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**EDITORIAL: For the people of the Gulf
Times – Picayune | 06.07.08**

President Bush's veto threat has prompted a lot of debate in the U.S. House of Representatives about trimming a war spending bill that also has additional spending, including billions in recovery funds for the Gulf Coast region.

But as they haggle over the bill, House leaders and President Bush need to keep in mind that the needs of millions of residents along our region remain urgent.

Protection from stronger storms in New Orleans is still a work in progress. Hospitals that survived Katrina have spent tens of millions caring for thousands of patients who no longer have the state-owned Charity Hospital. Thousands of people are at risk of homelessness.

These are some of the needs that would be addressed if the House and the President agree with recovery provisions included in the Senate's version of the bill.

The only recovery expenditure included in both the House and Senate version is roughly \$5.8 billion to upgrade levees and flood walls in metro New Orleans.

That is crucial financing to meet the goal of protecting our region from 100-year storms by 2011, and New Orleanians are very grateful for the funding. House leaders should make sure it survives the current debate in Congress.

But congressional leadership and the White House also ought to support other recovery provisions that now are only in the Senate bill.

One of those provisions would reduce Louisiana's share of the levee upgrade work from \$1.5 billion to \$1.3 billion -- still a substantial share -- and give the state as long as 30 years to pay its portion, instead of just three years.

Just as important are expenditures for hospitals, housing vouchers and criminal justice needs.

Some members argue that some of these needs could be addressed through other bills or in future months. But the communities and entities that need assistance can hardly wait.

And with Congress about to plunge into electoral politics, members will be reluctant to pass any new, non-emergency spending measures. So the war funding bill may be the only politically realistic opportunity to deal with legitimate needs along the Gulf Coast.

It's an opportunity Congress and the administration should not pass up.

<http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-4/1212816171242690.xml&coll=1>

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Lawmakers seek more money for hospital levee

Houma Courier | 06.08.08

Jeremy Alford

BATON ROUGE – With roughly two weeks remaining in the legislative session, local lawmakers are ramping up efforts to raise money to help Leonard J. Chabert Medical Center in Houma create some sort of flood-protection system.

Hurricane Rita pushed water into the state hospital's parking lot and up to the front door in 2005, forcing patients and staff to be evacuated.

Since then, Terrebonne Parish officials have been exploring different avenues for funding and building a ring levee that would surround and protect the hospital.

The Terrebonne-Lafourche delegation secured \$250,000 through the legislative process last year, and the state Coastal Restoration and Protection Authority put up an additional \$500,000 in February.

For now, that's enough to get the project rolling. The Terrebonne Levee District is the lead agency that will oversee construction and hire an engineer.

Initial plans are for a ring levee measuring 7 feet in height surrounding the hospital along Industrial Boulevard and Grand Caillou Road.

That conceptual blueprint, however, is rapidly changing as local lawmakers discover small openings in this year's ongoing session to plug in money for the project.

Rep. Gordon Dove, R-Houma, has inserted an additional \$250,000 into House Bill 1, the state's operating budget, for Chabert's flood-protection needs.

Rep. Damon Baldone, D-Houma, has another \$250,000 request in House Bill 2, the state's annual construction budget.

So far, that's \$1.25 million for the effort, and that tally could grow, said Sen. Reggie Dupre, D-Bourg.

When the two budget bills come up for debate on the Senate floor, Dupre said he will amend the Chabert provisions to read "for flood protection" rather than "for a ring levee."

"That would give us more flexibility in what we can use the money for, and it will also allow the local government to chip some more money in and possibly even expand the project," Dupre said.

Specifically, he said he wants Terrebonne Parish President Michel Claudet to allocate parish money to expand the project, extending it from the Industrial Boulevard pump station to Grand Caillou Road.

"Instead of just protecting Chabert, we might be able to take this concept and make it into an interim protection system for a substantial area of east Houma," Dupre said, adding that Hurricane Rita came equally close to flooding parts of Acadian subdivision.

The regular session is scheduled to adjourn June 23.

<http://www.houmatoday.com/article/20080607/ARTICLES/683040477>

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'But it never flooded here before'**Houma Courier | 06.08.08**

KEITH MAGILL Executive editor

Local lawmakers are trying to secure millions of state taxpayer dollars to build a levee that would surround Houma's state charity hospital to protect it from hurricanes and flooding. If this isn't a sign of how bad things have gotten, I don't know what is.

For years, -- no, decades -- we've heard loud and persistent warnings that if Louisiana fails to stop its coastal wetlands and barrier islands from washing into the Gulf of Mexico, communities inland will face extinction by hurricane.

But in Terrebonne, where much of the coastal loss has occurred, little significant action has been taken to reverse the trend. Our wetlands and barrier islands, which once buffered us from storms, are largely gone. And our parish has no hurricane levees at all.

So, here we are, trying to make an island of Chabert Medical Center, insulating it from the kind of flooding that swamped its parking lot and forced it to evacuate patients and staff members during Hurricane Rita in 2005.

A few weeks ago, I flew in a small airplane over the marshes and swamps of Terrebonne Parish and saw from the air the waters that threaten Chabert and the communities nearby. You start to see it about two minutes after jumping up out of the Houma airport -- a vast expanse of open water that starts just south of Woodlawn Ranch Road and grows until it extends to the horizon in the parish's southernmost reaches.

The myth, which many locals still believe, is that the water comes and goes for storms. No, the water is always there, a few miles from the hospital and almost in the backyard of the Ashland jail, which evacuated its inmates as Rita's floodwaters began to surround it.

All that, and Hurricane Rita didn't even hit Terrebonne Parish. It never came closer than 200 miles or so from Houma, but the hurricane pushed floodwaters into an estimated 10,000 of the parish's homes, some as far north as east Houma.

Of course, during Rita, we heard what for years has become a common refrain after each successive storm, a phrase that is now a hurricane cliché: "But it never flooded here before."

A week into the new hurricane season, I'm hoping the whim of the Gulf doesn't give locals any reason to repeat the phrase -- but the odds are that if it doesn't happen this year, it will certainly happen later.

Despite such obvious signs that the threat is more real and intense than ever -- including the latest plan to encircle Houma's charity hospital inside a bowl -- nonbelievers abound.

The Courier's admittedly unscientific and informal online survey last week asked readers this question: Experts have predicted that the 2008 hurricane season will be an exceptionally busy one. They also recommend that residents living in hurricane-prone areas have a family emergency plan. Do you have one?

Forty percent of the 758 respondents said yes, 36 percent said no but they plan to, and 24 percent -- nearly one in four -- said no and they don't plan to. For a more scientific view, Allstate Insurance Co. surveyed U.S. coastal residents last month and summarizes the results this way: "While many coastal residents find it hard to forget the experience of living through a hurricane, as a new storm season approaches many may be experiencing a case of amnesia about basic preparedness strategies."

While seven in 10 of those who have recently experienced a hurricane declared it a frightening experience, only two-thirds of coastal residents said they were likely to evacuate if a major storm like Katrina was headed their way, the survey says. Various reasons such as feeling safe at home, protecting their home from looters or traffic concerns were given by the one-third not willing to evacuate.

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I'm not surprised. I've written about past polls that have produced similar results. And I have also cited what I think is the best summation I've seen on why so many people refuse to leave for a hurricane, even when their lives are at stake.

It comes from a story called "Floods, tornadoes, hurricanes, wildfires, earthquakes ... Why we don't prepare," published in the Aug. 20, 2006, issue of Time magazine.

"There are four stages of denial," Eric Holdeman, then director of emergency management for Seattle's King County, is quoted as saying. "One is, it won't happen. Two is, if it does happen, it won't happen to me. Three: If it does happen to me, it won't be that bad. And four: If it happens to me, and it's bad, there's nothing I can do to stop it anyway."

Sound familiar?

So does this: "But it never flooded here before."

<http://www.houmatoday.com/article/20080608/OPINION01/806080318/1098/opinion&title= But it never flooded here before>

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Local nurse makes women a priority The Daily Advertiser | 06.08.08

SANE Coordinator Christa Billeaud speaks eloquently about the unspeakable. It's a talent she's acquired out of necessity, since few can bear to listen.
Advertisement

"We can't talk about this issue openly in the community," says Billeaud. "I want people to know what we do, but because of its sensitive nature, we can't really discuss it in a family environment."

The SANE (Sexual Assault Nurse Examiner) program provides advanced education and clinical preparation in forensic examination for nurses. The concept addresses the inadequacy of the traditional model for medical evidentiary exams and helps prevent women from being re-traumatized when they arrive at the hospital. Where they exist, SANE programs have made a profound difference in the quality of care provided to victims while facilitating investigations and more effective prosecutions.

Billeaud has been specially trained as a forensic nurse and examiner and works closely with the Lafayette Police Department, the Lafayette Parish Sheriff's Office and trained first-responders. Between 2006 and 2008, she established contracts with five major area hospitals - Lafayette General Medical Center, University Medical Center, Our Lady of Lourdes, Southwest Medical Center and Women's and Children's Hospital - to provide immediate support services to victims.

"When we're called out, we're there within 30 to 45 minutes," Billeaud said. "We take care of everything and help women to make informed decisions. It's not what you see on TV."

To qualify, nurses need to be RNs with at least three years of experience. Didactic and clinical training make up the formal course to become a SANE, and on-call positions are available upon completion of training. In addition to collecting forensic evidence, SANE practitioners offer counseling and education, both of which help to interrupt the cycle of predation in the community.

Billeaud takes calls with two other SANE nurses and is one of only three who manage the program. She says neighboring parishes also have requested extensions of her service. "Lafayette's such a giving community. And the problem is so real, and it's growing. Our program can help."

Those interested may call Shayna Guidry, RN, SANE-A for more information about the program at 269-1557.

<http://www.theadvertiser.com/apps/pbcs.dll/article?AID=/20080608/LIFESTYLE/806080325/1024>

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HIV-AIDS statistics, stereotypes, struggles discussed at meeting

The Town Talk | 06.08.08

Two speakers helped illustrate the theme of "Changing The Face of AIDS" during Saturday's symposium on the status of HIV/AIDS in Louisiana.

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An estimated 50 people attended a presentation held at the Alexandria Riverfront Center that featured Jeanne White-Ginder, the mother of the late Ryan White.

White was a hemophiliac who, at age 13 in 1984, was diagnosed with AIDS after receiving a contaminated blood treatment. He became an advocate for those seeking to ease the stigma and discrimination faced by HIV/AIDS patients.

White died in 1990.

White-Ginder was followed by 42-year-old Gina Brown, an advocate for the NO/AIDS Task Force in New Orleans, who talked about her life and experiences as an African-American woman after her HIV-positive diagnosis in 1994.

Brown told the crowd that she never thought she'd test positive for HIV because "I'm not gay, not a man and not white." But Brown said 67 percent of new cases today are black women.

"Most women find out when they're pregnant," Brown said, stressing the need for education. "HIV doesn't target one population; it targets everybody."

Peggy Kaimal, a nurse practitioner at Huey P. Long Medical Center in Pineville, said Louisiana ranks sixth in the nation for HIV cases and 10th in the nation for new HIV cases.

White-Ginder shared video with the crowd that recalled the fear and discrimination faced by her son after his diagnosis. A clip from CBS's "West 57th Street" program documented the lengthy legal struggle that successfully returned Ryan to school in Kokomo, Ind., following his diagnosis after folks there - fearful of his disease - fought to keep him out. The family ended up moving to Cicero, Ind., so he could attend school there in a friendlier environment.

"Cruelty comes with the fear and prejudice," Ryan White said in the clip.

Before her presentation, White-Ginder told The Town Talk that AIDS only started to be recognized in 1982 and 1983 and that many people viewed the disease in those early years as a moral or religious issue instead of a health issue.

"But it's a health issue," White-Ginder said. "Nothing else but a health issue."

Though Ryan became nationally known through his court case, White-Ginder said her son also garnered international attention when it became known that many hemophiliacs had become infected with AIDS because of the tainted blood factor in the medication used by hemophiliacs worldwide at the time.

"Ryan just happened to be one of the first ones," White-Ginder said.

During her presentation, White-Ginder told her audience that she's not a professional speaker, but "just a mom." She said she also has a daughter who now is a sixth-grade world history teacher.

"Losing my son was the hardest thing in the world," White-Ginder said.

<http://www.thetowntalk.com/apps/pbcs.dll/article?AID=/20080608/NEWS01/806080316/1002>

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LSU pathology chairman will receive honor from Japan on Tuesday Times-Picayune | 06.09.08

The local researcher who established the link between smoking and heart disease is to be given one of Japan's highest honors Tuesday in New Orleans.

Dr. Jack Strong, chairman of pathology at LSU Health Sciences Center, is to receive the Order of the Rising Sun not only for his scientific achievements but also for his work to improve cultural and academic relations between the United States and Japan. In addition, the medal will celebrate his dedication to cultural exchanges between New Orleans and Matsue, the Japanese city with which New Orleans has a sister-city relationship, said Takeshi Kodo, the Japanese vice consul in Nashville, Tenn. The Times-Picayune Dr. Jack Strong to receive Order of the Rising Sun for scientific achievements and improving cultural and academic relations between the U.S. and Japan

The invitation-only ceremony will be in City Park's Botanical Garden, which contains a Japanese garden that Strong, as president of the Japanese Garden Society of New Orleans, helped build.

He will receive the award from Koichi Funayama, the Japanese consul in Nashville. The consulate had been in New Orleans until the end of last year, and Strong was recommended for the honor by Masaru Sakato, who was Japan's consul general in New Orleans.

Strong, 80, will be one of five Americans -- and 15 people in all -- to be given the award, which was established in 1875. It has a red center, surrounded by gold rays, and it is suspended from a red-bordered white ribbon.

There's much more to getting the award than simply being anointed. Once Strong was notified that he was being considered, a six-month screening process began. His nomination went to Japan's Ministry of Foreign Affairs and Yasuo Fukuda, the prime minister, who submitted it to the Cabinet for approval, Kodo said.

Now that there's nothing to stand between Strong and the award, "I'm very happy," the honoree said.

He is the principal investigator of a long-running study that demonstrates how heart disease starts in young people and progresses.

Strong's work showed that smoking can lead to atherosclerosis, more commonly known as hardening of the arteries, a risk factor for heart attacks. This happens because cholesterol deposits accumulate and thicken along arterial walls, making circulation increasingly difficult.

As Strong's reputation grew, scientists overseas became interested, including some from Japan, and students came to New Orleans to learn from him. Research partnerships resulted, one of which has lasted 40 years, and Strong said he has made 16 work-related trips there.

One study with a Japanese researcher showed that, among 25- to 44-year-old men, American men were worse off than their Japanese counterparts: Their rate of atherosclerosis was three times as high in aortas and five times as high in coronary arteries.

When Strong was president of the International Academy of Pathology, he helped Japan land a meeting of this organization, which happened in Nagoya in 2000.

One colleague said it was "like getting the Olympics of pathology in Japan," Strong said.

He became increasingly interested in Japanese culture and started studying the language, and he led the efforts to build the Japanese garden. It has been named the Yakumo Japanese Garden, using the name Lafcadio Hearn, the New Orleans writer, took when he moved to Matsue.

http://www.nola.com/news/index.ssf/2008/06/lsu_pathology_chairman_will_re.html

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Delta Dental Gives \$340,000 to LSU Dental School for Auditorium Renovation Businesswire | 06.05.08

NEW ORLEANS--(BUSINESS WIRE)--Delta Dental Insurance Company announced today its donation of \$340,000 to Louisiana's only dental school to help renovate an auditorium damaged by Hurricane Katrina.

Nearly three years ago, Hurricane Katrina devastated LSUHSC's campus in New Orleans, which housed the only dental school in the state. Students and faculty were subsequently relocated to a temporary campus some 80 miles away in Baton Rouge, where they remained for two years, returning to the New Orleans campus last August.

Repairs to the dental school's hurricane-damaged auditoriums address a critical need because they are often used for student lectures, graduation activities, continuing education courses, alumni events, faculty development workshops, donor recognition events and other special presentations.

In the immediate aftermath of Hurricane Katrina, Delta Dental spearheaded contributions totaling \$380,000 to LSUHSC and its students, including a \$25,000 grant to the dental school, a \$35,000 unrestricted educational grant and a check for \$1,000 given to each of the 312 LSUHSC students after the hurricane devastated the campus. With this most recent contribution, the company has now pledged close to three quarters of a million dollars to help LSUHSC in its continuing recovery.

"The aftermath of Hurricane Katrina is no longer front-page news, but still greatly affects many people," said Marilyn Belek, DMD, executive vice president and chief dental officer for Delta Dental. "That's why we continue to assist this future generation of Louisiana dentists and help them complete their training. We're proud of how they've risen to the challenge amidst this great adversity, and we're pleased to work with LSUHSC."

"It is difficult to express how much we appreciate the incredible support of Delta Dental over the past two and a half years — the cash gifts to our students following Hurricane Katrina, the support of our many special events, and now this exceptional gift of \$340,000 to assist in the renovation of Auditorium C," said Eric Hovland, DDS, dean of the LSUHSC School of Dentistry, "All of us — faculty, staff and students — are extremely grateful."

The auditorium renovation is expected to begin in early October 2008.

About Delta Dental

Delta Dental Insurance Company, Delta Dental of California, Delta Dental of Pennsylvania and its affiliated Delta Dental member companies are part of the Delta Dental Plans Association, the nation's largest dental benefits system, which jointly covers about 50 million of the estimated 164 million Americans with dental insurance.

About LSUHSC's School of Dentistry

The School of Dentistry at LSU Health Sciences Center in New Orleans, the only dental school in Louisiana, has been considered one of the finest dental schools in the world. Its state-of-the-art facility has offered students the best possible clinical education complemented by opportunities in research, national externships and community service. Students and faculty have provided over 100,000 patient visits annually in 22 locations throughout the state, serving as a valuable resource for Louisiana citizens. Research, through the school's Center of Excellence in Oral and Craniofacial Biology, creates a rich research environment for the education and development of students, postdoctoral fellows, and faculty researchers in oral and craniofacial biology.

http://www.businesswire.com/portal/site/google/?ndmViewId=news_view&newsId=20080605006202&newsLang=en

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Study: More blacks than whites must lose a leg to diabetes

USA TODAY | 06.04.08

By Julie Appleby

Blacks undergo leg amputations as a complication of diabetes at a far higher rate than whites, according to a study out today that also found blacks lag behind whites in breast cancer screening and diabetic tests.

"There are remarkable disparities between blacks and whites and between communities," says Dartmouth Medical School professor and study lead author Elliott Fisher, who says health systems, economics, lifestyle, education and community resources all play a role in the differences.

The study, paid for by the non-profit Robert Wood Johnson Foundation, used data from Medicare to look at amputations, screening rates and other measures of quality care among the 50 states and the District of Columbia. The foundation is one of the nation's largest philanthropies and backs efforts to change the health care system.

Researchers studied amputation because it can indicate that diabetes patients have received inadequate preventive care. The study found:

- Across the USA, the rate of leg amputation is four times greater among black Medicare recipients than white.
- Black residents of Louisiana, Mississippi and South Carolina had 6 amputations per 1,000 Medicare enrollees, while black residents of Colorado and Nevada had fewer than 2 per 1,000.
- Overall amputation rates for both blacks and whites vary among states. Utah has the lowest rate at .5 amputations per 1,000 Medicare members, and Louisiana has the highest at 1.7 amputations per 1,000.

Fisher says patients undergo leg amputations partly because of the care they get and partly because of difficulties they may face in getting treatment. Other factors — such as whether patients smoke or exercise, or if they can afford the special shoes some diabetics need — also play a role, he says.

Blacks also were less likely than whites to get mammograms to check for breast cancer, although the size of the gap varied widely among states. In Illinois, for example, 63% of white female Medicare beneficiaries were screened for cancer, while only 51% of blacks were. In Massachusetts, the gap was narrow: 71.9% of whites were screened, 71.5% of blacks.

With the exception of Arizona and Kentucky, black diabetic patients were less likely to get a recommended annual blood test than whites. The biggest gap was in Colorado, where 84% of whites were tested, 66% of blacks.

Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation, says it will spend \$300 million over three years to fund programs nationwide and targeted in 14 regions to improve medical care and reduce racial and ethnic disparities.

Changes could include getting patients to regular doctor visits and stocking fresh produce at grocery stores, says John Buse, president for Medicine and Science at the American Diabetes Association, who did not work on the study.

Often, he says, patients who have leg amputations live in poorer communities and are either uninsured or have limited coverage. By the time they qualify for Medicare, they may be in bad shape.

"Once someone with modest resources and no health insurance becomes acutely ill or disabled, they can generally get Medicare or Medicaid," Buse says. "But often the price of admission for a patient with diabetes is a serious complication like blindness, kidney failure, amputation or stroke."

http://www.usatoday.com/news/health/2008-06-04-amputee_N.htm

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All Health Is Local: Health Outcomes Differ by Race and Location Center for American Progress | 06.06.08

“In U.S. health care, it’s not only who you are that matters, it’s also where you live.” So say the authors of a new study on the uneven quality of health care and the resulting health disparities along racial and geographic lines. A report from the Center for American Progress released last year detailed community-level strategies for evening out racial and ethnic health disparities, a tactic that is now even more relevant, given the new data on geographic differences.

Research has shown for years that minorities face greater risk of complications from heart disease, diabetes, and other common afflictions. Treatable risk factors such as hypertension, low physical activity, tobacco use, infrequent access to care, and obesity are more prevalent among African Americans, American Indians, and Alaska Natives, Hispanics, and Native Hawaiians and Pacific Islanders than among white Americans.

But this report, from the Dartmouth Atlas Project and Robert Wood Johnson Foundation, shows that where you live can also play a determining factor in the care you receive.

Researchers examined Medicare claims for evidence of disparities by race or location and indeed found evidence of both. Blacks, for example, face a risk of leg amputation—a severe complication of peripheral vascular disease and diabetes, which typically results from years of suboptimal care—that is four times greater than whites.

But the rates varied even more starkly by region. The rate of leg amputation for blacks in Mississippi, Louisiana, and South Carolina was found to be about 6 per 1,000. In Colorado and Nevada, it was less than 2 per 1,000. Even the rates for whites in the three southern states—about 1.3 in 1,000—were more than double that of the two western ones.

Other research has also pointed to the importance of location, and specifically the exposure to health risks associated with living in poor neighborhoods, as a factor in health disparities. A recent article in the journal *Health Affairs* highlighted the link between disadvantaged neighborhoods and detrimental health outcomes such as lower life expectancies. Roughly 76 percent of black children and 69 percent of Latino children living in large metropolitan areas live in neighborhoods that have higher poverty rates than those found in the neighborhoods of the worst-off white children. Many of the states with the highest poverty rates are also located in the South, contributing to the wide disparities in health outcomes seen across state lines.

Health policy leaders are increasingly recognizing the importance of controlling risk factors to reduce disparities. One solution is community programs that work to modify risky health behaviors and risk factors themselves. The Center for Disease Control and Prevention’s Racial and Ethnic Approaches to Community Health, or REACH 2010, and the Department of Health and Human Services’ Office of Minority Health’s two grant programs—Community Programs to Improve Minority Health and the State Partnership Grant Program to Improve Minority Health—have effectively reduced racial and ethnic disparities in targeted subpopulations.

Initial policy steps to reduce disparities even further include increasing and leveraging funding for community programs, increasing the infrastructure capacity for these programs to expand and take hold, and allocating funding for an office of minority health for each state, territory, and district. Other strategies should include improving health providers’ performance—a particular focus of The Robert Wood Johnson Foundation’s new \$300 million, three-year initiative intended to narrow the racial and geographic disparities at the community level.

These steps need to be taken sooner rather than later—calculations show, for example, that there would have been 85,000 fewer black deaths overall in the year 2000 alone if health disparities had been eliminated in the 20th century. Live are being lost every day, and there’s no time to waste.

http://www.americanprogress.org/issues/2008/06/health_disparities.html

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McCain Needs 'Vision' to Beat Historic Odds Favoring Obama in '08

Roll Call | 06.05.08

By Mort Kondracke

A new scholarly analysis confirms that Sen. John McCain (R-Ariz.) has to perform miracles to win the 2008 election. So far, he is far short of doing that.

McCain's speech in Louisiana Tuesday night fell embarrassingly short of matching Sen. Barack Obama's (D-Ill.) eloquence, vision and delivery — demonstrating the distance McCain has to go to have a chance of winning in November.

In the absence of a big step-up in his performance, McCain will have to rely on Obama's self-destruction — which could happen, in view of Sen. Hillary Rodham Clinton's (D-N.Y.) evident effort to force him to name her as his running mate.

She refused to yield the limelight to him on Tuesday, when he clinched the Democratic nomination, and now she is implicitly threatening to turn the Democratic National Convention into a donnybrook unless he agrees to put her onto a "unity ticket."

He may actually decide on his own that he needs her to guarantee carrying her constituencies — white workers, Hispanics, Jews and Catholics — but to accept her under threat will make him look weak, hardly commander-in-chief material in a dangerous world.

And yet, McCain can't bank on Democratic disarray. Despite polls showing him doing surprisingly well against Obama, historical patterns show he's in perilous territory.

Professor Alan Abramowitz of Emory University has developed an "electoral barometer" based on just three variables for predicting election outcomes, and it suggests that McCain is all but certainly set to lose this year.

In an article last week on University of Virginia professor Larry Sabato's Crystal Ball Web site, Abramowitz declared that "it appears very likely that the Republican party is dealing with the dreaded 'triple whammy' in 2008: an unpopular president, a weak economy and a second-term election."

Abramowitz has tracked the effect of those variables on the last 15 presidential elections and found that they accurately predicted the popular vote outcome in 14 and came close in the 15th.

The formula adds the incumbent president's net approval rating (approval minus disapproval), the second-quarter election-year GDP growth rate multiplied by five (emphasizing the importance of the economy) and then (factoring in time-for-a-change sentiment) subtracts 25 points if the in-party is finishing a second term.

Bush's net approval now stands at minus 40. The first-quarter growth rate was 0.6 percent and Bush is finishing eight years, meaning that this year's electoral barometer currently stands at minus 62.

If such a number holds, it "would predict a decisive defeat for the Republican presidential candidate," Abramowitz wrote. "The only election since World War II with a score in this range was 1980," when "Jimmy Carter suffered the worst defeat for an incumbent president since Herbert Hoover in 1932."

The second worst occurred in 1952, when Democrat Adlai Stevenson tried to succeed Harry S. Truman with a minus 50 score and lost the popular vote by 11 points to Dwight D. Eisenhower.

The Abramowitz barometer is a short-cut variation on American University professor Allan Lichtman's famed "13 Keys to the Presidency," which adds such factors as wars, candidate charisma, scandal and the incumbent party's performance in off-year elections to the economy and incumbency.

When Lichtman published the latest edition of his book early this year, he flatly predicted that "the Democratic candidate will capture the White House in 2008 no matter the choice of a nominee."

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Democrats have advantages Lichtman couldn't anticipate, such as a charismatic nominee, now giving them eight of the 13 "keys" — plenty enough to win.

Historical models are invented to be broken, of course. But they give an indication of the odds McCain has to overcome.

As his and Obama's speeches Tuesday night showed, McCain is not overcoming them.

Against Obama's positive, eloquent, visionary uplift, McCain offered a negative, weakly delivered alternative that was even half-borrowed from Obama. A sign behind McCain read "A Leader We Can Believe In," a lift from Obama's slogan "Change We Can Believe In."

McCain has a great set of substantive arguments, notably that Obama's idea of change relies on across-the-board big government, which again and again falls short of meeting America's needs.

McCain did his best to claim the word "reform" as an alternative to Obama's "change" and to refute Obama's charge that he represents "Bush's third term."

But he offered no overriding vision to compete with Obama's soaring, Kennedy-esque declaration, "America, this is our moment ... our time to offer a new direction to the country we love."

Even though McCain has differed from Bush on Iraq War strategy, detainee policy, energy and climate change, McCain does back Bush policies on taxes, foreign policy, health care and (the environment excepted) free-market solutions to America's problems.

McCain has nothing to match Obama's promise to "invest in our crumbling infrastructure" and in human capital — early childhood education, the public schools, college education and scientific research.

To the contrary, McCain plans to curtail "wasteful spending" and freeze all government programs at current levels until he sorts out which work. "Public investment" is not in his vocabulary.

Obama's vision may well represent a throwback to 1960s liberalism, but the country's attitude toward government often cycles from "big" to "small" and back again.

During Bush's claimed "small government" years, median income has fallen, the ranks of the uninsured have swelled, debt has mounted and prices have soared.

Voters clearly want "change." McCain has a long way to go to convince them that his kind is better than Obama's, even though — on the merits — it may well be.

At the rate things are going, history will repeat itself with a Democratic victory in 2008 and liberal domination of the government until voters change their minds again.

Mort Kondracke is the Executive Editor of Roll Call, the newspaper of Capitol Hill since 1955. © 2007 Roll Call, Inc.

http://www.realclearpolitics.com/articles/2008/06/mccain_needs_vision_to_beat_hi.html

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Holdouts Test Aid's Limitations as FEMA Shuts a Trailer Park

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By SHAILA DEWAN

BAKER, La. — Theresa August spent the official closing day of the Renaissance Village trailer park singing, muttering to herself and dancing on a picnic table. Finally, wearing an infant's flowered onesie on her head like a kerchief, she began to pack up.

Ms. August, 39, giggled on the steps of her overflowing trailer last Saturday as Sister Judith Brun asked when she might be able to leave the trailer park that, at its peak, housed almost 600 families displaced by Hurricane Katrina. Sunday? No response. Monday? A smile.

But by Monday, Sister Judith, a nun who has been an almost constant presence during the park's waning weeks, had learned that Ms. August's destination was not, as the situation seemed to demand, a placement supervised by a professional caregiver, but an apartment in New Orleans found by a friend. Because it was clear to Sister Judith that Ms. August was not capable of riding a bus and moving into the apartment on her own, as FEMA had planned, Sister Judith decided to postpone the trip a day until she herself could take Ms. August, who has been known to wander off.

The closing of Renaissance Village, near Baton Rouge, and the other remaining FEMA parks represents the final chapter in one of the largest and most tumultuous efforts by the federal government to provide emergency housing to a displaced population. Over the course of two years and nine months, the Federal Emergency Management Agency put up 9,000 families in trailer parks scattered around the Gulf area, where residents endured cramped, inadequate and often poisonous conditions.

Many Louisiana residents shared a similar reaction to the announcement that the parks would close at the end of May: It's about time. After all, more than 800 families had passed through Renaissance Village's gates and managed to move on with their lives in their own homes. Why not the rest?

As residents like Ms. August make clear, that question has no simple answer. Those remaining are the hardest to help, posing the toughest test of the oft-repeated promise that the recovery from Hurricane Katrina would at least offer the opportunity to rectify the social ills the storm exposed.

Reason holds little sway over the residents of this microcosm. Some of those most in need have proved to be, out of pride or paranoia, the least likely to accept help. Those who under normal circumstances have little leverage have become the most demanding holdouts. Those ill-equipped for real-world survival cling with surprising tenacity to the place they have come to think of as home.

As the last day came and went, many of those left in the park (38 trailers full, by FEMA's count) were exemplars of New Orleans's most persistent problems before the storm: old, unhealthy, delusional, mentally challenged, addicted, illiterate, senile. They have bad credit, criminal records, exasperated relatives. They are often unreliable narrators of their own stories.

Though the government has failed these residents in many ways and for many years, in the final weeks ample assistance has been available — from gas money and food vouchers to utility deposits and hotel rooms, even for those technically ineligible for FEMA assistance. Catholic Charities has helped with furniture and deposits; the Capitol Area Alliance for the Homeless has offered rent subsidies for those who are ineligible. Sister Judith has delivered groceries and arranged rides, sympathized and scolded, strategically dispensed small wads of cash to plug the gaps in the system.

Yet for all that, to follow the last residents as they are dragged toward self-sufficiency is to witness a clanging, screeching streetcar of human and bureaucratic limitations that seems to lurch backward as often as forward. On Tuesday, Sister Judith and Ms. August arrived in New Orleans in a hired van, only to learn that there was no electricity, no mattress and no one to let them into the apartment.

They returned to Renaissance Village.

"The question I keep coming back to," Sister Judith said, "is why is there still so much need?"

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Facing Life on Their Own

Alton Love, 41, rode his bicycle, back tire sagging, down a hot Baton Rouge street with his 9-year-old daughter on his handlebars, looking for the man to whom he had given his car two months before on a promise it would be fixed. He has not seen the car since.

LaTonya London, 24, was at home with four of her five children but no money, no car and no diapers.

Laura Hilton, 45, was clutching a lease for a four-bedroom home in New Orleans for \$1,650 a month. Her income, in the form of government disability payments, is \$1,600 a month.

These are scenes from the multiple stages of moving out and moving on. As the deadline loomed, the approximately 450 families still in the parks responded in different ways. Some finally opened the door when the FEMA workers knocked, or boarded a van hired by Sister Judith to hunt for apartments. Others broke down in tears, became entangled in delusional schemes or did nothing, passively waiting for one level of government to hand them off to another. FEMA officials said they would not forcibly remove those who remained.

FEMA, which ultimately is a disaster-response agency, not a social service department, endured years of blistering criticism for its failure to understand that many New Orleans residents needed more than just a roof over their heads after the hurricane. The agency now is quick to admit that other agencies are better equipped to handle persistent social ills. Its job in cases like that of Ms. August, FEMA officials say, is limited to getting her housed.

Still, in its awkward fashion, the agency designed a gradual transition for residents from the parks and government care, offering an intermediate step of a 30-day hotel stay. After residents spend the first month in an apartment, the Disaster Housing Assistance Program, administered by the Department of Housing and Urban Development, would kick in, paying the full rent until March 1, 2009.

But each phase presents an opportunity for failure as well as success. What happens to those in hotels who still have not found housing at the end of 30 days? What happens to those who, come March, are in apartments too expensive to afford on their own? What about those who, for various reasons, are already ineligible for rental assistance?

At least 30 families or individuals living in Renaissance Village in its final weeks fell into the last category: Mr. Love because he could not account for the \$800 FEMA gave him for rental assistance right after the storm; Ms. London because she opted to leave after her boyfriend, whose criminal record includes arrests for burglary and drug possession with intent to distribute, was banned from the park; Ms. Hilton, who can barely read, because FEMA was unable to verify her pre-storm address.

Concerns About Future

Ms. London, who eventually moved to a \$900-a-month house subsidized by the Homeless Alliance, acknowledged how easy it would have been to stay in the trailer park and remain dependent.

"Being in that trailer, having all that stuff, it was like we became crippled," she said. "You had free rent; you didn't have to worry about light bills."

Before the storm, she said, "I was being independent. Now I feel like I'm leaning — I'm leaning."

Ms. Hilton wanted to move her sons, George, 17, and Roy, 10, back to New Orleans because her daughter and grandchildren live there. Through the Capital Area Alliance for the Homeless, a rent subsidy could be arranged, but Sister Judith, who has focused her efforts on keeping the ineligible off the streets, is concerned about what will happen when the subsidies expire.

"O.K., you can't sign this lease," she told Ms. Hilton, who stared at the ground, which was littered with beer cans. "You can't afford this, you're going to wind up getting evicted, then you're going to be homeless."

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Ms. Hilton wailed, "I'm already homeless!"

Sister Judith said, "You're going to move to a place that costs more than you get a month, does that make any sense?"

Ms. Hilton had no good answer. When Sister Judith walked away, Ms. Hilton gave a sigh. "Makes you want to drink," she said.

Hoping for Kindness

There are some families that have been literally riven in the course of the park's closing. Right after the storm, Joseph Griffin and his girlfriend, Sherryl Harris, lived in a trailer with Mr. Griffin's sons, Jamal and Jermaine. The boys worked with the art therapists who came periodically to the park, and Jermaine was selected for a scholarship to Idyllwild Arts summer camp in California.

Now Jermaine, 16, has left home and school, and is staying with another family in Kenner, outside New Orleans, where he has a job at a Dairy Queen. Jamal, 13, is staying with his grandmother in Baton Rouge. Ms. Harris is getting her own place.

Mr. Griffin hopes that his boys will come back. As soon as he finds a home.

Not every case seems as difficult, however. Gloria Martin, 51, was prescribed psychiatric medication after the storm for, she said, "hearing voices." When the medication was stolen, she began to get arrested — once for standing in the middle of the road at night, another time for getting into a fight at the food stamp office. She lost her FEMA eligibility when she went to prison.

But Sister Judith's team found her a place at Connections for Life, a yearlong program in Baton Rouge for female ex-offenders. On move-in day, Ms. Martin moved like a person in shock. One week later, she was radiant, cheerfully working at the Connections for Life thrift store, where she helped a one-eyed man find window shades.

"I had never had nothing like this happen to me before," she said. "A free apartment and a job, free clothes and shoes, and eating good. And sleeping good."

http://www.nytimes.com/2008/06/07/us/07trailer.html?_r=1&oref=slogin

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