

COLUMBIA DAILY
TRIBUNE

Trauma care pioneer honored

Frank Mitchell recalls treatment advances.



Photo by Nick King

Kenneth Mattox, chief of surgery at Ben Taub General Hospital in Houston, right, greets retired surgeon Frank Mitchell, seated at center, after Mattox praised him at a ceremony in Mitchell's honor Saturday at University Hospital.

By T.J. Greaney

Sunday, November 8, 2009

Fifty years ago, a patient suffering a heart attack and needing to reach a hospital often was picked up by a funeral director driving a hearse.

Loaded into the narrow rear of the vehicle, the ailing patient took the slow and creepy trip to an emergency room without the benefit of medical care on the way. Worse still for the patient's peace of mind, if he died en route to the hospital, the undertaker was first in line to handle the burial.

"We thought it might be a conflict of interest," said Frank Mitchell, **a retired University Hospital surgeon.**

Things certainly have changed since then. From the region's first specially designed ambulance in 1968 at University Hospital to the first use of a helicopter to respond to medical emergencies in 1980 to an increasing emphasis on lifesaving techniques performed in the field by paramedics, Mitchell has pushed for better trauma care.

University Hospital yesterday honored the 79-year-old with a ceremony to christen the Frank L. Mitchell Jr. M.D. Trauma Center. In a ceremony in the lobby, former colleagues and a horde of family members told stories about the man they call the "founding father" of trauma care in Mid-Missouri.

Mitchell, with characteristic modesty, deflected as much credit as possible. "You really need to understand it's not me that's being honored. It's the institution and the people here," Mitchell said in an interview. "I just represent all these other people who contributed and did it all themselves."

A native of Excelsior Springs, Mitchell joined University Hospital in 1959 after spending two years as a surgeon in a 1,000-bed Army hospital in Germany. Treating victims of car wrecks and training mishaps, Mitchell noted the importance of quick intervention during a narrow window of time later termed the "golden hour."

So when he returned to Mid-Missouri after the Army, he was dismayed to find his home state still in the dark ages of trauma care. Aside from using hearses as ambulances — commonplace across the country at the time — there also was no organized system to ensure an operating room would be staffed 24 hours a day with a surgeon, nurse and anesthesiologist.

Mitchell pushed for a dedicated ambulance — the first in Mid-Missouri was designed by engineering students — and a radio system to let hospital staff know when a patient was en route. He also helped craft a standardized system of trauma care that would later be replicated across the country.

In 1974, Mitchell began the state's first paramedic training course. Don Stamper, one of the first 200 paramedics licensed in the state, recalled his former teacher's emphasis on aggressive lifesaving methods, such as using an endotracheal tube to open a blocked airway or starting an IV drip immediately.

"His theory was that even if you have all the hospitals and surgeons in the world, you can't save a patient that never arrives," Stamper said.

In 1980, Mitchell and others successfully petitioned the Missouri State Highway Patrol to allow University Hospital to use a helicopter to transport trauma patients from rural areas. After a two-year trial, results were so overwhelming that the University of Missouri Board of Curators approved the hospital to lease its own helicopter.

S. Page Neville, the first helicopter flight nurse, recalled her first white-knuckle ride from the Lake of the Ozarks to Columbia with a heart-attack patient. The flight shaved two hours off the transportation time, and the patient lived, Neville said, but the nurse's nerves were frayed.

"I actually quit after that flight. It was too stressful," she said. "But Dr. Mitchell convinced me to stay with it. He said, 'Come on, you can do this.' "

A nurse anesthetist in the Army with three completed tours in Iraq, Neville credits Mitchell with teaching her to save lives.

But perhaps Mitchell's most far-reaching achievement was developing strict guidelines now used by the American College of Surgeons to "verify" trauma centers across the country. Mitchell, who served as the Verification Review Committee's first chairman from 1987 to 1996, helped develop standards to ensure things that now are taken for granted. For instance, a surgeon must respond to a trauma call within 15 minutes.

Erwin Thal, a professor of surgery at the University of Texas Southwestern Medical Center in Dallas, said the breadth of Mitchell's achievements is remarkable.

"In Dallas, if you want to get your name on a medical building, it will cost you \$40 million," Thal said. "And yet Frank has put more than \$40 million in a different sense. He is directly responsible for saving an untold number of lives. People who were dying at the roadside are now coming into hospitals."

Reach T.J. Greaney at 573-815-1719 or e-mail tjgreaney@columbiatribune.com.

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Recovery requires teamwork

County focus of economic talk.

By Jodie Jackson Jr.

Friday, November 6, 2009

Economic recovery is going to be “a bumpy road,” but a state economic development official said Boone County can position itself to capitalize on development when the economic rebound occurs.

Mike Downing, formerly the director of Missouri CORE, or Connecting Our Regional Economy, spoke yesterday to a group of Boone County elected officials and presented an overview of economic development efforts.

“The economy of Boone County is very strong compared to other areas of Missouri,” said Downing, who is deputy director of policy and finance for the Missouri Department of Economic Development. He said the area has an “institution-based economy” because of ties to university and government employment, and that acts as a buffer against long-term economic downturns.

County Collector Pat Lensmeyer, who is the first to see the results of lagging sales tax revenue, which is the county’s largest funding stream, asked Downing what the keys were for local economic development. **Downing said the University of Missouri likely will be a drawing card.**

“They have world-class research with phenomenal potential,” Downing said, emphasizing that local development plans should focus on technology and “next-generation jobs.”

He also said it was vital for communities and other entities to work together, rather than independently.

“There’s just not much” development “going on right now,” he said, noting how the economic pinch has impacted Boone County. The county’s average unemployment for the past 10 years was 5.5 percent, but the latest figure for September showed unemployment at 9.3 percent.

“We’ve got to be singing out of the same hymnal, because there are too many communities that really have their act together,” he said. Downing reminded officials that economic development is a global competition, not just competition with neighboring counties or states.

Lensmeyer said she already sees good “cohesiveness” between the county and its municipalities. Downing’s presentation “reinforced the good things that we have going,” she said.

As far as when the economy will rebound, Downing said, “you could talk to 10 economists and get 10 different answers.”

Reach Jodie Jackson Jr. at 573-815-1713 or e-mail jjackson@columbiatribune.com.

COLUMBIA MISSOURIAN

GUEST COMMENTARY: Forsee, Cerner partnership railroaded through at lightning speed

By Eddie Adelstein

November 4, 2009 | 9:36 a.m. CST

Recently, University of Missouri System President Gary Forsee has decided to outsource the university's medical center information technology to Cerner Corp., a large, successful medical software company. This would mean that at least 100 university employees could be traded to this corporation.

Suddenly comes the darkest shadow of micromanagement that defies all principles of hospital management. There is limited discussion and attempts for consensus. Mr. Forsee, working closely with the president of Cerner, has carried out a classical blitzkrieg maneuver — best defined by speed, coordination and surprise. Designed to hit hard and move on instantly, its aim is to create panic among the civilian population — University IT employees — and outsource our IT to Cerner with limited resistance. It worked.

Major General J.F.C. Fuller, a proponent of the military blitzkrieg, said, “Speed, and still more speed, and always speed was the secret ... and that demanded audacity, more audacity and always audacity.” This plan did not lack for either.

The plan is seductive. Taking advantage of proposed money from the Obama stimulus package and forming a unique corporation, the presidents project this institution receiving millions of dollars back into our operating budget. In spite of this tempting rhetoric, I do not know a single person in this institution at any level who has enthusiastically endorsed this plan. Many have simply accepted the fact that the blitzkrieg has worked. Even before all the ink has been signed, the outsourcing plan is being implemented. We are all now electronic prisoners, and our fiscal fate is in the hands of others. We have given away our most valuable resource: the intellectual properties and experience of dedicated employees.

When I started medical school, the chairman of pathology was Dr. Fred V. Lucas. He was a big-picture man, and his advice was that to succeed you need to control space, money, personnel and, most importantly, the data. The proof of this was when Boone Hospital was leased to Christian Hospital Corporation: The data was immediately switched to St. Louis, and it is unlikely that Boone will ever again be our county-controlled hospital. A conservative figure is that Boone Hospital over the lease period cost the county more than a half-billion dollars.

Data control and management is the heart and soul of health care delivery, and losing control exposes an institution to both a fiscal and intellectual risk. Taking away this control and placing it in the hands of others is reckless and dangerous.

I have watched the University of Missouri medical school almost fiscally collapse because of its inability to manage data and in particularly send out accurate and timely bills. It was so bad that in the 1990s there was a serious attempt to have the hospital merge with Tenet Corp.

In 2002, the university faced similar problems, and only after the state auditors were called and outside consultants were brought in — coupled with the leadership of President Elson Floyd — were we able to put the hospital back into a fiscally successful operation. The reward for President Floyd was to force him out, as he threatened the administrative structure of our good old boy network. The Board of Curators replaced him with a president with strong business experiences.

Currently, the hospital is doing well, partly due to Mr. Forsee's new administrative structure. Finally, we have cohesive decision making in the organization. In the past, we had the equivalent of 18 Afghan tribal leaders, and no one was actually running the clinical side of the hospital.

Mr. Jim Ross, the CEO of University of Missouri Health Care, is an accomplished hospital administrator working cooperatively with the dean and the vice chancellor of health affairs, and good decisions regarding the practice of medicine are being made. Our future looks bright. Bills are more timely and accurate, and patient satisfaction is improving.

Some of this success was due to the fact that with our own department of information technology, we have been able to make Cerner's software work in most cases. The

software is so cumbersome that the administrative portion of our residency program is on probation — a major component being that the Cerner software takes so much time from residency training that resident education is compromised.

I have never heard a complimentary statement about the software or their support for it from a university employee at any level. Three years ago, Cerner's software was abandoned by the Department of Radiology as they deemed it inoperable, according to the department's chairman. The natural history of Cerner is to produce relatively untried software, and their response to problems has been limited. In spite of this, Cerner is making a lot of money and is riding the wave of federal monies to support electronic medical records. It seems unlikely that a cooperative arrangement with this company is a safe bet to make on the future of this institution. Our other choice was to dump Cerner and find another computer software company, but instead we have turned our future over to this company with a questionable track record.

This should remind us of the quote by former Supreme Court Justice William O. Douglas: "As nightfall does not come at once, neither does oppression, in both instances, there's twilight where everything remains seemingly unchanged, and it is in such twilight that we must be aware of change in the air, however slight, lest we become unwilling victims of the darkness."

Let us pay attention to the future; there is still time to act before immeasurable damage is done to this institution. It's never over until the last signature is placed on the final contract. Let us hope that these warnings will act to make the parties involved more dedicated and more responsible for the actions taken. Let us hope that we do not become unwilling victims of the darkness.

Eddie Adelstein is an associate professor of pathology at MU.

Moment of silence at MU for Fort Hood victims

By Missourian staff

November 6, 2009 | 9:34 p.m. CST

COLUMBIA — Students in MU's ROTC program participated alongside military personnel and their families and friends across the world Friday afternoon in a moment of silence for the victims of the violence at Fort Hood in Texas.

Secretary of Defense Robert Gates asked military personnel and others to pause for a minute at 1:34 p.m., a day after an Army psychiatrist killed 12 soldiers and one civilian.

Maj. Lance O'Bryan, enrollment and scholarship officer for the MU Army ROTC, said ROTC students had lowered the state and national flags outside MU's Crowder Hall Friday morning.

"Because most of the students and cadre are out, we didn't have a get-together or vigil," O'Bryan said. "Those present observed the moment of silence individually."

On Tuesday, the Army and Air Force ROTC divisions will participate in a Veterans Day ceremony that will include a vigil.



Ronald McDonald House plans move

Plan is pegged to kids' hospital.

By Janese Heavin

Friday, November 6, 2009

Ronald McDonald House administrators in Columbia are working on plans for a new building that would be near Children's Hospital when it relocates next year.

Ronald McDonald House Charities of Mid-Missouri has received a \$100,000 grant from its global affiliate toward the project and will begin community fundraising efforts next year, Executive Director Melody Bezenek said.

The Ronald McDonald House, now located off Stadium Boulevard, provides free lodging, food, laundry services and other amenities to families of hospitalized children. **Although it's not affiliated with the University of Missouri Health Care system, the house accommodates families receiving care at Children's Hospital, which is moving from University Hospital to Columbia Regional Hospital in the spring.** The plan is to build the new Ronald McDonald House nearby, off Portland Street.

There are no plans set for the current building's future use.

The move is a natural fit, said Matt Splett, an MU Health Care spokesman. "They provide an excellent service, and they're a great partner with Children's Hospital. Obviously, since we are moving next summer, it would make sense they would examine their options."

Bezenek said it's imperative the Ronald McDonald House is within walking distance of Children's Hospital to give parents a place to stay without worrying about being far from their children.

"Those parents have a hard time even being outside of the building of their hospitalized children," she said. "What we can offer is a comfortable setting that's a few steps away so they can walk or run to a child's bedside."

Plus, she noted, many families come from rural areas and aren't familiar with Columbia roads and traffic. Requiring them to drive or take taxicabs to get to their children is "just not a good combination," Bezenek said.

The current Ronald McDonald House, which opened in 1983, has 14 rooms. Bezenek hopes a new house would provide more rooms, although specific plans aren't finalized. Local architectural firm Simon Associates is designing the building.

"We're excited about the opportunities this provides us," Bezenek said. "We have a limited number of bedrooms and limited space to expand. We need handicap accessibility, more parking space, larger rooms, bigger common spaces, and we think this is a great opportunity to provide all of that, as well as move over with Children's Hospital."

Reach Janese Heavin at 573-815-1705 or e-mail jheavin@columbiatribune.com.

COLUMBIA MISSOURIAN

Ronald McDonald House to relocate

By Emily Roman

November 6, 2009 | 12:01 a.m. CST

COLUMBIA — After 26 years near University Hospital, the Ronald McDonald House is making plans to relocate and build a new facility.

The new house will be built at Portland Street and Lansing Avenue near Columbia Regional Hospital, where MU Health Care is moving all of its children's medical services.

"It will be in walking distance, so families will be close to their children," said Melody Bezenek, executive director of Ronald McDonald House Charities of Mid-Missouri.

Ronald McDonald House, which started in 1974, gives families and their children the opportunity to stay in a secure and comfortable environment outside the walls of a hospital.

"Our house cannot cure children, but we provide a place where parents can be comforted while staying within close proximity of their children," Shannon de Leon, director of development and communications for the charity, said in an e-mail.

The move to consolidate Children's Hospital will be an "added convenience to not only patients but staff as well," Matt Splett of MU Health Care said.

The subsequent move of Ronald McDonald House will allow families visiting Columbia Regional Hospital to be next door.

"Our new location will allow us to be near the Children's Hospital, where many of our families are receiving care," de Leon said.

According to the MU Health Care Web site, phase one of the new Children's Hospital will include new pediatric and adolescent private patient rooms, the Children's Blood

Disorders and Cancer Unit, a pediatric short-stay unit, a pediatric intensive care unit and a pediatric cardiology clinic.

These programs are expected to begin at the new location next summer.

Phase two will include pediatric specialty outpatient clinics that will be moved to the hospital after phase one is complete. Those services could be available by summer 2011. But until the first phase is finished, there is not a well-defined time frame for the second phase, Splett said.

The existing Ronald McDonald House is located at Stadium Boulevard and Monk Drive near University Hospital and allows families to stay near children who are receiving treatment. Once the new house is constructed, the old one will be closed, de Leon said.

Because the present house has only 14 rooms, families have been turned away in the past, and de Leon said she hopes the new location will be bigger and have an elevator for easier wheelchair access.

The idea to switch locations came when the Children's Hospital move was announced, Bezenek said.

She said the new Ronald McDonald House will be funded by donations and fundraisers.

Although the project is in the early stages, "we are working diligently to finalize all the details on the new house," de Leon said, adding that the cost and design has not been determined.

What will happen to the existing house after the move also remains undetermined, Bezenek said.

De Leon said she hopes to have more information about the project by the end of the month.

COLUMBIA MISSOURIAN

Pulitzer Prize winning historian to open Mormon diaries in MU lecture

By Courtney Shove

November 9, 2009 | 12:01 a.m. CST

COLUMBIA— Imagine a religious group on an interstate trek in the mid-1800s. What if you could read the travelers' journals? Undoubtedly, they would have more than your average story to tell.

Harvard University history professor Laurel Thatcher Ulrich will uncover the personal stories of Mormon diarists as they traveled from Nauvoo, Ill., to Council Bluffs, Iowa, **when she speaks at 7 p.m. Monday at MU.**

"I believe I used about a dozen diaries, by men and women both, in this paper," Ulrich said in an e-mail about her recent research. "Some have been published, some digitized, some still in manuscript in various archives."

In a lecture titled "Mud and Fire: Mormon Diarists Cross Iowa," Ulrich will discuss some of the spiritual struggles faced by the group while on its treacherous journey. She will also discuss the Mormon historical connection to Missouri.

"But one of the things they were dealing with as an ideal of equality that included some men having multiple wives," Ulrich said in an e-mail.

Ulrich is the inaugural speaker in the Lewis Atherton Lecture Series, which is named in memory of a former MU history professor. The series will organize biennial lectures on a wide-range of U.S. history topics.

Ulrich is the 1991 winner of the Pulitzer Prize for history for her biography "A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812." She is also president of the American Historical Association and well known for the following quote: "Well-behaved women rarely make history."

COLUMBIA MISSOURIAN

MU lecturer recalls life before and after the Berlin Wall came down

By Hayley Tsukayama

November 9, 2009 | 12:01 a.m. CST

COLUMBIA — On the night the Berlin Wall came down, Olaf Schmidt did not go to Berlin. In fact, he didn't learn about it until the next morning. When he heard, Schmidt and his brother drove from Magdeburg to Berlin at once to see everything first-hand.

“People were crying like crazy,” Schmidt said. “We never thought we'd see the Wall come down during our lifetimes. Anyone who says otherwise is lying or maybe altering their memory.”

Schmidt, now a lecturer in MU's German and Russian studies department, was born in East Germany in 1965, four years after the concrete barrier was built. The wall physically separated East and West Berlin, blocked emigration from East Germany and symbolically divided the Soviet Bloc and the Western world. This year marks the 20th anniversary of the fall of the Berlin Wall, and, for Schmidt, a time for reflection.

In 1999, the 10th anniversary of the wall's demise, Schmidt was in Berlin, but he was busier enjoying the explosion of culture in the city than thinking about the historical impact of 1989. “The '90s were a time to enjoy the freedom and have fun, and Berlin was the place to be,” Schmidt said. “I'm a bit more reflective now. I know I was there, and it will always be a part of me. But I've never celebrated it myself.”

Jonathan Sperber, who is chairman of MU's history department and a specialist in German history, said Americans tend to think of the fall of the Berlin Wall as a singular event. In truth, Sperber said, it was the outcome of a long, complicated process.

“Think about the way the people of East Germany fought against a tyrannical government,” he said. “It was a fabulous triumph. It's one of the four great revolutions

of modern Europe: the French Revolution of 1789, the Revolutions of 1848, the Russian Revolution of 1917 and this.”

Echoing Sperber's comments, Schmidt said that while the fall of the Berlin Wall is, of course, an emotional memory, in retrospect he does not think of it as the turning point for East Germany.

For him, the more important events had already occurred when thousands took to the streets in weeks of nonviolent protest against East German policies. Footage of East German police and the Stasi — the secret police — beating East Germans attempting to jump on trains going to the West had outraged many East Germans.

Schmidt said he, too, was shocked by the events. Although he opposed many East German policies, he said the government's rhetoric of humanism and being a government of the people had sunk in. Schmidt said he and his friends sat in front of the TV, watching Western footage of the beatings and crying. “The shock was in the way they treated their own people,” he said. “These people weren't criminals; they weren't radicals.”

Protests on Oct. 2, Oct. 7 and Oct. 9 gathered more and more support. Protests and planning took place outside of work hours so that everyone could participate. Schmidt laughed and called it a “leisure-time revolution.” By Oct. 9, the numbers of protesters in Leipzig had swelled to 60,000, and many feared the day would end in bloodshed.

“People knew this would be a decisive day,” Schmidt said. “There were all these rumors about transports of body bags and blood (into Leipzig); there was this sense that something bad would happen.”

Schmidt, who was interning in Leipzig at the time, remembered marching and wondering where the police were. “We kept marching,” he said. “Then we saw them. They were hiding in the side streets — police, Stasi, even army troops, thousands of them. There was a sense of fear; people were screaming, ‘No violence,’ which was one of the slogans at that time.”

To his relief and amazement, the police did nothing. “They could have had a massacre,” Schmidt said. “But they didn't. From then on, we knew something had been accomplished. We had crossed a line, and there was no going back.”

Schmidt said the East Germans actions are an example of something he believes is overlooked in Western narratives of the Cold War. He credits the election of Soviet General Secretary Mikhail Gorbachev and his policies of "perestroika" — or restructuring — and "glasnost" — or openness — for the accelerated, almost sudden downfall of the communist system in Europe.

"I'd argue there was some humanistic quality (to the government)," Schmidt said. "When they realized the people were against them, they gave up without a fight. That's not the narrative of the Cold War here (in the U.S.). It was not inevitable. The government could have fought back. But they gave themselves up, which was amazing."

Schmidt also stressed that the fall of the Wall was not the end of a story — it was also the beginning of the reunification of Germany.

"We had been locked in," he said. "We knew about Western Germany from television, but it's up for debate how true that image was." Although East and West Germans had their stereotyped ideas about how the other half lived, there was now an entire generation that had to get to know each other.

As West German entrepreneurs came into East Germany, Schmidt said, they brought with them a certain arrogance and winner's mentality that did not sit well with the East Germans. "They said we were lazy, stupid, naïve, not competitive," he said. East Germans became defensive about their own culture.

"During the '90s, you had to adapt to a new system," he said. "You kind of defined yourself as an East German. When the threat of the communist state was gone, people began reinventing their past searching for identity. It was the period of 'Ostalgie', a kind of nostalgia for life in East Germany. Now it was, 'You're not going to tell us that everything (East Germans) did was worthless, done out of fear and laziness.' (The Western Germans) said we had a chance at a new life, but we had some pride, too. If you were 50, maybe you didn't want a new life."

Schmidt said he originally wanted to go to the West once the border opened, but he decided against it at his own farewell party.

Instead, he stayed in East Germany and then went on to study theater and literature and take part in the art and culture of newly hip neighborhoods of East Berlin. In 2001, he

went to teach at Tulane University in New Orleans and then moved to MU after Hurricane Katrina.

Schmidt still lives in Germany for part of the year. He said Germans are tired of talking about the division between East and West.

It's not exciting to discuss it anymore, he said, though there are still some strong divisions in provincial East Germany, where unemployment remains high. It can be difficult, Schmidt said, to realize that the country he grew up in may soon be merely a footnote.

"The period of East Germany was 40 years, and here we are at 20 years after the wall was opened. Soon it will just be an anecdote in history," he said. "Looking back now, I wish I was maybe five years younger when the wall fell. That would have given me both, a conscious East German identity and a little more time to live my life the way I wanted to."



Doctor seeks justice in health care

MU audience hears appeal for equity.

By Janese Heavin

Friday, November 6, 2009

The debate over health care reform needs to transform into an honest conversation about what's really happening, a nationally recognized speaker told a Columbia audience yesterday.

"The talk should be about core issues of access, equality and justice," Gloria Wilder said during a keynote address in the Monsanto Auditorium on the University of Missouri campus. The speech was part of MU's "Changing the Face of Medicine" exhibit, which highlights the achievements of women in medicine. The traveling exhibit continues through Nov. 14 in MU's Health Sciences Library.

Wilder, 45, is a New York doctor who specializes in economic segregation in health care. She founded Core Health in 2005 to help communities set up wellness centers and health plans. Her charitable work has been featured on "The Oprah Winfrey Show," CBS's "48 Hours" and NBC's "Dateline," and she sat down with both President Barack Obama and 2008 Republican presidential nominee John McCain to discuss the state of health care.

Wilder set the stage for her talk yesterday with her own background as the middle child of a Brooklyn mom who relied on social services and three jobs to pay the bills. Health care for her family, she said, meant standing in long lines at a public clinic where treatment was given in a sort of assembly-line fashion.

"If you belong to a certain community, you access health care in one way," she said. "If you belong to another community, you access health care in another way. There's no traditional way to access health care."

Wilder didn't endorse any one health care reform bill, but — describing herself as a capitalist — she said reform should include competition between insurers and choices for patients. The bottom line, she said, is everyone should have access to affordable, quality health care.

After her speech, Wilder joined a small group of audience members for a more intimate discussion about health issues. Some shared their personal stories and frustrations about their inability to receive care.

Nicole Waters, a 25-year-old graduate student who hopes to apply to medical school next year, told Wilder she had to rely on Medicaid after she became pregnant and was dropped from her

parents' plan. After her Medicaid coverage ended, she and her husband made health insurance a family budget priority, even though they had to pay out of pocket for a private plan. They've since made school and work choices based on access to insurance.

After the discussion, Waters said she's not sure how she feels about health care reform.

"It's a complicated situation," she said. "Wilder made a valid point, just that we can all agree everybody needs quality health care, and then we can figure out how to pay for it."

Reach Janese Heavin at 573-815-1705 or e-mail jheavin@columbiatribune.com.