

IN THE NEWS

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[THURSDAY, AUGUST 21, 2008]

Consultants Say Charity Could Be Used Again as Hospital for \$484 Million
LSU System | 08.20.08 3

Fixing Charity is the faster, cheaper option, study says
The Times-Picayune | 08.21.08 4

Charity Hospital can be restored, report says
The Times-Picayune | 08.20.08 6

Architects favor renovating Charity Hospital
New Orleans CityBusiness | 08.21.08..... 7

Debating Charity Hospital's future
New Orleans CityBusiness | 08.21.08 8

Study: Charity could be rebuilt cheaper and faster than other options
WWLTV.com | 08.21.08 9

Report: Charity hospital renovation feasible
Associated Press | 08.20.08 10

News Alert: Charity Hospital 'structurally sound,' ready for transformation
Baton Rouge Business Report | 08.20.08..... 12

Experts Suggest Renovating Charity Hospital
WDSU.com | 08.20.08 13

Move homes to make way for new VA hospital
The Times-Picayune | 08.21.08 14

LSU Health Sciences Center Neuroscience Research Reports New Safer Method to Protect Brain
Cells From Diseases Like Alzheimer's
Ascribe | 08.20.08 15

Bush says 'hope is marching on'
The Times-Picayune | 08.21.08 16

School clinic provides medical service
The Times-Picayune | 08.21.08 18

Analyst Available to Comment on Louisiana Managed Care Enrollment Three Years After Katrina
Insurance News | 08.21.08 19

Ochsner Baptist to open ER

The Times-Picayune | 08.21.08 20

Cervical cancer shots less cost-effective with age
The Times-Picayune | 08.21.08 21

Researchers Question Wide Use of HPV Vaccines
The New York Times | 08.21.08..... 23

79 Million Americans Struggle to Pay Medical Bills
Yahoo News | 08.20.08 25

AHRQ tool helps hospitals evaluate disaster drills
AHA News | 08.20.08..... 27

Consultants Say Charity Could Be Used Again as Hospital for \$484 Million LSU System | 08.20.08



Figure 0.0.39 - Proposed Atrium and Main Entrance.

An artist's rendering of the entrance of a renovated Charity Hospital in New Orleans. The Foundation for Historical Louisiana on Wednesday released a study, claiming the hospital could be returned to use as a health care facility in three years at a cost of \$484 million. Art by RJM/Hiller.

A team of architects and historic preservationists say Big Charity hospital in New Orleans could be returned for use as a hospital within three years at a cost of \$484 million.

The public hospital was flooded by Hurricane Katrina. State officials are planning to build a new replacement facility, rather than renovating Big Charity.

But The Foundation for a Historical Louisiana wants to save the Art Deco landmark and released a report Wednesday that claims the hospital could be renovated as a 446-bed, acute care facility that includes 78 beds for mental health patients.

The organization hired a Philadelphia architecture firm to analyze whether the old Charity building can be used as a hospital.

LSU officials, who run the state's public hospitals, say the Big Charity facility was outdated even before Katrina flooded it in 2005.

The Executive Summary of the FHL report is available on the LSU System website at:

www.lsusystem.edu

[\[BACK TO TOP\]](#)

Fixing Charity is the faster, cheaper option, study says

The Times-Picayune | 08.21.08

By Jan Moller
Capital bureau

BATON ROUGE -- The shuttered Charity Hospital can be gutted and rebuilt into a state-of-the-art teaching hospital for less money and in shorter time than it would take the state to build a new hospital, according to a structural assessment of the building unveiled Wednesday.

"Can Charity be transformed into a modern hospital? We're very happy to say the answer is yes," said Stephen McDaniel, a principal in the Philadelphia-based architectural firm RMJM Hillier, which conducted the evaluation at the request of the Foundation for Historical Louisiana, a preservation group.

The study estimates that the 1938 building could be rehabilitated, complete with a new atrium-style lobby fronting Tulane Avenue, in three years at a cost of \$484 million. Building a new hospital would take five years and cost \$620 million, the report says.

"Having this valuable and structurally sound building shell already in place should save at least two years off the delivery date of a new building, which would require acquiring a very large parcel of land, relocating the people who live there, and building from scratch a brand-new building," the report concludes.

It's unclear what effect, if any, the report will have on the state's efforts to rebuild a health-care safety net and doctor-training programs that were heavily damaged by Hurricane Katrina with a new hospital complex as the anchor of a bioscience district in downtown New Orleans.

The state had been planning to build a new hospital even before the art deco building was closed in September 2005 after sustaining extensive wind and flood damage.

Louisiana State University and other state officials have long maintained that the "Big Charity" building is unusable as a hospital and should be adapted for another purpose.

Current plans call for building a \$1.2 billion replacement in partnership with the U.S. Department of Veterans Affairs, which would have a separate, adjoining hospital. The cost of that project includes not just the hospital but ancillary functions such as parking, medical clinics and a physical plant. The hospital complex would serve as chief teaching venue for medical students and post-graduate residents from Tulane and LSU.

Gov. Bobby Jindal has said repeatedly that New Orleans needs a new hospital, and he has given his backing to the 424-bed configuration suggested by a state-commissioned business plan released in June. He reaffirmed that position in a statement from his press office late Wednesday.

"Our preferred option remains building a new modern hospital in partnership with the VA, while at the same time finding an appropriate reuse for the existing Charity Hospital building recognizing its historic importance," Jindal said.

But financing for the state's share of the project is not yet secure, and the state is still acquiring land and designing the building. Among the main variables is how much money the state will receive from the federal government as compensation for the damage Charity suffered during Katrina.

Sen. David Vitter, R-La., who has long opposed building a new hospital, sent a letter to the governor urging him to consider the study "as a more cost-effective and quicker alternative to the current LSU proposal."

State facilities director Jerry Jones, who has been a leader in planning the new hospital, criticized the report's timetable and cost projections as unrealistic. He noted that the state's previous efforts at "adaptive reuse" of historic buildings have ended up costing far more than initial projections.

The rehabilitation of the state Supreme Court building in the French Quarter, for example, cost three times as much as originally planned, Jones said.

Dr. Fred Cerise, the head of LSU's health-care division, said an "apples to apples" comparison between rebuilding Charity Hospital and a new hospital would show nearly identical costs. Still, Cerise would not rule out rebuilding Charity, even as planning continues for a new hospital.

State Sen. Cheryl Gray, D-New Orleans, said the report could serve to bolster the state's claims about the extent of the storm damage, which has been sharply disputed by FEMA.

The state puts the replacement cost to be \$492 million, but the federal disaster agency has countered that the damage totaled \$23 million. How that dispute is resolved will go a long way toward determining what kind of hospital the state can afford to build.

Still, the report will provide ammunition for community activists and homeowners who have long argued that the quickest and least expensive way to bring back the health-care safety net is to rebuild Charity, where generations of Louisiana physicians and nurses received their training before the storm.

<http://www.nola.com/timespic/stories/index.ssf?/base/news-6/1219297056241410.xml&coll=1>

[\[BACK TO TOP\]](#)

Charity Hospital can be restored, report says

The Times-Picayune | 08.20.08

Jan Moller

BATON ROUGE -- The closed Charity Hospital building can be gutted and rebuilt into a state-of-the-art teaching hospital for less money and in less time than it would take the state to build a new hospital, according to a structural assessment sponsored by a historic preservation group.

"Can Charity be transformed into a modern hospital? We're very happy to say the answer is yes," said Steve McDaniel, a principal in the Philadelphia-based architectural firm RMJM Hillier, which conducted the evaluation at the request of the Foundation for Historical Louisiana.

The study estimates that the building could be rehabilitated, complete with a brand new atrium-style lobby fronting Tulane Avenue, in three years at a cost of \$484 million. Building a new hospital would take five years and cost \$620 million, according to the report.

"Having this valuable and structurally sound building shell already in place should save at least two years off the delivery date of a new building, which would require acquiring a very large parcel of land, relocating the people who live there, and building from scratch a brand new building," the report concludes.

It's unclear what effect, if any, the report will have on the state's ongoing efforts to rebuild a health-care safety net and doctor-training programs that were heavily damaged by Hurricane Katrina. The 1938 Art Deco building on Tulane Avenue has been shuttered since it sustained heavy wind and flood damage from the storm, and shortly thereafter the state and Louisiana State University began planning for a new facility.

LSU and other state officials have long maintained that the "Big Charity" building is unusable as a health-care facility, and should be re-adapted for another purpose.

Current plans call for building a \$1.2 billion facility in partnership with the U.S. Department of Veterans Affairs, which would have a separate, adjoining hospital. The cost of that project includes not just the hospital but ancillary functions such as parking, medical clinics and a physical plant. But financing for the project is far from finished, and the state is currently in the process of acquiring land and designing the building.

State facilities director Jerry Jones said he doubted the report's timetable and cost projections. He noted that the state's past efforts "adaptive reuse" of historic buildings have ended up costing far more than initial projections. The rehabilitation of the state Supreme Court building in the French Quarter, for example, ended up costing three times as much as originally planned, Jones said.

http://www.nola.com/news/index.ssf/2008/08/charity_hospital_can_be_restor.html

[\[BACK TO TOP\]](#)

Architects favor renovating Charity Hospital
New Orleans CityBusiness | 08.21.08
by The Associated Press

BATON ROUGE - A team of architects says it would be cheaper and faster to renovate the former Charity hospital in New Orleans than to build a new facility.

The hospital was flooded by Hurricane Katrina in 2005 and has been closed since. The state plans to build a replacement facility for the art deco landmark.

But a study by RMJM Hillier, a New York-based architecture firm, says the building can be renovated for \$484 million and put back into use as a hospital. The firm estimated the cost of new construction at \$620 million.

LSU officials, who run the state's public hospitals, and state construction analysts say they will review the report, which was released today.

<http://www.neworleanscitybusiness.com/uptotheminute.cfm?recid=19298>

[\[BACK TO TOP\]](#)

Debating Charity Hospital's future
New Orleans CityBusiness | 08.21.08
By Deon Roberts, Online Editor

Ever since Hurricane Katrina, it seems, there's been a debate about whether storm-damaged Charity Hospital should be reopened as a hospital.

Some say the building is fine and all it needs is some work. Others say the building is out-of-date; they prefer building a more state-of-the-art facility.

Today, a team of architects said it would be cheaper and faster to just fix up the building than build a new hospital. A study by New York-based architecture firm RMJM Hillier says the facility can be renovated for \$484 million. The cost of new construction, according to RMJM: \$620 million.

Even if the facility ultimately does not get renovated and put back into use as a hospital, what should the art deco landmark become? Should it be condos? A museum? A concert hall?

<http://neworleanscitybusiness.wordpress.com/2008/08/20/debating-charity-hospital%e2%80%99s-future/>

[\[BACK TO TOP\]](#)

Study: Charity could be rebuilt cheaper and faster than other options

WWLTV.com | 08.21.08

Meg Farris / Eyewitness News

After 45 years of studies suggesting that it would not be beneficial to renovate Charity as an acute-care hospital, the Foundation for Historical Louisiana says a new in-depth study proves it can be.

State government and hospital officials heard results of the study Wednesday morning in Baton Rouge that charity could be modernized and reopened in three years.

State officials got the first results of the \$600,000 study before it was released to the hospital community and general public.

"The building is vacant for the first time since 1939 when it was built, and we now know that it is structurally sound and can be a first-class facility. I think we have our answers now," says Sandra Stokes, the Executive Vice-Chairwoman of the Foundation for Historical Louisiana.

The Baton Rouge-based non-profit group was charged by legislation to assess the building. The architectural firm of RMJM Hillier out of Philadelphia did the 12-week study, finding the building to be solid and structurally sound, not sinking, with a design that fits all modern codes and that could support modern-day hospital functions.

"We looked at this in a very rational kind of a facts and figures way, trying not to be emotional about the history of the building, and that we found -- by sticking to the facts --it can be a very viable modern hospital," says Steve McDaniel of RMJM Hillier Architects.

In the new design, Charity would be completely gutted, even the windows, leaving nothing but the exterior walls redesigning a patient drop off and an atrium entry. All of this the study finds would be at a much lower cost and much faster to build than the proposed new-from-scratch academic hospital down the street that could take 5 years to build.

State and LSU building and medical experts say they are open to looking at all options. But they say a new hospital's costs are comparable to redoing Charity. Their costs are higher they say because they have built in more clinical, ambulatory and parking facilities, and they say they could save money over the years sharing services and doctors with the VA Medical Center.

"This study showed that the Charity hospital facility is structurally sound so it can be used for something if it's not for health care it can be used for something else and we never intended to have the facility demolished," says Dr. Fred Cerise, LSU Vice-President of Health Affairs and Medical Education.

"So the issue is can we actually, does the retrofit of Big Charity meet all of the long term needs of LSU and LSU Medical Center in terms of health care education and patient care? And we have to consider all of that before we make a final decision," says Jerry Jones, Director of Facility Planning and Control for the State of Louisiana.

State hospital officials are still negotiating with F.E.M.A., saying they believe that the agency is responsible for paying for a replacement hospital.

Senator David Vitter also urged Governor Jindal today to consider reusing Charity to save money and time.

<http://www.wwltv.com/topstories/stories/wwl082008mlcharity.18d5f848.html#>

[\[BACK TO TOP\]](#)

Report: Charity hospital renovation feasible**Associated Press | 08.20.08**

By MELINDA DESLATTE

Associated Press Writer

Renovating the flooded public hospital in New Orleans would be cheaper and faster than building a new hospital, a team of architects said Wednesday after studying the shuttered Charity Hospital facility.

The hospital, known as Big Charity, has been closed since Hurricane Katrina swamped it with water in 2005. Rather than gut and rebuild the hospital, the state and LSU — which runs it — plan to build a replacement facility for the Art Deco landmark.

But a study by RMJM Hillier, a New York-based architecture firm, says the building can be renovated for \$484 million and put back into use as a 446-bed modern research and teaching hospital, compared to its estimates that a new hospital would cost \$620 million.

"There are no significant deficiencies in the structure that prohibit it from being a first-class hospital," said Stephen McDaniel, an architect with the firm who specializes in health care facility design.

McDaniel said a restoration of Big Charity would take three years, compared to five years to build a new hospital. He said the renovation would keep the facade and 20-story shell of the hospital but require a complete gutting and replacement of the interior.

The Jindal administration is recommending a new 424-bed medical center in collaboration with the U.S. Department of Veterans Affairs, whose hospital also was flooded by the 2005 hurricane. The two would have separate hospitals but share some operating costs.

Administration and LSU officials said they will review the new report in detail. They questioned RMJM Hillier's estimate that a renovation could be done in three years, the price comparisons and the potential for escalating costs of renovating a historic building.

"This is a legitimate option that we're going to consider. Obviously, at first glance, there are some holes in it that we're going to have to probe," said Jerry Jones, director of the governor's Office of Facility Planning and Control, which oversees state construction projects.

LSU released documents that listed a litany of studies done since 1970 that repeatedly recommended a replacement hospital, rather than a renovation of Big Charity.

The RMJM Hillier report feeds into an ongoing debate about the size, shape and cost of replacing the public hospital in New Orleans, which provided most indigent care in the area before Katrina and specialty services for the poor and uninsured throughout south Louisiana.

Whether to renovate Big Charity had rarely been part of the discussion. Sen. Willie Mount, chairwoman of the Senate Health and Welfare Committee, said that likely will change now with the new report.

"I think it's going to broaden the debate because we've been focused on replacement," she said.

RMJM Hillier was hired by the Foundation for Historical Louisiana, a preservationist group charged by the state Legislature with evaluating whether Big Charity could be renovated and reused as a hospital.

A renovation of the hospital would preserve the landmark constructed in 1938, while also keeping in tact the historic neighborhood that preservationists want to protect and that is slated to be torn down to make way for a new hospital.

The costs of either a renovation or a new facility will be greater than either estimate in the RMJM Hillier report, which doesn't take into account new parking construction and support facilities, like laundry and labs. The Jindal administration plans — including the parking and auxiliary buildings — have a total price tag of \$1.2 billion.

The architects said they looked solely at the costs of constructing a new hospital versus a renovated one.

Without land acquisition, support buildings and contingency fees, LSU estimates a new hospital would cost \$345 million, said Fred Cerise, LSU vice chancellor for health affairs and medical education. He said that's comparable to the RMJM estimate of \$338 million to renovate Big Charity, before contingency and design fees are included.

To pay for either a new or renovated hospital, LSU and the state continue to haggle with FEMA to determine how much federal rebuilding aid the university will receive for Big Charity. The rest of the construction would require state funds and borrowing, financed through a bond sale to investors.

[http://hosted.ap.org/dynamic/stories/L/LA_KATRINA_CHARITY_HOSPITAL_LAOL-
?SITE=LABAT&SECTION=HOME&TEMPLATE=DEFAULT](http://hosted.ap.org/dynamic/stories/L/LA_KATRINA_CHARITY_HOSPITAL_LAOL-?SITE=LABAT&SECTION=HOME&TEMPLATE=DEFAULT)

[\[BACK TO TOP\]](#)

News Alert: Charity Hospital ‘structurally sound,’ ready for transformation Baton Rouge Business Report | 08.20.08

New Orleans' Charity Hospital can be rehabilitated into a state-of-the-art medical facility according to an assessment by architectural firm RMJM Miller for the Foundation for Historical Louisiana.

The hospital, considered an Art Deco health care icon for the state and nation, was closed after Hurricane Katrina in 2005. Earlier this year, the National Trust for Historic Preservation placed the hospital and surrounding neighborhoods on its 11 Most Endangered in America list.

According to the assessment, the building envelope, including exterior walls, windows, and roof can be effectively restored. The building footprint, shaped like an “H”, complies with modern hospital design goals of enhancing day lighting and providing views from all rooms.

The existing floor plates are workable for a first-class facility—except for the third floor, which RMJM Hillier proposes enlarging, the report states.

The assessment calls for the removal of all interior partitions, ceilings and finishes to ensure that no environmental concerns remain and seeks a new interior fit-out of the entire building as well as an innovative entrance atrium. The recommended design also would meet the latest code requirement for hurricane-force winds.

<http://www.businessreport.com/archives/daily-report/latest/>

[\[BACK TO TOP\]](#)

Experts Suggest Renovating Charity Hospital **WDSU.com | 08.20.08**

BATON ROUGE, La. -- A team of architects said it would be cheaper and faster to renovate the former Charity hospital in New Orleans than to build a new facility.

Watch The Story

The hospital was flooded by Hurricane Katrina in 2005 and has been closed since. The state plans to build a replacement facility for the Art Deco landmark.

But a study by RMJM Hillier, a New York-based architecture firm, said the building can be renovated for \$484 million and put back into use as a hospital. The firm estimated the cost of new construction at \$620 million.

LSU officials, who run the state's public hospitals, and state construction analysts said they will review the report, which was released Wednesday.

<http://www.wdsu.com/news/17244666/detail.html>

[\[BACK TO TOP\]](#)

Move homes to make way for new VA hospital

The Times-Picayune | 08.21.08

Jeffrey Schwartz

Neighborhoods should be careful what they wish for with respect to the VA Hospital. Make no mistake: The VA will not be building community medical office space, but 1.1 million square feet of hospital space in multistory buildings and thousands of parking spaces. Nor will the VA necessarily be built more quickly on the Victory site than the downtown site.

When neighbors objected to Victory's original big-box plans for Mid-City, Victory sat on the property. The economic downturn has made the site impossible to immediately develop, and the VA hospital is an exit strategy. However, the challenges facing Victory should not persuade Mid-City to accept shortcuts to a lowered vision for the site.

Mid-City should insist on the innovative Lafitte Greenway flanked by mixed-income and mixed-use development, including doctors' offices and a community medical clinic, as was planned all along.

The homes and other structures in the proposed VA footprint are part of our heritage. The downtown VA site should be cleared by moving houses rather than demolishing them, which would benefit the often-marginalized citizens of Lower Mid-City.

No one would argue that a VA site in Mid-City is nearly as good as the downtown site for our veterans, our doctors, our medical students, or our economy. For whatever else we might fault Ed Blakely and other leaders, let us not criticize them for the long-term vision of creating another economic engine for New Orleans.

Moving 75 houses into more robust neighborhoods is a very small price to pay for having a world-class biomedical complex, and the Mid-City site should not cloud the issue.

I urge our leaders and the VA and LSU decisionmakers to renew their commitment to the downtown site, and get on with building the joint VA-LSU hospital already.

Jeffrey Schwartz

New Orleans

<http://www.nola.com/news/t-p/letterstoeditor/index.ssf?/base/news-12/1219296918241410.xml&coll=1>

[\[BACK TO TOP\]](#)

LSU Health Sciences Center Neuroscience Research Reports New Safer Method to Protect Brain Cells From Diseases Like Alzheimer's

Ascribe | 08.20.08

NEW ORLEANS, Aug. 20 (AScribe Newswire) -- New research led by Chu Chen, PhD, Associate Professor of Neuroscience at LSU Health Sciences Center New Orleans, provides evidence that a fatty acid in the brain made by the body can help to protect brain cells from neurodegenerative diseases like Alzheimer's and Parkinson's. One of the endogenous cannabinoids, named for their ability to interact with the receptors originally identified as the targets of THC (the psychoactive component of marijuana), can play a role in controlling one of the key players in inflammation of brain cells. The work, published in the August 15, 2008 issue of the Journal of Biological Chemistry, focuses on COX-2 which has been implicated in the development of neurodegenerative diseases and worsening of damage from such insults as traumatic brain injury and stroke.

Chen and research associate Jian Zhang show that endocannabinoid 2-arachidonoylglycerol (2-AG) functions as a naturally occurring COX-2 inhibitor, turning off the production of COX-2 which normally goes into overdrive in response to pro-inflammatory and certain types of toxic stimuli. Unchecked, this overproduction of COX-2 results in the injury or death of brain cells. The researchers also revealed the specific signaling pathways that regulate the 2-AG suppression of COX-2. The paper, Endocannabinoid 2-Arachidonoylglycerol Protects Neurons by Limiting COX-2 Elevation, is available online at <http://www.jbc.org>.

"Our findings provide a basis for opening up new therapeutic approaches to protect neurons from inflammation and toxicity-induced neurodegeneration," notes Chen. "Selective COX-2 inhibitors were thought to be a promising medicine in treating neurodegenerative diseases, stroke, cancers and inflammation-related diseases like arthritis; however, the occurrence of a series of cardiovascular complications in patients receiving COX-2 inhibitors has led to their recent withdrawal from the market and limits on their usages. Our research has shown that the use of endogenous cannabinoid 2-AG may avoid such side effects. Therefore, elevation of endogenous 2-AG levels by facilitating its production, inhibiting its decomposition, or directly supplying 2-AG may result in treatment advances to prevent the devastation of disorders like stroke, Alzheimer's and traumatic brain injury."

The research was supported by grants from the National Institutes of Health and the Alzheimer's Association.

ABOUT LSU HEALTH SCIENCES CENTER

LSU Health Sciences Center New Orleans educates Louisiana's health care professionals. The state's academic health leader, LSUHSC comprises a School of Medicine, the state's only School of Dentistry, Louisiana's only public School of Public Health, and Schools of Allied Health Professions, Nursing, and Graduate Studies. LSUHSC faculty take care of patients in public and private hospitals and clinics throughout Louisiana. In the vanguard of biosciences research in a number of areas worldwide, LSUHSC faculty have made lifesaving discoveries and continue to work to prevent, better treat, or cure disease.

One of 11 Centers of Excellence at LSU Health Sciences Center New Orleans, the LSUHSC Neuroscience Center pursues a multidisciplinary approach to neuroscience education and research. The primary mission of the Center is to foster and conduct science of the highest caliber that advances the understanding of brain function and diseases that affect the nervous system. In bringing together academic and governmental agencies and private/public partnerships, the Neuroscience Center has had a pivotal role in innovative approaches to the treatment of disorders of the nervous system and the advancement of understanding the mechanisms of disease.

<http://newswire.ascribe.org/cgi-bin/ behold.pl?ascribeid=20080820.071617&time=08%2000%20PDT&year=2008&public=0>

[\[BACK TO TOP\]](#)

Bush says 'hope is marching on'

The Times-Picayune | 08.21.08

By Michelle Krupa
Staff writer

Standing in a freshly rebuilt operations building at Jackson Barracks on Wednesday, President Bush highlighted a litany of achievements that he said demonstrate the Gulf Coast's revival nearly three years after Hurricane Katrina and praised the industriousness of residents who have shown that "hope is marching on."

Speaking nine days before the third anniversary of the flood, Bush focused on signs of recovery, from the return of students this fall to more than 80 New Orleans public schools to the return of Saints running back Deuce McAllister to the gridiron.

"Not to be an 'I-told-you-so,' but I was in Jackson Square, and I predicted that New Orleans would come back as a stronger and better city," Bush said. "That's the prediction I made."

Although he acknowledged there is "still work to be done," the president generally steered clear of the tough challenges still plaguing residents, namely thousands of homes that remain uninhabitable since they were swamped in floodwaters.

Just blocks from the historic Louisiana National Guard facility where Bush delivered his comments -- and stretching for miles in every direction -- large swaths of New Orleans and nearby St. Bernard Parish remain a hodgepodge of restored houses and stores, rotting buildings and empty concrete slabs.

The region's health care, criminal justice and public education systems also continue to struggle through a long rebuilding process.

Before Bush's arrival Wednesday, New Orleans Mayor Ray Nagin said he planned to ask the president to hasten the authorization of federal money for restoring public assets, commit to building a Veterans Administration hospital downtown and forgive millions of dollars in federal Community Disaster Loan money made available to the city after Katrina.

The mayor said Bush must do more to live up to the pledges he made in the wake of the storm to help the region recover.

"I think the promises are still unfulfilled," Nagin said. "I think we're making good progress in a lot of respects, particularly with levees and infrastructure. On the people side, there's so much that has to be done, and I'm going to encourage him to continue to push for us until his last day in office."

But Bush made few allusions to what federal help might be on the horizon. He said only that he listened carefully to requests from Nagin and Gov. Bobby Jindal, who joined the president early Wednesday afternoon on a helicopter flight from Louis Armstrong International Airport to the Chalmette National Battlefield, near Jackson Barracks.

"This isn't a chance for me to be a typical politician and make you a promise that I don't intend to keep," Bush said.

--- Chronicling federal help ---

The president opened his speech with an index of government aid he said has been directed to the recovery so far: \$126 billion in federal money invested along the Gulf Coast, including \$7 billion in Road Home money delivered to 115,000 Louisiana homeowners, and \$2.6 billion for mental health services and health care for the poor and elderly.

He said the Army Corps of Engineers has repaired 220 miles of levees, and he extolled his recent decision to let Louisiana pay back its \$1.8 billion share of future levee improvements over 30 years, instead of three.

"We are on track to meet our goal of 100-year flood plain protection by the year 2011," Bush said.

Interrupted several times by applause, Bush insisted that his comments, made five months to the day before his second term ends, were intended as plaudits for residents of hard-hit communities.

"This is not supposed to be self-congratulatory," he said. "I am congratulating you."

In a statement released after the speech, however, U.S. Sen. Mary Landrieu, a Democrat, noted that "only a fraction of this funding has been invested in our long-term recovery."

"Far too much has been lost to the inefficiency and red tape of FEMA and the federal bureaucracy, as well as the pockets of out-of-state FEMA contractors," said Landrieu, who is seeking her third term.

Praising what money the federal government has committed, Landrieu also pointed out that the House of Representatives in June, bowing to pressure from the Bush administration, stripped about \$300 million out of a bill that had been slated for hospitals, crime prevention and flood projects in the Louisiana storm zone.

--- Lauding locals' hard work ---

Beyond talk of federal assistance, Bush took a moment in his speech to praise volunteers and donors from around the country who have contributed an estimated 14 million hours and \$3.5 billion to victims of the 2005 hurricanes. He also heralded the perseverance of local residents who helped revive their own neighborhoods.

"This is a part of our country that was flat on its back and is now standing up and headed for the future," Bush said. "It's an awesome example of courage and determination, desire, and I am here to honor you all."

Bush tossed bouquets to three New Orleans residents whose efforts to revive the city he called inspiring: Daryn Dobson of The Idea Village, who has advised entrepreneurs trying to succeed in the post-disaster environment; culinary matriarch Leah Chase, who with the help of volunteers reopened her Treme restaurant; and Doris Hicks, the principal of Martin Luther King Jr. Charter School in the Lower 9th Ward.

The trio, who sat behind Bush on a makeshift stage, joined an audience of about 400 local leaders that also included the presidents of Jefferson, St. Bernard and Plaquemines parishes; retired Maj. Gen. Doug O'Dell, Gulf Coast recovery coordinator; Lt. Gen. Russel Honore, Maj. Gen. Bennett Landreneau and Maj. Gen. Hunt Downer of the Louisiana National Guard; U.S. Rep. William Jefferson and state schools Superintendent Paul Pastorek.

Wednesday's visit marked Bush's 13th trip to the New Orleans area since Katrina hit Aug. 29, 2005. He arrived after addressing the Veterans of Foreign Wars national convention in Orlando, Fla., and was greeted at the New Orleans airport by two Saints players, McAllister and quarterback Drew Brees.

After his speech, the president toured three sections of the Jackson Barracks military compound, now undergoing major renovations. He inspected renderings of two armories under construction on the 100-acre site and gestured to workers in hard hats to take a break and join him for a photograph.

Bush was scheduled to have dinner in Gulfport, Miss., before returning to his ranch in Crawford, Texas.

<http://www.nola.com/timespic/stories/index.ssf?/base/library-153/1219296149197050.xml&coll=1>

[\[BACK TO TOP\]](#)

School clinic provides medical service

The Times-Picayune | 08.21.08

By Melinda Morris
West Bank bureau

The LSU Health Care Services Division has brought the equivalent of a family practitioner's office right to the campus of an Algiers elementary school, and the center is helping reduce absenteeism among the student body and faculty, Principal Rene Lewis-Carter said.

"We've seen a tremendous decrease," Lewis-Carter said, adding that she uses the Berhman Elementary School clinic herself.

The clinic, she said, "is absolutely perfect."

Beth Perrilloux, coordinator for community clinics for the LSU Health Care Services Division, said the Behrman clinic opened around March, one of several across the city operated by LSU. Services are provided to children, faculty and even community members. Patients pay with private insurance, government insurance such as Medicaid or out-of-pocket at "substantial discounts," she said.

School children are treated at a separate time than community members.

"We don't turn anybody away," Perrilloux said.

Assistant Principal Cherie Goins said the clinic treats many types of illnesses and even provides childhood immunizations. Parents must sign a detailed form granting permission for their children to be treated.

"We have a full-time nurse, but there are some concerns that she can't deal with directly or immediately," Goins said. That's where the clinic comes in.

Perrilloux said the school-based clinics have doctors, nurse practitioners, nurses, social workers, psychiatrists and a full-service lab.

"After Katrina, there was no care out in the communities, especially this kind of care," Perrilloux said. She wants the word to get out that there is now plenty of community-based care available in New Orleans at affordable prices.

To help spread that word, the Behrman clinic will hold a mini health fair and an open house on Aug. 29 at 10 a.m. at the school, at 725 Vallette St. in Algiers. Call 504.361.6440 for more information. And on Wednesday at 10 a.m., the clinic at Murray Henderson Elementary School, 1911 Hendee St., Algiers, also will hold a health fair and open house. Call 504.361.6300.

Other clinics are operated at Frederick Douglass Senior High School, 3815 Burgundy St.; Jackson Barracks, 6460 N. Claiborne Ave.; the Medicine Clinic, 1450 Poydras St.; and New Orleans East Community Clinic, 5501 Read Blvd.

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[\[BACK TO TOP\]](#)

Analyst Available to Comment on Louisiana Managed Care Enrollment Three Years After Katrina **Insurance News | 08.21.08**

Three years after Hurricane Katrina, commercial health plan enrollment for the state of Louisiana is nearly at pre-Katrina levels. According to data from HealthLeaders-InterStudy, a leading provider of managed care market intelligence, as of January 2008, more than 2.12 million commercial lives are covered in the state, down from more than 2.13 million lives reported for July 2005.

While statewide commercial enrollment has remained largely unchanged, there has been a significant shift in New Orleans, where more than 414,000 commercial covered lives are reported for 2008, down from more than 750,000 in 2005.

Jan Shuxteau, analyst with HealthLeaders-InterStudy and author of the recently released Georgia, Alabama & Louisiana Health Plan Analysis, is available to discuss health plan enrollment in the state, and how recovery efforts are shaping healthcare in Louisiana. **Shuxteau can also address Louisiana's plans for replacing Charity Hospital in New Orleans.**

Members of the media who would like to speak with Shuxteau may contact Lisa Osgood at 781-296-2606 or losgood@hl-isy.com.

About HealthLeaders-InterStudy

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[\[BACK TO TOP\]](#)

Ochsner Baptist to open ER **The Times-Picayune | 08.21.08**

By Bruce Egler
Staff writer

Ochsner Baptist Medical Center will reopen the emergency room at the Napoleon Avenue hospital by the end of 2008, expanding emergency services in a city that has been seriously short of them since Hurricane Katrina.

Hospital Chief Executive Officer Robert Wolterman said Wednesday that the 12-bed emergency room will occupy the same space on Clara Street as the similar facility at the former Memorial Medical Center.

The ER has been closed since Katrina heavily damaged Memorial, known for many years as Baptist Hospital, in 2005.

Ochsner Health System bought the 317-bed hospital from Tenet Healthcare Corp. in October 2006, changed the name to Ochsner Baptist Medical Center and began gradually reopening it.

Wolterman said Ochsner has invested more than \$30 million in the Baptist campus, which currently has 25 in-patient beds, an intensive care unit and six operating rooms. There are plans to add 30 more beds and expand the ICU by the end of the year.

"The ER renovation will cost an estimated \$4 million and we expect to see about 15,000 to 20,000 patient visits in the first year, which translates to about 40-50 visits per day," said Dr. Joe Guarisco, Ochsner's chief of emergency services. "We believe these services will help fill a significant need for emergency care in New Orleans."

Although residents have been able to visit emergency rooms at Touro Infirmary, Tulane University Hospital, Ochsner's main campus on Jefferson Highway and other facilities, bringing emergency care back to Baptist will have several benefits for residents, Guarisco said.

"By adding another full-service ER to the area, patients and ambulances won't have to travel as far for emergency care. The Baptist ER will ease wait times and enable patients to get immediate attention," he said.

Wolterman acknowledged that Ochsner's failure to reopen the emergency room and other facilities at the hospital sooner has drawn criticism.

Some critics said Ochsner was reluctant to reopen the ER for financial reasons. Local hospitals have had to absorb large numbers of uninsured patients through their emergency rooms since Charity Hospital closed after the storm. Ochsner officials said the system sees more uninsured patients through its seven hospitals than any other hospital or medical system in the area.

"We get beat up a lot for the delay," Wolterman said, "but there are only so many things we can do at a time.

"We've been assessing the market and trying to respond to needs," he said. "As the demand for care grows, we'll continue to add in-patient beds and additional services."

Construction of the ER is about 50 percent finished.

Wolterman said the hospital, which has more than 300 doctors on staff, has doctors ready to staff the emergency room but that it "will certainly be a challenge" to find enough other workers.

<http://www.nola.com/news/t-p/index.ssf?/base/news-0/1219296858241410.xml&coll=1>

[\[BACK TO TOP\]](#)

Cervical cancer shots less cost-effective with age

The Times-Picayune | 08.21.08

By MIKE STOBBE

The Associated Press

ATLANTA (AP) — An expensive vaccine aimed at preventing cervical cancer makes sense for young teens when it comes to cost-effectiveness, but not for women in their 20s, contends a new report.

The vaccine against the HPV virus was licensed in 2006 for use in girls and women ages 9 to 26. Health officials recommend it for girls at age 11 or 12, and some doctors offer it to women in their 20s in "catch-up" vaccination campaigns.

The maker of the Gardasil vaccine, Merck & Co., also wants to market it to women ages 27 to 45, but so far the U.S. Food and Drug Administration has denied that request.

The government-funded study found the HPV vaccine is very cost-effective when given to girls at age 12, but raises questions about the value of pushing for vaccinating adults.

Two researchers at the Harvard School of Public Health did the study, one of the most sophisticated analyses of the issue so far. Results are in Thursday's New England Journal of Medicine.

Gardasil is given in three doses over six months and costs about \$375. It targets the two types of HPV, or human papillomavirus, believed to be responsible for about 70 percent of cervical cancer cases, and two other types that cause most genital warts. The virus spreads through sex.

Health officials say it's best to give the shots to girls at age 11 or 12, before they begin having sex. Some parents think that age is too young for a vaccination campaign against a sexually transmitted disease.

But that is when the shots make the most economic sense, the researchers found.

They used computer models to predict the health outcomes of girls and women who get the vaccination as well as Pap tests or other screenings, which are still recommended for vaccine recipients. Their calculation included the cost of the vaccine, screenings and treating cervical cancer and other illnesses targeted by the vaccine.

To determine cost-effectiveness, the researchers used widely accepted economic measures of how much society is willing to pay to extend the life of a person by a year. They set a figure of \$43,600 per year for the Gardasil vaccination of each 12-year-old girl, well below the \$100,000 mark seen as an upper range for cost-effectiveness.

That assumes the vaccine gives lifetime protection — something doctors don't know is true, because the shot is too new.

"Their base-case assumptions are quite optimistic," wrote Dr. Charlotte Haug, a Norwegian physician, in an editorial that accompanies the study.

The figure would rise if a booster shot is needed, but would still be under the cost-effective threshold, experts said. Another caveat: Costs could rise if there is an increase in the types of cancer-causing HPV not included in the vaccine.

Vaccinating "catch-up" campaigns for women in their 20's, however, would not be cost-effective, the researchers said. They didn't calculate cost-effectiveness of vaccinating women ages 27 to 45, but a trend seems clear, said Jane Kim, the study's lead author.

"As you get older, the vaccine becomes less cost-effective," she said.

Experts believe that the earlier a female is vaccinated, the better the odds she will avoid HPV-caused cervical disease, thus lowering health-care costs down the road.

Even though Merck can't promote its use for them, women older than 26 can get the shot from their doctors, as part of an "off-label" use. An individual woman may decide that getting vaccinated is worth it even if vaccinating everyone her age isn't considered cost-effective, some policy experts noted.

Many women in their 30s and 40s have not been exposed to the HPV types in the vaccine and could benefit from the shots, said Dr. Richard Haupt, Merck's executive director for Gardasil research.

GlaxoSmithKline PLC has developed another HPV vaccine, called Cervarix, which it sells in other countries. That vaccine has not yet been approved for the U.S. market.

<http://www.nola.com/newsflash/index.ssf?/base/national-9/1219280978214620.xml&storylist=health>

[\[BACK TO TOP\]](#)

Researchers Question Wide Use of HPV Vaccines

The New York Times | 08.21.08

By ELISABETH ROSENTHAL

Two vaccines against cervical cancer are being widely used without sufficient evidence about whether they are worth their high cost or even whether they will effectively stop women from getting the disease, two articles in this week's New England Journal of Medicine conclude.

Both vaccines target the human papillomavirus, a common sexually transmitted virus that usually causes no symptoms and is cleared by the immune system, but which can in very rare cases become chronic and cause cervical cancer.

The two vaccines, Gardasil by Merck Sharp & Dohme and Cervarix by GlaxoSmithKline, target two strains of the virus that together cause an estimated 70 percent of cervical cancers. Gardasil also prevents infection with two other strains that cause some proportion of genital warts. Both vaccines have become quick best sellers since they were licensed two years ago in the United States and Europe, given to tens of millions of girls and women.

"Despite great expectations and promising results of clinical trials, we still lack sufficient evidence of an effective vaccine against cervical cancer," Dr. Charlotte J. Haug, editor of The Journal of the Norwegian Medical Association, wrote in an editorial in Thursday's issue of The New England Journal. "With so many essential questions still unanswered, there is good reason to be cautious."

In her article, Dr. Haug points out the vaccines have been studied for a relatively short period — both were licensed in 2006 and have been studied in clinical trails for at most six and a half years. Researchers have not yet demonstrated how long the immunity will last, or whether eliminating some strains of cancer-causing virus will decrease the body's natural immunity to other strains.

More to the point, because cervical cancer develops only after years of chronic infection with HPV, Dr. Haug said there was not yet absolute proof that protection against these two strains of the virus would ultimately reduce rates of cervical cancer — although in theory it should do so.

Dr. Richard Haupt, medical director of Merck, called these concerns "very theoretical," noting that continuing research and monitoring suggested that immunity would be longlasting and that the vaccine would not lead to problems with other strains.

He added that cervical cancer was "just the tip of the iceberg" and that HPV caused a huge amount of expensive and stressful testing in developed nations that could be avoided with vaccination.

The vaccines, which require three shots for a complete series, cost about \$400 to about \$1,000, depending on the country and the fees for doctors' visits. Unlike older vaccines that save money by preventing costly disease, these vaccines cost health systems money.

The second paper published this week, a study by Jane J. Kim and Dr. Sue Goldie of Harvard, looks at the issue of costs and concludes that the vaccines will be cost effective only if used in certain ways. In particular, the researchers say the vaccines will be worth the cost only if they prove to protect girls for a lifetime, and if current methods for screening for cervical cancer using Pap smears can be safely adjusted to reduce costs there. Further research is required in both areas.

"I believe the vaccine is a great advance, but we have to implement it properly to get the benefits, and that hasn't happened," said Dr. Philip Davies of the European Cervical Cancer Association.

In developed countries, Pap smear screening and treatment have effectively reduced cervical cancer death rates to very low levels already. There are 3,600 deaths annually from cervical cancer in the United States, 1,000 in France and 400 in Britain.

Cervical cancer, like skin cancer, can generally be caught at precancerous or non-invasive stages and treated. Because the vaccine prevents infection with only some of the cancer-causing strains, Pap smear screening must continue even in those who are vaccinated.

The Harvard study concluded that giving the vaccine to 12-year-olds would cost \$43,600 for every “quality adjusted year of life” it saved by preventing a cancer death; that price would often be considered acceptable by health officials in wealthy countries, experts say.

Dr. Haupt said the study proved that it was best to vaccinate early. “It underscores the value of vaccinating pre-adolescent girls,” since the vaccine works fully only in girls who have not been exposed to HPV.

But if the vaccine were given to all girls and women up to age 21, the cost per year of life saved would be far higher — \$120,400, the Harvard study concluded. And if the vaccines prove to require a booster shot, as many critics believe, that cost rises to \$140,000. In such cases it might make more economic sense to rely on Pap smear screening alone, the researchers said.

http://www.nytimes.com/2008/08/21/health/21vaccine.html?_r=1&ref=health&oref=slogin

[\[BACK TO TOP\]](#)

79 Million Americans Struggle to Pay Medical Bills

Yahoo News | 08.20.08

By Amanda Gardner
HealthDay Reporter

WEDNESDAY, Aug. 20 (HealthDay News) -- Working-age Americans are facing mounting problems when it comes to affording health care, a result of what analysts are calling a "perfect storm" of economic woes.

In 2007, 41 percent of working-age Americans -- 72 million people -- reported having medical bill problems or trouble paying off medical debts, up from 34 percent in 2005.

Another 7 million adults over 65 had similar problems, bringing the total to 79 million adults struggling to pay health-care bills, according to a new study from The Commonwealth Fund, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families*.

"These findings provide further evidence that the health system is falling short of where it needs to be to ensure health and economic security," Karen Davis, president of The Commonwealth Fund, said at a Tuesday teleconference. "We need a new administration to make universal and affordable health insurance available," she said.

Also unsettling is the fact that adults in more income groups are being affected.

"What is notable is how this is spreading up the income scale," said Commonwealth Fund assistant vice president Sara Collins.

The survey, based on telephone interviews conducted between June 6 and Oct. 24, 2007 with 3,501 adults aged 19 and older in the continental U.S., found problems across multiple fronts:

In 2007, nearly two-thirds of U.S. adults under 65 (116 million people) reported having problems with medical bills or debt, having put off needed care due to cost, or being uninsured or underinsured and consequently having high out-of-pocket medical costs relative to their income.

Although such problems were seen across the board, they were particularly pronounced among low- and moderate-income families. More than half of adults earning less than \$40,000 annually reported problems paying medical bills or being in debt as a result of health care expenses.

Thirty-nine percent of people with mounting bills or debts said they had depleted their savings to pay off bills; 29 percent were having problems paying for food, heat, rent and other basic necessities; and 30 percent had accumulated credit card debt.

Many are also foregoing medical care, including medications: 45 percent of adults reported problems getting care because of rising costs (up from 29 percent in 2001).

One-third of respondents reported spending 10 percent or more of their income on medical costs, including premiums, in 2007, up from 21 percent in 2001. About one-quarter of working-age adults with medical debt owe \$4,000 or more while 12 percent owe \$8,000 or more in medical expenses.

Twenty-eight percent of working-age U.S. adults (about 50 million people) were uninsured for at least part of 2007, up from 24 percent in 2001. Fourteen percent of working-age adults (25 million people) were underinsured, up from 9 percent in 2003. Sixty-one percent of those with medical bill problems or accumulated medical debt were insured at the time care was provided. "Even adults with insurance reported problems in getting needed care," Collins noted.

Americans were experiencing the burdens outlined in the survey during a time of relative economic levity, the researchers pointed out. "Even in 2007, when the economic slow-down hadn't really taken hold, you found that 29 percent of those with medical bill problems or accrued medical debt reported being unable to pay for basic necessities like food, heat, rent," Davis said.

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[\[BACK TO TOP\]](#)

AHRQ tool helps hospitals evaluate disaster drills **AHA News | 08.20.08**

The Department of Health and Human Services' Agency for Healthcare Research and Quality today released a tool to help hospitals evaluate their disaster drills.

AHRQ said the tool should help hospitals meet new HHS Hospital Preparedness Program requirements to provide executive summaries of the results of disaster drills they conduct.

The tool provides standardized checklists to document observations during a disaster drill and assess the adequacy of the hospital's command center, decontamination, triage and treatment response.

Hospitals can use the observations to identify areas for improvement, make appropriate changes and set benchmarks to track those changes over time.

"This tool is a critical first step in helping hospitals evaluate their disaster plans to find out what works and what doesn't," said AHRQ Director Carolyn Clancy, M.D. "That knowledge can help hospitals make important changes to their response plans now before a disaster strikes."

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080820_AHRQ&domain=AHANEWS

[\[BACK TO TOP\]](#)