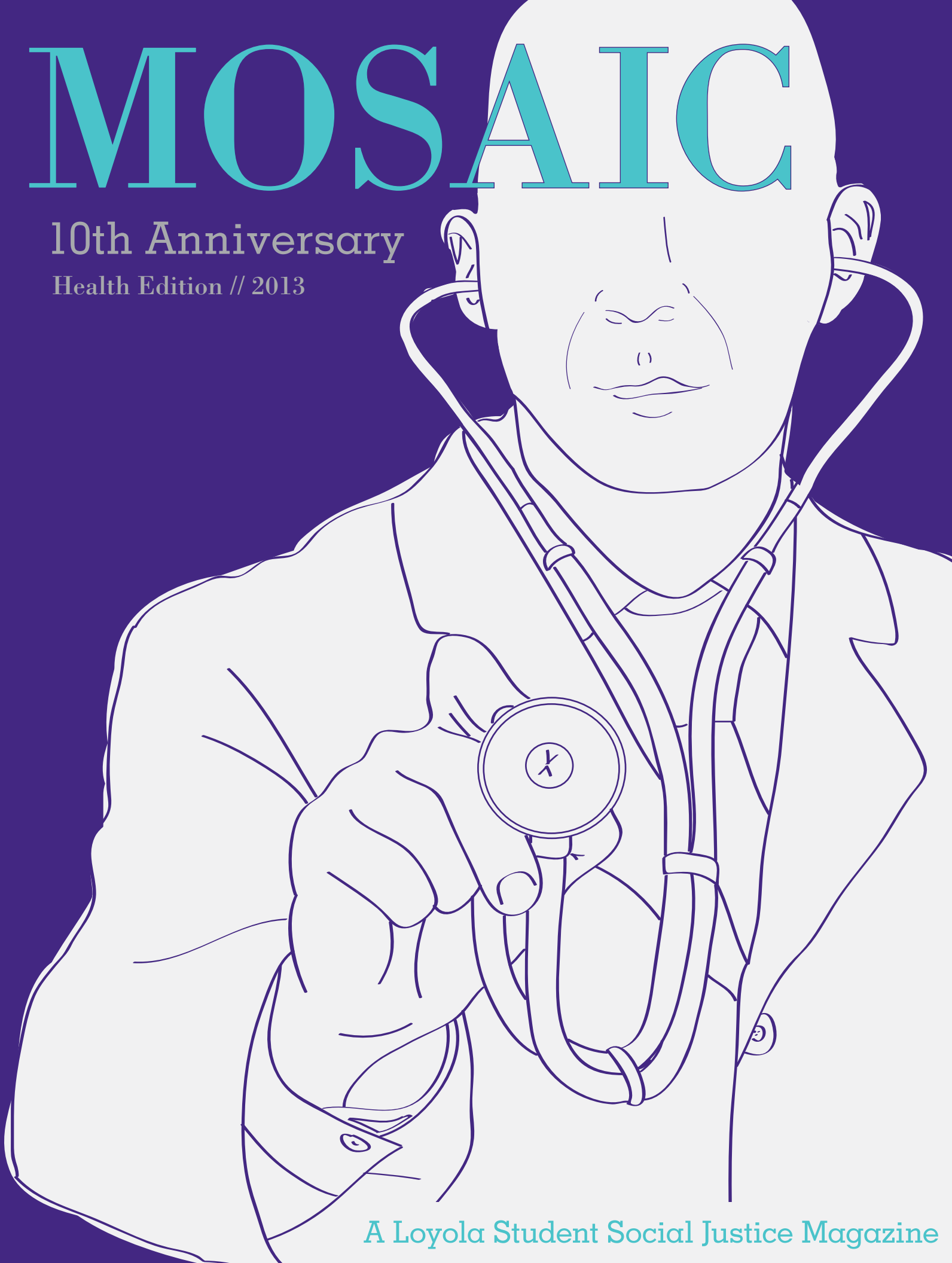


MOSAIC

10th Anniversary

Health Edition // 2013



A Loyola Student Social Justice Magazine

THE COLLEGE OF ARTS AND SCIENCES

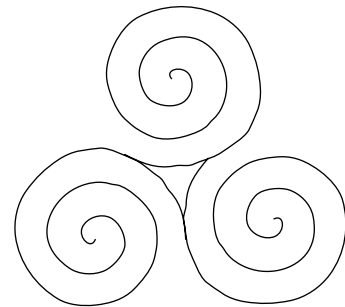


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Through the University's Core Curriculum and its many majors and minors, the College of Arts and Sciences is dedicated to the Jesuit tradition of a Transformative Education in the disciplines encompassed by the humanities, natural sciences, and social sciences. We encourage our students to acquire, experience, and reflect on knowledge, and then decide what it means for them in terms of individual choice, action, commitment, and service to others.

MOSAIC staff

the spiral of life



As readers enjoy the content of this year's magazine, they will notice a small, but special symbol at the end of each story. This symbol, known as the spiral of life, has been dated back thousands of years. There are many interpretations as to its meaning, one of which is that it stands for the cycle – birth, life and death – and **GOOD HEALTH.**

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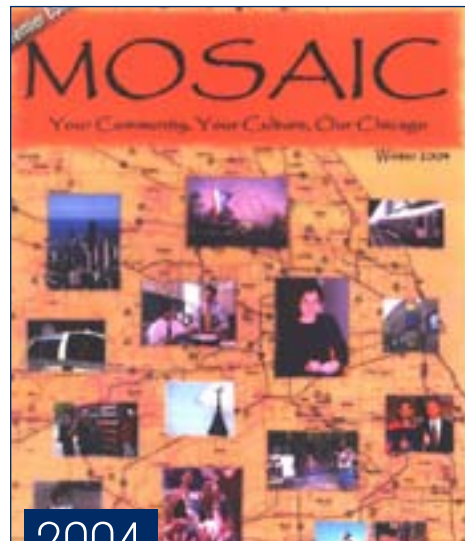
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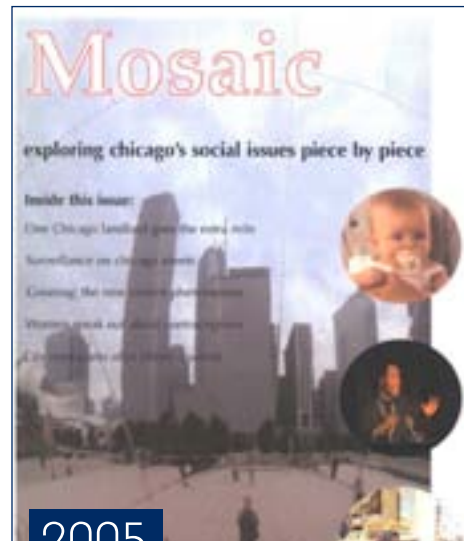
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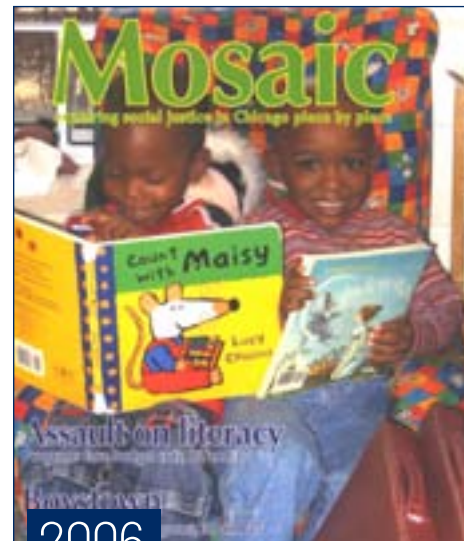
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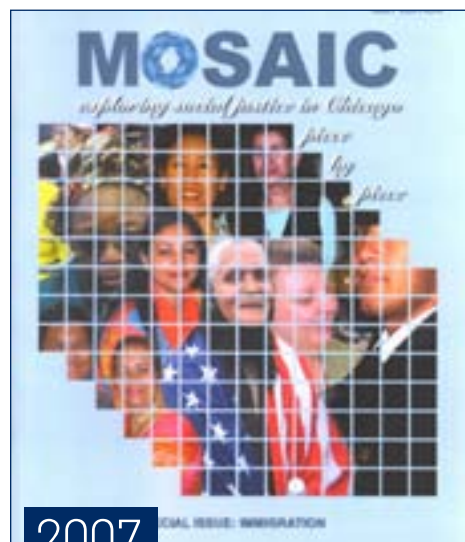
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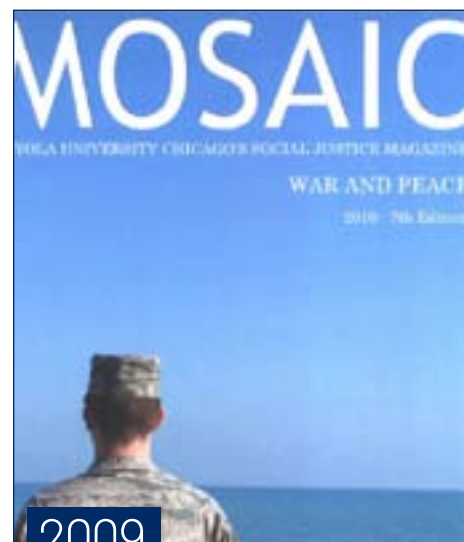
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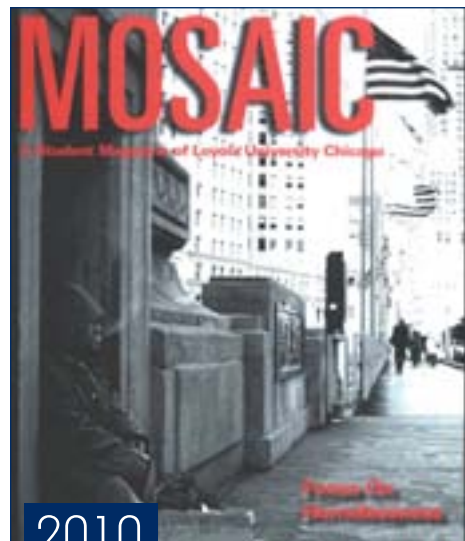
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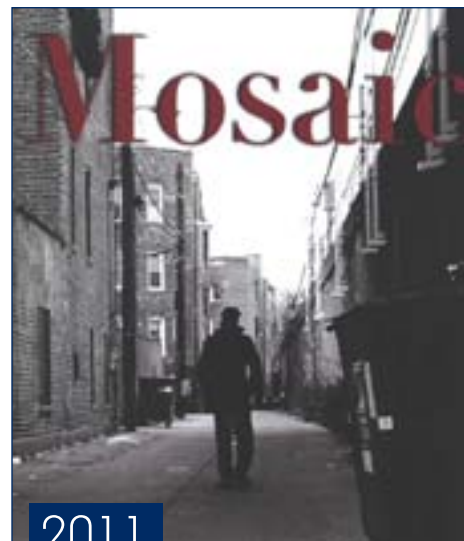
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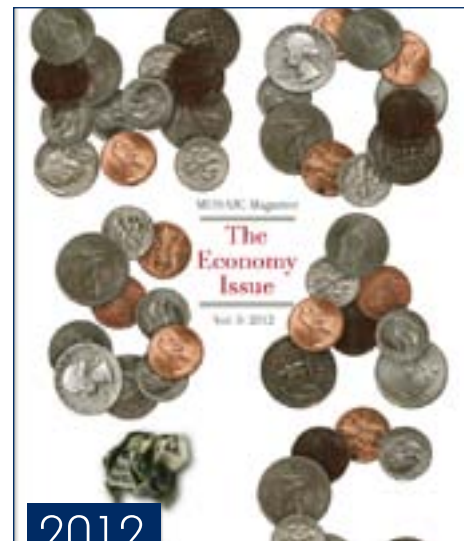
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MOSAIC

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the 10th issue

The illustration, designed by Managing Editor Shannon Barnet, features a doctor to highlight the focus on health. The design team created covers and the final you see is a collaboration of the best.



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Preparing people to lead extraordinary lives

MOSAIC

editors' note



Dear Readers,

The word health represents far more than an absence of illness, 30-minutes of physical activity or a serving of vegetables at dinner; it reflects our fears, our struggles, our triumphs, our confusion, our...lives.

While the reality is that we may find ourselves – or our loved ones – instantaneously transported to the abyss of ill health, we are not alone. Standing in front of us, behind us and with us for support are our fellow Americans. As often as our country is lamented for being too individualistic, illness can serve as a rallying cry for complete strangers to stand up together and fight to protect the health of someone they've never met.

With its focus on health, this 10th-anniversary edition of Loyola's Mosaic magazine demonstrates this support and is more relevant than ever, given the implementation

of the Patient Protection and Affordable Care Act (also known as ObamaCare). The stories in this issue give you a glimpse of the many faces of health and healthcare: important trends in the medical field, inspiring human success stories and profiles highlighting individuals and health-related organizations in Chicago. Our hope is that each person who picks up a copy of Mosaic will find stories that they can relate to or learn from in some way.

We would like to thank all of the students who worked so hard to make this magazine what it is. We also want to give a special thanks to the editorial and design advisors, John Slania and Jessica Brown, respectively, for their passion and guidance throughout its formation.

Finally, we want to thank you, the reader, for picking up a copy of Mosaic and supporting all of our efforts. Enjoy!

To health and happiness,
Anna Heling and Shannon Barnett

Your Future Starts Here

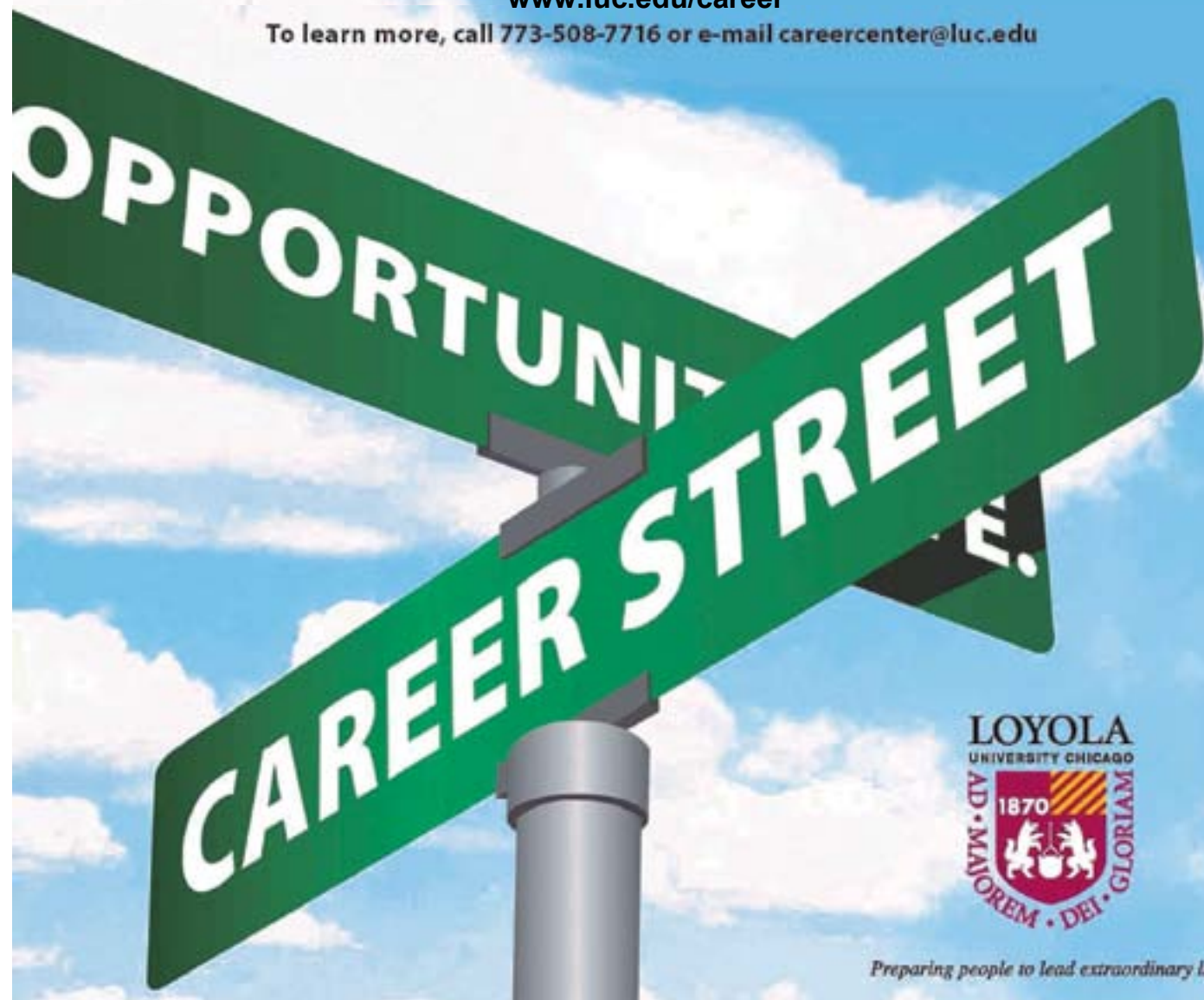
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POSITIVE VITAL SIGNS

Written & Photographed by:
ALLY WATT

Vital Bridges Center on Chronic Pain provides resources to sustain the lives of those suffering with HIV and AIDS

Corky Giesting, 38, moved to Chicago 10 years ago with no insurance, no job, and a debilitating disease. He is one of the estimated 20,000 people in Chicago who lives with HIV or AIDS.

Without any resources, Giesting turned to Vital Bridges Center on Chronic Care, an organization that aims to provide free food, shelter, care and education for those afflicted with HIV or AIDS.

“Before I came here I was nervous and scared—petrified is probably closer to it,” Giesting said. “But they sat me down and described what I needed to do and really put my mind at ease.”

For people like Giesting, Vital Bridges is there to help. Since the major-

ity of people with HIV or AIDS live at or below the poverty level (\$23,050 per year for a family of four, according to the Department of Health and Human Services), Vital Bridges has five locations around Chicago. There are also locations in the suburbs of Oak Park and Elk Grove Village.

Michelle Patterson, associate director of development at Vital Bridges, said that the five locations are spread out so resources can be available to as many people as possible.

“Most of our clients don’t have a car,” Patterson said. “They’re on public transit, so we try to situate near those places that will be easily accessible.”

Each location provides its clients with nutrition counseling and dietary management, groceries, housing assistance, and case management. Patterson believes it’s the food and nutrition that makes Vital Bridges different from most health clinics or food pantries.

“It’s a nice system because it’s very personal,” Patterson explained. “We think it’s empowering to people. We really give them some choice in what they can have. Most pantries offer a little bit of selection, but I think we do it better.”

According to the Centers for Disease Control and Prevention, 550,000 Americans have died from AIDS-related complications, and approximately 1.1 million are currently living with some form of the disease. In fact, 6 in 10 young people infected with HIV aren’t aware of their condition, according to the Centers for Disease Control.

Illinois had the eighth largest population of people living with HIV or AIDS at the end of 2009. Chicago and its suburbs accounted for 78 percent of this population, according to the AIDS Foundation of Chicago.

Kevin Nicols is an employee at the center on Halsted, a service that offers free HIV testing, support and education to the LGBTQ community. He said the LGBTQ community’s large population might help explain the higher rate of HIV and AIDS among Chicago residents.

Nicols stressed the importance of preventative measures that everyone should take.

“Always keep safe, use protection, and have an open dialogue with your

partner,” he said. “Don’t be afraid to talk about testing, status and past partners.”

But for those who are HIV positive or who have AIDS, Vital Bridges can be a helpful resource. Clients who meet the organization’s income and health requirements can fill out an order form for food,

in which they can select a certain number of options from each food category. They offer, fresh produce, frozen meats, fish, fresh dairy, and a variety of starches and canned goods. The volunteers at Vital Bridges then pick out the requested items and bring them to the client.

Giesting, however, insisted that it’s more than the food selection that makes Vital Bridges so successful.

“Most places are very clinical. You go in, sit down, see your case manager, go to your support group,” Giesting said. “But here, I felt like family the very first day I came.”



An array of eclectic items along a wall mural create a vibrant and upbeat feel at Vital Bridges.

Giesting, who was first introduced to the program as a client 10 years ago, was able to get back on his feet with the help of Vital Bridges. Now he volunteers at the organization and no longer needs its services. He focuses on providing to others the warm service that originally drew him in.

“Now I try to make everybody feel like family,” he said. “My goal is to make everyone smile at least once every time they’re here, even if they don’t think they want to.” ☺

HOW HIV IS SPREAD

▶ Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk.

▶ Having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission

▶ Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs for injection.

▶ Being born to an infected mother—HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.

TESTING POSITIVE

The CEO of the Test Positive Aware Network strives to improve care and counseling for those with HIV/AIDS

Written & Photographed by
MADELINE ANDRÉ

“You’re positive and you have been for a really long time.”

Those are the words Bill Farrand heard when he picked up the phone in 1990. The voice on the other end was calling from an HIV study Farrand had participated in seven years earlier. Farrand sent blood samples to his doctors, who compared them to earlier samples taken from the study. The doctors discovered that he had been living with HIV for years, yet he never knew it.

“It was pretty traumatic,” Farrand said.

Fast-forward 20 years later and Farrand is now happy and healthy, working in what he calls his “third career,” as the CEO of the Test Positive Aware Network in Chicago’s Edgewater

neighborhood

Test Positive Aware Network - known as TPAN - not only provides medical care and counseling for those living with the disease, but also provides support and informational groups for family members and trained counselors. The staff helps clients with different forms and program applications that need to be filled out in order to receive affordable care.

TPAN was founded in 1987 by a group of people who wanted to focus on living a full and happy life with HIV, rather than treating the virus like a ticking time bomb.

“[The creators of TPAN] wanted a place to help you live, not a place that

ushered you out as comfortably as possible,” Farrand said.

Farrand described how traumatic and stressful an HIV diagnosis was at the time that TPAN was created.

“Back then, HIV was pretty much a death sentence,” he said. “At that point in time you didn’t know how long you would remain well.”

When Farrand learned he was positive, there were very few medication options available. One such option was a form of drug therapy commonly called the “HIV cocktail” that included many medications.

“When ‘the cocktail’ came out, I think I was taking 26 pills a day, and they were timed,” he said, “Now, I take

one before I go to bed.”

Since then, there have been changes in how people get treatment and how they handle the diagnosis. Farrand has been living within the positive community for over 20 years and has seen how the epidemic used to be in the front of people’s minds, but has since faded from conversation.

“I’ve seen a lot of changes over the years in adapting to how the epidemic is changing; how healthcare is changing,” Farrand said.

Farrand noted that while the medications may be better, there are more government programs and regulations that outline who can get the care and at what price. TPAN however, helps each person figure out which programs they qualify for and how to apply for them to receive adequate care.

Farrand started out in theater in 1984 after graduating from Illinois Wesleyan University and moved to New York City to pursue his dream role as Bobby in “A Chorus Line.” He moved to San Francisco in 1991 for his career after learning he was HIV positive and eventually landed the role of Bobby. He also met and lost a partner to AIDS after only a few short years. Farrand himself similarly went through a period of poor health related to HIV.

“It was rough ... it’s probably what people feel like when they have chemotherapy...I was bedridden for 10

days, but in the end I was really lucky,” Farrand said.

He left the theater world after achieving his dream role and realizing that he would never feel fulfilled in that career. Farrand then moved back home to Illinois to take care of his parents and ended up in the vastly different field of corporate banking. However, he discovered that a banking career wasn’t fulfilling for him either.

“I really enjoyed it for a while, but then I felt like I really needed to do something that was a little more meaningful,” he said.

Farrand left the bank and entered a graduate program for counseling the same week that he started an entry-level support position at TPAN. He saw the inspiring changes that its services made in people’s lives and decided that he would stay with the organization until he became CEO.

After only a few short years and many job titles later, Farrand was named TPAN’s CEO in 2011. Farrand’s said his work encompasses what he has learned throughout his other careers while living HIV positive.

“At a different time in my life, I was a person who had to utilize the services of a place like TPAN and the public health system to get my care,” Farrand said.

Farrand recalled that the medical

As CEO of the Test Positive Aware Network in Edgewater, Bill Farrand ensures that those diagnosed with HIV or AIDs have access to many resources, the kind he didn’t have when he was diagnosed with HIV in 1990.



care offered in San Francisco was good but limited. According to him, HIV care still lacks the information exchange and connection between patient and doctor that comes with a traumatic diagnosis like HIV.

“Even those with good insurance might be getting 15 minutes of their doctor’s time,” he said. “They may not be getting a lot of sympathy or support from the doctor, and we try to fill in that gap.”

Jeff Barry, director of publications at The Network, described Farrand’s work at TPAN as successful.

“He has all the right people in the right places to move TPAN forward, especially at a time when a lot of organizations are failing,” Barry said.

TPAN board member Paula Basta of the Chicago Department of Family and Support Services said Farrand’s ability to listen to everyone is a main reason for his success.

“His strength is that he has a real grasp on the community and is a good listener to the clients, staff and board,” Basta said. ☺

▶ HIV damages a person’s body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.

Hunter Hillenmeyer works as an advocate after suffering five concussions



EX-BEARS LINEBAKER TACKLES CONCUSSIONS

Written by **Brittany Nelson**

Photographed by **Jennifer Okray**

You walk onto the field, the crowd is cheering, and you can feel the energy completely take hold of you. You are still not feeling 100 percent after that hard hit a few weeks back, but you get ready for the kick-off anyway. You have no idea it is the last game you will ever play.

Hunter Hillenmeyer spent eight years as a linebacker for the Chicago Bears, but after feeling the effects of his fifth career concussion during a season opener in 2010, he was placed on injured reserve. Since then, he has become an advocate for concussion awareness and prevention.

“This has sort of become my cause in life after football,” said Hillenmeyer, 31.

According to a six-month study

conducted by Midwest Orthopaedics at Rush and the Illinois Athletic Trainers Association, the top five reported injuries in high school athletes are knee, shoulder, back, wrist and head-related injuries.

Hillenmeyer, in partnership with Midwest Orthopaedics at Rush University Medical Center, gives seminars at Chicago-area high schools that create awareness not only for concussions,

but also for other prominent injuries.

The seminars are open to the public so parents, coaches, and the athletes themselves are encouraged to attend. A specialist in each field of popular injury gives a brief presentation on causes, symptoms and prevention methods surrounding the injury they are discussing. Most of each seminar, however, is dedicated to discussing concussions.

“Across the nation, it is estimated that about 1 million sports-related head injuries occur every year, in just high school athletes alone,” said Dr. Jeffrey Mjaanes, orthopaedic physician and director of Chicago Sports Concussion Clinic at Rush. The problem, Mjaanes explains, is that up to 90 percent of these injuries go unreported.

Illinois recently became the 32nd state to adopt a concussion law. The new law in Illinois states that a student athlete and his or her parent must sign a written form that acknowledges the concussion policy from the Illinois High School Association. In addition, an athlete who is removed from play, as a result of a concussion or suspected concussion, must be evaluated by a physician and receive written clearance before partaking in practice or games again.

As research in the field of concussions broadens, discoveries are made every day about the severe consequences that can result from the injury. Mjaanes talked about a condition called second-impact syndrome. Returning to the sport too soon, after a first diagnosed concussion, and getting hit again causes this condition. The second hit causes rapid swelling to the brain and is, in half of the reported cases, fatal.

“Everybody who has this, if they live, are neurologically devastated,” Mjaanes said. Mjaanes explained that “neurologically devastated” means the person would no longer live a normal or healthy life. To prevent this, he said that it is essential to give the athlete plenty

▶ the top five reported injuries in high school athletes are knee, shoulder, back, wrist and head-related injuries.

of recovery time for the brain to heal itself. This recovery time differs depending on the person and the injury.

The last of the speakers at the seminar is Hillenmeyer. Although Hillenmeyer is not a doctor, after playing football for 20 years, he is somewhat of an expert on the injuries that athletes can sustain on the field. He explained that he had seen a specialist at least one time for each injury that had been discussed during the seminar.

“Maybe the real moral is don’t let your kid play in the NFL,” Hillenmeyer joked.

Hillenmeyer started his football career in Nashville, Tennessee, at Montgomery Bell Academy and was on the team when they won the state championship in 1998. Hillenmeyer then went on to play for Vanderbilt University from 1999 to 2002. During his time there, he won many awards, including the First-team All-SEC and Academic All-America honors. He also led the nation in most tackles per game.

Hillenmeyer was originally drafted by the Green Bay Packers, but was cut from the team in 2003. He was then picked up by the Chicago Bears, the Packers’ rival team. He played for the Bears until he suffered a concussion while playing at the 2010 season opener against the Detroit Lions. He was placed on injured reserve until he was released in early 2011.

Although his career ended abruptly, Hillenmeyer sees why it is necessary to leave the game behind.

“At what point do you get so susceptible to another concussion that it’s just – you can’t do your job and you shouldn’t be playing? I’d reached that point,” he said.

Post-NFL, Hillenmeyer now spends his time raising awareness for the same condition that caused him to step away from the field. Hillenmeyer explained the impact that the NFL is having.

“I think that we are at a neat time

here in that there is so much awareness around concussions and that affects the 1,800 people in the NFL,” he said. “But the NFL is kind of the thought leader for college and high school youth sports.”

The main purpose for the Midwest Orthopaedics at Rush seminars is to get the message out that student athletes who have sustained a head injury should proceed with caution. Some studies are already underway at Rush, such as a study on whether or not strengthening neck and shoulder muscles helps prevent head injuries. According to Mjaanes, research will continue to evolve, and a better understanding of solutions and prevention methods will be tested and recommended.

For the first time ever, participation rates in the sport of football are decreasing because parents are seeing the risk of head injuries, that accompany the game, outweighing the benefits. As for Hillenmeyer, he hopes this will change and is excited to be a part of it.

“I think it’s a great game and think that it has to change to be sustainable, but I think that things like this and raising awareness are important steps in that process,” he said. “I think that the awareness now is there to get some of these things done and if I can play a role in that, I’m happy to.”

“Everybody who has [second-impact syndrome], if they live, are neurologically devastated.”

— Dr. Jeff Mjaanes, director of Chicago Sports Concussion Clinic at Rush

SHARING IS CARING

CareVan brings healthcare to needy citizens around Chicago

Written & Photographed by
SHANNON BARNET

The large white van is emblazoned with the faces of smiling people. The “CareVan” is somewhat of a symbol for the Chicago Department of Public Health’s traveling road show to bring health care to the second city’s neighborhoods.

The CareVan chauffeurs nurses and medical supplies around Chicago’s underserved communities so that inner-city families can receive flu shots and other vaccinations. The van can often be seen parked outside health fairs sponsored by the health department or the office of a local alderman.

The CareVan is the face of a partnership between the health department and Blue Cross and Blue Shield to bring health care services to places in the city where medical care is hard to come by.

Columbus Park, located in the Austin neighborhood on the far West

Side, is one of those places. The area is a neighborhood struggling with poverty and crime. At a recent health fair in Columbus Park, Rayford Pope, 54, and a father of two, expressed his appreciation for the health department program while his daughter Tarayven, 12, and son Raymarreon, 7, waited for their shots.

“I’m not working. I’m disabled so I don’t have health insurance or coverage for my kids,” Pope said. “This program is important. My kids need these shots so they don’t get sick and they wouldn’t be able to get them without this.”

According to Pope, the shots his kids get from the mobile immunization project and an occasional check-up at a local free clinic are the only medical care his kids are able to receive.

The CareVan, which visits Chicago churches, childcare centers, community events, schools and other locations, provides children under the age of 18 with all of the vaccines required

by Chicago Public Schools for free. These immunizations include shots for whooping cough, tetanus, polio, chickenpox, MMR (measles, mumps and rubella) and hepatitis B among others. The van also offers influenza vaccinations for no “out of pocket” cost.

The Columbus Park community event lasted for several hours on a Saturday afternoon, when it would be more likely for community members to be able to attend. The nurses had their hands full with a large turnout.

“We’ve been going nonstop since we got here at 9:30 a.m.,” said one nurse. “We’ve had so many families bring in kids for vaccines and we’ve let each one know that we have flu shots as well.”

Native Chicagoan Alicia Brown, 45, started organizing the community fair at Columbus Park in early October. Brown, who is medically retired from the Illinois National Guard and the Chicago Fire Department, is a registered nurse who saw a need in the



Tarayven Pope, 12, gets a flu shot while her brother waits to receive several vaccinations at a community health fair.

community for medical care for low-income families. Brown worked with Illinois Sen. Kimberly Lightford to organize the participation of a number of medical services, including the CareVan mobile immunization nurses.

“Pretty much everyone here, every doctor and nurse, is volunteering today. They all believed in this same vision of helping out these families,” Brown said.

Dr. Julie Morita, medical director of the Chicago Department of Public Health, said the CareVan program was started not long after the Chicago measles outbreak in 1989 and 1990. More than 3,000 Chicagoans reportedly fell ill during the epidemic.

“When we looked at who was affected, we saw that a lot of the poor, less well-served people who didn’t have access to health care were affected more seriously by the measles epidemic,”

Morita said. “So more people from these communities got sick, more people were hospitalized. That’s when we realized that there was a need to get the vaccines out to people who didn’t necessarily have access to health care.”

In order to get the vaccines out, a van was sent to the Chicago Housing Authority.

“The van went from housing authority complex to housing authority complex to combat measles,”

Morita said. “Eventually, the vans went on to start vaccinating children in other parts of the city as well.”

According to Morita, the Chicago CareVan program is going strong, administering anywhere between 5,000 and 10,000 vaccinations a year. The program may be looking to expand its services to include screenings and tests for blood pressure and HIV as well as obesity prevention programs. ☺





25 MILES
AND
COUNTING...

Homeless get back on their feet

Written & Photographed by
ANNA HELING

Each member of the Back On My Feet organization received a T-shirt personalized with the number of miles they have completed with the program.

Before sunrise on a brisk fall morning in the Lakeview neighborhood, a group of Chicagoans stood together in a dimly-lit Whole Foods parking lot and recited The Serenity Prayer:

God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference.

Aside from sporting party hats and frosting-stained shirts for the two-year anniversary celebration, this was no ordinary group. This was a running group for the homeless, and each member was trying to help one another get back on their feet.

Runners differed in their abilities. Some had quick shallow breaths, while others breathed easily alongside their steady pounding of the pavement.

"I still say I'm not a runner," Carmelo Camacho, 56, said. "I hate running. But it's a fun thing and it sets me for the whole day, you know? I feel happy, and energetic."

Camacho is a member of Back on My Feet, a national non-profit organization that helps the homeless and other underserved groups become independent, successful and healthy through running and goal setting. The national organization that launched in 2007 is funded primarily by individuals, foundations and corporations, including Comcast and Marriott Hotels.

The Chicago chapter of Back on My Feet, which launched in 2010, consists of 47 residential members that make up four running teams. They are looking to add another team sometime this year. Teams are made up of non-residential members (volunteers) and resi-

dential members, who live in a local facility. When they start, all members are given running gear, including custom-fit running shoes. They typically run between one and four miles a day, on a route through a Chicago neighborhood. As the miles accumulate, they can earn other incentives such as running watches and hats.

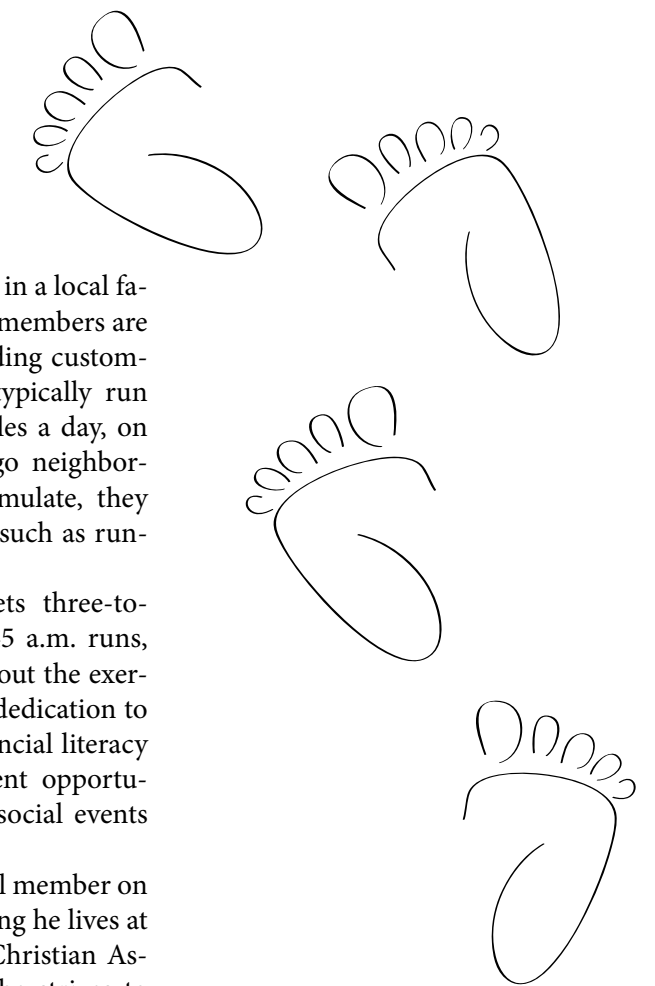
While each team meets three-to-four times a week for 5:45 a.m. runs, the program is not just about the exercise. Members who show dedication to the program can take financial literacy classes, earn job placement opportunities, and participate in social events throughout the city.

Camacho is a residential member on the Lakeview team, meaning he lives at the nearby Young Men's Christian Association (YMCA) while he strives to become healthy and independent. But for him, the early morning wake-up calls are already worth it.

"I'm motivated by this," Camacho said. "To say that you did something, that you accomplished something, early in the morning, it's a good feeling."

Omar Zamora is another success story with Back on My Feet. When 62-year-old Zamora joined the pro-

Carmelo Camacho and volunteer Jay Ohms. Although Camacho says he still hates to run, he gets up early multiple times a week to run with the Lakeview chapter.



gram, he wasn't in the best health and lived at a community home. Just three months later, he had lost more than 12 pounds, decreased his blood pressure, and moved into an apartment of his own.

"I feel totally free," Zamora said. "When you have your own place, you

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Back on my Feet's four Chicago chapters gather to celebrate their second anniversary. The national nonprofit aims to help homeless people become independent and successful through running and goal-setting.

feel the freedom to do whatever you want to do at the time you decide to do it. You feel independent.”

Not only is Zamora relishing in his new space, but he said the program has brought him a burst of energy as well.

“[The volunteers] motivate you for your health—physically and mentally,” he said. “You also make good relationships with people and get a good education. They make you feel like you’re part of their family.”

The program’s benefits extend to the volunteers and staff too.

Terri Rivera, the executive director of the Chicago chapter, said one of the greatest parts of the program is helping to change the stigma surrounding homelessness.

“One of the things is that there’s different levels of homelessness,” she said. “So there’s people that work who are homeless. There’s parents who are homeless. It’s not always the men you see under the bridge.”

Rivera said her own perceptions about homelessness changed her second day on the job a little over a year

ago, when she visited one of the financial literacy classes offered at Back on My Feet. She said she walked in and thought she was in the wrong room.

“It was all different types of people: white, black, Mexican, women, men,” she said. “Everyone was clean and really nice. It was my first real interaction with homeless people and it definitely was not what I was expecting. I’m hoping people who join our program see what I saw.”

One such person is 26-year-old Jay Ohms. Ohms started volunteering for Back on My Feet in June of 2011 and is now the Lakeview team leader. He, like many others, had no idea what to anticipate coming in to the experience.

“I think I expected some total disconnect between the guys living at the ‘Y’ versus the volunteers,” Ohms said. “It couldn’t be further from the truth. It’s not the 5:45 morning runs that keep me coming back here. It’s the people.” ☺

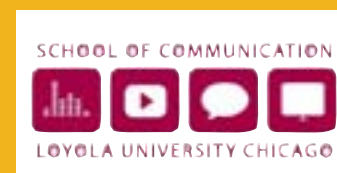
“I’m motivated by this. To say that you did something, that you accomplished something, early in the morning, it’s a good feeling.”

— Carmelo Carmacho, member

JOURNALISM — ISM

The Loyola Journalism Program wants to acknowledge the hard work of our journalism students, and commitment to knowledge and truth represented in these pages. Like any ‘ism’ our program exemplifies a distinctive practice, system, and philosophy of reporting with integrity coupled with using the latest technological advances to tell stories that people need to know about.

CONGRATULATIONS TO THE MOSAIC STAFF!





STARVING FOR ATTENTION

Unattainable body images featured in media continue to adversely affect adolescents and influence eating disorders

Written by
Brittany Nelson

“I remember thinking I was fat as young as four.” This comment may be alarming to some, but for Caroline Rothstein, it is part of her struggle, her story.

Rothstein, a Wilmette native now living in New York, fought a decade-long battle with anorexia nervosa and bulimia. She was just 11 years old at the onset of her illness.

“I was a recipe for an eating disorder,” Rothstein, 29, said. “I struggled with my relationship with food and my body starting at such a young age.”

Hospitalizations for eating disorders in children under the age of 12 doubled from 1999 to 2006, according to a CNN article.

Following suit, programs that specialize in adolescent eating disorder recovery have cropped up across the country, including in Chicago.

Insight Behavioral Health Centers opened its Northbrook Intensive Outreach Program about a year ago. In September, an intensive outreach program with new treatment plans opened at a downtown Chicago location.

Dr. Ellen Astrachan-Fletcher works with adolescents who suffer with eating disorders in the program at Insight. Although she is not if sure these numbers are continually on the rise, she suspects society’s concern with body image

could have something to do with it.

“With the focus on ‘fighting obesity,’ many messages are out there that encourage kids to not accept themselves,” Astrachan-Fletcher said. “I also think that as adolescents lose weight, society is very reinforcing until the weight loss reaches a life-threatening potential.”

Rothstein said her experience with eating disorders aligns with this thinking and was rooted in ideals found in the media.

“I began with dieting and restriction of food in 1995 and it was mostly based on magazine images, television and commercial messages,” Rothstein said.

Kristen Anderson, a licensed clinical social worker from the University of Chicago, said the increase in adolescents with eating disorders may also be, in part, because of a new category of eating disorders.

“Due to the inclusion of the category of Eating Disorders Not Otherwise Specified (EDNOS), these numbers may appear to be rising,” Anderson said.

EDNOS is a category for children and adults who suffer from severe atyp-

ical eating habits but whose habits do not fit specifically into anorexia nervosa or bulimia. Some individuals in the EDNOS category may have a mix of symptoms from both disorders. For example, a person who binge eats regularly and purges less than 2 times per week does not fit in the anorexia or the bulimia category and therefore defaults into the EDNOS category.

While many believe a child’s biggest worry should be about whose kickball team to be on or who to take to the middle school dance, some experts say these worries have now transformed into making sure they’re not tipping the scale.

“When you are a young kid, adolescent, there is a joy and fun in going to 7/11 and having a big Slurpee,” Rothstein said. “I missed out on that freedom, that liberation.”

The treatment for adolescents fighting eating disorders differs from that of the treatment for older adults.

Insight’s intensive outreach program for adolescents fighting eating disorders

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“ I began with dieting and restriction of food in 1995 and it was mostly based on magazine images, television and commercial messages.”

— Caroline Rothstein, anorexia nervosa survivor

focuses on family-based treatment. This method is tailored to adolescents with anorexia in the first three years of their disorder.

“With these kids, if we can get their brains re-fed quickly enough, the rest of the treatment moves much more smoothly,” Astrachan-Fletcher said.

Family-based treatment, however, goes beyond just focusing on the patient with anorexia. Getting the family involved in the recovery process is essential to success.

One method under the umbrella of family-based treatment is Dialectic Behavioral Therapy. This treatment is rooted in teaching skills in a two-part format. One goal is getting patients to accept themselves as they are, and the other is to be motivated to change.

The patients and their families learn skills to deal with the disorder and tackle it head-on.

“It is important to also include the families when treating adolescents with eating disorders,” Astrachan-Fletcher said. “They face the eating disorder and maladaptive coping, as a team.”

It isn't always enough that the family of an adolescent suffering from an eating disorder is simply aware of the problem.

“My family knew early on because of the obvious food restriction,” Rothstein said. “But just because family knows, it doesn't mean recovery; you have to

want to fix yourself.”

Rothstein has recently gained fame from the fans of Lady Gaga because of her video blog called “Body Empowerment.” She said the goal of her blog is to create dialogue and discussion about eating disorders.

Rothstein began blogging her story after becoming a resource for the National Association of Anorexia Nervosa and Associated Disorders (ANAD)

This nonprofit corporation is dedicated to the treatment and prevention of eating disorders through both its own treatment centers and partner centers.

They also have “resource people.” These contacts are fully recovered from an eating disorder and are available for people who are currently suffering from an eating disorder who wish to seek advice or support.

“Five years ago, a girl from ANAD contacted me and said she had never met anyone like me who was recovered and suggested I put it all on YouTube,” Rothstein said.

Rothstein, a spoken-word poet, posted a link to her poem “Fat” on Lady Gaga's fan page, which recounts her battle through vivid and honest words.

“The next day I was getting tweets from all her fans and then she even tweeted the link to my poem,” Rothstein said. “That next night, it went viral.”

For adolescents currently at a loss with their disorder, Rothstein shares a message.

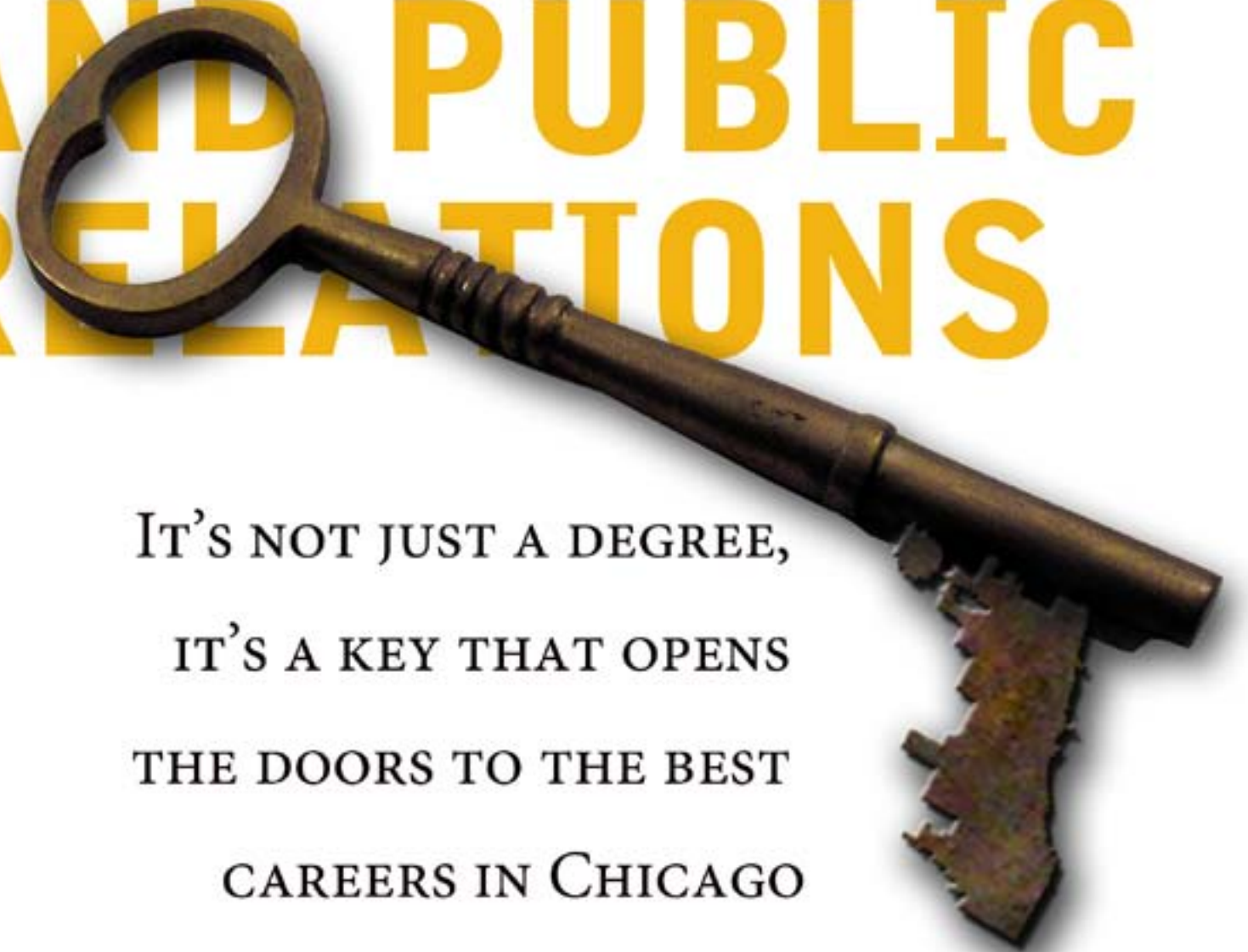
“The goal in life is to discover your core and nurture it,” she said. “Embrace your authenticity and find triumph in adversity. There is no need to struggle in silence and pain.” ♣



omailchacurls.com

Obsession with numbers on a scale can cause people to make bad decisions with their eating habits.

ADVERTISING AND PUBLIC RELATIONS



IT'S NOT JUST A DEGREE,
IT'S A KEY THAT OPENS
THE DOORS TO THE BEST
CAREERS IN CHICAGO

FOOD FOR THOUGHT

Food Pantry Keeps Community Hunger At Bay

Written & Photographed by
KATHY FAZEKAS

Care for Real knows the true meaning of the phrase, “When life hands you lemons, make lemonade.”

Consider a recent incident when the Edgewater food pantry was delivered a truckload of lemons. Since Care for Real provides food for those in need, organizers were delighted.

“There is a great deal of things you can do with lemons,” said Doug Fraser, executive director of Care for Real.

If you are a part of the Loyola University Chicago community, it is possible that you have unknowingly passed Edgewater’s food pantry more than a few times. Tucked away on Sheridan Road, between Balmoral and Berwyn Avenues, is Care for Real, a food pantry that has been serving the surrounding community for 42 years.

The food pantry provides to people who have fallen on hard times and acts as a safety net and a supplementary source of food for people in need. Care for Real refers to the people it helps as “clients,” and on average distributes 60,000 pounds of food per month.

Care for Real receives 80 percent of its food from local retailers such as Trader Joe’s, Whole Foods, Aldi, Jewel-Osco and Costco. The other 20 percent is purchased from the Greater Chicago Food Depository, which mainly consists of time-sensitive items such as eggs and milk.

The big retailers provide a large amount of the food that Care for Real gives to their clients. Bread that is produced daily and remains unsold at the end of the day is one of the popular items retailers donate, along with a variety of other products that are either perishable or not selling well.

Clients are eligible to receive food if they live within Care for Real’s geographic area (Foster Avenue to Devon Avenue or Western Avenue to Lake Michigan) and fall into a certain income level. If clients are outside the specified geographic area, Care for Real will serve them once and then refer them to a pantry closer to their home.

Surprisingly, Care for Real does not encounter many homeless clients.

“If we serve 200 people in a day, we’ll serve one homeless person,” Fraser said. “We give them foods that they can eat right away. Things that open easily and don’t require cooking.”

Though clients are of all ages and backgrounds, many tend to be elderly. They serve a very diverse group of clients.

The “shopping” process for clients is very systematic. Clients come in and are ushered into a waiting area where they are checked into a computer. Then clients decide between a

monthly or daily food option.

The monthly option is essentially food for a week, depending on family size. The client usually receives a chicken, some smaller meats, canned veggies, beans, pasta, tomato sauce and oatmeal. It also comes with fresh fruit, vegetables and bread, but items tend to vary depending on what has been donated.

The daily option allows the clients to come in Mondays, Wednesdays, Fridays and Saturdays to receive breads and vegetables.

The people that come in for the daily food option tend to be retired or refugees who are on a fixed income, using the daily foods as a supplement to their own personal grocery shopping.

“We are proud of the fact that there is no reason to go hungry,” Fraser said. “You might be eating kale and English muffins for the week, but we will never run out of food on that table.”

In 2008, the average client used Care for Real four times a year, but in 2010 the number went up to seven visits per year.

Fraser believes that the number of clients is higher this year because food prices have increased.

Care for Real uses about fifteen volunteers each time it serves food. The average volunteer stays with the organization around six-to-nine months. However, there are many volunteers who have been around for years and have made Care for Real their home away from home.

Fred Mc Intoush, 64, has volunteered at Care for Real for two years. He heard about it from a friend. He walked past one day and decided to go in. Mc Intoush helps four times a week with the food set-up and distribution, and he seems to have developed friendships with many of the regulars.

“When you are blessed, if you don’t share that blessing then you don’t get all out of it as you should,” Mc Intoush said.

Some of Care for Real’s volunteers are clients who are choosing to give back. The food pantry has been seeing a different demographic of volunteers in response to its Facebook page, including 30-to-40-year-olds who are looking to get involved.

Casey Nielsen, 32, a music teacher, has volunteered with the organization for 18 months. Nielsen comes in once a week and said that his favorite aspect of volunteering is the feeling of having done something.

Along with providing food for the community, Care for Real also supplies clothing and pet foods. It sees about 1,200 client visits a month for clothing and receives about 200 bags of clothes every week. Care for Real considers itself a family to the community.

“When you need help you come here and if we can help you we will,” Fraser said. “You wouldn’t wait until you were homeless until you would go ask a family member for help, so take that same approach with us.” ☺

Opposite page: Keeping shelves stocked at food pantries has become increasingly difficult over recent years.

START WITH A SMILE

Goldie's Place:
dental clinic offers
affordable care

Written & Photographed by
ZACK DeBIASI

Nothing expresses a person's happiness like a big toothy grin. Gregory Thomas, a homeless and unemployed Chicagoan, has not had this luxury for most of his life. Thomas lost nearly all of his teeth as a result of not having access to affordable dental care.

That's where Goldie's Place comes in. Goldie's Place is a homeless support center and the only free dental clinic in the Chicago area.

"If someone sees you and sees that you don't have teeth, then they won't want to hire you," Thomas said. "I have been without a smile for 30 years, and Goldie's is giving me my smile back."

Johanna Dalton, 66, the director of Goldie's Place, has

“ I have been without a smile for 30 years, and Goldie's is giving me my smile back.” — Gregory Thomas, Goldie's client

made it her life's work to bring smiles back to those who are less fortunate.

"[Goldie's] is about bringing out the potential in a person," said Dalton, "It's about bringing out that smile."

It all began when Dalton raised her hand in church to volunteer to tutor at an Evanston homeless shelter alongside Joy Murphy, who later became a co-founder of Goldie's.

"When I first got into this I was worried about how they would look at me because I was so blessed and they weren't," said Dalton. "But I was amazed at the reaction. They were so appreciative and showed so much humility."

Goldie's Place was founded in 1996 after Dalton and Murphy, along with Roberta Friend, sought to correct the problems they saw with other homeless shelters. The dental program grew out of pure chance.

"The start was serendipitous," Dalton said. "Dr. Bill Bjork, who was a friend of Roberta's, wanted to do dental work just to do it. He started off with a little storefront on Clark Street with only a couple of dental chairs and a karaoke machine to sing to patients so they wouldn't get nervous."

From these humble beginnings, the Goldie's Place dental program has blossomed into a full clinic that features two X-ray machines, six chairs, and a staff led by Dental Clinic Director Shamika White, who at one time struggled to smile herself.

"Growing up I always had bad teeth, got teased and was afraid to smile," White, 30, said. "I wasn't able to afford dental care, so I joined the military, which gave me the opportunity to get dental care and to go to school."

White now manages the clinic, which sees between 60 and 80 new patients each year. To obtain dental care, clients must be registered with one of Goldie's partner homeless shelters.



Once a month, Goldie holds a lottery for those wanting to get in the program. At 6 a.m., potential clients call into Goldie's and the first lucky dozen people are admitted into the dental program. After an initial screening, patients are enrolled in the program for as long as they require the care.

Goldie's offers an array of services, from tooth extractions and cleanings, to X-rays and root canals. The services at Goldie's have become increasingly important after individual public aid was cut, leaving individuals with much less dental coverage.

Of all of the services offered, Goldie's is working on increasing its denture program. Recently, Goldie's grant has allowed them to improve their denture services, and hired its first staff dentist this year.

Dr. Brian Homann was among the initial students to work at Goldie's while he was still a dental student at UIC. Goldie's partners with the dental schools at University of Illinois in Chicago and Kennedy-King College in Chicago several times a month, allowing dental students to gain real-world experience.

"It is a great program because it really gives the students a chance to be in control," Homann said. "In most other settings it is much more regimented, but here the students take control."

For the most part, Goldie's is reliant on the charity of others. All denture work must be sent out and is done for free by outside companies. Goldie's also relies on a staff of volunteer dentists who come in as often as they can to care for patients.

On top of dental work, Goldie's offers interviewing and resume building workshops to help their unemployed clients get back to work. The center also has a closet full of professional clothes for clients to borrow for interviews.

At first glance, dental care and employment help seem unrelated, but Goldie's proves that the two work together in a close relationship.

"The overall goal is to teach them about employment, give them something to wear and then give them a smile, so they can find work and remove themselves from the cycle of homelessness," Homann said. ☺

Goldie's Place at 5705 N. Lincoln Ave. is the only free dental clinic in the Chicago area.

ALMOST HOME

A Chicago-based rehabilitation center helps children beat the odds, gives them hope and the comforts of home.

Written & Photographed by
ABBY KLECKLER



Left to right: JJ plays 'So Big' with his nurse, Merissa, as they watch the snow falling outside; Angel enjoys the playful companionship of Jessica who comes to AHK twice a week to volunteer with the children in Naperville; AHK celebrate Halloween in the Coleman Foundation Family Room.

The elevator doors opened to what looked like an upscale condominium, complete with a modern kitchen, spacious living room, and wide-open playroom. Just off the playroom was a nursery housing two white cribs with colorful striped blankets and walls decorated with bright artwork.

But this was not a traditional nursery. Thirteen electrical outlets flanked both cribs, confirming the special situations of the children who stayed in this particular nursery.

"These children will never go to college," said Deborah Grisko, president and CEO of Almost Home Kids. "They will never take dance lessons."

These children will have a chance to go home though. AHK is a transitional care facility for medically fragile

children, those who are in stable condition but have severe disabilities. They require around-the-clock care and often need a tracheotomy tube or ventilator.

AHK has two locations—one tucked away in the heart of downtown Chicago near Lurie Children's Hospital and another in the rural area of Naperville. This care facility helps children in a way wholly unique to Illinois. The two facilities can each provide care for 12 patients at a time. Eighty percent of the families the nonprofit serves live at or below the poverty level.

With more than 6,000 children in Illinois who are medically fragile, one-third of these children living in Chicago, AHK provides families with a place to learn about caring for their child and preparing for life at home after a long hospital stay.

"Our home is where company never stops coming," said Kathy Stegman, director of nursing at the Naperville facility. "We always have visitors and parents and children and the staff here, so this is a house where company just comes and goes."

The Naperville location has served more than 800 children since opening in 1992. Set on two-and-a-half acres of land surrounded by trees and walking trails, the home allows families to literally get a breath of fresh air.

"You know often it's the first time out of the hospital," Stegman said. "The children come here, and they get to go outside for the first time in months and months."

With half of the children coming from Lurie Children's Hospital, Almost Home Kids recently chose to expand in 2012, opening a second facility in

▶ 120: Number of days the transitional program lasts.

▶ 800: number of children served in Naperville since AHK opened.

▶ 6,000: number of children in Illinois who are medically fragile

downtown Chicago.

"Chicago is the urban home, and Naperville is the more residential home," said Judith McLean, the director of marketing and communications, "and Deborah was the one with the vision for Chicago."

Deborah Grisko always knew she wanted to become a nurse growing up.

"I like every day to be new and different," she said, "and I like to know that I learned something new every day, and I've been able to do that here."

After 20 years of medical experience, primarily in emergency room and critical care, Grisko joined Almost Home Kids six years ago. She is a mother of five children. Her third son, Tom, has Down syndrome. She has been an advocate for inclusion of those with special needs for years, so AHK just made sense.

"Every child has the right to grow up in a home, and there's no vehicle for that to happen unless you have an organization like this," she said. "Every child we take care of – it's as if it were one of my own children staying here."

AHK's transitional care program lasts for up to 120 days. Parents bring in all of their child's home medical equipment. As part of the program, the children begin therapy while the parents learn about the medical care needed for their child, including meal preparation.

"By the time [the parents] leave us, they're going to be not only competent but confident, just like they were a nurse," Grisko said. "We want them to be an expert."

A medical director comes in to see the children three days a week, while nurses are present 24/7. For every one child at AHK there are three nurses.

"All of our nurses have one thing in common, that they love our special populations," Stegman said. "We just start out with unique, caring nurses from the get go."

A final component of AHK is respite care for those who already made it home once before. The children in this program receive the same care as those in the transitional program, but parents are allowed to bring their children to the facilities for up to two weeks a year for any reason.

Grisko believes respite care is crucial to keeping families together.

"I've had children come in here, and the parents say to me they haven't even gone out to dinner in like 10 years themselves," she said. "They will come back a week later, and they look like they are 10 years younger. That is the most amazing thing to see." ☺



Loyola University Provost John Pelissero
Image courtesy of luc.edu

pro·vost

CONGRATULATIONS!

To the editors of Mosaic Magazine and the authors whose works are published in these pages. We are proud of the work and efforts of all our Journalism students.

The Office of the Provost



IT'S COOLER BY THE LAKE



Welcome Ramblers!

The Office of First-Year Experience is dedicated to the success of freshman and transfer students. You are important to Loyola and we're so glad you are here! At FYE, we will welcome you into the Loyola Community and encourage you to make the most of your Loyola experience. We support your learning and growth as a well-rounded individual as you work toward becoming a Loyola graduate.

SKYLIGHT TV: STARRING YOU

In this Hospital, the children aren't only patients; they're stars.

Written & Photographed by
MASON DOWLING

The production booth stirs with activity, despite only housing two people. Multiple monitors display timelines, video clips and partially written scripts. What appears to be the central room for a news agency, however, lies in the middle of a children's play ward, high above the Windy City at Lurie Children's Hospital of Chicago.

Skylight TV has been an ever-evolving part of Children's Memorial for almost 20 years. The station is a closed-circuit channel reserved for children's entertainment and is put on entirely by hospital staff and volunteers.

René Roy, 57, is the man behind the cameras, and he puts the children's entertainment first.

"The purpose of Skylight TV is to support the healing environment here in the hospital and to help patients and families have fun, and celebrate living while they're here trying to get better," Roy said.

Roy, born and raised in Bucks County, Pennsylvania, has always

See next page ■■■■▶

René Roy, left, hosts Skylight TV's most popular event, Hospital Bingo. Logan Schissler, brother to a patient at the hospital, plays along.



had a flair for the dramatic. He spoke of putting on home-made carnivals for his friends when he was younger.

“I would blast out of my house in the morning, and I would go to all of my friends’ houses, telling them that we were going to have a carnival, or a show, or some other kind of special event,” he said.

Despite the home brew nature of the shows, Roy’s creative desires only grew. He attended the Boston Conservatory and earned a degree in drama and musical theater, eventually touring off of Broadway for six years where he met his wife, Celeste. His love of performance led to involvement in musical and theatrical production and teaching theater, which all culminated from a Master’s degree from Northwestern University in 1985.

Eventually, while working as a professor of theater at National Louis University, Roy came in contact with Children’s Memorial Hospital and its fledgling Kaleidoscope TV program. While teaching, Roy volunteered and worked with the program for 15 years, becoming a full-time employee and lead producer of the show at the end of the summer in 2012. Throughout his tenure, Roy has focused on making Skylight the best it could possibly be.

Roy enjoyed describing what Skylight provides to patients and family at Lurie Children’s Hospital.

“Skylight TV is a way for us to create community in this environment, both inside the hospital and with the larger community here in Chicago and the world,” said Roy.



The children at Skylight play games like Bingo to win small prizes. Roy says activities like these let the patients have fun and celebrate living.



Four days a week, Skylight produces a series of games and shows that patients can watch from their rooms. These shows include Bingo, stories and special guest events, all of which give the children something to look forward to and chances to win small toy prizes.

Those patients that are well enough to be mobile often join Roy down in the Family Life Center to play the games with him while they are being broadcast, acting as a live audience for the show.

“That’s one of the things that distinguishes Skylight TV; we have a live studio audience of patients and families in the heart of the hospital,” Roy said.

Hannah Bailey, 18, of Hobart, Indiana, was a patient at Children’s Memorial three years ago, and she recalls Skylight TV fondly.

“I liked Skylight because of how light-hearted it was,” Bailey said. “You could play Bingo from your room on TV, and call in if you won.”

Bailey recalls a specific event during her stay involving Skylight TV, where she was allowed on the show as a guest to play her ukulele and sing. Roy enjoys retelling the event.

“I stopped and listened to the song, and I realized it was about her,” he said. “Everyone was quiet, just listening. It was great.”

Bailey became something of a celebrity within the hospital, going on to star in several YouTube videos.

Community is a large part of why Roy does what he does. Skylight TV builds community, not just with the children and their parents, but with staff also. He explained how some patients are unable to move or speak well, and nurses will call in on their behalf when they win a prize.

Rachel Moeller, 31, Roy’s co-worker at Skylight TV, works as the technical director.

Roy speaks with a patient over speaker-phone. Skylight TV takes many steps to be sure that patients who are bed-ridden can still play the game and participate.

“I tell people that I’m a professional distraction, and I take it very seriously. I’m here to make children hopefully feel a little better,” Moeller said. “I think that René hasn’t simply influenced Skylight TV. I think Skylight TV, as it is now, is because of René.”

When he spoke about Skylight TV’s future, Roy merely smiled.

“I know it sounds trite and cheesy, and maybe even makes a great headline of a marquis...but we’re in the middle of a state-of-the-art facility, in one of the busiest and most exciting cities in the country. Really, the sky’s the limit.” ☯

“ Skylight TV is a way for us to create community in this environment, both inside the hospital and with the larger community here in Chicago and the world.”

— René Roy



BANNING THE SMOKE

Colleges across Illinois move toward a tobacco free environment

Written by | ALLY WATT

Like many students on a college campus, Keenan Kassar found himself exposed to cigarette smoke on an almost daily basis—but not by choice.

“Every time I [went] into an undergraduate library on campus, there [was] an unavoidable cloud of smoke near the entrance that I [was] exposed to,” said Kassar, a senior business administration major at the University of Illinois at Urbana-Champaign. “Especially in the crowded areas, like around buildings between classes, or on the quad, I [was] exposed to it.”

Kassar wanted to change this problem.

“I was talking with my friend about the effects of secondhand smoke and basically I asked myself, ‘Why don’t I do something about this?’ So I wrote up my first resolution ban,” Kassar explained. “It all started with that discussion.”

After a year-long process, the University of Illinois at Urbana-Champaign announced in October that it would join the 12 other universities in Illinois that have smoke-free or tobacco-free campuses. Some of these are

Aurora University, Wheaton College, College of DuPage, McHenry County College, Rush University and City Colleges of Chicago.

A tobacco-free campus means all tobacco products, including cigarettes, cigars and pipes, are not allowed on campus grounds or in campus buildings. A smoke-free campus only restricts the use of tobacco products, which can include the inhaling, exhaling, burning or carrying of a lighted product. School policies vary between schools on whether they allow tobacco use in privately owned vehicles that are on campus property.

But Illinois isn’t the only state moving to prevent smoking among college students. There are about 826 colleges and universities in the U.S. that have enacted a smoke-free ban on campuses, according to the Americans for Nonsmokers’ Rights Foundation. This number is almost double the number of colleges with a smoke-free ban in 2010.

Some smoke- or tobacco-free schools include the University of California, Purdue University, Harvard Medical School, University of Michigan, Creighton University, City University of New York and University of Oregon.

“I think that more campuses going smoke-free reflects the growing transition nationally with so many cities enacting general bans.”

— Amy Gray, VP of Student Sife at Aurora

Some people say a heightened awareness about when smoking habits form and knowledge about fewer college students smoking could explain the new trend of smoke-free campuses.

The Surgeon General recently reported that almost no one starts smoking after the age of 25. The chance to reduce the number of college students who would begin or continue smoking was a strong incentive for Michele Guerra, director of the University of Illinois at Urbana-Champaign’s Wellness Center.

“Many studies have proved the damaging effect of secondhand smoke. There’s no safe amount. But prevention was a big standout,” she said. “College smoking is an easy way to form the habit, and prevent it. We wanted an environment to promote healthy habits.”

The ability for colleges and universities to implement a smoke-free ban has also become easier because less college students are smokers. In 2006, less than 20 percent of college students smoked. This is a decline from the roughly 30 percent of college student smokers in 1999.

Amy Gray, assistant vice president for student life at Aurora University, suggests that governmental bans may make the transition easier for colleges.

“I think that more campuses going smoke-free reflects the growing transition nationally with so many cities enacting general bans,” she said.

Illinois enacted the Smoke-free Illinois Act on Jan. 1, 2008, which prohibits smoking in most public places and workplaces, including offices, restaurants, bars, libraries, theaters and

schools. It also banned any kind of smoking within 15 feet of these entrances.

Since 2008, several universities in Illinois have had relatively painless shifts to their smoke or tobacco bans. Aurora University, for example, bans smoking of all tobacco products in school buildings, cars on campus, as well as on the grounds as a whole.

“Honestly, the change was really positive,” Gray said. “There were very few complaints, and I’d say the new policy was embraced by students, faculty and staff”

Guerra also described generally positive feedback from students at the University of Illinois.

“By and large, students have been very supportive of the ban, but of course there’s a wide variety of opinions on it,” she said. “I’ve gotten emails that were very supportive of it, some angry and against it, some just against it. Some were both for and against it. But overall it’s been very positive, and we have the feedback area on our website to address everyone’s concerns.”

Resources like April Bailey, the tobacco program manager of The American Lung Association in the Greater Chicago area, can be helpful to schools seeking a move to a smoke- or tobacco-free campus.

“[We] can provide technical assistance to campuses working on adopting a tobacco-free policy,” Bailey said. “Our toolkit offers a variety of resources to guide a campus through the process and sample policies from other colleges that have already adopted a policy. We also can assist in setting up a smoking

cessation program to assist smokers in quitting in response to the new policy.”

Kassar hopes that the University of Illinois’ change will motivate other universities to discuss the possibility of a smoke-free campus.

“I think [the change] is going to those universities that are already considering becoming smoke-free to act faster,” he said. “By the time we decided to go smoke-free and the chancellor had the OK, I was notified that other schools were considering it.”

Guerra adds that many current smoke-free universities, such as the University of Illinois, are willing to help other schools that are considering the transition.

“We’re the flagship institution in the state,” Guerra said. “We hope to form a working model for other universities and provide technical assistance.”

- ▶ 48.6 percent of the U.S. population is protected by 100 percent smoke-free workplace, restaurant, and bar laws. Illinois has the Smoke-free Illinois Act
- ▶ Cigarette smoking is the leading cause of preventable death in the U.S. It kills 443,000 every year (1 in every 5 adults).
- ▶ 45.3 million people or 19.3 percent of all adults smoke cigarettes.
- ▶ On average, smokers die 13 to 15 years earlier than non-smokers.

GOING ELECTRONIC

Physicians ditch paper records to improve access, organization

Lyle Berkowitz, a doctor and IT guru, never fully realized the importance of electronic health records until one potentially dangerous experience opened his eyes.

In 1993, when he was 27 years old, Berkowitz was working with a patient and using paper records. He prescribed amoxicillin to the patient who later ended up breaking out in a rash. Berkowitz reviewed the patient's paper record and saw that the patient was allergic to penicillin. The doctor had no way of electronically being alerted of the prescription error.

"It was one of the hardest hitting messages that I ever had that...I am not perfect, and I can use help and use the technology to help me with things that are very basic, but you can't see everything on a paper record," Berkowitz said.

Today, Berkowitz, 46, is the medical director of IT and Innovation for Northwestern Memorial Physicians Group in Chicago. Berkowitz focuses on how to use health information technology in a way that makes life easier for physicians. This specifically includes the use of electronic medical records.

"I was very interested in electronic medical records to make things easier to read and more organized and accessible," Berkowitz said. "They also have the potential to influence the doctor at the right time."

Berkowitz is one example of the large trend of converting to electronic health records.

Electronic health records capture all of the demographic, insurance and clinical information of a patient in one digital record.

Many hospitals and doctors in the U.S. are converting their records electronically after President Barack Obama passed the American Recovery and Reinvestment Act in 2009. The Act, a part of the stimulus package, gives financial incentives to hospitals and doctors who are using electronic health records.

Any doctors and hospitals eligible for electronic health records can receive up to

\$44,000 over five continuous years under the Medicare Electronic Health Record (EHR) Incentive Program.

In order to implement the entire system nationwide, the Congressional Budget Office projected that the incentive payments would cost about \$22.5 billion.

The Office of the National Coordinator for Health IT was set up in the Bush Administration to help healthcare providers adopt electronic healthcare records in their offices.

The goal is to have electronic health records at all healthcare locations, according to Peter Ashkenaz, spokesman for the Office of the National Coordinator.

"Ultimately, the benefit, once it becomes implemented across doctors' offices, is for patients to be able to have electronic versions of their health records that they can take from provider to provider," Ashkenaz said.

Participation in the EHR Incentive Program is voluntary, but Congress has mandated payment adjustments to Medicare-eligible professionals under the incentive program, who do not become meaningful users of the electronic health record technology.

These payment adjustments will begin on Oct. 1, 2014, for Medicare-eligible hospitals, and Jan. 1, 2015, for Medicare-eligible professionals.

Providers eligible for only the Medicaid EHR Incentive Programs will not be subject to payment adjustments, according to Ashkenaz.

Those who advocate for the use of electronic medical records believe they improve efficiency and reduce the number of errors made by doctors and nurses. With everything digitized, many people, however, question the privacy of electronic records.

“The more computers can help become a ubiquitous part of the patient's life, then the doctor becomes more of an overseer that helps figure out when things aren't working well and helps explain things better to the patient.”

— Dr. Lyle Berkowitz, IT Director

According to Health IT, 39 percent of office-based providers in the U.S. started using at least a basic electronic health records system by 2011. The adoption rate of electronic health records in Illinois is about 29 percent of office-based providers. The rate of physicians with electronic health records is 56 percent in Cook County.

The trend is growing, but not all physicians can afford to make the change.

Dr. Errol Baptist, 67, is a physician in pediatrics and adolescent medicine in Rockford, Ill. He projects that his electronic health records program would cost him \$40,000, and even with financial incentives from the government, he would not be able to pay for the system.

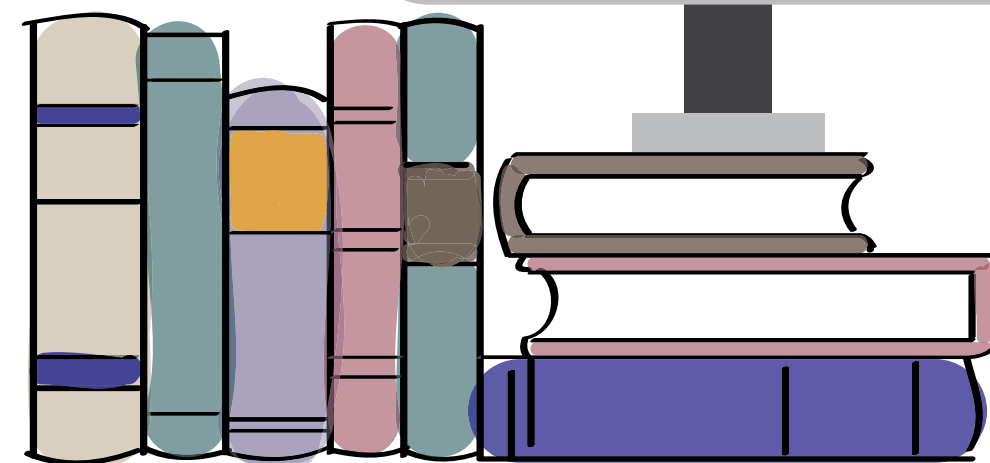
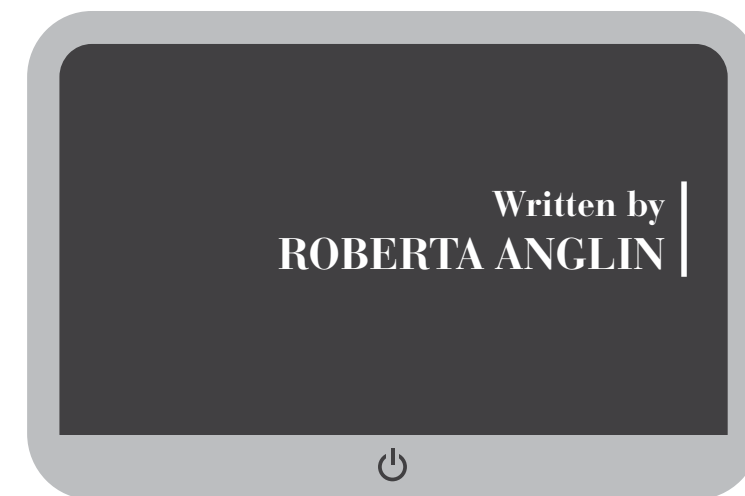
"I don't like my patients being exposed to other people," Baptist said.

The Alliance of Chicago for community health services is addressing the issue of these expensive systems. The Alliance is a limited liability corporation that owns four community health centers in Chicago. These centers serve the uninsured, vulnerable, homeless, at-risk and severely and mentally ill populations in Chicago.

According to Andrew Hamilton, the chief operating officer for the Alliance, all of the centers use the same software for their records that can be sent to the different locations in the city.

"The Alliance's main focus for these health centers is to provide the health information technology systems," Hamilton said.

He also believes these systems pay for themselves and result in both time and monetary savings for the patients. Patients no longer have to fill out paperwork every time they go to the doctor's office, and they don't have to retake any diagnostic tests that they took with their previous doctors.



Morgan Marsh, 21, is a student nurse at Loyola University Hospital in Maywood. She thought the electronic medical record system was easy to learn.

"I think they're beneficial because you have to do so much charting in the medical field and it's so much faster to be able to do that on a computer once you learn the system," Marsh said.

Electronic health records can be shared between certain software, especially within a hospital. Many vendors, however, sell electronic health record systems, and there is still no universal system of working with electronic records. If a patient goes to a different doctor or a different state, in many cases their records cannot be easily transferred.

Dr. Lyle Berkowitz works toward a solution for the inability to communicate records between systems. He believes the key to improving the quality of these systems is learning how to properly implement them. Berkowitz also thinks that the U.S. does not have a shortage of primary care doctors but a problem with using them efficiently.

"The more computers can help become a ubiquitous part of the patient's life, then the doctor becomes more of an overseer that helps figure out when things aren't working well and helps explain things better to the patient," Berkowitz said. "That is where we start becoming more efficient." ☺



SIT. STAY. VOLUNTEER.

Canine companions aid in therapy

Written and Photos by JILLIAN SCHWARTZ |



The lights flickered on and illuminated the long gray concrete room, occupied with nothing but a few tables and chairs. Just minutes later, though, the once-empty room filled with life. Dogs wagged their tails and jingled their collars in anticipation of meeting their human companion for the next eight weeks: area teens from an outpatient rehabilitation center.

Located at Haymarket Center in Chicago's West Loop, this psychosocial program run by Canine Therapy Corps takes place in a rented community center. With breeds ranging from beagles to pit bulls, the program pairs a dog with a teen in a court-ordered outpatient substance abuse recovery program.

It's only the first day of the program, but both the teens and dogs quickly open up to each other, learning more about who they will be meeting with once a week for the next two months.

The program has had a positive effect on patients, like 18-year-old Deleon who previously struggled with substance abuse.

"It's part of my rehabilitation program; I had the choice not to come, but I'm glad I did," Deleon said. "It helps me learn about the world and makes me feel a whole lot better."

Canine Therapy Corps started small, but has grown to include this psychosocial program as well as many other programs, including university and hospital visits. Located in the Lakeview neighborhood, Canine Therapy Corps was founded 21 years ago when three women decided to take their dogs to visit the elderly at a nursing home. The Chicago-based network has come a long way since then, with more than 60 certified therapy dogs. Volunteers at Canine Therapy Corps go to nursing homes, hospitals, schools, libraries, and rehabilitation centers to work with people in need, either to offer emotional support or aid in therapy for those with physical disabilities.

“ Seeing the dog for an hour a week just gives them a little bit of extra motivation.”
— Bethany Tap, Corps volunteer

“[The women who started the program] just said, ‘let us bring in our dogs,’ then they realized there was such a need for it, and it was such a [welcoming] addition to the programming that it just kind of grew from there,” said Bethany Tap, 33, a volunteer and office manager at Canine Therapy Corps.

With the growing interest in therapy dogs, the organization started using the universal certification test for therapy dogs and modified it over the years to ensure that the dogs were ready to withstand anything in any program—from being around wheelchairs to children pulling their tails.

“The participants in the programs that we work with are getting really up close and personal with the dogs, so the dogs have to be rock solid,” Tap said.

The certification process is either pass or fail and requires the dog to successfully complete all of the tests in order to become a therapy dog. Exercises range from tolerating a stranger's touch to obeying basic commands while distracted. The test is tough enough that it takes most dogs two to five times to pass. Trainers are available to help the dogs along the way if volunteers are struggling to teach the dogs on their own. All of the dogs in the program are owned by the volunteers, who work with them and bring them to the different locations of the programs.

One of the programs works in geriatrics at the Swedish Covenant Hospital in Lincoln Square. These adult inpatients are often stroke victims who are in need of physical therapy. The hospital therapist will brief the Canine Therapy Corps volunteer on the patient's situation so the dog can be prepared to help

with each specific need. For example, if one patient's arm lacks mobility, therapy involves throwing a ball or giving the dog signals with that arm.

“That's a lot different than just a visitation; the dogs are working as the therapist,” Tap said. “A lot of the time they're trying to work through injuries and they're tired and frustrated and seeing the dog for an hour a week just gives them a little bit of extra motivation.”

Canine Therapy Corps has come a long way from that small group of women, largely due to donations from other organizations and a yearly benefit. The donations fund the growing program that keeps the people coming back long after they've finished their therapy sessions.

“We have people who live on the South Side of the city and come back after they graduate the program when they're not required to be here,” said Callie Cozzolino, 33, the Canine Therapy Corps director of operations. “Last session, one of the volunteers would go and pick this guy up, and I would drive him home after because he wanted to be here so badly.”

Tap said that these animals can reach people in a way that many therapists cannot.

“[Patients are] at their best when they're with us,” said Tap. “That's just the power of dogs that we believe in so much.” 🐾

Opposite page: several dogs breeds are used at the Canine Therapy Corps to help patients with their recovery.

“
**WE TEND TO TAKE TO HEART
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**YOU'RE GOING TO BE A
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 ”

Doctors struggle with work load, home life and taking care of patients

Written by
 ANNA HELING

For pediatrician Andrew Geddes, the mantra “work hard, play hard” isn’t just a tired cliché; it’s a way of life that keeps him sane.

“If you take your work and all those emotions home with you every night, you will burn out,” said Geddes, 46, a doctor at SwedishAmerican Medical Group/Woodside in Rockford, Illinois. “Boy, you’re going to be a tattered mess. I try very hard to leave work at work and home at home.”

After almost two decades in medicine, the chasm Geddes creates between work and play is his pseudo-prescription for avoiding burnout. For many of his peers, however, the workload and stress that come with life in the white coat is becoming too much to bear.

“There’s an increasing level of physician burnout in primary care,” said Litjen Tan, director of Medicine and

Public Health at the American Medical Association. “When you couple that with the fact that we have a shortage of physicians, you can see how it’s all kind of a perfect storm that’s building within the system.”

In August, Tan and eight of his colleagues published a study in the Archives of Internal Medicine that examined the prevalence of doctor burnout. They found that almost half of the nearly 8,000 U.S. physicians they surveyed reported experiencing at least one symptom of serious burnout. These symptoms included emotional exhaustion, depersonalization (viewing patients as objects rather than human beings) and depression or thoughts of suicide.

The researchers found symptoms of burnout to be especially high among primary care physicians. Tan said this is largely because of more administrative duties stemming from insurance

companies and longer hours, as well as a loss of autonomy due to the system allowing them less time to spend with patients.

While he said these all contribute to the problem, he stressed that many physicians’ “Type-A” personalities also play a role.

“Where a lot of people put off work they don’t have time to do that day, doctors will say, ‘I’ll just take care of it,’” Tan said. “I think when you have that kind of extra-working time, that creates for them a general feeling of mis-balance in their work and life.”

Geddes, too, warned of the dangers that can stem from this perfectionism. He said many doctors internalize critical comments from patients and, consequently, this adds to their stress loads.

“You can’t concentrate on the vocal minority when the silent majority is

See next page ■■■■▶

▶ Almost half of the nearly 8,000 U.S. physicians surveyed reported experiencing at least one symptom of serious burnout.

really the people who are satisfied with you [and your work],” Geddes said. “As doctors, we tend to take-to-heart negative feelings and emotions, and we want people to be satisfied. But it’s important to keep the perspective and realize that when you do something good, you might not get a pat on the back. You have to realize you did something good.”

For Marla Wolfert, 32, having a solid support system is the key to avoiding burnout. Wolfert is a second-year fellow studying gastroenterology at Loyola University Medical Center, meaning she’s completed medical school and residency and will be able to call herself a full practicing doctor in June 2014.

The career-driven Wolfert credits her family and friends as two of the reasons she’s not completely overwhelmed, despite her status as a new mom who has an energetic toddler running around the house.

“You work long hours and holidays, nights and weekends. It can be straining on relationships, but if you have a good support system, it’s manageable,” said Wolfert. “I feel like I’ve reached a good work-life balance because we [my family] work at it.”

Both Wolfert and Tan are skeptic that the full-implementation of President Obama’s Affordable Care Act will make physicians’ jobs any easier.

While Wolfert looks forward to the switch to electronic medical records, she admits that she’s concerned with the increasing regulation of medicine.

“Medicine is being regulated, which is a good thing,” Wolfert said, “but it also creates more work, which takes away from the reason a lot of doctors go into medicine, which is to take care

of people. You’re not just taking care of patients [anymore]. For every patient you take care of, you spend two hours doing paperwork.”

Tan’s major concern is the Act’s intent to switch many preventive services from a co-pay to free-of-charge, including services such as breast cancer, colon screenings and obesity counseling.

“All the work with this comes down to primary care physicians,” Tan said. “People will want to have these services done because it’s free to them, and it’ll prevent chronic illness down the road, but who are we asking to do this?”

He added that the aging baby boomer population and full implementation of the Affordable Care Act, along with a projected 30 million newly insured Americans, wasn’t even factored into the study.

“Primary care physicians are doing the prevention work and all that,” he said. “They’re the ones who have the higher burnout now, and they’re also the ones who are going to see more and more patients because of the Affordable Care Act.”

Tan said the solution must be a system-based intervention but that a large-scale intervention such as this has never been tested or even looked at. He, however, said wellness training in medical schools is a good place to start.

This training is something first-year medical student Jonathon Zinkel sees all the time.

“The entire orientation, the entire first quarter, we got pounded on [available] counseling,” said Zinkel, 24, who attends Midwestern University in Downers Grove, Ill. “I haven’t utilized any of the services yet, but if I did feel overwhelmed, all I’d have to do is walk

down the hall and they’d be there to help, at least calm me down and guide me. So they are trying to prevent burnouts, at least in medical school.”

Yet Zinkel, like Tan, sees the need for a more substantial system-wide overhaul. Zinkel said the growing trend of “churning patients out every 15 to 20 minutes” to meet a daily quota is like a machine that has begun replacing adequate care.

“The entire structure of health care right now is forcing doctors to see patients quickly,” Zinkel said. “If that were changed or altered, I believe the stress or burnout we see in doctors would not nearly be as bad.”

For Tan, if no change within the system is made, such as increasing the workforce or creating teams of care to help physicians balance their workloads, inadequate care is inevitable.

“If we don’t do something pretty dramatic, then a lot of our health care will deteriorate because we won’t have the physicians to take care of the needs of our population,” Tan said. “We’ll begin to see fragmentation of care, and in fact, we’re already beginning to see this. Think about how much time you get with your physician when you go in for a visit.”

For doctors such as Geddes, the diminishing time with patients takes away from the reason many physicians pursue the craft.

“It’s become a lot less personal. It’s hard to be personal when I have to see six patients in an hour,” he said. “So now we’re thought of as these money-grubbing doctors, but it’s frustrating because we’re trying to do good. It’s rewarding to be able to play a role in someone’s health.” ☺

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—The Department of Management



BREAKING UP WITH

THE INTERNET

Written by **ABBY KLECKLER** |

Illustration by **KATHY AVILA** |

Excessive online activity is becoming so pervasive that it may eventually be classified as a psychiatric condition

College student Joe Mazanec, 21, waited at the bus stop to catch the next ride to downtown Chicago. He only waited five minutes, but it seemed like more than half an hour. Mazanec was restless and could not check the bus tracker on his phone.

He had given up the Internet for three days.

After discovering he spent 17 hours a day online, Mazanec knew even a day without the Internet would be a challenge. The experience, however, was worse than he expected.

"I was inside my head all day, and I got a big, big migraine for like three days straight," Mazanec said. "I just physically could not handle it."

While Mazanec has not sought treatment for Internet addiction, he is part of a growing number of individuals who are spending more time online.

Internet Use Disorder (IUD) is on its way to recognition by what is considered the bible for classifying psychiatric conditions: the Diagnostic and Statistical Manual of Mental Disorders (DSM). When the DSM-5 is released in May 2013, the section on substance use and addictive disorders will include IUD as recommended for further research.

Although IUD is not yet a diagnosis, many people are being treated for Internet addiction. Dr. Hilarie Cash is the CEO of reSTART, a residential treatment program in Washington state for those with technology addictions.

"Astronomical growth of digital media and how available and inexpensive it is has just fostered a growth in the problem," Cash said.

Cash saw her first patient with Internet addiction back in the early 1990s,

a client who spent excessive amounts of time playing the online video game Dungeons and Dragons.

"He's actually what started me on this journey because I had a young son at the time," Cash said. "I didn't want my son to end up like this young man."

Cash opened an outpatient clinic for Internet and computer addiction back in 1999 and has not turned away from this area of research and treatment since.

"I just recognized back then, in the mid 90s, that I was seeing the trickle before the flood," Cash said. "The flood is now upon us."

Cash strongly believes IUD should be included in the DSM as a diagnosis. She says a diagnosis would reduce the social stigma that the Internet cannot be an addiction.

"People are going to take it more seriously," Cash said. "Right now I still have the experience frequently of running into lay people and professionals in my own field who don't take it seriously and don't get it."

Many psychiatrists believe Internet addiction may actually just be a symptom of other psychological or psychiatric disorders.

Dr. Murali Rao, professor and chair of the Department of Psychiatry at Loyola University Chicago's Stritch School of Medicine, became interested in Internet addiction after observing a very addicted patient. This patient took off work to look up sexual acts online. Further questions, however, led Rao to a diagnosis of bipolar disorder. Internet use was a symptom of this disorder.

"It will not become part of the DSM-5 because they need more research, data-based research," Rao said.

Much of the current research relies on anecdotes from people around the

world whose Internet use has negatively impacted other areas of their lives, some more seriously than others.

Emily Storms, a Loyola University Chicago senior, found that while studying abroad in China, she did not have to worry about her phone or the Internet much at all. Since arriving home, she is irritated by society's constant pressure to be online.

"I hate that I can never completely focus on one thing because people expect me to constantly be available to respond to them," Storms, 22, said. "If I don't check my phone or email or Facebook for a whole day because I'm working on a paper or something, other people get annoyed with me."

One extreme case of Internet addiction made the news in 2010. A couple from South Korea, wife Kim Yungeong and her husband Kim Jae-beom, neglected their daughter until she died of malnutrition at three months old. The couple ironically spent their nights at Internet cafés playing online games in which they raised virtual children.

The governments of both South Korea and China have both named Internet addiction their number one public health threat. In South Korea, children are screened at 10 years old. If they have symptoms of Internet addiction, both the child and their family receive treatment.

"I think it's not as big of a problem here yet, but I think we're on our way to that," Cash said. "I think we're in a huge amount of cultural denial about it, and that really needs to change."

Treatment facilities like the reSTART program hope to increase awareness of Internet addiction and to help those who are suffering. The reSTART program begins with a 45 to 90 day detoxification period in which the clients



Joe MAZANEC

See next page ■■■►

“ It takes down the pleasantries of talking to people.
A lot of people don't make small talk anymore.”

— Joe Manzanec, 21

have no access to digital technology.

“Their brains need to readjust back toward normal,” Cash said. “The person goes through their withdrawal, which is experienced psychologically, mostly, and its effects are anxiety, depression, irritability, poor concentration, problems with sleep.”

After about three weeks, these withdrawal symptoms stop, and the program begins to focus on getting the clients back to normal with regular sleep, lots of exercise, and challenges that bring concrete rewards.

“Rewards in the real world take a lot more time than rewards online,” Cash said. “They need to learn delayed gratification and experience the rewards of their labor.”

A second phase of the program works with clients to develop a plan for them to re-engage with digital technology, so they can hopefully use the Internet successfully once leaving the facility.

“This is an addiction that has to be managed like an eating disorder because no one is going to be living without computers,” Cash said.

She has seen a lot of cases of Internet gaming addiction, but with an increase in social media and online interaction. Even those who are not gamers can be addicted.

“It's very hard to know when it is a common Internet activity, like spending too much time on emails, chatting or web surfing, and when it is truly an

Internet addiction or other addictions,” Rao said.

Mazanec never got into Internet gaming, but instead spends his hours with social media sites and online shopping. He plans to get a job in social media and sees the benefits for consumers, but he has his doubts as well.

“It takes down the pleasantries of talking to people,” Mazanec said. “A lot of people don't make small talk anymore.”

Mazanec describes the high he gets from swiping to unlock his phone. He says he knows it's bad, but he does it anyway.

“Nobody wants to say they have an addiction,” Mazanec said, “but I'm totally addicted.” ☹

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DETOX DEBATE

The liquid diet is growing in popularity despite warnings from dieticians

Written by
MEGAN ESCUTIA

When Mary Reinhart flipped through a copy of Fitness magazine, she was looking for a health regimen that she could actually sustain. She stumbled upon a page that assessed celebrity detox diets, and the health nut in her decided to give two of them a try. “I like being healthy, but I love to eat,” said Reinhart, 22, a communication studies major at Northern Illinois University. “I wanted to clean out the

crud in my system and lose weight at the same time. The Martha’s Vineyard diet and the lemonade diet [master cleanse] both did the trick.” The Martha’s Vineyard diet detox consists of fruit and vegetable juices, protein shakes, herbal teas, cleansing drinks, soups, and a lot of water. It is to be consumed every day for 21 days. Reinhart did the Martha’s Vineyard diet for the recommended 21 days in the summer of 2011. The master cleanse or lemonade diet

consists of combining lemon juice, maple syrup and cayenne pepper mixed with water. When Reinhart did this diet, she consumed the mixture 6 -10 times a day along with an herbal laxative tea, which is taken twice a day. The diet lasts for 10 days. Many detox diets are linked to celebrities like supermodel Gisele Bündchen, who turns to the Martha’s Vineyard diet before taking to the catwalk, and singer Beyoncé, who turned to the master cleanse and lost

20 pounds in less than two weeks. Detox diets are said to help people lose weight, get a clearer complexion, and remove toxins from the body. What most people don’t realize, however, is that the majority of detox diets featured in the media are essentially a dietary fast. According to Shape magazine, detox diets deplete glucose levels, limit food consumption, and deprive the body of energy.

“I’m not a proponent of this type of detox,” said Donna Nelson, a registered dietitian and nutritionist in Chicago. “It’s really faddish, but that doesn’t mean it’s good.”

Detox diets, such as the master cleanse, don’t provide the body with enough protein to pull toxins out correctly, according to Nelson. She said they aren’t for everyone, and they can be too much for a person’s system depending upon the individual’s daily schedule.

“I was working two jobs at the time [I was detoxing] – one was serving so I was constantly on my feet and moving around,” said Meghan Taylor, 21, an advertising/public relations and marketing major at Loyola University Chicago. “Running around and not having anything to eat for 36 hours just ran me down. I remember being on the ‘L’ home, and I wasn’t sure if I was going to make it. I was so exhausted and had a horrible headache, and I felt dizzy.”

The flu-like symptoms experienced by Taylor are what Nelson calls “a healing crisis.”

“That is the body healing itself of toxins,” Nelson said. “It depends on how toxic you are but it normally subsides in a day or two.”

Nelson believes everyone should detox but promotes a healthier detoxification process.

“The only detox diet I would suggest includes eating meals and incorporating a detox shake which is made from

high-quality supplements,” Nelson said. “It’s only available from a licensed health care professional.”

Nelson’s two-week plan consists of a detox shake 1-3 times a day, along with organic meats and protein, healthy fats, organic vegetables and a few organic fruits. There’s no dairy, no gluten and no high-allergen foods.

“It’s a challenge to do, but it helps cleanse your body from the overload of toxins,” Nelson said.

Toxins are harmful substances like mercury, fluoride and exoestrogens that accumulate within the body from foods, makeup, detergents, skin and hair products. The undesirable effects of toxins on health include illness, fatigue, weight gain and bad complexion, according to Nelson.

“Everyone is toxic because our bodies can’t handle everything we have in them,” said Nelson. “Detoxification helps build the system to kick out the toxins.”

There are four bodily systems that are responsible for ridding toxins: the liver, kidneys, skin and the intestine. All toxins travel within the body with detoxification starting in the liver. The liver distinguishes which substances should be absorbed or filtered out of the body.

Nelson believes detox lends the systems a helping hand, but some experts argue that detoxification isn’t needed because the body has the ability to rid itself of toxins on its own.

“The body doesn’t need cleansing from detox diets because it has systems to break down and rid itself of toxins,” said Dr. Tatiana Batista, a general practitioner in Chicago. “It’s a natural process. Toxins are everywhere, but that’s why people eat more organic foods and use organic household products,” she added. “You don’t need to drink something to get rid of toxins.”

Batista believes detox diets that con-

sist of drinking liquids for countless hours are about not eating and starving the body of its natural nutrients, which can cause a rise in fat fragments, called ketones. This means that if the body doesn’t have enough calories, it starts to break down the by-products of things in the body that should not be broken down.

“You need a specific calorie intake and you need to eat a certain amount of foods each day, and if you don’t, there is a deterioration of the necessary things in your body,” Batista said. “It’s all about supplementing the body the right way.”

For Batista, providing the body with the right nutrients does not involve detoxification; it involves healthy choices.

“In general, patients should drink a lot of water, try to eat more fruits, vegetables, fish, and use olive oil sparingly,” Batista said. “Things that will keep people healthy...that includes exercise and being active. I don’t think detox diets are good for the patient or going to cause them to be healthier, but if they are going to choose one, it should be one that involves eating healthy foods and gaining necessary calories.”

Many detox dieters, such as Taylor and Reinhart, also understand why the trend of detoxification is favored.

“I think it’s most common for women because they are all looking for the easiest and quickest way to lose weight or start another diet and want to cleanse,” Taylor said. “As you get older, you have less time for exercise when your ‘real’ life begins. Detoxing seems like a way around that sometimes.”

Reinhart agrees. “I think it’s a trend for girls my age because in our society, image is everything,” she said. “There is a desire to look like celebrities in the magazines. Detox diets promise weight loss and celebrities swear by them...so girls do them to get their desired results.” ☺

▶ Toxins can be accumulated through makeup, detergents, hair products, skin products and the environment around you.

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FLEXING A THOUGHT ON FLEXITARIANISM

A new trend allows for more freedom for those considering giving up meat

Written by
AMANDA BONAFIGLIA

On a night out with some friends, Sarah Fisher found herself at a restaurant with a menu that featured delicious steaks and salmon. Pondering the menu, Fisher recalled her meals for the last week and realized that she hadn't eaten any meat or dairy. Overcome with a strong craving for salmon, Fisher thought to herself, "Good thing I'm a flexitarian," and orders her fish without a trace of guilt.

"I don't believe in being stuck to just one way of eating. Each individual needs to find what kind of diet they are comfortable with," said Fisher, 36, a flexitarian and stay-at-home mom from Chicago.

Fisher is just one of many people adopting a "pro-plant, not anti-meat" diet, known as flexitarianism. The name is a hybrid of the words "flexible" and "vegetarianism." The basis of this diet is just that: the flexibility to occasionally include poultry, red meat and fish into an everyday diet. While the diet does allow for occasional meat intake, flexitarians strive to rely more on food that comes from plants.

A flexitarian may only eat meat once or twice a week, while the average person may include meat in their diet every day. The number of flexitarians has risen in recent years, partly due to the greater awareness of animal rights activism and environmental issues.

The greater push for flexitarianism, however, seems to be for the health benefits the lifestyle provides.

The nationwide population is made up of 30 to 40 percent flexitarians, according to a 2006 Harris Interactive study. Those numbers continue to grow, while the vegetarian community only accounts for 7 percent of the population.

Although the word "flexitarian" was named the "most useful word of the year" by the American Dialect Society in 2003, flexitarianism did not become mainstream until Dawn Jackson Blatner's cookbook, "The Flexitarian Diet," brought it to the forefront in 2008. The book contains more than 100 quick and healthy recipes with a "flex swap" to add animal protein. The book contains three levels: beginner, advanced and expert, with the levels referring to the number of meat-free days a person partakes in each week. Blatner, 37, a registered dietitian in Chicago and a recently converted flexitarian, was close to being a vegetarian for more than 10 years. However, she considered herself to be a "closet meat-eater" and decided to create her own style of eating. She said she wanted to create a diet that had the benefits of a vegetarian diet without a complete ban on meat.

It is possible to add 3.6 years to the average lifespan by adhering to this diet, according to Blatner. This is due

to an average weight loss of 15 percent and decreased occurrences of heart-related health problems and cancer.

"Vegetarianism is one of the healthiest and smartest ways to eat, but it's perfectly acceptable to pepper in meat and still gain all the health benefits," Blatner said.

This diet has been fitting for those currently practicing different forms of vegetarianism who see a hole in their diets.

Mara Shalhoup, editor of the Chicago Reader, is a former pescatarian (a vegetarian who eats fish) who recently adopted the flexitarian diet, following in the footsteps of a diet critic on her editorial team. The flexitarian diet has not only allowed for more protein in her diet, but it has also transformed her eating habits in other healthy ways.

"I have fewer unhealthy cravings when I know I can eat as I please; a sort of reverse psychology, I suppose," Shalhoup said.

Although the flexitarian regime specifies that there be a limit to the amount of meat an individual consumes, that limit is dictated by the individual's lifestyle.

While many people have adopted the flexitarian diet due to health needs or benefits, they tend to remain with it because they appreciate the change in lifestyle that has occurred as a result.

"I'm able to eat more ethnic cuisines, and I no longer have to excuse myself

“Vegetarianism is one of the healthiest and smartest ways to eat, but it's perfectly acceptable to pepper in meat and still gain all the health benefits.”

— Dawn Jackson Blatner, registered dietitian and author

from meals made by certain family members and friends," Shalhoup said.

Dietitians nationwide are praising the trend for its positive dietary implications and disease prevention. Flexitarians are able to increase plants, beans and grain in their diets without losing protein. The minor changes in individuals' everyday routines, however, have made this trend so prevalent.

"It has become a big trend for people trying to make a lifestyle change," said Lanah J. Brennan, 31, a registered dietitian from Lafayette, La. "The flexibility of the diet makes it

approachable because it's not an all-or-nothing diet. People can make gradual changes in their daily routine."

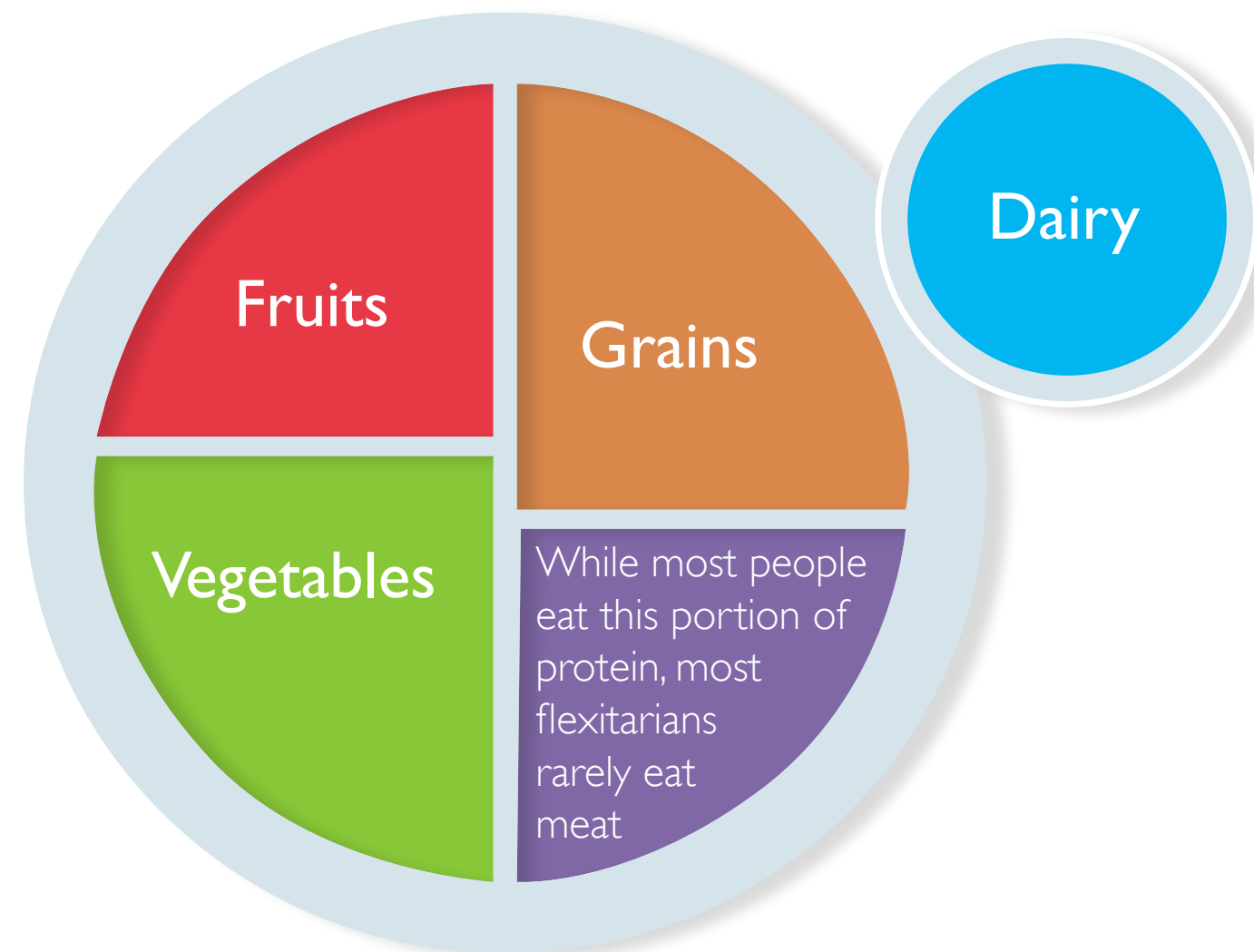
Even for those aiming to achieve a completely non-meat diet, being flexitarian accounts for those weak moments.

"I'm mainly vegan, but by adopting a flexitarian lifestyle I am able to have fish, eggs or bread when I get the craving," Fisher said.

In the past couple of years, many vegetarians have embraced the trend as a way to add the protein necessary for health and the flexibility that

lifestyles demand, but there are several vegetarians that resent it. The term "meat-eating vegetarian," a term used by many to describe flexitarians, is seen as confusion to the true vegetarian diet.

"I'm not exactly sure when someone suddenly decided that chicken and fish joined the fruit and vegetable food group. It seems to make about as much sense as the false and sensationalized stories that Congress was trying to declare pizza as a vegetable," said Kamal Bosa, 27, a vegetarian blogger for Chicago Now's To Eat or Not To Eat. ☯



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“[People need to] realize that sleep is as important as food and water. It is a biological imperative,” Attarian said.

College students, like Sampras, argue that homework and work assignments inhibit the possibility of healthy sleep.

“Classes and extracurriculars take up a majority of my day,” Sampras said. “The only way I would be able to solve this problem would be by dropping a class or an extracurricular.”

Still, experts and doctors offer tips or “commandments” for healthy sleep, like establishing a regular bedtime and waking time, avoiding bright light in the evening and enhancing bright light in the morning, exercising regularly during the day, avoiding heavy meals and alcohol before bedtime, and creating an environment that is good for sleep.

Balachandran suggests having a relaxing bedtime ritual like drinking a warm glass of milk, taking a shower, listening to calming music or sleeping in a quiet dark room that is cool with comfortable mattresses, pillows and sheets.

“We’re not any different than we were when we were babies and kids. Those rituals and routines help our bodies and minds power down and help us sleep at night,” he said. “Anything that is going to help you unwind a little before bed is going to help you sleep.”

The World Association of Sleep Medicine suggests that people spend one-third of their lives sleeping, a basic human need, much like eating and drinking. Poor quality of sleep, however, renders people unable to concentrate and has negative effects on attention span, memory recall and learning.

As this problem becomes more prevalent, sleep organizations, medical experts and doctors encourage people to make sleep a priority in their lives.

“To get better sleep, one would need to have better stress management techniques,” Gillespie said. “We need to set more boundaries between work and taking care of ourselves.”

“ [People need to] realize that sleep is as important as food and water. It is a biological imperative.”

— Dr. Hyrar Attarian, neurologist and associate professor



To the smart, hard working students who produced this magazine and the wise, caring faculty who guided them along the way: I salute each of you.

CONGRATULATIONS ALL.

– Ralph Braseth, Student Media

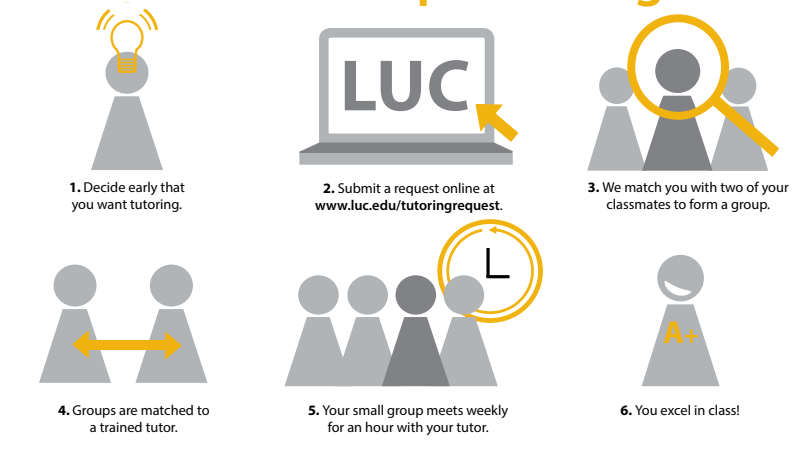


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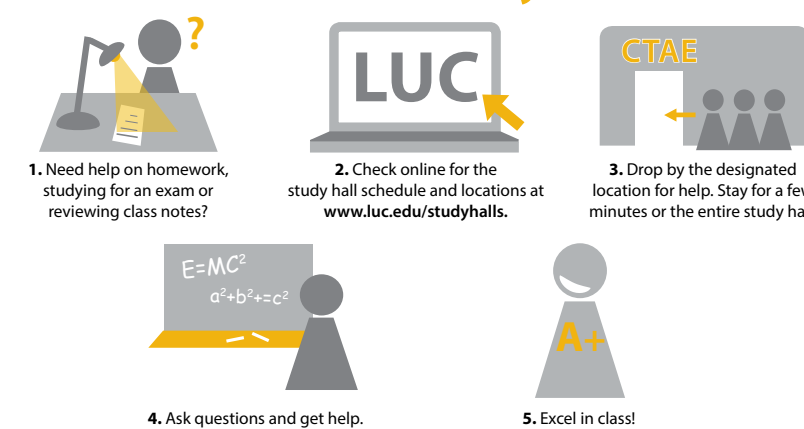
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What you think you know about tutoring

- MYTH:** Only students with “learning difficulties” require the services of a tutor. **FALSE**
- FACT:** Anyone can benefit from having a tutor. Some people simply get lost with the material and need a tutor to help them understand **before** they fall behind in class.
- MYTH:** People who have to hire a tutor are “dumb” or “stupid.” **FALSE**
- FACT:** This could not be further from the truth. Tutors can help individuals learn material that may be difficult for them to master. These people aren’t “dumb”; they’re smart for recognizing that they need some extra help!
- MYTH:** The Center for Tutoring and Academic Excellence is only intended for students who are at risk of failing their courses. **FALSE**
- FACT:** The CTAE is designed for students at all levels of experience and academic ability. We are here to help you discover practices that work for you regardless of your current level of success.

RELIEVING PAIN

Acupuncture provides alternative to traditional Western medicine

Written & Photographed by
MEGAN ESCUTIA

A person lying face down with dozens of needles sticking out of his or her body seems like a painful image featured in a horror film. For acupuncturist Kimberly Sullivan, this image is anything but pain; it's relief.

"There's about 365 points on the body where energy pathways run through, and when you put a needle into certain points, it affects some kind of change in the body," said Sullivan, a licensed acupuncturist and the owner of Logan Square Acupuncture in Chicago. "The needling of acupuncture points stimulates the body back into balance."

Acupuncture is a holistic treatment, meaning it takes the entire person into account and is able to treat several conditions at the same time. It can effectively treat anything that Western medicine can, according to Sullivan.

"A lot of times, Western medicine is giving band-aid solutions, temporarily relieving the problem but not getting to the root of the cause," Sullivan, 40, said. "Chinese medicine tries to

really get to the root of the problem and figure out why these things are happening."

Sullivan's desire to get to the origin of the health problem became ingrained in her while she worked toward a Master's from the American College of Traditional Chinese Medicine in San Francisco and when she traveled to Hangzhou, China, for advanced training.

While in China, Sullivan observed the traditional practice of both Chinese and Western medicine and studied with doctors in the areas of pain management, digestive disorders and gynecology.

Early in her practice, she gravitated toward women's health and designated it her main area of focus.



Kimberly Sullivan, a licensed acupuncturist and Chinese herbalist, observes the traditional practice of both Chinese and Western medicine.

In 2004, Sullivan moved to Chicago to continue her practice in the Logan Square neighborhood.

Sullivan quickly learned that acupuncture had a negative reputation and wasn't as common in the Midwest as it was in the West.

Only recently has the acceptance increased, she said.

"Seeing where it was when I started out on this path and where it is now, is so entirely different," Sullivan said. "It's the kind of thing where people looked at me like I was a nut job, and now I'm not embarrassed to say I'm an acupuncturist."

According to the National Center for Complementary and Alternative Medicine, 3.1 million people tried acupuncture in 2007 to relieve discomfort and ailments. This was an increase of 1 million people from five years earlier.

"I think people have a better awareness of it and see how effective it is, and I think the Western medical establishment being more supportive of it has a huge affect on how people are responding to it," Sullivan said. "If their doctors are OK with it, they are going to be OK with it."

Though many doctors have grown to accept acupuncture, not all insurance plans cover the cost of treatments. At Logan Square Acupuncture, patients pay a standard \$95 for the initial consultation and \$75 for follow-ups.

Sullivan, though, offers an alternative.

"On Monday nights, I do community acupuncture, it's basically a sliding scale acupuncture," Sullivan said. "There are a good amount of lower income people who stop by and want acupuncture, and I just know they can't afford to come in every week for \$75, so I do sliding scale and they can pay \$20 to \$40."

"I've seen a lot of people who come in that have been in severe pain for years and it's been really rewarding to be able to treat them and see them improve because of the sliding scale," Sullivan said.

For Sullivan, the most rewarding part of being an acupuncturist is to see the success of treatment and the transformation of her patients, such as Natasha Tsoutsouris.

"I struggled with Polycystic Ovarian Syndrome for years, have been to some of the top endocrinologists in the country, and been on every type of medication used for this condition,"

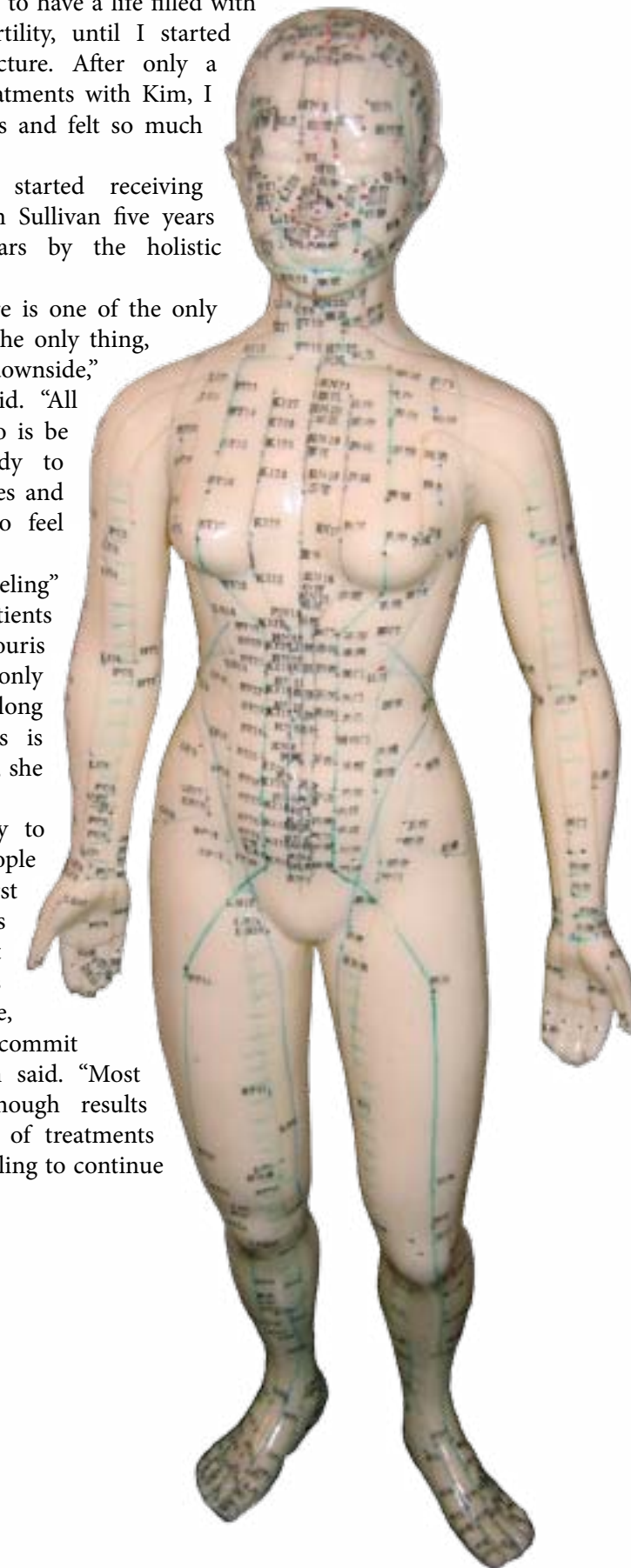
said Tsoutsouris, 35. "Nothing worked. I felt awful, resigned to have a life filled with pills and infertility, until I started doing acupuncture. After only a handful of treatments with Kim, I saw real results and felt so much better."

Tsoutsouris started receiving treatment from Sullivan five years ago and swears by the holistic approach.

"Acupuncture is one of the only things, if not the only thing, that has no downside," Tsoutsouris said. "All you have to do is be open, be ready to new experiences and be prepared to feel good."

The "good feeling" that patients like Tsoutsouris acquire can only be effective as long as the process is given a chance, she added.

"I really try to educate people in their first visit that it is medicine that works and it's very effective, but you have to commit to it," Sullivan said. "Most people see enough results after a couple of treatments that they're willing to continue with it." ☸



50

Percent of people who die are in pain

10

Caretakers who work to ease it

6

Months until...

VITAS Innovation Hospice Care helps terminal patients find relief

Written & Photographed by
CHIARA MILIOULIS

Team meetings convene once a week under the leadership of Dr. Diego Remolina to evaluate the patients who have six months left to live.

The team, Team 764, is comprised of 10 people, including a chaplain, hospice aides, nurses, social workers and a manager. As one of the largest hospice clinics in the country, VITAS Innovative Hospice Care centers its meetings around the challenges faced by its 40 patients who are at the end of their lives and refuse hospital care.

“Are they comfortable?” is the repeated question asked by Remolina, 35, who has made it his life’s mission to help those whose health is declining to die peacefully and with dignity.

“Studies have shown that 50 percent of the patients who die, die in pain and anxiety,” Remolina said. “We try to decrease that number and percentage here and give them the opportunity to die more comfortably with our expertise.”

Remolina divides his time working with underserved populations at VITAS and the Centro de Salud Esperanza Health Center, both located in Chicago’s Little Village neighborhood. Most of his patients do not have access to healthcare or insurance.

Although Medicare pays for hospice benefits for patients who are going to die within six months, Esperanza is a nonprofit clinic with free access to

pediatricians, gynecologists, midwives, nurses and physicians. As the internal medicine physician at Esperanza, Remolina sees an average of 20 to 25 patients a day, six days a week. Yet his true passion lies in his palliative care work at VITAS on Wednesdays, dedicated to relieving the suffering of patients with illnesses.

VITAS patients are given access to a chaplain and a social worker. Team 764 members go to their patients’ homes to serve their emotional and spiritual needs. Help is available for family members to create photo albums or make stuffed-animal bears for their loved ones. They also help with their physical needs such as massage therapy and regular visits from nurses, hospice aids and physicians.

“The importance of hospice is our multi-disciplinary team,” Remolina said. “We are also a multi-cultural team. Some of us speak Mandarin, and most of us speak Spanish to cater to our Hispanic and Chinese patients.”

Working in hospice, as Remolina noted, is not something everyone is willing to do.

“In my training, I saw a lot of people dying and suffering,” Remolina said. “Everybody was paying attention to the cancer, the bad heart, the pneumonia, but no one was paying attention to the patient or the relatives.”

At VITAS, it is the team’s moral obligation to monitor the patients, as well as to aid the families along the

Team 764, a multi-disciplinary and multi-cultural group, discuss the patients of VITAS Innovative Hospice Care.



bereavement process when the patient eventually dies.

“I wanted to be an advocate for the patients who are dying and maybe help them make more decisions in that process,” Remolina said.

Remolina’s wife, Maria Mora, believes it takes courage, strength and compassion to reduce people’s suffering in the last days of their life.

“Many doctors want to save lives, but not many want to help people to die,” Mora, 28, said.

Although Remolina was not always sure he wanted to be an advocate for the dying, his goal of becoming a doctor was unflinching.

Born in Colombia, South America, Remolina finished medical school when he was just 22 years old at Javeriana University, a Jesuit university in Bogotá, Colombia’s capital.

Following the advice of his mentors, Remolina decided to move to the United States to pursue a fellowship in palliative care and geriatric medicine at Rush Hospital and the University of Illinois at Chicago. Although he had the opportunity to return to Colombia and be a part of a large hospital, he believed his true calling was working with disadvantaged populations.

Remolina enjoys watching movies and reading about history in his free time, at his home in the South Loop. He

also likes traveling to a new place every year with his wife and visiting his family in Colombia.

“I think his family is his priority,” Mora said. “No matter how busy he is with work, he tries to set limits and be present emotionally and physically all the time.”

The values of a close-knit family are not only manifested in VITAS but also in the community health center, Esperanza, where Remolina treats entire families. It is common for those who work at Esperanza to also become Remolina’s patients.

Christina Tanner, 44, is a midwife at Esperanza as well as his patient.

“He’s fabulous. I could go anywhere, but he has a strong dedication to helping underserved people,” Tanner said.

Likewise, Remolina’s respect for his patients has created praise and admiration among his co-workers. Teresa Monteagudo, Team 764’s manager, describes him as a star doctor.

“He deserves the utmost respect and attention,” Monteagudo said.

Despite his accomplishments, Remolina is cognizant of the sacrifices he has made to become a doctor.

“Leaving my family [in Colombia] and my culture is the biggest sacrifice,” Remolina said. “But every year with my work, those become less of a sacrifice.”

THE END.



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