Missouri Planned Parenthood set to lose hospital privileges

September 25, 2015 5:04 pm  •  By SUMMER BALLENTINE

JEFFERSON CITY, Mo. (AP) — A Planned Parenthood clinic in Columbia is set to lose its ability to offer medication-induced abortions because of a recent University of Missouri medical committee's decision that put the center's license in jeopardy.

Missouri's health department in a Friday letter said the clinic is at risk of losing its license to provide such procedures after an executive committee of University of Missouri Health Care staff voted unanimously the day before to stop offering "refer and follow" privileges, effective Dec. 1.

The committee's decision is significant because a Planned Parenthood doctor had been granted those privileges, which the center used to obtain a license to begin offering medication-induced abortions at the Columbia clinic last month. State law requires physicians or centers providing abortions to have certain agreements with local hospitals for patient care, although lawmakers and health department officials are at odds over what specific privileges meet that requirement.

"Unless the facility satisfies the hospital privileges requirement," the health department letter says, "the license of the Columbia facility will be revoked."

Refer and follow privileges allow a physician to refer patients to a hospital if necessary and then access their medical records.

Planned Parenthood of Kansas and Mid-Missouri President and CEO Laura McQuade said the center plans to ask University of Missouri Chancellor R. Bowen Loftin to reconsider the decision to end those privileges. McQuade said Planned Parenthood also will try to get needed privileges from Boone Hospital Center — the only other nearby hospital — or other privileges from the university.

McQuade said if that doesn't work, the facility might take legal action or file a challenge with the U.S. Department of Health and Human Services. She said that the new university policy violates a federal law prohibiting discrimination in granting staff or hospital privileges because a doctor provides abortions.
MU Health Care Chief Medical Officer Steve Whitt said in a statement that the soon-to-be-discontinued privileges were "outdated and unnecessary" because physicians already can access their patients' information. Only two physicians have such privileges, Whitt said, including the Planned Parenthood physician.

The change in policy follows pressure from Republican lawmakers for the university to sever ties with Planned Parenthood as House and Senate committees investigate abortion practices in the state.

"From day one when we learned of this scandal, I vowed that we would 'get MU out of the abortion business,'" said Republican Sen. Kurt Schaefer of Columbia, who chairs the Senate committee and is running for attorney general in 2016, in a statement from his campaign after the university decision. "Thanks to the persistence of our investigation and the public pressure applied by many defenders of life, we achieved that outcome and many unborn lives will hopefully be saved as a result."

Planned Parenthood has said the legislative investigations are politically motivated and without merit. McQuade on Friday also slammed the university, which she said "caved to the political pressure" from Schaefer's committee in a decision that "puts politics above patients."

"This is a continuation of the orchestrated attempt to restrict access to safe, legal abortion in Missouri and to the critical services Planned Parenthood has provided for nearly 100 years," McQuade said in a statement.

University of Missouri shamefully caves in to political bullying

Kurt Schaefer, the power-hungry Missouri senator who wields outsized control of the state’s appropriations process, promised the University of Missouri there would be “consequences” for licensing a doctor.

And there are.

For women.

And for the ideal of an independent university system.

MU announced Thursday it was revoking low-level hospital privileges for a doctor who performs non-surgical abortions at Planned Parenthood's Columbia clinic.
Without “refer and follow” privileges, the clinic will no longer meet a state licensing requirement. It appears that Planned Parenthood will have to cease offering abortions at its mid-Missouri location on Dec. 1.

That will mean women must travel to the St. Louis or Kansas City areas, making the process of terminating a pregnancy more onerous and traumatic for many.

Officials said the decision was a result of a review by the executive committee of the medical staff of MU’s hospital, the University of Missouri Health Care. They called the refer and follow designation “outdated and unnecessary” and framed the move as a step toward a more fully engaged medical staff.

But the university’s action is a dismaying and dangerous cave-in to pressure from Schaefer and his “sanctity of life” committee, which formed this summer after misleading sting videos about Planned Parenthood’s national fetal tissue donation program provided a convenient excuse for ambitious politicians to attack the medical provider.

For Schaefer, getting the chairmanship of the committee was doubly fortuitous. The Republican senator from Columbia is seeking the GOP nomination for Missouri attorney general and he needs a platform from which to court the anti-abortion vote. Also, Schaefer is reported to have been furious when the University of Missouri granted a sabbatical to law professor Josh Hawley, who also is running for attorney general on the GOP ticket.

Schaefer’s anti-abortion committee has spent almost no time investigating fetal tissue donation. Instead, it zeroed in on the Columbia clinic, which resumed offering abortions this summer after a hiatus.

Schaefer summoned state licensing and university officials, including MU Chancellor R. Bowen Loftin, for what amounted to public interrogation sessions. When he established that the University of Missouri had granted limited privileges to Planned Parenthood doctor Colleen McNicholas, Schaefer falsely accused the university of being in “the abortion business” and suggested there could be “consequences” to the university’s budget.

It was bullying. And it worked.

University of Missouri officials apparently weren’t troubled by the refer and follow designation when they granted privileges to McNicholas. If they’ve now decided it
is unnecessary, the fair approach would be to grandfather in McNicholas and the one other doctor with the designation.

Instead, the University of Missouri has shown it will sacrifice its independence in response to political pressure. That’s a shameful action for an academic institution, and one that could have more unintended consequences than any that Schaefer envisioned.

University of Missouri strips privileges from Planned Parenthood doctor

Pressure from GOP lawmakers leads to end of abortions at Columbia clinic

After Dec. 1, only facility offering abortions in Missouri will be in St. Louis

BY JASON HANCOCK

jhancock@kcstar.com

JEFFERSON CITY - Facing increasing pressure from Republican state lawmakers, the University of Missouri announced it will no longer grant hospital privileges to the only doctor providing abortion services at a Planned Parenthood clinic in Columbia.

Without “refer and follow privileges,” Colleen McNicholas cannot legally perform abortions in Columbia. The decision, made by the executive committee of the medical staff of University of Missouri Health Care, will be effective Dec. 1.

The move was prompted by inquiries by Republican lawmakers, who questioned whether the publicly funded university should be associating with Planned Parenthood.

Under state law, a doctor can only perform abortions if he or she has clinical privileges at a hospital within 30 miles of where the abortions are taking place.
Officials with Planned Parenthood condemned lawmakers for pushing the university to strip McNicholas of her privileges.

“This is a continuation of the orchestrated attempt to restrict access to safe, legal abortion in Missouri and to the critical services Planned Parenthood has provided for nearly 100 years,” Planned Parenthood of Kansas and Mid-Missouri President and CEO Laura McQuade said in a statement.

Just last week, the University of Missouri announced it would no longer allow students to train at Planned Parenthood facilities, a program that had existed for decades.

All this comes on the heals of a pair of state legislative committees tasked with investigating whether Planned Parenthood clinics in Missouri were selling fetal tissue, a claim Planned Parenthood vehemently denies. The House and Senate committees expanded their investigation into the Columbia Planned Parenthood facility when it was announced it was resuming abortions after having ceased performing the procedures for several years.

“This joyous outcome is proof positive that these committee investigations matter and the result will have eternal significance,” said Sen. Kurt Schaefer, a Columbia Republican who chaired one of the committees investigating Planned Parenthood.

Schaefer has had several run-ins with his hometown university this year. Most recently, he’s called into question the school’s decision to grant leave to a law professor who is running against Schaefer in the Republican primary for state attorney general.

After Dec. 1, the only Missouri facility performing elective abortions will be in St. Louis, although abortions are performed just across the state line in clinics in Overland Park and Granite City, Ill.
University of Missouri strips hospital privilege


KANSAS CITY, Mo. - Access to abortions in Missouri just got tougher.

The University of Missouri Hospital's governing committee announced it will no longer grant hospital privileges to the only doctor providing abortion services for Planned Parenthood in Columbia.

"Our initial reaction was shock and then anger," said Laura McQuade, president and CEO of Planned Parenthood of Kansas and Mid-Missouri.

Under state law, doctors can only perform abortions if they have refer and fellow privileges at a hospital within 30 miles of where the abortions are taking place. In the mid-Missouri region, only two hospitals comply with the law-- University of Missouri Hospital and Boone County Hospital.

According to a press release from the university, MU Health Care policies were placed under review after inquiries from state lawmakers and the public. The board then decided refer and follow privileges were "outdated and unnecessary."

"The law in the State of Missouri says public funds shall not be used to promote or support abortion," said state senator Kurt Schaefer, (R)- Columbia. "In this circumstance they were wrong to recruit that doctor and enable abortions to resume at the facility."

The university's decision goes into effect Dec. 1, women seeking abortion services will have to drive to St. Louis or cross the state border and go to Overland Park, Kan.
This Week in Missouri politics – KDNL-TV (ABC) St. Louis

Sept. 27, 2015

Watch the segment in which Eric Schmitt, Republican candidate for Missouri State Treasurer, discusses the current Planned Parenthood situation.


Sept. 26, 2015

University of Missouri and Planned Parenthood

Listen to the story: http://mms.tveyes.com/PlaybackPortal.aspx?SavedEditID=d4394b61-4f0b-4a46-90e1-7f47c1892cc0
MU to end privileges at University Hospital for abortion doctor

Watch story: http://www.komu.com/player/?video_id=30678&zone=2,5&categories=2,5

COLUMBIA - University of Missouri Health Care will not continue its "refer and follow" privileges at University Hospital for the doctor who performs abortions at the Columbia Planned Parenthood Clinic. That arrangement would end in December.

Steve Witt, chief medical officer of MU Health Care, said two out of 80 MU Health Care medical staff members had these privileges, in a statement released Thursday.

This decision comes after the Senate Interim Committee on the Sanctity of Life, which Sen. Kurt Schaefer, R-Columbia, leads, started investigating Planned Parenthood's services. The Columbia clinic began offering abortions again on Aug. 1, but in mid-September, the University of Missouri and Planned Parenthood ended their 26-year relationship.

Bonnie Lee, a member of the 40 Days For Life, said she feels this is a victory not only for her group.

"University has put out that this "refer and follow," you know, was really insignificant, but it is what brought the abortionists here," Lee said.

She and other members of the organization were holding anti-abortion signs in front of Planned Parenthood Friday.

KOMU 8 News reached out to the Boone County Democratic Party to get its reaction to this issue.

Chairman Homer Page said he had hoped MU would be "stronger and more willing to stand up to this kind of pressure and blackmail."
Page said upon hearing the news of the university's decision to end the "refer and follow" privileges, he was disappointed.

"The Democratic Party is very concerned that the radical Republican legislature has bullied the university into taking this position," Page said. "Providing health care for women is of mandate for the university, and the fact that they're going to be curtailed is shameful."

MU Health Care will end the "refer and follow" privileges on Dec. 1.

Only one of nine clinical agreements remains between MU, Planned Parenthood

By Megan Favignano

Friday, September 25, 2015 at 2:00 pm

University of Missouri graduate student Dina van der Zalm chose Planned Parenthood when she needed to pick a community organization to work for as part of her fellowship.

The clinical site agreement between MU’s School of Social Work and Planned Parenthood that allowed van der Zalm to work at the Columbia clinic is the last active agreement between the two entities.

MU recently discontinued eight of its nine clinical site agreements with the local Planned Parenthood clinic, MU spokeswoman Mary Jo Banken said. The agreements allowed nursing students or medical trainees to complete their clinical rotation at Planned Parenthood and receive training in women’s health.

MU Chancellor R. Bowen Loftin requested departments review clinical site agreements and cancel any that have not been used regularly. Banken said that request came after a legislative committee created to investigate Planned Parenthood focused on MU’s relationship with the clinic. Banken said the last medical student to do a rotation at Planned Parenthood under a formal program letter was in 2010.

The College of Human and Environmental Sciences, which includes the School of Social Work, has had a clinical site agreement with Planned Parenthood of Kansas and Mid-Missouri since 1988 — the oldest of the nine agreements. That agreement allows students to learn about making public policy while working with a Planned Parenthood social worker.
Van der Zalm, chairwoman for the Missouri Public Health Advocacy Coalition, said her two-year fellowship helped shape her career path.

“It’s impossible for me to imagine myself being where I am and being the chair of a public health advocacy coalition without what Planned Parenthood gave me. It was that foot in the door to the legislative process,” van der Zalm said. “It’s not something I was familiar with.”

For her fellowship, van der Zalm was required to work as a researcher for the university and for a community organization. She worked with Planned Parenthood’s grass-roots organizer, which led to a legislative internship for Planned Parenthood during the 2014 legislative session. She was trained to be a community ambassador and helped at events. Even though her fellowship expired in May, van der Zalm continues to volunteer at Planned Parenthood.

She is working toward dual master’s degrees in social work and public health. Her experience at Planned Parenthood, she said, has made her consider jobs focused on lobbying and advocacy related to public health.

“It’s not something I’d considered until I ended up with the Planned Parenthood placement and saw the inner workings,” van der Zalm said.

Recent tensions about graduate student benefits at MU have contributed to van der Zalm’s anger about the university’s clinical site agreements with Planned Parenthood ending.

“I’m more frustrated that this has happened because it is piling onto our other graduate student concerns that we’ve been voicing loudly,” van der Zalm said.

Students, van der Zalm said, were voiceless in the decision to discontinue the agreements.

“I feel like decisions were made without consulting the students who were going to be affected,” van der Zalm said. “This feels like a knee-jerk reaction.”

Although MU canceled the clinical site agreements, Banken said a student could still complete a clinical rotation at Planned Parenthood upon request. The student’s school or college would make the decision.
Planned Parenthood to file claim against MU after university discontinues abortion doctor's privileges

ELISE SCHMELZER, Sep 25, 2015

COLUMBIA — Planned Parenthood plans to take legal action against MU after the university made a decision this week that could end abortion services in Columbia.

MU Health Care announced Thursday that on Dec. 1 it will discontinue "refer and follow" privileges — the same type of privileges it granted in December 2014 to a doctor who works with Planned Parenthood to provide abortion services. Without the privileges, the doctor cannot legally provide abortions in Columbia.

The health care provider plans to file a claim with the Missouri Department of Health and Senior Services early next week alleging the decision violates a section of the federal law known as the Church Amendments, Laura McQuade, president and CEO of Planned Parenthood of Kansas and Mid-Missouri, said in an interview Friday.

The Church Amendments prohibit federally-funded health care providers from making employment decisions based on a doctor's willingness or unwillingness to provide legal abortion services. The amendments, made into law in 1973, also prohibit hospitals from forcing a doctor to provide abortions or sterilizations if it is against the doctor's religious or moral convictions.

McQuade said the university decided to discontinue privileges to alleviate political pressure from a state Senate committee that has been investigating Planned Parenthood activity in Missouri since July.
“We were outraged that an institution of higher learning would cow to such obvious political tactics,” McQuade said. "We did not expect the university to behave in this fashion."

The university decided to discontinue refer and follow privileges because they were "outdated and unnecessary," chief medical officer of MU Health Care Steve Whitt said in a news release.

Refer and follow privileges allow physicians to refer patients to a hospital and follow their progress but do not allow them to treat or prescribe medicine at that hospital.

MU Health Care granted refer and follow privileges to Colleen McNicholas in December 2014. The St. Louis-based obstetrician-gynecologist started providing medical abortions in Columbia on Aug. 3, according to previous Missourian reporting.

Doctors providing abortions in Missouri must have clinical privileges at a hospital within 30 miles of the location where the services are performed, according to state law.

The Department of Health and Senior Services will revoke the Columbia clinic's abortion facility license on Dec. 1 if McNicholas isn't able to acquire other credentials in Columbia, according to a letter sent Friday from the department to McQuade.

Planned Parenthood and McNicholas are still exploring options for gaining new privileges before Dec. 1, McQuade said. McQuade said options include applying for a different category of privileges at MU Health Care or applying for privileges at Boone Hospital Center.

McNicholas will be able to apply for other privileges at the university, MU Health Care spokesperson Teresa Snow said in an email Thursday night.

It took about six months for MU Health Care to grant the doctor the refer and follow privileges in 2014, McQuade said. Now McNicholas has a little more than two months to earn new privileges.

The Planned Parenthood clinic will continue to provide abortion services until Dec. 1, McQuade said, though she hopes McNicholas will be granted new privileges.
“We will do everything in our power to make sure that none of our services will be interrupted for women in mid-Missouri,” she said.

MU Chancellor R. Bowen Loftin asked MU Health Care to review its privileging polices at the request of the state Senate Interim Committee on the Sanctity of Life and members of the public, according to a news release from the university. On Monday, a committee of executive staff at the health care system voted unanimously to discontinue refer and follow privileges beginning Dec. 1, Snow said.

The committee, led by state Sen. Kurt Schaefer, R-Columbia and candidate for attorney general, was formed in July in response to widely-viewed videos claiming to show Planned Parenthood staff selling aborted tissue. The committee has since pressured the university to cut ties with Planned Parenthood. Since the investigation began, the university has canceled multiple agreements with the health care provider that allowed students to work in the clinics for academic credit, according to previous Missourian reporting.

Schaefer called the university's decision a "victory for unborn" in a news release Friday morning.

"This joyous outcome is positive proof that these committee investigations matter and the result will have eternal significance," he said in the release.

If the Columbia location were to stop providing abortions, the Planned Parenthood clinic in St. Louis would become the only abortion provider in Missouri.
JEFFERSON CITY — Planned Parenthood of Kansas and Mid-Missouri is vowing not to let a decision by the University of Missouri to stop granting a type of privilege necessary for doctors to perform abortions stop it from providing services to women in mid-Missouri.

After the University revoked the "refer and follow" privileges effective Dec. 1, Planned Parenthood of Kansas and Mid-Missouri’s CEO Laura McQuade expressed her outrage at what she calls a violation of the Church Amendment, a federal regulation that prohibits hospitals from discriminating against abortion providers in granting privileges.

Today, McQuade said Planned Parenthood would file a complaint with the Department of Health and Human Services, saying the decision is a direct result of Sen. Kurt Schafer's Committee on the Sanctity of Life's efforts to "get MU out of the abortion business."

Schafer, in a prepared statement, said "This joyous outcome is proof positive that these committee investigations matter and the result will have eternal significance."

The University, also in a written statement, said the "refer and follow" privileges are "outdated and unnecessary."

MU Health Care is also proposing changes to its privileging process to include a review of applicants' potential contributions to the Department's multiple missions.

McQuade said a nationwide "Pink-out Day" would feature an event on the MU campus Tuesday that is one of 15 "anchor events" in support of Planned Parenthood.
She also said that the group would look at other types of hospital privileges that could be obtained by their physicians that would qualify them to perform abortions, which she said are "one the safest procedures."

"We believe the elimination [of the privileges] is political in nature," she said, "and we will do everything in our power to ensure there is no interruption of services."

Planned Parenthood looks for alternative privileging options

September 25, 2015 6:15 pm  •  By Samantha Liss

Planned Parenthood is studying ways it can continue to provide abortion procedures at its Columbia, Mo., clinic beyond Dec. 1, the day that the nonprofit’s physician there loses a required clinical privilege.

The University of Missouri announced Thursday that it is eliminating a category of clinical privilege at its Columbia hospital that Planned Parenthood’s physician uses, and legally needs, to be able to provide medication abortions.

Laura McQuade, CEO for the Planned Parenthood affiliate that includes Columbia, said the organization’s Columbia clinic will continue to provide abortions through the end of November.

In the meantime, however, she will seek alternative clinical privileging for the clinic’s physician. Those privileges may either be with the University of Missouri, if it’ll allow it, or the other local hospital, Boone Hospital Center, she said.

Officials at Boone Hospital, which is operated by St. Louis-based BJC HealthCare, did not respond to a request for comment on whether the facility would consider granting clinical privileges to the Columbia clinic physician.

If the clock runs out and Planned Parenthood’s doctor is without clinical privileges at the end of November, McQuade said, “we will examine all legal avenues available to us.”

“If politics makes you unable to comply with state statute and regulation, we would need to look at the legal options for us,” she said.

Law experts question what legal grounds the clinic would have to file suit.
“If the (doctor’s) contract doesn’t provide any assurances of a longer period of privileges, then I think it will take some creative thinking to craft a legally persuasive claim that the state has an obligation to assist in access to a constitutional right,” said Philip Peters Jr., a law professor at the University of Missouri’s School of Law.

The Columbia clinic had resumed medication abortions in August after a physician got certain clinical privileges, known as “refer and follow,” at the Mizzou hospital. The clinic had stopped the medical procedures in 2012 after its physician left.

Planned Parenthood said the university was caving to political pressure to end the privileging. But the university said the privilege was “outdated and unnecessary,” according to its statement Thursday night.

The University of Missouri said the review of the hospital’s policies and privileges was prompted by inquiries from legislators and the public.

The university became the subject of scrutiny when state lawmakers launched an investigation into Planned Parenthood after it resumed abortions at the Columbia clinic. Lawmakers also launched a separate investigation after videos were leaked that alleged Planned Parenthood was selling fetal tissue for research. Planned Parenthood has vehemently denied that allegation.

Ben Trachtenberg, chairman of the University of Missouri’s faculty council, said it would be “very disappointing” if the university made the decision to change privileging because of political pressure.

MU Health Care unanimously votes to discontinue ‘refer and follow’

The “refer and follow” privileges of two medical providers were described as “outdated and unnecessary.”

The executive committee of the medical staff of MU Health Care voted unanimously to discontinue “refer and follow” as part of the MU Health Care facilities, according to a Sept. 24 MU News Bureau release. This decision comes after a review by the MU Health Care medical staff of their policies and procedures.

“Refer and follow privileges only allow physicians to access their own patients’ information,” said Steve Whitt, chief medical officer of MU Health Care and a member of the executive committee, in the release. “This level of access to patient information is already permitted by any referring provider, including those not on MU Health Care’s medical staff; therefore, the designation of refer and follow privileges was outdated and unnecessary.”
Planned Parenthood of Kansas and mid-Missouri released a statement on Sept. 24, roughly one hour before the MU News Bureau’s, arguing the value of these privileges.

“These privileges are increasingly used in hospitals across the country to allow physicians who seldom or never need to admit patients to a hospital the ability to maintain staff privileges,” said Sheila Kostas, PPKM vice president of public affairs and communications, in the release. “Referring physicians can then follow their patients’ progress if ever needed, but the attending physician at the hospital provides the necessary patient care.”

Out of MU Health Care’s 800 medical providers, only two had refer and follow privileges of MU Health Care’s medical staff.

Several members of the Missouri legislature prompted the review of MU Health Care’s policies and privileges, including Sen. Kurt Schaefer, R-Columbia. Chancellor R. Bowen Loftin asked the medical staff to review and make revisions to these policies, the release stated.

“This is a continuation of the orchestrated attempt to restrict access to safe, legal abortion in Missouri and to the critical services Planned Parenthood has provided for nearly 100 years,” Kostas said in the release.

MU Health Care is also proposing an additional review of contributing applicants that looks at how MU Health Care’s missions of “providing exemplary patient and family-centered care, high-quality professional education and research” are fulfilled.

These changes have been forwarded to MU Health Care’s eligible voting medical staff members for comment. After the comment period, the executive committee will consider the suggestions prior to voting.

Abortion foes renew fight over stem cell research at MU

By Rudi Keller

Sunday, September 27, 2015 at 12:00 am

In a second-floor laboratory of the MU Bond Life Sciences Center, a freezer stores clusters of embryonic stem cells that look similar to globs of clear tapioca pearls under a microscope.
The quiet work that takes place in the lab mirrors the recent silence about stem cells in the political arena. But Missouri Right to Life, the state’s most powerful anti-abortion group, is determined to renew fighting against embryonic stem cell research in the coming legislative session.

Michael Roberts leads the team of 12 researchers investigating preeclampsia, a common pregnancy complication characterized by high blood pressure. Affecting about 5 percent of all births, the fully developed condition known as eclampsia can cause seizures and is believed to be responsible for about 50,000 deaths worldwide annually.

The lab makes stem cells using umbilical cords from preeclampsia and uncomplicated pregnancies to test theories about how the condition develops. The stem cells are used as a control group and to test the technology used in the work, Roberts wrote in an email.

Not being able to use embryonic stem cells would hinder the work but not make it impossible, Roberts wrote. Roberts said the change likely would cause him to retire.

“If I were younger, I would move to a more sympathetic environment where the value of this sort of research would never be questioned,” he wrote.

Missouri Right to Life’s stand against embryonic stem cell research is absolute, said Susan Klein, legislative liaison for the group. Understanding and treating pregnancy complications is not relevant, she said, nor is the lab’s use of stem cell lines in existence since the 1990s and approved for federal funding under a 2001 executive order from then-President George W. Bush.

“A state-funded university with our tax dollars should not be doing research on aborted baby parts, embryonic stem cell research or human cloning,” Klein said.

That stance caused complications for Republicans 10 years ago because it is one of the few issues where Missouri Right to Life and large numbers of GOP politicians disagree. The group failed to add stem cell restrictions to funding for life sciences buildings, but ratings of legislative votes helped decide primaries by costing candidates the group’s coveted endorsement.

State Sen. Kurt Schaefer, R-Columbia, a candidate for attorney general, is gaining the most politically from a legislative investigation that pressured University of Missouri Health Care to sever ties with a doctor providing abortion services at the Columbia Planned Parenthood clinic.

MU Health Care sent letters Thursday to Colleen McNicholas, the St. Louis-based obstetrician working at the clinic, and Planned Parenthood of Kansas and Mid-Missouri saying it would revoke McNicholas’ “refer and follow” privileges effective Dec. 1. The privileges were limited, only allowing McNicholas to refer a patient with complications to MU Health Care and follow the patient’s case. The move endangers the Columbia clinic’s license to provide medication-induced abortions.

Embryonic stem cells are a tricky issue for Schaefer’s relations with abortion opponents because of his past support for the research. His primary opponent, MU associate law professor Josh
Hawley, is working to establish support from social conservatives who provide strength to anti-abortion politics. Through consultant Brad Todd, Hawley said he generally was opposed to stem cell research but needed to study the specifics before commenting further.

In a 2008 debate as a Senate candidate, Schaefer opposed restrictions on research. “Academic decisions should be made by academics based on peer review standards and professional standards and not by politicians,” he said during the debate.

Schaefer on June 22 received $2,500 from Supporters of Health Research and Treatments, a political action committee backing the research. In an interview, Schaefer said he wants to keep the political focus on issues raised by videos targeting Planned Parenthood by the anti-abortion group Centers for Medical Progress and the resumption of abortions at the Columbia clinic.

He would not explicitly repeat his past support for embryonic stem cell research. “Right now the committee is focused on stopping abortions at the Columbia Planned Parenthood clinic,” Schaefer said. “What I am going to do is make sure the law is being followed.”

The latest Missouri Right to Life email newsletter thanked Schaefer for pressuring MU and in another section reminded readers that the stem cell debate was not dead.

There is no way to view embryonic stem cell research as anything but wrong, Klein said. The cells are derived from zygotes created for in vitro fertilization and donated for research. Using them is participating in the destruction of life, she said.

“There is no reason to do the killing of human life,” Klein said.

Supporters of Health Research and Treatments was formed to promote a 2006 ballot measure providing constitutional protections for research with embryonic stem cells and research with cells created from a cloning technique known as somatic cell nuclear transfer.

The ballot measure passed and prohibits lawmakers from passing any measure to “prevent, restrict, obstruct, or discourage any stem cell research or stem cell therapies and cures.”

The fund has distributed nearly $500,000 over the past eight years, with money going to both Republicans and Democrats. Schaefer has received $8,750 during that time period. House Speaker Todd Richardson, R-Poplar Bluff, received $10,000 last year.

“It is unfortunate and even depressing that there are still those who just continue to want to try to block important medical research in our state,” said Donn Rubin, the fund’s treasurer.

State Rep. Stephen Webber, the Democrat running for Schaefer’s Senate seat, has received $3,750 from the committee since 2009. His Republican opponent, state Rep. Caleb Rowden, received $1,500 for his re-election last year.

Webber said he talked Friday to MU Chancellor R. Bowen Loftin to protest the move revoking McNicholas’ privileges.
“I expressed my concern that the university was caving in to political pressure and that extremists were going to continue to pressure the University of Missouri,” he said. “Stem cell research is next.”

Rowden said he supports the university’s move to revoke McNicholas’ privileges but he questions restrictions on research. “There is room in the political realm to unapologetically stand up for the lives of the unborn and to let the research world know that Missouri is open for business.”

The research in Roberts’ lab has not produced any breakthroughs. It is basic research to understand the mechanisms that produce preeclampsia, said Laura Schulz, an assistant professor of obstetrics and gynecology at MU.

The problem seems to be how oxygen transfers from the mother to the fetus, she said. “It is not noticed until the baby puts a stress on the system,” Schulz said.

Toshihiko Ezashi, an associate research professor, has been working on the project for five years. To understand the mechanisms of the condition, he said, the umbilical cord cells are manipulated to simulate the early stages of fetal development.

Researchers in the lab are aware they are a political target. There is little they can do about it, Ezashi said.

“My source of happiness is that I can work on this, that I can do something and that I can make a difference,” he said.

THE KANSAS CITY STAR.

SEPTEMBER 27, 2015

Gov. Jay Nixon’s deal is a win for Missouri’s colleges and students

Would be 4th tuition freeze for Missouri public college students since 2009

A few strings are attached to Missouri Gov. Jay Nixon’s agreement with the state’s public colleges and universities to freeze next year’s tuition in exchange for an overall $55.7 million funding increase.

The Republican-controlled General Assembly must agree to spend the money, and college and university boards must sign off on the tuition part.
But to oppose the Democratic governor’s proposal would be foolish. Nixon’s agreement with higher education leaders signals great news for students and their families and for Missouri, too.

Holding down tuition has been a signature achievement of Nixon’s administration. The freeze being proposed would be the fourth since he became governor in 2009.

Tuition had skyrocketed in the years before Nixon took office, making Missouri’s public universities among the priciest in the Midwest.

Since 2009, however, tuition and required fees have gone up only 7 percent. That’s the smallest increase in the nation, according to data from the College Board. The average increase nationally over that period was 29 percent.

Tuition at Missouri’s universities, while still onerous for many families and ranking around the middle of the 50 states, is now more in line with neighboring states. Full-time in-state students at the University of Missouri’s Columbia campus are paying $10,586 in tuition and fees this year. Their peers at the University of Kansas pay tuition and fees totaling $10,448.

The new money offered in Nixon’s agreement will be awarded to schools through performance funding, which is another positive higher education development ushered in during his tenure.

To fully qualify for a funding increase under state law, schools must meet five performance indicators, having in general to do with student success, attainment of degrees or certificates, and fiscal responsibility. A fifth of the available amount will be withheld for every indicator not met.

The state embraced performance funding in 2011, when higher education commissioner David Russell convened a task force to decide how to measure progress at public four-year colleges and two-year schools. The system has been in place for three years, and most four-year schools are close to attaining all five metrics.

Two-year schools, which are more affected by economic trends, are having a tougher time. Some students dropped out when the job market improved, affecting completion and certificate rates, for instance.
But Russell said performance funding is pushing community colleges to move students more quickly through remedial courses that cost money but don’t result in college credits.

“I’ve always felt that it is an excellent way to push state priorities for all of higher education,” he said. “If we didn’t have performance funding we would need to invent it.”

One more plus for Nixon’s proposed deal with colleges and universities: The schools have agreed to use almost $10 million of the anticipated $55.7 million increase for programs related to science, technology, engineering and math. Those are job-rich areas where employers are pleading for well-trained and educated graduates.

Missouri has made progress under the leadership of Nixon and Russell in making higher education more affordable and more relevant to a changing workforce. Those changes will help Missouri retain and recruit bright young people and pump more dollars into the state’s economy. As with Nixon’s proposed deal, everyone stands to win.

COLUMBIA MISSOURIAN

FACT CHECK: Caleb Rowden gets it half-right on graduate insurance

DANIELA SIRTORI-CORTINA, Sep 25, 2015

"#GradInsurance debacle is a DIRECT result of #ObamaCare. #MIZZOU has to break the law to do the right thing."
— Rep. Caleb Rowden

on Aug. 21, 2015 in a tweet

COLUMBIA — After MU announced on Aug. 14 it would pull subsidies for graduate student health insurance plans, several Missouri politicians turned to Twitter to express their disapproval.
Rep. Caleb Rowden, R-Columbia, blamed the Affordable Care Act for MU's decision.

"#GradInsurance debacle is a DIRECT result of #ObamaCare. #MIZZOU has to break the law to do the right thing," Rowden tweeted Aug. 21.

MU cited an IRS decision based on the Affordable Care Act as the reason for pulling insurance subsidies for graduate students, who are considered university employees.

The university said it would be subject to an excise tax of $36,500 per year per student employee if it continued its subsidies program, which was specifically designed to help graduate students pay for health insurance.

To make up for the subsidies, MU announced it would give a one-time fellowship to all eligible graduate students. By law, the university couldn't tell students the fellowships funds had to be used to purchase health insurance.

On Aug. 21, after significant student pressure, MU announced it would "defer implementation of its decision regarding graduate student health insurance," according to a letter by MU Chancellor R. Bowen Loftin. In other words, the university reinstated graduate student health insurance subsidies — at least for the time being.

Even after the university restored the subsidies, it wasn't clear if MU's initial withdrawal of the funds could be blamed on the Affordable Care Act, or if MU had actually broken the law by reinstating the benefits. We decided to take a look.

'#GradInsurance debacle is a DIRECT result of #ObamaCare'

MU student employees aren't eligible for the group health plan the university offers to other workers. And, unlike other universities, MU doesn't provide a student group health insurance plan.

Instead, students — graduate and undergraduate — can opt to sign up for an individual health plan offered through Aetna Health.
Some graduate students are eligible to receive subsidies from MU to pay for their insurance, according to the MU Office of Graduate Studies website. To get the money, graduate students have to sign up for a student individual health plan provided by Aetna.

Then, students must email the Office of Graduate Studies, which verifies enrollment in the plan and eligibility for subsidies. Students then receive a reimbursement for the insurance plan's partial or total cost. Subsidy levels depend on, among other factors, the number of hours students work per week.

By asking students to enroll in an individual health plan to receive money, MU requires its student employees to use the subsidies to purchase insurance, said Sidney Watson, a health law professor at St. Louis University School of Law.

That's a big no-no, according to IRS regulations created to enforce the Affordable Care Act. According to the IRS, employers are allowed to give money to their employees that could go toward purchasing individual health insurance. But employers can't require workers to use the cash specifically for that purpose, Watson said.

To comply with the health care law, employers can provide subsidies — and require that the money be used to purchase health insurance — only to employees enrolled in a group plans.

And as we said, MU graduate students aren't part of a group health plan.

Hence the problem.

In July, MU realized the potential implications of not complying with the law. The university pulled the subsidies to avoid penalties and legal trouble.

Technically speaking, MU's withdrawal of health insurance subsidies for graduate students is "the result of the interpretation of the Affordable Care Act by the Treasury Department, because the Affordable Care Act itself doesn't address this question," said Timothy Jost, a professor of health care law at Washington and Lee University.
So, it's not just the Affordable Care Act that caused the problem. But, the idea that the removal of benefits is a "direct result of" the Affordable Care Act isn't too far from reality.

Absent the Affordable Care Act, Jost said, it's likely MU would still be able to legally provide subsidies for graduate students to purchase individual health plans.

"The basic problem with the statement is that it greatly oversimplifies a very complicated situation," Jost said.

'#MIZZOU has to break the law to do the right thing'

By "the right thing," Rowden meant "give graduate students health insurance," Rowden's legislative assistant Stuart Murray told PolitiFact Missouri.

By that measure it's not correct to say MU broke the law, several experts who spoke to PolitiFact Missouri said.

"The university has other options; they do NOT have to break the law," said Gerald Kominski, a professor of health policy and management at University of California Los Angeles, in an email interview.

MU could dodge legal trouble by adopting UCLA's model, Kominski said. Health insurance is mandatory for all UCLA students and it's a condition of enrollment, according to the university's website. UCLA automatically signs up all students in a student group health plan, which they're all then billed for. This effectively requires all graduate students who've received increased stipends to use the money to pay for insurance unless they can prove they have insurance from another source, Kominski said.

Jost, the Washington and Lee law professor, came up with another alternative.

"(MU) could simply add (graduate students) to its employer plan as employees and give them employee coverage," he said.
A comprehensive student group health plan would also solve the issue, said Philip G. Peters, Jr., MU health law professor emeritus. He also said this solution would be expensive for MU.

The university's original solution — providing stipends to all students who weren't specifically earmarked for health insurance — was also within the framework of the law, said Watson, the SLU law professor.

Overall, the experts we spoke to offered at least five alternatives to the graduate health insurance ordeal.

On balance, "Rep. Rowden is partially correct and partially very wrong," Peters said.

**Our ruling**

Rowden tweeted: "#GradInsurance debacle is a DIRECT result of #ObamaCare. #MIZZOU has to break the law to do the right thing."

Without the Affordable Care Act, MU wouldn't have had to remove subsidies for graduate students. But MU can still provide health insurance for its student employees — all without breaking the law. The university could, for example, create a student group health plan for its graduate student employees.

The first part of Rowden's tweet is accurate but takes things out context. The second part of the statement isn't accurate. **On balance, we rate his claim Half True.**
COLUMBIA MISSOURIAN

New advisory group wants to help MU international students

NANA NASKIDASHVILI, 1 hr ago

COLUMBIA — Yue Hao arrived from China four years ago as an exchange student finishing up her bachelor's degree at MU.

“I was spending the whole day at the lab so hardly had any friends other than my lab mates at that time. And by then I was not so involved in other different student activities,” she recalled. "So I feel lonely.”

Now a doctoral student at the MU Informatics Institute, Hao remembers how hard it was at first being an international student, and those memories have motivated her to join a new informal advisory group. Created by the MU International Center, the group will look at ways to help international students deal with challenges and difficulties they face as international students at MU. Members met for the first time Tuesday.

Becky Showmaker, the group's chairwoman, said there are a lot of different units across campus that serve international students in different ways. The purpose of the new group is to meet with international students, as well as the faculty and staff members who work with them, to gain insight into the students’ experiences. Then the group will explore ways to foster conversations around those experiences, address limitations and make life on campus as positive as possible.

About 22 members are in the advisory group, Showmaker said.

Hao said one of the group’s concerns is that international students are not aware of the wide variety of resources for them on campus. Besides that, because of the cultural differences for some students, it is difficult to get involved in student organizations and activities, she said.
“For example, students from China, they tend to be shy because Chinese people are modest,” said Hao, who comes from Yantai, a city in the Shandong Province in China. She has been thinking about how to help students from her home country speak up and get involved in campus life to improve their experience at MU.

Showmaker said the first meeting was more an introductory discussion about broader topics; nothing was specifically targeted for action.

Hao said the advisory group may also consider the ways it can help international students to improve their English. "(For) many of us when we first come here, English is a huge barrier," she said, "so I think they want to look at that issue and see how they can help."

In addition to in-person dialogue, the advisory group will collect information about international students through an annual survey MU conducts and that is planned to be sent out later this fall.

"We want as many voices as we can in that survey," Showmaker said. After the results are gathered and interpreted, she said, the group will provide opportunities to learn about the results.

According to the MU International Center's annual report for 2014-2015, the largest number of international students come from China, 1,457. Second is India, with 224 students at MU. Third is South Korea, with 208 students.

The document shows some interesting growth in the number of students from one country. In 2010-2011, there were 14 Iraqi students studying at MU. In 2014-2015, there were 89.

Showmaker said she hopes the advisory group will learn and develop a variety of ways to help international students. “Some student experiences will be unique to our institution" she said, "and some will be common for international student populations across the U.S.”
Protest reminds students, faculty that “Racism Lives Here”

Participants called out administration for their delayed response to a hate crime against Payton Head.

Graduate student Danielle Walker prefaced her speech by warning those assembled that she was going to use profanity and racial slurs.

“The University of Missouri does not care about its black students,” Walker said.

More than 100 students gathered at Speakers Circle on Sept. 24 to speak out against racism on MU’s campus, an event organizers called “Racism Lives Here.” The protest began at 1 p.m. with Walker shouting the group’s concerns into a megaphone while participants arranged themselves on the steps.

Many of them held signs with slogans such as “#LoftinCantExplain,” “#ColorBlind” and “Racism Lives Here.” The event concluded with the participants marching to Jesse Hall.

Protesters focused largely on the Missouri Students Association President Payton Head’s experience with racism, in which several white students yelled racial slurs at him from the back of a pickup truck, and Chancellor R. Bowen Loftin’s response.

Head attended the first part of the protest, but did not march to Jesse Hall with the rest of the group. MSA Co-Director of Communications David Wallace and Chief of Staff Kelcea Barnes were also present.

Participating students were primarily black, but there were students of other races in the crowd. One white man held a sign that read, “I recognize + acknowledge my white privilege.”

Graduate student Reuben Faloughi, an active participant for the duration of the event, said he was disappointed with the number of white participants.

“White silence is consent for racism, sexism and every other ‘ism’ to continue on this campus,” Faloughi said. “It’s going to take a lot more white people than the ones who were there to effect change.”

When addressing the assembled crowd, Walker also expressed dissatisfaction with the low turnout of white activists.
“Even though you all may never utter a racial slur, you are just as guilty, because you are not speaking up,” Walker said. “You are not coming to terms with your friends, or your associates, or your family members, who may have a problem with ‘colored folk.’”

Much of the protestors’ discussion targeted MU administration for the way they addressed the incident. Walker compared it to the University of Oklahoma’s response when confronted with racism on their campus, which was markedly different than MU’s.

Last March, members of the OU chapter of the fraternity Sigma Alpha Epsilon were recorded singing racist songs on a bus ride to a party celebrating the fraternity’s 159th year of existence.

OU President David Boren kicked the fraternity’s members off campus and shut down the chapter, according to the Oklahoman.

“Real Sooners are not bigots,” Boren said. “Real Sooners are not racists. Real Sooners believe in equal opportunity. Real Sooners treat each other with respect. Real Sooners love each other and care for each other like members of a common family.”

Walker criticized Loftin for the six-day delay in responding to Head’s incident. He said he was upset that Loftin did not use the word “racism” in his statement. He instead opted to use the terms “bias and discrimination.”

“I have heard from far too many of you who have experienced incidents of bias and discrimination on and off campus,” Loftin said in the statement. “This is particularly hurtful when our students are the target.”

Walker did not believe the Chancellor’s response in the letter adequately addressed the situation.

“Let me be clear about what I think of this letter: Fuck this letter,” Walker said. “Fuck this letter, because it continues to perpetuate the fact that that Mizzou doesn’t give a damn about its black students.”

Immediately after the gathering at Speakers Circle, Walker handed off the crowd of roughly 150 people to graduate student Jonathan Butler, who led the group to Jesse Hall, chanting, “If we don’t get it, shut it down!”

Upon their arrival at Jesse Hall, the group assembled on the steps, chanting, “Racism lives here!” Then, a crowd of about 50 people made their way into Jesse Hall and Butler led the group in a series of more chants, which they repeated several times:

“It is our duty to fight for our freedom!”

“It is our duty to win!”

“We must love and support each other!”
“We have nothing to lose but our chains!”

As the group filed out of Jesse Hall, they stopped to tape their posters to the glass panels on the sides of the south entrance. One posted a sign that read, “Mizzou is Racist” over a picture of Jesse Hall with the “One Mizzou” slogan underneath.

Barnes posted a sign that read, “I am fed the fuck up! Signed, an angry black student” underneath the picture of Loftin.

“Feel free to leave,” Barnes had said at Speakers Circle earlier in the protest. “Take your bowtie with you.”

Before the protesters disbanded, Butler called the protesters in for a group hug and assured them that the Racism Lives Here event was only the beginning of the movement to improve race relations on campus.

Butler has Faloughi’s support, as Faloughi echoed Butler’s sentiments.

“This issue isn’t new,” Faloughi said after the rally was over. “It hasn’t ended and it might never end on this campus. But what (the event) is speaking to is the struggle that is never ending. There’s a lot of people who are comfortable on this campus and we’re going to have to get them uncomfortable to get things to change.”

Confederate Rock gets new home in Boone County

September 25, 2015 4:29 pm

COLUMBIA, Mo. (AP) — An 11,000-pound boulder serving as a memorial to Boone County residents who fought for the South in the Civil War has moved to its new home at the Battle of Centralia historic site.

The hunk of granite, known as Confederate Rock, was removed early Saturday from the lawn of the Boone County Courthouse, where it has sat since 1975. The rock was donated to the city of Columbia by the United Daughters of the Confederacy’s John Sappington Marmaduke chapter, and it originally sat
outside the University of Missouri’s Ellis Library until black students complained of its presence and it was moved to the courthouse, the Columbia Daily Tribune (http://bit.ly/1JtGFtS) reported.

The shooting rampage at a black church in Charleston, South Carolina, in late June has sparked a debate over the use and meaning of Confederate symbols. The Boone County Commission decided to move Confederate Rock away from the courthouse in response to an online petition seeking its removal from government property.

Moving the rock to the Battle of Centralia site makes sense, both politically and historically, said Northern District Commissioner Janet Thompson.

"It fits within what they are doing at the battlefield," she said.

The battlefield was where 400 Confederate soldiers killed about 150 Union soldiers on Sept. 27, 1864. The site is open for tours and regularly is visited by U.S. Army officers studying unconventional warfare.

"I think it is a proper place for it," Jack Chance, president of Friends of the Centralia Battlefield, said of the rock. "I really object to trying to hide history because it doesn't suit somebody's feelings or because it offends somebody."

Confederate Rock now sits at the head of the footpath leading to the battlefield.

"That is its final resting spot, I hope," Chance said.

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COLUMBIA MISSOURIAN

Michael Sam back at MU, still hopeful for NFL career

THE ASSOCIATED PRESS, Sep 25, 2015,

COLUMBIA — Michael Sam is back in Missouri, working on a master's degree and still hopeful for a career in the NFL.

Sam, the first openly gay player drafted by the league, told KMIZ-TV this week that his life has been a "roller coaster" since the St. Louis Rams picked him in the seventh round last year. The 2014 Southeastern Conference defensive player of the year from Missouri was
cut by the Rams and spent part of last season on the Dallas Cowboys' practice squad before being released.

Sam, 25, signed a two-year deal with the Canadian Football League's Montreal Alouettes this summer, but quit in August after playing just one game. He said on Twitter at the time that the past year had been so difficult he was worried about his mental health.

Sam appeared relaxed in an interview on KMIZ-TV. He said he wants to return to the NFL in 2016.

For now, he's content to work on a master's degree at Missouri, trying to see if a career in broadcasting suits him.

"It's been a roller coaster," Sam said. "I've been trying to figure out what's next in my life. I've just come to a conclusion, as I take this break from football, I want to focus on my media training."

All of the media attention after Sam came out in February 2014 was overwhelming, he said, but eventually he got used to it. It also whetted his appetite for a career in media.

Still, he felt a need to scale down and step back. In addition to dropping out of the Canadian league, Sam parted ways with his agent and publicist.

Taking a break from football "was one of the smartest things I've done in a long time," he said. "I'm really just focusing on me right now."
MU students to hold international flag day parade

Saturday, September 26, 2015 at 12:00 am

University of Missouri students will carry flags representing more than 40 countries around campus Tuesday during an International Flag Day parade.

The parade will start at 9:15 a.m. at Lowry Mall and will pass through MU’s historic Columns, Traditions Plaza and Tiger Plaza, according to a news release. The parade will conclude with a ceremony in front of Ellis Library.

Missouri International Student Council President Sazanka Idris, MU Vice Provost James Scott and David Currey, director of international student and scholar services, will speak during the ceremony.

After the parade, the flags will be placed in front of Ellis Library.

The parade is held annually to raise awareness of the diverse student body and faculty at MU. The flags represent some countries from which international students hail, including China, France and Turkey.

How to talk about death, and why it matters

By DURRIE BOUSCAREN - SEPT. 28, 2015

Listen to the story: http://cpa.ds.npr.org/kwmu/audio/2015/09/0928_end_of_life.mp3

Adrienne Holden has seen hard deaths and easier deaths. Long ones and short ones. Times when the deceased left their families with precise instructions for their care and burial, and times when they did not.
“I’ve seen families be torn apart. I’ve seen it professionally; I’ve seen it personally,” Holden said.

Holden works as a care transitions coach in St. Louis, helping people who are preparing to move into nursing homes lay out their end-of-life wishes for their loved ones and doctors to follow. This includes directives for medical care: Should doctors continue to administer emergency care, regardless of how long it will extend your life? Where do you want to be when you die—at home, in a hospital bed, or somewhere else?

“If you just have that dialogue, it prevents people from having guilt—did I make the right choice? I hope I didn’t do something too soon, or did I do it too late?” Holden said.

“That’s a lot. That’s a heaviness to have on you.”

**On Tuesday, a Boston-based nonprofit called The Conversation Project will hold a free workshop in St. Louis about how to discuss end-of-life care with a loved one. Holden is part of the local committee from the University of Missouri that is organizing the event.**

“Sometimes, if you just have these conversations lightheartedly, whether it’s dinner or you’re just hanging out, the more you have it the easier it gets,” Holden said. “It won’t feel like such a morbid conversation.”

The Conversation Project’s goal is to increase the number of people who have end-of-life conversations with family members before a crisis strikes. Though polls show that up to 70 percent of Americans say they would prefer to die at home, only 22 percent actually do.

A 2010 study found only one in four American adults had an advanced directive for how they wish to receive care at the end of life (another study estimated one in three). Around that same time, a provision in the Affordable Care Act that reimbursed physicians for providing end-of-life counseling to Medicare patients sparked heated cries of “death panels” from Republicans.

But in recent years, the public push to make living wills and advanced directives a common practice has become stronger.

“Definitely in the past couple years, it’s been more in the public eye. These discussions have become more nuanced,” said Dr. Maria Dans, a palliative
care physician who works in an intensive care unit at Barnes-Jewish Hospital in St. Louis.

Palliative physicians like Dans come into the picture when a patient has a life-threatening illness or a chronic disease, when medical care shifts from searching for a cure, to helping a person maintain their quality of life for as long as they wish. Often, an advanced directive or living will can offer a roadmap for physicians if patients are unable to make their own medical decisions. But if a patient hasn’t expressed his or her wishes, even in casual conversations with family members, it can be challenging.

“There’s still probably things that bring them joy in life, and we can try to elucidate what those are. If what you want is sitting on your porch with your dog and having a beer, we need to know about that beforehand,” Dans said.

Americans spend a disproportionate amount of money on healthcare costs at the end of life. One study by the Veterans Administration found that acute hospital services accounted for 78 percent of a patient’s healthcare costs during the final 30 days of life, an average of about $34,000 per person. Another study of terminal cancer patients who reported having end-of-life discussions with their physicians found that their overall healthcare costs would be lower during their last week of life.

But individually, it’s not the money that matters. In 2000, another VA study that Dans cited asked terminal patients, family members and caregivers to rank what they thought were most important to patients as they reached the end of their life.

“The caregivers thought, what’s most important is more time and less pain and suffering. But the patients actually ranked clarity of mind and not being a burden; setting oneself right with god and your family much higher than they did physical pain and suffering or even more time,” Dans said.

Dans said that if the study tells her anything, it’s that sometimes we can be wrong about what our loved ones want. Sometimes doctors can be wrong, too. The end of life is an emotional time.

“Many people who go into medicine, go into medicine to fix stuff. And if that’s your mentality, it’s hard to step out of that,” Dans said. “Particularly with physicians who have had a really long term relationship with their patients. They’re almost like additional family members.”
When it comes to talking about dying, there are strategies that can help, said Adrienne Holden, the care transitions coach. The Conversation Project and Missouri Attorney General’s office both have “starter kits” that are free to download.

“I use the word, 'respect.' I use the word, 'wishes,' and I use words like 'honor.' And it seems to help,” Holden said.

For Holden, the situation is personal. Recently, her father’s health started to decline. Five years ago, her brother died from complications with sickle cell anemia, but with all his “ducks in a row,” she said.

Holden’s 71-year-old mother, Pearl Holden, surprised her when she asked Holden to help her write an advance directive after the death of her son.

“He had a strong outlook on life, and a positive outlook on afterlife,” Pearl Holden said. “I want that too.”

Pearl spent her career building parts for airplane wings for companies in St. Louis, raising her two children with her husband Marvin—a good life, she says. Today, she’s retired, in excellent health and bakes cakes from scratch.

“I felt it was important for my child, my daughter-in-law and them to know my wishes. To keep the burden off of them; to know it’s alright. It’s alright for you all to have your moments of grief but still life goes on,” Pearl said, sitting at her kitchen table in Florissant on a sunny afternoon.

Even if it’s far away, Pearl said she thinks death is a conversation more people should have.

“I think they fear if they talk about it, it’s going to happen. But if you don’t talk about it, it’s still going to happen.”

If you go:

The Conversation Project Event will be held Tuesday, September 29, from 7 to 9:30 p.m. at the Ethical Society of St. Louis. Registration is strongly encouraged.
Standout tomatoes weather rough season

By Jan Wiese-Fales

Sunday, September 27, 2015 at 12:00 am

“This was one of those years we really struggled,” University of Missouri Bradford Research Farm Superintendent Tim Reinbott said when asked about this year’s tomato crop. But, he added, he was in good company because a lot of really great gardeners had lackluster tomato crops. “The soil was just saturated.”

Reinbott said he and his crew planted four plants each of 220 tomato varieties in preparation for tomato taste testing at Bradford’s 11th Annual Tomato Festival, held Sept. 3. By early September, 180 varieties had produced enough to be included in the trials.

Reinbott said a good-size crowd braved the heat to sample and rank tomatoes and peppers, as well as to check out the offerings of cooks and vendors and participate in a variety of other activities.

“Overall, our ratings were much lower,” Reinbott said of the tomato taste-test results. “Not only yield was affected, but taste, too.”

Samplers ranked tomatoes on a scale of one to five, with one being the best. Of the 14 hybrid indeterminate varieties and the 10 paste tomato varieties offered, none rated higher than a 2.5. Out of a small group of “artisan” tomatoes, only Sunrise Bumblebee ranked unusually high. Besides having a charming name, these cherry tomatoes are marbled red and yellow with a delightful sweet, tangy flavor.

Of the 35 contestants in the cherry tomato category — always a crowd-pleaser — 13 were rated with a 2 or higher. Supersweet 100 topped the bunch. A disease-resistant hybrid, this little tomato is chockfull of sweetness and is notably high in vitamin C. Ranking second in this category was Sunsugar, a super-sweet, thin-skinned, golden yellow cherry tomato.

What I think of as the main event is the indeterminate tomato ranking. These are the vining varieties that include most of the heirloom varieties that gardeners know and love.

Of the 102 offerings in this category, only nine ranked at 2 or above. Taking top honors this year was Brandywine Liam’s, a cross of the ever-popular heirloom Brandywine. Its pink beefsteak
fruits are 1 to 2 pounds with outstanding flavor and a smooth texture. Plants enjoy better-than-average yield.

A sister beefsteak with 1 pound reddish-black fruits and rich tomato flavor, Brandywine Black, ranked second. The Brandywines have spoken and my husband is smiling. He has been a raving fan of the family for years.

Mister Stripey, a high-yielding heirloom with big red fruits striped yellow and orange took third place honors. Ridge-shouldered fruits are mild-flavored and beautiful outside and inside. We planted this variety in our garden this year and got only a few tomatoes from the Mister’s vines. It would have been a great year for raised beds.

Ranked fourth was the Missouri Pink Love Apple, a potato-leafed variety grown since the Civil War by the Barnes family here in the Show-Me state. Its big pink fruits are as pretty as they are flavorful.

Martha Washington, another pink heirloom, ranked fifth. It is a little more tolerant of a variety of growing conditions than many heirlooms. Its slightly smaller fruits have a pleasant soft, melting texture.

Coming in sixth in Bradford’s taste trials — but tops here at Mole Hill for years — is the heirloom Kellogg’s Breakfast, a big — 1 to 2 pounds — beautiful orange beefsteak bursting with sweet flavor with an indescribable buttery texture. This is my absolute all-time favorite tomato. With unbelievably high yields in good years, it outperformed all others in our garden in this decidedly puny tomato year.

Honey Delight, one of Reinbott’s favorites that I might have to try next year, took the lucky seven spot. Its small, bright yellow fruits are described as having “sparkling flavor that gives your tongue something to talk about.”

Ranking eighth was Cosmonaut Volkov, a smooth, medium-large red tomato with a rich, complex flavor that originated in Dniepropetrous, Ukraine, named after the first Russian cosmonaut. It also is tolerant of a variety of weather conditions and has a large following.

Green Giant came in ninth. This highly productive potato leaf plant grows large, uniform emerald-green fruits in excess of 1 pound. The tomatoes have very few seeds and a sweet, complex flavor that leaves people raving. I might replace Green Zebra with this variety in next year’s garden.

And coming in a little farther down the ranking list, but a ringer tomato that both Reinbott and I are very fond of, is the heirloom Garden Peach. This velvety-skinned, small golden tomato sports a pink blush and a rich, fruity flavor that can rival any of the big boys. It is a standard in our garden. It’s prolific, an excellent keeper and one of my favorites to dehydrate — vegetable candy.
State spending on public higher education has been in a free fall since the Great Recession. According to the Center on Budget and Policy Priorities, in 2013-14, average state support for higher education was 23 percent less than it was prior to the recession. For many colleges and universities, reductions in state spending have left sizable budgetary holes that cannot be filled exclusively with spending cuts. The result, in most cases, has been steady increases in tuition and fees charged to students. In effect, as public investment in higher education has declined, the cost burden associated with public higher education has increasingly shifted to students and their families.

Public concern, if not outcry, over this situation has resounded nationwide, and presidential candidates from both political parties have taken stands that higher education has become unaffordable for many students and families. Their response has been to propose policies that would lower the price of college as well as build a stronger federal-state partnership to ensure that states make appropriate investments in higher education.

However, missing from this conversation is the question of how investments -- and cuts -- are distributed among institutions of higher education. While state support flows to all public colleges and universities, some institutions depend on it far more than others. Research universities can look to endowment funds, gifts, auxiliary enterprises and
federal funds for revenue when state funds decline, and their students are often more able to bear increases in tuition. But at community colleges and comprehensive public universities, state appropriations are the dominant source of funding, and when they decline, tuition must go up.

It is therefore important that policy makers move beyond the question of total dollars for higher education and consider where those dollars are spent. This issue -- which institutions get what funds -- is a common topic in K-12 education finance, but is often neglected in higher education.

In July, the Wisconsin HOPE Lab (of which we are the director and an affiliate, respectively) convened a national meeting of experts to explore how state higher education funding is allocated. Given Governor Scott Walker’s recent budget and its corresponding cuts to the University of Wisconsin system, we spent time considering the per-student funding that the state of Wisconsin provides to its public colleges and universities. We noted that state spending differs significantly among institutions. For example, in 2012-13, the state provided the University of Wisconsin-Madison with approximately $12,410 per full-time-equivalent student (FTE), whereas it provided $5,157 per FTE to the University of Wisconsin-Milwaukee and just $3,211 per FTE to the two-year University of Wisconsin Colleges.

Differentiated state spending among higher education institutions is not new. On the one hand, legislators and college leaders argue these differences are appropriate and justified due to variations in the quantity and quality of education and related services offered students. And, frankly, that may be an important contributing factor.

On the other hand, the differences in the magnitude and distribution of Wisconsin’s expenditures among in-state higher education institutions raised red flags among the experts. First, while a case might be made that flagship institutions, like the University of Wisconsin-Madison, require additional funding over and above the statewide average to maintain its core functions, the opposite case could be made for institutions such as the University of Wisconsin-Milwaukee, which serves a greater share of first-time college students and students from less-advantaged academic background that, arguably, may require more intensive academic supports and services to complete college.
This idea of “vertical equity” is woven into the fabric of K-12 education finance and well articulated in school funding court cases nationwide. That is, state funding for elementary and secondary education is frequently distributed in ways that provide compensatory, or extra funding, above the norm for schools that serve concentrations of economically disadvantaged students. The research literature that examines nonschool factors influencing academic success has repeatedly reaffirmed the important role that economic advantage plays.

In an era where spending cuts have been the norm, applying such a standard to higher education raises serious questions not only about the extent to which all colleges and universities receive adequate funding to support their mission but also who is most impacted by cuts in state appropriations.

This question of who may be most affected by higher education cuts introduces another concern -- whether those cuts are fairly distributed. Another important observation made by our group is that institutions already operating at the margin have less
capacity to buffer students and families from reductions in state funding. Consider the community college, long relied on to be the most accessible and affordable point of entry to education after high school. To fulfill that mission and keep tuition low, such colleges depend on state and local support. But over time, that support has eroded sharply.

The consequence of the rapid defunding of community colleges is staggering. Across the nation, between 2000 and 2012 it led to a doubling in tuition and fees -- from $1,842 to $2,696 in inflation-adjusted figures. Sometimes financial aid can help offset that cost, but it often cannot at community colleges, where aid budgets are thin.

Thus, since 2000, out-of-pocket costs facing students in the lowest income quartile attending community college grew by 61 percent and students began taking loans at much higher rates and accumulating more debt that they have difficulty repaying.

Again, community colleges are less equipped than public universities to attract out-of-state students or raise tuition to offset cuts, and their spending on instruction and student services may be too little to begin with. The two-year University of Wisconsin Colleges serve more first-generation students, more part-time students and more adult undergraduates than any other institutions in the UW system. Does just $3,000 to $6,000 a year (the national average is $5,700) in state support adequately ensure that academically vulnerable, economically insecure students, working parents and nontraditional learners will receive a quality postsecondary education that will prepare them for the workforce and beyond? It seems highly unlikely.

Improving the sufficiency and fairness of state allocations for higher education will require shedding more light on within-state funding distributions. It also will also demand a more careful accounting of the real costs -- not just how much is spent -- associated with educating different groups of students at the postsecondary level. Such data are currently nearly impossible to come by, but they must be collected.

Are UW-Madison students truly more expensive to educate, and if so, why? Are there reasons that could help explain why students at UW Colleges receive the lower level of investment? It is long past time for these questions and others like them to be asked and answered. Absent an unexpected influx of new funds, the future of college affordability will depend on how state monies are spent. We need to start paying
attention.

BIO
Sara Goldrick-Rab is a professor of educational policy studies and sociology at the University of Wisconsin-Madison and the founding director of the Wisconsin HOPE Lab. Tammy Kolbe is an assistant professor of educational leadership and policy at the University of Vermont and an affiliate of the Wisconsin HOPE Lab.