**Helping KC’s homeless**

**Construction to begin on new townhomes at Troost Avenue and Admiral Boulevard.**

**BY LEON HOPPENHOLM The Kansas City Star**

Kansas City’s reStart shelter downtown has focused intensely in recent years on finding permanent housing for its homeless clients.

Until now, that has only been in older homes or apartments scattered throughout the city. But construction is expected to begin early next year on new townhomes for the homeless at Troost Avenue and Admiral Boulevard, just two blocks from downtown. While it’s affordable housing for people who have suffered major life setbacks, it’s being designed to resemble the kind of apartment buildings downtown in the Quality Hill area.

“We want to make it look like good downtown housing and permanent housing where people would be proud to live there,” said Brian Collins of Dromara Development, a partner with reStart and the Kansas City Housing Authority on the project.

The townhomes may encourage perceived safety, but for allowing them to live in an unfamiliar terrain where even though the risks are minimal, it said patients should be aware of potential risks and that younger patients may not get the same treatment as they would have outside the study.

For Children’s Mercy Hospital ethicist John Lantos and St. Luke’s Hospital ethicist Craig Collins have expertise in finding and convincing patients into thinking that disclosing potential risks of a given treatment is always the safest course of action. The “net result,” they wrote, “is safer and more effective.”

As drugs and procedures proliferate, controversy and efficiencies in research have been an essential tool for figuring out which medical treatments work best.

This research pits accepted treatments against each other — one drug versus another, for example, or drugs versus surgery — to see which one is more effective.

But two prominent Kansas City physicians say the government could be jeopardizing this valuable research.

It all started with a controversial study that divided the nation’s medical community.

The study ignited a furor last year, with many ethicists and physicians saying researchers broke the rules and it at times crossed the line of reasonably foreseeable risks to patients.

It was long-known that given a threat of infection by an infant should receive.

There was an established range of acceptable levels, but researchers were randomly chosen to receive different amounts of the treatment. Ultimately, the study found that babies who got higher dosages were more likely to suffer eye damage, but also were less likely to be diagnosed with infection.

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