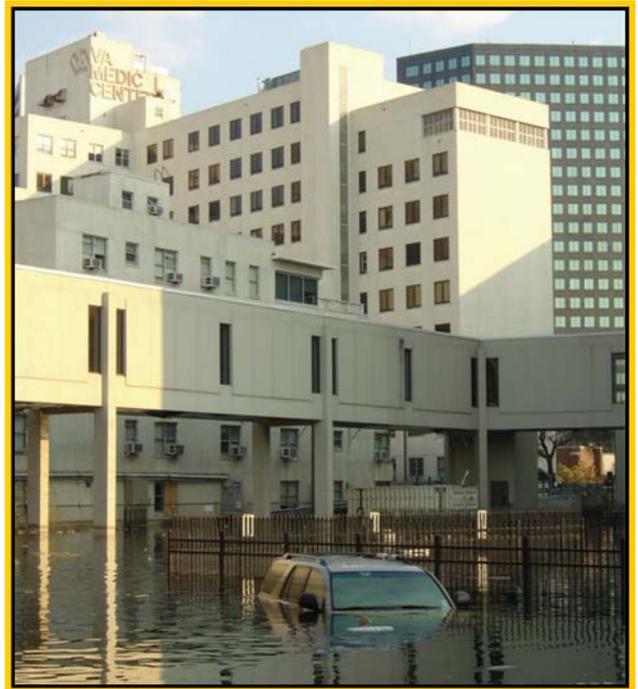


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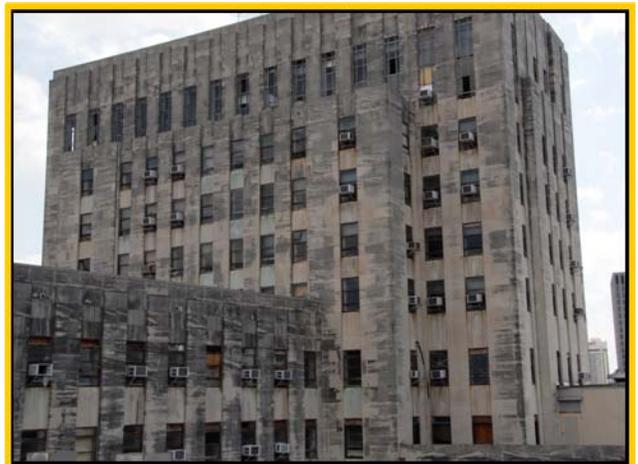
**PROGRAMMATIC
ENVIRONMENTAL
ASSESSMENT FOR
SITE SELECTION**

**VETERANS AFFAIRS
MEDICAL CENTER (VAMC)**



AND

**LOUISIANA STATE UNIVERSITY
ACADEMIC MEDICAL CENTER
OF
LOUISIANA (LSU AMC)**



NOVEMBER 2008

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LIST OF ACRONYMS AND ABBREVIATIONS

2PA	Secondary Programmatic Agreement
ABFE	Advisory Base Flood Elevation
ACBM	asbestos-containing building materials
ACHP	Advisory Council on Historic Preservation
Adams	Adams Management Services Corporation
AME	African Methodist Episcopal
APE	Area of Potential Effect
ASD	Acceptable Separation Distance
AST	aboveground storage tank
BMP	best management practice
B.P.	before the present
CAA	Clean Air Act of 1963
CDBG	Community Development Block Grant
CEQ	Council on Environmental Quality
CFR	Code of Federal Regulations
City	City of New Orleans
CZMA	Coastal Zone Management Act
dB	decibel
dBA	A-weighted decibel
DNL	day-night average sound level
EA	Environmental Assessment
EDR	Environmental Data Resources, Inc.
EIS	Environmental Impact Statement
EO	Executive Order
ESA	Environmental Site Assessment
ESRI	Environmental Systems Research Institute, Inc.
FEMA	Federal Emergency Management Agency
FHL	Foundation for Historical Louisiana
FHWA	Federal Highway Administration
FIRM	Flood Insurance Rate Map
FONSI	Finding of No Significant Impact
FPPA	Farmland Protection Policy Act
GIS	Geographic Information System
GNOCDC	Greater New Orleans Community Data Center
HDLC	Historic Districts Landmarks Commission
HEAG	highest existing adjacent grade
HMGP	Hazard Mitigation Grant Program
HSDRRS	Hurricane Storm Damage Risk Reduction System
HUD	U.S. Department of Housing and Urban Development
HVAC	heating, ventilation, and air-conditioning
I-10	Interstate 10
IER	Individual Environmental Report

LIST OF ACRONYMS AND ABBREVIATIONS (Continued)

IHNC	Inner Harbor Navigation Canal
JeT	Jefferson Transit
LA RS	Louisiana Revised Statutes
LBMC	Lindy Boggs Medical Center
LCRP	Louisiana Coastal Resources Program
LDEQ	Louisiana Department of Environmental Quality
LDNR/CMD	Louisiana Dept. of Natural Resources Coastal Management Division
LHFA	Louisiana Housing Finance Agency
LPV	Lake Pontchartrain and Vicinity
LRA	Louisiana Recovery Authority
LSU	Louisiana State University
LSU AMC	Louisiana State University Academic Medical Center
LUST	leaking underground storage tank
MBCI	Mississippi Band of Choctaw Indians
MCLNO	Medical Center of Louisiana at New Orleans
MMG	Materials Management Group, Inc.
MSA	Metropolitan Statistical Area
msl	mean sea level
µg/m ³	micrograms per cubic meter
NAAQS	National Ambient Air Quality Standards
NEPA	National Environmental Policy Act of 1969
NESHAP	National Emission Standards for Hazardous Air Pollutants
NHPA	National Historic Preservation Act
NOCP	New Orleans City Planning Commission
NOCSF	New Orleans Community Support Foundation
NOMHD	New Orleans Medical Historic District
NONRP	New Orleans Neighborhoods Rebuilding Plan
NPDES	National Pollutant Discharge Elimination System
NPS	National Park Service
NRCS	Natural Resources Conservation Service
NRHD	National Register Historic District
NRHP	National Register of Historic Places
OCD	Office of Community Development
OFPC	State Division of Administration, Office of Facility Planning and Control
PA	Programmatic Agreement
PCB	polychlorinated biphenyl
PEA	Programmatic Environmental Assessment
PM	Particulate Matter
ppm	parts per million
PSI	Professional Services Industries, Inc.
RPC	Regional Planning Commission
RTA	Regional Transit Authority
SELA	Southeast Louisiana Urban Flood Control Program

LIST OF ACRONYMS AND ABBREVIATIONS (Continued)

SHPO	State Historic Preservation Office/Officer
SLVHCS	Southeast Louisiana Veterans Health Care System
S&WB	Sewerage and Water Board
State	State of Louisiana
SWPPP	Storm Water Pollution Prevention Plan
UNOP	Unified New Orleans Plan
URA	Uniform Relocation Act
URS	URS Group, Inc.
U.S.	United States
USACE	U.S. Army Corps of Engineers
USC	United States Code
USCB	U.S. Census Bureau
USEPA	U.S. Environmental Protection Agency
USRM	U.S. Risk Management, LLC
UST	underground storage tank
VA	U.S. Department of Veterans Affairs
VAMC	New Orleans Veterans Affairs Medical Center
VREI	Victory Real Estate Investments, LLC

EXECUTIVE SUMMARY

The healthcare infrastructure of New Orleans remains in critical condition due to extensive damage caused by Hurricane Katrina in August 2005. The storm surge from Category 3 Katrina damaged levees resulting in flooding throughout much of the City of New Orleans (City). The New Orleans Veterans Affairs Medical Center (VAMC) and Charity Hospital experienced severe damage due to extended submersion lasting several weeks. The U.S. Department of Veterans Affairs (VA) and the State of Louisiana (State) propose to rebuild the hospitals at new, adjacent locations. The new VA facility will still be referred to as the VAMC. For the purpose of this document, the new State facility will be called the Louisiana State University Academic Medical Center (LSU AMC). The Proposed Actions described in this Programmatic Environmental Assessment (PEA) are to site these two facilities at adjacent locations in the Tulane/Gravier area of New Orleans. These sites are located on a total of 27 city blocks northwest of the existing locations of the VAMC and Charity Hospital, north of Tulane Avenue and west of Interstate 10.

Federal agencies are required to evaluate the potential environmental impacts of any proposals for major Federal action pursuant to the National Environmental Policy Act of 1969 (NEPA) and the Act's implementing regulations promulgated by the Council on Environmental Quality (CEQ). For purposes of conducting this PEA, VA and the Federal Emergency Management Agency (FEMA) are co-lead Federal Agencies and the City of New Orleans, in its capacity as the "Responsible Entity" (Cooperating Agency) under the U.S. Department of Housing and Urban Development (HUD) regulations as the recipient of grant funding, is a Cooperating Agency. This will require the City to incorporate the findings of this PEA and develop its own Finding of No Significant Impact (FONSI) or to conduct its own Environmental Assessment (EA). The State also is a Cooperating Agency as the proponent of the FEMA-funded action. Both Cooperating Agencies provide specific expertise and knowledge to the NEPA and National Historic Preservation Act (NHPA) processes.

The Proposed Actions of constructing a new VAMC and the LSU AMC also involve Federal regulations specific to VA (including Title 38 of the Code of Federal Regulations [CFR] Part 26, *Environmental Effects of the Department of Veterans Affairs Actions*), FEMA (44 CFR Part 10, *FEMA Environmental Considerations*), and HUD (24 CFR Part 50, *Protection and Enhancement of Environmental Quality*).

The CEQ NEPA regulations encourage agencies to prepare "tiered" environmental analyses to assist in the evaluation of a large-scale program or projects involving a series of related decisions. Preparation of a programmatic NEPA document, such as this PEA, promotes the consideration of cumulative impacts that might otherwise be ignored in assessments prepared on a case-by-case basis (Sigal and Webb 1989). The lead Federal Agencies have determined that a PEA is the appropriate level of documentation for this project because decision-making related to site selection must be made first, while further decisions concerning actual development and construction are not yet ripe.

While the VAMC and the LSU AMC projects are separate and severable, VA, FEMA, and the State have adopted the following statements of purpose and need for the Proposed Actions:

The purpose of the Proposed Actions is to reestablish the healthcare system and medical training centers for the community, the people of New Orleans, and for veterans throughout the Gulf Coast Region. The need for the Proposed Actions is to meet the purpose in a manner that addresses the area's current and future healthcare capacity needs, meets security and emergency standards for modern facilities, meets accreditation requirements for academic medical centers, and restores medical training and healthcare delivery on an expedited basis.

Identifying and analyzing alternatives is an important part of the NEPA decision-making process. As part of the alternatives analysis, a range of preliminary alternatives was identified. These alternatives were screened against the project purpose and need as well as other screening criteria. Through this process, nine alternatives were eliminated from further consideration, the remaining alternatives were studied in detail as part of the NEPA review process, and a preferred alternative was identified.

The rationale for identifying the preferred alternative, or Proposed Actions, is based on consideration of the degree to which the alternatives satisfied multiple objectives related to the purpose of and need for the project. The principal objectives include adequate space, adequate accessibility, proximity to medical affiliates, and minimizing environmental and interrelated socioeconomic impacts.

This PEA evaluates the environmental and interrelated socioeconomic impacts of the first tier – site selection and site preparation (demolition, site clearing, and site preparation). A site-specific environmental analysis will be tiered from this document, and will focus on the environmental and interrelated socioeconomic impacts of project design, construction, and operation of the facilities. These analyses may be conducted jointly between the Federal co-lead and Cooperating Agencies or may be conducted separately by VA and FEMA.

This PEA contains the results of a systematic evaluation of the consequences of the Proposed Actions and alternative actions. The alternative actions evaluated as part of this PEA include other potential sites for the replacement of the VAMC and the LSU AMC, the repair and renovation of Charity Hospital, and a No Action alternative. This PEA evaluates 11 primary environmental issues for anticipated direct and indirect impacts of the Proposed Actions, the No Action alternative, and other site selection alternatives identified herein. These environmental issues include: the physical environment, water and coastal resources, land use, infrastructure and utilities, cultural resources, socioeconomics, transportation, human health and safety, biological resources, air quality, and noise.

Consistent with CEQ regulations, the cumulative impacts of past, present, and reasonably foreseeable future actions were considered, regardless of whether those actions were or are initiated by governmental entities or private parties. For purposes of this analysis, the cumulative impacts identified in this PEA were determined via a trend analysis using existing land use plans for Jefferson and Orleans Parishes. In addition, significant ongoing or anticipated hurricane recovery projects were incorporated into the cumulative impact analysis.

The Proposed Actions are the preferred alternative because they best meet the principal objectives of the project. While the Proposed Actions and the Lindy Boggs and Ochsner alternatives would provide adequate space for the needed facilities, the Proposed Actions provide more favorable accessibility to major transportation routes than the other two alternatives. Additionally, the Proposed Actions provide the optimal degree of proximity to medical affiliates above the other alternatives. Environmental and interrelated socioeconomic impacts could potentially occur at the locations of the Proposed Actions to a greater degree than at other alternative sites (primarily impacts to cultural resources); however, these impacts would be mitigated in such a way that they would be reduced to less than significant levels. Therefore, the Proposed Actions were the most effective at meeting all site selection factors (adequate space, accessibility, proximity to medical affiliates, and minimal impacts).

1.0 INTRODUCTION

The healthcare infrastructure of New Orleans remains in critical condition due to extensive damage caused by Hurricane Katrina. The Category 3 hurricane struck the Gulf Coast Region on August 29, 2005 and the subsequent storm surge damaged levees, resulting in flooding throughout much of the City of New Orleans (City). The New Orleans Veterans Affairs Medical Center (VAMC) and Charity Hospital experienced severe damage due to extended submersion lasting several weeks. The VAMC is the main New Orleans campus of the Southeast Louisiana Veterans Health Care System (SLVHCS). Charity is the main hospital within the Medical Center of Louisiana at New Orleans (MCLNO), which serviced the region with the only Level 1 trauma center. These facilities, along with other area medical facilities, are shown in figure 1-1.

University Hospital and the VAMC were temporarily closed in the aftermath of Katrina; Charity Hospital remains closed. University Hospital reopened as the Louisiana State University (LSU) Interim Hospital with limited emergency capacity and the SLVHCS operates an outpatient clinic at the VAMC. As a result of the severely damaged healthcare infrastructure, patient care in New Orleans has been seriously disrupted with veterans, the indigent, and the under-insured being the hardest hit. Many patients are forced to endure long wait times for treatment or must travel to other cities and states for critical healthcare needs. As the population continues to grow, increased demands will be placed on these interim services, causing services to become more strained because of both the lack of physical space provided and the limited amount of medical staff available. In addition to the shortfall of available and affordable healthcare, both hospitals previously served as medical training facilities for numerous medical programs within the State of Louisiana (State), another function that has been seriously curtailed.

Revitalization of the healthcare infrastructure in New Orleans is vital to the City, its residents, veterans, and the entire Gulf Coast Region. Toward this end, the U.S. Department of Veterans Affairs (VA) is proposing to construct a new VAMC within the New Orleans Metropolitan Area. Should VA select the Tulane/Gravier site for the VAMC, the City has offered to assist VA by providing funding through the U.S. Department of Housing and Urban Development (HUD) Office of Community Development Block Grant (CDBG) program. Additionally, the State Division of Administration, Office of Facility Planning and Control (OFPC) has requested funding from the Federal Emergency Management Agency (FEMA) through the Public Assistance Grant Program to restore the function of the Charity Hospital.

The Federal government's involvement in these efforts trigger the requirements of the National Environmental Policy Act of 1969 (NEPA), which requires Federal agencies to evaluate the potential impact of proposed major Federal actions and consider such impacts during the decision making process. VA and FEMA are conducting this Programmatic Environmental Assessment (PEA) to comply with NEPA and its implementing procedures found in Title 40 of the Code of Federal Regulations (CFR) Parts 1500 through 1508 (Council on Environmental Quality [CEQ] NEPA implementing regulations), 38 CFR Part 26.4(a) (VA's NEPA procedures), 44 CFR Part 10 (FEMA's NEPA procedures), and 24 CFR Part 58 (HUD's NEPA procedures for the CDBG program).

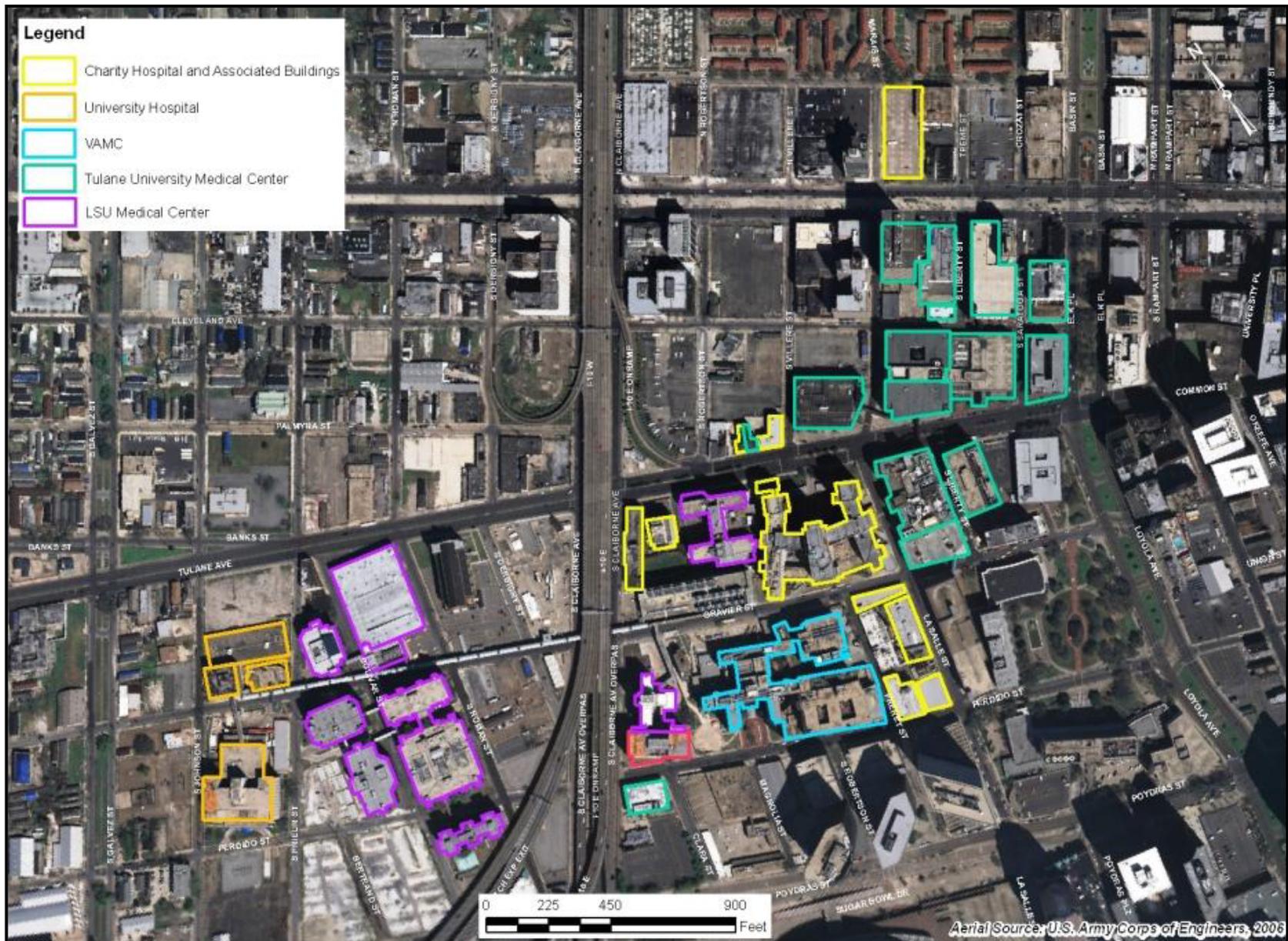


Figure 1-1. Area Medical Facilities

VA, FEMA, the City, and the State, hereinafter “the parties,” are working collaboratively to restore the healthcare infrastructure needed in the New Orleans area. For purposes of conducting this PEA, VA and FEMA are co-lead Federal Agencies and the City of New Orleans is considered a Cooperating Agency. As the designated Responsible Entity pursuant to 28 CFR Part 58, the City has a unique role to assume the Federal responsibility of HUD for compliance with environmental and historic preservation requirements. This will require the City to incorporate the findings of this PEA and develop its own Finding of No Significant Impact (FONSI) or to conduct its own Environmental Assessment (EA). The State also is a Cooperating Agency as the proponent of the FEMA-funded action. Both Cooperating Agencies provide specific expertise and knowledge to the NEPA and National Historic Preservation Act (NHPA) processes.

Although the projects have been reviewed and evaluated jointly, the VA project to replace its medical facilities and the LSU project to repair or replace healthcare services and medical training (for the purposes of this document, the proposed new facility is called the LSU Academic Medical Center [LSU AMC]) are separate projects, and each may be commenced, built, and completed independently of the other.

1.1 PURPOSE AND NEED

1.1.1 Purpose

The purpose of the Proposed Actions is to reestablish the healthcare system and the medical training centers for the community, the people of New Orleans, and for veterans throughout the Gulf Coast Region.

1.1.2 Need

The need for the Proposed Actions is to meet the purpose in a manner that addresses the area’s current and future healthcare capacity needs, meets security and emergency standards for modern facilities, meets accreditation requirements for academic medical centers, and restores medical training and healthcare delivery on an expedited basis.

1.1.2.1 VAMC

Before Katrina, the VAMC consisted of a 206-bed facility located at 1601 Perdido Street in downtown New Orleans, Orleans Parish, Louisiana. Over 39,000 patients were treated at the VAMC in fiscal year 2005. Pre-Katrina statistics included staffing of over 1,700 employees and more than 600 volunteers.

Following Hurricane Katrina, the New Orleans VAMC was no longer operational and the SLVHCS was reorganized to meet the needs of southern Louisiana veterans. Though operating with about 50 percent of its pre-Katrina staff system-wide, the SLVHCS is currently accomplishing 90 percent of its pre-Katrina workload at the six community-based clinics located in New Orleans, Slidell, Hammond, St. John Parish, Houma, and Baton Rouge. In New Orleans, at the existing VAMC campus, the SLVHCS is currently operating only an outpatient clinic; it is

unable to provide ambulatory surgery and procedures or inpatient services. Complex care, including ambulatory surgery and inpatient services, is provided at other VA facilities or purchased in the community through non-VA vendors. Veterans are often required to travel substantial distances to receive healthcare. Reestablishing centralized and comprehensive care for veterans is the principal goal for full recovery of VA in New Orleans, and thus is a motivating factor for the Proposed Actions.

In addition, all new and existing mission-critical VA facilities (i.e., a facility that cannot tolerate intervention, compromise, or shutdown) are now required to meet standards of the Physical Security Design Manual for Mission Critical Facilities (VA 2007a). These design standards include standoff distances, perimeter fences, vehicle and pedestrian screening, vehicle barriers, and parking and lighting requirements.

1.1.2.2 LSU AMC

Before Katrina, MCLNO operated 550 patient beds, including a substantial number of psychiatric and mental healthcare beds, at Charity Hospital, located at 1532 Tulane Avenue. The City's primary trauma center, and the region's only Level 1 trauma center, was located at Charity Hospital. On 17 November 2006, MCLNO reopened University Hospital as the LSU Interim Hospital. This hospital currently operates 245 inpatient beds (including 38 behavioral health beds operating off-campus at the former DePaul Hospital). However, because Charity Hospital remains closed, MCLNO is only operating at approximately 45 percent of its pre-Katrina capacity.

Prior to Katrina, the Adams Management Services Corporation (Adams) completed an assessment and master plan for the MCLNO, which concluded that a new hospital must be constructed to avoid a loss of accreditation (Adams 2003, 2005). The 2005 Adams report outlined both short and long term development plans for LSU healthcare facilities. Taking into consideration that hospital campuses require room for growth, the long term plans for the LSU AMC contemplated the need for 37 acres. Ideally, modern health care buildings are expected to have a life span of 50 to 100 years and thus, need the ability to accommodate current and future technologies and practice patterns. Plans include a hospital building and an adjacent, separate ambulatory care clinic building and diagnostic treatment center. Also, space will be needed for structured parking and a new central energy plant. The long-term campus plan allowed for each building element to expand horizontally, incrementally as necessary. Industry standards for an Academic Medical Center campus would require 50 to 75 acres minimum depending upon site-specific constraints such as the degree of urban environment, available land, adequate funding, and growth potential. For example, University Hospital in Baton Rouge is seeking 40 to 50 acres for a hospital half the size of the proposed LSU AMC. The actual minimum acreage required depends, in part, on the site.

In order to address accreditation concerns, Adams provided a MCLNO Strategic/Financial Campus Master Plan for new and consolidated inpatient and outpatient facilities (Adams 2005). Following Katrina, Adams updated their preliminary Master Plan. The Plan estimated that the service area population would be 82 percent of its pre-Hurricane Katrina population by 2016 and total admissions would be 86 percent of pre-Katrina levels. The Adams report calculated a net

need of 900 to 1,000 additional beds needed in the region by 2016. It also indicated that there was an immediate need for 310 to 416 medical and surgical beds and 52 to 68 mental health beds. The updated Master Plan continued to recommend a new facility for MCLNO in order to meet current accreditation standards (Adams 2007). These studies concluded that it is not feasible to upgrade the existing Charity facility to meet current standards of hospital care and recommended that a new facility be constructed. More recently, Governor Jindal requested a review of the MCLNO business plan to reassess the medical needs for the area. This review, using revised demographics, approved and recommended a new facility with 364 medical and surgical beds and 60 mental health beds for a total of 424 beds.

Prior to Katrina, MCLNO facilities operated with a medical staff of 1,400. Currently, the active medical staff is 805 personnel, which consists of primary and specialty care physicians and nurse practitioners. The shortage of medical professionals has resulted in patients being forced to travel out of the area for medical treatment or having to wait longer for patient care (diagnostics and treatment). This has reduced the quality of medical care available to a substantial portion of the region, including the indigent, the uninsured, the elderly, as well as private pay patients, and has further resulted in the reduction of access to medical care for all residents in the region.

1.1.3 Site Criteria to Achieve Purpose and Need

The parties established the following site selection criteria to ensure that the actions meet the identified purpose and need (Adams 2005; VA 2007b):

- Provide sufficient contiguous acreage to construct a new facility to meet current and future capacity needs for the VAMC facility (a minimum of 25 acres);
- Provide sufficient contiguous acreage to construct a new facility to meet current and future capacity needs for the LSU AMC facility (between 25 and 40 acres);
- Provide sufficient acreage for the VA to meet current Federal requirements, including standoff distance, hardening, and storage of fuel, food, and water for self-sufficient operations;
- Allow for reestablishment of a Level 1 trauma center, with ease of access from interstate highways, other major thoroughfares, and public transportation; and
- Allow for operational synergies and possible integration with other major healthcare facilities, LSU and Tulane medical schools, and bio-medical research facilities by locating the proposed facilities in immediate proximity to existing facilities, recognizing the continued roles of those existing facilities as part of the overall healthcare delivery and medical training mission.

Though VA did not constrain the advertisement to sites adjacent to academic affiliates, proximity was considered in the evaluation of all proposals that met the basic requirements of their solicitation. The potential for synergy between the medical affiliates in the downtown area enhances the quality of healthcare and medical training programs available to the Greater New Orleans Area.

1.2 SCOPE OF THIS PROGRAMMATIC ENVIRONMENTAL ASSESSMENT

Although an EA or Environmental Impact Statement (EIS) may be required for an individual action by a Federal agency, where Federal programs involve a multiplicity of individual actions, the CEQ has endorsed the concept of performing programmatic analysis or “tiering.” The CEQ NEPA regulations encourage agencies to prepare “tiered” environmental analyses to assist in the evaluation of a large-scale program or project involving a series of related decisions.

Programmatic environmental reviews may cover basic policy issues so that these issues do not need to be repeated in subsequent NEPA analyses prepared for the individual actions within a program. Also, programmatic environmental reviews promote consideration of cumulative environmental impacts that might be ignored in assessments prepared on a case-by-case basis (Sigal and Webb 1989).

The parties have determined that a “comprehensive and programmatic” EA is the appropriate document for assessing these actions based on the following:

- The overall actions are complex and must evaluate activities from site selection all the way through to facility construction;
- The site selection and site preparation decisions will affect future development of the design and construction, each with separate impacts requiring separate evaluations; and
- The two projects could have greater cumulative impacts when evaluated in conjunction with each other due to the combined operational requirements associated with multiple healthcare facilities.

The first tier is a broad review to identify and evaluate key resources of concern and the impacts to those resources to guide the issues ripe for decision -- site selection and site preparation. This first tier review will be used to identify specific areas that will need further in-depth analysis, once the density, intensity, and location of improvements are proposed for the selected site. The construction and operational details available at the second tier review will permit and require more detailed analysis and clarification of some resources outlined in this document. At this time, the parameters of the site, including density and site and structure design, are unknown. These additional details will also permit a more comprehensive approach to cumulative impacts for the specific site.

This PEA will evaluate the impacts of the first tier (site selection and site preparation) to the human environment. The particular elements that are evaluated in this PEA are:

- Site selection;
- Title search and obtaining rights of entry;
- Acquisition of properties;
- Transfer of titles;
- Staging of site preparation-related construction equipment after the staging location has been evaluated in accordance with the archaeological methodology stipulated in the Section 106 Programmatic Agreement (PA);
- Retention, reuse, moving, and/or demolition of properties, including historic properties, or properties whose demolition could adversely affect other historic

- properties , in accordance with the executed PA and those measures outlined to avoid, minimize or mitigate adverse effects;
- Slab removal in accordance with the stipulations established in the Section 106 PA when such action will have adverse effects on historic properties and after the archaeological reviews have been completed;
 - Site excavation and site grading once archaeological reviews are completed and in accordance with the stipulations established in the Section 106 PA;
 - Removal, containment, or remediation, as applicable, of environmental liabilities (e.g., underground storage tanks, asbestos, lead-based paint, hazardous pollutant discharge) in accordance with the archaeological stipulations in the PA to avoid, minimize, and mitigate adverse effects to archaeological resources;
 - Assessment and minimum repairs of existing off-site utility infrastructure outside of the footprints of the selected sites, to the extent that it does not increase their current capacity;
 - Removal of improvements and pavements in accordance with the stipulations established in the Section 106 PA when the action would have adverse effects to historic properties and in accordance with the archaeological stipulations in the PA to avoid, minimize, and mitigate adverse effects to archaeological resources.

A site-specific EA will be tiered from this document, which will evaluate the environmental impacts of the design, construction, and operation of the facilities. This site-specific EA may be conducted jointly between the Federal co-lead and Cooperating Agencies or may be conducted separately by VA, the City, and/or FEMA. This EA(s) will be undertaken pursuant to stipulations established in the PA. In particular, the tiered EA will evaluate the environmental impacts of the following elements:

- Design of the facilities, including utility connections;
- Staging of construction equipment after the staging location has been evaluated in accordance with the archaeological methodology that is stipulated in the PA;
- Ground elevation through fill, if applicable;
- Enhancement of utilities to increase current capacity, if applicable;
- Enhancement of transportation systems, if applicable;
- Construction of facilities;
- Landscaping; and
- Operation of facilities.

VA will develop another site-specific environmental document that will be tiered from this PEA to address the final disposition of the existing VAMC building. If FEMA funds will be used in the final disposition of the existing MCLNO facilities, then FEMA will evaluate the environmental impacts of those actions in accordance with its NEPA implementing procedures at 44 CFR Part 10. The disposition of all facilities will be undertaken pursuant to the stipulations established in the PA.

1.3 PUBLIC AND AGENCY INVOLVEMENT

Extensive public and agency involvement has been sought in preparing this PEA. Table 1-1 provides a listing of Federal, State, Tribal, City, and local agencies and communities that were contacted and consulted during the preparation of this PEA.

Table 1-1. Federal, State, Tribal, City, and Local Agency and Community Involvement

Agency / Government	NHPA Section 106 Status
Lead Agencies	
Federal Emergency Management Agency	Signatory
U.S. Department of Veterans Affairs	Signatory
Cooperating Agencies	
City of New Orleans	Signatory
State of Louisiana Division of Administration	Invited Signatory
NEPA Involvement	
Other Federal Agencies	
U.S. Department of the Interior, Fish and Wildlife Service	Technical Assistance
U.S. Department of the Interior, National Park Service	Technical Assistance
U.S. Environmental Protection Agency, Region VI	Technical Assistance
Council on Environmental Quality	Technical Assistance
U.S. Department of Housing and Urban Development	Delegated Authority to City of New Orleans
State of Louisiana Agencies	
State of Louisiana Department of Environmental Quality	N/A
State of Louisiana Department of Wildlife and Fisheries	N/A
NHPA Involvement	
Other Federal Agencies	
Advisory Council on Historic Preservation	Signatory
U.S. Department of Housing and Urban Development	Delegated Authority to City of New Orleans
Tribal Governments	
Mississippi Band of Choctaw Indians	Invited Concurring Party
State of Louisiana Agencies	
Governor's Office of Homeland Security and Emergency Preparedness	Concurring Party
Louisiana State University	Consulting Party
Division of Administration, Office of Community Development	Consulting Party
Division of Administration, Office of Facility Planning and Control	Invited Signatory
State Historic Preservation Office	Signatory

Table 1-1. Federal, State, Tribal, City, and Local Agency and Community Involvement

Agency / Government	NHPA Section 106 Status
City of New Orleans and Other Local Agencies	
Downtown Development District of New Orleans	Consulting Party
Historic District Landmarks Commission	Consulting Party
City Council	Consulting Party
Mayor's Office	Consulting Party
Office of Recovery Management	Consulting Party
Regional Planning Commission	Consulting Party
Sewerage & Water Board	Consulting Party
NHPA Section 106 Consulting Parties	
2400 Canal LLC	Consulting Party
Committee to Reopen Charity	Consulting Party
Common Knowledge	Consulting Party
Deutsches Haus	Consulting Party
Foundation for Historical Louisiana	Consulting Party
Friends of New Orleans Cemeteries	Consulting Party
Friends of the Lafitte Corridor	Consulting Party
Louisiana Chapter of Documentation and Conservation of Building Sites and Neighborhoods of the Modern Movement	Consulting Party
Louisiana Landmarks Society	Consulting Party
Lower Mid-City Residents and Business Owners	Consulting Party
LSU Site United Property Owners	Consulting Party
Mid-City Neighborhood Organization	Consulting Party
National Trust for Historic Preservation	Consulting Party
Orleans Parish School Board	Consulting Party
Parkview Neighborhood Association	Consulting Party
Phoenix of New Orleans	Consulting Party
Preservation Resource Center	Consulting Party
Tulane/Canal Neighborhood Development Corporation	Consulting Party

1.3.1 Public Involvement

Extensive public involvement has been sought in preparing this PEA. In determining the scope for this PEA, the lead agencies solicited input from all potentially affected parties, including individual members of the public, public interest groups, and Federal, State, and local agencies. Public participation was afforded through public scoping meetings held in Mid-City New Orleans and Jefferson Parish. Dates and locations for the public meetings were published in local newspapers and advertised on local radio stations and the project website. In addition, fliers announcing the meetings were distributed to Mid-City businesses located within and along the VAMC and LSU AMC site boundaries, posted throughout the Tulane/Gravier area, and delivered to leaders of community organizations who then distributed them to the members of

their organizations. The purpose of the meetings was to gather information from members of the public about the issues they would like to see addressed. Additionally, the public had opportunity to comment on the *Preliminary Alternative Analysis for Site Selection* document that was published on 22 August 2008, both at the time of the posting as well as during the 30-day comment period associated with the draft PEA.

These public meetings were held on 26 June 2008 (afternoon and evening meetings) and 11 August 2008 (evening meeting only) at Grace Episcopal Church, 3700 Canal Street, New Orleans, 17 July 2008 at the American Legion, 3001 River Road, Jefferson Parish (evening meeting only), and on 28 October 2008 at Warren Easton Senior High School, 3019 Canal Street, New Orleans (evening meeting only). A total of 364 individuals registered their attendance at the five meetings; however, there were a number (in excess of 600) of non-registered attendees present as well. Oral and written comments were recorded. In addition, concerned parties were able to mail or e-mail written comments and provide verbal comments in person. During the site selection process, a total of 288 e-mail and hand-written comments were received, as well as one in-person comment. A summary of public comments and their responses is located in appendix A. Comments were categorized by topic, and the topics are presented in order of their frequency of occurrence to help facilitate their evaluation in this PEA. Specific remarks are summarized under each topic and then a general response is provided.

Additional public comments were received through the consultation process for Section 106 of the NHPA, which requires Federal agencies to take into account the effects of their undertakings on historic properties (36 CFR Part 60). VA, FEMA, and the City initiated joint consultation with consulting parties on 24 June 2008 in a meeting in New Orleans. In accordance with 36 CFR Part 800, the Federal agencies identified consulting parties in consultation with the Louisiana State Historic Preservation Office (SHPO). Consulting parties included organizations that had participated in previous meetings with VA as well as owners of individual properties within the footprints of the proposed alternatives. In total, 34 organizations participated in the Section 106 process: five signatories, one invited signatory, two concurring parties, and 26 consulting parties. An additional 20 organizations and agencies did not accept an invitation to participate as consulting parties.

Five Section 106 consultation meetings were held (24 June, 23 July, 12 August, 25 September, and 27 October 2008). Oral comments were recorded at the meetings. In addition, concerned parties were able to e-mail written comments to be shared within the group. All comments received as part of this process were responded to as part of the development of the PA among the VA, FEMA, the City, the Louisiana SHPO, and the Advisory Council on Historic Preservation (ACHP) regarding the funding to repair or replace healthcare facilities comprising the VAMC and the MCLNO.

1.3.2 Agency Involvement

Preparation of this PEA has been coordinated with appropriate Congressional, Federal, State, Tribal, and additional local interests, as well as environmental and historic preservation groups and other interested parties listed below. A partnering team was established for this project in which Federal, State, and City agency staff played an integral part in the project planning and

alternatives analysis associated with this PEA. Specifically, these agencies included: FEMA, VA, the State Division of Administration, and the City of New Orleans.

2.0 DESCRIPTION OF PROPOSED ACTIONS AND ALTERNATIVES

Identifying and analyzing alternatives is an important part of the NEPA decision making process. As part of the alternatives analysis, a range of preliminary alternatives are identified. These alternatives are then screened against the project purpose and need as well as other screening criteria. Through this process, some alternatives are eliminated from further consideration and the remaining alternatives are studied in detail as part of the NEPA review process.

2.1 PRELIMINARY ALTERNATIVES

In April 2007, VA issued a request for expressions of interest for the acquisition of land for the construction of a new medical center in New Orleans (VA 2007b). Three offers were received in response to VA's advertisement, including the Ochsner site and the Regional Planning Commission's (RPC's) Tulane/Gravier site. A third site was considered ineligible because the property was only 2 acres in size and did not meet the size requirements specified in VA's advertisement.

During scoping public meetings held during June, July, and August the public expressed concerns that additional sites were not being considered in the site selection process. VA staff explained to the public that an advertisement for the acquisition of land had been published in April 2007 and that the RPC and Ochsner sites were the only viable responses received. VA also indicated that they were willing to consider additional sites if offers were received in a timely manner and met the requirements as published in VA's original advertisement. On 25 August 2008, Victory Real Estate Investments, LLC (VREI) offered another site (Lindy Boggs) to VA for site selection consideration. Although other potential site locations have been mentioned by the public, no other viable offers were submitted to VA for consideration. Therefore, no other alternative site locations for the VAMC are being considered in this PEA.

Through the NEPA process, a number of preliminary alternatives (figure 2-1) were identified for the reestablishment of healthcare through modification/renovation, demolition/reconstruction, and new construction of the VAMC and the LSU AMC.

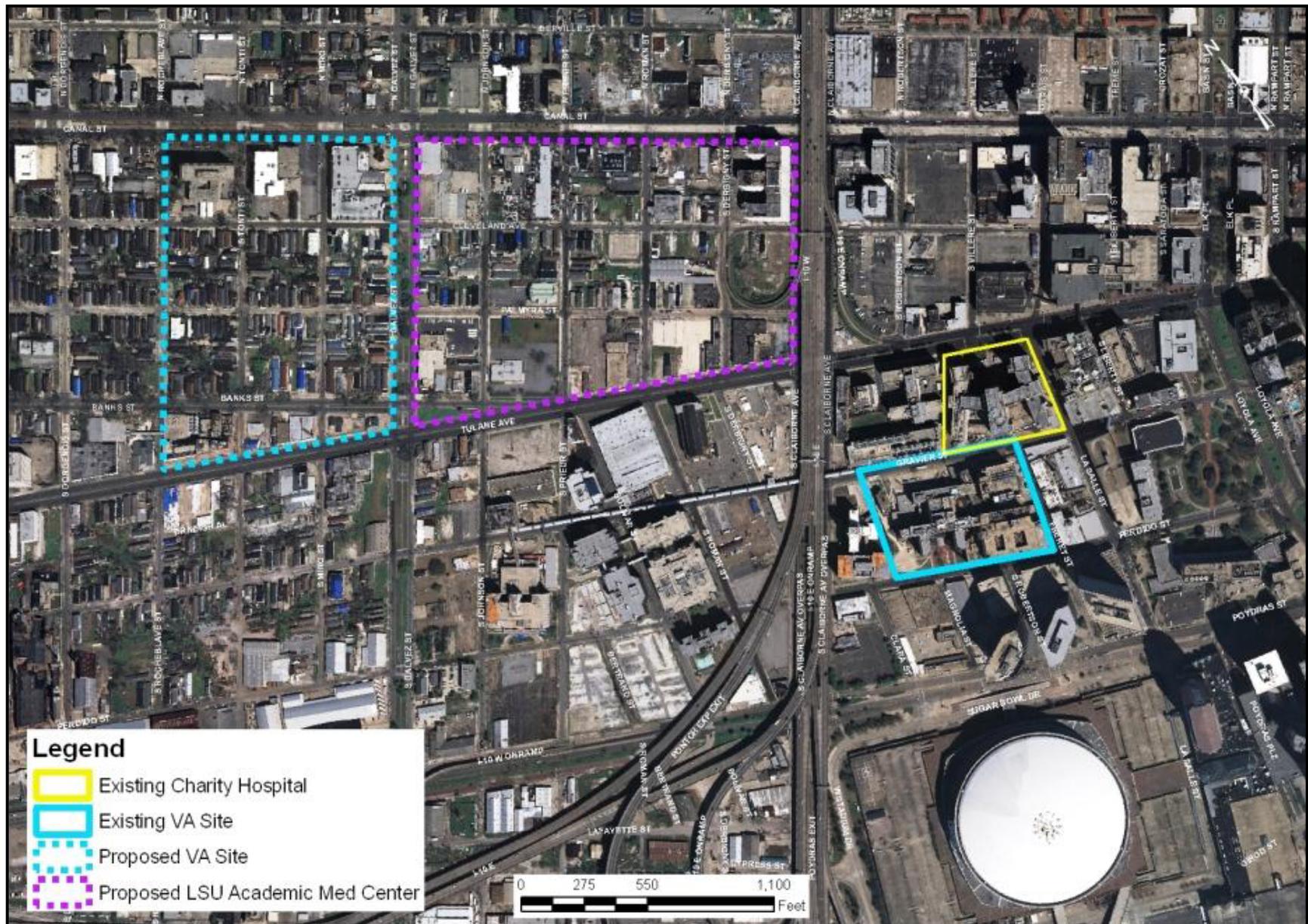


Figure 2-1. Existing and Proposed VAMC and LSU AMC Sites

2.2 ALTERNATIVES RETAINED FOR DETAILED ANALYSIS

All of the preliminary alternatives were assessed against the site selection criteria for meeting the identified purpose and need. The following alternatives were retained for detailed analysis.

2.2.1 No Action Alternative

Under the No Action alternative, the existing VAMC and/or MCLNO complex, which were severely damaged as a result of Hurricane Katrina, would not be rehabilitated or replaced. There would be no construction of new facilities or modification of the existing structures and medical services would continue to be provided using the interim arrangements currently in use. The existing VAMC, which is currently providing only outpatient services, would continue to operate at a much reduced capacity. Other services, including ambulatory, inpatient, and surgical care, would continue to be provided outside of the New Orleans area and veterans would have to travel to locations in southeast Louisiana and beyond. Healthcare delivery and training formerly provided at Charity Hospital would continue, on a reduced level, at the LSU Interim Public Hospital, which was established following Hurricane Katrina. LSU is operating a trauma center at the LSU Interim Public Hospital (formerly University Hospital), but the severe shortage of affordable medical care (including overall care, mental health, and ambulatory care) and medical training opportunities would continue.

2.2.2 Alternative # 1: Proposed Actions (Preferred Alternative)

The Proposed Actions, or Preferred Alternative, consists of the construction of a new VAMC and the construction of the LSU AMC on two separate but adjacent sites northwest of the existing VAMC and Charity Hospital and north of University Hospital in the Tulane/Gravier area. The overall area of the two sites is approximately 67 contiguous acres (30 acres for the VAMC site and 37 acres for the LSU AMC site) located in downtown New Orleans, bounded by Canal Street to the northeast, Claiborne Avenue to the southeast, Tulane Avenue to the southwest, and South Rocheblave Street to the northwest (figure 2-1). The approximate acreage includes streets and associated rights-of-way.

2.2.2.1 Tulane/Gravier Site for VAMC

Under the Proposed Actions, the New Orleans VAMC would be replaced with a new facility at the Tulane/Gravier site proposed by the RPC. Land would be acquired to relocate and construct the VAMC at that location. The proposed site consists of 30 acres located in downtown New Orleans, Orleans Parish, in the Tulane/Gravier area, within the Mid-City National Register Historic District (NRHD). It is bounded by Canal Street to the northeast, South Galvez Street to the southeast, Tulane Avenue to the southwest, and South Rocheblave Street to the northwest (figure 2-1). The site is comprised of both residences and businesses, many of which were damaged during Hurricane Katrina and are now in varying states of repair. As of July 2008, vacant residential and commercial lots comprised approximately 45 percent of all parcels within the proposed VAMC site boundary (U.S. Risk Management, LLC [USRM] 2008a). Surrounding land uses are primarily residential and commercial (small businesses).

The proposed VAMC would include approximately 1 million gross square feet, 200 medical/surgical/psychiatric/extended care beds, outpatient capacity to receive 410,000 visits per year, mixed structured and surface parking facilities, and one helipad to accommodate emergency access by air. Enhanced backup systems for power, water, sewer, and heating, ventilation, and air conditioning (HVAC) would provide four days of service in the event of disruption of city infrastructure during a major storm event or other natural disaster (VA 2007a).

Site preparation activities at the Tulane/Gravier site would include the activities defined in Section 1.2 of this document. Although these site preparation activities would not be performed or funded by VA, the activities are considered part of this alternative and would be conducted in compliance with applicable Federal, State, Tribal, and local regulations. Also, it is anticipated that the City will use all or a portion of its CDBG funds for site acquisition. The City is the designated Responsible Entity for HUD and as such, is a Federal Cooperating Agency to this PEA. The use of CDBG funds by the City will require the City to incorporate the findings of this PEA and develop their own FONSI or, in the alternative, to conduct their own EA.

The existing VAMC, in accordance with the PA, has been secured and is being ventilated. After the storm, VA de-watered the basement of the existing VAMC buildings and performed mold remediation throughout the entire facility. VA continues to conduct mold remediation as persistent mold growth occurs. VA also performs work to prevent deterioration of the unoccupied portions of the existing facilities. Renovations to the building envelope, including window repairs and replacement of various roof components, have been completed. Projects to restore life-safety measures are currently underway. These projects include replacing damaged fire protection systems, restoring fire-rated separation walls, providing emergency lighting capabilities, restoring operation of electronically-controlled doors and locks, and isolating plumbing and piping systems to prevent water damage.

Final disposition of the existing VAMC by VA has not yet been determined. However, VA and the City have a Memorandum of Understanding that presents a range of options for disposition (VA 2007c). VA will comply with NEPA and NHPA regulations in deciding upon and executing the disposition action. The PA, which has been prepared in accordance with the NHPA through the Section 106 Consultation Process (appendix B), includes a procedure for the resolution of adverse effects to the VAMC pending decisions regarding final disposition of that building.

2.2.2.2 Tulane/Gravier Site for LSU AMC

Under the Proposed Actions, the new LSU AMC would replace the functions that were formerly serviced by Charity Hospital, part of the MCLNO complex. Most of the various medical resources that supported the hospital would be provided in a contiguous footprint. The new medical facility would include 364 medical and surgical beds and 60 dedicated mental health beds, for an initial total of 424 beds with additional capacity for future expansion (MCLNO Business Plan Review 2008).

The potential site for construction of the LSU AMC considered under this alternative consists of 37 acres in the Tulane/Gravier area adjacent to the proposed VAMC site. The proposed LSU

AMC site is bounded by Galvez Street to the northwest, Canal Street to the northeast, Claiborne Avenue to the southeast, and Tulane Avenue to the southwest (figure 2-1). This site was proposed in 2005, prior to Hurricane Katrina (Adams 2005). The site is partially occupied by office buildings (including medical offices and the Blood Center of New Orleans), retail buildings, auto sales and repair facilities, residences, a large inactive hotel, parking lots, and vacant properties. As of May 2008, vacant residential and commercial lots comprised approximately 16 percent of all parcels within the proposed LSU AMC site boundary, and approximately 63 percent of the parcels are empty lots, including green space, parking lots, and demolished building areas (USRM 2008b).

Site preparation activities at the Tulane/Gravier site would include the activities defined in Section 1.2 of this document. These activities are considered part of this alternative and would be conducted in compliance with applicable Federal, State, Tribal, and local regulations.

Final disposition of the MCLNO facilities has not yet been determined. Charity Hospital will be ventilated to control moisture and secured against unauthorized access while the feasibility of reuse or renovation by the State is evaluated. The PA, which has been prepared in accordance with the NHPA through the Section 106 Consultation Process (appendix B), includes a procedure for the resolution of adverse effects to Charity Hospital pending decisions regarding final disposition of that building.

2.2.3 Alternative # 2: Lindy Boggs Site for VAMC

Under this alternative, the existing VAMC would be replaced with a new facility at VREI's Lindy Boggs location. VA would acquire land and demolish existing structures including the Lindy Boggs hospital and construct the VAMC, which would provide full medical services to veterans that meet or exceed the services provided by the New Orleans VAMC prior to Hurricane Katrina. This alternative would consist of construction of a medical center to support the projected healthcare needs of veterans in southeast Louisiana.

The 39.8-acre Lindy Boggs site is bordered by North Carrollton Avenue to the northwest, Jefferson Davis Parkway to the southeast, Bienville Street to the southwest, and Toulouse Street to the northeast (figure 2-2). Comparable to the Proposed Actions, the proposed VAMC would include approximately 1 million gross square feet, 200 medical/surgical/psychiatric/extended care beds, outpatient capacity to receive 410,000 visits per year, mixed structured and surface parking facilities, and one helipad to accommodate emergency access by air. Enhanced backup systems for power, water, sewer, and HVAC would provide four days of service in the event of disruption of city infrastructure during a storm event (VA 2007a).

Site preparation activities at the Lindy Boggs site would include the activities defined in Section 1.2 of this document. These site preparation activities are considered part of this alternative and would be conducted in compliance with applicable Federal, State, Tribal, and local regulations.

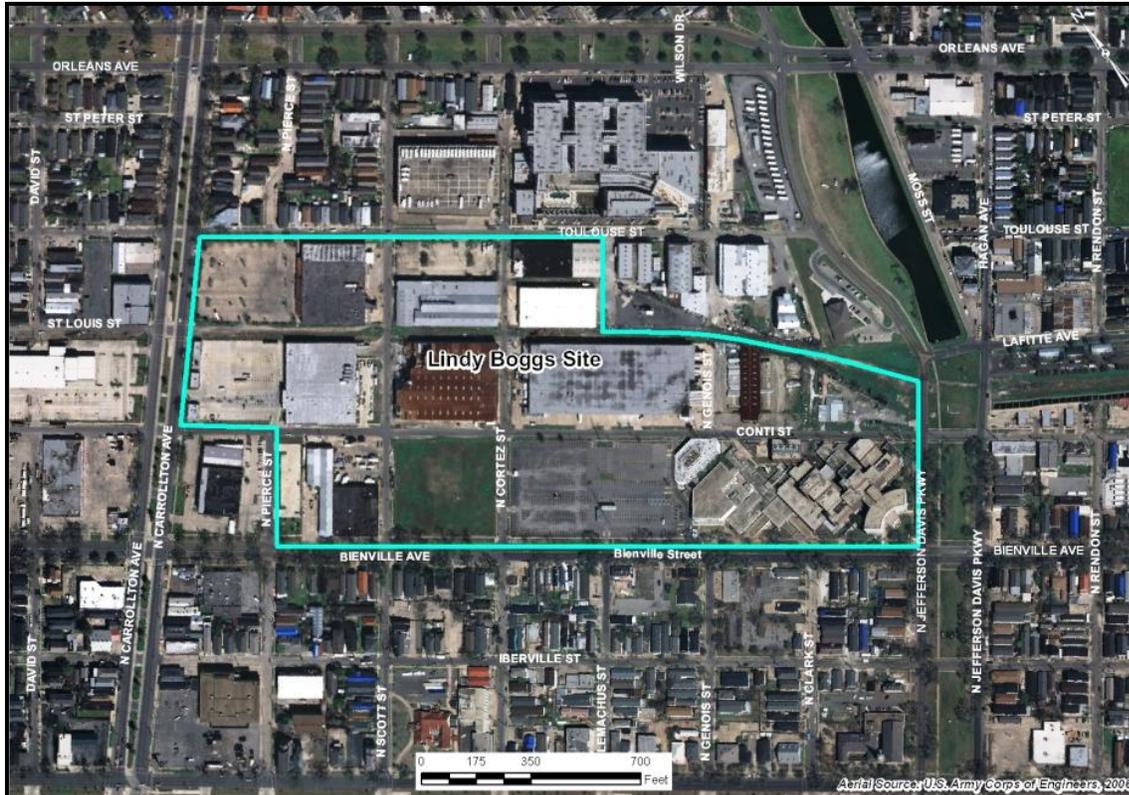


Figure 2-2. Lindy Boggs Site

Final disposition of the existing VAMC by VA has not yet been determined. The facility will be ventilated to control moisture and to secure against further deterioration by neglect, and the additional initiatives related to preserving building structure that were outlined for Alternative # 1 would also occur under Alternative # 2. The PA, which has been prepared in accordance with the NHPA through the Section 106 Consultation Process (appendix B), includes a procedure for the resolution of adverse effects to the VAMC pending final disposition of that building.

Under this alternative for the VAMC, the State may select the No Action alternative, choose to construct the new LSU AMC at the Tulane/Gravier site, or modify/renovate Charity Hospital.

2.2.4 Alternative # 3: Ochsner Site for VAMC

Under this alternative, the New Orleans VAMC would be replaced with a new facility at the Ochsner site (figure 2-3), which is a 28-acre parcel owned by Ochsner Health Systems (formerly Alton Ochsner Medical Foundation). The Ochsner site is located in Jefferson Parish approximately 3.5 miles west of the downtown New Orleans area, adjacent to the Ochsner Medical Center (Main Campus) on Jefferson Highway (figure 2-3). It is bordered by railroad tracks and the Earhart Expressway to the north, healthcare facilities to the east and south, and residential housing to the west. The site is currently occupied by three warehouses, two helipads, a parking lot, and a railroad spur.



Figure 2-3. Ochsner Site

Comparable to the Proposed Actions, the proposed VAMC would include approximately 1 million gross square feet, 200 medical/surgical/psychiatric/extended care beds, outpatient capacity to receive 410,000 visits per year, mixed structured and surface parking facilities, and one helipad to accommodate emergency access by air. Enhanced backup systems for power, water, sewer, and HVAC would provide four days of service in the event of disruption of city infrastructure during a storm event (VA 2007a).

Site preparation activities at the Ochsner site would include the activities defined in Section 1.2 of this document. These site preparation activities are considered part of this alternative and would be conducted in compliance with applicable Federal, State, Tribal, and local regulations.

Final disposition of the existing VAMC has not yet been determined. The facility will be ventilated to control moisture and to secure against further deterioration by neglect, and the additional initiatives related to preserving building structure that were outlined for Alternative # 1 would also occur under Alternative # 3. The PA, which has been prepared in accordance with the NHPA through the Section 106 Consultation Process (appendix B), includes a procedure for the resolution of adverse effects to the VAMC pending final disposition of that building.

Under this alternative for the VAMC, the State may select the No Action alternative, choose to construct the new LSU AMC at the Tulane/Gravier site, or modify/renovate Charity Hospital.

2.2.5 Alternative # 4: Modification/Renovation of Charity Hospital for LSU AMC

Under the modification/renovation alternative, the existing Charity Hospital would be modified or renovated for use as the new LSU AMC facility, consolidating the majority of the medical resources housed in the current MCLNO complex into a single facility. Comparable to the Proposed Actions, the modified/renovated Charity Hospital would replace the healthcare services and medical education and research facilities currently located within the MCLNO complex. The new medical facility would include 364 medical and surgical beds and 60 dedicated mental health beds, for an initial total of 424 beds with additional capacity for future expansion (MCLNO Business Plan Review 2008).

Charity Hospital sustained significant damage from the hurricane, including flooding and roof damage. Heavy winds from the hurricane caused significant damage throughout the building. Broken and/or cracked windows in the building led to water intrusion. The facility's entire infrastructure, including mechanical, electrical, and plumbing systems, would need to be replaced. These systems would also need to be brought into compliance with current building codes. Environmental hazards such as asbestos, lead-based paint, and mold would need to be fully assessed and abated prior to the modification/renovation of the building.

Prior to Katrina, the MCLNO complex, including Charity Hospital, was evaluated and those studies documented significant deficiencies and continued difficulty with meeting healthcare standards. Low Life Safety Code scores were issued by the Joint Commission of Healthcare Organizations in December 2002. The 2002 Accreditation Decision Report (Joint Commission of Healthcare Organizations 2002) cited the following concern:

Leadership needs to rethink the present process of continually seeking funding to fix and repair the buildings... Also, patient privacy and infection control are being compromised due to the building's environment. Leadership needs to strongly consider seeking from the state a more modern facility to improve patient safety, environmental safety, patient privacy and infection control.

This conclusion was supported by Adams Project Management Consulting, LLC when they issued their 2003 *Comprehensive Healthcare Facilities Study* of Charity Hospital, which concluded that the building and its systems were in such poor condition the facility was no longer suitable for delivery of healthcare services. Issues they identified included the need for a long-term measurement program to evaluate differential settling; integrity of the building envelope due to cracking of the façade; "irrevocable" water infiltration damage to mechanical, plumbing, and electrical systems; and the poor condition of the windows.

Following this report, three independent evaluations of Old Charity Hospital were conducted between August 2005 and September 2008. The findings of each evaluation are summarized below.

Adams Report (2005)

In the *Site and Facility Master Plan for the Consolidation of Charity and University Hospitals Medical Center of Louisiana New Orleans*, the Adams team concluded that the MCLNO is “hopelessly outmoded” as a result of “years of deferred maintenance, lack of reinvestment in facilities, and changes in privacy regulation,” and recommended a new facility which would provide more efficient, and cost-effective healthcare services. To avoid loss of accreditation and thus successive impacts to the availability of quality healthcare in New Orleans, their recommendation was to construct a new facility (ADAMS 2005).

Blitch-Knevel Report (2008)

The Blitch-Knevel report, to support the State of Louisiana’s application for FEMA assistance following Hurricane Katrina, estimates the cost of repairing Charity Hospital with current code requirements at \$289.7 million dollars to restore to its pre-storm condition as a functioning Level 1 Trauma Center and Teaching Hospital. This in-depth estimate consists of floor by floor and system by system damage assessments. Although there was no structural damage found, the building would need a new roof, and all the internal engineering would have to be replaced (HVAC, electrical, plumbing, etc.). Asbestos and lead paint removal and mold remediation would require extensive work. The estimate includes repairs to the exterior façade, the interior finishes, fire safety systems, handicap accessibility, and vertical transportation systems.

The final cost estimate includes only the Charity building itself and does not address any supporting buildings, such as the laundry across the street, or any modern upgrades to the hospital, such as flood proofing. It does include costs to repair the tunnels connecting the Charity building with the outlying support structures. The estimate also does not include the removal, disposal, or replacement costs for ‘moveable’ equipment, such as furniture, or medical or pharmaceutical waste, but fixed in place equipment, including kitchen equipment, is included. The report was “not intended to render any opinion for the preservation, reconfiguration, or replacement of Charity Hospital,” it merely “provides an evaluation of disaster related damages”. (Blitch-Knevel 2008)

Foundation for Historical Louisiana Report (2008)

The Foundation for Historical Louisiana (FHL), in response to the House Concurrent Resolution 89 of the 2006 Regular Session of the Legislature, which called for as its primary purpose an examination and evaluation of Charity Hospital to provide healthcare on an interim basis, hired RMJM Hillier to conduct an independent study of Charity hospital in May 2008. In September 2008, the investigation team published the *Medical Center of New Orleans Charity Hospital Feasibility Study*. They concluded that the envelope of the building was structurally sound and that Charity Hospital could be renovated into a fully accredited, code compliant, state-of-the-art medical facility within three years at a cost of \$484 million.

During their investigation of the building, the RMJM Hillier engineers identified many of the same issues addressed in the Blitch-Knevel report. Other compliance issues that must be addressed include door size, clearance, hardware, corridor widths, stair widths, and fire-

partitions. The windows throughout the facility need to be replaced due to damage, deterioration, lack of maintenance, and age and replaced with hurricane resistant units. The roof and rainwater drain systems will need to be completely replaced. Asbestos containing materials, polychlorinated biphenyl (PCB)-containing ballasts/capacitors, fluorescent light bulbs, and mercury vapor lamps must be removed throughout the structure. Mold growth on exposed surfaces and within the walls and ceilings is a significant concern. The teams recommend essentially gutting the interior of the building and installing all new systems and equipment.

The State is committed to reviewing all materials available when making its site selection decision and will therefore consider the information presented in the FHL report when making its decision regarding the LSU AMC.

The existing Charity Hospital is located on approximately 4.3 acres with an additional 4.3 acres of non-contiguous building locations scattered in the vicinity accommodating support and maintenance functions. Although the size of this site is considerably less than current requirements identified in the Preliminary Alternative Analysis for Site Selection document (VA 2008), this modification/renovation alternative is being carried through detailed analysis because of the historic significance of Charity Hospital.

Under this alternative for the LSU AMC, VA may select the No Action alternative or choose to construct the new VAMC at the Tulane/Gravier site, the Lindy Boggs site, or the Ochsner site.

2.3 ALTERNATIVES CONSIDERED AND ELIMINATED FROM DETAILED ANALYSIS

As part of the alternatives analysis, nine of the preliminary alternatives were eliminated from further consideration and will not be carried forward for detailed study in the PEA. These include modification/renovation of the existing VAMC facilities, demolition and reconstruction at the existing VAMC or MCLNO facilities, and construction of LSU AMC in one of six alternative site locations. The following sections document the basis for these decisions.

2.3.1 Modification/Renovation of Existing VAMC Facilities

Modification/renovation of the existing New Orleans VAMC facility was considered but eliminated from further consideration. Hurricane Katrina caused extensive damage to the VAMC facility rendering the existing facility unacceptable for continued use as a medical facility. The basement and sub-basement of the facility were flooded and the water remained for several weeks. Approximately 750,000 square feet of the 1 million square-foot facility remains unoccupied and mold control is an ongoing problem. VA's *Report to Congress on Plans for Re-establishing a VA Medical Center in New Orleans* states that "Reuse of the existing complex may be acceptable for a non-medical facility but not for a hospital with patients susceptible to infection." The report goes on to state that "The options addressing the existing facility are deemed too risky for future patient care and are unacceptable [to] the Department" (VA 2006). Furthermore, the existing VAMC facility, which was built in 1952, does not satisfy several standards of the Physical Security Design Manual for Mission Critical Facilities (VA 2007a) because construction and design standards have changed since the existing facility was built.

Some of the standards that the existing facility does not meet include: standoff distance (the distance away from a building that a vehicle is allowed to park or travel), emergency utilities provisions, and the need to store food supplies, potable and industrial water, fuel, and sewage.

The VAMC facility's utilities infrastructure, including electrical, plumbing, and mechanical systems, would need to be evaluated and either repaired or replaced. These systems would also need to be brought into compliance with current building codes. Environmental hazards such as asbestos, lead-based paint, and mold would need to be assessed in all of the buildings at the VAMC campus and remediation would have to be performed before the buildings could be renovated. The cost of abatement activities would increase the overall cost of providing a new facility, but would not add value to or improve facility design and layout.

In addition, the existing location is approximately 7 acres. This acreage is significantly less than the minimum 25 acres specified in the April 2007 solicitation issued by VA for the acquisition of land for construction of a new medical center in New Orleans (VA 2007b). The limited acreage of the existing site would not provide sufficient acreage to construct new state-of-the-art facilities, would not provide additional land for future expansion, and would not provide sufficient acreage to meet current Federal requirements (e.g., standoff distances).

Therefore, based on ongoing mold concerns, current design requirements, size (acreage) constraints, costs, environmental hazards, and time consideration, modification/renovation of the existing New Orleans VAMC facility was dismissed as not feasible.

2.3.2 Demolition and Reconstruction at Existing VAMC Location

Demolition of the existing facility and reconstruction at the existing New Orleans VAMC location was considered but eliminated from further consideration. Demolition and reconstruction at the existing location would eliminate a number of the issues associated with modification/renovation at the existing site. However, the existing location is still only 7 acres. This acreage is significantly less than the 25-acre minimum specified in the April 2007 solicitation issued by VA for the acquisition of land for construction of a new medical center in New Orleans (VA 2007b). The limited acreage of the existing site would not provide sufficient acreage to construct new state-of-the-art facilities to meet or exceed the capacity of the existing facilities, would not provide additional land for future expansion, and would not provide sufficient acreage to meet current Federal requirements (e.g., standoff distances). Therefore, based on current design requirements and size (acreage) constraints, demolition and reconstruction of the existing New Orleans VAMC facility was dismissed as not feasible.

2.3.3 Demolition and Reconstruction at Existing LSU AMC Location

Demolition of the existing facilities and reconstruction at the existing Charity Hospital location was considered but eliminated from further consideration. The footprint of the existing Charity Hospital is 4.3 acres. The size of the existing site would not provide sufficient acreage to construct a new state-of-the-art facility to meet or exceed the capacity of the existing facility and would not provide additional land for future expansion.

Another critical factor that was considered in eliminating this alternative was the historic significance of Charity Hospital. Based on current design requirements and size (acreage) constraints, costs of demolition and reconstruction, and the existing facility's historic significance, this alternative was dismissed as not feasible.

2.3.4 Construction of LSU AMC at Other Alternative Sites

Six alternative site locations (figure 2-4) were considered as potential locations for the LSU AMC complex and were subsequently eliminated from further consideration based on evaluation against the site selection criteria for meeting the identified purpose and need. Using the American Institute of Architects guidelines and the Academic Medical Center planning standards as a foundation for patient space planning, the limited acreage of these sites would not provide sufficient acreage to construct new state-of-the-art facilities to meet or exceed the capacity of the existing facilities or provide additional land for future expansion and growth.

Therefore, based on the current design requirements and size (acreage) constraints, each of these locations discussed below was dismissed as not feasible for delivering long-term healthcare services to the community. A more detailed explanation for eliminating each of these sites from further consideration is provided below.

Location 1: East of Galvez Street, North of Poydras Street, South of Gravier Street, immediately adjacent to University Hospital and LSU Health Sciences Center. This site consists of 10.4 acres, which is less than the acreage specified in the site selection criteria. A strong attribute of this location is the connection to the surrounding Health Sciences Center structures and facilities; however, the lack of property available limits the ability to meet the spacing demands for future expansion and growth potential necessary for sustaining a state-of-the-art hospital and teaching facilities. In addition, utilization of this area by LSU AMC would block future expansion of the LSU Health Sciences Center. This site was extensively evaluated; however, this site did not meet the size criteria necessary to meet the critical healthcare needs of the region post-Katrina.

Location 2: North of Tulane Avenue, east of Claiborne Avenue, adjacent to Tulane Hospital. This site consists of 4.8 acres, which is considerably less than the acreage specified in the site selection criteria. Although this site's connection to the existing campus and close proximity to Interstate 10 (I-10) and public transportation would be assets, the site was eliminated from further consideration due to its small size and limited room for expansion.

Location 3: Adjacent to the west side of University Hospital and across from Tulane Avenue. This site consists of 10.4 acres, which is less than the acreage specified in the site selection criteria. This site is adjacent to University Hospital, close to the existing campus and medical school, and offers space to grow across Tulane Avenue. However, this location would not meet the site criteria to accommodate all LSU AMC hospital services efficiently within one contiguous area. In addition, this location also limits the medical school's expansion capability.

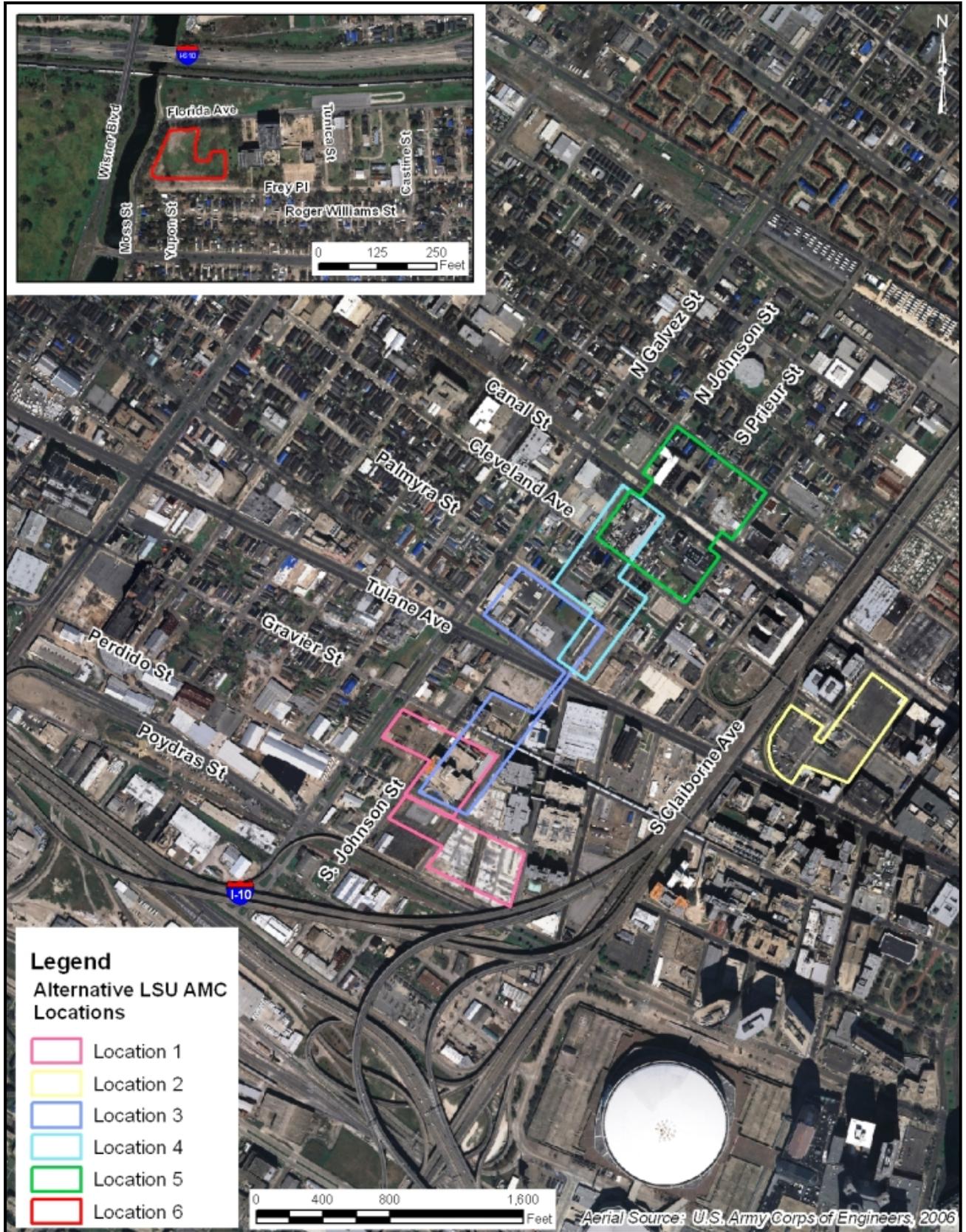


Figure 2-4. Alternative LSU AMC Sites Considered

Location 4: Between Canal Street and Tulane Avenue and between Johnson Street and South Roman Street. This site consists of 8.1 acres offering ease of access to health services and public transportation. While this site has been dismissed from consideration as a stand-alone site because of its small size, this site's footprint has been incorporated into a larger site as proposed in this action to accommodate the sizing requirements for a new hospital and teaching facility.

Location 5: Sites on both sides of Canal Street and between Johnson Street and Roman Street. This site consists of 10.8 acres. This location was eliminated because it did not meet the site selection criteria to accommodate all LSU AMC hospital services efficiently under one roof or within one contiguous area, as this site is farther away from the LSU Health Science Center.

Location 6: On the site of the LSU Dental School near I-10 and Florida Avenue. This site consists of 3 acres and is therefore substantially smaller than the acreage specified in the site selection criteria. This site offers close proximity to I-10 and public transportation; however, the site was eliminated from further consideration based on its distance from the LSU Health Sciences Center, limited size, and limited growth opportunities. In addition, selection of this site would limit the LSU Dental School's expansion opportunities.

2.4 SUMMARY COMPARISON OF ALTERNATIVES

This section summarizes the overall conclusions regarding the possible direct, indirect, or cumulative impacts for each alternative on the components of the existing environment and the potential for these impacts to be significant. The alternatives can have impacts on resources which are adverse, beneficial, or both adverse and beneficial. The environmental resources potentially affected by the alternatives and the direct and indirect impacts on each resource from each alternative are described in Chapter 3, Affected Environment and Environmental Consequences. Chapter 4, Cumulative Impacts, describes the potential cumulative impacts that may be associated with each alternative. This phased approach ensures that all direct and indirect effects will be identified, and options to avoid, minimize, or mitigate those adverse impacts will be considered. Table 2-1 summarizes the conclusions reached for each alternative in Chapters 3 and 4.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/Renovation of Charity Hospital for LSU AMC²
Physical Environment					
Geology and Soils	No construction would occur, so there would be no impacts on geology and soils.	Demolition and construction would disturb soils, but erosion control practices would minimize offsite transport. Operational and design measures would prevent/minimize soil contamination from fuel leaks or spills. Adverse impacts would be minimal.	Impacts essentially the same as Alternative # 1.	Impacts essentially the same as Alternative # 1.	Impacts essentially the same as Alternative # 1, but the smaller footprint of the Charity Hospital site would further minimize impacts.
Flood Zone	No construction would occur in the flood zone, so there would be no impacts.	Construction would be within the 100-year and 500-year flood zones. Design measures, such as raising base elevation above the flood zone, would minimize impacts.	Impacts essentially the same as Alternative # 1.	Most of site is within the 500-year flood zone and outside the 100-year flood zone. Impacts less than Alternative # 1	Impacts essentially the same as Alternative # 1, but the smaller footprint of the Charity Hospital site would further minimize impacts.
Water and Coastal Resources	No construction would occur, so there would be no impacts.	There would be no impacts on surface waters or wetlands.	There would be no impacts on surface waters or wetlands.	There would be no impacts on surface waters or wetlands.	There would be no impacts on surface waters or wetlands.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/Renovation of Charity Hospital for LSU AMC²
Land Use	No construction would occur, so there would be no project-related impacts on land use. Future land use at the four locations considered would likely develop in accordance with existing land use plans. However, the condition of facilities on the existing VAMC and Charity Hospital sites would continue to degrade, which could reduce the attractiveness of adjacent areas and potentially cause limited disinvestment and land use changes in those areas.	Land use on the site would be converted to medical, displacing residential and commercial uses. These changes would be consistent with planning for the site, compatible with adjacent land uses, and would promote the goals of Medical District development and economic redevelopment of surrounding areas. Although short-term loss of residential and commercial uses on the sites may be adverse, long-term impacts overall would be beneficial. Cumulative impacts in conjunction with other development in the vicinity contributing to increases in employment and demand for housing and commercial services would be incremental but mainly beneficial.	Impacts would be similar to those under Alternative # 1. However, there would be no direct adverse impact due to displacement of on-site residential land use, and the overall beneficial impact may be reduced due to the distance of this site from the Medical District.	Impacts would be similar to those under Alternative # 1. However, there would be no direct adverse impact due to displacement of on-site residential land use, and the overall beneficial impact may be reduced due to the distance of this site from the Medical District.	Land use on site would remain the same. There would be no direct adverse impact due to displacement of on-site residential or commercial land uses.
Infrastructure	No construction would occur, so there would be no impacts on infrastructure.	Existing utilities would be adequate for the proposed facilities or would be upgraded to increase performance, and landfill space would be reduced by demolition debris. Overall impact on infrastructure would be small.	Impacts would be similar to those for Alternative # 1.	Impacts would be similar to those for Alternative # 1.	Impacts would be similar to those for Alternative # 1, but there would be less demolition debris for disposal.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/ Renovation of Charity Hospital for LSU AMC²
Cultural Resources					
Historic Buildings	The existing VAMC/MCLNO buildings that are National Register of Historic Places (NRHP)-eligible have flood and hurricane damage. The disrepair, neglect, and change in historic operations, which threaten their historical integrity and National Register eligibility, would continue.	The footprints of the proposed VAMC and LSU AMC would adversely impact the Mid-City NRHD. Additionally, the abandonment of Charity Hospital for medical use could change the character of the property's use, which contributes to its historical significance. VAMC would cease to function as a hospital; an adverse impact to its NRHP eligibility. Indirect and cumulative impacts could result from ground vibration, construction traffic, and noise. These adverse impacts, however, would be reduced by mitigation measures.	No historic buildings would be directly impacted. The new VAMC could indirectly impact portions of two historic districts within the Area of Potential Effect (APE). The existing VAMC would cease to function as a hospital; an adverse impact to its NRHP eligibility. Indirect and cumulative impacts would be similar to those described for Alternative # 1. These adverse impacts, however, would be reduced by mitigation measures.	No historic buildings would be directly impacted. The APE does not include any NR listed or eligible structures. The existing VAMC would cease to function as a hospital; an adverse impact to its NRHP eligibility. Indirect and cumulative impacts would be similar to those described for Alternative # 1. These adverse impacts, however, would be reduced by mitigation measures.	If the integrity of the eligible and listed properties is maintained, the effect would be beneficial. If property renovations do not comply with applicable standards, NRHP eligibility would be threatened, an adverse impact. However, mitigation measures would be employed to minimize the potential for this adverse impact to occur.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/ Renovation of Charity Hospital for LSU AMC²
Archaeology	No archaeological properties would be directly or indirectly impacted.	No known archaeological sites in the proposed project footprint. Site-specific analyses to be performed in next phase. Potential for intact prehistoric sites within the project footprint is very low; potential for intact historical (late 19 th and 20 th centuries) archaeological sites is high. Investigations would be conducted. Opportunities to avoid, minimize and mitigate will be considered and treatment measures will be developed.	No known archaeological sites in the project footprint. Low potential for intact prehistoric or historic archaeological sites. Investigation of northeast corner near Bayou St. John may be warranted. Opportunities to avoid, minimize and mitigate will be considered and treatment measures will be developed.	No known archaeological sites in the project footprint. Almost no potential for undisturbed archaeological sites and no additional investigation recommended.	No known archaeological sites in the project footprint. Low potential for intact prehistoric or historic sites within the project footprint. If undeveloped areas near Charity Hospital are to be used in design, investigations would be conducted. Opportunities to avoid, minimize and mitigate will be considered and treatment measures will be developed.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site ¹	Alternative # 3: Construction of VAMC at Ochsner Site ¹	Alternative # 4: Modification/ Renovation of Charity Hospital for LSU AMC ²
Socioeconomics					
Population and Housing	There would be no construction of new medical facilities, thus there would be no direct adverse impacts on population or housing. However, this alternative could contribute to have an adverse impact on population due to the lack of adequate health care delivery, as well as due to cumulative adverse effects in conjunction with operational reductions at other facilities and services degraded by storm damage.	The Proposed Action would have adverse impacts due to displacement of residents, demolition of existing on-site housing, and reduced community cohesion. The level of impact would be reduced through mitigation measures. Effects on housing demand from employees could have direct and cumulative beneficial impacts on property values and redevelopment, but could have adverse impacts if existing adjacent housing is displaced by related development.	There would be no direct effects on population or housing at Lindy Boggs site because there are no current residents on the site. Indirect impacts at Lindy Boggs site and impacts from the LSU AMC at Tulane/Gravier site would be similar to Alternative # 1. Effects on housing demand from employees could have beneficial impact on property values and redevelopment, but could have adverse impacts if adjacent housing is displaced by related development.	Impacts would be similar to those described for Alternative # 2.	Impacts would be similar to those described for Alternative # 1. However, no residents would be adversely impacted by being displaced from the site.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/ Renovation of Charity Hospital for LSU AMC²
Community Facilities and Services	There would be no construction of new medical facilities or provision of improved healthcare services at any of the alternative locations. Consequently, community healthcare facilities and services would continue to be significantly impacted by the damage sustained as a result of Hurricane Katrina.	The Proposed Actions would provide substantial beneficial direct impacts on medical facilities and the delivery of medical services in the City. Local public safety and school services would be adequate to support possible increased demand from development associated with the proposed facilities.	Impacts from this alternative would be predominantly beneficial and essentially the same as described for Alternative # 1.	Impacts from this alternative would be predominantly beneficial and essentially the same as described for Alternative # 1.	Impacts from this alternative would be predominantly beneficial and essentially the same as described for Alternative # 1.
Environmental Justice	There would be adverse impacts due to continued impairment of healthcare delivery to the uninsured, minority, and low-income populations. Cumulative adverse impacts due to inhibition of the restoration of medical facilities and services in Orleans Parish could disproportionately affect minority and low-income populations.	Potential adverse impacts due to displacement of minority and low-income residents from the sites would be mitigated through government relocation assistance. Therefore, there would be no disproportionately high and adverse direct or cumulative impacts to a community of concern. Beneficial impacts would result from improved access to and quality of healthcare, as well as increased opportunities for employment.	There would be no displacement of residents from the Lindy Boggs site and no direct or cumulative adverse environmental justice impacts. Beneficial impacts would be similar to Alternative # 1.	There would be no displacement of residents from the Ochsner site and no direct or cumulative adverse environmental justice impacts. Beneficial impacts would be similar to Alternative # 1.	There would be no displacement of residents from the Charity Hospital site and no direct or cumulative adverse environmental justice impacts. Beneficial impacts would be similar to Alternative # 1.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/ Renovation of Charity Hospital for LSU AMC²
Transportation	No construction would occur, so there would be no impacts on transportation.	Existing roads expected to be sufficient for any increase in traffic associated with the project. Local streets within sites would be closed, and changes in traffic patterns could adversely affect nearby residents and businesses. These effects may be offset by improved public transportation, and cycling and pedestrian improvements.	Existing road access is more limited than at the Alternative # 1 location. Impacts would be similar to those described for Alternative # 1.	Existing road access is more limited than at the Alternative # 1 location. Impacts would be similar to those described for Alternative # 1.	Impacts would be similar to those described for Alternative # 1.
Human Health and Safety	Healthcare delivery in New Orleans would continue to be impaired. Failure to remove contaminated materials within the structures and to reduce moisture and humidity may present serious long-term health risks.	Sites contain several USTs, an LUST, and numerous sites of potential hazardous material releases. There would be occupational health and safety hazards for remediation, demolition, and construction workers. Completed projects would have a substantial beneficial impact on human health in the community.	Impacts would be similar to those described for Alternative # 1. However, direct and indirect impacts might be greater than Alternative # 1 due to the nature of the demolition tasks and the greater volumes of waste to be transported off-site.	Impacts would be similar to those described for Alternative # 1. However, direct and indirect impacts might be greater than Alternative # 1 due to the nature of the demolition tasks and the greater volumes of waste to be transported off-site.	Impacts would be similar to those described for Alternative # 1, but less than the impacts associated with Alternatives # 2 and # 3.

Table 2-1. Summary of Potential Environmental Impacts

Resource	No Action Alternative	Alternative # 1: Proposed Actions - Construction of VAMC and LSU AMC at Tulane/Gravier Site	Alternative # 2: Construction of VAMC at Lindy Boggs Site¹	Alternative # 3: Construction of VAMC at Ochsner Site¹	Alternative # 4: Modification/Renovation of Charity Hospital for LSU AMC²
Biological Resources	There would be essentially no impacts on biological resources.	There would be essentially no impacts on biological resources.	There would be essentially no impacts on biological resources.	There would be essentially no impacts on biological resources.	There would be essentially no impacts on biological resources.
Air Quality	No construction would occur, so there would be no project-related impacts on air quality.	Impacts on air quality would be minimal.	Impacts on air quality would be minimal.	Impacts on air quality would be minimal.	Impacts on air quality would be minimal.
Noise	No construction would occur, so there would be no project-related impacts on noise.	Construction-related noise during the relatively short-term period of construction could have a minor adverse impact on nearby residents. During the long-term operational period, episodic noise from sirens and medical helicopters may reach adverse levels for short periods.	Noise impacts would be similar to those described for Alternative # 1. However, the separation of the two facilities would reduce the total noise impacts at each location.	Noise impacts would be similar to those described for Alternative # 1. However, the separation of the two facilities would reduce the total noise impacts at each location.	Noise impacts would be similar to those described for Alternative # 1. However, the renovation activities at Charity Hospital would produce less noise than construction at the Alternative # 1 location, and the separation of the two facilities would reduce the total noise impacts at the Alternative # 1 location.

¹ Construction of VAMC only is addressed here. LSU AMC impacts are addressed under Alternative # 1.

² Modification/renovation of Charity Hospital only is addressed here. VAMC impacts are addressed under Alternatives # 1, # 2, and # 3.

3.0 AFFECTED ENVIRONMENT AND ENVIRONMENTAL CONSEQUENCES

As discussed in the previous chapters, multiple projects are being considered collectively in this PEA. VA, FEMA, the State, and the City recognize and acknowledge that the VAMC and LSU AMC projects are separate and severable and each may proceed independently to completion. This PEA assesses the following alternatives, in addition to the No Action alternative:

- Alternative # 1 (Proposed Actions) – Construction of new VAMC and LSU AMC facilities in the Tulane/Gravier area;
- Alternative # 2 – Construction of a new VAMC at the Lindy Boggs site and a new LSU AMC at the Tulane/Gravier site (or the alternative location [Charity Hospital]);
- Alternative # 3 – Construction of a new VAMC at the Ochsner site and a new LSU AMC at the Tulane/Gravier site (or the alternative location [Charity Hospital]); and
- Alternative # 4 – Rehabilitation and renovation of Charity Hospital as the new LSU AMC and construction of a new VAMC at the Tulane/Gravier site (or one of the alternative locations [Lindy Boggs or Ochsner]).

This chapter describes the environments of the existing VAMC and Charity Hospital locations, the proposed Tulane/Gravier location, and the alternative locations. This chapter also addresses, for each potentially affected environmental component, the consequences (impacts) of constructing the projects at each of the alternative locations.

Given that the locations of the existing facilities and the proposed Tulane/Gravier VAMC and LSU AMC sites are in close proximity, the discussions regarding the existing environment at these locations are often combined in the same section to simplify the discussion and to avoid repetition. While the Lindy Boggs site is located only about 1 mile from the proposed Tulane/Gravier locations and has some similarities to these sites, the existing environment at this alternative location is discussed separately. The existing environment of the Ochsner site, which is located farther from the other sites, also is addressed separately.

Under Alternatives # 2 and # 3, the LSU AMC, if built, could be located at either of two locations (Tulane/Gravier or Charity Hospital). Under Alternative # 4, the VAMC, if built, could be located at any of three locations (Tulane/Gravier, Lindy Boggs, or Ochsner). When evaluating the impacts associated with these alternatives in this chapter, it was assumed that under Alternatives # 2 and # 3, the LSU AMC would be built at the Tulane/Gravier site and under Alternative # 4, the VAMC would be built at the Tulane/Gravier site. These assumptions were employed to simplify the evaluation of the multiple combinations of sites possible under these alternatives. Thus, the impacts of locating the LSU AMC at Charity Hospital under Alternative # 2 or # 3 are presented under Alternative # 4, and the impacts of locating the VAMC at the Lindy Boggs or Ochsner sites under Alternative # 4 are presented under Alternatives # 2 and # 3, respectively.

The existing environment of each alternative site is described below by presenting descriptions of the environmental resources that make up the environment at each site. Following the description of the individual environmental resources, the impacts of the No Action alternative, the Proposed Actions, and other alternatives are evaluated. First, the No Action alternative is discussed in order to provide a description of impacts currently occurring under existing,

baseline conditions. The assessment of the full range of impacts from future project tiers, including facility design, site preparation, and construction, is not within the scope of this PEA. Those impacts will be further evaluated in the future in order to ensure that all direct and indirect impacts will be identified.

The CEQ regulations implementing NEPA require an evaluation of the significance of an impact based on both its context, including consideration of local and regional effects as well as short-term and long-term effects, and its intensity or severity. The regulations provide 10 considerations that, if applicable, must be considered in evaluating the significance of impacts (40 CFR Part 1508.27):

- 1) Is the impact adverse or beneficial?
- 2) Does the impact affect public health or safety?
- 3) Does the area affected have unique characteristics such as historic or cultural sites, farmlands, parklands, wetlands, wild and scenic rivers, or ecologically critical areas?
- 4) Is the impact highly controversial?
- 5) Is the impact highly uncertain or unknown?
- 6) Does the effect of the action establish a precedent for future actions with significant effects?
- 7) Is the impact related to other impacts that are individually insignificant but cumulatively significant?
- 8) Does the impact adversely affect scientific, cultural, or historical resources?
- 9) Does the impact adversely affect an endangered or threatened species or its habitat?
- 10) Does the impact threaten a violation of Federal, state, or local laws or regulations for the protection of the environment?

Impact evaluations are also expected to consider mitigation measures. If relevant, the final conclusions of an Environmental Assessment are based on the impacts that remain after mitigating measures have been taken into consideration (see Chapter 5). Chapter 4 addresses possible cumulative impacts from the Proposed Actions and the alternatives that may not be individually significant but could be significant when considered in conjunction with other actions that impact the same resources (e.g., other construction projects in the area).

Once an alternative has been selected by VA, FEMA, and the City, site-specific studies will be conducted to further evaluate some resources. These studies will evaluate the impacts of the selected alternative on environmental resources that cannot be addressed in detail until the site has been selected and facility construction has entered the planning phase. Site-specific resources that would be evaluated later in greater detail are listed below. In the PEA, these resources are discussed in more general terms.

- Infrastructure/utilities, which cannot be fully evaluated until specific needs are determined;

- Archaeology, which cannot be fully evaluated until excavation of the sites is possible;
- Traffic, which cannot be fully studied until the facilities are laid out and commuting and emergency vehicle routes are determined;
- Noise, which cannot be fully studied until emergency medical transportation patterns (land and air) can be predicted and the distances between stationary construction/demolition noise sources and receptors can be determined;
- Socioeconomics, which will be dependent on the timing of the projects, which in turn will be based on factors such as funding, permitting, etc.; and
- Acceptable Separation Distances (ASDs) from the hazardous substances defined in 24 CFR Part 51.201.

There is no requirement that construction of the VAMC and LSU AMC occur simultaneously. In fact, based on administrative requirements, funding mechanisms, permitting, etc., it is highly unlikely that the two projects would proceed with identical schedules. However, there is a potential for some overlap in the projects.

3.1 PHYSICAL ENVIRONMENT

The physical environment includes the site locations, the geology and soils of the area, and the site elevations with respect to flood zones. These aspects of the physical environment are discussed below for the existing VAMC and Charity Hospital locations, the proposed Tulane/Gravier locations, and alternative locations for the VAMC at the Lindy Boggs and Ochsner sites.

3.1.1 Existing Conditions – Physical Environment

3.1.1.1 Site Descriptions

Existing and Proposed Tulane/Gravier Locations

The existing VAMC and Charity Hospital (Alternative # 4) sites and the proposed Tulane/Gravier sites (Alternative # 1) lie within the same geographical area of the City of New Orleans. The sites are located near I-10 (figure 2-1) in an urban area that is heavily developed with residential and commercial buildings.

Alternative # 2 – Lindy Boggs Location

The Lindy Boggs site, a proposed alternative location for the VAMC, is located along the northern boundary of the historic Mid-City neighborhood, a heavily developed area of central New Orleans (figure 2-2). The site is currently occupied by the abandoned Lindy Boggs Medical Center (LBMC), a Home Depot Store and parking lot, a large undeveloped lot, and other industrial/warehouse properties.

Alternative # 3 – Ochsner Location

The Ochsner site, a proposed alternative location for the VAMC, is located in a heavily developed area of Jefferson Parish. It is bordered by railroad tracks and the Earhart Expressway

to the north, Ochsner Medical Center facilities to the east and south, and residential housing to the west (figure 2-3). The site is currently occupied by three warehouses, two helipads, a parking lot, and a railroad spur.

3.1.1.2 Geology and Soils

Existing and Proposed Tulane/Gravier Locations

Geologically, the existing medical facility sites and proposed Tulane/Gravier sites lie in the Mississippi River Deltaic Plain within the Gulf Coastal Plain physiographic province. The region is underlain by unconsolidated sedimentary deposits (primarily formed by sand and gravel) underlain by silt and clay. The geology in the area is characterized by silty and clayey layers ranging in age from Cenozoic to Quaternary (NWS 1984). These layers formed deposits of black swamp sediment and natural levees to the Mississippi River. These sediments occur between 60 and 100 feet below land surface and are considered bedrock.

According to the Orleans Parish Soil Survey, the existing medical facility sites and proposed VAMC and LSU AMC Tulane/Gravier sites are underlain by Schriever clay soils (USDA/SCS 1989). Schriever clay soils are characterized by poorly drained to somewhat poorly drained soils having a clayey or loamy surface layer and clayey subsoil. These types of soils are listed as prime farmland by the Natural Resources Conservation Service (NRCS 2007). The Farmland Protection Policy Act (FPPA; Public Law [P.L.] 97-98, Sec. 1539-1549; 7 United States Code [USC] 4201, et seq.) states Federal agencies must “minimize the extent to which Federal programs contribute to the unnecessary conversion of farmland to nonagricultural uses.” However, the NRCS considers sites with soils that are significantly altered or obscured by urban processes and development to be Urban Land (NRCS 2007). Because the area containing the existing and proposed Tulane/Gravier sites is Urban Land, the FPPA does not apply (NRCS 1994).

Alternative # 2 – Lindy Boggs Location

The Lindy Boggs site is geologically similar to the existing and proposed Tulane/Gravier locations, as previously described, and the site is also underlain by Schriever clay soils (USDA/SCS 1989). Furthermore, the NRCS considers the site Urban Land and, therefore, the FPPA does not apply (NRCS 1994).

Alternative # 3 – Ochsner Location

The Ochsner site is geologically similar to the existing Tulane/Gravier locations described previously and the site is also underlain by Schriever clay soils (USDA/SCS 1983). Furthermore, the NRCS considers the site Urban Land and, like the other sites, the FPPA does not apply (NRCS 1994).

3.1.1.3 Flood Zone

The 100-year floodplain designates the area that has a 1 percent chance or greater of being flooded in any given year. For critical actions, such as locating a hospital, Federal agencies use

the 500-year floodplain, which designates the area that has a 0.2 percent chance or greater of being flooded in any given year. Floodplains are established by FEMA and are shown on Flood Insurance Rate Maps (FIRMs) or Flood Hazard Boundary Maps (FHBMs) for all communities that are members of the National Flood Insurance Program.

Existing and Proposed Tulane/Gravier Locations

The topography of the area surrounding the existing medical facilities and the proposed Tulane/Gravier sites is relatively flat, with elevations ranging from 0 to 5 feet above mean sea level (msl; USGS 1998). All of the existing facilities and proposed locations are within both the FEMA 100-year and 500-year floodplains.

According to the FIRM, the Tulane/Gravier sites are entirely within the FEMA-designated Zone A4 100-year floodplain except for a small part of the proposed new LSU AMC site south of Canal Street and west of North Claiborne Street/I-10, which is in Zone B (see figure 3-1; FEMA 1984a). The Hurricanes Katrina and Rita Surge Inundation and Advisory Base Flood Elevation (ABFE) for the proposed Tulane/Gravier sites is 0 feet above msl or 3 feet above highest existing adjacent grade (HEAG; FEMA 2006a). The ABFE for the existing facility sites is 2.5 feet above msl or 3 feet above HEAG (FEMA 2006a). Executive Order (EO) 11988 (Floodplain Management) requires Federal agencies to minimize the occupancy of and modification to the floodplain unless there is no practicable alternative (U.S. Environmental Protection Agency [USEPA] 1977).

Alternative # 2 – Lindy Boggs Location

The topography around the alternative Lindy Boggs site is relatively flat, with elevations ranging from 0 to 5 feet above msl (USGS 1998). According to the FIRM, the topography around the proposed Lindy Boggs site is flat and located at msl (0 feet above msl). The entire site is within the 100-year and 500-year floodplains with a FEMA-designated flood zone A4 (see figure 3-2; FEMA 1984b). As illustrated on the Hurricanes Katrina and Rita Surge Inundation and ABFE Map, the ABFE for the Lindy Boggs site is 0 feet above msl or 3 feet above HEAG (FEMA 2006b, 2006c).

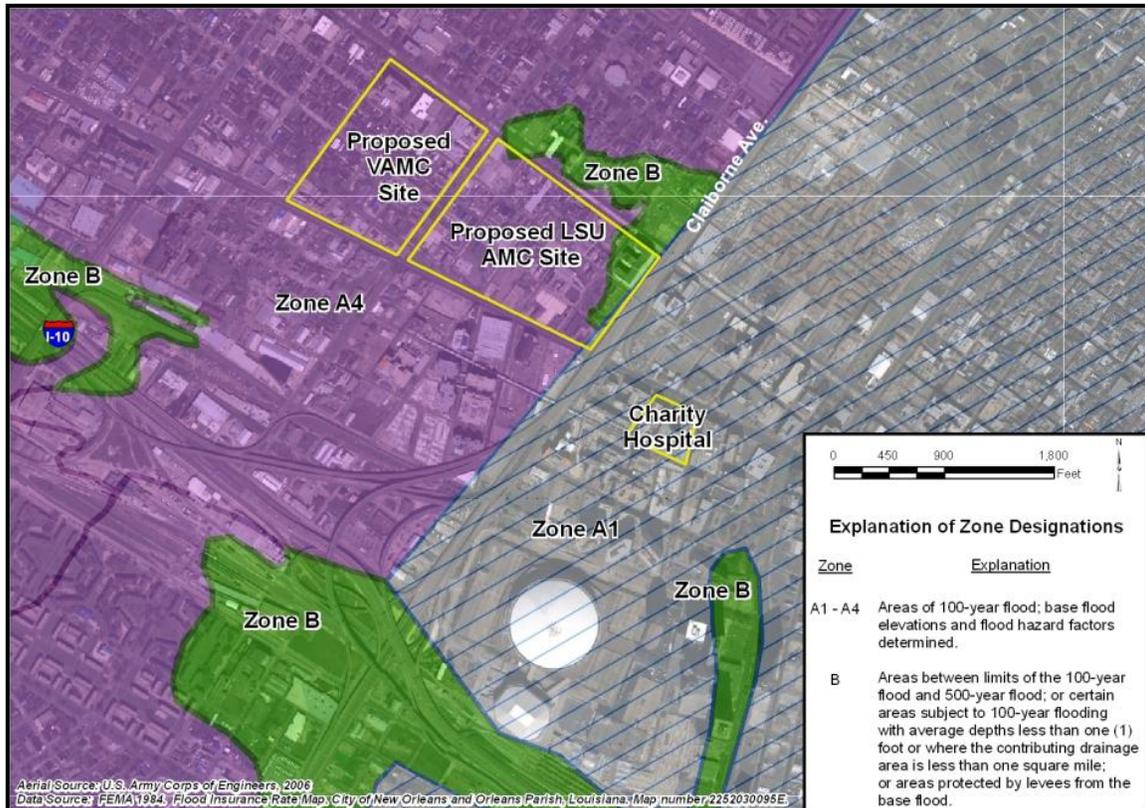


Figure 3-1. FEMA Flood Insurance Rate Map – Tulane/Gravier Area

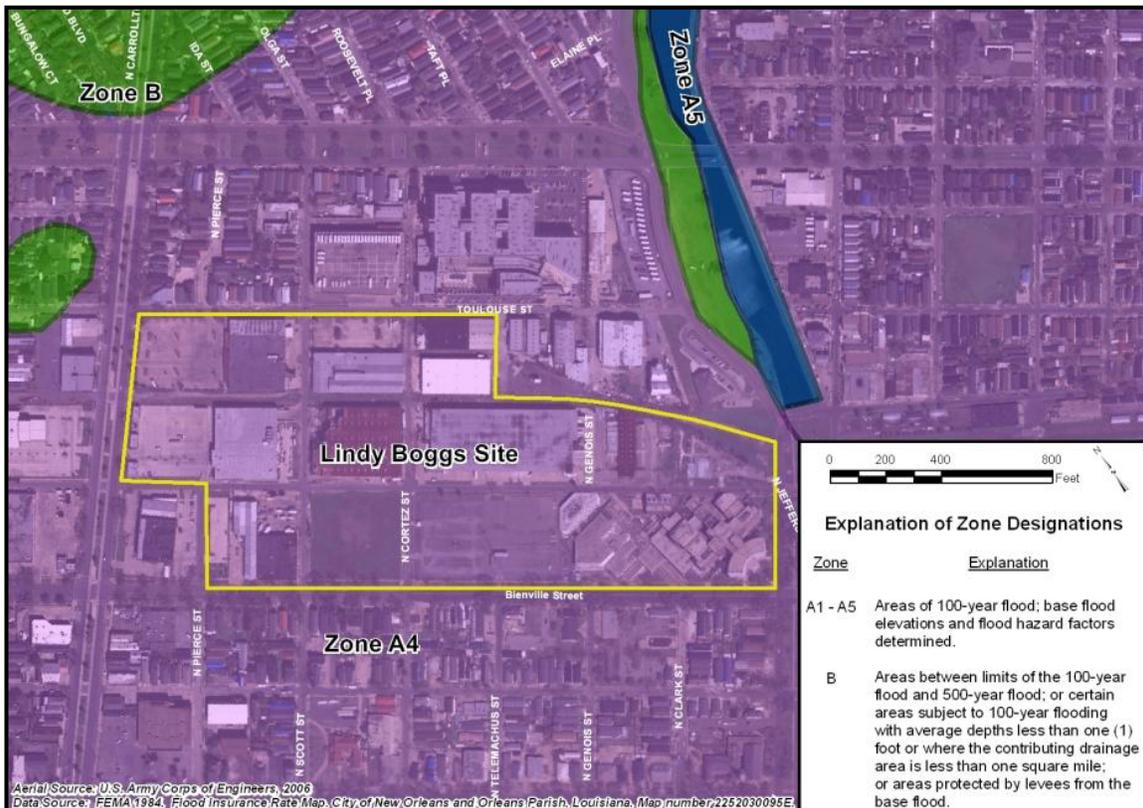


Figure 3-2. FEMA Flood Insurance Rate Map – Lindy Boggs Site