



Baby Talk - Part III

You may be surprised to learn that Chiropractic care is essential for pregnant moms. Aside from the relief it can offer from the discomforts sometimes associated with pregnancy, such as constipation, leg cramps, nausea, back and neck pain, etc., its main focus, however, is not pain.

Chiropractic is based on four very profound principles;

1. That the body is a self-healing and self-regulating mechanism; in other words, it is designed to heal itself.
2. That the nervous system is the master control system of the body
3. Any interference in the function of the nervous system must then result in a malfunction in the body.
4. My task is to eliminate that interference so that the body can function normally.

Applied to pregnancy, this is of utmost importance to the developing fetus. I feel that in order to have a normal pregnancy, mom's nervous system must function with no

interference; especially where it controls the uterus and placenta.

This will reduce the risk of problems associated with pregnancy - miscarriage, placenta previa, etc. The biggest benefit of course, is having a healthy baby.

A pediatric chiropractor will also perform regular monthly pre-natal exams to monitor your pregnancy. This includes an examination and palpation(feeling) of the uterus in order to determine the presence of ***In-Utero Constraint*** and see if the baby is in a ***breach*** position. This is very important. In-utero constraint occurs usually in the last trimester of pregnancy when "you're all baby." In other words, the baby has reached a size where movement is very restricted and it can get "stuck" in an awkward position in the uterus.

This situation can not only create stress on the spine and nervous system but can lead to the creation of scoliosis (spinal curvatures), as well as other spinal abnormalities. All in all, a situation best avoided.

I invite you to have yourself checked. Chiropractic is very safe and effective. It is also the world's best kept secret.

If you need additional information, please call me personally at 605-665-8228 and visit my website: www.plathwellness.com

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Hard-To-Reach Homeless Often Victims, Advocates Say

BY CHRISTINA ROSALES
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DALLAS — They live in fields and under highways. They may show up at a shelter or soup kitchen for a hot meal.

But offer them a way off the streets, and many of these men and women prefer the independence of homelessness.

These people, experts say, are the hardest to reach and need the most help. Almost all of them suffer from severe medical or mental problems, or both. They're often addicted to drugs and alcohol.

Tommy Robinson is one of these people. He is the vagrant who, police say, stabbed and sexually assaulted a teenage girl on her way to school on April 25 in the Love Field area. While it's extremely rare for any homeless person to assault someone who is not also homeless, such crimes do happen. But most of the time, according to advocates for the homeless, these hardest-to-reach homeless people — the ones who don't seek help from government agencies or private social-service organizations — are victimized.

"We don't know any more about what is alleged to have happened, but it is truly horrendous," said Jay Dunn, president and CEO of The Bridge, a downtown homeless assistance center and shelter. "But this is an example of why it's important that we, as a community, respond to the problem of homelessness."

Police records state that Robinson, 59, stabbed and raped the 17-year-old as she was walking to her bus stop. Police could find no address for him. By law, shelters cannot divulge information about their clients, but caseworkers say they have no recollection of ever seeing Robinson near The Bridge or downtown soup kitchens. A relative told reporters that Robinson has been homeless for several years and used drugs.

The crime Robinson is accused of is atypical in two respects. First, according to U.S. Justice Department statistics, about 73 percent of sexual assaults are perpetrated by someone the victim knows.

Second, a homeless person rarely commits a violent crime against someone who is not also homeless.

"People from all walks of life commit crimes," said Mike Faenza, president and CEO of the Metro Dallas Homeless Alliance. "People believe that there's something about homeless people that makes them more likely to commit crimes, more likely to be violent."

That's not the case, according to researchers. The National Coalition for the Homeless has tracked crimes against the homeless since 1999. Its 2012 national report said that between 1999 and 2010, there were 1,184 violent crimes committed by a "housed person" against someone homeless, 312 of which



Olga Ausburne, left, is working hard to get on a better path and out of homelessness. She's taking classes, going to AA meetings, has been living in the dormitory at The Bridge in Dallas, Texas, taking advantage of the programs available. But her husband, Teddy Dean Wise remains content to live the homeless lifestyle. Here, the couple poses for portrait, May 4, 2012.

ended in the death of the homeless person.

Those numbers are almost surely low. Many homeless victims don't report the crimes because of fear of authority.

"They just want to survive," said Brian Levin, a criminologist at California State University in San Bernardino, who has testified before Congress about crimes against the homeless.

The coalition's report "really only relates to what we call hate crimes," he said.

"The victimization of the homeless is far greater," he said. "They only really give a representative sketch."

No federal agency, such as the FBI, tracks crimes against the homeless.

With no residence, and for many of them, no family or close friends, the homeless are easy targets, Faenza said. That's why many who choose not to permanently get off the streets still use night shelters. But there's no knowing how many like Robinson, who may not even do that, are out there.

Dunn, the Bridge president, estimates that about 1,500 homeless people seek services at the downtown Dallas center. As many as 500 of them are described as "service-resistant": They sleep in shelters or stop by for a shower, but will not take advantage of other services, such as medical or psychiatric treatment. And it's likely there are many more who refuse any services.

Still, that doesn't mean social workers don't try.

On most days, homeless outreach teams search the streets of Dallas for "roaming clients."

Last week, volunteers from

CitySquare, a poverty-fighting agency, looked for Robert Henderson, 52, a homeless man who needs his seizure medicine. They also wanted to catch up with Teddy Dean Wise at The Bridge.

CitySquare caseworkers brought him there several months ago, along with his wife, Olga Ausburne. The couple had been living in a field near Interstate 30 and Winslow Avenue, near Samuell Grand Park. Wise and Ausburne both have drug and alcohol problems. But they represent two sides in the spectrum of acceptance of help.

Ausburne, 54, has gone through The Bridge's programs, kept her doctors' appointments, and is on her way to getting her own apartment.

Wise, 50, is not quite there, according to his case managers.

"He's been pretty resistant," said CitySquare caseworker Chris Oliver. Wise needs help showering and has to be reminded to eat. He's paralyzed on one side of his body because a drunken man, who was not homeless, beat him, denting his skull.

Oliver and others are trying to help Wise into a nursing home.

"I'm ready to leave here," Wise said of The Bridge, while sitting in its courtyard. "It's just not my thing. People are always in your business, and I don't like the crowds."

Meanwhile, his wife said she's focused on helping herself instead of continuing to care for Wise and several other men who lived in their East Dallas encampment.

"I don't want anything negative around while I recover," she said.

Dunn said people like Ausburne are the success stories that social workers like to highlight.

But they're not common — not everyone recovers with just a little bit of help.

Without constant attention to people like Wise, "the continuity of care can fall apart," said Daneille Tooker, outreach manager for CitySquare. "It's not just engaging them, it's holding their hand: ... 'You go to the Bridge, show up to this appointment and

that appointment.' The reality is many of them don't have the functioning skills to make it even to The Bridge."

That is what caseworker Ashley Postell is doing for Henderson, the homeless man dependent on his anti-seizure medicine. Without her help, he not only forgets to take his medicine, he also loses things and skips doctors'



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