

City of Highland Park Emergency Relief Task Force Haitian Earthquake Relief



The horrific and unimaginable human tragedy unfolding in Haiti has spurred the City of Highland Park to reactivate its Emergency Relief Task Force, which was originally created for Katrina Relief. The City of Highland Park Emergency Relief Task Force, which consists of City, Township, County and State elected officials, our schools, Park District and Chamber of Commerce, civic organizations, and concerned citizens, has mobilized to provide a vehicle for individual and corporate citizens to channel their relief efforts.

The Highland Park Community Foundation (www.hpcommunityfoundation.com), a charter Task Force member, has once again volunteered to research the most effective way to deliver ongoing help, and provide a tax-deductible 501(c)(3) vehicle for donors to be assured that 100% of their contributions will go directly toward Haitian earthquake relief. The Foundation will also attempt to seek matching grants to compound the impact of your generous contributions.

The magnitude of the Haitian tragedy is heartbreaking, and the City of Highland Park is once again proud to be part of a humanitarian relief effort. The Task Force has determined that – initially, at least – the most valuable contributions are monetary.

If you can make a contribution of any size, please mail your check to:

**The Highland Park Community Foundation
P.O. Box 398
Highland Park, IL 60035**

Please be assured that donations marked “Haitian Earthquake Relief” will be segregated and used solely for this effort

As the long-term needs of the humanitarian effort in Haiti evolve, ongoing needs will be re-assessed by the Task Force and Foundation through a variety of resources, including the Haitian Consulate with whom we have already established communication. Please be assured that all continuing efforts will be based on solid research. For additional information, please contact Terri Olian at oliancouncil@hpolian.com or (847)-432-5662.

We're all in this together, and are all only a heartbeat away from disaster. Please help if you can!



With appreciation for your efforts,
Michael D. Belsky, Mayor
City of Highland Park Emergency Task Force

Food Allergy Q & A

Food allergy is always a hot topic, whether it's in reference to our own health or someone close to us. It has become a public health and safety issue, in that food allergy, primarily to peanut and tree nuts, has doubled in the past decade. The problem affects 12 million Americans, including three million school-aged children and one in 17 children under the age of 3.

What is a true food allergy vs. food intolerance?

Even though 25% of Americans report a food allergy, the problem only affects three percent of adults and eight percent of children. Many times, any adverse reaction to a food is labeled as a food allergy. It's important to distinguish a true food *allergy* from *intolerance*, because a true food allergy can be a risk for a life-threatening reaction called anaphylaxis.

To distinguish intolerance from allergy, it helps to know that food intolerance is an adverse reaction that has no immune system involvement. It usually involves a food, chemical, or additive that produces an unwanted effect on a particular body system, but isn't life threatening. Some examples include: gastrointestinal upset (milk, lactose); nervous system hyperactivity (coffee, caffeine); vascular headache or congestion (wine, sulfites); and skin irritation (orange, citrus).

A true food allergy is an immune system overreaction to a specific protein found in food. It can have both immediate and delayed effects and can vary in severity from person to person. Manifestations of food allergy can include: anaphylaxis (hives, flushing, vomiting, difficulty breathing, diarrhea, dizziness); atopic dermatitis (eczema rashes); gastrointestinal allergy (vomiting, diarrhea, cramping, oral itching/swelling, esophagitis); and asthma.

What causes a food allergy?

Food allergy usually begins in infancy or early childhood and is a result of both nature (heredity) and nurture (environment). For example, it's very common in allergic families living in developed countries. Before considering theories as to why, one must have an appreciation for what a functioning immune system is designed to do. Our immune system is gradually trained from day one on how to distinguish harmless proteins (self, foods, environment) from harmful proteins (bacteria, viruses, parasites, toxins). In the case of food, a healthy gut is supposed to label a food as harmless the first time it passes through. The food is then ignored in the future. If the gut cell malfunctions, or if a food sneaks by the labeling process (leaks through an unhealthy gut, through a skin lesion/rash or through an unhealthy respiratory tract), other parts of the immune system may misinterpret it as harmful and then develop an incredible memory for the food so that it can be recognized and acted upon in the future.

Food mislabeling by the immune system also seems to have a predilection

for certain foods. For example, only eight types of food account for 90% of all food allergies – milk, eggs, wheat, soy, peanuts, tree nuts, fish, and shellfish. Some researchers think that these foods may resemble pathogens (bad organisms), and once they sneak by, they are forever labeled as such. Others speculate that our immune system becomes confused with our artificially processed food supply. Still others blame our packaged food and fast-food choices, which are cross contaminated with large amounts of potential allergens and routinely fed to our infants and young children.

Can food allergy be prevented?

Aside from moving into a thatched hut and living off the land, there are some practical measures parents and caretakers of newborns, infants, and young children can do. Consider nursing for the first three months or more with an emphasis on hind milk (a good resource for proper feeding found at La Leche League, LlLi.org) to help promote gut balance and immunity.

Always have respect for the eight most common food allergens and plan to introduce them (in consultation with your doctor) one at a time; each on a day the child is well (not sick or on antibiotics). Remember to wash your hands after handling or eating high allergen foods and before interacting with your baby. Avoid these foods in art projects until your child can eat the food safely. Try to avoid fast-food and choose foods with simple ingredients, without warnings of cross contamination. Seek medical advice sooner than later for chronic gastrointestinal problems (reflux, diarrhea, vomiting), skin problems (rashes, eczema) and respiratory problems (wheezing). These problems can increase the likelihood of food allergy.

Finally, develop a good skin care regimen which includes regular bathing followed by a hypoallergenic skin cream barrier (such as Vanicream found at Walgreens or online).

How is food allergy treated?

Presently, strict avoidance of the food and prompt recognition and treatment of allergic symptoms are the only options. If started early enough (infancy to early childhood), a strict elimination diet can help the immune system forget it's allergic (a.k.a. outgrow the allergy), allowing reintroduction of milk, egg, soy, and wheat 95% of the time. Early detection and elimination diets have also shown success with peanut 20% or more of the time. Newer studies report methods for medically monitored (a.k.a. don't try this at home!) food desensitization. Although encouraging, these methods need to be proven safe before general use. If a food allergy is suspected, it's best to have it detected early and managed by a board certified allergist.

Contributed by Lisa Sullivan, MD of Highland Park. Specializing in pediatric and adult allergy, asthma, and immunology. Lisasullivanmd.com.



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