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Magazine Casts Doubt On U.Va. Rape Story

fected by the story.

be in question.

some.

ment.

The statement Rolling

woman's account became ap-

parent "in the face of new in-

formation," but provided no

details about what facts might

That wasn't enough for

Rolling Stone magazine is now

publicly walking away from its

central storyline in its bomb-

shell report on the University

of Virginia without correcting

what errors its editors believe

were made," Attorney General

The original story noted

that a dangerous mix of alco-

forced sex at fraternity parties

is by no means unique to any

hol, date-rape drugs and

one U.S. university. In fact,

Mark Herring said in a state-

"It is deeply troubling that

Stone posted on its website

said discrepancies in the

CHARLOTTESVILLE, Va. (AP) — Rolling Stone cast doubt Friday on its story of a young woman who said she was gang-raped at a fraternity party at the University of Virginia, saying it has since learned of "discrepancies" in her account.

"Our trust in her was misplaced," the magazine's editor, Will Dana, wrote in a signed apology.

The backpedaling dispirited advocates for rape victims who said they are concerned it could lead to a setback in efforts to combat sexual assaults both at U.Va. and college campuses elsewhere.

The lengthy article published last month focused on a woman it identified only as "Jackie," using her case as an example of what it called a culture of sexual violence hiding in plain sight at U.Va.

Rolling Stone said that because Jackie's story was sensitive, the magazine honored her request not to contact the men who she claimed organized and participated in the attack. That prompted criticism from other news organizations.

'We were trying to be sensi-

Milroy

for our students and for their graduate medical education.

As a show of support, the SDSMA members hosted a group of USD students at the Vermillion dinner — held just down the street from the medical school.

The state's doctor shortage should be somewhat eased with more new physicians, Milroy said.

"We applaud the governor (Dennis Daugaard) and the Legislature for expanding the South Dakota medical school," she said. "This incoming class in August will have 11 more slots.

The state is also seeking to provide more graduate medical education, which has seen caps in federal funding, Milroy said. South Dakota's current shortage of graduate training forces those students to leave the state, increasing the chances they won't return, she said.

"If we have students training at the USD Medical School, 40 percent of those students practice in South Dakota," she said. "But if that student also does graduate medical education in South Dakota, 77 percent actually stay and permanently practice in South Dakota.³

South Dakota will face a particular need for surgeons, where the average age is more than 50, Milroy said.

Yankton will benefit from the formation for a new surgical training residency program in South Dakota, she added. Starting in January, a group of medical residents in the program will begin two-month rotations in surgical training. Within two years, the program will provide the state with a year-round presence of surgical resident training.

"That's something we haven't had since the 1980s," she said.

U.Va. is one of 90 schools factive to the unfair shame and humiliation many women feel ing Title IX sexual-violence investigations from the after a sexual assault and now Education Department, a list regret the decision to not contact the alleged assaulters to that includes four others in Virginia: the College of William get their account," the magaand Mary; James Madison Unizine's statement said. "We are taking this seriously and apolversity; the University of Richmond; and Virginia Military ogize to anyone who was af-Institute.

But U.Va was roiled by the article, whose main allegation was that too many people at the university put protecting the school's image and their own reputations above seeking justice for sex crimes. The story prompted protests, classroom debates, formal investigations and a suspension of fraternity activities.

Phi Kappa Psi, where the gang rape allegedly occurred on Sept. 28, 2012, was attacked after the article was published, with cinderblocks thrown through the fraternity house's windows.

The fraternity issued its own statement disputing the account of Jackie, who described being led upstairs by her date, who then allegedly orchestrated her gang-rape by seven men as he and another watched.

the state level.

In this week's budget address, Gov. Daugaard proposed a 2 percent increase in state funding to Medicaid providers for care of the poor, Milroy said.

'It's a small step in the right direction," she said. "We're a little bit disappointed that it didn't go further."

Heading into the 2015 Legislature, the SDSMA's top priority is Medicaid expansion, Milroy said. Daugaard hasn't approved the expanded coverage for an estimated 48,000 South Dakotans.

Those residents without health insurance also tend to be the most vulnerable when it comes to health care, she said.

With the Affordable Care Act, people who have insurance are more likely to have access to preventative services," she said. "Those who don't have insurance tend not to get screened early. They wait until there is a crisis, and they are sicker. Episodic health care is not good health care.

Preventative health care promotes wellness and tends to catch disease earlier, Milroy said.

'The big national push is to see 80 percent colorectal screening by 2018," she said. "Colorectal is one of the most preventable cancers. If people have colonoscopy and tests, they could take care of problems with polyps which are pre-cancerous.

South Dakota can also play a leading role in the formation of an interstate medical license compact, Milroy said. The proposal isn't reciprocity, but it offers a way of speeding up the licensing process that could take a year under the current process, she said.

They need at least seven states (to enact the compact), and South Dakota wants to be one of the first seen (as a leader) to guide how things work out," she said. "As a border town, it's one of the big key things (for Yankton). It's also huge for telemedicine. In many of our rural areas, they have expanded their tele-health offerings. It's an important way of providing specialized service to rural areas. It's a way to





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Yankton hosts USD medical students and has shown innovation in training future doctors, Milroy said. In 1991, the "Yankton model" was launched with its emphasis on a broader, more flexible approach of the students working with patients, she said.

The USD medical school has redesigned the Yankton model's curriculum to meet changing needs, Milroy said.

"It became a model for the nation and even the world," she said. "Even Harvard came here. They wanted to observe how this works for the future of medical education.

In addition, the medical school and the state's health providers have launched programs providing medical students with an intensive experience in rural settings. The hands-on work will hopefully create a positive experience leading to a rural practice.

While one of the state's larger communities, Yankton benefits from new doctors who choose rural practices over urban settings, Milroy said.

People don't think of Yankton as rural, but it is," she said. "In terms of the student who goes to medical school and ultimately practices in a rural area, South Dakota is number one in the nation with no one a close second. The training here is a wonderful education in rural medicine.

DISCUSSING THE ISSUES

At this week's meeting in Vermillion, SDSMA members talked about issues such as raising federal Medicare reimbursement and expanding Medicaid coverage in South Dakota, Milroy said.

The SDSMA, along with other health care organizations, are also working for increased Medicare reimbursement, she said. The South Dakota congressional delegation has shown support for making changes, she added.

Health care officials are hoping for reforms when the new Congress meets in January, she said.

"I think they all (in Congress) realize this is a flawed payment system that needs to be fixed," she said. "This situation grew out of the formula from the Balanced Budget Act of 1997, and the federal government has kicked the can down the road 17 times.³

From 2001 to 2014, medical costs rose 26 percent while inflation-adjusted Medicare reimbursement fell 17 percent, she said. Proposed further cuts would place Medicare reimbursements below the cost of the medical practice, she said.

The reimbursement shortfalls hit rural practices particularly hard because of the older population with its higher percentage of Medicare patients, Milroy said. In addition, providers face difficulty maintaining their practices with the uncertainty surrounding Medicare, she said.

"It's not going to be workable when you're underfunding a program like that," she said. 'You would need to close your practice or stop taking new Medicare patients or restrict how many you take. Ultimately, it would lead to a reduction in care.

The SDSMA is also lobbying for changes at

really maximize the ability of patients to see specialists.'

SPEAKING UP

The SDSMA operates as a non-partisan organization and works for better health care for all South Dakotans, Milroy said. However, the organization has taken stands on issues such as expanding Medicaid, she said.

The SDSMA was also a proponent of Initiated Measure 17, which won 62 percent approval in last month's election, she said. IM 17 required health insurers to include all willing and qualified health providers on their provider lists.

Milroy wasn't surprised the measure passed and by such a large margin. That's particularly true when the issue is framed in terms of patient choice, she said.

"People wanted choice," she said of IM 17's passage. "The key concepts were good quality medical care and access to providers.

Employees may find their medical providers become out-of-network if the employer changes plans or if the patient changes jobs and falls under a new plan, Milroy said.

"This (IM 17) now makes for a better sys-tem," she said. "Before, you may have had trust and a relationship (with your providers). The next year, they weren't in your network and you had to switch. We don't want insurance companies to dictate where we can go. We want the choice.

South Dakota has seen similar past debates regarding pharmacy coverage, Milroy said. At the time, opponents argued that change would create higher costs, much as they did with IM 17, she said.

"We didn't see the (pharmacy) costs increase," she said. "Actually, there is more competition, and the prices actually declined."

Milroy anticipates the general public will also speak out on the Affordable Care Act when the new Congress convenes next month. ACA opponents say they plan to "repeal and replace" the law, but Milroy believes the public will argue to keep popular provisions. Those aspects, she said, include keeping children on their parents' insurance, removing lifetime caps on coverage and barring the denial of coverage because of pre-existing conditions.

"I don't think you're going to see those things go away," she said. "There is positive public reaction to different things, and (lawmakers) won't rescind them.'

Besides lobbying lawmakers, the SDSMA plans to speak out on health care through avenues such as letters to the editor, Milroy said. She also encourages the general public to comment on health issues that matter to them.

Lawmakers pay particular attention to direct constituent contact, whether it's a phone call, letter, email or personal visit, she said.

All politics is local, and politicians respond to voters," she said. "They are extremely sensitive to the people of South Dakota's feelings and whenever people express their opinions."

You can follow Randy Dockendorf on Twitter at twitter.com/RDockendorf. Discuss this story at www.yankton.net.



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