

Richard “Ricky” Twiggs Jr. – New Orleans Mayoral Health Policy Questionnaire

Healthcare Access & Insurance Coverage

Q: About 1 in 3 New Orleans residents, including 59% of children in the city, are enrolled in Medicaid. Recent policy changes will make it more challenging for those residents to keep their Medicaid coverage. How would you leverage the City resources, programs, and partners to support residents maintaining coverage in Medicaid as the new requirements are implemented?

In Louisiana, nearly one in three residents (almost sixty percent of children) depend on Medicaid for their health coverage. Recent policy changes brought by the One Big Beautiful Bill Act threaten to make it harder for these families to keep their coverage, creating yet another barrier for those already struggling to access care. New Orleans, a city still scarred by the loss of its safety net institutions, cannot afford to let more of its people fall through the cracks.

When Charity Hospital closed after Hurricane Katrina, the blow to our community was devastating. Charity had long been the place where New Orleanians, regardless of income, could receive care. As one report noted, “Charity’s closure left a major gap in medical care for uninsured and underinsured patients”. Another captured the crisis more starkly: “If they are suicidal or homicidal, there is nothing for them in New Orleans”, a sobering acknowledgment from the NOPD Crisis Unit about the lack of behavioral health beds. A third observation summed up what we all felt: “The closure of Charity Hospital has resulted in widened healthcare gaps... worsening existing health disparities.” These words remind us that the absence of Charity created not just a hole in our healthcare system but a wound in the soul of our city.

Charity’s third floor is etched into our collective memory. It was where the acutely mentally ill could find refuge when no other doors were open to them. Families in crisis knew they could turn there when there was nowhere else to go. That history should guide us now. By leveraging the stakeholders already tied to Charity Hospital we can reopen Charity and Lindy Boggs as behavioral and mental health centers. These facilities could once again serve as anchors for inpatient psychiatric care, detox, crisis stabilization, and longer-term behavioral health programming that our community desperately needs.

But we should not stop at rebuilding walls and wards. The legacy of Charity must live beyond its footprint. That is why I propose mobilized “Spirit of Charity” initiatives. A fleet of mobile clinics and outreach teams that carry the same mission into every neighborhood. These teams would not only help residents enroll and stay enrolled in Medicaid under the new federal requirements, but also connect people to screenings, vaccinations, reproductive health services, youth check-ups, and behavioral health support. By going directly into neighborhoods, schools,

churches, and community centers, the Spirit of Charity Mobile Program would break down the barriers of distance, paperwork, and bureaucracy.

This model would also allow us to build a deeper pipeline between residents and our broader medical community. Federally Qualified Health Centers, local hospitals, and universities could co-fund and staff these mobile units, creating an ecosystem where academic partners, private healthcare providers, and city agencies share responsibility for community wellness. Just as Charity once embodied the principle that no one should be turned away, the Spirit of Charity Program would ensure that help reaches people where they are before they end up in crisis.

By honoring the history of Charity Hospital and pairing it with innovation, New Orleans can once again lead the way in healthcare justice. We can protect Medicaid coverage for our people, rebuild our behavioral health infrastructure, and create a mobile outreach network that serves not just as a medical service but as a symbol of healing and resilience. In doing so, we transform the painful memory of loss into a living legacy of care.

Q: Recent policy changes limit immigrant access to basic health care services. Do you commit to providing City funds to ensure noncitizen residents of our City can continue to access basic health care services?

I commit fully to ensuring that every resident of New Orleans, regardless of immigration status, has access to basic health care. This is not only a policy question; it is a moral one.

When Charity Hospital was founded in 1736, it was modeled after the European tradition of hospitals that cared for everyone, no matter their station in life. Its founder, Jean Louis, a French shipbuilder, willed his fortune to the creation of a hospital for the poor, establishing one of the oldest public hospitals in the United States. Charity embodied a simple truth: that dignity and healing should never depend on wealth, nationality, or citizenship.

As a Catholic, I view health care as a profoundly human issue, not a political one. The Church has long taught that caring for the sick is a sacred duty. To politicize health care (to divide people into “deserving” and “undeserving”) betrays that duty. It strips people of their personhood, reducing them to their paperwork instead of recognizing them as children of God.

The Constitution of the United States does not limit its protections to citizens alone; it says clearly, “We the People,” and its rights extend to “persons.” That includes the undocumented mother who brings her child to an FQHC, the worker rebuilding our city who fears deportation, and the young student whose family fled violence abroad.

Health is not a privilege. It is the bedrock of justice.

As Dr. Martin Luther King Jr. declared, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” And as Catholic social activist Dorothy Day reminded us, “The Gospel takes away our right forever to discriminate between the deserving and the undeserving poor.” These words ring especially true today. When we do not view our neighbor

as a person, instead viewing them as something other than human we create the perfect storm to treat a group of people as enemies. We must not repeat this historical mistake.

The question before us is simple: will we recognize our neighbors as people, or will we let politics strip them of their dignity? I believe New Orleans must carry forward the Spirit of Charity; not only in name, but in practice. That means investing City funds to ensure noncitizen residents can access our network of Federally Qualified Health Centers, just as Charity once opened its doors to all.

Because health care is not just a service. It is an affirmation of humanity. And here in New Orleans, we must always choose humanity.

Food Security & Nutrition

Q: According to a recent report by the New Orleans Health Department, more than 1 in 6 residents of the city struggle with food insecurity, including more than 21,000 children in New Orleans. What strategies would you implement to address hunger and food insecurity among New Orleans residents, and particularly families with children?

My administration will beat hunger the same way this city has always fed souls; creatively, locally, and together. We've got a proud tradition to build on.

Think about Mr. Okra, the singing produce man in the hand-painted truck, rolling through every kind of neighborhood with mangoes, greens, and kindness; for decades he stitched the city together one block at a time. Even our more complicated local lore reminds us how deep the produce trade runs here: Carlos Marcello famously called himself a “tomato salesman,” a darkly comic nod to how central “making groceries” is to our identity. Let’s take the honest part of that history: the open-air markets, corner stores, and rolling trucks and scale it for everyone who needs it today.

First, we meet families where they are. I’ll launch a “Mr. Okra 2.0” mobile-market program: city-licensed produce trucks with waived fees and predictable routes through food-apartheid neighborhoods like the Lower 9th and parts of New Orleans East. These trucks will accept SNAP and “market match” dollars to stretch every EBT swipe and will partner with neighborhood churches, libraries, and rec centers for weekly pop-ups. In parallel, we’ll rebuild the neighborhood grocery ecosystem with micro-grants for corner-store refrigeration and produce displays, low-interest loans for co-ops, and site-selection help so elders can make groceries without a two-bus trip.

Second, we feed kids like it matters because it does. In my first 100 days, I will introduce a NOLA Fresh School Meals Ordinance—with any needed state enabling legislation—to modernize school-food procurement so local restaurants, caterers, and community kitchens can partner with NORD and our schools. This will allow direct contracting with qualified neighborhood vendors (including M/WBE businesses) while staying fully compliant with USDA nutrition standards, food-safety rules, and fair-wage requirements.

The ordinance will authorize pilot programs for multi-vendor service, create preference points for nearby restaurants using fresh, local ingredients, streamline Health Department permitting, and establish liability/training supports so small operators can participate. Paired with targeted tax incentives, this replaces mass-produced, low-nutrition trays with nutritious, chef-driven meals kids actually want to eat—during the school year, summer, and after-school programs.

Third, we treat meals as infrastructure. I'll designate restaurant "resilience hubs"—local eateries equipped with solar and battery storage to serve hot meals during outages and disasters. In good times, those same kitchens will run neighborhood supper programs with youth jobs attached; in bad times, they'll keep the lights (and stoves) on.

We will also expand urban agriculture and youth farm programs, pairing school gardens with city purchasing so a portion of produce for schools and senior-meal programs is grown by our own young people. That's food, jobs, and pride in one policy.

Fourth, we make the safety net easy to use. We'll co-locate SNAP/WIC enrollment and recertification at FQHCs, libraries, schools, and NORD sites, and we'll text families renewal reminders so no one falls off the rolls over paperwork. For residents who still can't afford enough food, we'll rapidly expand partnerships with food banks, mutual-aid groups, churches, and culturally specific nonprofits. We will braid city dollars with philanthropy to scale prepared-meal deliveries to homebound seniors, parents with newborns, and folks in crisis.

This is also about dignity and outcomes. Well-fed children have better focus, fewer behavioral referrals, stronger attendance, and more joy in the classroom. Making school food exciting (chef-designed, locally sourced, culturally familiar) turns lunch into a teaching moment about health, culture, and community.

Other places show the way: Brazil's national school-meal program buys directly from small family farms; Japan treats lunch as education ("shokuiku"), with students learning nutrition and food origins; cities like New York have universal free meals, and California moved statewide. We'll adapt what works to our food culture and our neighborhoods.

Finally, we should say plainly what hunger is. As Archbishop Desmond Tutu put it, "Hunger is not a natural disaster but a man-made one." And Gandhi reminded us, "There are people in the world so hungry that God cannot appear to them except in the form of bread." Those are not abstractions; they're marching orders.

New Orleans can honor the spirit of Mr. Okra and every corner grocer who ever extended credit to a neighbor by ensuring that no child and no elder goes hungry. With creative partnerships, smart legislation, real incentives, resilient kitchens, and a mobile-market network, we can turn our culture into policy and policy into plates.

Q: New Orleans is well below the national average for the number of grocery stores per capita. Additionally, about 1 in 5 households are low income and lacking transportation. As Mayor, how would you support increasing the number of full service grocery outlets

and ensure that all residents have access to fresh, healthy, affordable groceries regardless of their income or access to a personal vehicle?

New Orleans can expand grocery access by honoring our food culture and scaling it with smart policy. I'll launch Mr. Okra 2.0. This will be a city-licensed fleet of refrigerated, EBT-accepting produce trucks on fixed routes through the Lower 9, New Orleans East, Hollygrove, and senior corridors—waiving fees so every swipe goes further.

At the same time, we'll bring more full-service options where families live. We must support space for co-ops and community-owned markets on city land. A Food Access Overlay will fast-track unused city property stock into true produce outlets, while expanded public markets preserve heritage vendors and the way we've always "made groceries."

Affordability and access come first. One of these untapped areas must be working with the RTA to create a RTA Grocery Express transportation route through microtransit shuttles for seniors.

Maternal & Infant Health

Q: Infants are the canary in the coal mine of population health, and in New Orleans Black infants are twice as likely to die in their first year of life than white infants. Maternal wellbeing PRIOR to pregnancy - as measured by poverty and unmanaged chronic conditions - are driving rates of death and illness in New Orleans' infants. How will your administration commit resources to building health and wealth so New Orleanians can thrive?

My administration's north star is simple and evidence-based: the surest way to end poverty is to empower women. As Kofi Annan put it, "There is no tool for development more effective than the empowerment of women." Melinda French Gates adds: "When we invest in women and girls, we are investing in the people who invest in everyone else." Those are not slogans; they are policy design principles that guide how we will build health, and wealth, together for New Orleans mothers and babies.

This city's women have always led the way as fighters and healers. The Ursuline sisters came in the 1720s to run a hospital for the poor and to educate girls, embedding the European standard of care for all into our civic DNA. A century later, Venerable Henriette Delille and the Sisters of the Holy Family nursed the sick, cared for the elderly and orphans, and even taught enslaved children when it was illegal to do so. And in the 1800s, Marie Laveau voodoo queen, midwife, and nurse was called to bedsides during yellow-fever & cholera epidemics. In the modern era, Oretha Castle Haley organized and won against segregation here at home. That lineage is not folklore; it's our operating manual. We will honor our culture through policy and honor our history.

Next Generation Medical Care (N.G.M.C.) will be a single, public-private "front door" that wraps every New Orleans pregnancy in full-spectrum care—from conception to birth—so moms and babies make it safely to day one. We will work a co-op agreement with our hospital systems,

health plans, employers, and philanthropy into outcome-based contracts that fund a dedicated care team for each family: OB or midwife, a trained doula for continuous labor support, a perinatal therapist for anxiety/depression, a nurse care coordinator, lactation support, postpartum therapy, and a community health worker. Because New Orleans faces both a declining birth rate and unacceptably high pregnancy risks felt most by Black mothers and babies. N.G.M.C. will remove as many barriers to care and successful pregnancies as possible.

We will host free parent and birthing classes through NORD, libraries, and hospital partners (with evening/weekend options), offer fatherhood coaching, and build a paid doula pipeline so every high-risk pregnancy is matched with a culturally competent doula and perinatal therapist at no cost. Our commitment is to lead the nation: transparent targets (prenatal visit completion, controlled blood pressure, lower preterm birth and C-section rates), public dashboards, and an open invitation for national researchers to validate the model. New Orleans becomes the first city where world-class maternity care is not a privilege but a promise.

Q: In 2022, the City of New Orleans launched Family Connects New Orleans, which offers free postpartum nurse home visits to every resident who delivers a baby in a New Orleans hospital. Do you commit to continuing the funding for that program at current levels?

Yes and expanding services as well through more partnerships.

Sexual & Reproductive Health

Q: Sexual health education, contraception, and reproductive health services are becoming more challenging to access in our polarized political climate. As Mayor, how would you support expanded access evidence-based sexual education for New Orleans youth?

My administration will expand access to evidence-based sexual health education by reviving the Spirit of Charity model. We will meet young people where they are, treating care as a public good, and wrapping teaching with real services.

We'll build a Spirit of Charity Youth Health Network that delivers age-appropriate, medically accurate, consent and safety focused, trauma-informed lessons in partnership with schools, while complying with state law and offering clear family opt-in/opt-out. The Spirit of Charity Mobile team—nurses, health educators, and peer navigators—will rotate through schools, libraries, and NORD sites with workshops on healthy relationships, STI prevention, contraception, and digital safety, linking every session to same day clinic appointments, guaranteed transportation, and school linked telehealth.

We'll lead the conversation for after-hours teen clinics at FQHCs (privacy protected), create expand counseling services, and run a Parent Academy so families feel equipped not sidelined.

To make it lasting, we will invest in the workforce and the pipeline: a paid Spirit of Charity Youth Health Corps to train peer educators, and a Charity Fellows Program that places medical, nursing, social-work, and counseling students in adolescent-friendly clinics across the city. We'll co-op funding from Medicaid/EPSDT, Title X partners, hospital community-benefit dollars, philanthropy, and targeted City appropriations, and we will publish a transparent dashboard tracking participation, clinic access, STI trends, and teen pregnancy rates.

The goal is to lead the nation from New Orleans: honest, evidence-based education seamlessly connected to dignified care delivered in the Spirit of Charity, with cultural respect, zero judgment, and measurable results.

Q: How would you work to ensure that women in the City are able to access contraception that best suits their needs, regardless of their ability to pay?

This is common sense. The bare minimum our women deserve. My administration will work to make contraception a guaranteed, no-cost, same-day service by uniting Title X clinics, FQHCs, hospital partners, and a Spirit of Charity Mobile network that sets up evening/weekend pop-ups at NORD sites and libraries.

We will leverage the federal Public Health Service (PHS) Section 340B Drug Pricing Program so clinics can stock every method (pill, patch, ring, shot, IUDs, implants, and emergency contraception) for same-day starts and 12-month prescriptions. Postpartum care will include immediate LARC for anyone who wants it, not a minute of pressure.

We'll expand confidential telehealth with mail delivery and partner with neighborhood pharmacies for easy over-the-counter options and rapid refills. A simple text/311 line will route people to the next available appointment in English, Vietnamese, and Spanish, with free rides when needed.

And we will publish neighborhood-level access metrics so no zip code gets left behind. Bottom line: cost, schedule, transportation, or paperwork will never stand between a New Orleanian and the contraception that fits her life.

Mental Health & Substance Abuse

Q: Ensure that residents experiencing a mental health or substance use crisis have access to timely, community-based responses instead of law-enforcement-only interventions?

We are going to handle crisis the New Orleans way: with care, credibility, and community at the center.

That starts by building out the Mental Health infrastructure, led by the Office of Mental Health. First, we work to secure Charity Hospital as our centralized hub. Even if this fails we will work to expand clinician-led mobile teams and a 311 like number to report mental health and/or potential violence anonymously.

We will make sure that police are used as backup only when there's a clear safety risk and building in the hometown groups that already keep peace on our blocks. We will fund and scale Ubuntu Village's work, NOLA Peace Ambassadors, and other violence interrupters. Let us stop the conflict before they turn tragic.

Q: Support partnerships with local providers to expand treatment (both residential and community-based), housing, and recovery supports for individuals and families affected by substance use?

Care has to have somewhere to land. Alongside reopening Charity as a behavioral-health anchor, we will work with the Office of Mental Health to contract with NOLA Detox & Recovery Center (24/7 intake on Woodland Drive) and Integrity Behavioral Management (the only addiction rehab in New Orleans East) for pay for readiness beds: detox, stabilization, and step-downs available the moment a team calls in.

A real-time bed registry, no-handcuff transports, and "warm handoffs" makes sure that our community neighbors are put where they need to be to find healing.

We will tackle homelessness the New Orleans way: housing first, care first, dignity always by building a seamless "street-to-keys" pipeline that starts on the block and ends with a lease. Through the Spirit of Charity (street medicine, 988 integration, and mobile behavioral health) will meet people where they are and do same-day placements into low-barrier bridge housing through repurposed abandoned city buildings while our partners (UNITY, Ozanam Inn, Covenant House, neighborhood churches) provide wraparound case management, MAT for addiction, and benefits enrollment on site with the help of our contract partners who are leading this fight in mental health & addiction.

We will pair this with rapid rehousing and landlord partnerships (signing bonuses, risk funds, and a single 24/7 placement line), shallow rent subsidies to keep families housed, and eviction prevention (legal aid + arrears relief) so the inflow slows.

A local housing bond and inclusionary zoning will add deeply affordable units, while safe parking, tiny-home village pilots, and HERO Jobs (paid work with Public Works, Parks, and NORD) offer immediate stability and income.

Weekly "by-name" case conferences will drive accountability, with public dashboards for placements and returns to homelessness. Bottom line: no more patch work jobs when it comes to human challenges. We meet human challenges with connection.

Q: Invest in prevention strategies that address the root causes of mental health and substance use challenges in New Orleans?

My administration will prevent mental health and substance use crises by investing upstream: housing, food, safety, and connection. Through the Spirit of Charity that treats wellbeing as a public good.

That means universal nurse home-visiting and parent coaching for new families; school-based counselors, peer mentors, and trauma-informed classrooms in every NOLA school; evening and weekend youth programs at NORD with paid arts, sports, tech, and apprenticeship tracks; Mr. Okra 2.0 mobile markets and produce prescriptions to fight food insecurity; safe streets and parks lit and activated; and neighborhood healing led by Ubuntu Village, peacekeepers, and violence interrupters who defuse conflict before it turns to trauma.

Clinically, we will expand same-day access to therapy at FQHCs, embed behavioral health in primary care, and scale harm-reduction. Let us use common sense expanding free naloxone, fentanyl test strips, and low-barrier bridge clinics that start medications for opioid use disorder while tackling environmental stressors.

A dedicated City Prevention Fund will bring together Medicaid, hospital community-benefit dollars, philanthropy, and City appropriations, and we will track results publicly: fewer suspensions and ER visits, more youth in jobs and programs, and year-over-year drops in overdoses and violent injury because the surest cure is a community where people have what they need to thrive.

Q: Invest in two-generation strategies that address the impacts of mental health and substance use for young people?

My administration will make schools the heart of a two-generation recovery system, because that's where kids and families already are.

Every school in NOLA gets trauma-informed training for teachers and staff, on-site counselors, grief groups, and calming spaces; and at the center, a Spirit of Charity Family Recovery Navigator who walks with the whole household for 12 months, not 12 days.

That navigator is a neighbor with clinical backup: coordinating same-day therapy, doula or MOUD starts, psychiatry, benefits, childcare, rides, and housing help. There's truly no wrong door: NORD gyms after school, church halls on Saturdays, library rooms on weeknights, with warm handoffs to FQHCs and mobile teams.

We will pair evidence-based lessons with parent classes and fatherhood coaching, and we'll measure what matters—attendance, suspensions, ER visits, reunifications. We do this until the curve bends.

As Frederick Douglass said, "It is easier to build strong children than to repair broken men," and in New Orleans we know that by heart. My own millennial generation was 10, 12, 14 when the levees failed, too many of us left to carry untreated trauma into adulthood.

This plan is how we break that cycle: school-anchored, neighborhood-powered, Spirit of Charity care that meets families on the block, walks with them through the storm, and makes healing as local as a NORD gym, a church kitchen, or your neighborhood library.

Injury Prevention

Q: In July 2025, two bicyclists were killed in separate crashes on St. Claude Avenue within a span of two weeks and 27 people have died in fatal crashes in our city so far this year. What strategies would you use to reduce preventable crashes on city-owned roadways and state-owned roadways, such as St. Claude Ave?

Common sense says: slow drivers down, separate people from traffic, make crossings obvious, and enforce the rules.

That way on St. Claude and every dangerous corridor we will deploy quick-build fixes now (flex-post protected bike lanes, bolt-down curbs, hardened centerlines, daylighted corners, green paint at conflict zones) and follow with permanent concrete protection, signalized mid-block crossings (RRFB/HAWK), and leading bicycle/pedestrian intervals at lights.

On city streets we'll add speed cushions and targeted automated enforcement, and on state routes like St. Claude we will use a fast City–DOTD agreement to install near-term protection while the state's \$500k safety study runs, then lock in the full rebuild.

This matches what neighbors and advocates are asking for: bollards, truly protected lanes, better crosswalks, and real speed control and we will add stepped-up patrols until the concrete is in the ground.

No more "paint only" bike lanes on a truck route: physical separation, safer signals, and predictable speeds are the common-sense fix residents have demanded at recent meetings and memorials, and we'll deliver them corridor by corridor.

Tobacco Prevention & Control

Q: Tobacco use remains the leading cause of preventable death and disease. Additionally, exposure to secondhand smoke causes many of the same smoking-related diseases as active smoking, including heart disease, stroke, and cancer. The science is clear: there is no safe level of exposure. In 2015, the City of New Orleans took action to reduce the toll of tobacco, by passing a comprehensive smoke-free ordinance to eliminate smoking in all workplaces, including bars and casinos. Are you committed to keeping comprehensive smoke-free air protections in place?

Yes

Q: E-cigarettes are hooking a new generation on nicotine–fueled by kid-friendly flavors and massive doses of nicotine. Louisiana has the third highest youth e-cigarette use rate at 25.5% (do we have a stat for Orleans parish to reference instead?). As Mayor, what strategies would you implement to reduce youth tobacco use?

My administration will treat youth vaping as a mental health and addiction issue, not a discipline code, by building up cessation programs led by the Office of Mental Health and embedding them in schools so every referral from a principal or counselor automatically offers support (brief counseling, quit-plans, text support, and access to NRT where clinically appropriate).

We will run schoolwide education that's evidence based and trauma-informed. We will publish a dashboard so families can see progress.

On the supply side, we will push at the Legislature for a higher e-cigarette excise tax with revenues for youth prevention and cessation (and for stronger retailer accountability), and because Louisiana preempts some stronger local controls which will allow us to also campaign to restore local authority.

Which will allow us to explore New Orleans license retailers, cap density near schools, and curb kid-targeted flavors and ads (while enforcing what we can today).

Parish level vaping estimates are not publicly reported, but statewide surveys show about 1 in 4 high-schoolers currently vape. This is an emergency that demands action now.

Vaccines & Infectious Disease

Q: Recent data from the CDC demonstrates a significant drop in the number of children entering kindergarten who are vaccinated and an increase in the number of vaccine preventable diseases. As Mayor, how will you address vaccine hesitancy to ensure our schools avoid outbreaks?

My administration will tackle vaccine hesitancy with trust, access, and receipts. Empowering our community to avoid outbreaks.

First, we will make vaccination easy and routine by launching our Spirit of Charity Mobile Team to schools, NORD sites, churches, and libraries (evenings/weekends), paired with school linked pediatric visits and on-site consent workflows so families can choose shots where they already are.

Second, we'll put trusted messengers up front: pediatricians, school nurses, faith leaders, and parent champions. We will use American Academy of Pediatrics to back up communication tools to answer questions without judgment and close the confidence gap.

Third, we will publish a simple School Immunization Dashboard (by campus, no names) and run targeted outreach where coverage lags, while helping families navigate Louisiana's school requirements and the state immunization registry.

Finally, we'll keep a rapid response playbook: pop-up clinics, exclusion protocols, and clear communication because CDC data show kindergarten coverage has fallen and exemptions have risen nationally, with 2025 bringing more measles outbreaks in undervaccinated communities. New Orleans will meet that risk with facts, convenience, and community care.