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Post-Paris: Which Candidates Gain, Which Do Not?

BY DAVID LIGHTMAN

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WASHINGTON — Is Paris making voters think more about the commander in chief part of the job of president?

If so, Donald Trump, Ted Cruz and Hillary Clinton are up.

Ben Carson, Bernie Sanders and governors are down.

In the aftermath of the terrorist attacks in France, some voters want a candidate with a strong foreign policy resume. Others appreciate those willing to express outrage and insist on keeping Syrian refugees out of this country.

"A sense of crisis elevates people with foreign policy experience," said Darrell West, vice president and director of governance studies at Washington's Brookings Institution.

That plays well among Democrats, as Clinton has maintained her already sizable poll lead in recent days. Among Republicans, tough talk has boosted Trump and Cruz.

"Trump has been strong with his immigration views from Day One, and Cruz has taken that on," said Ann Selzer, a Des Moines, Iowa-based pollster.

Cruz has surged into second behind Trump in Iowa, site of the nation's first caucus, according to a new Quinnipiac Poll released Tuesday. Nearly one-fourth say Cruz would be best at handling foreign policy, followed by Trump. Carson is far back.

It's too early to say the post-Paris mood will ultimately reshape the race, since the first votes are still more than two months away. But late fall is when top-tier candidates

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A Sick Newborn, A Loving Family And Wrenching Choices

BY JENNY GOLD

© 2015, Kaiser Health News

SAN FRANCISCO — Anne and Omar Shamiyeh first learned something was wrong with one of their twins during their 18-week ultrasound.

The technician was like, well there's no visualization of his stomach," said Anne. "And I was like, how does our baby have no stomach?"

It turned out that the baby's esophagus was not connected to his stomach. He also had a heart defect. At the very least, he was likely to face surgeries and a long stay in intensive care. He might have lifelong disabilities.

This was only the start of an eight-month ordeal for the Shamiyeh family.

Decisions about how much care to offer very sick family members are always challenging, but they can be particularly wrenching for parents like the Shamiyehs, who face harrowing choices at what's supposed to be a wonderful time — the beginning of a life.

As doctors and families consider how far to push medical care, a chasm can open between the parents' hopes and what providers consider realistic.

For the Shamiyehs, the first major decision was whether to "selectively reduce" — the clinical term for aborting one fetus in a multiple pregnancy. "Omar and I were very uncomfortable with that. We really wanted to see what he was going to be like, and what life had to offer," Anne said.

That decision meant the twins, a boy and a girl, would likely be born premature. As it turned out, they were delivered by C-section at 30 weeks — about two months early — at UCSF Benioff Children's Hospital.

The boy was named Kai, the girl Malia. Each weighed about 3 pounds. They were rushed immediately to the NICU, where that night, Kai had his first surgery.

Malia went home after about five weeks. But Kai had a long road ahead. He was on a ventilator, had to be fed through a tube directly into his stomach and was still struggling to survive. Eventually, he was diagnosed with CHARGE syndrome — a rare genetic condition that can result in severe cognitive and physical disabilities. About the time Malia



The Shamiyeh family -- Zara, 5, Omar, 42, Annie, 36, and Malia, 3 -- on the bench they built in memory of Kai.

went home, the doctors and nurses sat down with the Shamiyehs to discuss Kai's treatment. They needed to know whether the family wanted a tracheostomy, in which surgeons would insert a breathing tube directly into Kai's neck to ease passage of air into his lungs.

"It seemed awful," Anne said. "We were both really unhappy with that but we understood it wasn't a choice, it was something we had to do."

But Dr. Liz Rogers, a UCSF neonatologist who cared for Kai, saw it as a significant decision.

"To be very honest, for many, many of our families, the point of decision around a tracheostomy is a major, major time when families say this has gone on for too long and it's not what I want for him."

Anne had real hope for Kai's future, despite the pessimism of some doctors.

"I kept thinking, maybe that doctor's view of quality of life is different from mine. And maybe for me loving my child and having him feel love is enough," said Anne. "And it's ok if he can't talk. Maybe he'll wear a diaper until he's 5, and maybe he'll be in a wheelchair, but that's ok. Because he'll be alive and he'll be my child."

Studies suggest that providers do tend to have a different view of quality of life than parents. In Kai's case, many of his day-to-day caregivers — the nurses — felt Kai was suffering unnecessarily.



Photos of Kai Shamiyeh are displayed throughout the family home.

Diedre Miller says she was one of just a handful of nurses in the NICU willing to be part of his primary care team. It was clear to all of them, she said, that Kai wasn't going to make it. Miller says she felt comfortable caring for Kai but faced pressure from other nurses.

"A lot of people thought, 'OK, well let's just offer the Shamiyehs the opportunity to withdraw care today.' And as a primary nurse you knew that the Shamiyehs were never going to agree to that, and you knew that (Kai) had joy in his life," she recalled. "But you go into the break room and everybody wants to talk about it, and everyone wants you to be the person to tell the Shamiyehs." There's often a lag

between when health care providers and parents sense a child isn't going to make it. Researchers found, for instance, that oncologists realized children were going to die months before the parents.

But "as easy as it is to say we knew Kai was going to die and we knew he was going to have a difficult life, gosh, what if we had been wrong?" Miller said.

CROSSWORD

By THOMAS JOSEPH

ACROSS 40 Shoulder

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A X Y D L B A A X R
is L O N G F E L L O W

One letter stands for another. In this sample, A is used for the three L's, X for the two O's, etc. Single letters, apostrophes, the length and formation of the words are all hints. Each day the code letters are different.

11-25 CRYPTOQUOTE

P S D Y F C F N Q W S V Y X O Z C
W S Y N X U S X F Z T C V S
I C I S F Z V P T S F C M J T S Y J Z V
Y J S D C F V D X C M V C L C M J
Z J S Y V M J S V . — Z T C J F Z C F
P X N O S J

Yesterday's Cryptoquote: LET US PUT OUR MINDS TOGETHER AND SEE WHAT LIFE WE CAN MAKE FOR OUR CHILDREN. — SITTING BULL

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