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Mizzou selling T-shirts to raise funds for Joplin victims

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Written by News-Leader staff

COLUMBIA — The University of Missouri is partnering with the Heart of Missouri United Way to assist in relief efforts following Sunday's devastating tornado in Joplin.

More than 100 Missourians have been killed by the deadly twister and more than 2,000 homes and businesses were destroyed.

The university is producing "One State. One Spirit. One Mizzou." Tornado Relief T-Shirts and all proceeds from each shirt sale (\$14.95) will go to support the United Way's United for Joplin campaign. Shirts will initially be sold through the Tiger Team Store, the University Bookstore and online at mutigers.com. Shirts are on sale now at mutigers.com and will be on sale beginning Thursday afternoon in the Memorial Stadium Team Store and bookstore.

Other ways to assist the United Way's recovery efforts include texting the word JOPLIN to 864833. That will trigger a \$10 donation, which will be added to your cellphone bill.

For more information on the United Way's United For Joplin campaign, please visit uwheartmo.org.

COLUMBIA MISSOURIAN

J. KARL MILLER: Diversity course is not the answer to intolerance at MU

By J Karl Miller

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In the disciplines of government and academia, there is no scarcity of those who so aspire to "do good" by ridding the world of their particular brand of perceived evil that they often invent solutions to problems either imaginary or inconsequential. Such is the "killing a gnat with a sledgehammer" proposal to require "diversity intensive" courses — an overreaction to isolated racially offensive incidents.

Admittedly, I was both surprised and pleased with the faculty vote, albeit a narrow one, to defeat the MU Faculty Council's proposal to proceed with the programming requirement. However, I am disappointed in the council's apparent reluctance to take no for an answer, instead alleging it is merely a communications problem.

Although MU Faculty Chairwoman Leona Rubin indicated that the classes were being considered before the two recent incidents of racially motivated intolerance occurred, one must be dense indeed not to concede they are the primary catalyst for this movement. The February 2010 strewing of cotton balls at the Gaines/Oldham Black Culture Center and this year's spray painting of a racial slur, both during Black History Month, were acts of incredibly crass and stupid behavior — an embarrassment to the university.

The reaction condemning the gross misconduct of the three drunken students was swift and all-inclusive — nearly everyone was offended. The immediate calls to severe punishment for social justice were understandable. However, when one views these incidents in context, e.g. of the more than 30,000 students on campus, do three students involved in two incidents constitute a racially hostile environment?

There is of course neither an excuse nor justification for racial, sexual, ethnic, religious, ageist or any intolerance. Sadly, no amount of legislation, ordinances, condemnations or well-intentioned programs will divest society of ignorance, bigotry or pure wickedness — they are firmly ingrained in a few highly vocal and visible nitwits.

Before embarking on a program designed to influence student behavior, MU must first determine if it is really necessary. Then, the next step is to determine the venue or vehicle to best accomplish this mission. Finally, there must be a medium through which success or failure may be measured with some accuracy.

While it is natural to sympathize with the aggrieved parties to the incidents previously mentioned, the knee-jerk, feel-good social engineering contemplated by the council is simply not warranted. Not only is it overkill, it is also a bit insulting and unfair as a mass indictment of an entire student body for the drunken transgressions of three of their number. I am not without experience in this arena. In the 1970s, the Department of Defense established a syllabus for "sensitivity training," a program similar to that proposed here. It was designed as a sort of "rap session" for 12 to 15 participants with the individual's ranks or ratings left out.

Created with best intentions, it was implemented by monitor leaders whose sole qualifications seemed to be that they could be spared from other duties. By any measurement, it was not only a failure but also an embarrassment — the subject of ridicule. Having been a student here and still sufficiently young at heart to identify with the attitude toward charades, I can well imagine the pet names the undergrads will create for the diversity course. Should the council prevail through yet another vote and establish the requirement for the "diversity intensive course," what will be the criteria for these studies? To be sure, there are a number of social studies i.e., history, geography, sociology, psychology, health, language and perhaps recreation and physical education that could be so designated. But, what is the de facto benefit of subjective, after-the-fact credit for a subject already part of the students' curriculum?

Finally and most importantly, how will this diversity training be measured? Should there be but one, or perhaps no, publicized incidents of racial, sexual or religious insensitivity during the next year, will it be celebrated as a success? Or, if there are three or more, shall it be deemed a failure and the council goes back to the drawing board?

For what it is worth, this MU alumnus of seasoned citizen status and experience does not see prima facie evidence of festering or dangerous issues of divisiveness on this campus — the faculty vote rejecting diversity classes got it right the first time. Among the most difficult issues confronting any executive, board or council is the ability to realize there is often no reason for action. "If it ain't broke, don't fix it" is good advice.

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Kenyan boy receives free heart surgery

Based on his level of activity, 6-year-old Regan Ironjo does not look like a child who has undergone three open-heart procedures as well as a number of surgeries to deal with other conditions. He is energetic and affable and finds it hard to sit still.

But his life has been a constant battle with medical problems. Regan has been sick since he was born in Kenya, said his mother, Nancy Ironjo. Regan was referred to medical professionals in the United States in 2008, when he was 3, when doctors in Kenya discovered the boy was suffering from an undescended testicle. Nancy said she could not afford the surgery and said she contacted a relative in North Carolina, who referred her to a urologist there who took his case free of charge.

While examining Regan, the urologist found that Regan had heart murmurs and told Nancy that Regan's heart problems would have to be dealt with before all else. Nancy said she felt overwhelmed.

"I felt as if the ground beneath my feet had given way," Nancy said.

Nancy, who is here with her son on a medical visa, said they do not have insurance. She does not have a job and has been relying on the kindness of her friends and relatives to get her through. Nancy and her son came to Columbia to stay with a relative and with the hopes of finding a medical professional to treat her son.

While in Columbia, Regan came down with a severe cold, and Nancy took him to the Columbia/Boone County Department of Public Health and Human Services for treatment. While there, a nurse found out about Regan's heart problems, took interest in his case and referred them to **Guy Carter, a pediatric cardiologist with University Hospital.**

It was discovered that Regan had several heart defects. There were numerous holes in the wall between the two ventricles, blockage in his aorta and higher-than-normal blood pressure in his pulmonary artery. Carter said he had never seen so many problems manifested within one young patient.

"He wouldn't have made it to 10 without something being done," Carter said.

Carter and other University Hospital doctors got in touch with doctors from Cardinal Glennon Children's Medical Center, where the surgeries were performed. His last procedure was completed April 19. Nancy Ironjo was not charged for the operations.

David Draper, one of the university cardiologists who helped treat Regan, said university doctors would continue to monitor Regan as he gets older. Now that his heart ailments have been dealt with, doctors can focus their efforts on his other medical problems.

“We’re giving him a chance,” Draper said.

Nancy, who said she is a single mother, had to leave behind her young daughter — Brigid, Regan’s twin — when she brought her son to the United States. He has been here so long, she said, he no longer speaks the native tongue of Kenya. She said he can understand the language but speaks the English he has picked up from the friends and relatives they have stayed with in the United States.

Nancy and Regan will remain in Columbia until his urological ailments can be taken care of, and Nancy said the two plan to return to Kenya once her son has a clean bill of health. Regan will be attending kindergarten in Columbia in the fall, which is something he is looking forward to.

“God is good,” Regan said.