orleans has doubled since Katrina struck in 2005. Homelessness has also become a much more visible problem — late last year, Unity of Greater New Orleans, a network of agencies that help the homeless, cleared an encampment of 300 people that had sprung up in Duncan Plaza, in full view of City Hall. About 280 of those people are now in apartments, but others have flocked to fill several blocks of Claiborne Avenue at Canal, near enough to the French Quarter to regularly encounter tourists.

Unity workers are hoping that Congress will include \$76 million in the supplemental appropriation for Iraq to pay for vouchers that would give rent subsidies and services to 3,000 disabled homeless people.

On Thursday, the Senate passed a version of the bill that included the vouchers; the current House version, not yet approved, does not include them. Without the vouchers, said Martha J. Kegel, Unity's executive director, even those people already in apartments will be in jeopardy. Their current vouchers, issued under a "rapid rehousing" program, expire at the end of 2008.

New Orleans had 2,800 beds for the homeless before the storm; now it has 2,000, Ms. Kegel said. Those beds are full, but even if they were not, many of the people living on Canal Street are not the sort who can stay in a group shelter. According to the survey, which was conducted before dawn one morning so that only those who actually sleep in the camp would be counted, 80 percent have at least one physical disability, 58 percent have had some kind of addiction, 40 percent are mentally ill, and 19 percent were "tri-morbid" — they had a disability, an addiction and mental illness.

For these difficult cases, permanent housing with supportive services, like counseling, has become a preferred method. But it takes time, patience, money and one thing New Orleans is short of: apartments. Many apartment developers who applied for tax credits after Hurricane Katrina were required to set aside 5 percent of their units for supportive housing, but because of high construction costs and other factors, far fewer units than expected are in the pipeline. And without the vouchers, even those units will not be affordable.

Unity has already moved 60 of the most vulnerable people from the camp to hotel rooms, paid for with a city health department grant, including a woman who is eight months pregnant and a paranoid schizophrenic who is diabetic and a double amputee. In the filth of the camp, the amputee's stumps had become infected.

Outreach workers have found clients with cancer and colostomy bags, and one so disabled that he was unable to talk. On average, people have stayed in hotels for six weeks before Unity finds an apartment and cobbles together the necessary funds.

Mike Miller, the director of supportive housing placement at Unity, said the camp had become a public health hazard since the city removed some portable toilets in February.

"Two outreach workers have tested positive for tuberculosis," Mr. Miller said. "There's hepatitis C, there's AIDS, there's H.I.V. Everyone out there's had an eye infection of some sort. I got one."

On Thursday, Herman Moore Jr. was hanging out with a friend in the camp. Mr. Moore had lived in a Federal Emergency Management Agency trailer, then a FEMA-financed hotel room, but had not realized that he was eligible for further assistance after the 30-day hotel stay ended last fall. Tipped off by his brother, Mr. Moore had only recently rented a house under the emergency management agency's program, but had yet to pay the deposit or turn on the utilities because he had no money.

"If I had a TV and some electricity, you all wouldn't even see me," he said.

Clara Gomez, 45, told an outreach worker that she had just discovered she was pregnant. Like about 14 percent of the homeless people under the bridge, Ms. Gomez had come to New Orleans to work as a builder, but acknowledged that she had problems with drug and alcohol abuse.

After getting fired from one job, she wound up under the bridge, where she met Patrick Pugh, 36, a New Orleanian who said he had been in drug rehabilitation, turning his life around, when the storm hit. Their IDs had been stolen, they said, making it difficult to get jobs or food stamps.

Seated on a mattress, Ms. Gomez shifted nervously, changing positions every few seconds, all the while keeping her arms anchored around Mr. Pugh's neck.

"We're ready," she said. "We're ready to get out of here."

http://www.nytimes.com/2008/05/28/us/28tent.html?_r=1&adxnnl=1&oref=slogin&adxnnlx=1211997801-TREKRiDg0Tq5CklC6Faynw

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A look at the Louisiana legislative session so far
Associated Press | 05.28.08

Lawmakers are a month away from finishing the 2008 regular legislative session, which must end June 23. Relatively few bills have made it to the governor's desk while hundreds more are moving through the process and others have yet to receive any debate. A look at the action since the session began March 31:

BUDGET

The House-approved \$30 billion budget proposed for state government operations next year isn't sitting well with the Senate. Lawmakers in the House stripped out millions of dollars in health care and education favored by Gov. Bobby Jindal. Senate Finance Committee members have complained about reductions made by the House and said they intend to restore dollars in the budget. The 268-page bill will pay for government operating expenses in the new fiscal year that begins July 1. The committee will spend weeks combing through the proposal before making changes and sending it to the full Senate.

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Childhood Obesity Epidemic Threatens A Nation's Health Childhood Obesity Epidemic Threatens A Nation's Health The Day.com | 05.28.08

By SUSAN LEVINE and ROB STEIN



Meryl Juster, 15, of Delmar, N.Y., holds the jeans she wore before losing more than 100 pounds. Juster, who weighed nearly 300 pounds a year ago, has been attending Wellspring Academy of the Carolinas in Brevard, N.C., since September.

An epidemic of obesity is compromising the lives of millions of American children, with burgeoning problems that reveal how much more vulnerable young bodies are to the toxic effects of fat.

In ways only beginning to be understood, being overweight at a young age appears to be far more destructive to well-being than adding excess pounds later in life. Virtually every major organ is at risk. The greater damage is probably irreversible.

Doctors are seeing confirmation of this daily: boys and girls in elementary school suffering from high blood pressure, high cholesterol and painful joint conditions; a soaring incidence of type 2 diabetes, once a rarity in pediatricians' offices; even a spike in child gallstones, also once a singularly adult affliction. Minority youth are most severely affected, because so many are pushing the scales into the most dangerous territory.

With one in three children in this country overweight or worse, the future health and productivity of an entire generation - and a nation - could be in jeopardy.

"There's a huge burden of disease that we can anticipate from the growing obesity in kids," said William H. Dietz, director of the Division of Nutrition, Physical Activity and Obesity at the federal Centers for Disease Control and Prevention. "This is a wave that is just moving through the population."

The trouble is a quarter-century of unprecedented growth in girth. Although the rest of the nation is much heavier, too, among those ages 6 to 19 the rate of obesity has not just doubled, as with their parents and grandparents, but has more than tripled.

Because studies indicate that many will never overcome their overweight - up to 80 percent of obese teens become obese adults - experts fear an exponential increase in heart disease, strokes, cancer and other health problems as the children move into their 20s and beyond. The evidence suggests that these conditions could occur decades sooner and could greatly diminish the quality of their lives. Many could find themselves disabled in what otherwise would be their most productive years.

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The cumulative effect could be the country's first generation destined to have a shorter life span than its predecessor. A 2005 analysis by a team of scientists forecast a two- to five-year drop in life expectancy unless aggressive action manages to reverse obesity rates. Since then, children have only gotten fatter.

"Five years might be an underestimate," lead author S. Jay Olshansky of the University of Illinois at Chicago acknowledged recently.

The epidemic is expected to add billions of dollars to the U.S. health-care bill. Treating a child with obesity is three times more costly than treating the average child, according to a study by Thomson Reuters. The research company pegged the country's overall expense of care for overweight youth at \$14 billion annually. A substantial portion is for hospital services, since those patients go more frequently to the emergency room and are two to three times more likely to be admitted.

Given the ominous trend lines, the study concluded, "demand for ER visits, inpatient hospitalizations and outpatient visits is expected to rise dramatically."

Ultimately, the economic calculations will climb higher. No one has yet looked ahead 30 years to project this group's long-term disability and lost earnings, but based on research on the current workforce, which has shown tens of millions of workdays missed annually, indirect costs will also be enormous.

Childhood obesity is nothing less than "a national catastrophe," acting U.S. Surgeon General Steven Galson has declared. The individual toll is equally tragic. "Many of these kids may never escape the corrosive health, psychosocial and economic costs of their obesity," said Risa Lavizzo-Mourey, president of the Robert Wood Johnson Foundation, which has committed at least \$500 million over five years to the problem.

The cycle of obesity and disease seems to begin before birth: Women who are overweight are more likely to give birth to bigger babies, who are more likely to become obese. "And so you build it up over generations," said Matthew Gillman, associate professor of ambulatory care and prevention at Harvard Medical School. "You get an intergenerational vicious cycle of obesity and disease."

In-utero exposure is just part of an exceedingly complex picture. Patterns of eating and activity, often set during early childhood, are influenced by government and education policies, cultural factors and environmental changes. Income and ethnicity are implicated, though these days virtually every community has a problem.

In affluent Loudoun County, Va., more than a third of 2- to 5-year-olds are overweight. In some lower-income wards in the District of Columbia, almost half of all schoolchildren and pre-adolescents fit that label. In middle-class Prince George's County, Md., nearly a quarter of all children through age 17 are overweight.

The extra pounds appear to weigh more heavily on bodies that are still forming. Fat cells, researchers have found, pump out a host of hormones and other chemicals that might permanently rewire metabolism.

"A child is not just a little adult. They are still developing and changing. Their systems are still in a process of maturing and being fine-tuned," said David S. Ludwig, an obesity expert at Children's Hospital in Boston. "Being excessively heavy could distort this natural process of growth and development in ways that irreversibly affect the biological pathways."

As many as 90 percent of overweight children have at least one of a half-dozen avoidable risk factors for heart disease. Even with the most modest increase in future adolescent obesity, a recent study said the United States will face more than 100,000 additional cases of coronary heart disease by 2035.

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The internal damage does not always take medical testing to diagnose. It is visible as a child laboriously climbs a flight of stairs or tries to sit at a classroom desk, much less rise out of it.

On a playground, obesity exerts a cruel price. "It robs them of their childhood, really," said Melinda S. Sothorn of the Louisiana State University Health Sciences Center in New Orleans. "They're robbed of the natural enjoyment of being a kid - being able to play outside, run. If they have high blood pressure, they have a constant risk of stroke."

Physical therapist Brian H. Wrotniak, who works with overweight youth at Children's Hospital of Philadelphia, hears resignation more than anger in his patients' voices. "They complain of simple things like tying their shoes. They can't bend down and tie their shoes because excess fat gets in the way," he said.

Their usual solution: Velcro sneakers.

The emotional distress of these ailments, combined with the social stigma of being fat, makes overweight children prone to psychiatric and behavioral troubles. One analysis found that obese youth were seven times more likely to be depressed.

"Obese children are victimized and bullied," said Jeffrey B. Schwimmer, a pediatric gastroenterologist at the University of California at San Diego and Rady Children's Hospital in San Diego. "Not only do other children treat them differently, but teachers treat them differently. And if you look at obese adolescents, their acceptance into college differs. For obese girls, their socioeconomic status is lower. It cuts a broad swath."

Only within this decade, as studies started to corroborate what doctors were seeing firsthand, has child obesity been recognized as a critical public health concern. For the longest time, the signs were all there, in plain view but largely ignored.

Ludwig compares the situation to global warming.

"We don't have all the data yet, but by the time all the data comes in it's going to be too late," he said. "You don't want to see the water rising on the Potomac before deciding global warming is a problem."

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**Letter: Bill will hamstring medical research
The Advocate | 05.28.08**

House Bill 370, after sailing through the House, navigated as well through the Senate Health and Welfare Committee.

Rep. Cameron Henry, R-Jefferson, the sponsor of the bill, also seems to be the current front man for Dorinda Bordlee, right-to-life attorney. Ms. Bordlee is executive director of the Bioethics Defense Fund.

This bill will hamstring the state of Louisiana in the arena of much-needed research for myriad diseases, such as juvenile diabetes, Alzheimer's and Parkinson's disease, to name a few.

One doesn't need to read much of the BDF propaganda to realize that the plan is to erode Roe v. Wade. They plan to do this incrementally, eroding laws and policies until their agenda is met, no matter what the rest of the public believes.

This is the same way President Bush vetoed increased stem-cell research, even though Congress passed the legislation twice. His belief, as Rep. Henry's and Ms. Bordlee's, is, in their minds, superior to the will of the people.

This is still a free country, and a certain group's religious beliefs shouldn't become law.

So what's next? I guess the religious-conservative fringe will start burning books they might find offensive.

If we give in to this incremental strategy, what other freedoms will an unsuspecting public find eroded?

The bottom line is this: Neither I nor anyone I know wants human cloning. Not many I know are in favor of abortion, except in medical necessity. What I do believe in is a choice, other than one group's narrow belief of what is moral or ethical.

Isn't that what we came to this country for in the first place?

<http://www.theadvocate.com/opinion/19305909.html>

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