

# LSU SCHOOL OF MEDICINE • NEW ORLEANS ALUMNI ASSOCIATION JOURNAL Medicinews

*Special Edition - August 2007*

## Two Years Post-Katrina



*September 2005*



*The Freshmen of the Class of 2011 begin their medical school adventure.*



*Construction is underway on the new Center for Advanced Practice.*

*Computerized mannequins wait patiently for the next onslaught of medical students.*



## **Update from Dr. Larry Hollier Chancellor LSUHSC and Dean, School of Medicine**

In the two years since Katrina, the School of Medicine has faced great challenges and made great progress. All of our New Orleans buildings were heavily damaged by the flood. All except 1542 Tulane are now occupied and operational. Some repairs continue on occupied buildings and we have had to rent office space to accommodate those who were in 1542, which will remain under repair for many months.

We lost both faculty and residents after the storm, but we are now in a rebuilding mode and have added over 70 faculty in the past year and are interviewing others. We filled all available residency slots. We are in the final stages of selecting a new School of Medicine Dean. I plan to remain as Chancellor.

We are close to naming a new Chair of Orthopaedics and adding several faculty. We are moving forward with a search for the Cancer Center Director and the Chair in Neurology. We are beginning the search for Chairs of Surgery, Pharmacology, and Physiology.

The plans for the replacement of Charity Hospital continue. Political opposition persists although it is lessening over time. The VA continues to push back its decision date. It will now wait until after a new governor is elected in the fall. Numerous people have seen the business plan for the hospital and no informed criticism has come forth against it. We will go forward with or without the VA as a partner, although we hope they come along. We have a \$300 million commitment from the state.

The constant complaint that the new hospital will be too big and that the private community can absorb the slack both for patient care and as training sites for students and house officers will not stand up under close scrutiny. See Dr. Fontenot's report and remember that we have 2,000 students (medical, nursing, and allied health) and 600 house officers. The private community, no matter how willing, cannot absorb these numbers.

Some who oppose us have their own agenda and others don't understand the numbers. We remain Louisiana's prime source of healthcare professionals and if we go under, healthcare for the rich and poor goes under too.

Please also see the column written by Clancy Dubos for *Gambit Magazine*, copyrighted by them and reproduced by permission. It answers many questions.

I cannot close without a profound expression of gratitude to the Alumni. Your help during the last two years helped save us in many, many ways. Please allow your support to continue. We are happy to answer any of your questions via email at: [roar@lsuhsc.edu](mailto:roar@lsuhsc.edu).

Sincerely,

**Larry H. Hollier ('68)**  
Chancellor, LSUHSC  
Dean, School of Medicine

An Orleans Parish Grand Jury, after looking at the evidence, refused to indict Dr. **Anna Pou ('90)** for murder. A year ago, Dr. Pou and two nurses had been arrested by Louisiana Attorney General Charles Foti, for murder in connection with the deaths of several patients at Memorial Medical Center in the days following Katrina.

Dr. Pou volunteered to stay at Memorial during the storm. None of the patients were hers. Foti claimed that she and the nurses administered toxic doses of morphine and sedatives. The nurses were given immunity and forced to testify against her.

The Orleans Parish Coroner, Dr. **Frank Minyard ('55)**, had refused to classify the deaths as homicides. The Grand Jury's action ends a long legal nightmare for Dr. Pou. Foti was heavily criticized for bringing charges in the first place.



**Announcing**

The LSU Medical Alumni Association  
**Second Annual Fall Gala**  
to benefit  
**the Center for Advanced Practice**

**October 27, 2007**

New Orleans Hilton, Poydras at the River

*Entertainment by Irma Thomas*

For more information or to donate an item to the Silent Auction, telephone (504) 568-4009 or e-mail: [roar@lsuhsc.edu](mailto:roar@lsuhsc.edu).

**Attention Alumni 70½ or Older**

You are no doubt aware that people 70½ or older in 2007 must make a withdrawal from their IRA in order to comply with federal law.

What you may not be aware of is that a provision in federal law allows you to donate all or part of this to a 501(c)3 such as the LSU Medical Alumni Association with very significant tax benefits to you.

You should consult a tax professional on this both to see if this benefits you and also regarding the mechanics of the transaction. The funds must be transferred directly from your bank or brokerage to the 501(c)3.

If the money is paid to you and you send it to the 501(c)3, significant tax advantages will be lost.

2007 is the only time this tax advantage will be available to you according to current federal law. If you elect to do this, please notify the Medical Alumni Association or whatever other 501(c)3 you wish to help as the bank or brokerage house will send the check, but may not be able to identify the donor to us.

This type of gift should be made payable to LSU Medical Alumni Association, 533 Bolivar Street, New Orleans, La 70112. Our federal tax ID# is available upon request. Please call the Alumni Office at: 504-568-4009 if you have questions.

Thanks for your consideration.

**Class of 2011** – The entering Freshman Class, numbering 190, has registered and begun classes. It includes five MD/PhD candidates and ten rural track scholars, in addition to 175 regular matriculants. Twenty-three are children of alumni and two are children of faculty.

## Two Years Post-Katrina

### No More Charity Myths, by Clancy DuBos

Dr. Larry Hollier, chancellor of LSU's Health Sciences Center, is tired of the myths surrounding the proposed joint venture between the VA Hospital and LSU's Health Care Services Division. For starters, he wants the U.S. House Committee on Veterans Affairs, which must approve the VA's part in the deal, to realize that the LSU-VA proposal is not the "Old Charity model," as some critics like to call it. The project shouldn't even be referred to as Charity Hospital, Hollier says. The proposed new medical district — including the VA Hospital and University Hospital — will include the only Level 1 Trauma Center in this region, a badly needed Crisis Intervention Unit for psychiatric services, and a modern teaching hospital for medical, nursing and allied health students. It will be an economic juggernaut for downtown New Orleans, as construction will inject \$1.2 billion into the local economy. Even more important, it will become the lynchpin for re-establishing the New Orleans Medical District — only bigger and better this time around. For all these reasons, we support this vital project. We also join Dr. Hollier in trying to dispel misconceptions about the new facility as well as Louisiana's statewide health care system.

**Myth No. 1:** *The Louisiana hospital system is unique and backward.*

Truth is, many states have government-run hospitals serving the poor and uninsured. The difference is that city or county governments operate such facilities elsewhere, while Louisiana provides a statewide system. In Colorado, Denver Health boasts a 500-bed hospital with extensive services that provide a "safety net" for the poor. Having a state system gives LSU (which manages Louisiana's hospital system) increased leverage when dealing with federal programs — and uninsured patients don't have to worry about coverage when they cross parish lines.

**Myth No. 2:** *Private insurance "vouchers" will take care of the uninsured.*

The U.S. Department of Health and Human Services put forth a proposal for insurance vouchers, which would use \$770 million from funds now spent in the state hospital system, to privately insure 319,000 individuals in Louisiana. Unfortunately, that plan doesn't address more than 300,000 additional uninsured Louisiana citizens. For them, there would be no safety net.

**Myth No. 3:** *The flooded "Big Charity" was a perfect example of Louisiana's antiquated system of the "haves" getting better care than the "have-nots."*

Big Charity had a Level 1 Trauma Center and employed — and trained — some of the top medical specialists in the state. The level of patient care at Charity was as good as at any private hospital, Hollier says, and often better.

**Myth No. 4:** *The Charity system is responsible for Louisiana having the highest Medicare costs per patient in the country.*

According to the Louisiana Health Information Network database, the state's private hospitals provided more than 96 percent of all Medicare services from January to June 2005. LSU hospitals supplied only 3.4 percent of those services. Dr. Cathi Fontenot, medical director for Medical Center of Louisiana at New Orleans, says Louisiana would rank in the top 10 states in the country in Medicare quality outcomes, including costs, if the state ranking was only based on MCLNO's Medicare figures.

**Myth No. 5:** *We no longer need a large, public teaching hospital here.*

If that's true, then where will Louisiana send all of its medical students, nursing students and allied health students? Hollier says there isn't enough capacity at area private hospitals, which already train some students. New Orleans has attracted medical students for decades because its large teaching hospital provided case studies for specialists, residents and others. It's a formula that works. Besides, many medical professionals stay in Louisiana after completing their educations here.

**Myth No. 6:** *Rebuilding a large, centralized hospital means that the poor and uninsured will tie up emergency room services with non-emergency situations.*

The new hospital is only part of the safety net. One of the goals of University Hospital is to decrease the number of costly emergency room visits. Before Katrina, the system didn't have satellite clinics — primary care centers for checkups, nonemergency services and chronic disease management — but LSU will open six such clinics in the city in the next three months. "There is an effort to decentralize the hospital system in New Orleans and bring primary care to the neighborhood," says Marvin McGraw, spokesperson for LSU Hospitals.

**And then there's the VA.**

The local VA Hospital has a long relationship with LSU, which, along with Tulane Medical School, has provided the VA Hospital with residents and medical fellows. LSU and VA will share clinical areas, support services and information and telecommunications resources. Veterans can only benefit by having a high number of medical specialists, the trauma center and the crisis intervention unit in such close proximity.

LSU and New Orleans have presented a compelling argument for this mutually beneficial proposal. The LSU-VA hospital complex will dramatically improve medical care for everyone in the metro area, is economically feasible, and will anchor the improved New Orleans Medical District. Moreover, Louisiana showed its commitment by approving a \$1.2 billion business plan and agreeing to self-finance the hospital. Now it's up to the federal government to follow Louisiana's lead. Rebuild the VA Hospital — here and now — as part of the new New Orleans Medical District.

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## **Update from Dr. Cathi Fontenot Medical Director, University Hospital**

It's been two years since Katrina flooded Charity and University Hospital. Every day I still think about the heroism and sacrifices that so many made on those hot, dark buildings and how very many of our patients survived.

Following the storm, we opened temporary clinics, including one in a department store and others in tents and trailers. We opened a temporary trauma hospital in Jefferson Parish soon after the storm.

Repair of University Hospital did not begin until May of 2006 and was not completed until November 2006. The decisions related to the hospital repair were dictated by others and not in anyway under the control of the School of Medicine.

Pre-Katrina, University and Charity had 552 inpatient beds including 82 ICU and 96 psych and, in addition, 85 emergency department beds. Now, we have 179 beds including 23 ICU, no psych beds and 30 ER beds. Pre-Katrina we had 16 ORs, now 7.

Before Katrina, the metro New Orleans area had 22 hospitals with 4,400 beds including 557 ICU beds. Post-Katrina we have 15 hospitals with 2,000 beds, including 366 ICU beds. The population of Jefferson Parish is equal approximately to pre-Katrina numbers and Orleans is about 2/3 of pre-Katrina numbers.

We plan to open more beds soon, including a badly needed psych unit in Uptown New Orleans. Many argue against the location and agitate to reopen CHNO at least as a psych facility. We will see what happens.

We hope to partner with the VA to build a hospital with shared services on a plot from Tulane to Canal and Claiborne to Galvez. Parking would be in an adjacent area. They would have a 200-bed tower; LSU would have a 484-bed tower with shared services (laundry, food services, etc) in between.

The state is committed. The VA is making its decision slowly. Political forces are trying to move it to Baton Rouge or Jefferson Parish and others question the size and viability of the LSU plan. Interestingly, the size was recommended by outside consultants, not LSU and no criticism has challenged the business plan successfully. Stay tuned.

Sincerely,

**Cathi Fontenot ('84)**  
Medical Director  
University Hospital

# *From the Alumni Office. . .*

Two years ago, Katrina struck, forcing an evacuation of the School to Baton Rouge. Soon thereafter, we published the “Katrina Edition” of **Medicinews**. Your response to our plight was heartwarming and generous.

We began the reconstruction of the School as soon as the waters receded and we have tried to keep you up to date on our progress. Your Alumni Association, which began to operate by teleconference even before the waters receded, has taken a lead both psychological and financial in the recreation of the School.

2006 was our Diamond Jubilee and we were able to celebrate the 75<sup>th</sup> Anniversary of the founding, almost to the day in January 2006. It was a recreation of the founding event and a rebirth. Subsequently, we held June 2006 Reunions and in October 2006 we recreated the opening of the School that took place in October 1931 with a Fall Gala.

Since the flood, we have secured all the equipment lost at the Isidore Cohn, Jr., MD, Student Learning Center. Currently, it is scattered around the School, but more modern than before. FEMA is required to rebuild the Center and that will start soon, higher and dryer, on the Sixth Floor of 2020 Gravier Street.

Our biggest current project is the Center for Advanced Practice. We had all the funding to begin construction in October 2005. That of course had to be diverted to other uses, and we also had to select a new site.

It is now going up on the Fifth Floor of 2020 Gravier. Construction and equipment costs have skyrocketed and what would have cost \$2,000,000 in 2005 has ballooned in post-Katrina New Orleans to \$6,000,000. Fortunately, through gifts and gifts in kind, \$4,200,000 has been covered. We hope you will, over time, help with the rest.

There will be a Fall Gala October 27, 2007, and we hope you will both contribute to the special enclosed appeal and come to the event. A separate invitation will come to you. If you would like to attend and have not received an invitation by September 10th, please call the Alumni office.

When all is said and done the Alumni Association has only one aim and that is to improve the School that we all owe so much. Thank you for all you do.

Sincerely,

**Russell C. Klein ('59)**  
Associate Dean  
Alumni Affairs and Development