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Without Charity Hospital, the poor and uninsured struggle to find health care
Times – Picayune | 08.24.07
 By Kate Moran

As the doctors, nurses and social workers who hold together this city's frayed safety net have done many times since Hurricane Katrina, Johann Bultman knew he would have to get resourceful when a musician approached him last year in desperate need of surgery for her spine.

The singer was one of the unlucky thousands living without health insurance in a city without a safety-net hospital. Although indigent patients could rely on Charity Hospital before Hurricane Katrina, since the storm they often have depended on the goodwill and ingenuity of providers such as Bultman, who runs a clinic where local musicians pay what they can afford for basic medical care.

Bultman delivered for the musician. The woman had lined up a doctor who would perform the surgery if Bultman could find a private hospital willing to donate an operating room. After "much searching back and forth," he persuaded Tenet Healthcare to admit the patient at Kenner Regional Medical Center for no charge.

"I am shameless in getting care for my musicians," Bultman said. "You have to be very creative."

This is the health care safety net in post-Katrina New Orleans: patchy and provisional, propped up by miracle and chance, and heavily reliant on the charity of high-minded doctors, nurses and social workers who scrap for ailing patients, often by calling in favors with physicians or private hospitals. As with so many aspects of storm recovery, the hard work of ordinary citizens has substituted for an institutional solution.

Charity Hospital in New Orleans served as a haven for generations of uninsured patients, and when it closed after Katrina, that population lost its entry point to acute medical care. A few services for the indigent, including labor and delivery of newborns, have returned to the city, but uninsured patients needing an orthopedist, neurologist or other specialist now face the difficult choice of traveling to a Charity hospital in another part of the state or relying on clinic directors such as Bultman to cobble together a solution through informal relationships with other providers.

"The new safety-net measures since the storm have a grass-roots feel," said Dr. Christopher Joplin, who works with uninsured patients at the Tulane Community Health Center, a clinic that opened days after Katrina when doctors set up a card table, posted a handmade sign and opened a cooler full of vaccines.

"The situation has demanded that people figure out how to throw things together in the here and now until something more official comes along," Joplin said.

Void in Charity service

Louisiana State University decided to mothball Charity after the storm flooded its basement and destroyed its antiquated electrical and mechanical systems. The university said it would be wasting money to renovate a building that was crying out for replacement even before the storm.

The state now intends to build a new hospital dedicated to research, teaching and care for the uninsured that is expected to open in downtown New Orleans in 2012. Until then, hospital-based services for those without health insurance seem fated to remain desultory at best. LSU made an effort to fill the void by running a makeshift hospital in a former department store for about a year after the storm. In November, it reopened University Hospital with a trauma unit and emergency room and has steadily ramped up services. Yet the hospital today has only 179 staffed beds, compared with a combined 550 beds at Charity and University hospitals before the storm.

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Those beds serve a population of 98,000 without health insurance thought to be living in Orleans, Jefferson, Plaquemines and St. Bernard parishes. The state Department of Health and Hospitals says 176,000 people without insurance were living in those areas before Katrina.

Today, patients who cannot get a berth at University Hospital are referred to Charity hospitals in Baton Rouge, Houma and Lafayette, where the waiting time for an appointment often is months or longer. Backups and delays plagued the public hospital system before the storm, but the bottleneck has gotten worse as patients from the New Orleans area flood small regional hospitals never designed to handle such a large volume.

Waiting for months

Terry Mogilles, a nurse at the St. Cecilia Clinic in the Bywater, says the travel can hamstring patients who do not own a car. She had a patient who she suspected was suffering from prostate cancer, and she tried to send him to the Charity hospital in Houma for further evaluation. He had no car, and even if he did, he could not get an appointment for months.

What he did have, however, was a niece in Nicaragua who worked as a doctor.

"We thought we had given him a death sentence," Mogilles said. "Our suggestion to him was to go to Nicaragua. We felt he would have the support and that it would be a lot less cumbersome and difficult for him to get a consultation there.

"I have been a nurse for 30 years," she said. "I never thought I would have seen anything like this."

Mogilles said she does not know whether the man went to Nicaragua. A call was made to check on him, but his phone was disconnected, she said.

Dr. Cathi Fontenot, the medical director at University Hospital, said LSU moved some of its specialty services out of New Orleans because the city did not have enough people after the storm to keep all the university's doctor trainees occupied. Doctors and medical residents followed the patients to new population centers such as Baton Rouge.

As residents return to the city, Fontenot said the university is working hard to expand specialty services here. Later this month, the university plans to open 33 beds for psychiatric patients at the DePaul campus near Audubon Park. It also is expanding its lease at the old Lord & Taylor department store to offer additional surgeries and outpatient physical therapy.

Still, Fontenot conceded that a public hospital system that fails to offer a full complement of services shortchanges the uninsured population of New Orleans.

"When you need chemotherapy and have to drive 50 or 60 miles sick as a dog, that's not a good thing," she said. "Access is still not what we want it to be."

Faced with the hassle of commuting to a faraway hospital, some uninsured patients decide to forgo treatment altogether. Thousands of others let their conditions deteriorate and then turn up in private hospital emergency rooms, where doctors are required by law to treat them regardless of their ability to pay.

New solutions

A few doctors and nurses who operate clinics for the indigent have devised homemade solutions for sparing their patients a trip to the Charity hospitals in Baton Rouge and Houma or to a private emergency room that will stick them with a bill they cannot pay.

At the St. Thomas Community Health Center, Dr. Don Erwin has forged several partnerships with doctors in the private sector to provide acute care for uninsured patients. The clinic also obtained a grant from an ear, nose and throat foundation that helps send patients to private community hospitals for specialty care.

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Erwin also was conducting stress tests for his patients to detect whether they had advanced coronary artery disease, but he had no way to treat patients once they were diagnosed other than to "get them on a list at Earl K. Long," the Charity hospital in Baton Rouge. He says the chief of cardiology at Ochsner Medical Center approached him with an alternative.

Operating on a patient with blocked arteries normally costs several thousand dollars, but the Ochsner cardiologist persuaded a manufacturer to donate 10 stents -- wire mesh tubes that prop open arteries -- per month to deflate the price tag for uninsured patients. A grant from a pharmaceutical company helped cover the remaining costs.

Erwin says the collaboration is innovative, but he cautions that its scope is limited. He says the partnership with Ochsner can serve only a limited number of uninsured patients and does not substitute for institutional reform.

"Uninsured patients can come here and see one of our primary-care doctors, be referred to a cardiologist and get an evaluation, and then have world-class angiographers and angioplasty specialists fix them," Erwin said. "That is just unheard of, to be honest with you."

System has 'imploded'

The St. Thomas clinic is itself something of a beacon to community doctors who work with the uninsured because it is one of the only primary-care centers that also offers specialty services and diagnostic tests, including mammograms and echocardiograms.

The community clinics -- some of them established, some of them sprouted since Katrina -- have tried where they can to knit together an informal referral network for specialty care, said Dr. Karen DeSalvo, the executive director of the Tulane Community Health Center, the clinic she helped found days after the storm with minimal supplies.

She and other doctors direct their patients to St. Thomas for mammograms and to the St. Charles Community Health Center for maternal and child health care. Her own clinic has that rare find -- psychiatrists -- while the Common Ground clinic in Algiers has herbalists. DeSalvo says a safety net has taken shape based on these informal relationships cultivated by doctors and clinic directors.

"Even though the system was broken before Katrina, the residents and the staff had figured out how to massage the system to get out of it what they wanted," DeSalvo said. "Patients knew who to call, what time of day to show up at Charity. That system has been imploded. We are trying to establish new channels and communication links, but the patients are handicapped while we sort that out."

A search for sympathy

At the Lower 9th Ward Health Clinic, nurses Alice Craft-Kerney and Patricia Berryhill have learned to call on private doctors "with a heart" to find specialty care for dispossessed patients.

They have found an Uptown ophthalmologist who will take their uninsured patients when they develop eye problems related to runaway diabetes. Though most private doctors require payment up front, they said this physician allows patients to pay in weekly installments, making the bills much more manageable for the indigent.

These two former Charity nurses opened their clinic earlier this year in Berryhill's former home to help serve uninsured patients manifesting diabetes, high blood pressure and other chronic conditions associated with lifestyle and with lack of access to routine medical care. They practice general medicine, but they said the clinic's medical director often calls in favors with specialists at Tulane University to help patients who need more advanced care.

"We use whatever means we can and pull favors," Craft-Kerney said.

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Through these back-alley channels, doctors and nurses have succeeded in conjuring specialty care for a select few uninsured patients. But a safety net consisting of random acts of kindness cannot catch all the uninsured, and many of them have watched their health deteriorate in the two years since Charity closed down.

Charlotte Favalora, 54, is one of those who has lived in a purgatory of pain for more than a year. The Arabi native gave up cleaning houses because she can no longer stoop to mop floors. She can no longer cruise garage sales and flea markets on weekends. At Wal-Mart, she navigates the aisles by scooter because the nerve that runs from her lower back down her right leg burns like a live wire when she walks.

The family doctor she has seen for years at the Daughters of Charity clinic in Metairie told her she needs to visit a neurologist about that nerve. But Favalora has no health insurance, a fate that means she waited a year for some tests to be done at University Hospital and now expects to wait several more months for an appointment with the neurologist at the Charity hospital in Baton Rouge.

In the meantime, every move she makes is bathed in pain.

"Sometimes it flares up so bad that I just want to keep taking pain pills, but I can't keep doing that," she said. "Sometimes I feel like I want to walk in front of a Mack truck, the pain in my legs is so bad."

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**Private practice has patient seeing red
Times – Picayune | 08.24.07**

She weighs high cost against long waits
By Kate Moran

Phyllis Crosby suffers from what she calls a "dry" socket, a shoulder joint that makes a cracking, scouring sound when she lifts her arm to brush her hair, a gesture that causes bolts of pain these days.

Crosby brought her ailing shoulder to the Lallie Kemp Regional Medical Center, a part of the Charity Hospital System, in Independence. A doctor chalked up her difficulties to age and arthritis, gave her some pills and sent her home.

The pain came back when the medication ran out, and Crosby resorted to shelling out several hundred dollars to see an orthopedist in private practice on the north shore. That doctor performed several X-rays and gave her a shot of cortisone in the course of a single appointment.

"I had to pay all this money, but with only one visit and one shot, I felt wonderful, where months before I had asked for help and couldn't get it," she said.

Crosby, 57, got used to paying out of pocket for medical care because she lost her insurance after divorcing 15 years ago. But the Bush resident has a number of complex medical problems, including migraines and a history of stroke and high cholesterol, and she started using Charity Hospital in New Orleans several years ago when bills from the private physicians became too onerous.

When Hurricane Katrina closed Charity, it washed patients like Crosby into tributary hospitals in Bogalusa and Independence, where she says she has been unable to schedule an appointment with a physical therapist for her shoulder or a neurologist for the migraines that have confined her to bed several times this summer.

Unable to find timely care through the Charity system, she went to the emergency room of a private hospital, knowing she could not cover the bill, and paid hundreds of dollars in cash for medical care in the private sector.

"And who can really keep that up?" she asked.

Crosby says she has encountered two barriers to care in the regional Charity hospitals: they do not have as many specialists as the flagship hospital in New Orleans did before Katrina, and when specialists are available, the waiting time for an appointment is sometimes more than a year.

And that private orthopedist who gave her the cortisone shot at his office for a fee of several hundred dollars? He works at the Charity Hospital in Bogalusa one day a week, but the line to see him stretches into 2008.

Crosby also suffers from a condition called hydrocephalus, or "water on the brain," in which abnormal amounts of fluid accumulate in her brain cavities. Two decades ago, doctors implanted a shunt in her brain to siphon the buildup out of her system.

She says she is supposed to have a CAT scan every year to help the physicians monitor whether the shunt is working. A radiologist performed the scan several months ago, but she says she cannot find a specialist in the Charity system to examine the image. She has not had an appointment with a neurologist in three years.

Meanwhile, her headaches have returned with a vengeance. She says wavy lines move across her field of vision when the migraines are about to explode, and the strain of persistent headaches has caused damage to her right eye.

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At one point, the pain drove her to the emergency room at St. Tammany Parish Hospital, where she says doctors told her there was little she could do other than go home and rest. She got a bill for \$500 that she says she can't pay.

"We have to abuse a hospital emergency room because we cannot afford to go to the doctor," Crosby said of the uninsured population.

She has investigated buying insurance through Blue Cross Blue Shield, but she said the expense for a policy with a \$1,500 annual deductible would run about \$600 a month because of her long history of medical problems.

"After my parents divorced, for her to get insurance was impossible," said her daughter, Leslie LeBlanc. "The insurance rates just skyrocket for someone who has a previous medical history." <http://www.nola.com/news/t-p/frontpage/index.ssf?/base/news-9/118793620153280.xml&coll=1>

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Heart patient waits months for surgery

Times – Picayune | 08.24.07

By Kate Moran

Norman Johansen is an omnibus of diseases, disorders and health complaints, suffering from diabetes, high blood pressure, heart problems and the occasional seizure. His vision has faded, his knees grind when he walks, and his hands periodically tingle and go numb, the result of a car accident during one of his frequent trips to and from the hospital.

For most of his adult life, the Metairie resident managed to keep his various ailments under control with the help of watchful doctors, including a cardiologist who put him on a diet Johansen describes as a "river of fish, a barnyard of chicken and no more than 8 ounces of red meat a week."

The 59-year-old lost his health insurance after Hurricane Katrina, a fate that drove him into the statewide Charity Hospital System. That system has a crater at its center: the flagship New Orleans hospital that was retired after devastating floods. So patients like Johansen have had to rely on satellite hospitals in cities such as Baton Rouge and Houma until the state can build a replacement.

The regional hospitals could sop up only so many patients before they were overwhelmed, and Johansen said the backlog has forced him to wait months for care he considers lifesaving. Even as he popped nitroglycerin tablets for persistent chest pains, he struggled to get even a few minutes with a cardiologist at Leonard J. Chabert Medical Center in Houma, which Johansen calls "Char-bay."

Johansen worked for two decades in the construction industry, and these days he lives in a trailer while he repairs the damage Katrina visited on his ex-wife's Metairie home. As he shuffled recently around the trailer on his bad legs, fulminating about the indignities he has endured as a Charity patient, the white box seemed barely able to contain his large frame and booming voice.

His heritage is half Cajun and half Norwegian, a combination that Johansen said makes him particularly hard-headed. He learned to be a stickler while working the construction trades, and he said he is frustrated by the long waits and bureaucracy he encounters at the hospitals where he has bounced around since Katrina.

"Without Chabert, I would have no care. Without the pharmacy at Earl K. Long (Medical Center in Baton Rouge), I could not afford my prescriptions. I am grateful for all that," Johansen said. "It's just that there is a series of dog and pony shows and hoops and fences you have to go over to get through it."

Evacuation upheaval

Johansen lost his grip on his health about a week after Katrina, when he returned to Metairie and found that the house where he raised two children had flooded. He forgot to take his prescriptions with him when he evacuated to Texas before the storm, and those that were not ruined in the flood were spoiled by the heat by the time he made it home.

For several weeks, he lived in a tent city that his ex-wife's employer, BellSouth, had erected in Baton Rouge. As he made daily trips back and forth to Metairie to clean up the house, he did not think much about his diabetes, his high cholesterol or other conditions until his vision dimmed while he was driving down the highway and the scene in front of him went gray.

That was the first of three whiteouts that prompted three visits to Earl K. Long, where each time he waited all day in the crowded emergency room without seeing a doctor. He did not have his eyesight checked for nearly a month, when finally he made his way to the front of the triage at Chabert hospital.

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His blood sugar had run amok without medication, and the diabetes had caused blood vessels in the back of his eye to pop and occlude his vision. His glucose level was six times higher than it was when he had brought the diabetes under control before the storm.

"I was worried about Barbara," Johansen said of his ex-wife. "I was worried about the house. I did not worry about me until I was just about ready to collapse."

Wait for stress test

Around the same time, his chest began to tighten in a familiar way. Johansen had suffered three heart attacks starting in 1998, all when he had private health insurance, and he was about to learn that the Charity system responded to the return of his symptoms with much less urgency.

Johansen was gulping down nitroglycerin pills to relieve the tightening in his chest when a Charity cardiologist gave him an appointment at the Houma hospital about four months after Katrina.

Although Johansen knew he was suffering from heart disease, the doctor could not schedule him for a stress test until March 2006, about three months later. When the results of that test proved inconclusive, the doctor scheduled a second test for the end of June. It was not until early September, 10 months after his first visit with the cardiologist, that another specialist was assigned to conduct an angiogram to check for blockages in his arteries.

There were three.

Johansen was flabbergasted that the tests were spread out over so many months when he believed he was on the verge of heart failure.

"For a person who has had three heart attacks, is on nitro and all this other stuff, it takes from March to June -- three months," he said. "In the meantime, I was having chest pains. I know it was unrelated to food because I was watching my diet real carefully. I know it wasn't stuffed bell peppers, which I love and which give me gas. I know it wasn't stuffed cabbage rolls."

No more waiting

Several days after the doctor performed the angiogram, Johansen started having severe chest pains while in a waiting room in Houma, where nurses were supposed to take pictures of the back of his damaged eye to prepare him for surgery. He was rushed to the emergency room and stabilized, but Johansen decided at that point he had had enough of waiting around.

Three days later, he went to see the cardiologist who had treated him when he still had private health insurance, which he lost after parting ways with an employer over a disputed worker's compensation claim. The doctor, Olle Kjellgren, gave him a discount on the office visit because he was a former patient who had run into a hard time.

"When he saw the printout from the computer and saw the percentage that was blocked, he said, 'Norman, this is bad,' " Johansen said of his conversation with the doctor, who works at Touro Infirmary. "Then he asked me, 'Why didn't they do something when you went to Chabert in December?'"

Through the Charity hospital in Lafayette, Johansen arranged to have stents, which are wire mesh tubes, placed in his arteries to prop them up once they were cleared. Surgery was scheduled for October.

Johansen is a voluble talker prone to long digressions and shaggy dog stories, and to keep himself focused, he maintains a calendar in which he records his daily trials with the overextended Charity doctors who try to keep him healthy.

Between his visit with Kjellgren and the procedure to have the stents inserted, his log shows an almost daily pattern of chest pains assuaged with nitroglycerin tablets.

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"I make these little comments in the event they find my body dead," Johansen said. "They will find my notes and figure out what happened to me."

More care needed

He finally got the stents last fall, but he was on the operating table for such a long time that doctors were able to insert only two of the three tubes he needed. Ten months later, he is still waiting for the follow-up procedure.

In the meantime, orthopedists with the Charity system have told him he needs to have both of his knees replaced. He injured them years ago as a weight lifter in the Army and continued to wear them down through years of jumping off trucks and toting around drywall in the construction business. The pain has redoubled since he fell off his roof and strained his right knee as he tried to lay down a tarp after the storm.

He says one surgery last year did not alleviate the joint problems, and he does not know when the Charity system might fit him in for the knee replacement.

Johansen will be eligible for Medicare, the government insurance program for the elderly, in just over five years when he turns 65. He has begun the long process of applying for disability benefits -- he injured his hand right before Katrina when he fell on the job -- and has ruled out the possibility of buying himself private health insurance.

"You can't get health insurance when you've got diabetes, high blood pressure and heart problems," he said. "Blue Cross looks at you out of the corner of the eye and says, 'What are you trying to pull?' "

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Self-diagnosis was faster than long wait

Times – Picayune | 08.24.07

Insurance scarcer for 20-somethings

By Kate Moran

Kelly Landrieu did not carry health insurance when she joined a roller derby league, a sport whose kitschy premise -- women on skates jockeying around an indoor track -- belies its brutal physicality.

During the last bout of the spring season, Landrieu was weaving through a pack of skaters from Memphis, Tenn., when one of her opponents slammed into her hip, knocking her down with a nasty but legal check.

Landrieu heard her right knee pop before she toppled to the ground. She later determined that she tore her anterior cruciate ligament, one of the main bands holding her knee together. But the diagnosis didn't come from any of the doctors assigned to her case in the Charity Hospital System.

Since Charity Hospital closed after Hurricane Katrina, uninsured patients with muscle, joint and bone problems have encountered tremendous delays finding a doctor. While specialty care in general is wanting, doctors around the region say orthopedics is the largest hole in the safety net for the uninsured.

When Landrieu injured her knee in May, she went to the emergency room at University Hospital -- Charity's sister institution -- and emerged eight hours later with some crutches, an appointment with a surgeon two weeks later and a grim outlook about what the injury might mean for her wallet.

"All I saw ahead of me were giant hospital bills and a lot of time on crutches," she said.

She returned to University Hospital in early June for the appointment with the orthopedist, only to be turned away at the door. A nurse told her that department only had the capacity to treat people with broken bones.

After that, Landrieu embarked on a course of self-treatment.

She trolled around Internet chat rooms for women who participate in the roughly 200 roller derby leagues around the country. Others had suffered similar injuries and offered advice on how to do physical therapy at home.

"I spent a lot of time reading orthopedic Web sites to find different ways to manipulate my knee," she said.

University Hospital performed an MRI on her knee about a month after the accident, but she was told a doctor would not be available to look at the image until October -- five months after her fall.

Finally, Landrieu went to an old friend who works as a radiologist and asked him to look at the MRI. He told her she had a torn ligament.

A senior political science major at the University of New Orleans, Landrieu is 27, putting her in an age group least likely to carry health insurance, according to the state. Most children younger than 19 have coverage through their parents or through the state, but insurance becomes a much scarcer commodity once they become young adults.

A state survey conducted two years ago showed that 30 percent of adults ages 25 to 34 did not have any kind of health insurance, compared with only 13 percent of teenagers ages 16 and 17. The survey found that access to insurance started climbing again once those young adults hit their mid-30s.

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Landrieu, a willowy athlete with a bobbed haircut and a nose ring, said she could have bought insurance through the university. That policy would have cost about the same as buying coverage through a private carrier such as Blue Cross Blue Shield, and she did not feel she had room for it in her budget.

For one, she was helping a friend open a new business, Cafe Bayard on Magazine Street, that ended up closing once the knee injury hampered her mobility.

"All of these factors converged when I was trying to save money, pay rent and open up the coffee shop," she said. "Then there was a bad turn of events."

Landrieu works now at a small consulting firm, FutureProof, that promotes sustainable development. While the company does not offer health insurance, her boss took her to see a friend and physical therapist while she waited for the appointment through the Charity system. She saw the therapist, whom she called "a nice guy who did me a favor," at his home.

Although the knee still causes her dull pain, especially when she makes a harsh or sudden movement, Landrieu resumed driving about a month ago. She said stairs "are still kind of questionable."

Landrieu, a second cousin of U.S. Sen. Mary Landrieu and Lt. Gov. Mitch Landrieu, said the experience of navigating the health safety net has been "eye-opening" and would have been worse if she did not have a large network of friends and family in the city to help her get around.

"I can't imagine how I would have survived if I were in this city alone," she said. "Now I tell all of the girls I skate with that, if they can get it, they have to have insurance to live here."

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Lawmakers Applaud New Site to Reconstruct New Orleans VA Medical Center Congressional Quarterly | 08.23.07

By Michael Teitelbaum, CQ Staff

Three House Democrats this week praised the selection of a preferred site to rebuild a VA Medical Center in New Orleans damaged by Hurricane Katrina. The Department of Veterans Affairs announcement comes after an Aug. 1 House Energy and Commerce Committee hearing during which Democrats expressed frustration at the Bush administration's response to the area's continuing health care needs.

"The VA's ultimate decision to rebuild at this downtown site will lay the foundation for the recovery of the region's health care network," said Louisiana Democrat Charlie Melancon in a press release. "The people of Louisiana are not looking to just rebuild what was lost to the storms; they are working to rebuild bigger and better than before, and I am confident that the VA's commitment to rebuild in the downtown area will help do just that."

Energy and Commerce Chairman John D. Dingell of Michigan and Oversight and Investigations Subcommittee Chairman Bart Stupak, D-Mich., also applauded the announcement.

The preferred site comprises 34 acres of land in downtown New Orleans and will undergo a mandatory environmental assessment, along with another site under consideration that is 4.5 miles away, according to a press release. After conclusion of the review, a final decision will be made on the site and the land will be acquired, the release said.

At the August hearing, the second of two, Dingell said the New Orleans area's health care system remains "fragmented and overwhelmed," with "critical shortages" of doctors and nurses, physician practices shutting down, and private hospitals hemorrhaging red ink. He added that "not a shovel of dirt has been lifted" to rebuild two major hospitals in the city two years after the storm, "a simply outrageous situation for our country." (See related story, CQ HealthBeat, Aug. 1, 2007)

"Maintaining health services for veterans in New Orleans is an important stride toward bringing health care in this city back to pre-Katrina levels," said Stupak in a press release. "I will continue to focus on what needs to be done to restore health care services in New Orleans."
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Money set aside to honor Katrina remains

Times – Picayune | 08.24.07

Some on N.O. panel irked by fast action

By Bruce Egler

Despite several members' unhappiness with the way the issue was presented, the New Orleans City Council voted 6-0 Thursday to provide \$1 million in city money for a memorial honoring unclaimed victims of Hurricane Katrina.

Because officials are scheduled to break ground for the memorial on Wednesday, the storm's second anniversary, the council approved the money under an emergency procedure that lets it adopt an ordinance the same day it is introduced. Ordinances normally can't be voted on until the next meeting.

The memorial at the Charity Hospital Cemetery on Canal Street near City Park Avenue will hold the unclaimed remains of more than 100 New Orleanians who died in Katrina. All but about 30 have been identified, but no relatives claimed the bodies or agreed to bury them, said John Gagliano, chief investigator for Orleans Parish Coroner Frank Minyard's office.

The memorial will consist of a plaza from which walkways spiral outward like the feeder bands of a hurricane. The victims' remains will be buried along the perimeter. A rendering and information about the memorial can be found at www.neworleanskatrinamemorial.org.

The monument, designed to offer "a proper resting place" for the storm victims, will be built by Matthews International Corp. of Pittsburgh, Gagliano said. Gagliano set the price at \$1.3 million, of which he said Minyard's office and the nonprofit New Orleans Katrina Memorial Corp. have raised \$300,000. Earlier news reports and Assistant Chief Administrative Officer Cary Grant put the price at \$1.5 million. Mayor Ray Nagin promised to provide \$1 million for the project, Gagliano said.

No council members objected to the idea of such a memorial, but Councilwoman Shelley Midura and others said they did not like having to vote on the appropriation at the last minute with no way to monitor how the money will be spent.

Grant said the nonprofit group, unlike a city agency, was not required to do a request for proposals. Gagliano said Matthews was the only company the group found that could do the job.

The unclaimed remains originally were to be buried with little ceremony in St. Gabriel, where hundreds of storm victims' bodies were taken for identification, but Nagin and Councilwoman Cynthia Hedge-Morrell objected, saying the bodies should be returned to New Orleans for proper recognition, Gagliano said.

Midura said she resented the way Nagin promised city money for the project without consulting the council, and Hedge-Morrell and President Arnie Fielkow agreed with her that the council should have been given more information and that the request should not have been presented on an emergency basis, leaving no time for review through the council's normal channels.

But Councilwoman Cynthia Willard-Lewis said that under such "extraordinary circumstances," it was incumbent on all council members to work together to honor the storm's victims.

In the end, Midura voted for the money along with all the other members except James Carter, who was absent.

Before the city turns over the \$1 million to the nonprofit group, a written agreement will be drafted spelling out how the money will be used, Grant said.

<http://www.nola.com/news/t-p/metro/index.ssf?/base/news-23/118793572353280.xml&coll=1>

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Fed rules pose problems for La. plan to expand health insurance **The Associated Press | 08.23.07**

BATON ROUGE, La. (AP) — New Medicaid rules from the Bush administration could hamstring Louisiana's efforts to expand a health insurance program for children of the working poor.

The rules, from the U.S. Center for Medicare and Medicaid Services, are aimed at curtailing the growth of the Children's Health Insurance Program so that parents don't drop private insurance in favor of state-financed plans.

But the rule change comes as the Louisiana Department of Health and Hospitals planned to expand the Louisiana Children's Health Insurance Program to cover children in families earning up to three times the federal poverty rate. The Legislature approved the expansion this spring, but the plan still needs federal approval.

The program now is open to children in families earning up to twice the federal poverty rate, or \$41,300 a year for a family of four.

Health and Hospitals Secretary Fred Cerise said the state was on the verge of sending its application to Washington seeking permission to expand but now likely will be forced to rethink its approach.

"I don't want to go down a dead-end path of asking for something where we know the answer is going to be no," Cerise said.

He estimated that 8,000 children who would otherwise be eligible under the expanded plan would no longer qualify under the new rules.

LaCHIP, which is financed jointly by state and federal tax dollars, was launched nearly 10 years ago after Congress agreed to help each state cover children of the working poor who earn too much to qualify under traditional Medicaid.

But Congress gave states some discretion in deciding which populations to cover, and in recent years several states, including Louisiana, have expanded the program to cover children in middle income families.

Under the new federal rules, states can expand coverage up to 250 percent of the poverty rate. States that want to go beyond that threshold must first meet new targets that state officials insist are almost impossible to reach.

Among the most difficult, according to state officials, is a requirement that states wishing to expand coverage above 250 percent of poverty first show they've covered at least 95 percent of eligible children below 200 percent. None of the 50 states has reached that threshold.

Despite intensive outreach efforts in recent years, 12.5 percent of poor children in Louisiana who are eligible for LaCHIP remain uninsured, according to the Kaiser Commission on Medicaid and the Uninsured. That's tied for the 10th-lowest rate nationally and well below the national average of 19.3 percent.

Under the plan approved by the Legislature this spring, families between 200 percent and 300 percent of the poverty rate would have been charged on a sliding scale. To discourage parents from dropping private insurance to cover their children through LaCHIP, it would have imposed a one-year waiting period in such cases.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-34/1187885066100310.xml&storylist=louisiana>

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36 states will have e-health records for Medicaid patients

Government Health IT | 08.21.07

BY Nancy Ferris

Nine states already have implemented electronic health records for Medicaid patients and 27 more states are doing likewise, according to a new report from the inspector general of the Health and Human Services Department.

The report, which is based on surveys of state authorities, concluded that states are making progress in implementing health information technology. It urged the Centers for Medicare and Medicaid Services -- the HHS agency that works with states to provide Medicaid for individuals and families who earn low incomes -- to keep working with the states in pursuit of the Bush administration's goal of e-health records for Americans by 2014.

Health IT has the double-barreled effect of improving the quality of care while reducing costs in areas such as medical errors, inappropriate care and inefficiency, the report notes. It states that state officials were implementing EHRs primarily to increase quality but also to hold down costs.

Most of the EHR projects rely on Medicaid claims information rather than clinical information supplied by health care providers.

Besides the nine states that have implemented EHRs, three more have undertaken other health IT projects such as e-prescribing, remote monitoring of diseases and personal health records for Medicaid recipients. Also, 25 state Medicaid agencies are participating in the development of state health information exchanges, the report states.

Thirteen states are incorporating CMS' Medicaid Information Technology Architecture (MITA) into their health IT planning, according to the IG. MITA provides guidance on developing standards-based, interoperable information systems.

The report suggests that CMS require states to implement MITA in order to receive 90 percent funding of their new Medicaid Management Information Systems (MMIS). CMS officials told the IG they have "plans to revise the MMIS funding criteria to reflect the goals of MITA," the report states.

The IG also recommended that CMS collaborate with other agencies in developing policies to keep patients' Medicaid information secure and private. CMS also should continue to work with HHS' Office of the National Coordinator for Health IT, it states. CMS concurred with all the recommendations, according to the report.

The report includes a state-by-state list of Medicaid-related health IT initiatives.

<http://govhealthit.com/article103562-08-21-07-Web>

To access the full report, please visit the HHS website:

<http://www.oig.hhs.gov/oei/reports/oei-02-06-00270.pdf>

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Wanted: A George Washington for Health IT
Congressional Quarterly | 08.23.07
By John Reichard, CQ HealthBeat Editor

The way HHS Secretary Michael O. Leavitt sees it, a dynamic new figure is needed to lead the next stage of the nation's adoption of health information technology — and it ain't him. Government must play a major role in lowering barriers to the spread of the technology, but putting a government leader in charge of that effort will muck things up, Leavitt said Friday.

Bringing the issue of leadership to the fore is the current effort by the Department of Health and Human Services to phase out the "American Health Information Community" (AHIC), a HHS advisory group formed by Leavitt in 2005 to find ways to speed adoption of health information technology. AHIC should give way to a public-private advisory body that continues the work of developing and adopting standards to ensure that the different components of health information technology systems function smoothly together, Leavitt said.

At a meeting Friday on efforts that are underway to find an AHIC successor, Leavitt said "this meeting, in my judgment, is about asking the question, 'who is George Washington? Who should be the entity that forms up AHIC 2.0 in terms of its concept?'" Although some say that leader ought to be the head of HHS, "I would suggest to you that in a political environment that may not be the right answer."

Too large a government leadership role is a bad idea for several reasons, he said. One is that in 17 months there will be a transition of the kind that happens every four years with presidential elections, he said. That could mean months of delay in changing federal leadership of health IT, he said.

"This organization ultimately needs to have an executive team that has continuity to it, that isn't done by political appointment," he said. "Another thing I would mention is the need for a business model. If Congress has to continue to appropriate money to this, and someone gets unhappy with it, then there's no certainty to it if they can defund it, in essence."

What's needed is a George Washington-type figure — or organization or organizations — that can bring competing points of view into the debate over furthering the field without bogging it down; what Leavitt referred to as bringing together "the Alexander Hamiltons and the James Madisons in a process that will bring balance."

But while Leavitt clarified that government can go too far, he also suggested that if government is too timid, the field won't move forward. Government money won't be used to fund health IT systems that don't comply with standards coming out of the work of the AHIC successor group, he said. Emphasizing that government will be a major player in that successor group, Leavitt said "I underscore the word 'major' because we're clearly going to be one of the biggest payers."

HHS is inviting organizations to apply for a two-year \$13 million grant to design, establish and operate the successor group to AHIC. That grant will be awarded this fall with the goal of launching the successor in the spring of 2008.

<http://www.cq.com/display.do?docid=2572854&productId=5&binderName=healthbeat-20070817>

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KATRINA ANNIVERSARY EVENTS

Times – Picayune | 08.23.07

These events are being held to commemorate the second anniversary of Hurricane Katrina and are open to the public. To have events considered for inclusion, send e-mail to citydesk@tpmail.com or a fax to (504) 826-3007.

MEMORIAL FLAG EXHIBIT

-- Today-Aug. 31, Lake Lawn Metairie Funeral Home and Cemeteries will display 1,400 white flags, etched with the hand-printed names of hurricane victims on the grounds of Metairie Cemetery.

CHILDREN'S VILLAGE OF HEALING: NURTURING WHAT EYES HAVE SEEN, EARS HAVE HEARD AND FEET HAVE TRAVELED

-- Saturday, 10 a.m.-1 p.m., at Mississippi River Heritage Park, Convention Center Boulevard. Call Sabrina Montana at (504) 658-1040.

LEVEES.ORG'S SECOND ANNIVERSARY OBSERVANCE OF THE WORST ENGINEERING DISASTER IN U.S. HISTORY

-- Saturday, 10 a.m., at Isidore Newman School's art gallery, 1903 Jefferson Ave. Will release the second annual report card on the performance of the Army Corps of Engineers and thank volunteers who are rebuilding New Orleans. Visit www.levees.org.

LECTURE: "KATRINA DISASTER CAPITALISM

-- Saturday, 6 p.m., at the Loyola University College of Law, Room 405, presented by award-winning journalist, syndicated columnist and author Naomi Klein.

BIKE KATRINA

-- Saturday-Wednesday, from Tallahassee to New Orleans. A 500-mile bike ride retracing the path of Hurricane Katrina sponsored by Blanket New Orleans, a nonprofit organization of undergraduate students who volunteer at least 300 hours to assist displaced and homeless citizens of New Orleans.

ECUMENICAL SERVICE

-- Sunday, 10 a.m.-noon, at Hartzell AME Church, 2714 Caffin Ave. Call Candace Richards, (504) 658-1055.

MUSICIANS SOLIDARITY MARCH

-- Sunday, noon, from Armstrong Park through the French Quarter to Jackson Square. Includes a silent second line. Organized by the American Federation of Musicians, Local 174-496.

KATRINA REMEMBERED: PRAYERS AT THE LEVEE

-- Sunday, 10:30 a.m., on the New Orleans side of the 17th Street Canal at Old Hammond Highway. Conducted by the congregation of St. Mark Lutheran Church, Metairie. Call the Rev. Lisa Gaye, (504) 833-0654.

KATRINA MEMORIAL CONCERT II

-- Sunday, 3 p.m., at Our Lady of Good Counsel Catholic Church, 1235 Louisiana Ave. Featuring sopranos Phyllis Treigle of the New York City Opera, Thais St. Julien of Musica de Camera, Cyril Hellier of Opera Quotannis, Libbye Hellier of the New Opera Theatre and Melissa Brocato, music director of the parish; flutist Louis Hackett of St. Francis Xavier Church and organists Marcue St. Julien of Loyola University and Brian Morgan of Our Lady of Good Counsel. The New Orleans Musica de Camera will also perform.

SLIDELL'S SECOND ANNIVERSARY REMEMBRANCE OF HURRICANE KATRINA

-- Sunday, 5-7 p.m., Municipal Auditorium on Second Street. Ceremony will include presentations by elected officials, excerpts from the "Spirit of Slidell" essay contest and a Navy Band New Orleans concert.

TRINITY ARTISTS SERIES: KATRINA REMEMBERED

-- Sunday, 5 p.m., Trinity Episcopal Church, 1329 Jackson Ave. The Yellowdog Prophet Choir, directed by Albinas Prizgintas will present Camille Saint-Saens' "Le Deluge" and other selections.

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PHOTO EXHIBIT: WATERLINE

-- Sunday, 5-7 p.m.; Monday-Aug. 30, 9 a.m.-2:30 p.m.; at Brown Memorial Chapel, Grace Episcopal Church, 3700 Canal St. Photos by Bette J. Kauffman.

PRAYER SERVICE OF REMEMBRANCE AND HOPE

-- Sunday, 7 p.m., at St. Catherine of Sienna Church, 105 Bonnabel Blvd., Metairie. Call Sarah Comiskey at (504) 596-3023 or e-mail scomiskey@archdiocese-no.org.

RECOVERY CENTER OPENS

-- Monday, 10 a.m.-7 p.m., City of New Orleans Office of Recovery Management, Gallier Hall, 545 St. Charles Ave., will open a three-day center to offer legal, FEMA, insurance and other assistance to residents. Community bus tours will also be conducted.

CANDLELIGHT VIGIL ON THE LEVEE

-- Monday, 7-7:30 p.m., in the 9600 block of Haynes Boulevard. Call Candace Richards at (504) 658-1055 or Sabrina Montana at (504) 658-1040.

A DAY OF SERVICE

-- Tuesday, 9 a.m.-3 p.m. Coordinated by the National Coalition on Black Civic Participation. Call Edrea Davis at (818) 613-4929.

SECOND ANNIVERSARY MEMORIAL SERVICE

-- Tuesday, 10:30 a.m., at Center of Jesus the Lord, 1236 N. Rampart St. Call Sarah Comiskey at (504) 596-3023 or e-mail scomiskey@archdiocese-no.org.

GULF COAST COLLABORATIVE TOWN HALL MEETINGS

-- Tuesday, 1 p.m., Loveless Memorial Chapel, Dillard University. Part of a series of town hall meetings to discuss recovery and renewal efforts in Alabama, Louisiana and Mississippi. Participating groups include the Center of Healthy Communities, Louisiana Disaster Recovery Foundation, Louisiana Justice Institute, Mississippi NAACP, Mississippi Economic Policy Center and other local coalitions and networks throughout the three-state region.

YOUTH EMPOWERMENT SEMINAR

-- Tuesday, 4-6 p.m., at Dryades YMCA, 2220 Oretha Castle Haley Blvd. Call Malana Joseph at (504) 915-0918.

MOMENT OF SILENCE

-- Tuesday, 6 p.m., Martin Luther King Boulevard at South Liberty Street. The event will be repeated each Tuesday at 6 p.m.

GRACE EPISCOPAL CHURCH REMEMBRANCE EVENTS

-- Wednesday, 7 a.m., Requiem Eucharist for Katrina Victims, at the church, 3700 Canal St.
-- 8 a.m.-6 p.m., open labyrinth walk.
-- noon, ecumenical prayer service.

HURRICANE KATRINA MEMORIAL GROUNDBREAKING CEREMONY

-- Wednesday, 8:30 a.m., at the Charity Hospital Cemetery, 5056 Canal St. Guests include Mayor Ray Nagin; Gen. Russel Honore; U.S. Rep. William Jefferson; state Rep. Juan LaFonta; the Rev. Stephen John Thurston, president of the National Baptist Convention of America; and Irvin Mayfield Jr.

SACRED HEART ACADEMY MEMORIAL SERVICE

-- Wednesday, 8:30 a.m., in the courtyard at Sacred Heart Academy, 4521 St. Charles Ave. Kindergarten through 12th-grade students will participate in the services, which include ringing the Katrina Bell of Remembrance donated to the city on the first anniversary. Call Sarah Comiskey at (504) 596-3023 or e-mail scomiskey@archdiocese-no.org.

THE HISTORIC BLACK COMMUNITY -- THE LOWER 9TH WARD COMMEMORATIVE

-- Wednesday, 9 a.m., at 1826 Tennessee St., prayer vigil for Shanai Green and Joyce Green.
-- 10 a.m., at the levee wall near North Roman and Jourdan Avenue, memorial and vigil.
-- 10:30 a.m., second-line procession from Lower 9th Ward to Congo Square.
-- 1 p.m., rally and speakers begins at Congo Square, Louis Armstrong Park.

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CEREMONIAL BELL RINGING AND WREATH LAYING

-- Wednesday, 9:38 a.m., at the Charity Hospital Cemetery, 5056 Canal St. Elected officials and dignitaries will ring bells for two minutes to signify the series of levee breaches that occurred throughout the city. Simultaneously, City Council members will lay wreaths at locations throughout the city.

HURRICANE RELIEF MARCH

-- Wednesday, 10 a.m.-1:30 p.m., beginning at the Industrial Canal, Jourdan and North Galvez streets. The People's Hurricane Relief Fund will march through the Lower 9th Ward to Congo Square. Call, (504) 301-0215.

CELEBRATION OF THANKS

-- Wednesday, 10 a.m., Washington Artillery Park, across from Jackson Square, to express appreciation to people from around the world who have contributed to recovery efforts and to point out that needs still exist. Sponsored by the Lake Pontchartrain Basin Foundation.

ST. TAMMANY PARISH'S CEREMONY OF HOPE

-- Wednesday, 10 a.m., Carr Drive, in the North Shore Beach community on Lake Pontchartrain south of Slidell.

MEMORIAL MASS

-- Wednesday, noon, at St. Louis Cathedral, Jackson Square. Archbishop Alfred C. Hughes will lead the memorial service.

KATRINA MEMORIAL CEREMONY

-- Wednesday, 1 p.m., at Shell Beach in eastern St. Bernard Parish at the Mississippi River-Gulf Outlet. Sponsored by St. Bernard Parish government, the event will be held at the site of the memorial to victims of the storm, dedicated at the first anniversary.

CEREMONY MARKING FIRST LANDFALL OF KATRINA

-- Wednesday, 1 p.m., Buras Fire Department, Highway 11, Buras.

A DAY OF PRESENCE: WE MATTER. WE CARE. WE ACT

-- Wednesday, 2-5 p.m., at the Ernest N. Morial Convention Center, outside Hall D. A group of business, civic and entertainment organizations have joined to mobilize Americans across the country to converge on New Orleans to bring awareness to the slow recovery in New Orleans and the Gulf Coast region. Guest include Susan Taylor, Angie Stone, Lyn Whitfield, Judge Mablean Ephram, Michael Eric Dyson and Iyana Vanzant. Call Cheryl Duncan at (201) 332-8338 or Edrea Davis at (770) 961-6200.

ORAL HISTORY DAY

-- Wednesday, 2 p.m., in the Boyd Cruise Room of the Historic New Orleans Collection's William Research Center, 410 Chartres St. Includes the presentation of the online archives at www.doyouknowwhatitmeans.org and efforts to collect stories from those assisted by the New Orleans Fire Department during and immediately after Hurricane Katrina. Visit www.hnoc.org.

KATRINA TIME CAPSULE CEREMONY

-- Wednesday, 4 p.m., Nunez Community College, 3710 Paris Road, Chalmette.

HUMAN RIGHTS TRIBUNAL

-- Wednesday, 5-7 p.m., Pan American Building, 601 Poydras St. The People's Hurricane Relief Fund will hold a tribunal where people will tell their stories of survival. Call (504) 301-0215.

KATRINA COMMEMORATIVE INTERFAITH PRAYER SERVICE

-- Wednesday, 6:45 p.m., at St. Paul's Episcopal Church, 6249 Canal Blvd. Catholic, Episcopal, Methodist, Jewish, Hindu, Muslim and Buddhist clergy will join to pray for New Orleans recovery and renewal. Call Sarah Comiskey at (504) 596-3023 or e-mail scomiskey@archdiocese-no.org.

CANDLELIGHT WALK AND VIGIL

-- Wednesday, 7 p.m., at Jackson Square. Citizens, officials and celebrities will hold a silent vigil. Call (504) 301-0215.

<http://www.nola.com/timespic/stories/index.ssf?base/news-3/118793535053280.xml&coll=1>

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AMA launches media campaign to cover uninsured
AHA News | 08.23.07

The American Medical Association today launched “Voice for the Uninsured,” a three-year campaign to spur political action to cover the uninsured. The multimedia campaign will encourage presidential candidates, voters, physicians, patients and Congress to support legislation to cover all Americans, in particular the AMA’s coverage proposal. The campaign includes a Web site (www.VoiceForTheUninsured.org), advertising, educational materials for patients, and events in early primary states. AMA President-elect Nancy Nielsen, M.D., said the campaign “is grounded in the sad fact that one in seven Americans is uninsured. That’s not just a statistic, it’s a tragedy.”

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080723_AMA&domain=AHANEWS

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Trauma in New Orleans
The Nation | 08.23.07
 by Dr. Marc Siegel

A few months ago I took a tour of the physical destruction in New Orleans, but I ended up feeling more disturbed by the persistent sense of despair. Our driver and guide, Joe Gendusa, a 67-year-old native, zigzagged through the abandoned buildings, fighting off tears as he spoke. "My parents' graves were under seven feet of water," he said. "They never rebuilt the cemetery." A nurse I spoke with later, Diane Graham, who has been treating patients in New Orleans since 1978, said there are thousands of people like Gendusa in the city, many of whom have sunk into clinical depression or worse, and yet the city lacks the services to handle their psychiatric needs. "The ER is always full," she said, "and we never have the staff to take care of them."

New Orleans lost most of its mental health infrastructure in the storm, as clinics and hospitals were destroyed and healthcare professionals relocated. Pre-Katrina New Orleans had 225 working psychiatrists; according to the Orleans Parish Medical Society, there are seventeen left. Last fall the Louisiana Department of Health and Human Services received \$80 million in federal aid for behavioral health. But facilities have not been rebuilt, and basic services have not been restored. Instead, a mental health crisis has taken shape.

The state's Office of Mental Health was able to serve only about 40,000 people in all of Louisiana the year before Katrina. Immediately after the storm, health officials estimated that 250,000 people needed services in areas affected by the storm--a need that has not diminished. According to researchers at Louisiana State University, there has been a dramatic increase in depression, anxiety and post-traumatic stress. The Society for Research in Child Development found that 40 percent of children who have returned to school suffer such psychological problems as sadness, clinginess, difficulty concentrating, irritability and risk-taking behavior.

Yet the city's two major hospitals, at LSU and Tulane, lost their inpatient psych units in the storm. The facility run by LSU--with more than 100 beds, it was once where police brought out-of-control detainees--was destroyed. The DePaul Tulane Behavioral Health Center had a 110-bed psych hospital that was permanently damaged. So far LSU has been able to reopen a twenty-bed emergency psych unit (only five are in use, for detox), and it's slated to open a thirty-three-bed acute adult unit. The Office of Mental Health reports that of 578 inpatient psych beds in New Orleans at the time of the storm, only 236 remain. The city's major remaining inpatient facility is the state-run New Orleans Adolescent Hospital, where Diane Graham works; its forty-five beds now must be used for adults as well as children. One community facility, the Enhanced Health Treatment Center, has reopened in New Orleans East--without a penny in federal funding. In the suburbs, Jefferson Parish takes some overflow; but regional hospitals accept few patients, as they are pressed to meet local needs.

Dr. Jack Finn, president of the Metropolitan Hospital Council of New Orleans, says crime is on the rise in part because "there is nothing to do with psychotic patients except to give them a prescription and put them right back out on the streets." The state has funded a few ambulatory-care clinics that provide psychiatric services, but they are not equipped for emergencies. Finn calls this "building the spokes of a wheel without the hub."

What has happened to all the federal money? Dr. Fred Cerise, Louisiana's secretary of health, says half of the \$80 million is just now being distributed. The state used \$55 million of these funds for mental health crisis services and \$50 million from FEMA to create Louisiana Spirit, which runs a crisis hot line and provides door-to-door services. Kathryn Power, HHS's mental health director, has praised the program, but Dr. Kathleen Crapanzano, a top Louisiana government health official, said it hasn't played a significant role. This year HHS has granted Louisiana \$50 million to attract healthcare workers, but many positions remain unfilled, due largely to the paucity of housing.

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Two years after Hurricane Katrina, a state of psychiatric emergency persists. Federal, state and local health officials must come up with short-term interventions, including temporary facilities in the heart of the city. Concrete incentives, such as higher pay and upscale housing, should be used to attract mental health providers. Approval for hospital and clinic construction must be streamlined. In May New Orleans Mayor Ray Nagin finally wrote a letter to Governor Kathleen Blanco demanding that she "fix" the mental health crisis; Blanco responded with a list of public parties that share responsibility for the problem. She needs to be pressured to hold all of those parties accountable.

The American Psychiatric Association is hosting a conference in New Orleans in October whose theme is "RECOVERY: Patients, Families, Communities." Consciousness-raising is important, but it would be far more beneficial for the APA to pressure residency programs across the country to send in rotating doctors.

A lack of proper psychiatric care interferes with all medical services. Patients under great stress are not only difficult to manage; they also develop more physical illnesses. New Orleans's psyche has been badly damaged. Rebuilding it is one of the city's most important reconstruction projects.

<http://www.thenation.com/doc/20070910/siegel>

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Louisiana: Out \$34 billion to hurricanes**Associated Press | 08.24.07**

By BECKY BOHRER

NEW ORLEANS - Hurricanes Katrina and Rita were a roughly \$100 billion blow to Louisiana buildings and infrastructure, and federal rebuilding aid and insurance payments fall about \$34 billion short of making up for the losses, a state agency says.

The \$100 billion estimate, in a Louisiana Recovery Authority report set to be released Friday, includes levees, public buildings and infrastructure, businesses, houses and personal property lost or damaged in the 2005 hurricanes. Of that, insurance has covered \$40 billion and federal aid \$26 billion, the report says.

The damage estimate was compiled using property loss estimates from various sectors, LRA spokeswoman Melissa Landry said.

Andy Kopplin, executive director of the Louisiana Recovery Authority, said he isn't suggesting that the federal government or insurers write a \$34 billion check. But he said people shouldn't be surprised if Louisiana continues to ask Congress for help rebuilding, something he expects to happen over the next decade.

A recent report from the Government Accountability Office noted the difficulty in assessing damages from the 2005 Gulf Coast hurricanes, saying the exact costs may never be known but that overall they would likely "far surpass" those of the three other costliest disasters in recent memory — the Sept. 11, 2001, terror attacks; Hurricane Andrew in 1992 and California's Northridge earthquake in 1994.

Since the 2005 hurricanes, the federal government has committed more than \$110 billion in grants, loans and other aid toward Gulf Coast recovery. Much of that has been for short-term or emergency projects, such as debris removal, levee work and housing assistance, not long-term rebuilding.

Louisiana's share was about \$60 billion but only \$26 billion of that was for permanent, long-term rebuilding, Kopplin said.

Louisiana's most pressing needs include federal help filling a projected \$5 billion shortfall in the state-run Road Home program, which is designed to help victims rebuild or relocate, and full funding of levee work in the New Orleans area, Kopplin said.

He is among state and local officials pushing reforms to the law governing disaster recovery, the Stafford Act, which he said is not amenable to creating a "safer, stronger, smarter" state. Kopplin said the recovery has been mired in bureaucracy.

Gil Jamieson, the Federal Emergency Management Agency's associate deputy administrator for Gulf Coast recovery, said that while sections of the law could be streamlined, Stafford itself isn't standing in the way of Louisiana rebuilding.

"I think Andy needs to focus on the Road Home program and making it more efficient," Jamieson said of Kopplin. The state program has been criticized as being too slow to compensate homeowners, and there's disagreement between state and federal officials over how awards were calculated.

Under federal law, FEMA says it only has to pay to bring infrastructure to pre-storm "function and capacity" — not cover wholesale replacement of buildings that may have been old or in prior need of improvements.

http://news.yahoo.com/s/ap/20070824/ap_on_re_us/katrina_unrecovered_losses_2;_ylt=Am2Y3gs7oojy3RdG1Nmav0sbLisB

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