

Testimony of Bryan Bertucci, M.D.
Before the House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
March 13, 2007

My name is **Dr. Bryan Bertucci**. I am a **Family Physician** and **Coroner of St. Bernard Parish**. Medicine is not well in St. Bernard. 100% of our homes, offices and buildings were destroyed and for the first time in history FEMA declared a parish or county 100% destroyed. 154 St. Bernard residents died in Hurricane Katrina.

St. Bernard was flooded twice by **Hurricanes Katrina and Rita**, experienced an oil spill, liquid mud, mold, snakes, flies, mosquitoes, piles of trash, mice and rats. St. Bernard is a very difficult place to live and despite that our residents continue to return.

Our biggest hindrance is the overwhelming lack of medical facilities. Our 194 bed hospital is gone. Of 150 physicians only 6 remain. Only 10 registered nurses remain. To see certain specialists residents are often required to travel 30-60 miles.

We encountered one financial roadblock after another as we attempted to rebuild. Because Chalmette Medical Center was a fee for service hospital we received no funds. **We were penalized for being privatized**. Because we were not on the parish budget we received none of the Community Block Grant monies. **We were penalized for being independent**. **The Stafford Act** prevented FEMA from assisting with physician and nurses salaries. The parish received 621 million dollars of Community Block Grant money for infrastructure repairs - medicine received none.

Perhaps our biggest problem is that federal and often state officials do not realize that St. Bernard Parish is not part of Orleans. Funds given to Orleans Parish stay in Orleans Parish.

Medicine has metamorphosized itself from DMAT teams, to Public Health, to our present 22,000 sq. ft. temporary trailer. We see 100-120 patients a day. The severity of the illnesses in our patients is similar to those seen in a small ER or Urgent care. We I&D abscesses, suture lacerations, stabilize MI and congestive heart failure patients, and give IV fluids and antibiotics. Almost a quarter of these patients have no insurance coverage and are "self pay" or "no pay".

A foundation is willing to donate 30 acres of land eight feet higher than the land Chalmette Medical Center was located on. We would like to thank the **Franciscan Missionaries of Our Lady Health System**, Mobile Oil Refinery, and Social Service Block Grant have donated funds but this is not adequate

Mental Health is in crisis with 50-60 % of adults and 20-30 % of children depressed, drug overdoses on the rise, and the chronically ill psychotics and schizophrenics are decompensating due to lack adequate counselors, psychiatrists, and psych beds. Charity Hospital Crisis Intervention Unit destroyed.

St. Bernard lacking significant emergency room services has to ship patients 18-35 miles for emergency care .Our parish is surrounded by water and our limited number of ambulances has to cross bridges, railroad tracks, and circumnavigate traffic jams depending on the time of day. An ambulance ride can vary from 15 minutes to an hour depending on delays encountered. A routine ER wait is 4-8 hours. These patients are occasionally housed in ambulances making vehicles unavailable for hours.

The logical solution for St Bernard Parish is a medical village consisting of a **permanent physician office building, out patient surgery center, and out patient diagnostic center and eventual hospital.**

This medical village will assure the resurrection of **Primary Care Physicians** and subsequent return of our **Specialists**. It will decrease number of our residents needed to be transferred to hospital ER's as we can treat them locally and free up our **Ambulances**. It will allow our **Elderly** to return as **Nursing Homes, Homes for Assisted Living** are built. Some elderly will rebuild their **Homes**. It will supply **Jobs** as the former hospital was one of the largest employers in the parish. Could provide **Psych Beds** as our former hospital had 24 psych beds prior to Katrina. With a hospital and medical facilities we can begin work on **Electronic Medical Records** and **Medical Homes**.

To make these dreams a reality we need 3 things.

1. **Bridge Money** - as soon as possible -
 - A. **Social Service Block Grant Money**
 - we need an extension on funds we were allocated due to expire 7-31-07
 - make more SSBG funds available to medicine in our area for infrastructure.
 - B. **Community Block Grant Funds** - since we have a non profit group now, we need to make funds available to build permanent medical structures to replace our present trailer.
 - C. **Rural Designation for St. Bernard** - for Medicaid and Medicare patients to help offset costs of treating indigent patients for hospitals and physicians.
2. **Medical Village** - need money for brick and mortar. Once our out patients facilities are built it will allow access to quality medical care while our hospital is being built.
- 3 **Hospital** - the ultimate cure. We have over 25,000 residents. As our elderly return and others receive the ever evasive ROAD Home money to rebuild we will approach the 35,000 we need to support a 40-60 bed hospital. Since it will take 18-24 months to build a hospital we need to begin
Now.

If funds are available I ask that they be earmarked for St. Bernard Village and Hospital Specifically and not to the state or local funding pools as we continue to find them inaccessible.

I have refused to wear a white coat again until medicine in St. Bernard is whole again. To wear a white coat would be like waving a white flag and surrendering to the unacceptable situation that presently exists in medical care.

Thank you for allowing me to voice our Parish dilemma to such a knowledgeable, distinguished, and concerned group. Thank you for listening.