

Healthlink On Air

11/1/09

[Music]

>> Well, listeners, we have a favorite and frequent guest on the phone with us this morning with some updates on flu. Doctor Shelly Gilroy [assumed spelling], good morning.

>> Good morning, Trisha.

>> Doctor Gilroy is an infectious diseases expert, and a professor of medicine at Upstate. So Doctor Gilroy, the flu? Do you feel like you've had flu up to your eyeballs at this point?

>> Yes, pretty much.

>> I'm sure you do. And I know you must get a million questions all the time, but my first question for you is are we seeing a lot of flu locally?

>> Yes, but this is not unexpected because this is usually the week we start seeing patients coming in with symptoms for seasonal flu.

>> It is? Okay.

>> Yes.

>> So do you know yet whether you're seeing the seasonal or the swine flu?

>> Right now, the majority of the infections are all swine flu.

>> They are?

>> There haven't been any better seasonal at this time.

>> All right. And you're testing to find that out?

>> Well, they're doing is some testing at the CDC, and from the testing that the CDC does, they have informed us that so far most of the strains in the United States -- the majority of them are all due to the swine origin flu.

>> Okay, they are? All right.

>> Yes.

>> Let's talk about what those symptoms would be because I think there's some confusion. People have allergies, and they're afraid they have the flu.

>> Right.

>> They might have a cold; they're afraid they have the flu. So let's talk about what those symptoms would be.

>> Symptoms are a fever, 100 degrees or greater, associated with one or the more following symptoms -- one or more of the following symptoms such as a runny nose, sore throat, cough, muscle aches, and joint aches.

>> Okay.

>> You can get some nausea, vomiting, and diarrhea, which is something new, which we don't normally see with seasonal flu, as well.

>> You don't?

>> Yeah.

>> Okay. So if somebody has that nausea and vomiting and so forth, is there a pretty good indication that it's the swine flu and not the seasonal flu?

>> No, you have to have a combination of factors, so just nausea vomiting and diarrhea without the other symptoms that I mentioned could be due to something else.

>> Okay. All right. So here's the question. Does it really matter which one is which? I mean, if you have flu-like symptoms, does it matter what you call it?

>> No, it doesn't. But the majority of the flu that are -- the flu symptoms that people are having right now are due to the swine origin. The majority of people though that get this infection; it's very similar to seasonal flu, and the majority of people do get better. The only concern is there is a small subset of patients where they don't get better, and they go on to develop more severe symptoms.

>> They do?

>> Yeah.

>> So at what point should somebody be calling their doctor?

>> Well, if your fever -- you have a fever initially, and then it goes away, and then it starts to come back.

>> Okay.

>> If you start having shortness of breath or chest pain, then you really need to call your doctor and see if you need to get in to see them or show up at an emergency room.

>> Okay. All right. So I guess the question is, if I'm starting to have some flu-like symptoms, should I be trying to get to my doctor to get one of the drugs that will help allay those symptoms, or should I just be staying home and eating my chicken soup?

>> If you're an otherwise healthy person with out any chronic medical diseases, for example chronic lung disease, asthma, or if you're not on an immunosuppressive therapy, then you don't need to take the antiviral medication. They're recommending that the antiviral medication should be taken by people that have problems with asthma or chronic lung diseases and develop systems because those are the people that are risk. If they don't get treated, they could go on to develop some of the severe symptoms.

>> Okay. And you know, I have to think that it's better, if you're otherwise healthy, it's better not to be flooding the doctor's office and making room for those people --

>> Yes, exactly. Room for the people that really need to be seen.

>> Sure, absolutely. Okay, well, you know, I'm somebody who's out there on the Internet. I write a lot about swine flu things and seasonal flu things that really aren't the medical side, but therefore I get a lot of very strange questions, and some that are just curiosity. So is it okay with you if we run through some of those questions?

>> Sure.

>> All right. Well, one of them is say I had flu symptoms last week, and I was really down and out for the count. Do I need to get the flu vaccine?

>> Yes, I would still recommend getting it because unless you've been diagnosed with it, for example, you had the swab taken, and they did find out by the testing that you've had the swine origin flu, it is still recommended to get both seasonal and the swine flu vaccine if you can.

>> It is? And so it doesn't really matter, even, which of the flus I had. I can still get those vaccines, can't I?

>> Yes.

>> Okay.

>> And it is recommended that you do that.

>> Okay. Now, we're hearing that some people, who are over certain ages, maybe they're in the '50s or their '60s or older. They might have some immunity to the swine flu but not the seasonal flu. Why is that?

>> That's possible. The hypothesis for that is that these people over the age of 60 were probably around during that time when the -- we had the swine flu outbreak back in the 1970s and the 1960s. And they may have to develop some antibodies for that strain of virus back then, which might have similar traits to the same strain that we have now.

>> I see. All right. So it could be immunity, or it could not be.

>> Right.

>> You really can't tell, so it's probably once you get to that point. Now, older people, right now, are not in one of the high-risk groups for the vaccine, as I understand it.

>> For the swine flu vaccine.

>> That's Right.

>> They still need to get the seasonal flu vaccine, however.

>> Right because they are two very different things, aren't they?

>> Exactly.

>> Okay. All right. So here are some more of those questions that I've gotten from other folks. One question is if you think you may have had the H1N1 swine flu previously, is there a way to be tested now to know whether or not that's what you had?

>> No, not really. The best way to get tested is during that time you're having symptoms.

>> Okay.

>> And they did test some people. There were some studies looking at that, and they found that they -- people that were exposed back then don't have -- probably do not have adequate antibodies to protect them from this strain.

>> Okay.

>> So it is recommended that even if you had it back in the '70s, you should get the H1N1 vaccine if you fall under the category of people that really needs to get it.

>> Okay. All right. Very good. All right, now, here's another one. Can you get swine flu from touching money?

>> Yes. It is droplet spread.

>> Okay.

>> So if large droplet -- anything that gets contaminated with droplets of swine flu can be a source of someone touching that surface, and if they forget to wash their hands and touch their eyes, nose, or mouth, then they can get infected.

>> They can? All right. So if that money gets passed onto you, I suppose you could. So the key, really, is once again, just to keep your hands washed and not to touch your nose, or your eyes, or anywhere around your mouth if you've been touching other object.

>> Yes.

>> Okay. All right. And one more quick one because we've only got a few seconds. Can you get swine flu from eating fruits or vegetables?

>> No. There isn't any cases that have been caused by eating pork or any products at this time.

>> Okay. All right. Although, if somebody, once again, just like touching money. If somebody's been poking around in the produce section at the supermarket, once again, you just want to make sure that you're washing those fruits and vegetables and washing your hands as well.

>> Yeah.

>> Very good. Well, Doctor Shelly Gilroy, I think we could go on for an hour, but -
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>> We could.

>> Yes, We absolutely could. We thank you so much for your time this morning. We know you've been very busy.

>> Oh, you're welcome. It's a pleasure to be here.

[Music]

>> Hi. I'm psychologist Doctor Rich O'Neill with this week's Check-up from the Neck-Up. Well, dear fellow experimenters in living, at our house, one of the thrills of Halloween is dumping all that can be out on the floor and sorting it. Milky Ways, Snickers, M&Ms, Twizzlers, chocolate Kisses, little chocolate bars, little dark, chocolate bars, little chocolate bars with peanuts, little chocolate bars with almonds. Guess you know who likes chocolate. This year, I didn't even have to go out to collect it, just turned over the candy hander outer bowl that I made I sure we'd have lots of extra stuff in after the last of the trick or treaters disappeared into the dark and stormy night. After a little feast, a got to thinking about the other big Halloween thrill of putting on a costume and playing at being something different, somebody different than we usually are. And I thought, "You know what? We don't need to wait for Halloween to do that. We can try on a new identity any time we want." Let me give you an example. My identity as Rich O'Neill has never had negotiating for compensation as a big part of it. People asked me to do things, and typically are just say yes. But this past the week, a friend and colleague emailed me and asked me to do some work, something we have a lot of fun doing, but I actually noticed this was a chance to try on a new identity, different from Rich, the friend who likes to help friends, and different from the Doctor Neck-Up, the psychologist and colleague who empathizes with wanting to get the work done. Rich O'Neill the businessman who asks for something in return beyond fun to pay the college tuition, etcetera. Anyway, while I was thinking about how to do this, I paid attention to all the little voices in my head discourage me from trying out this new behavior, a bunch of all the psychology types call "negative predictions," thoughts that something bad will happen if you do this for that. In this case, they'll think you're greedy, or they'll be offended and say forget it will get somebody else. And even though I knew in my Doctor Neck-Up the psychologist identity that those kinds of thoughts just naturally popup whenever we try something new, it wasn't easy to reply with those words, "Of course I'd love to do it, but before I say yes, is this a paying job?" I had to remind myself that I couldn't tell the future, to know how they'd respond, and gather my courage, move aside my embarrassment, a feeling that often also pops up when we're shedding our old skin and trying on some new colors, and get curious about what might happen in this experiment. Anyway, I haven't found out yet, but either way I've discovered something more important than the pennies, nickels, and dimes at the bottom of the candy bag, that sense

of excitement that comes with the reinventing ourselves, and I like that almost as much as chocolate. I'm Doctor Rich O'Neill. Thanks for tuning in.

[Music]

>> Well, welcome back to HealthLink On Air, produced each week by Upstate Medical University and Upstate University Hospital. This is your host, Trisha Torrey, every patient's advocate. It's time for our monthly look at the Healing Muse. Doctor Deirdre Neilen joins me in the studio this morning. Welcome back Doctor Neilen.

>> Thank you, Tricia.

>> And listeners, most of you know that Doctor Neilen joins us from the Upstate Center for Bioethics and Humanities. She's also editor of "The Healing Muse," a journal of literary and visual arts. And we have a new addition.

>> I am so excited to be here. I am still coasting on the high of the publication launch, which is -- was Wednesday, October 28th.

>> Yes, yes, just this past week. You know, this is really fun, and I've not had an opportunity to read all the passages, just the one that we're going to share this morning, but I saw almost a new attitude in this. Have you seen some new trends in you addition?

>> We have seen some new trends, less emphasis, maybe, on the saddest aspects of illness, more intricate dealings with how we're going to live.

>> Okay. So that really is a huge shift, I would say.

>> Yeah, I think so.

>> You know, I have to wonder; one of the things we talk about on occasion is that 25 or 30 years ago, if you received, say, a cancer diagnosis, then it almost sounded like a death sentence. And so much of cancer and now is really just a chronic condition you're going to live with.

>> I think that's a really good point. Medicine has come so far in so many different directions; people are living longer with illnesses that once were those

death sentences. And obviously, then, writers get to write longer than they would have, so we're all the richer for that.

>> And we are. We certainly are because it seems to be, like, this huge attitude shift, and maybe "The Healing Muse" has now caught up to the attitude shift.

>> I think so. And I think that this poem I chose to you today is part of that.

>> Well, you know, it absolutely is, and I have to tell you I loved this one. Of all the ones that you shared with us over the last, I don't know, eight or ten months, this is absolutely my favorite. And I'm not sure I should stick that stake in the ground. Maybe we'll beat it with another one if -- not too long away, but I have to say that this is one that almost anybody can relate to, if not for ourselves, maybe for a parent, or a grandparent, or even a friend. What's the title of it?

>> The title of this piece is "Hip Precautions."

>> A-ha. And the author?

>> The author is a professor of literature, Johannes Shapiro, who is a professor in the Department of Family Medicine out at U Cal Irvine.

>> Oh, she is? So she's really in the thick of all of this, isn't she?

>> She is in the thick of it, just as we are here in Central New York, yes.

>> Right. And so before we give any more way, let's go ahead and read "Hip Precautions."

>> All right. I'd love to. "Hip Precautions. Fellow oldsters, you know what I'm talking about. When we get those fabulous, spanking new metal and ceramic balls and sockets, we want to protect our investment of money, pain, blood, sweat, tears, so we take precautions. But oldsters, think about it. Hip precautions. How Hip is that? You remember the hipsters, don't you? The Beat Generation? Wild, free, on the road. Maybe you even were hipster before you got lost in the American dream and started driving that RV all over nowhere. Oldsters, these hip precautions. Come on, Grandma; really think about them for a sec. Don't bend too far; as in get some backbone, Granny. Show some spine, Gramps. Stand up for something you believe in. Stop the war. That one still works. Save the environment. Whatever. Just do something that matters with that new hip. Don't cross your legs or your principles. Use these years to do what you always known is right, but always seemed too unconventional, too radical. Set a trend that goes deeper than fashion. Set a trend that someone will remember after you were gone. Don't stand pigeon toed. It's a posture of shame. You big

dodos, be proud that you have made it to body part replacement time And decide that new hip can bear the weight of the world, its poverty, its violence, its still burgeoning promise. Don't twist and turn, parsing your words with a politician's precision. Admit your mistakes. You can start with Iraq; work your way down to the kids, and whether you really tithe enough to your church. Use that hip to take a stand. Oldsters, be hip, be cool, be fingered-popping mellowed. Heck, smoke a little weed if you want, but remember who you are, and who you still can be so when that titanium prosthesis heals, you can use it to walk somewhere that is worth walking to.

>> Now, hopefully listeners see why I got such a kick out of this. This is a real call to action, isn't it?

>> It is a call that your best years are really ahead of you.

>> They really are. Now, first of all, I had to say when I read through this, the term "oldsters," it occurs to me that the very people she's talking to hear, the hip generation or the Beat Generation, I'm going to say that we don't really consider ourselves to be oldsters, do we?

>> No, exactly not.

>> And the hip generation, now with new hips. So she tells the story as if to suggest that if you aren't hip -- well, you weren't as hip as you wanted to be back then, you could be that hip now with your new hip.

>> With your new hip, exactly.

>> So this is a whole lot of metaphor.

>> Yes.

>> And then she takes that metaphor; she keeps referring back to the present, as if you've had a hip replacement.

>> Yes.

>> But then she refers back to the past, like this is your second chance.

>> This is your second chance. And exactly, I mean, it's the exciting part of what medicine can do with all of these different joint replacements that are happening for people. And the poet asks us to look kind of lightly and then seriously at what you're going to do with your new hip.

>> And it's a contrasting advice.

>> Yes.

>> She acknowledges that you're getting certain kinds of advice, perhaps from the surgeon or the physician that you're seeing.

>> Yes.

>> But and then she's saying, basically, ignore that advice and do what I'm saying.

>> She's saying ignore that advice when it comes to the philosophy, or the metaphysics, of bending. You know, that if they tell to not to bend, you can bend as an older person. You don't have to be as rigid in your philosophies.

>> That's right. And it isn't so much about the physical. Maybe the physical, you may still be restricted just a little bit.

>> Yes.

>> But that doesn't mean you're head has to be restricted.

>> Exactly, exactly. She's really having fun with what will you do, and that the world is, as she says, "still burgeoning promise."

>> Yes.

>> You know, a beautiful image that there's so much work to be done in the world that even as we are replacing parts, and perhaps being replaced in the workplace, there's still a place for us out here in the world. Do something meaningful, she says.

>> Do something meaningful because you had your chance then. You probably didn't take it. Now, you've got another chance.

>> Now, you have another chance.

>> I love that. " Be proud that you've made it to body part replacement time."

>> I liked it to, too.

>> Yeah, yeah. And then some suggestions of causes we can take up. She said, "Stop the war. That one still works."

>> Yes.

>> Of course, we've had a few in between, right?

>> We've had lost since the '60s demonstrations, yeah.

>> That's right. Save the environment. You know, we started Earth Day back there in the '70s.

>> Exactly.

>> And that's really taken on kind of an uber meaning now, hasn't it.

>> Exactly. Now, we've got the global warming movement, and she says, why not join that one, if you want to.

>> Yes, yes. And then she says, "Just do something that matters with that new hip. Don't cross your legs or your principles."

>> Yes.

>> Yeah, so " don't cross your legs" would again refer to the medical advice you've been given.

>> Yes. Well, our readers can't see it, but when you look at the poem, she has these in italics, which come from the "Hip Precautions" pamphlet that you'd be given once your new hip is in place.

>> A-ha, there you go. And you know, she's talking about the hip because of course we've got that metaphor with the hip and the Beat Generation and so forth, but she's actually talking about almost anything you would have replaced. You could have your knee replaced. You can even have a transplant, couldn't you?

>> Yeah, exactly.

>> And you'd be given one set of instructions that would keep you physically alive. And it seems to me her instructions are the things to keep you mentally and emotionally driven.

>> I think so too. I mean, you bring up organ transplants, and I think we always think when a person's given an organ, there is that tremendous trauma of oh, your new life now starting again. And with the joints, hips, knees, we haven't had that kind of drama with it. And I think this poem sort of plays off on that and says why not? Why not think this is your second chance as well?

>> You know, that's absolutely of good point. And then I loved this, "Admit your mistakes. You can start with Iraq. Work your way down to the kids, and whether you really tithe enough to your church."

>> Yes, she's just painting with a very broad brush here, so you know, it's all over the place. Just think about all these choices you're making.

>> She's kind of giving you this instant review of all the things you did wrong.

>> Possibly, Yeah, possibly.

>> And then she says, "Heck, smoke a little weed if you want," which I find to be just kind of a very cool statement, considering all the questions about medical marijuana that we've been hearing on the news.

>> I know. It's totally in the news now that we're going to have some sort of legal agreements that we can do this.

>> Who knows?

>> But here, she's going back to that idea of Jack Kerouac and the Beat Generation, you know, playing around with that idea.

>> Yes, absolutely. So now, I think listeners are going to get an understanding of how -- why I got such a big kick out of this particular piece. And it occurs to me that this is the perfect time of year to be talking about "The Healing Muse" as a gift. You know, if we've got listeners --

>> Oh, thanks. Yes.

>> -- They've got friends, maybe themselves, maybe a spouse, maybe a relative who's had to get a hip or knee or anything else replaced, what a great gift to give them, a copy of "The Muse." And with the holidays coming up, let's tell them how they can get a hold of it.

>> Oh, that's wonderful, Trisha. Thank you.

>> Did you like that segue Way there?

>> I loved that segue way.

>> Very good.

>> And it is the perfect gift because it's only \$10.00, and you can go -- HealthLink On Air has our link to our web site, The Healing Muse.org, or you can call the phone number that's there, 464-5407.

>> 464-5407.

>> 5404, sorry. I should say --

>> Oh, ah, let's do it again.

>> 464-5404.

>> 04, okay, very good. And will make sure that we put a link from our HealthLink on your website. Also, at the end of the show, I'll give people instructions for how they can order so that they can get pencils and paper between now and then.

>> Wonderful.

>> And Doctor Deirdre Neilen, from the Upstate Center for Bioethics and Humanities, you're going to return next month with still another passage?

>> Yes, I definitely will, from our new book, so thank you.

>> From the new book. Very good. Let's ask one more quick question. Do you have previous editions available?

>> Oh, yeah, we do. And we will be discounting the previous selections. Again, on our website you can find all that information. But yes, we are selling the old ones as well as this new one.

>> Very good. Well, once again Doctor Deirdre Neilen thanks so much for coming by this morning.

>> My pleasure. Thank you, Tricia.

>> Listeners, we're going to take a quick break. Please do stay with us. This is Upstate University Hospital's HealthLink on air on 570 WSYR.

[Music]

>> Well, welcome back to HealthLink On Air, produced each week by Upstate Medical University and University Hospital. This is your host, Tricia Torrey, every patient's advocate. Spina Bifida, I dare say most of us have heard of it. We might know it involves the backbone. Most of us realize it's congenital. Babies are born with it, but with few exceptions, that's where most of our education stops. So we aim to educate and please on HealthLink On Air, and I expect this morning's guest we'll do both. First, welcome to Judy Hodge, R.N. in the Center for Developmental Behavior and Genetics, working specifically with Spina Bifida patients. Good morning, Judy.

>> Hi, Trisha.

>> That's a mouthful. I'm not even sure I got it completely right. Was that pretty well covered?

>> You were close, yes.

>> And we're going to welcome Mike Kasal [assumed spelling]. Good morning, Mike.

>> Good morning.

>> You're a bass player, a musician.

>> Yes.

>> And a lot of people recognize your name from various groups you've played with. What are some of those names?

>> Well, I played for about eighteen years with the folk/rock duo called "Neighborhood Friends." And as of recent, I've played in a group called "Bobby Green and a Cut Above." We played a lot of the local clubs around here. And I'm also in an original music group called "Geek Romeo."

>> Geek Romeo?

>> Yes.

>> That's a good name, too.

>> Yes, it is.

>> Well, I want to tell listeners that we're going to talk to you in just a minute about a wonderful fundraiser in your putting together, which honestly, it sounds like so much fun. But before we do that we want to talk to Judy about Spina Bifida. Tell us about Spina Bifida. What are some of the basics we should know about the disease?

>> Well, as you said, it's congenital birth defect, and it affects the spine. It's actually an opening of the spine, so that -- and the opening can be at various places on the spine, up at the top, the middle, or the bottom. The level of that opening is what determines the motor ability that the patient will have.

>> Okay.

>> Some of the patients also have to have a shunt inserted into their brain because they can develop hydrocephalus, which is increased fluid on the brain. So that fluid needs to be drained off.

>> You know, it's only been made yet generation or two ago that a baby born Spina Bifida might not live very long.

>> Right. And now we have patients 50 and 60 years old.

>> And Mike, you said yourself that you ran into that. What were your parents told?

>> Well, they were told exactly that I would probably be around three or four or five days, maybe a week.

>> Days?

>> Yes.

>> And that was almost 60 years ago, and that's actually part of our story this morning. But we'll let people just kind of hang on and wonder about that for a moment. Judy, talk to us about the -- your center and the work you do for Spina Bifida patients.

>> Well, we are one of the few centers that sees patients from birth until adult. Right now, unfortunately, we are transitioning out of the adult, but we do see up

to 25 years old. And they come in anywhere from every three months, six months to a year, depending on their age. We are a multi-specialty clinic, so we have our doctors. We have a nurse practitioner. We have a physical therapist, and occupational therapist, and a social worker.

>> Which is fabulous. I mean, it's like one-stop shopping for anyone who is born with Spina Bifida. Talk to us about the range of abilities for a baby born with Spina Bifida as he or she grows to be older.

>> Well, as I said, it all depends on the level of the lesion. And some are able to walk with very minimal disability. Others are in a wheelchair.

>> Okay.

>> And some wear braces in their shoe, you know, AFOs, so that they can participate in different things.

>> And when you say participate in different things, we're really talking about -- this is not at all a problem with the brain or brain function. This is simply one -- simply -- one of the backbone and the ability to stand and walk?

>> Well, that is mainly the problem, but they do -- a lot of patience with Spina Bifida do have a nonverbal learning disability.

>> Oh, they do?

>> Yes.

>> Okay.

>> The so they have problems -- they -- sequencing things. And so they do have problems -- sometimes have problems in school, so they'll have to have an IEP or a 504 Plan.

>> And those mean -- IEP?

>> Individual educational plan.

>> Okay. All right.

>> Okay?

>> Okay. All right. Very good. All right. So one of the programs you ran, which I find it's just fascinating, is a sports program that you've coordinated with some other groups. Tell us about the sports program.

>> Yep. But we have our program that meets once a month, and we do it at the Institute for Human Performance.

>> Okay.

>> And it's in conjunction with the Upstate physical therapy students and with the SUNY Cortland adaptive PE students and their instructors.

>> Okay.

>> And we come together once a month, and the students -- the faculty from SUNY Cortland also brings extra -- they bring extra wheelchairs and equipment for the children and all the participants to play games.

>> Okay, well let's step back just a minute because what this is focused on is the children who have Spina Bifida, and their families --

>> Right.

>> And -- including their siblings, mom, dad, anyone who's included.

>> Right.

>> And what do they do when they get there?

>> Well, when they get there, we check them in. We do do a little bit of medical intake on them, then we have dinner. We have a sit down dinner where the families can sit together and talk and, you know, ask each other -- they've developed quite a network --

>> I'll bet they have.

>> -- In this, and, you know, have exchanged emails.

>> Um-hum. Sharing information with each other --

>> Right.

>> -- About the challenges of raising children with Spina Bifida --

>> Right.

>> -- The challenges of having siblings of children -- I can only imagine that range of problems that you share with each other.

>> And it is. And some of the parents of the teenage children can help the people with the younger children, with school issues and saying, "No, you are entitled to this. You need to ask for this."

>> So they have their social time.

>> Right. They have their social time.

>> And Then what?

>> And then we split up, and we take -- the parents go in one area. That's usually right where they can see the children. And we have a speaker and have a program -- you know, depending on a topic that the parents would like to hear about.

>> Okay.

>> Like, we had one about what you should have in an adaptive phys ed program for your child, and what your entitled to ask.

>> And then what do we do with the kids?

>> The Kids go with the PT students and the --

>> PT meaning physical therapy.

>> Physical therapy students and the adaptive phys ed students, and their instructors. And they go out in the gym, and they play numerous games. They play wheelchair soccer. They do -- they bring the Wiis. They do --

>> They do the Wii bowling?

>> The Wii bowling. They do Wii everything. And they -- we actually have one of our Spina Bifida patients who is the first alternate on the Special Olympic team and brought -- she --

>> Special Olympic? What Sport?

>> Curling team.

>> Curling?

>> Um-hum.

>> Oh, my gosh.

>> And She brought equipment so she could teach everybody how to curl.

>> Oh, that's great.

>> The staff from SUNY also bring extra wheelchairs so that siblings can see what it's like to be in a wheelchair and stay with the -- and do these things as their sibling does.

>> Fabulous.

>> We have also done --they have a pool at the IHP --

>> They do?

>> --That we did go into our last session last year, and there was a student with each patient and their sibling, and they just loved it. We couldn't get them out of the pool.

>> Oh, that is fabulous. That is just -- it's a fabulous program. It's fabulous for the kids themselves. It's fabulous for the families, and certainly for the parents, for their knowledge. But all of those kinds of things take funding, and Mike that's where you come in. You, having had Spina Bifida for going on 60 years --

>> Yes.

>> We can divulge that.

>> Yes.

>> You're actually putting together a fundraiser. Talk to us about your fundraiser.

>> Well, the fundraiser that I'm putting on with the -- in conjunction with the Dinosaur Barbecue where I get to perform at least once a month, I'm bringing in - - actually, it's a dream come true for me because my favorite band ever -- everybody has a favorite band --

>> Sure they do.

>> -- Who enjoys music.

>> Um-hum.

>> But the band, "Orleans --"

>> A-ha.

>> -- From the '70s. They had three big hits, "Still the One--"

>> Yes.

>> "Dance with Me," and "Love Takes Time."

>> Ah-ha-ha.

>> These fellows -- I met them, though, at least 25 years ago now. And I've been blessed by -- I was able to open for them a couple of times, and I've been to many, many of their shows. And they're just a great bunch of guys, and I just enjoy their music. And I started talking about this in February of this year. And I called the lead voice of Orleans, Larry Hoppen. I actually called him on -- I sent

him an email on Super Bowl Sunday, and I told him, I said, "I've got an event coming up in November that I want to talk to you about." Well, I clicked "send" on the email, and my telephone rang.

>> Oh, my gosh.

>> And it was Larry Hoppen.

>> And he was right there for you.

>> Yeah, and he was right there.

>> So you're going to have this birthday party, but the intention of your birthday party is really to raise funds for Spina Bifida in children, isn't it?

>> Yes. Yes, it is.

>> And that's really near and dear to your heart.

>> Very definitely because -- well, an offshoot of this is when I turned 50, 10 years ago, I had the same kind of party on a smaller scale. I ask people to not bring me any gifts for the birthday, just to bring money to collect a donation for Spina Bifida.

>> That's very generous.

>> And we -- well, it was important, you know? And what I did was I got a bunch of my fellow musicians together. The Syracuse music community is a great community to be involved in. And I've been involved in performing since 1970. So I have a lot of friends in the local music scene, and we all came together and we raised about \$1,100.00 in three hours --

>> Oh, that's fabulous.

>> -- On my 50th birthday.

>> Well, Mike, let's talk about some of the details because we're running out of time here. We've only got a few seconds left, but this is November 15th.

>> Yes.

>> November 15th. And tickets cost --

>> \$25.00.

>> That's all?

>> Yes, \$25.00.

>> \$25.00, so -- but we can also accept additional donations, couldn't we?

>> Oh, of course. Of course. Very definitely.

>> All right. Very good. How can people get tickets?

>> Well, I'm going to give you a phone number here.

>> Okay.

>> It's 464-7561.

>> 464-7561.

>> Yes.

>> This is being held at the Dinosaur Barbeque.

>> Yes.

>> And it's Sunday evening, November 15th --

>> Well, actually, it's Sunday afternoon, 1:00 to 5:00, 1:00 to 5:00.

>> Oh, at 5:00. All right, very good.

>> 1:00 to --

>> 1:00 to 5:00.

>> 1:00 to 5:00.

>> Yes.

>> I'm sorry. 1:00 to 5:00. Let's make sure we have that correction.

>> Yeah --

>> And that's not actually your real birthday, is it?

>> No.

>> No.

>> No, my real birthday is Thursday, the 19th.

>> Oh, so you won't quite be 60 yet.

>> No, not quite.

>> But if listeners want to get tickets, certainly we will put information on our HealthLink On Air web site, or they can call 464-7561. Well, Judy Hodge and Mike Kasal, thank you so much for coming by this morning. Great conversation. We've learned about Spina Bifida and fundraising and happy birthday, Mike.

>> Thank you Very much.

>> And listeners, we do need to take a break. But not a long one, we'll be back in just a few moments. Please stay with us. This is Upstate University Hospital's HealthLink On Air on 570 WSYR.

[Music]

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