“If you have a brain, YOU HAVE A BIAS.”

Nikki McGruder encourages MU Health Care employees — herself included — to look within to create a health system that is welcoming to all.
The COVID-19 pandemic is one of the biggest challenges MU Health Care has ever faced. The last year was marked by the loss of life, loss of jobs and loss of moments when we could gather and enjoy each other’s company. It was marked by loss, not defined by it.

I say that because when I reflect on the last year, I think about the way our people responded during a prolonged crisis to protect their friends and neighbors across Missouri. From drive-thru testing sites built almost overnight, to the expanded use of telehealth, to the expert care provided to the sickest patients with COVID-19, to the remarkably organized and efficient system that vaccinated thousands of people per month, I’ve seen our team shine day after day.

Let me brag a little on the architects of that effort, because they don’t like to brag on themselves. It starts with the co-leaders of our incident command team, Chief Nursing Officer Mary Beck, DNP, RN, and Chief Clinical Officer Steve Whitt, MD. They not only guided MU Health Care’s COVID-19 response, they counseled city, county and state officials on best practices. If our incident command’s planning chief, Steve Barnes, MD, was calm and clearheaded as he systematically prepared our health system to deal with a pandemic, it was probably because he was once an Air Force trauma surgeon who helped organize medical care for injured U.S. soldiers in Iraq. I would put those three leaders up against absolutely anyone in the country for their leadership qualities.

Plans are only as good as the people who carry them out, and up and down the line, from the doctors and nurses to the dedicated food service and housekeeping workers, it has been a heroic effort. Every one of them has helped us not just weather the storm, but actually grow stronger.

MU Health Care embraces the diversity of our employees and patients and is determined to make all of them feel welcome. That’s why we are excited to introduce Nikki McGruder — our director of diversity, equity and inclusion — in this issue of MU Health magazine.

Actually, you might already know Nikki. She worked with local businesses on diversity matters for several years before she joined our leadership team in August 2020. The Columbia Chamber of Commerce recently honored her as its 2021 Outstanding Citizen of the Year, which tells you how respected she is in the community.

We were already committed to the principles of diversity, equity and inclusion, but Nikki helps us keep improving. The point is this: We don’t just expect MU Health Care to be a welcoming place for employees and patients of any race, religion, gender or sexual orientation — we work at it every day.

MU Health Care is published for patients, employees and friends of University of Missouri Health Care.

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Lab Assistants Take the Stress out of Blood Draw

On March 9, I visited the lab at MU Health Care’s South Providence Medical Park to have blood drawn from my 12-month-old child. My other two young children were with us, as well.

It is a stressful experience going to the lab for bloodwork, especially when it is for your baby. From the moment Ladaiza Tucker called us back, she was friendly, engaging, personable and quick to get us taken care of. She spoke to my 12-month-old and my other two children, keeping their spirits high and putting smiles on their faces. Right away, Janet Mullanix joined the room, as well, ready to assist Ladaiza. The two worked together very well to hold my child’s arm and get the blood drawn.

It was not an easy task, but these two got it done with a very positive attitude. Afterward, they made sure everyone left happy with stickers in hand. I am thankful for workers who provide warmth and deliver excellent health care, as these two did.

Bea Spangler
COLUMBIA

Dancing Again After Back Surgery

About 12 years ago, I started to notice my right calf muscle was atrophying, and over the years it kept getting worse. It got to the point where it affected my balance. I also was getting cramps in my hands a lot and cramps in my legs almost daily, from my hips down to my feet. If I stood in one place for a long time, my legs got weak and I felt like I was going to fall over.

While I still lived in Minnesota, I went to my doctor, and he thought I might have ALS. Eventually, neurologists determined I didn’t have ALS, but they didn’t know what I had.

Fast-forward ahead, I am now retired and living in Columbia. My personal physician, Dr. Kevin Kane, who always listens and digs deeper, told me I shouldn’t let this go and should see a neurologist. He scheduled me with Dr. Karim Salame a year ago in January. When the MRIs came back, Dr. Salame said I had serious arthritis in my back and should see a spine surgeon.

When I went to see Dr. Ted Choma, I didn’t want back surgery. Dr. Choma was very pleasant and straightforward and never once tried to talk me into surgery. He showed me what was going on in my spine, and I decided to proceed with two fusion surgeries — one on my neck in August and one on my lower back in September.

My reason for surgery was to prevent things from getting worse. I never expected them to get better. But that’s what happened.

My wife and I love to dance, but I haven’t been able to slow dance for years because it’s kind of like standing and my legs would get weak. On a nice day this spring, we were out on the deck listening to music, and a song came on called “Let it Be Me” by Sonny and Cher. I like this song so much I had it played at our wedding in 1978. I asked my wife to dance, and we danced right there on the deck. When the song was over, I realized my legs weren’t bothering me at all.

Dennis Bock
COLUMBIA
When Gayla Barton was a little girl, her first stop after school was an elderly neighbor’s home. The man spoke with the aid of an artificial voice box, and the vibrating sound of his speech scared the other kids in the neighborhood. She saw past that and found a sweet and funny gentleman who enjoyed her company.

“He was in his 80s, but he was one of my best friends,” Barton said. “I would go over every afternoon. It was the highlight of my day talking to him.”

That empathy and appreciation for her elders carried through to her career. Since 1996, Barton has been a registered nurse at MU Health Care, and for the past 10 years she has been the supervisor of ambulatory care management in the primary care clinics. She loves her job so much, she’s willing to commute every day from Hannibal. One of the most rewarding parts of her role is comforting older patients.

“A lot of them are lonely and scared, especially because of COVID-19,” she said. “I have one patient who calls me two or three times a day, and it’s OK, because I know I might be the only person she talks to all day. Sometimes they don’t really want anything except to hear someone else’s voice. During the pandemic, this job has been a little more rewarding, because sometimes you feel like you’re the light in a person’s day.”

When MU Health Care opened its COVID-19 vaccination site at Faurot Field, Barton volunteered for as many shifts as she could, helping to check in patients, administer the vaccine and answer questions. She regularly worked 12-hour stints at the vaccination site.

“Gayla has been such a pleasure to work with,” said Athena Bouras, who helped organize the vaccine clinics. “In addition to the many hours she has worked in the clinic as a vaccinator, she has spent many additional hours on the phone with patients assisting them with getting an appointment.”

The payoff for Barton is the reaction of people she helps.

“One of the best things about the vaccine clinic is how happy people are,” Barton said. “Normally, when people come in to get vaccinations, they’re not excited about it, but now people are coming in crying tears of joy. It makes me cry just thinking about it.

“They’re crying because they feel safe again and because they’re going to get to see their children and grandkids again. I can’t explain how powerful and touching it is. When you work these vaccine clinics and you have 12 hours of pure joy from patients, it’s amazing.”

Warm Welcome

Gayla Barton shares tears of joy with grateful people at COVID-19 vaccine clinic.
COVID-19

Don’t Miss Out on Benefits of COVID-19 Vaccine

If you’ve been waiting to get the COVID-19 vaccine, it’s important to understand the benefits the vaccine could provide you and your loved ones. We’re still learning all of the advantages the vaccine might have, but there are some clear benefits you should consider.

The vaccine reduces your risk of infection.
Once you receive the vaccine, your body immediately begins producing antibodies to the coronavirus. These antibodies help your immune system fight the virus if you happen to be exposed, so it reduces your chance of getting the disease. It’s true that you can still become infected with the coronavirus, but your chances are drastically reduced after receiving the vaccine.

The vaccine reduces your risk of severe illness.
Studies have shown vaccinated people who do get infected have mild to moderate cases of COVID-19 compared to those who aren’t vaccinated. So, your risk of hospitalization or even death from COVID-19 is greatly reduced or nearly eliminated.

The vaccine slows the spread of the virus.
Public health measures such as mask wearing, physical distancing and handwashing have helped slow the spread of the virus. The vaccines are the next step to reduce transmission rates. New evidence suggests that vaccinated people who might be infected with the coronavirus have fewer virus particles in their nose and mouth and are less likely to spread it to others. This finding is important, as getting vaccinated now not only protects you, but also limits spreading the virus to loved ones and friends.

The vaccine helps us reach herd immunity.
When enough people are protected through vaccination and prior infection, we can reach herd immunity, which means the spread of the virus becomes unlikely.

The vaccine helps you reconnect with friends and family.
Vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state and local laws, or business and workplace guidance.
Nurses Play Key Roles in Pandemic Response

For nurses at MU Health Care, March 2020 is the dividing line between what their job was and what their job became. COVID-19 altered duties, changed protocols and made an already demanding profession tougher.

“I’ve been a nurse 44 years, and this has been the most challenging situation I’ve experienced in my career,” said Mary Beck, DNP, RN, the chief nursing officer at MU Health Care.

The greatest challenge was met with innovation, preparation and compassion.

Here are the stories of four nurses — all of them graduates of MU’s Sinclair School of Nursing — who have played key roles in MU Health Care’s pandemic response, from administrative planning, to testing, to vaccinations, to direct patient care.

INCIDENT COMMANDER

On March 12, 2020, MU Health Care established a COVID-19 incident command. Beck and chief medical officer Steve Whitt, MD, were selected as co-incident commanders.

“Mary was the perfect person to lead this, along with Steve Whitt, and I knew that from the beginning,” MU Health Care CEO Jonathan Curtright said. “She is an amazing leader. There was no other person I could think of that would be better.”

Beck and Whitt faced a challenge of staggering complexity. The task required essentially setting up a hospital within a hospital by establishing isolated areas to test, admit and care for patients with COVID-19 while still providing necessary health care to uninfected patients. They had to make these plans in an environment in which little was known about how the virus was transmitted, how hard it would strike Missouri or whether the health system’s supply of personal protective equipment (PPE) would be restocked regularly.

And they needed to get the job done in a hurry.

The incident command team, which also included section chiefs in charge of specific areas, initially met twice a day, at 8 a.m. and 4 p.m. It quickly transformed MU Health Care into an academic health system capable of handling a pandemic.

“The first month was really intense, creating our COVID-19 response plan, using the framework we already had with our pandemic plan but constantly adding details,” Beck said. “As incident commander, Dr. Whitt or I led every meeting. The section chiefs would bring information in that they had been working on the last eight hours, like, ‘How are we going to manage distribution of personal protective equipment during this pandemic with supply chain disruption?’ We would discuss and make decisions.”

Beck and the incident command team used a tiered response system that dictated policies based on the total number of COVID-19 positive cases and inpatients. At first, elective surgeries and procedures were postponed to free up beds and preserve PPE for a potential surge of COVID cases. Almost overnight, doctors who had never used telehealth were treating all their patients through the Zoom videoconferencing platform.

The next challenge was creating a safe path for a return to elective surgeries and procedures, with new safety measures like plexiglass and distanced chairs in waiting rooms. Beck said she has been inspired by the resilience of the employees she leads.

“What’s most rewarding to me is the way the staff of MU Health Care pulled together and said, ‘We’re going to do our very best work and continue to provide excellent care to all who seek to come here; even when they’re being challenged on a personal level,’” Beck said. “We’ve problem-solved together and supported each other.”

GOING MOBILE

Beginning in March 2020, Jeanette Linebaugh, RN, was not just MU Health Care’s senior director of nursing for ambulatory care services, she was also the manager of the drive-thru testing site located next to the MU softball stadium.

Without much to go on regarding staffing, workflow, patient volume or how to set up the necessary IT equipment in a parking lot, Linebaugh led the team that created the
testing site from scratch.

It took just two days.

“In nursing school, we were taught to think through workflows and what they looked like from a patient perspective and from a staff perspective,” Linebaugh said. “I drew on my abilities to critically think and be innovative on how to serve the community.”

For the first six weeks, Linebaugh was on location every day. A revolving cast of 10 to 12 medical assistants, patient service representatives, nurses and many other health care professionals worked at the site each day. After a few months, they grew close and even began appreciating the charms of their new home, which consisted of an emergency trailer and an expanse of asphalt.

“COVID is scary to people, so they were thankful we were out there in the elements taking care of them,” Linebaugh said. “Also, from the staff that was working there, so many said, ‘I love doing this for our patients and the community.’”

Because of increased patient volume — as many as 700 people were tested in one day — MU Health Care opened a second drive-thru testing location just north of Business Loop 70 last summer and eventually moved all of the testing there on July 20. In March 2021, lower infection rates allowed MU Health Care to shut down the drive-thru site.

Linebaugh again took a leadership role. She helped organize the high-throughput vaccine site at Faurot Field that was able to give thousands of shots per day to the public.

“Serving the community during the pandemic has been one of the most humbling experiences in my nursing career,” Linebaugh said. “When members of the community enter the doors of the Columns Club at Faurot Field, I see hope in their eyes — hope for a better tomorrow, a tomorrow where they can see their grandchildren, friends and loved ones without fear of getting sick.”

TOGETHER AT A DISTANCE

By design, MU Health Care’s psychiatric patients are brought together frequently. They eat together, go to group therapy sessions and interact with each other in the evening over card games and board games.

So when the COVID threat reached Missouri, Debra Deeken, DNP, RN, the executive director of clinical operations and director of nursing for the Missouri Psychiatric Center, knew she and her fellow department leaders would have to change familiar workflows. They began writing the necessary changes down, and it grew into a document that is “many pages long” as MU Health Care’s infection control team and the Centers for Disease Control learned more about the virus.

“We looked at every single process we had and had to think through ways to mitigate infection risks in everything we do,” Deeken said. “For example, we had to pull chairs out of our unit so our patients could be six feet apart where they eat and where they sit in the TV lounge. We had to put practices into place where we cleaned every single horizontal space on the unit, including doorknobs and push plates for doors, every hour. There was an incredible amount of effort put into place to keep our patients and staff safe from COVID-19.”

Deeken gained a new appreciation for the importance of over-communicating with her nurses and staff, not just about all the changing procedures they needed to follow, but also about their personal stress and struggles.

“My clinical knowledge and leadership education help me work through processes, pull people together, initiate change and follow through on that change,” Deeken said.

COMPASSION IN THE MICU

TJ Headley, RN, has worked in University Hospital’s medical intensive care unit since graduating from nursing school in 2018. He’s used to serving the sickest patients, but the job had a new twist during the pandemic — connecting patients with the loved ones who couldn’t visit them.

“That’s hard on the patient and hard on the family members,” Headley said. “We’ve done our best to make sure they can see their loved one, even if it’s through Zoom on an iPad, and to see we’re caring for them and doing everything we can. Some nurses will take care of a patient for two or three weeks in a row. They’re sick for a very long time, and family members call every night and we kind of get to know them.”

One of Headley’s most rewarding nursing experiences came early in the pandemic. He was working in the COVID unit and admitted a new patient. They got to know each other, and Headley did his best to calm the man’s nerves.

“The next night I came back to work, and he was already on the ventilator,” Headley said. “That was tough. But within a couple weeks, he got off the ventilator, actually went out of the ICU and got to go home. A family member came back and had hand-written thank you cards for everyone that had taken care of him. That is probably the most rewarding thing, getting to see patients be at their very worst and then come out of it and get to go home, back to their families.”
One of Nikki McGruder’s favorite sayings is, “If you have a brain, you have a bias.” To prove her point, McGruder begins her education sessions on implicit bias with MU Health Care employees by revealing one of her own.

A few years ago, McGruder took a test that showed she had a bias against people with darker skin. She explains that it probably stemmed from her childhood, when she was often the only Black student in her class and she wanted to fit in. She wonders if she passed along her bias as an adult when she acted disappointed that her daughter’s skin tone darkened after a day at the swimming pool.

“I would say things to her like, ‘What happened to my little caramel-colored cutie? Now, you’re chocolate,” ’ McGruder said. “I was thinking it was funny, but I realize upon further reflection that subliminally I was telling her that my preference was for her to have lighter skin.”

When McGruder — MU Health Care’s director of diversity, equity and inclusion — admits that she is working on her own biases, she notices the people in the training sessions start to open up and more seriously examine their own thoughts, words and actions.

“Implicit bias is my favorite topic to discuss, because of the aha moment people have when they realize that this isn’t a conversation we need to shy away from,” McGruder said. “Typically, when people hear ‘bias,’ they don’t want to talk about it. They’re afraid of being called a racist or being accused of any of the ‘isms.’ They would rather you just believe they are a good person. Well, they are good people, but well-intentioned people do harm every day when they have not checked their biases.”

McGruder’s expertise is helping people identify their prejudices without coming across as judgmental.
“We’re going to use mistakes as learning opportunities and provide a road to reconciliation. We have to all be a part of that if we’re talking about creating sustainable change.”

— NIKKI MCGRUDER

“The idea of contributing to a more tolerant, healthy community for everyone is what inspired McGruder to devote her professional life to diversity and inclusion work. She spent five years leading two mid-Missouri nonprofit organizations devoted to equality for all races, genders, sexual orientations and religions before coming to MU Health Care.

“Investing in diversity and inclusion programs is just the right thing to do,” MU Health Care CEO Jonathan Curtright said. “As our employees embrace their differences, it will be easier for us to recruit outstanding staff and physicians, and MU Health Care will be an even better place for them to work. That translates to better patient care.”

One of McGruder’s first moves after starting the job in August 2020 was to meet regularly with MU Health Care’s four employee resource groups — The African Heritage Group, The Women of MU Health Care, The Pride Network and Bienvenidos for Hispanic employees — to give group members a formal way to connect with each other and with leaders of the organization.

Being a more welcoming health care system doesn’t always mean big changes. It can be simple things that come from seeing a clinic visit from someone else’s point of view.

For example, Ashley Millham, MD, the medical director of MU Health Care’s new Battle Avenue Medical Building, treats many transgender and nonbinary patients, so she posted signs in the clinic’s waiting room giving directions to the nearest all-gender, single-stall restroom. She also changed the clinic’s bandages from beige to neon colors so patients don’t get the impression that light skin tones are preferred.

“Having advocates and allies like Dr. Millham is so important,” McGruder said. “It’s just a matter of considering the needs of all humans rather than a one-size-fits-all approach.”

MU Health Care’s ultimate goal is that a more diverse and inclusive workforce will translate into a better experience and better long-term health for patients, particularly those from minority groups. Across the nation, Black, Hispanic and Native Americans live shorter lives than white people and have higher rates of heart disease, high blood pressure and diabetes.

McGruder knows from her own experiences, particularly during pregnancies while she lived in St. Louis, how frustrating it can be to feel you aren’t being listened to as a patient.

“When I would ask questions and be very clear that I didn’t feel well, I would just be given more blood pressure pills or different blood pressure pills, not really feeling like my pain and my experiences and my challenges were really being heard,” she said. "I can remember having conversations with my parents saying, ‘I just don’t feel like they’re hearing me.’ I didn’t have the language or the data or the understanding that this wasn’t just my story but it was a common story across the country.”

Now that she is working for MU Health Care, McGruder has a platform to have those difficult conversations and chip away at those perceptions. Her main message won’t change: There’s no shame in having a bias; the shame is not acknowledging and correcting the bias.

“We have to cultivate an environment of grace where we can make mistakes while we’re trying to learn and we’re not going to be cut off at the knees and canceled because of our mistakes,” McGruder said. “We’re going to use mistakes as learning opportunities and provide a road to reconciliation. We have to all be a part of that if we’re talking about creating sustainable change.”

Extra Outreach Pays Off in Vaccine Effort

Nikki McGruder admits she is an unlikely advocate for COVID-19 vaccines. She had never even agreed to get a flu shot until her job required it.

As a Black woman, McGruder’s hesitancy was rooted both in the long history of African Americans being the subjects of cruel medical experiments and in her own experiences, when she felt doctors didn’t take her concerns seriously. But as MU Health Care’s director of diversity, equity and inclusion, she saw the vaccines through a different lens.

“These vaccines offer hope, and we all need to be onboard, especially when you’re looking at COVID-19 and the disparity in impact it’s had on people of color,” McGruder said.

In the U.S., Black, Hispanic and Native American people are three times more likely than white people to be hospitalized because of COVID-19, and twice as likely to die from the disease, according to the Centers for Disease Control and Prevention. McGruder and her colleagues thought MU Health Care could play a role in improving those outcomes in mid-Missouri.

So, beginning in February 2021, McGruder helped MU Health Care doctors coordinate with Columbia/Boone County Public Health and Human Services to answer questions about the vaccines in online forums aimed at Black and Hispanic audiences and to participate in other outreach activities.

It was truly a group effort, with doctors Laura Henderson Kelley, MD, Christelle Ilboudo, MD, and Christian Rojas Moreno, MD, serving as expert panelists. It also included MU medical students, led by Abdoulie Njai, who visited local Black and Hispanic businesses to survey customers about their vaccine concerns and encourage them to participate in the online forums.

On the final weekend of February, McGruder received a text from a colleague working at MU Health Care’s vaccination site at Faurot Field. The message said more people of color than ever before were coming in to get the COVID-19 vaccine.

“I loved getting this text,” McGruder said. “I’m hesitant to conclude that the reason was because of our efforts alone, but having these conversations had an impact in the community. Columbia is a community that belongs to all of us, so we need to come together because our goal is the same.”
ABOVE: Brothers Doug, George and Don Rutherford have much in common, including musical talent and back pain. After all three found relief from spinal stenosis with surgery at MU Health Care, they’ve been able to pick up their instruments again.

Band of Brothers Gets Back in Tune After Finding Relief from Back Pain

The first time George Rutherford ever sang in front of a crowd, he was a teenager at Nashville’s Ryman Auditorium, home of the Grand Ole Opry. His family lived in Tennessee at the time, and his father heard on the radio that the Opry was holding open auditions. Rutherford decided to give it a shot.

Now 93, he still clearly remembers that night in the early 1940s when he sang “My Main Trial is Yet to Come” by Hank Williams.

“I thought when I got up there to sing that there was a band that was going to help me out,” said Rutherford, a Fulton resident. “When I looked around, I didn’t see anyone, just a bunch of eyes in the audience. That felt like the longest song I ever sang in my life, but I got through it, and of course I got a hand. Everybody applauded.”

Rutherford was hooked for a lifetime. He still loves to play his acoustic guitar and sing, especially alongside brothers Don, 82, and Doug, 77.
If back pain is affecting your quality of life, take the first step to feeling better by visiting muhealth.org/spine

“I got out the next morning, and it was like night and day. I was instantly better.”
— DOUG RUTHERFORD

Before retiring, they all spent their weekdays atop utility poles as electrical linemen and spent their Saturday nights playing music. George was a founding member of a country band called The Missouri Wildcats. When Don finished his service in the Air Force in the early 1960s, he joined George’s band and played bass. Doug got his start as a teenager playing guitar in The Rebel Rousers, a rock band that cut multiple records, including one that was recorded at the legendary Sun Studios in Memphis, Tennessee.

There is one more family tradition shared by the Rutherfords — back pain that interrupted their daily activities, including playing music. And just as they followed each other’s footsteps up utility poles and onto stages, they marched one after the other into the office of MU Health Care spine surgeon Fassil Mesfin, MD, PhD, and found relief.

The root of the Rutherfords’ problems was spinal stenosis, a common condition that usually affects people over 60. As the elder brother, George started feeling the pain first. He lived with it for more than a decade before he went to see Mesfin in 2017.

“As we age, we have degeneration of the spine, mostly in the lower back, which is called spinal stenosis,” Mesfin said. “That’s a closing of the spinal canal. In the process, our bodies start compensating to keep that opening wider. George used to walk leaning forward, which would open up the spinal canal. That’s a typical sign.”

The first treatment option is physical therapy to strengthen the core muscles that support the spine. Medication or injections can help in some cases. None of those treatments brought George relief, so the best option was surgery.

“It’s a classic surgery called a decompressive laminectomy,” Mesfin said. “What we do is go in the back and detach the muscle from the spine. We create more room by taking out what’s called the lamina — the bony structure on the back of our spine — and taking out the calcified bony ligament to create more room. We’re going from a very tiny spinal canal, and we double or triple the size so the spinal nerves are completely free. Once we decompress the spine, we reattach the muscle and close the wound.”

After George woke up, he was able to stand up straight and walk down the hall. “I don’t have any pain now,” George said. “I can walk. If I wasn’t the age I am, I suspect I could run.”

Don, an Ashland resident, saw his brother’s improvement and made an appointment with Mesfin. He had surgery in 2019.

“I said, ‘I want to get me one of those,’ and it worked,” Don said. “Of Doc, he’s excellent. Good doctor, and he’s a fine person, too.”

Doug, who lives in New Bloomfield, was next in line. He had surgery in 2020.

“I got out the next morning, and it was like night and day,” he said. “I was instantly better.”

They’ve all been able to get back to doing what they love. On a January day, the Rutherford brothers got together again at the house of George’s daughter Rebecca Stafford in Fulton. They took turns telling stories about their families, careers and music.

For about as long as there has been electricity, there has been a Rutherford on a pole. The line began with their grandfather — who worked from the back of a horse-drawn cart in Knoxville, Tennessee — and it continues today with Doug’s son, Rance. They all had a tale from The Johnson Inn, a rowdy but romantic dance hall east of Fulton where their bands played regularly. There were regular fistfights during their shows, but it was also the place where Doug met his wife, Shirley.

When the Rutherfords were done talking, they sat in front of a crackling fire, picked up their instruments and lifted their voices. The audience was less than a dozen — a long way from the Grand Ole Opry — but the band of brothers was still making beautiful music.
Seeing a doctor for regular checkups and minor emergencies will be even easier in the Boonville area thanks to a new, larger MU Health Care clinic that is scheduled to open in early 2022. The clinic will feature primary care providers, an urgent care with extended hours, specialty services, X-ray, imaging, a lab and physical therapy services.

“I’m a firm believer that primary care should be provided in the neighborhood where you live,” MU Health Care CEO Jonathan Curtright said. “We are committed to the people of Boonville and Cooper County, and this investment will improve the health and well-being of the community.”

When Pinnacle Regional Hospital closed in 2020, MU Health Care opened a temporary clinic in Boonville with trusted family medicine doctors Mona Brownfield, MD, and Robert Koch, MD, and nurse practitioner Lori Weekley, FNP. That clinic, located at 102 Isle of Capri Blvd., has limited space with 700 square feet and two exam rooms.

It will be replaced by a new 14,000 square-foot facility with at least 15 exam rooms that will be located on Jackson Road near Main Street, across from Walmart.

“The new facility will give us more room to add providers for primary care in the future,” Brownfield said. “The other thing that’s really crucial for the community is urgent care. We’ll have extended hours, and it will be kind of an urgent care-plus, in that it will offer CT scans, labs and general radiology. That will provide citizens with a close health care option when the clinic is closed.

“This will definitely keep our community healthier. A lot of people didn’t seek medical care when the hospital closed because they thought it was too hard to find a provider. So people should be able to get back on track with regular health care.”

“We are committed to the people of Boonville and Cooper County, and this investment will improve the health and well-being of the community.”

— JONATHAN CURTRIGHT
To learn more about what the clinic has to offer, visit muhealth.org/battle

LOCATED at 7115 East St. Charles Road

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CLINIC PROVIDES family medicine, women’s health, pediatric and psychiatry services in northeast Columbia

THE 28,000-SQUARE-FOOT FACILITY has 34 exam rooms and includes a lab, imaging, therapy services and a Mizzou Pharmacy location

“This new clinic is part of MU Health Care’s commitment to ensuring Columbia’s neighborhoods have convenient access to expert health care.”

— ASHLEY MILLHAM, MD  
Medical director of the Battle Avenue Medical Building
Two building projects are underway on MU Health Care’s central campus that serve separate purposes but share one overarching goal — to bring together experts to improve health outcomes.

The first project is the NextGen Precision Health building rising east of University Hospital. The facility, which is scheduled to open in October 2021, will unite the University of Missouri System’s top researchers to accelerate innovations in precision health. The goal is to develop new targeted treatments for the state’s toughest health problems, such as heart disease, cancer and stroke.

The second project is a new patient care tower that will house a birthing center and children’s hospital. This project fulfills a long-term vision for a centralized hospital campus that will allow MU Health Care to better meet the growing needs of women and children in the community.

The seven-story patient care tower is going up between Ellis Fischel Cancer Center and the University Physicians Medical Building. When it’s finished in 2024, it will replace the current Women’s and Children’s Hospital located on Keene Street.

“Being on one campus will allow us to bring everyone together in one place,” said Keri Simon, MU Health Care’s interim chief of hospital operations. “We have more intensive care services and subspecialists at the main University Hospital campus, so having all those services in the same place with our pediatric specialists will allow providers and staff members to collaborate with one another. It will make the experience more convenient for our patients’ families as well.”

The new facility represents a major investment in child health and the reimagining of the environment where that care is delivered. Every patient room will have large windows to let the light in, and every space is being carefully planned with input from patients, families and staff.

“The building is being designed with healing, comfort and better service to the families in mind,” said David Gozal, MD, the pediatrician-in-chief of Children’s Hospital. “We’ve gone to the next level in addressing the intangibles of care and will continue our efforts to promote wellness and complex care in a seamless fashion.”

The move will be done in phases over the next few years, with some specialties moving as soon as the fall of 2021 and a projected finish date of the summer of 2024.

The goal is to make this transition as seamless as possible for patients. As services and specialties begin to move to the central campus, patients will be informed of any changes to provider locations or appointments.

By integrating services into one centralized location, patients can spend more time getting and staying healthy and less time navigating different locations within the health system.
The NextGen Precision Health building is on schedule to open in October 2021. It will be home base for University of Missouri scientists and researchers finding solutions to the biggest health care problems that affect the state’s residents.

The 265,000-square-foot facility has offices, labs and a state-of-the-art imaging center that includes the most powerful MRI scanner available for research use, which will help detect the source of certain health problems sooner and provide more precise treatment.

Learn more about the University of Missouri’s NextGen Precision Health initiative at precisionhealth.missouri.edu
Leda Sears didn’t have children of her own, but before she died, Sears — who was a successful farmer in Audrain County with her husband, Forest Sears — created a trust devoted to making life better for the children of others.

Since 1991, the Leda J. Sears Charitable Trust has donated nearly $2 million to child health research at the University of Missouri.

“The Sears Trust’s contributions to the Department of Child Health and MU have been with a very specific purpose: to foster any scholarly activity that will advance and promote child health. It’s a wonderful thing,” said David Gozal, MD, the pediatrician-in-chief at MU Health Care’s Women’s and Children’s Hospital and the chair of the MU School of Medicine’s Department of Child Health.

One example of the impact of Sears’ generosity is the work done at MU on maple syrup urine disease (MSUD). It’s an inherited condition that is extremely rare in the general population but afflicts about 1 of 150 babies born to members of Missouri’s Old Order Mennonite religious communities. The disease prevents the body from processing proteins correctly, and if it isn’t diagnosed and managed with a strict diet, the baby is at risk of brain damage, seizures and death after just a few days. It’s a challenge to diagnose the disease in time, as most Mennonites do not undergo prenatal testing and prefer to give birth at home.

In the late 1990s, Charlotte Phillips, PhD, a biochemist and medical geneticist at MU, was asked if she could develop a DNA test for MSUD. The project was made possible by a grant from the Sears Trust.

Phillips developed a genetic test that tells expecting parents in advance if they carry the mutation for MSUD.

“It has allowed us to test people for free and protect as many babies and families as we could. This testing is continuing today and still impacting lives,” Phillips said. “Every now and then you are blessed with the opportunity to do something that does matter. With the Mennonite project, there are children whose lives I know are better because I had the privilege of doing this.”

Lou Leonatti, an attorney in Mexico, Missouri, who has served as the Sears trustee since 2005, said the trust’s principal has grown to $1.9 million. Each year, 5% of the principal is used to fund child health research at MU. In many cases, the money helps projects get started so the researchers can eventually earn funding from the National Institutes of Health or other sources.

For example, the Sears Trust’s first gift was to Judith Miles, MD, for autism research. That helped Miles develop her research enough to receive NIH funding, and ultimately a large private donation from William and Nancy Thompson led to the creation of MU’s Thompson Center for Autism and Neurodevelopmental Disorders.

“I hope Mrs. Sears would be proud of what we’ve achieved,” Leonatti said.

“With the Mennonite project, there are children whose lives I know are better because I had the privilege of doing this.”

— CHARLOTTE PHILLIPS, PHD

Learn more about how you can make a difference at muhealth.org/giving
One in three expecting mothers may suffer from sleep apnea during pregnancy. With the help of a group of moms-to-be, University of Missouri School of Medicine researchers will learn what effect those sleep disturbances and other prenatal problems have on the future health of their children.

The long-term goal of the study is to help mothers have safer pregnancies and healthier children by identifying and treating dangerous conditions sooner.

“It’s called developmental origin of disease,” said Rene Cortese, PhD, the MU scientist who is leading the study. “What happens in development affects the life of a human being.”

Cortese specializes in a field called epigenetics, which examines the ways environmental factors can change how genes work. Since 2013, he has collaborated with sleep medicine expert David Gozal, MD, the chair of MU’s Department of Child Health, and Abdelnaby Khalyfa, PhD, to study the effect of sleep disturbances in pregnant mice on the health of their offspring.

They found that mice that experienced a condition similar to sleep apnea late in pregnancy gave birth to offspring more likely to become obese and suffer from metabolic problems as adults, compared to the mice in a control group. And they showed that these issues can be caused by epigenetic changes passed from mother to child.

“The thing about epigenetics is it’s potentially reversible,” Cortese said. “Our group showed there is a small window of opportunity in the mouse, which would be the equivalent of ages 2 to 6 years for humans, and 30 minutes of physical activity a day at that point protected the young mice from developing the metabolic disorder they inherited from the sleep apnea of the mother.”

Cortese will now see if the same pattern holds true in humans. Since the fall of 2020, some women getting prenatal care at MU Health Care have had the option to participate in a pilot study. If they consent, they don’t have to do anything extra and receive the same care as any other pregnant patient, but they provide valuable information that could help their children and future generations.

When they give their regularly scheduled samples of blood and urine as part of their routine care, a portion of those samples is shared with the researchers. Their answers to questions from their doctor — questions such as whether they’ve had recent sleep issues — are shared with the researchers through the electronic health record. When their children are born, data from the child’s medical exams also will be available to the researchers if the parents give permission.

Data from the study will be useful for studying the entire spectrum of prenatal health beyond just sleep, but Cortese said the sleep apnea research in particular could have three key takeaways for the public.

“The first is to raise awareness to mothers that keeping a healthy weight and lifestyle during pregnancy is of paramount importance to limit the risk of sleep apnea and associated complications,” Cortese said. “The second is that mothers and their treating physicians need to be aware of sleep disturbances and address them. Third, our studies provide evidence supporting the development of interventions at an early age of the children that would protect them from cardiovascular and metabolic disorders later in life.”
School is Back in Session for Principal Who Loves to Make Students Smile

As a kid, Larry Nelson loved school. As an adult, he tries to create the same experience for his students at Columbia’s Cedar Ridge Elementary School, where he just completed his first year as the principal.

Nelson’s morning announcements over the intercom include a twisted take on what will be served in the cafeteria.

“I’ll say things like, ‘For lunch today, we’re going to be serving caterpillar casserole,’ ” Nelson said. “I try to make school upbeat and fun for them.”

Nelson was never sure if he was making real connections with the kids until he was separated from them. As he recovered from emergency surgery in January, the video messages and written notes from students started arriving.

“I feel worried about you. I wish you’d feel better so I won’t be worried about you. … I miss you. I had my tonsils removed in surgery so I know how you feel. … I miss your visits to the classrooms. It was really funny when you had that costume on and said you were Mrs. Guillory’s evil twin. … I really miss morning announcements when you always joked about the lunch food. … You are the funniest principal in the whole wide world.”

Those messages reminded Nelson that education was his true calling in life and that he missed his students as much as they missed him.

‘I NEED AN AMBULANCE’

A month earlier, on Dec. 21, 2020, Nelson was in his office talking on the phone with his assistant principal about what they needed to get done before holiday break. He suddenly felt a sharp pain in his upper back.

“It was to the degree where I jumped out of my chair and hung up the phone, went out into the office and said, ‘I need an ambulance,’ ” Nelson said. “I was in so much pain, I couldn’t lay down or sit down, so I was just hugging the wall.”

The next thing Nelson remembers is looking up from his bed at MU Health Care’s University Hospital as a doctor told him he needed emergency surgery.

Nelson, 51, had suffered an aortic dissection, which is a tear in the inner layer of the artery that branches off the heart. The tear weakens the aorta and increases the risk of a rupture of the vessel’s outer wall, which would cause massive internal bleeding.

Anything that harms blood vessels — such as smoking or high blood pressure — can lead to aortic dissection. And some people are born with a weak or enlarged aorta that is prone to dissection despite no other risk factors. In Nelson’s case, high blood pressure likely was the cause.

The symptoms of aortic dissection are similar to a heart attack, which can sometimes lead to a delayed diagnosis.

Fortunately for Nelson, his condition was quickly noticed on a CT scan, and MU Health Care’s experienced cardiothoracic surgeons were able to operate quickly.

“If a patient comes to the ER with chest pains, the first thing we suspect is a heart attack, and the next thing is an aortic dissection,” said Takashi Murashita, MD, who treats about one patient per month with the condition. “The most important thing is to replace the big vessel above the heart that’s called the ascending aorta. If the ascending aorta ruptures, it’s probably fatal. In his case, the aortic heart valve was leaking severely, so we also had to fix that.”

Murashita performed the 10-hour open-heart surgery with colleague Xingyi Que, MD. They stopped Nelson’s heart and used a heart-lung bypass machine to circulate oxygenated blood through his body during the procedure. They removed the ascending aorta and replaced it with a flexible artificial tube that was sewn into place, and they implanted a ring inside Nelson’s aortic valve to stop the leaking.
“It was a great day. It’s really helped with my state of mind and my recovery. After the first day, my confidence was back up and I felt I was getting back to my old self.”

— LARRY NELSON

Cedar Ridge Elementary School principal Larry Nelson greets students as they arrive at school. Nelson suffered an aortic dissection in December and needed emergency surgery. After he spent three months recovering, he was happy to return to work in March.

BACK TO SCHOOL

When he woke up a few hours after surgery, Nelson found out what happened and learned that full recovery would take about three months. He had always kept himself in good shape, but after surgery, Nelson was so physically weak that he needed help to do daily tasks.

By late February, Nelson was strong enough to begin workouts at MU Health Care’s cardiac rehabilitation gym. He is taking a different blood pressure medication than before his injury. He checks his blood pressure three times a day to make sure it’s under control and minimize the risk of rupture in his descending or abdominal aorta.

Nelson also needed to recover mentally. The tear in the inner layer of his ascending aorta had disrupted blood flow to his brain before surgery, and in the months afterward, he took a little longer to process information and respond during conversations.

“Probably my biggest fear was, am I going to get back to the old Larry — the sense of humor and fun-loving guy?” he said. “I was told that it will come back but it just takes time.”

Inspired by the messages from his students, Nelson set the date of March 16 for his return to school. He got emotional when he arrived at Cedar Ridge to find a big sign outside that read, “Welcome Back, Dr. Nelson.” He stood out front and greeted the students as they arrived and then visited each classroom, where the kids read him the notes they had written him during his absence.

“It was a great day,” Nelson said. “It’s really helped with my state of mind and my recovery. After the first day, my confidence was back up and I felt I was getting back to my old self.”
"The key, the absolute key, is getting an early colonoscopy. And if you are having symptoms, it doesn’t matter if you’re 20 or 60, go to your doctor and insist on a colonoscopy."

— SUE NELSON

Passionate Sports Fan Has New Mission as Advocate for Colon Cancer Screening

Sue Nelson didn’t have any symptoms before she was diagnosed with colon cancer at age 50. The cancer later spread to her liver. But after surgery and other treatments at MU Health Care, she is cancer-free. Nelson makes a point to spread the news about the importance of colonoscopies.

Sue Nelson’s love of sports and her New Jersey roots are evident when she ticks off the list of her past and present pets. Her cats and dogs were named after former New York Giants football players and New York Yankees baseball players.

And since moving to Missouri 12 years ago, Nelson has done her best to blend with the sports fans in her new state. The name of her most recent fantasy football team was “Country Roads, Take Mahomes,” in honor of Kansas City Chiefs quarterback Patrick Mahomes.

“I know it’s all a little excessive,” she said with a laugh about her sports fandom. “We have an entire room in our home dedicated to our favorite teams and an 85-inch TV to watch the games.”

Nelson, a 54-year-old human resources consultant who lives in Bates City, doesn’t do anything halfway. That includes advocating for her own health and spreading the word about a simple screening that could save lives. She speaks from experience.

“When I turned 50,” she said, “I went to my primary care physician and said, ‘Shouldn’t I get a colonoscopy?’ ”

Colorectal cancer will strike 4 to 5% of Americans in their lifetimes, and many of those people show no symptoms in the early stages of the disease when it is most treatable. Nelson had no reason to think she had a problem before her first colonoscopy in June 2017 at MU Health Care’s Ellis Fischel Cancer Center. But the colonoscopy found a polyp, which is a clump of cells.
that form on the lining of the colon and can develop into cancer.

She underwent an endoscopic mucosal resection — or EMR — a procedure in which a flexible scope clips off the polyp. The removed polyp was examined by a pathologist to determine if further steps were needed.

“Based on the features of the polyp, we were concerned it could have a few cancer cells left behind that would spread to Sue’s lymph nodes next to the colon,” said MU Health Care colorectal surgeon Zihao Wu, MD. “The best choice was to remove that section of the colon along with the lymph nodes near the colon.”

Because people have about five feet of colon, portions of it can be removed with no effect on bowel function. Wu performed a robot-assisted resection, which uses smaller incisions to gain access to the colon and allows patients to recover quicker than they would after traditional open surgery.

In about half the cases of colon cancer, the disease invades another part of the body — most commonly the liver — although the chances of that happening are reduced if the original cancer is found and treated early. Unfortunately, Nelson’s cancer returned. In November 2019, scans detected three tumors on her liver.

A few decades ago, that diagnosis would have been something close to a death sentence. But a combination of new chemotherapy drugs and improved surgical techniques have dramatically changed the outlook for patients like Nelson. Ellis Fischel’s specialists in liver surgery are now able to remove metastasized colorectal tumors if at least 25% of a healthy liver can be preserved. After surgery, the remaining portion of the liver enlarges to normal size in a few weeks and regains full function within about a month.

“When I was training in the early 2000s, these concepts were just coming out. It’s not often that we have these quantum leaps in how we treat patients, but our aggressiveness in treating colon cancer metastasis has been one of those.”

— ERIC KIMCHI, MD

Nelson’s treatment began with chemotherapy. When the tumors responded by shrinking, that was a sign she was a good candidate for surgery, which she had in May 2020. Kimchi removed the largest tumor surgically. Based on the smaller size and location of the other two tumors, he used a technique called ablation to burn them with a probe. That allowed him to avoid removing any more of Nelson’s liver than necessary. She then received another round of chemotherapy.

For the first two years after finishing her treatments — the most likely window for cancer to come back — Nelson is returning to Ellis Fischel for scans every three months. So far, they’ve all been clean. After two years, she will come back every six months for checkups.

Nelson feels good and is optimistic about a cancer-free future.

She is still fanatical about her favorite teams and an avid participant in fantasy sports leagues, but her recent health scares have put the games in perspective. Now, her biggest passion is getting the word out about cancer screenings.

In May 2021, the U.S. Preventative Services Task Force changed the age when people without symptoms should have their first colonoscopy from 50 to 45.

“When I was training in the early 2000s, these concepts were just coming out. It’s not often that we have these quantum leaps in how we treat patients, but our aggressiveness in treating colon cancer metastasis has been one of those.”

— ERIC KIMCHI, MD

The recommended age for a first colonoscopy varies depending on the person.

See where you fit in, and ask your primary care doctor for a referral to get a colonoscopy at the right time.

**AGE 45**

No symptoms or family history of colon cancer

**10 YRS**

Family history of colon cancer: 10 years before the age when your close relative was diagnosed

**Blood in stools or prolonged bouts of diarrhea or constipation**

Now
Bobbie Jo Sparks started to struggle with her weight after giving birth to the first of her two daughters. While she raised her kids, she also cared for her mother, who was in poor health. Sparks didn’t have the time or energy to focus much on her own wellness, and she frequently reached for her biggest vice — sodas — to keep her going.

As her weight reached as high as 460 pounds, she lost the ability to drive, walk and bathe herself. Her youngest daughter, Carol Sparks-McCord, had to care for her while raising her own three boys. Then Carol started putting on weight, reaching 350 pounds.

The family was stuck in a vicious cycle. “I took care of my mom and took care of my kids, and outside of that, I had no life. I don’t want that for her,” Bobbie Jo said of her daughter. “I want her to experience life to the fullest. I don’t want it to be: ‘What did you do with your life, Miss Sparks?’ ‘Oh, I took care of my mom.’ ”

To break the cycle, mother and daughter needed to get their weight under control. The Dixon, Missouri, residents had both tried a variety of diets without any sustained success. Then they decided to explore the option of weight-loss surgery at MU Health Care.

“We know there are a lot of reasons people struggle with obesity, including genetic, environmental, social, psychological and of course dietary. A lot of those things were at play with Carol and Bobbie Jo. If the people around you also struggle with their weight, then it’s seen more as normal. So families often struggle together.”

Carol, who is now 31, began the process of preparing for surgery in October 2017. She participated in nutritional classes with registered dietitians and a psychological evaluation that all bariatric surgery candidates go through to ensure they are ready to get the best results from surgery.

In July 2018, Wheeler performed a gastric bypass on Carol. In this procedure, a small
pouch is created from the stomach and reconnected to a lower part of the small intestine. The smaller stomach means patients feel full after eating less, and the body absorbs fewer calories because food travels through less of the intestines.

Qualifying for surgery was a longer road for Bobbie Jo, 51, who was high risk for surgery because of several underlying conditions, including congestive heart failure and chronic obstructive pulmonary disease. Wheeler jokingly recalled that Bobbie Jo was “extraordinarily persistent” in her desire to have surgery and even worked on Wheeler’s office assistants to convince them to put in a good word.

Bobbie Jo worked hard with MU Health Care’s dietitians to lose enough weight to ensure her body could safely handle surgery, and Wheeler performed a gastric sleeve procedure on her in April 2019. In this procedure, part of the stomach is removed, reducing it to about 20% of its original size, but digested food passes through the full length of the intestines. The surgery takes less than an hour and can be a good option for patients who might not tolerate longer procedures.

After surgery, mother and daughter began their recovery with a liquid diet before moving on to soft foods and then a normal diet — albeit with smaller portions than before. Bobbie Jo has reduced her weight to 280. She hopes to lose 20 more pounds so she can qualify for knee replacement surgeries, but she is now able to walk short distances, shower and take care of herself.

“Bobbie Jo, she’s alive, and now she has a chance to live a lot longer. And she was moving toward a much shorter life due to her medical conditions, including heart and lung disease,” Wheeler said.

Carol, who has dropped her weight to 210 pounds, is enjoying being a more active mom. She was always very involved in her boys’ lives, volunteering as a room parent at their elementary school and keeping them busy with games and outdoor activities. It bothered her, though, that because of her weight, she felt more like an observer than a participant. When they went to the park, she was the mom waiting at the bottom of the slide.

Last summer, she joined her boys at the top of the slide.

“My oldest said, ’Mom, we should have done this years ago,’ ” Carol said. “How do you tell your son, ’Mommy couldn’t do that because she was too big’? Hearing him say that made me realize how much I had missed out on.”

She is making up for lost time. Feeling more confident and independent, and without the worries of being a full-time caretaker for her mom, Carol now plans to begin nursing school in August.

“Between the weight and the responsibilities, I would always second-guess myself that I couldn’t do this or that,” she said. “Now, I’m ready to do something for myself and say, ’I achieved this.’”

To see if bariatric surgery is right for you, take an online assessment at muhealth.org/bariatrics

— CAROL SPARKS-MCCORD

Carol Sparks-McCord and her mother, Bobbie Jo Sparks, are able to live more independent lives after having weight-loss surgeries.
Mizzou Urgent Care
NEW LOCATION AT WEST BROADWAY AND STADIUM
COMING SOON