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## **Preserving Charity Hospital [video] ABC26 News | 12.29.08**

New Orleans - Charity Hospital makes America's list of eleven most endangered places. This, after the state decides not to re-open the building, Maria Vallejo tells why preservationists and business owners think that's a bad idea.

For one, both say the future of a major New Orleans landmark is at stake. Not to mention the fact that at least eighteen blocks of a historic neighborhood in Mid-City face demolition, that's if LSU goes forward with their plan. "Renew, restore and reopen charity." The public wants to save Charity Hospital and the VA Medical Center. So do preservationists.

Keith Hardy explains, "you will never build a building like this again it's got limestone cladding, it's got incredible architectural detail and it just crucial that we preserve this building."

According to Keith Hardy Advocacy Chairman for the Louisiana Landmark Society the needless relocation of these two facilities will only hurt the city. Business owner Justin Micaroni is a perfect example. His bar counts on customers from the Medical District.

When Charity Hospital shut down, he had to figure out what to do next. Justin Micaroni explained, "without it we've had to kind of reinvent the entire thing several times to try to come up with something that works and we are still kind of struggling because of it."

The relocation plan calls for the demolition of more than one hundred an sixty historic homes in Mid-City. Maria Vallejo says, "right now, the facility is locked and boarded up. The State of Louisiana owns the property, they say they will not demolish it but use it for something else.

Preservationist say they have not heard of any plans for the future of Charity Hospital or the twenty buildings associated with it." Keith Hardy said, "we're basically going to have blocks and blocks of empty undeveloped buildings here." While some call the move a sign of urban development.

For preservationists and business owners it's a nightmare. Justin Micaroni says, "well, we are horrified of course (laughter). We're hoping that if that's the case then there's a new construction going on across Claiborne hopefully we can pull those people into our business."

Historians in Louisiana evaluated LSU's re-location plan. Their study shows the hospital's framework is fine. Preservationists want it to be re-open. The study also shows rehabing Charity's existing building will take three years. LSU's re-location plan would take five.

[http://www.abc26.com/pages/abc26news\\_completestorylist\\_landing/?Preserving-Charity-Hospital=1&blockID=172139&feedID=1154](http://www.abc26.com/pages/abc26news_completestorylist_landing/?Preserving-Charity-Hospital=1&blockID=172139&feedID=1154)

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## **Roadblocks remain for medical complex New Orleans CityBusiness | 12.29.08**

The big news in New Orleans health care for 2008 came Nov. 26 when Louisiana State University and the U.S. Department of Veterans Affairs officially chose a Mid-City site for a new \$2 billion medical complex. The announcement was supposed to end three years of speculation and kick-start the replacement of Charity Hospital, shuttered since Hurricane Katrina.

New Orleans leaders hailed the project as an economic engine that will transform the city and spur the creation of a biomedical district.

But it remains shrouded in doubt and controversy.

Preservationists condemn the proposal, saying it will result in the demolition of hundreds of homes and businesses, and argue for the reuse of the old Charity building. In 2009, the city will begin land acquisition, a process many residents remain suspicious of.

Funding for LSU's portion of the project also remains in doubt. The university is counting on \$494 million from the Federal Emergency Management Agency while the federal agency has promised no more than \$23 million.

<http://www.neworleanscitybusiness.com/viewStory.cfm?reclD=32388>

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**Letter: N.O. Charity Hospital funding issue**  
**The Advocate | 12.29.08**

On the rejection of the \$150 million from FEMA for storm-related damage to Charity Hospital of Louisiana at New Orleans:

Ethics in government rests not upon law but upon the moral obligation between the government and its people. It has taken the state of Louisiana and the Charity Hospital debacle less than a year to prove such fact.

To provide health care for the poor, educate professionals and conduct medical research are the principal obligations of Charity Hospital of New Orleans. The state continues to lay goose eggs on all accounts.

Within the halls of the old building, time has stood still for three years. Only the flooded basement has been cleared. With medical equipment strewn across the corridors and crammed into rooms, there is no question why the administration forbids the entry of the media; the innards of Charity Hospital today are exemplum of governmental arrogance.

The hospital remains shuttered not because it is unfit to be utilized as an interim health-care facility. Rather, to open the building risks the state's demand to the Federal Emergency Management Agency for \$492 million and the goal of a glamorous new building to replace the old one.

Louisiana should be able to apply the word "admirable" to her dream of a modern medical teaching facility. Yet, when a dream transcends to desire and intention is conquered by cupidity, "admirability" is reduced to depravity.

There are few actions on Earth more profane than a governmental dream holding hostage the well-being of humanity. When such an abrogation occurs, the moral obligation between the government and the people dissolves, and ethics is reduced to insignificance.

Johnny Adriani  
political consultant  
New Orleans  
<http://www.theadvocate.com/opinion/36811724.html>

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**LSU again Level 1  
The Advocate | 12.28.08**

The trauma center at the Interim LSU Public Hospital has been verified as a Level 1 trauma center by the Committee on Trauma of the American College of Surgeons. This verification recognizes the trauma center's dedication to providing optimal care for injured patients with full trauma-center staff, facilities, and services available 24 hours a day.

The return to New Orleans of Level 1 trauma care, the highest level attainable, gives LSU the only two Level 1 trauma centers in Louisiana. The other is at the LSU Health Sciences Center-Shreveport.

The LSU Health System-Health Care Services Division is one of the largest public health care delivery systems in the country. LSU is the largest single provider of uncompensated inpatient care in Louisiana. <http://www.theadvocate.com/news/business/36766914.html>

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## Doctors rock for La. in D.C. The Advocate | 12.29.08

WASHINGTON — Louisiana now has three doctors in the House.

With the recent election of two Republicans — Dr. John Fleming, of Minden, and Dr. Bill Cassidy, of Baton Rouge — the state becomes the national leader in the number of physicians serving on its congressional delegation.

The new pair of doctors will join four-year House veteran Dr. Charles Boustany, a Lafayette Republican. Boustany, a retired vascular surgeon, said the political service of the three physicians couldn't come at a better time: The national discussion on health care will intensify as one of the major planks of the incoming administration of President-elect Barack Obama.

"With health care being a huge issue for the incoming president and the American people, we'll have a lot to say when it comes to the health-care debate," Boustany said.

Boustany may play more of a pivotal role than his freshmen Republican colleagues because he will sit on the House Ways and Means Committee, which writes the nation's tax laws. Much of the health-care discussion will likely include providing tax credits for health care or health insurance.

Cassidy, currently a state senator, sees the switch from medicine into politics as a natural progression.

"As a physician, most people go to med school because they want to serve people with needs," Cassidy said. "When you go into public service, you want to help people with needs and solve their problems."

Each of the three Louisiana doctors brings a different medical perspective to Congress, Boustany said.

Boustany sits on the board of Lafayette Community Health Care Center, which provides free medical service to the poor. Boustany also served his residency at Charity Hospital in New Orleans.

"It's a good perspective to bring to the debate," Boustany said. "Clearly how to pay for health care is going to be a major point of discussion."

As an instructor and researcher at LSU, Cassidy provides a more-academic approach to the debate. Cassidy is a gastroenterologist and hepatologist with expertise in the digestive system and the liver. He served on medical society panels discussing health care during the Clinton administration proposal for health-care reform.

Before his election in November, Cassidy included in his platform a call to allow people in the 10 percent tax bracket to get health-care deductions afforded those in higher tax brackets.

"I've been thinking about health-care policy for a long time," Cassidy said. "When you're down in the trenches, you have a different perspective of what works and what doesn't."

Fleming, a family practitioner in a rural area, is concerned about the Obama plan to create a national, government-run health-care system. With entitlements such as Medicare and Medicaid already taking up a significant part of the nation's annual budget, a new program will put more stress on the nation's finances, Fleming said.

"I suspect it's going to be more government control over health care, and I think we need to go the other way with less government control," Fleming said. "Government will exclusively be entitlements, and we won't be able to pay for anything else."

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The number of physicians in Congress has grown slightly in recent years, but continues to significantly trail the largest segment of members: lawyers. In the 110th two-year Congress that recently adjourned, four doctors served in the Senate, while the House had 15 doctors. Lawyers made up 107 of the 435 House members.

A 2004 report issued by Sinai Hospital in Baltimore shows that only 1 percent of the congressional members who served since 1960 were doctors. Researchers say it's a far cry from the country's inception, when more than 10 percent of the signers of the Declaration of Independence were involved with medicine. Five percent of congressional seats were occupied by doctors from 1789 to 1889, the research shows.

The report's author, Dr. Thomas Suarez, said his findings were surprising.

"One could argue that the need for medical leadership has never been greater, yet few physicians walk the corridors of power in Washington, where major decisions are made," Suarez said when issuing his research.

The most recent significant role that doctors played as Congress members occurred in 2005 in the case of Terri Schiavo, a brain-damaged Florida woman. The question surrounded whether Schiavo should remain on life support. Republican doctors, observing footage of Schiavo, said she exhibited signs of life.

Dr. Bill Frist, a Tennessee Republican and majority leader at the time, jumped into service in 1998 when a deranged man got into the Capitol and shot and killed two police officers. Frist, a heart surgeon nicknamed "Doc Politic," saved the shooter, who was wounded in a crossfire.

The most visible doctor in Congress currently is U.S. Sen. Tom Coburn, R-Okla. Coburn regularly blocks spending bills, action that has gained him the nickname "Dr. No."

The other state delegations with more than one doctor are Texas and Georgia, each with two. David Wasserman tracks the House for The Cook Political Report in Washington. That Louisiana now has three doctors in Congress makes the state stand out, Wasserman said.

"They're probably the safest delegation in Washington," Wasserman said.

<http://www.2theadvocate.com/news/36815574.html?showAll=y&c=y>

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## Louisiana loses more clout in D.C.'s halls of power

### Times-Picayune | 12.28.08

WASHINGTON -- The seniority of the Louisiana delegation, already in decline, took a real hit in the 2008 elections -- with its seven members' combined years of service less than those of just one of two departing representatives, Democrat William Jefferson or Republican Jim McCrery.

An indication of the slide: Rep. Steve Scalise, R-Jefferson, with seven months' seniority, is serving as mentor for fellow Republican Anh "Joseph" Cao of New Orleans, the Vietnamese-American lawyer who defeated Jefferson in the December runoff.

It's not surprising, given that Scalise starts 2009 with the fourth-longest seniority in the delegation, which now includes three GOP freshmen: Cao, Bill Cassidy of Baton Rouge and John Fleming of Minden.

Adding to the reduced clout: The House delegation has gone from three Democrats to just one -- Rep. Charlie Melancon of Napoleonville -- just as the House Democratic majority has grown and a Democrat, Barack Obama, is replacing Republican George W. Bush as president.

"The Bayou State has taken a tremendous hit in congressional influence just at the time when its continuing post-Katrina battle for recovery requires clout," said Larry Sabato, director of the Center for Politics at the University of Virginia.

It's a precipitous drop in influence, particularly from a decade ago, when the state delegation included the chairman of the House Appropriations Committee, Bob Livingston; the chairman of the House Energy Committee, Billy Tauzin; and one of the Senate's most influential members, John Breaux.

The news isn't entirely bleak. The first order of business for the new Congress will be adoption of a gigantic economic stimulus package to jump-start the stalled economy, which will pour tens of billions of dollars into the states, including Louisiana.

"Since the incoming Obama administration has strongly indicated they do not want earmarks in the stimulus package, seniority will play less a role of determining what makes it," Melancon said. "House leadership has indicated the stimulus will likely include funding for infrastructure projects and Medicaid, two spending priorities that will help cover our (state) budget shortfall."

#### Landrieu rises in Senate

In the Senate, Democrat Mary Landrieu, fresh off her re-election victory over Republican John Kennedy, starts her third six-year term with more influence -- in part because of the departure of three Democratic colleagues to the Obama administration: Joe Biden as vice president, Hillary Rodham Clinton as secretary of state and Ken Salazar as interior secretary.

The turnover has helped give Landrieu her first full committee chairmanship, running the Small Business Committee.

On the down side, Democrats won't be as anxious to help her legislative agenda now that she has lost her title as the most vulnerable Senate Democratic incumbent. But conversely, Republicans won't be so inclined to block her bills to deny her positive pre-election publicity.

"It's true that she can't use the 'vulnerable senator' argument now, but she is moving up nicely in seniority," Sabato said. "There has been very substantial turnover in the Senate since she was elected 12 years ago."

Sen. David Vitter, R-La., who faces re-election in 2010, sits in a body with at least seven fewer Republicans. But he talks optimistically about playing an important role. Senate rules often require 60

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votes, meaning Vitter can work with fellow Republicans to block bills they oppose.

Vitter said he also hopes to work with Obama and Senate Democrats on issues they agree on, such as legalizing reimportation of cheaper prescription drugs from abroad.

On the down side, Vitter is likely to face Democratic efforts to deny him legislative victories -- much like Republicans did to Landrieu -- to boost their hopes of using his involvement with a Washington escort service to defeat him in 2010.

Experience evaporates

But it's in the House where the changes for Louisiana are most profound.

Gone is McCrery, a 20-year veteran of the lower chamber and top Republican on the Ways and Means Committee, who is following Livingston, Tauzin and Breaux into a lucrative lobbying career. McCrery is credited with helping overcome opposition within the GOP caucus to Hurricane Katrina recovery money.

Jefferson, who suffered a surprise defeat to Republican Cao in December to end his 18-year House career, had been stripped 2 1/2 years ago of his Ways and Means Committee position as a result of the federal corruption investigation that targeted him, followed last year by a 16-count criminal indictment. He maintains his innocence and faces a likely trial during the first half of 2009.

Despite his legal problems, Jefferson still had influence with the Congressional Black Caucus and one of its most powerful members, House Majority Whip James Clyburn of South Carolina.

The other departure from the delegation, Rep. Don Cazayoux, D-New Road, had only served in Congress since winning a special election in May to replace veteran Republican lawmaker Richard Baker. Cazayoux lost to Cassidy in November's general election, giving him one of the shortest House tenures in history.

Calls for unity

Melancon, who has emerged as a leader in the House Blue Dogs Democratic group, now has more negotiating clout. President-elect Barack Obama and congressional Democratic leaders might need his conservative Democratic members to pass legislation.

Melancon said the delegation will need to work together to get things done. "Louisiana's lack of seniority will only be a problem if our delegation can't work together in a bipartisan manner to advocate for Louisiana's needs," Melancon said.

Scalise, who begins his first full two-year term in January, said he agrees with Melancon, but also points to what he believes will be his increased influence within the GOP caucus. Scalise said he has generated good relations with new leaders in the House GOP and points out that both Obama and House Speaker Nancy Pelosi are committed to helping Louisiana with its hurricane recovery needs.

"That's a moral obligation that we're going to hold them to," Scalise said.

There also might be some advantages as Congress takes up Obama's health care reform legislation. Louisiana has the only delegation with three doctors: Republican Rep. Charles Boustany of Lafayette and the newly elected Cassidy and Fleming.

"At the very least," Scalise said, "I feel real safe if I have any health problems."  
[http://www.nola.com/news/index.ssf/2008/12/louisiana\\_loses\\_more\\_clout\\_in.html](http://www.nola.com/news/index.ssf/2008/12/louisiana_loses_more_clout_in.html)

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## **Fix health care, limit government**

### **Monroe News Star | 12.28.08**

Gov. Bobby Jindal recently revealed his health care reform plan. What is in store for the citizens of Louisiana? After reading through the details, one can say with continued certainty (and in some cases, increased) government interference in the private health sector while doing little to address the real problem: high and rising costs.

The proposal has three main components to achieve the goals of lowering Medicaid costs in the Louisiana budget and increasing the overall health of Louisianans. Quoting from the publication posted at the Department of Health and Hospitals Web site, "Louisiana Health First — Facts," these goals are:

1. Expand access to affordable coverage statewide.
2. Provide medical homes.
3. Create an academic medical center to compete with America's best teaching and research programs.

The last component is the least important for the simple fact that many of the doctors trained at the new teaching facility will join the exodus of Louisiana citizens going to other states because of our high taxes and overregulation.

The first component is to be accomplished by expanding Medicaid coverage to include individuals meeting certain disability, income and family criteria.

The medical homes (i.e., "Coordinated Care Networks,") the second component, are the equivalent of Health Maintenance Organizations or Preferred Provider Organizations for the poor, which have not been effective at reining in health care costs — with the added benefit of government bureaucrats running the enterprises along with private bureaucrats.

Adding a competitive element, allowing the poor to enter a different CCN if the one they are in does not give satisfactory care, deserves praise, but this alone cannot overcome the flawed premises (and their effects) underlying the overall plan: The government should be entrusted with the role of paying the health care bills of the poor and uninsured, and managed care (HMO/PPO in-network services paid for primarily by employer-owned health insurance) is the best way to deliver private sector health care to patients.

Welfare reform had as its purpose the very beneficial goal of lowering the number of citizens dependent on the government for income. Anything worthy of the title "Health Care Reform" should also reduce the number of individuals receiving government aid for health care, allowing the private sphere — churches, charities, etc. — to help with the expenses of those leaving government programs. If fully funded and implemented, Jindal's proposal would increase the number of Louisianans dependent on government aid by a DHH-estimated 106,000 people, which includes even those with individual incomes of up to \$48,000.

The Jindal plan's longer term goal of a government program to match individuals with a private health insurance plan also misses the point: Health care costs will not go down until individuals — not insurance companies and not government entities — are responsible for paying for much of their own health care expenses.

A patient visits a doctor who charges \$95 for a two-minute exam to diagnose a sinus infection not because the patient is a bad economist but because the patient doesn't have to be an economist at all. A two-day hospital stay for observation costs \$4,600 not because hospitals love expensive prices but because there is nothing to make hospitals hate them. (Lest the reader wonder, neither cost is fictional.) Many patients only pay a fraction of these costs, while a third party picks up the rest of the tab.

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Whatever role in health care the government would be left with after implementing these suggested reforms, this would be a good place to start, especially at the local level: Compile a database of health care providers and the costs charged by each for their services and make this easily accessible to the citizens. This would encourage competition as patients searched for the best price for the service they needed.

Will Jindal and the Legislature turn hardened warriors against current health care policies, which are leading Louisiana to a government monopolization of health care — directly by expanding the Medicaid roles, and indirectly by not fundamentally changing the managed care model with its unending upward price spiral?

We must convince them to join the battle, for government monopolies, once formed, are the most difficult to break up.

As William Voegeli wittily puts it in his Oct. 11, 2006, article, "The Era of Big Ideas Is Over," "Once a bad program acquires a determined constituency, the gates of cost-benefit analysis shall not prevail against it."

Walt Garlington is a writer living in Monroe.

<http://www.thenewsstar.com/article/20081228/OPINION02/812280313>

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## **MEDICAID IN DEMAND: Insurer of last resort tapped** **The Associated Press | 12.25.08**

WASHINGTON - That day in July was one that Tammy Morse won't soon forget.

Five months earlier, her husband lost his job as a recruiter for the financial services industry. Now, it was the summer and the family savings were gone. She saw no way to get health insurance coverage for her family other than to apply for Medicaid, the government-funded health insurance program for the poor.

And that was why she made the drive from her Stratford, Connecticut, home to the nearest office of the state's Department of Social Services.

"It was humbling," said the mother of two. "It's funny how your attitude changes, because honestly, I was probably a little judgmental previously. ... For lack of a better way to put it, that was for other people. It wasn't for me."

Around the country, similar stories are playing out for thousands of families.

Since the recession began a year ago, many states have seen increases in the Medicaid rolls just as tax revenues are falling below projections. Governors have lobbied President-elect Barack Obama and Congress to help them weather the downturn by increasing the federal government's share of Medicaid spending for at least two years.

However, the recession has not brought much of an increase in Louisiana's adult population utilizing Medicaid, says Jerry Phillips, state Medicaid director, but it could be because there's such a low income cutoff point for qualifying.

An adult in Louisiana can make no more than 12 percent of the federal poverty level to qualify for Medicaid, he said. Since the poverty level is \$10,400 for an individual, that's a maximum income of \$1,248 a year.

Poverty level income increases \$3,600 for each additional person in a household, so a family of four earning up to \$21,200 is considered poverty level. But to qualify for Medicaid in Louisiana, a family of four could earn no more than \$2,544 a year.

"Louisiana is one of the lowest in the nation," Phillips said. "A lot of states have 100 percent of the poverty level or more" but Louisiana set the lower level at least 10 years ago.

As a result, most of Louisiana's poor have no health care coverage, so they go to private hospitals to be treated as uninsured or to state medical facilities.

Phillips said the state has seen a rise in the number of children seeking care under Medicaid.

Many children receive care through the Louisiana Children's Health Improvement Program but that's for higher incomes, he said. Until recently, LaCHIP was part of Medicaid.

A part of the proposed health care plan is to increase Medicaid coverage from 12 percent of the poverty level to 50 percent.

The unemployment rate has jumped from about 4.7 percent last December, when the recession began, to 6.7 percent today. Economists estimated in a Kaiser Family Foundation report that each 1 percent gain in the unemployment rate adds 1 million people to the Medicaid and State Children's Health Insurance Program.

In Connecticut, a state faring better than many, enrollment in the Medicaid program, called HUSKY, or

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Healthcare for Uninsured Kids and Youth, has climbed from about 312,000 last December to about 329,500 in November - a 6 percent increase. Many who lost their jobs were eligible to continue group health insurance. But that is not an option in most cases because they no longer have an employer picking up a large share of their premiums.

Cassandra Edmonds, a single parent who joined HUSKY in October, is a newcomer to the program like Morse. Her job as a parent-activities coordinator with the Bridgeport school district was eliminated to save money. She has found a job selling life insurance, but her earnings are low enough that she is eligible for HUSKY coverage.

The insurance is particularly important for her 4-year-old son, who has glaucoma and tubes in his ears to prevent repeated infections. He has to check in with a specialist about every three months for each condition. Edmonds said she never imagined she would be relying on government safety nets to make that happen.

"I never really thought I would be without a job," Edmonds said. "I have an MBA. I'm not trying to sound cocky or anything."

The United States is the only wealthy, industrialized country that does not have a universal health care insurance system, although there are government-funded health care programs for the elderly, disabled, military families and veterans, and the poor.

Medicaid insures nearly one in six low-income people in the U.S. The program typically covers the very poor and about half of enrollees are children. Spending came to \$333 billion in the budget year ending Sept. 30, 2007. Washington picks up about 57 percent of that; the states cover the remainder.

Michael Cannon, director of health policy studies at the Cato Institute, a libertarian think tank, sympathizes with new families now relying on Medicaid. Still, he disagrees that the federal government should reward states that did not plan adequately for the bad times. Better planning would mean setting aside more money for rainy day funds and not expanding the scope of Medicaid during the good economic times, he said.

"The states make these promises they know they can't keep and then they run to Congress to bail them out," Cannon said. "And Congress typically ends up bailing them out."

Cannon said the net result is the government gradually is becoming more responsible for paying for health insurance coverage.

The bill will fall to future generations. "And who better to push those costs onto than to people who can't even vote yet?" Cannon said.

Advocacy groups report that 43 states face budget shortfalls this year or next. The Center on Budget and Policy Priorities estimates states face a \$79 billion gap they must bridge this year.

#### Additional Facts

Did you know?

Nineteen states have enacted or proposed cuts in their Medicaid or State Children's Health Insurance Program budgets for the current budget year or for 2010, according to Families USA, which conducted a state-by-state survey.

<http://www.theadvertiser.com/article/20081225/NEWS01/812250325/1002>

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## La. wish list on storm recovery: Don't forget us

MSNBC.com | 12.24.08

By BECKY BOHRER

NEW ORLEANS - More than three years after Katrina and Rita, and with billions of federal dollars already committed for recovery, Louisiana still has major requests — and complaints — pending on a wish list for the next president as rebuilding from the storms continues.

Louisiana's post-Katrina wish list for the next Congress and incoming Obama administration, lengthened by 2008 hurricanes Gustav and Ike, boiled down in a transition brief to one essential message: Don't forget us.

While progress has been made since Katrina and Rita lashed Louisiana in 2005, "our state still suffers an extreme housing crisis with affordable rental property hard to come by and billions of housing and infrastructure repairs yet to be completed," the Louisiana Recovery Authority said in the brief dated Dec. 8 and which the LRA provided a copy of last week.

The state's wish list for the Katrina and Rita aftermath include an extension of federal disaster housing assistance, including rental subsidies, set to expire March 1.

It also includes a call to push back by two years, to December 2012, a deadline to finish housing projects benefiting from tax credits due to the sour national economy. And there's also a call for establishment of a "blight removal fund" to help speed cleanup of thousands of derelict properties that are seen as stalling reinvestment in some devastated communities.

Louisiana also may seek a congressional appropriation if it can't come to more favorable terms with the Federal Emergency Management Agency on the level of Katrina damage to New Orleans' former public hospital for the poor, Charity. The state believes it's due \$492 million; FEMA's offered \$150 million.

Signs of Katrina's destruction remain in hard-hit communities of New Orleans and neighboring St. Bernard Parish. Hopeful signs — new, elevated houses, reopened businesses — give way to eery desolation in vast stretches of the Lower 9th Ward.

Abandoned apartment complexes blight slow-to-return neighborhoods in eastern New Orleans. Some houses still bear brownish-yellow water lines and the tattoos left by searchers in Katrina's frantic aftermath.

But progress is being made: In New Orleans alone, officials claim hundreds of millions of dollars in infrastructure projects are planned, under way or now completed. Hundreds of millions of additional dollars are lined up for neighborhood rebuilding and economic revitalization.

"The evidence of the recovery is going to get stronger and stronger as time goes on," said Mayor Ray Nagin. But he also worries about "the people side of issues" — affordable health care and improved mental health services in a community where he says many still grapple with post-Katrina trauma.

In his own letter Nov. 26 on the city's outstanding needs, directed to House Speaker Nancy Pelosi, Nagin listed terminal improvements at the city's commercial airport; upgrades at the train and bus depot used as part of hurricane evacuation plans; and water and sewer system work among the "ready-to-go" infrastructure projects, independent of Katrina, that he believes merit consideration for inclusion in a stimulus package.

"In the next Congress, your continued support of our ready-to-go infrastructure, as well as other priority issues" — including rebuilding the city's health care and criminal justice systems, devastated by Katrina, and reforming the federal act that governs disaster recovery — "is critical," Nagin wrote.

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President Bush's hurricane recovery chief, retired Maj. Gen. Doug O'Dell, said in a recent interview that he thinks the federal government has provided ample resources to Louisiana and Mississippi for recovery — and that a key task now is putting that money to work.

Of the \$4 billion for permanent infrastructure work that FEMA set aside for Louisiana, \$1.2 billion has been paid to the local level by the state, which has an accounting system of its own for the dollars.

One reason is the huge volume of work due to Katrina. Another, according to the state, is continuing frustration in getting FEMA to agree to what costs it will cover so cities have a clearer idea of what they can put out to bid.

FEMA spokesman Bob Josephson said there's often too much focus on a final dollar figure instead of on the overall scope of what needs to be done. He said the goal remains to cover "all actual and eligible costs."

O'Dell, who began in the post earlier this year and whose office is to be phased out early next year, began sit-downs with local, state and federal officials several months ago. His goal: to break through logjams and speed major projects.

While he calls FEMA's \$150 million offer for Charity firm and all that's allowable under the federal law governing disaster recovery, he believes there's a potential public-private solution to the Charity fight.

The state's hurricane recovery chief, Paul Rainwater, wants to take his case for the \$492 million to the Obama administration or Congress.

Major concerns following Gustav and Ike, which affected south Louisiana in September, include restoring wetlands that are a first line of defense against storms; investment in "a consistent" flood protection standard in coastal areas, outside the New Orleans' area; and providing aid to hard-hit farmers and fishermen.

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**RAND: Gulf Coast crucial  
Montgomery Advertiser | 12.27.08**

By Melissa Flournoy

In his campaign, President-elect Obama pledged to rebuild the U.S. Gulf Coast, one of the country's most wounded, yet economically strategic, regions.

To keep this laudable promise, he will need to make a sustained commitment not only to a national disaster recovery plan but also a comprehensive economic development strategy for the Gulf Coast -- one that holistically addresses the wide range of social, environmental, and economic barriers inhibiting the redevelopment of the region.

Hurricanes Katrina and Rita and the failure of the levees in New Orleans devastated the region. While the immediate tasks of recovery -- debris removal, emergency housing provision, and infrastructure repair -- were largely addressed, there is still long-term recovery work to be done.

As we see our neighbors in Texas and western Louisiana confront similar challenges following the impact of Hurricane Ike in September, we realize the enormity of the challenges facing our own region and the need to improve the federal and state disaster response efforts.

We have made improvements in coordination, but the Stafford Act still limits an effective response in many ways. Congress and the president have the opportunity to improve emergency response and intergovernmental coordination within the Department of Homeland Security and the Federal Emergency Management Agency to expeditiously deliver aid to devastated Gulf Coast communities.

The last three years on the Gulf Coast have challenged the resiliency of families and the economy as we work to overcome some of the long-term systemic barriers to improving access to health care and in rebuilding affordable housing, schools and our neighborhoods.

The new U.S. president in partnership with Southern governors needs to critically assess the problems facing the Gulf region, identify policy goals, determine effective state and federal strategies, and set priorities for public investment.

Three years after the storm, the needs of the region are different. National attention to the unfinished business in the Gulf region has faded. We need a renewed focus to energize the recovery and focus on the future so that we do not miss a once-in-a-generation opportunity. Regional stakeholders, policy makers and community leaders are willing to view policy challenges through a more comprehensive, regionally integrated lens.

The inauguration of a new administration presents a unique opportunity to think beyond hurricane response and towards a comprehensive blueprint for Gulf Coast economic development. And yet, the Gulf Coast's redevelopment is not just a regional issue. At the intersection of the Mississippi River and the Atlantic Ocean, our many deep-water ports and rail lines make the region a strategic economic hub for the entire country.

Seven of the nation's top 10 ports in terms of tonnage or cargo value are located along the Gulf Coast. From Florida to Texas, the robust oil and gas infrastructure of America's energy coast is equally critical to fueling the national economy.

Protecting these assets and promoting the development of the region that supports them is a critical component to a national economic recovery strategy and should be a national priority.

Melissa Flournoy is director of the RAND Gulf States Policy Institute, part of the RAND Corporation, a nonprofit institution that works to improve policy and decision-making through research and analysis.  
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