

Activists work to spare care

Phil Jarrett
Index Staff

Health care activists visited campus last Thursday, collecting signatures for a petition to spare Medicaid from its mandatory elimination in June 2008.

Three representatives of Grass Roots Organizing (GRO), a non-profit organization for low-income families from Mexico, Mo., promoted the petition in high-traffic areas such as the Student Union Building. The petition aims to put Medicaid on the legislative ballot in an attempt to undo its pending removal.

Missouri legislation has been aggressive in its cuts to the Medicaid program, resulting in the loss of Medicaid coverage for more than 100,000 Missourians. The cuts followed a \$1 billion budget shortfall, but GRO members said the cuts are only signs of harder times ahead.

"What will happen is everyone who is left on Medicaid now will be left behind," GRO organizer Daniel Espinosa said. "That is a sizable por-

tion of folks in nursing homes, children and the disabled. The number is actually ... one million people who are currently dependent on Medicaid. They will be at best without health insurance, at worst, struggling to live. It is hard to comprehend."

In Adair County, 15.9 percent of Missouri citizens live below the poverty line, as do 17.5 percent of Adair County children, according to the U.S. Department of Agriculture's Economic Research Institute's Web site. Both figures were higher than the Missouri average, which is 11.6 percent for all persons and 16.5 percent for children.

Recent legislation has lowered the threshold for Medicaid to 22 percent of the federal poverty line, according to a Medicaid Policy Brief from the National Women's Law Center. Thus, a family of three must earn less than \$292 per month to be eligible for Medicaid. Last year's figure was \$980 for a three-person family.

Espinosa said the state of Missouri eliminating Medicaid entirely

is a misconception, and health care might move toward privatization.

"Private health insurance companies would come in and pitch health care plans to those affected and thus reap profit from desperate people," Espinosa said. "That isn't going to meet all the needs out there by any means, but it is that desperate situation that is good for profit."

GRO member Abby Scott said the petition was the first step to blocking privatization.

"This petition will allow us to reinstate the Medicaid program and put everything back the way that it was," Scott said. "Sure, we'd love to see it get better, but the priority right now is getting those who need health insurance the attention they deserve."

Of Adair County and the surrounding five counties, 10,100 received Social Security benefits, and a majority are on Medicaid, according to a September 2005 document from the State Social Security Office.

Espinosa said allowing these individuals to rely on the state for health



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Grass Roots Organizing activist Daniel Espinosa gives a petition to senior Theron Perkowski on campus last week.

insurance only to be left uninsured is a poor reflection on Missouri.

"What does that say about how our state prioritizes people's needs here?" Espinosa said.

During her visit to Kirksville on March 1, Claire McCaskill, state auditor and candidate for U.S. Senate, said countries such as France and Great Britain have an ideal health care system that has been proven to work. She

said the hierarchical structure of the Medicaid and Medicare systems only benefit the wealthy.

"I certainly would level the playing field," McCaskill said.

Linda Seidel, professor of English and GRO member, said this unlevel playing field was not an appropriate way to approach the issue.

"People also forget that Darwin wrote about the necessity of

cooperation in that human beings ... would be nowhere without cooperation," Seidel said.

Cooperative efforts between GRO members and petition participants could reinstate Medicare after 2008 if the natural selection of legislation is accommodating.

The petition needs 120,000 signatures by the end of April to put the issue on the November 2006 ballot.

ROOMS | Online room registration brings new difficulties

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residence hall is the last to fill up.

"It's actually the largest hall in terms of number of upperclassmen that live there," O'Brien said. "Even in Ryle and Centennial, because we have to put first year students there, we have to cap the numbers. They cap around 250 to 300."

O'Brien said she heard from students that higher costs of living in the new hall is deterring many from living there. Room costs in the new residence hall is \$615 per semester more than in Centennial or Ryle.

"The perception of the difference in cost is much greater than the actual difference is," O'Brien said.

Sophomore Christa Manton said she and her new suitemates were concerned about the higher price.

"We did a lot of math to try to figure what it would take working this summer to make up working for that cost," Manton said.

O'Brien said the uncertainty of living in a new building is another discouraging factor.

"There's nobody that's lived there so far that says, 'This is a great place to live, you should come live here, we should go live there because it's amazing,'" O'Brien said.

O'Brien said about 160 spots remain in the new building as of Wednesday afternoon. She said



Residence Life is considering placing transfer students there.

Now that she is in the new hall, Manton said she is looking forward to the experience.

"We're excited about having new stuff, new carpet in particular," Manton said. "We're really excited now that we've decided for sure that we're going to do it."

CONTRACEPTIVES | Drugs might bear perils for women

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the alumna said.

Fortunately for Williamson, she does not plan on having children at all, so this risk of infertility is not a main concern to her.

"But at the same time it is scary to think that if I ever did want to that I might not be able to," Williamson said.

Family planning users, those who have received at least one encounter with a medical provider about their reproductive systems, were more likely to be in their teens than 30 years or older in 2004, according to the Guttmacher Institute Web site. In region seven, including Missouri, Iowa, Kansas and Nebraska, 11 percent of users are younger than 18, 14 percent of users are between the ages of 18 and 19, and 35 percent of users are between the ages of 20 and 24, for a total of 60 percent of users.

Higgins said that although the health center can help women with endometriosis, an estimated 10 students come to the health center per year who must be referred elsewhere for further treatment.

Side effects

Don't sweat the small stuff, but don't ignore it either.

"If you go into [birth control] with your eyes open, then you're prepared for side effects, and that way, you'll get the most benefits from it," said Lisa Davis, director of education and public affairs for Tri-Rivers Planned Parenthood in Rolla, Mo.

Side effects for hormonal contraceptives such as the pill, the Ortho Evra birth control patch and injections such as Depo Provera range from weight gain and depression to more serious health complications such as heart attacks and cervical cancer, according to the Epigee Women's Health Web site, epigee.org/guide/med-faq.html. This is because they work systemically, Davis said.

"They're not just going to your ovaries - they affect your whole body," she said.

Yet hormonal contraceptives prevent pregnancy more than barrier methods such as condoms and diaphragms, Davis said. Side effects in barrier contraceptives are not as plentiful, but some women are allergic to latex condoms.

If patients do notice warning signs from contraceptives such

Family Planning Users	Age	% of Women
	under 18	11
18 - 19	14	
20 - 24	35	
25 - 29	17	
30 - 44	19	
45+	4	

Design by Marissa Sharkley

as chest pain, tingling in the arms and legs or abdominal pain, Davis said she would recommend they get off the birth control right away and get help.

"These risks are very, very rare, but they do happen," she said.

Davis said health history, smoking and timing also play a role in the risks of birth control, and being an informed consumer is very important.

"They all have their pros and cons," she said.

Planned Parenthood is very concerned with informing its clients what to expect, Davis said.

Most importantly, Davis said she makes sure she matches women with a type of birth control they can handle. For example, she said she would not recommend the pill to someone who is very forgetful, but instead she might prescribe her the Ortho Evra patch, which is a small square that sticks onto the skin, and should only be replaced once a week. However, she would only prescribe the patch depending on her health history, because the patch has been known to cause severe complications and even death.

Ortho Evra

The warnings are out there. Williamson said she first found out about the risks of Ortho Evra by watching the commercials on television.

"My friends kind of joke," Williamson said. "I mean, if I'm in the room with people when the commercial comes on they're like, 'Are you going to die?' and I'm like, 'I don't know.'"

Unfortunately, these complications aren't funny.

Higgins said Ortho Evra has been black-boxed, which means an extra label to warn users about

negative side effects has been added to the box.

This form of birth control has been known to cause cardiovascular problems such as heart attacks, strokes and even death in some patients nationwide. Even so, Planned Parenthood hasn't stopped prescribing it.

Davis said it looks at women's health histories to make sure they still are good candidates for this type of birth control.

For Williamson and the alumna, they said they prefer the patch simply because they don't have to worry about taking a pill every day. Yet, neither of them was informed by their gynecologists that the product had been black-boxed. The alumna, although she just found out the product had been black-boxed, said she is extremely satisfied with the product. Williamson, who was on several other contraceptives before the patch, said it has been more effective than the others.

But those aren't the only reasons.

"I don't really want to switch [to another gynecologist] because my other one has done so well for the past two years," Williamson said.

The alumna is in the process of switching gynecologists since moving to Pennsylvania.

Women should visit their gynecologists annually to get their pap, pelvic and breast exams, said Hailley Hulse, community educator for Planned Parenthood of Kirksville.

Regardless of a woman's choice of method for birth control, research is important.

"It's pretty black and white," the alumna said. "If people read what they should before going on [birth control], then they should know about the risks."

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Pick up nomination forms at the CSI or at <http://studentinvolvement.truman.edu/2006%20LRP%20Nomination&Packet.pdf>

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