Pets have a room of their own

Barkley House gets help from MU, hotel.

Photo by Nick King

Thirteen-year-old Reggie Tyler's dog Blaze rests on the floor of the new Barkley House room at Stoney Creek Inn. The hotel has partnered with the University of Missouri to open a room for families whose pets need daily treatment at MU's veterinary hospital.

By Janese Heavin

Saturday, August 15, 2009

Owners of dogs and cats needing long-term treatment at the University of Missouri's veterinary clinic have a new pet-friendly place to stay.
Stoney Creek Inn has partnered with the University of Missouri Veterinary Medical Teaching Hospital to open a room for families whose animals need daily treatment at the clinic. About 75 people gathered at the lodging facilities yesterday to dedicate the room.

The temporary Barkley House is a ground-floor room where owners can be near their ill pets as they’re going through radiation or other intensive care at the vet hospital. The room is designed to allow owners to take their pets with them after treatments and offers a large dog kennel, a litter box and pet bowls. Wooden floors are specially treated for animals, and a door leading directly outside allows owners to avoid taking their pets through inside hallways.

Additionally, framed artwork features cats and dogs, a bookshelf is stocked with manuals about caring for pets, and a welcome mat reminds two-legged friends to “wipe your paws.”

“This is an opportunity for owners to have a place to stay,” Neil Olson, dean of the veterinary college, said during the dedication. “We know pets will do much better when in the presence of owners, and owners will probably be a lot less stressed, too, when in the presence of their pets.”

Stoney Creek Inn partners with MU on a variety of projects, and administrators were happy to lend the facilities, General Manager Mike Kelly said. Although only one room is open now, the lodge plans to provide two additional pet-friendly rooms as the demand grows, he said.

“We’re thrilled to be part of it,” Stoney Creek Inn President Jim Thompson said.

When the vet school isn’t using the room, Kelly said the space would be available for guests who want to bring pets. Until now, Stoney Creek Inn hasn’t provided pet-friendly lodging, so he said this was a good opportunity to test it out.

The room will also provide a way to showcase long-range plans for the Barkley House, said Carolyn Henry, a veterinary oncologist at the college.

Henry came up with the idea of the Barkley House — a sort of Ronald McDonald House for pets — nearly a decade ago after watching a pet owner from Kansas City struggle with travel while her dog, Barkley, was going through radiation treatments.

Ultimately, she envisions a six-suite guesthouse that would accommodate families who could stay throughout the week. The facility would likely be located on campus property at Rollins and William streets.

But building the roughly $2 million facility depends on private donations, and organizers still need about $1.5 million.

Marilyn Gaffney, a St. Louis pet owner, believes having a Barkley House room at Stoney Creek Inn will help raise awareness about the project and eventually more donations. “It takes it from conception to reality,” said Gaffney, who serves on the Barkley House committee.
The Barkley House is "destined to happen in larger form," Henry said. "This is a great step toward that."

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Healthy question: What’s all the shouting really about?

By ALAN BAVLEY and DAVE HELLING
The Kansas City Star

Until recently, health care reform was a wonkish and mind-numbing blur.

The issues — tax policy, employer mandates, community-rated insurance plans — required the combined expertise of a doctor, an economist, a lawyer and an actuary to fully grasp.

But ever since Congress stopped talking and went into recess several weeks ago, the health care reform debate has grown white-hot. Topping the bill are the issues of euthanasia, abortion, illegal immigration, federal ID cards, socialized medicine …

"People have got genuine concerns," said Christian Morgan, a political consultant and former executive director of the Kansas Republican Party. "They're reacting because they're not sure what's going on at all. They don't trust Washington. They don't trust the government.

"The Democrats can complain all they want about Republicans trying to mislead the public, but the fact is there's a lot of confusing information out there. The Democrats have been trying to jam this down everyone's throats for the past couple of months, and they're just not buying it anymore."

But many of the allegations being made about health care reform have been based on misreadings or misrepresentations of what's in the House bill's 1,000-plus pages.

Other allegations have no basis in the bill at all. One example: A recent charge by former Alaska governor Sarah Palin that the Democrats' reform plans include a "death panel," bureaucrats who would decide who is worthy of health care.

"Such a system is downright evil," Palin said on her Facebook page.

Independent, nonpartisan organizations such as PolitiFact.com have debunked Palin's assertion and some of the other more remarkable claims:

- A commissioner of health choices would decide your health benefits for you.
- Health care reform supported by Democrats will require Americans to subsidize abortion with tax dollars.
- All non-U.S. citizens would get free health care.

Wrong, wrong and wrong, PolitiFact says.

"Health care is not simple, and when something is not simple, it opens the gates to lots of rumors and erroneous information. It fills in the gaps. It's news," said Betty Houchin Winfield, an expert on political communications at the University of Missouri-Columbia School of Journalism.

Supporters of reform have to share the responsibility for letting these issues sidetrack their plans, Winfield said.

President Lyndon Johnson firmly guided the development of Medicare. President Franklin Roosevelt did the same with Social Security.
But President Barack Obama has allowed Congress to debate health care reform and come up with its own plan, Winfield said. So far, Congress hasn't been able to agree, and that's left a vacuum for rumors to fill.

Obama launched a four-state push for health care reform on Friday with a town-hall-style meeting in Montana. He plans a similar meeting today in Grand Junction, Colo.

"The president is trying to do a catch-up," Winfield said. "But there's still so much confusion."

Count Clifford Leegard, 63, of Lenexa, among the perplexed.

"Obama's got his own idea, and it sounds wonderful until it comes down to the details in Congress," the railroad signal engineer said. "He's talking in generalities, but how can you get from here to there?"

Leegard has heard that with reform, if you need an expensive operation, "your doctor has got to submit something to a central agency and a tribunal or something will decide."

"That's a concern of old people," he said. "I don't want to be euthanized."

The allegations have proliferated on TV and radio, in blogs and e-mails, and at acrimonious town hall meetings: That the reform measures Congress and the president are proposing will lead to euthanasia. That the elderly will be denied treatment or coerced to give it up. That bureaucrats will decide who will live or die.

The angry turn in the debate "breaks my heart," said Myra Christopher, who for a quarter century has been crusading for better end-of-life care.

As president of the Kansas City-based Center for Practical Bioethics, Christopher has been encouraging people to sign living wills and let doctors and family know what treatments they want or don't want during their final days.

It's become one of the most sizzling hot buttons in the debate. Reform will lead, so the allegation goes, to mandatory counseling of the elderly to seek a quick exit when their treatment becomes expensive.

"I'm not interested in shortening anybody's life," Christopher said. "We all need to talk to our families about these issues; we all need to talk to our doctors about these issues."

These are the kinds of discussions that Christopher said she advises doctors and patients to have, to go over legal options such as living wills and medical services like palliative care and hospice.

But on talk shows and in e-mails, this voluntary option has been described as mandatory, a way to save Medicare money by encouraging euthanasia.

Betsy McCaughey, a former lieutenant governor of New York and longtime health reform critic, gave this description on the radio show of former senator Fred Thompson:

"Congress would make it mandatory — absolutely require — that every five years people in Medicare have a required counseling session that will tell them how to end their life sooner."

Both PolitiFact and Snopes.com, a Web site that investigates urban legends, have concluded that this claim is false.

Christopher said the consultation provision just corrects an omission in the existing law.

In 1990, Christopher worked with Sen. Jack Danforth, a Missouri Republican, to pass the Patient Self-Determination Act. The law requires hospitals, nursing homes and home health agencies that receive Medicare to advise patients about their rights to accept or refuse care. They also must ask patients whether they have an advance directive, such as a living will, and provide information on how to create one.
The law excludes doctors because they had objected to being required to provide this time-consuming service without being reimbursed by Medicare, Christopher said.

The health reform bill gives doctors that financial incentive, she said.

But whether that measure will be included in a final reform bill is in doubt.

Sen. Chuck Grassley, an Iowa Republican who is one of the chief health reform negotiators, said this week that the Senate Finance Committee has dropped consideration of end-of-life provisions "because of the way they could be misinterpreted or implemented incorrectly."

Christopher is dismayed that it's becoming controversial to discuss end-of-life care.

"To imagine that that's a bad thing is beyond me," she said.

HEALTHY QUESTIONS
This is part of a series of articles examining key questions in the health care reform debate. We're watching the plans as they evolve, focusing on what they'll mean for you, your family, your business and your tax bill. At KansasCity.com/healthyquestions, you can read previous articles in the series.

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Gaza recovery

An MU team helps mental health professionals in the Middle East.

WAYNE ANDERSON

Sunday, August 16, 2009

Our team from the University of Missouri’s International Center for Psychosocial Trauma ran a workshop late last month in Manchester, England, for 16 Arabic-speaking psychiatrists with roots in Palestine, Syria, Egypt and Pakistan. At the same time, we held a teleconference with 55 mental health professionals and teachers sitting in a room in the Gaza Strip.

The setting was not ideal for training participants to work with traumatized children. We were in Manchester because we were forbidden from entering the Gaza Strip and the Gaza professionals were not allowed to travel to meet us.

THE SITUATION

The small area of Gaza is home to 1.5 million people, and two-thirds suffer from post-traumatic-stress disorder (PTSD). Gaza has only 20 psychiatrists and even fewer psychologists. Arshad Husain, MU professor emeritus and director of the International Center for Psychosocial Trauma, met with psychologist Talai Eldeeb, a British citizen who is a Gaza native and established a counseling center there with a team of psychologists and physicians. Eldeeb shared with Husain the results of a major study of the psychological effects left with the residents of Gaza after the recent conflict with Israel.

The most common traumatic events reported by the sample indicated 96 percent experienced shelling and bombardment of their area, 95 percent had watched mutilated bodies on television, 93 percent had seen the effects of bombardment on the ground, 72 percent said they had at times lacked water, food and electricity during the conflict, and 72 percent said they had moved to a safe place during the war. Scoring from the DSM-IV, the standard psychiatric manual, indicated 67 percent of the sample rated as having PTSD.

The fighting has stopped in the Gaza Strip, and President Barack Obama has talked with leaders of Palestine and Israel in hopes of establishing a more permanent peace in the area. Underscoring the importance he places on peace in the region, the new president’s first call to a foreign leader was to Palestinian President Mahmoud Abbas. Many professionals believe now is the time to start the healing process for the residents of Gaza.
AN ATTEMPT AT A SOLUTION

Although the U.S. Department of State has strongly urged U.S. citizens, including journalists and aid workers, to refrain from travel to the Gaza Strip, at the invitation of Doctors World Wide, Husain attempted a trip in April with a team of eight professionals from England to offer aid in the healing process. The team was instructed to enter through the Rafah border — the entrance to Gaza from the Egyptian side of the border. Members of the team, in addition to Husain, were Kathy Dwein with the Missouri Division of Youth Services; Cathy Grigg of Springfield, a physician in private practice; and me.

The team was unable to enter Gaza. In a recent interview, Husain described the problems encountered and the mental state of the helping professionals in Gaza with whom he was able to interact during a two-way, audio-visual workshop between Egyptian Medical Syndicate in Cairo and 50 participants at the Shifa-Hospital, the major general hospital in Gaza.

In Gaza, the MU team planned to work with the Palestine Trauma Center (PTC) for victims’ welfare. PTC was the first center in the Gaza Strip to specialize in helping victims of war or occupation by integrating psychological and social therapies within the traumatized communities. “Because of the high rates of trauma in the Gaza Strip after the last invasion, especially among children,” Husain said, “the PTC is ambitious to increase the number of families benefiting from the center’s programs and activities.”

PTC also wants to increase the number of psychologists and social workers and develop staff training. One of the major concerns is running a rapid-response program in times of immediate crises such as the demolition of houses, bulldozing of land and the killing or wounding of children.

“While the team was waiting, it became clear that our team would not be granted permission to enter Gaza,” Husain said. “I suggested that we use a telemedicine program between the Cairo and Gaza hospitals. A brochure, slides and Power Point materials were sent electronically to the hospital, where copies were made for use with the 55 mental health professionals available for the workshop the next day.”

In Shifa, psychiatrists, psychologists, social workers, nurses and emergency medical technicians assembled to be trained. “The main concern of the participants was therapy for those in the helping professions under stress. Often they become irritable, easily frustrated, felt depressed and incompetent and many times found themselves quarreling and fighting with each other. Their strained, tense appearance reflected those problems, which participants kept returning. Other symptoms included sleep disturbances, refusal to do some work and not showing up at their jobs.”

THE MANCHESTER PROGRAM

Emilee Rauchenberger is a Columbia native working on her doctorate in Manchester and employed part time by Human Appeal International, a well-established charity with programs in
17 countries. Having heard of the Cairo program, she contacted Husain about his working with Gaza mental health workers brought to Cairo.

Because it was impossible at the time for the workers to leave Palestine, another solution to training needed to be found. The CEO of the charity, Moin Shubib, indicated his willingness to run the training from the charity's office in Manchester, which was equipped with a telemedicine program that allowed two-way communication between Manchester and the Shiva-Hospital in Gaza. Shubib was willing to have his agency finance the training program on July 22 and 23.

Two things the participants in Gaza insisted on were that they learn some treatment skills they could use immediately with their traumatized patients and that we give them some ways of dealing with their own compassion fatigue. Evidently, many of them felt on the edge of complete burnout.

On the first morning, we met the 16 psychiatric consultants who were to be our local participants. All were originally from Arabic countries; with a couple of exceptions, they were all now working in England.

We had a large-screen television in the back of the room on which our participants from Gaza could be seen, and they watched us on computer monitors. We were fortunate to have as our interpreter Syrian native Mamoun Mobayed, an expert on trauma who works as a psychiatrist with Belfast Health Trust in Ireland. Two technicians were in charge of the equipment and the recording of our sessions so they could also be used for training other groups in Palestine.

The first day, our team had sessions on recognizing PTSD and co-morbid conditions in people exposed to war and trauma, psychological first aid and the use of guided imagery in the treatment of PTSD. The local psychiatrists served as our subjects for the demonstrations, and the participants in Gaza were given time to practice their new skills. This went well on both sides.

On the second day, we had sessions on helping survivors deal with grief and loss. Because we encountered resistance from some members of the Gaza group, we were fortunate in having Mobayed with us to deal with some of the religious issues involved. The team also presented on the use of art therapy with traumatized children, again using one of the local participants to play the role of a client.

Our final presentation, dealing with compassion fatigue, offered 16 ways of helping oneself stay functional in a traumatic environment. Participants made contracts indicating how they would change their lives to make use of at least one of these methods.

Feedback from the psychiatrists in Manchester and the participants in the Gaza Strip has been positive and might lead to more interaction with the workers in Gaza, hopefully this time in Palestine.

Wayne Anderson is an MU professor emeritus of psychology.
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Critics: DNR ruling stifles access

Chad Livengood
News-Leader

Missouri's open records act doesn't stipulate that citizens must invoke the words "Sunshine Law" when requesting information from their government.

But Attorney General Chris Koster concluded last week the Department of Natural Resources did not violate the law in delaying the release of a report showing high levels of E. coli in Lake of the Ozarks, even though citizens and journalists had made multiple requests for the information.

The Sunshine Law was not violated because nobody invoked the act in their written and oral requests, Koster said.

Koster's conclusion has prompted criticism from open-government advocates who say the state's chief enforcer of the Sunshine Law may have just made it harder for the average person to gain access to public records.

Apparently, "you have to put the little sticker on the top that says 'Sunshine request,'" said Charles Davis, executive director of the National Freedom of Information Coalition in Columbia. "There is absolutely no legal basis that I can see for stating that something should be ostensibly labeled with some magic label."

Davis said the new "magic" words to obtain public records appear to be "Sunshine Law request."

"Making them utter three magic words is going to stifle a lot of public access," said Davis, an associate journalism professor at the University of Missouri.

Koster, a Democrat, defended his investigator's conclusion that there was "no evidence that any person made a formal or informal request that should have been interpreted by the department as a request under the Sunshine Law."

"I don't think that there is a specific set of words that has to be used to activate the Sunshine Law," Koster said Friday in an interview.

Internal e-mails from DNR show reporters from the Lake Sun Leader newspaper in Camdenton and volunteers with the Lake of the Ozarks Watershed Alliance made multiple inquiries about when the test results would be made public throughout June.

LOWA volunteers collected water samples on May 26, and the results were available two days later, but the data was not made public until June 26. The tests found E. coli levels exceeded the federal limit for safe swimming at 29 of 55 testing sites in a section of the lake.

Meanwhile, DNR's division of state parks closed two public beaches on Lake of the Ozarks during part of June because of high levels of E. coli, and the agency's top brass barred the division of field services from releasing its own report showing high levels of the harmful bacteria in the water.
Since this was the third year of a five-year study of the lake's health, the reporters and LOWA volunteers had come to expect the results would be released within five days of the testing, as was the practice under former Gov. Matt Blunt's administration.

Plus, DNR had created an e-mail service for this specific project, allowing citizens and news organizations to sign up for what they believed was a standing electronic request for the test results as soon as they were available.

"There was an expectation created that once the water samples were given to DNR that there would be a sort of automatic release of the information," said Ken Midkiff, chair of the Missouri Clean Water Campaign and the Columbia resident who filed the Sunshine Law complaint with Koster's office.

Midkiff said since the "magic words" (Sunshine Law request) were not invoked, Koster has effectively "exonerated" DNR officials in the scandal.

In his cover letter to Midkiff on Thursday, Koster said his office "reserves the right" to change its findings should any new information come to light from a state Senate committee conducting its own investigation of the E. coli report's delayed release.

Despite the paper trail and phone calls from LOWA's executive director, Donna Swall, Koster's investigator, Ted Bruce, concluded, "no employee of DNR understood that a Sunshine request had been made and that no non-governmental party subjectively believed that they had made a Sunshine request."

"We did not see anything that was of sufficient clarity that a reasonable government employee or a reasonable person should have had the Sunshine Law triggered in their mind," Koster said.

But open government advocates say state employees should interpret any request for information by the public as a request for records under the Sunshine Law, which is found in Section 610 of Missouri's revised statues.

"You don't have to invoke the law. You should just be able to ask and if it's public information, it should be put out there," said Jonathan Groves, a journalism instructor at Drury University and member of the Missouri Sunshine Coalition.

The Sunshine Law doesn't distinguish between a formal request and informal request or whether a request must be made in writing, Groves said.

Communications maze

Groves said the delay in releasing the E. coli data is more of an organizational breakdown on DNR's part than a Sunshine Law issue.

In his probe, Bruce found DNR has 40 different custodians of records throughout the agency's expansive bureaucracy.

In the case of the E. coli report, inquiries by journalists and Swall were made by phone or e-mail to a low-level DNR employee, who was instructed to forward them on to the department's communications director, Susanne Medley, who was involved in the four-week-delayed release.

Bruce recommended the agency consolidate this system to make it easier for the public to navigate the bureaucracy.
"It seems that DNR would be better served by identifying a single individual whom the public may contact as a custodian of records for all Sunshine requests," Bruce wrote in the report.

Part of the breakdown at DNR was that the water testing division employees who were contacted were not the custodians of record, who are charged under the Sunshine Law with handling requests for information.

Koster said Friday that DNR should better train its employees to treat all inquiries for information from any member of the public as if it's a request for records governed by the Sunshine Law.

"I think there are a number of steps that government can take to improve that process and make sure the right set of ears is listening to the issue," Koster said.

State Sen. Kurt Schaefer, a member of the Senate committee probing DNR's actions, was general counsel of the agency during the Blunt administration.

"Historically, I don't think the department has ever had a problem understanding what a Sunshine Law request was," said Schaefer, R-Columbia. "If the Sunshine Law needs to be amended to provide clarification that previously wasn't necessary, then that's something we'll have to evaluate in the committee."

Invoking Sunshine Law shouldn't be required for public records, they say.
Medical isotope shortage threatens treatments

ALBUQUERQUE, New Mexico (AP) — The shutdown of a nuclear reactor in Canada has caused a shortage of a radioactive isotope used to detect cancers and heart disease, forcing doctors into costlier procedures that can be less effective and expose patients to more radioactivity.

Some 16 million people in the United States — 40,000 patients each day — undergo medical imaging procedures using the isotope, technetium-99. Eighty percent of nuclear medicine scans use it.

Ninety-one percent of hospitals, pharmacies and commercial imaging groups that answered a June survey by the Society of Nuclear Medicine said the shortage had affected them.

"You already have a vulnerable population with cancer, so it's not trivial," said Dr. Jeffrey Norenberg, who heads the National Association of Nuclear Pharmacies and directs radiopharmaceutical sciences at the University of New Mexico.

Technetium-99 is processed from molybdenum-99 and used in body scans for cancer, heart disease or kidney illness. It's combined with a substance to target a specific organ or tumor, then that tracer is injected and a gamma camera looks at the distribution of radioactivity to spot problems.

The shortage began with the shutdown of a Canadian nuclear reactor in Chalk River, Ontario, that produces half the U.S. supply of molybdenum-99. Technetium-99 must be made daily because it lasts just six to 12 hours.

The Canadian reactor and another in the Netherlands produce most of the U.S. and European supply. The Dutch reactor is down for maintenance for several weeks, then will be offline for up to six months next year.

"With both of them offline, it's very perilous," Norenberg said.

In the meantime, the U.S. is getting a smaller supply from South Africa.

Past shutdowns have left similar problems; a month-long shutdown of the Canadian reactor in 2007 created a critical shortage.
Nuclear medicine physicians and pharmacists say they can handle 75% of the caseload with as little as half pre-shortage isotope amounts by scheduling patients when isotopes are more available and scanning them longer using smaller amounts of the isotope.

Clinics normally operate Monday through Friday, but "we've begun doing bone scans on weekends" when isotopes are still available, said Dr. Michael Graham, president of the Society of Nuclear Medicine and head of nuclear medicine at the University of Iowa Carver College of Medicine.

The cost will rise as well. Existing contracts have kept prices from increasing instantly, but Graham expects them to double when contracts expire, raising per-patient cost for a technetium-99 study from $20 to $40.

Some patients now are being shifted to a formerly used isotope. Graham said it works, but the radiation dose "is somewhat higher, it takes longer to do, the image quality may not be quite as good."

A little over half of technetium-99 used in the United States goes for heart imaging. Norenberg said the only alternatives to some heart function tests are invasive procedures, such as cardiac catheterization, that increase a patient's risk.

Bone scans checking for the spread of cancer account for the next-highest use of the isotope. An alternative substance for bone scans is not widely available nor is the equipment to use it, Norenberg said. In addition, Medicaid, Medicare and other insurance won't reimburse for it.

Graham said no reasonable alternatives exist for a number of studies, such as evaluating kidney function.

Most molybdenum-99 comes from five reactors — all outside the United States — with an average age of 47 years. The Canadian reactor had a projected life of 40 years but is now 52, and increasing maintenance needs mean time-consuming outages.

"It's a bit like pulling a thread on your sweater; you don't know where it's going to stop," Norenberg said.

About a dozen years ago, the Canadian government announced a huge investment for new reactors at Chalk River to produce most of the world's supply. That prompted the U.S. to abandoned planned projects.
But last year the Canadians dropped their program, which was over budget and years beyond its projected start date. Two months ago, Prime Minister Stephen Harper said Canada will be out of the medical isotopes business by about 2016.

"Everybody's eggs were in that basket," Norenberg said.

A new Australian reactor produces only about 7% of the supply, and Norenberg does not expect it to increase production significantly.

Other options — a reactor dedicated to medical isotopes, partnerships for specialized reactors or upgrading a University of Missouri reactor — are years away and face political, licensing or regulatory hurdles.

"So it would take a significant amount of time before there was meaningful production," Norenberg said.

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