The comments that follow outline the SaveCharityHospital.com concept for use of the Rev. Avery C. Alexander Charity Hospital Building [1532 Tulane Ave.]; New Orleans City Hall; BioDistrict New Orleans and the new Civil District Courthouse.

SaveCharityHospital.com recommends that the Historic Charity Hospital building be renovated for service of inpatient psychiatric care, as well as mental health, BioMedical and life sciences research, health care cooperatives and clinics. The building could operate as a “one stop shop” for businesses that provide residents with a variety of health care needs. Citizens of SaveCharityHospital.com city should also be called upon for input, as to how the private spaces could be used.

One tower, or one third, of the building should be dedicated to the mental health needs of residents of the region, with the remaining two portions, or two thirds, to be renovated and leased as private spaces, to individuals and organizations involved in the myriad aspects of Health Services, Education and Research.

As a one-stop shop, a resident SaveCharityHospital.com spoke with suggested including: “The Welfare & Foodstamp office, the state office in NOLA of Health and Human Services, Children Services, perhaps some employment services, Social Security -- all of which are scattered all over the city ... making it very difficult for the poor and those most in need of these myriad of services, to actually access these services - plus they all seem to move every couple of years, so it is not uncommon for people to miss crucial appointments because of these regular moves of entire offices - to say nothing of the costs to both the organizations and the public of the moves.”

The health education research component not only helps spur economic development in the medical industry in Louisiana, but would also open up the project to the possibility of receiving bond money from the Health Education Authority of Louisiana – [HEAL].

“HEAL’s mission is to promote the medical and health education activities of private and public institutions in the state, assist in providing prompt and efficient medical and health care services at a reasonable cost, and strive to achieve standards of attainment in health care and education.”

Leasing out private spaces would compensate for the psychiatric component of the Building and provide a funding mechanism to pay back the bond money. It would also generate revenue for the city over the long term.
STIGMA

Feedback that SaveCharityHospital.com received from tourists and business leaders alike, indicate that they would prefer to see those with burdened states of mind cared for, housed and undergoing some sort of treatment or rehabilitation in a hospital rather than a jail. Currently, New Orleans’ Central Business District is populated by a significant number of homeless residents with mental health problems and this demographic is likely to increase.

According to a study conducted at Stanford University:
“By 2020, depression will rank second in morbidity among all illnesses worldwide; bipolar disorder will rank fifth. Tragically, suicide, often triggered by a mood disorder, takes more than one million lives worldwide every year.”

Private individuals and organizations in mental health research should be encouraged to lease office and laboratory spaces in the Charity complex, as they are not subject to what many consider "stigma" associated with any aspect of mental illness. In addition, their practices and applications would benefit to have a research specific population, in close proximity, as the basis for their studies. Former Charity Hospital patients, without care since Katrina, could be easily repatriated.

EQUITY

It is well known that there are clear inequities between those who have health insurance than those who do not, with further discrimination related to how society treats mental illness issues.

Studies show that outpatient care is not adequate to deal with patients that have long-term mental health needs. New Orleans has an acute need for an inpatient psychiatric care facility. Especially for uninsured residents.

Those who have insurance can find long term treatment care in private facilities such as the Children’s Hospital on State Street. Those without insurance often have no place to have their long-term needs met outside of Orleans Parish Prison.
“Dr. Sam Gore, chief psychiatrist for the OPSO, estimates about 45 percent of inmates at Orleans Parish Prison have mental illness.”

SaveCharityHospital.com hears much rhetoric from government agencies about the need to eliminate programs that “institutionalize” the mentally ill in hospitals in favor of clinics that have outpatient programs. However, in New Orleans, the mentally ill are often jailed. Is not Orleans Parish Prison an institution? Inpatient care and outpatient care should not be mutually exclusive. We need both to work in tandem with one another in order to prevent recidivism.
It is a fact that Orleans Parish Prison is currently the number one psychiatric care facility in New Orleans.
Institutions are for poor people while long-term health facilities for those that can afford health insurance are called clinics. The only difference is perception and contributes to stigma. In fact, the Mayo Clinic, jails and hospitals are all institutions that provide long-term care.

Common sense tells us that a jail environment is not a place conducive to restoring a Person’s mental health and, in fact, may even contribute to larger problems as mental health prisoners find themselves devoid of the caring love and support of their friends and families.

That said, while jail is a last resort, New Orleans’ new jail may no longer have a component to serve those with mental health illnesses and/or medical needs anyway. This will increase the number of residents without insurance and uncared for in the City’s downtown area.

In March of 2011, the National Alliance on Mental Illness released a report that stated: 2. Maintain adequate numbers of inpatient beds for psychiatric treatment. The National Association of State Mental Health Program Directors (NASMHPD) reports that nearly 4,000 state psychiatric beds have been eliminated or are being considered for elimination, and 11 state hospitals have been closed or are being considered for closure since the economic crisis began. At the same time, community services, including crisis intervention and crisis stabilization programs have been eliminated. This, in effect, leaves few, if any options for responding to people in crisis.

A Report by the National Alliance on Mental Illness

History illustrates that eliminating hospital beds without appropriate community alternatives is cruel, irresponsible public policy and leads to shifting of costs to criminal justice systems and emergency departments rather than true cost savings. The development of a strong infrastructure of community-based services will decrease the need for inpatient beds in some cases, but this infrastructure is today inadequate in most places.

A range of options for responding to youth and adults in crisis is needed, including mobile crisis teams, 24-hSaveCharityHospital.com crisis stabilization programs, and inpatient beds in community hospitals. It is also important to preserve beds in state hospitals, particularly for those individuals requiring intermediate or long-term care.
In Post-Katrina New Orleans, SaveCharityHospital.com conservatively estimates that 65 – 70 percent of inpatient psychiatric beds have been eliminated.

**The following recent statistics specific to Louisiana will be provided upon receipt:**
- The number of psychiatric beds lost in Louisiana as compared to the number of beds lost in the United States.
- The Percentage of inpatient beds Louisiana contributed to the national figure.
- Number of inpatient beds in New Orleans available for patients in crisis today.

**MENTAL ILLNESS AND CRIME**

New Orleans is entering into a time of extreme instability in regards to future of the planet as we struggle with existential problems relating to issues of climate change, military and economic insecurity, and the future of civilization. SaveCharityHospital.com are seeing an increased number of suicides and gun violence as civilians struggle with the stress of paradigm changes pertaining to aforementioned issues and as the country struggles with implementing gun control legislation.

*Melissa Harris-Perry reported on June 30th, 2013* “about the importance for access to mental health care and a shooting on Mother’s Day that injured 22 people in her neighborhood of the 7th ward in New Orleans that made international news. “

“What you may not know is that New Orleans public safety crisis of community violence also exposes the vulnerability in public health and more specifically mental health, because the question of mental illness and gun violence is not solely about the emotional and mental state of the shooter, it’s also about the communities terrorized by the actions. In particular, poor urban communities whose residents live with pervasive loss, uncertainty and mental health consequences of constant, unrelenting exposure to gun violence.”

**FEASIBILITY**

Before the [unnecessary closure of Charity Hospital](#) in the aftermath of Hurricane Katrina in 2005, the hospital maintained approximately 128 psychiatric beds on the 3rd floor. We should not be reinventing services in our community that were once a model for our country.

There is substantial evidence demonstrating that renovating the Historic Charity Hospital building for the purposes of psychiatric care is feasible.
In August 2007, the State of Louisiana's Office of Facility Planning and Control Commissioned Blitch Knevel Architects to do a study of the Reverend Avery C. Alexander Charity Hospital building. Results showed that the psychiatric portion of Charity Hospital could be brought back for just $50 million dollars.

Other studies show that while the building is unsuitable for projects like courthouses, it is perfect for a modern day hospital and, SaveCharityHospital.com would argue, research laboratories. Leasing a portion of the building for the purposes of medical research is a way to pay back the bond debt obligation and provide revenue back to the City in the long run. Using the building as a Civic Center can not service a debt obligation and would have to be paid for with our public dollars.

Pres Kabacoff outlines $1 billion vision to redevelop New Orleans’ urban core

The Louisiana Legislature charged the Foundation for Historical Louisiana to conduct an independent assessment of Charity Hospital in New Orleans. They retained RMJM Hillier Architects and Associates that specialize in designing health care facilities to do a feasibility study. In fact, RMJM designed the now operational Louisiana Cancer Research Center on Tulane Ave and S. Claiborne Ave.

The RMJM Hillier study showed that the entire Charity Hospital building could be brought back as a full service hospital - with all the programmatic needs of the new LSU facility - for just $600 million dollars.

In addition, in 2010, professional medical health practitioners dedicated to rehabilitating patients with chronic mental health care issues devised a one-year program for patients.

As part of that plan, after treatment, patients would be released into supportive transitional communities with wrap around services. SaveCharityHospital.com will be submitting that comprehensive plan - that involves three levels of treatment - in the near future.

**GREATER MASTER PLAN**

Reusing Charity Hospital as a psychiatric/health education facility could be a stand-alone asset or one asset in what SaveCharityHospital.com visualizes as a greater Master Plan.

1. On July 3rd, 2013 the City of New Orleans released a conceptual idea to reuse Charity Hospital as a Civic Center. Unfortunately, as things stand today, that idea is unfeasible. It is far more tenable for a New City Hall and Civil District Courthouse to be built on Duncan Plaza per a legislative agreement that was signed in the fall of 2010. Please refer to information posted at savecharityhospital.com.

As part of the Tulane Corridor revitalization, this project could cohesively sew together Tulane Ave. on both the Lakeside and Riverside portions of
S. Claiborne Ave. – effectively blending the new VA and UMC hospital complexes under construction with the Historic Downtown Medical District.

Also, regarding BioDistrict New Orleans, given that this entity has not been able to secure or find operational money to maintain itself or to keep its master plan alive as a living document to meet the changing landscape of communities within the boundary area, SaveCharityHospital.com would like to see the boundary line - that establishes its geographic area and master plan - dissolved. The boundary lines of the BioDistrict should follow development rather than the other way around.

In 2005 - two months before Hurricane Katrina - when the BioDistrict was created, it would have made sense to realize a built community anchored by the Historic Medical District and including Xavier University. However, post-Katrina, with the firing of all LSU medical doctors, the erasure of Charity Hospital and recently the Charity Hospital system, the idea of a “built medical/BioMedical community” is no longer realistic.

That said, SaveCharityHospital.com fully supports the vital mission of universities and other facilities to retain and attract researchers and research development pertaining to BioMedical, BioInnovation and sustainable biotechnology to the City of New Orleans. SaveCharityHospital.com would like to see the old Charity Hospital building be a home to part of that mission.

CONCLUSION

This concept outlines a feasible and sustainable idea to bring critical, services to the desperate situation that we, as a society, have created and for which we have all been called to sacrifice – as friends, as family, as victims of those who need guidance on how to help themselves.