

PROFESSIONAL BULLETIN

NOVEMBER 2018

PRESIDENT'S MESSAGE

The unveiling of 2019 Budget has brought a fresh challenge to BIM's Exco. At the top of the agenda is to identify ways of sustaining and relevancy of BIM in facing up to the current challenges especially in the era of digitalization. The focus, among others will be to increase engagement with memberinstitutions and stakeholders at large. This will be done through collaborations and other activities to create opportunities for members' participation.

As a professional body BIM is always looking for areas to grow and develop professionalism amongst industry practitioners, especially involving member-institutions. In



MR JOHN C.P. CHANG PRESIDENT

this regard plans are a foot to organize an education career fair and exhibition, professional courses such as human capital management, which will be in line with the aspiration to improve national productivity and performance. In addition we will intensify the sharing of information on activities with member-institutions.

Improving governance and management of assets will be one of the top agenda in BIM, moving forward. The initiatives include putting in place a proper strategy to shore up income by getting better returns from our assets. The repackaged BIM Insurance will be offered to all members. This will benefit members directly while supporting the sustainability of BIM itself. We would like all member-institutions to give your full support in encouraging your own members to take up the offer.

Last but not least, it is my fervent hope that professionals in Malaysia should take advantage of the new Government vision for a better Malaysia respecting the Rules of Law and Good Governance by coming forward and contribute to rebuilding our nation.



BUDGET EXPECTATIONS FOR A NEW MALAYSIA

The Star, 30 October 2018



BUDGET 2019 is expected to be a tough one –with potential new taxes, existing tax hikes and prudent spending given the government's commitment to tackle the nation's debt situation.

It is also the perfect time for the new government to launch reforms that are effective to future proof Malaysia and I am glad that a tax reform committee has been set up to review our current tax regime. With global economic uncertainties, Budget 2019 needs to be well crafted to meet its objectives of reducing the nation's debt while ensuring that the country remain resilient and competitive.

Broadening tax base

Based on government statistics, the reversion to the Sales and Service Tax (SST) system is expected to result in an annual shortfall of RM20bil.

The shortfall is expected to be filled up by contributions from Petronas (in view of rising oil prices) and dividends from government-linked companies. This is just a short-term measure and we cannot be overly dependent on oil-related revenue.

To ensure a more sustainable revenue for the government, our tax base may be broadened by introducing new forms of taxes such as the much talked about sugar tax and digital tax. Sugar tax has been introduced in a number of countries – such as Thailand, Philippines, United Kingdom (UK), Ireland and South Africa.

The Ireland Department of Finance has estimated that the sugar tax alone should bring in an additional tax of €40mil (RM190mil) in a full year. This year, the UK government introduced a new soft drinks industry levy to be paid by producers and importers of soft drinks that contain added sugar.

This new tax marks the first step towards the government tackling potentially unhealthy foods through tax measures, while generating £520mil in the first year. In Thailand, the government raised taxes on soft drinks with high sugar content in September last year where taxes on sugar-sweetened soft drinks were changed from a 20% excise tax on the wholesale price to a 14% excise tax on the recommended retail price, with an additional sugar tax based on content.



The National Diabetes Institute reported that Malaysia has the highest rate of diabetes in Asia and one of the highest in the world, with about 2.5 million Malaysians aged 18 and above having this disease. Sugar tax can be introduced as a way to help tackle diabetes by incentivising consumers to opt for healthier drinks, while encouraging the relevant industry to reduce sugar content and deliver healthier products.

The government may also consider a form of digital tax in view of technological developments, where businesses can be carried out virtually anywhere without the need to have physical presence. Some countries like South Korea, Japan, New Zealand and Australia have set rules requiring overseas online suppliers to register for value-added tax (VAT) or GST. In this year's budget, Singapore introduced an overseas vendor registration system where overseas suppliers and electronic marketplace operators who offer digital services to Singapore consumers will be required to register for GST with the Singapore tax authorities with effect from Jan 1, 2020.

Meanwhile, India introduced an equalisation levy on online advertising revenue earned in the country by non-resident e-commerce companies. The European Union is also in the midst of deliberating its digital tax proposals, which may potentially include an interim measure of a tax based on turnover for digital transactions while working towards a long-term objective of a digital taxable presence or permanent establishment framework.

In Budget 2017 efforts were made to capture digital transactions into the tax net by expanding withholding tax on royalties to include payments to non-residents for the use of software.

However, there were arguments on the differing interpretations of "royalty" taken by foreign jurisdictions resulting in potential double taxation.

Perhaps, a more effective way would be to introduce a form of digital tax (say, service tax) on overseas supplies of digital services where such foreign companies are required to register for service tax and charge service tax on such services. This not only helps in revenue contribution but creates a level playing field between local and foreign companies.

The mechanism in which how new taxes can be implemented with ease and the impact on the growth of the economy should be studied. It is also important that the introduction of any new taxes are as practicable as possible to ensure that businesses have adequate time to prepare and consider the implications.

Currently, penalties ranging from 10% to 35% of the tax undercharged is imposed on voluntary disclosures of understatement of income by taxpayers depending on how fast the



voluntary disclosure is made. This can be a "turn-off" for taxpayers who are willing to come forward and correct their tax returns.

In Singapore, the Inland Revenue Authority of Singapore (IRAS) has a Voluntary Disclosure Programme (VDP) that aims to encourage taxpayers that have made errors in their tax returns to voluntarily come forward to correct their errors.

The programme is an attractive one in that zero penalties are offered for voluntary disclosures made within one year from the statutory filing deadline. A 5% penalty is imposed if such disclosures are made after the said grace period.

Taking a leaf out of the IRAS' book, we may consider revisiting our current penalty regime to encourage voluntary compliance and disclosure. Such measure promotes fairness as generally, taxpayers would want to comply with their tax obligations. Unintentional errors may be made in the tax returns due to lack of care or awareness.

A "carrot" approach would be more enticing to taxpayers to voluntarily pay the additional taxes arising from such errors, as opposed to penalising them.

The Finance Ministry has implemented a tax amnesty programme where tax penalties may be reduced or waived to encourage taxpayers to voluntarily disclose their income and settle tax arrears. This programme, valid from March 1 2016 to Dec 15, 2016, was fairly successful with many taxpayers coming forward to declare unreported/under-reported taxes.

To encourage greater self-compliance amongst businesses, this programme should be reintroduced with tax penalties fully waived for voluntary disclosures. This can be an effective way to collect additional taxes with minimal efforts on the part of the tax authorities.

Boosting private investments

In view of our nation's fiscal position, it is clear that private investments takes the driver's seat in spearheading growth.

According to the Malaysian Investment Development Authority (Mida), RM197.1bil worth of investments were approved by Malaysia in 2017, down 7% compared with RM212.9bil in 2016. Mida had stated that the 2017 performance, while moderate, was hard-won against significant international competition. This shows that our country is facing stiff competition from other countries where foreign direct investments (FDIs) are concerned.



Our current corporate income tax rate of 24% is not competitive with our neighbouring countries. For example, the tax rate for Thailand, Vietnam and Cambodia stands at 20% while Singapore's is at 17%. Clearly, our tax rate could be more competitive, to attract more FDIs into Malaysia. A bold move would be to reduce the corporate tax rate to perhaps 22% and take a holistic review on our tax incentive regime to ensure that we are raking in quality investments that outweighs the tax revenue lost. A lower tax rate would also encourage domestic companies to expand their business locally rather than seek alternative locations overseas that will eventually lead to a loss of revenue for Malaysia.

Single agency for tax incentives

I welcome International Trade and Industry Minister Datuk Darell Leiking's proposal to have a single investment promotional agency to approve investments, perks and benefits for both local and foreign investors.

Currently, there are too many government agencies overseeing tax incentives in specific economic areas. For example, the Iskandar Regional Development Authority is tasked to oversee tax incentives offered in Iskandar Malaysia, Malaysia Digital Economy Corporation for companies in the information technology/ shared services centre sector, Halal Development Corporation for halal investments and so on.

I would propose for the management of tax incentives in Malaysia to be under the umbrella of Mida, which will lead and administer the tax incentive framework in Malaysia.

Sub-agencies that specialises in specific sectors can be formed under Mida and these subagencies can form part of the committee evaluating and approving tax incentive applications. This gives Mida a holistic view of our tax incentives regime and enables Mida to formulate effective policies for the country as a whole. From the investors' perspective, having a one goto government agency avoids confusion and simplifies compliance process.

Budget 2019 will be the maiden budget under the new government and is going to be a sacrificial budget as quoted by our Prime Minister. There is no doubt that the government will have a tough job formulating strategies to stimulate economic growth, while recognising the need to reduce the nation's debt and prioritise the well-being of the rakyat. Will there be a silver lining to this upcoming budget? I certainly look forward to Nov 2.



PHARMACY COMES UP WITH SPECIAL TIPS FOR DIABETICS

The Star, 5 November 2018

CARING Pharmacy has been practising community pharmaceutical care for the past 24 years, serving customers as well as patients who visit the store for healthcare solutions, suggestions and health advice.

One of the frequently asked questions by customers to the frontline pharmacists is on diabetes – their concerns on the disease and how to control their blood sugar levels.



From left) Lam, Chong, Tan and Chang launching the 'You Can Live Well With Diabetes' book as well as the Diabetes Care Corner.

Over time, this has led Caring Pharmacy to organise events such as health screening, workshops, counselling and talks to educate the public on diabetes management.

This year, it has taken another step forward by launching a book called *You Can Live Well With Diabetes*, one that is beneficial for everyone, on top of those with diabetes as well as their families.

As the title suggests, the book includes comprehensive facts, updates and effective tips so readers are well-informed on how to improve and achieve optimal health despite having diabetes.

Readers can find topics on diabetes and its side effects, medication monitoring, diabetesfriendly nutrition, exercise routine for diabetics and other aspects of diabetes care.

With a limited quantity of 12,000 copies (while stock lasts), the books are available at all Caring stores with storewide purchase of RM80 and above, and upon completion of a short questionnaire.



The event was held at Glasshouse at Seputeh, Kuala Lumpur where guests and the media not only witnessed the book launch but also received free health screenings and health advice.



Guests at the event trying out the activities and health screenings as they learn more about diabetes and how to manage it.

At the same time, Caring Pharmacy also introduced a Diabetes Care Corner in its stores, a one-stop corner that provides an easy, simple and quick access to diabetesrelated products.

Apart from featuring a BMI calculator for customers to check their BMI, it will display information on the disease to educate people and create awareness.

They can then refer to the pharmacists who will be able to provide professional advice on

diabetes management such as managing sugar levels better or recommending a suitable meal plan.

The first phase will see 20 of its stores having the Diabetes Care Corner starting this month; the aim is to eventually introduce this space in all its stores.

Diabetes management has always been one of its core focuses, according to Caring Pharmacy managing director Chong Yeow Siang.

"We want to ensure that our pharmacists are competent in giving professional counselling, recommendations and advice to help our customers to manage and control diabetes more effectively and comfortably.

"So we focus on a lot of trainings and work with respective diabetic products as well as invite local and international experts to share insights, experience and knowledge with our pharmacists.

"We are proud to say that we have produced many excellent pharmacists who are confident and competent in diabetic care," he said.



Chong added that the book as well as the Diabetes Care Corner are both in line with their mission to become the driver and promoter of healthy lifestyle in the communities that they serve in.

"We fully believe that together, we can make a difference to the lives of people who have diabetes.

"Let's join hands and create awareness of this disease for a healthier and more active community," he concluded.

Since World Diabetes Day is taking place this month, Caring Pharmacy will be offering four blood glucose tests at RM10 at all stores.

For those with chronic diabetes, there is also the free HbA1c test that they can take if they have made any purchase of diabetes medications, at selected Caring stores.

Limited to 20 customers only per outlet and terms and conditions apply, the test measures the average blood glucose level over the past two to three months.

Also at the event to witness the launch were Malaysian Pharmaceutical Society executive director Lam Kai Kun, deputy president Andrew Tan, and council member and past president John Chang Chiew Pheng.



HERBAL MEDICINE MAY HAVE DEADLY SIDE EFFECTS

The Star, 26 November 2018



Health director-general Datuk Dr Noor Hisham Abdullah

This includes over-the-counter traditional and herbal medicinal products and dietary supplements.

The remaining 58% (22 cases) were due to antituberculosis medication.

Overall, traditional products account for 9.6% of acute liver failure cases. And the number of cases is likely to be underreported.

"There are many cases where we were not able to determine the cause of the liver injury or where patients refused liver biopsy," said Dr Noor Aliza Abdul Mutalib from the hospital's Hepatology Department.

"Our study also showed that up to 40% of patients did not disclose use of herbal dietary supplements or alternative medicine to their physician," she added.

PETALING JAYA: Malaysia's flourishing herbal industry, estimated at a staggering RM29bil, is sadly also contributing to drug-induced liver failure.

Doctors say that traditional and complementary medicine is one of the leading causes of such liver failure.

Data from Hospital Selayang, which is the national tertiary referral centre for liver diseases, showed that 42% of druginduced acute liver failure cases from 2001 to 2017 were possibly due to traditional and complementary medicine.

Medical research has also linked substances found in traditional products to kidney failure, urinary tract cancer and heart complications.

In 2014, a study published in the *Journal* of *Hepatology* found that herbal medicine led to about 20% of liver damage cases at that time.

A study published last year in the *Science Translational Medicine* linked herbal medicine containing aristolochic acid, a natural compound found in the Aristolochia and Asarum plant family, to liver cancer across Asia. These plant species include birthwort, guang fang ji, guan mu tong, wild ginger and snakeroot, among others.



Botanicals and products containing aristolochic acid are categorised as a prohibited active ingredient in the National Pharmaceutical Regulatory Agency's (NPRA) Drug Registration Guidance Document.

However, it is common for traditional products, especially fake or smuggled ones, to contain aristolochic acid and harmful adulterants like steroids, antihistamines and hormones.

Last year, the Health Ministry recalled 29 traditional products and cancelled the registration of two products found to contain harmful chemicals, including those scheduled under the Poisons Act.

So far this year, seven product registrations have been cancelled.

According to a 2015 National Health and Morbidity Survey by the Health Ministry, about 29% of the population used traditional medicine practices with consultation.

"Any drug, including traditional and complementary medicine, that is capable of producing beneficial therapeutic effects may cause unwanted effects known as adverse or side effects even with the appropriate use of the medicine," Health director-general Datuk Dr Noor Hisham Abdullah told *The Star*.

These may range from mild to severe reaction. He said the NPRA received 70 reports of adverse drug reaction involving the use of registered traditional and complementary medicine in 2017.

However, Dr Noor Hisham said that none of these were reported as drug-induced liver injury and did not imply a causal link.



On sale: Bottles of home-brewed herbal medicinal drink sold in recycled alcohol bottles.

The Federation of Chinese Medicine Dealers and Practitioners Association dispelled notion that traditional medicine was harmful.

Its secretary-general Choo Teik Liang said all registered traditional Chinese medicine products were safe but there was no guarantee on the unregistered ones.

"Most of the unregistered products that cause kidney and liver function failure contains steroids, mostly dexamethasone," he said.

Choo said there should not be misuse of any form of medication.

Registered products can be identified via a hologram sticker on the product which shows its registration number starting with "MAL" followed by eight numbers.



Doctors and pharmacists said the danger was when consumers opted for herbal medicine to treat illnesses in place of modern medication.



Examples of registered traditional medicine products with a hologram sticker issued by the Health Ministry indicating the product's registration number.

Dr Tan cautioned that combining multiple supplements or taking them with prescribed western medication could also make it toxic to the liver or cause adverse drug reaction.

"Sometimes, our patients take so many different supplements that we don't know which one is causing their illness," she said.

Gastroenterology consultant Prof Dr Ida Normiha Hilmi said it was dangerous when traditional and complementary medicine practitioners, especially the unlicensed, failed to monitor patients for side effects.

She said western medication like antituberculosis medication was known to cause high liver toxicity, but doctors were aware of the side effects and would monitor patients closely. Doctors and pharmacists said the danger was when consumers opted for herbal medicine to treat illnesses in place of modern medication.

They said there was a general belief that herbal medicine was a natural remedy which would not cause harm.

"Herbal does not mean it's harmless," said Malaysian Society of Gastroenterology and Hepatology president Dr Tan Soek Siam.

"A lot of people don't consider herbal or supplements as medication, but if you read the ingredient list, they may have ingredients that may not be safe for the user."

Assoc Prof Dr Asrul Akmal Shafie of USM said: "Many people have a misconception that traditional medicine is safer than modern medicine."

He said most traditional products did not provide proper dosage or instructions, making patients susceptible to toxicity and harmful interaction.

Dr Asrul said herbal supplements were not essential if a person was well and maintained a good diet.

"Unless you are sick or deficient in nutrients, then supplements or traditional products is not necessary," he said.



Dr Asrul advised patients to check whether the product was registered on the NPRA website (<u>www.npra.gov.my</u>) and read the ingredient list to avoid consuming the same nutrient from multiple products

He also said patients should disclose any pre-existing medical condition to the traditional medicine practitioner.

These patients, he said, should also reveal their traditional product use to their physician who could advise on any potential harm.



BEAT THE FLU BUG WHEN YOU TRAVEL

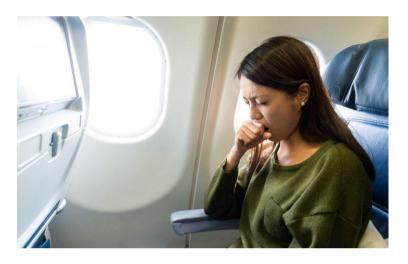
The Star, 30 October 2018

Falling ill is no fun, especially during the holiday season when you're looking forward to your vacation. After all, who wouldn't look forward to trading their formal work shoes for some summer flipflops or winter boots. and spending some much needed time with family relaxing in а environment?

So after months of planning, the day finally arrives, and you're all packed and ready to go. But just imagine developing an itchy throat, and waking up the next day to a raging fever. You're shivering under the covers, your head is pounding, your body is aching, and you're laying in bed with all the energy drained out of you.

You can barely sleep because of the persistent cough and annoying fever. But you're already on the way for your trip, or your travel arrangements have already been made and paid for, and are nonrefundable! So, you can't cancel!

You worry when going through the airport checkpoints because you might get quarantined! Your nose and ears are all stuck and it feels worse during the flight because of the cabin pressure.



When you arrive at your destination, your family gloomily proceeds with the day's activities while you stay behind alone and ill in the hotel room. Or you muster up enough energy to get into the tour bus but can't enjoy anything because you feel absolutely awful despite all the medication you've taken.

This is the classic traveller's nightmare. Surely it can't get any worse, but unfortunately, it does! You can't eat, you can't sleep, and you can't do anything. Meh! What a holiday it is turning out to be.

Finally, you take a cab to see the doctor, and unfortunately, the doctor in your destination country doesn't speak a word of English, or any other language known to you!

You spend a frustrating half hour trying to explain your systems and then return home with the flu medication the doctor has prescribed.



It's been three days, but you're feeling no better. Your fever shows no signs of letting up and you feel extremely weak. Your worried family rush you to hospital. After enduring the hassle of paperwork for insurance claims, you're finally admitted and spend two days in hospital. How depressing to have to spend your holiday like this!

Finally, after two days, you're discharged but you feel sad that you've wasted most of your holiday. You didn't get to spend much time with your family or to see the sights.

All you've done is spend time in the hotel room, visiting the clinic, and hospital ... and taking lots of medications.

Never again! You say to yourself! Yes, it's true that you can prevent getting the flu during your holidays (or at other times).

It's the flu (influenza)

Travelling may be an enjoyable activity but it's never fun to travel when you're sick. But, many people still travel when they're ill because it's too expensive and inconvenient to reschedule flights, accommodations, or tour bookings. So, sick travellers usually end up spreading the flu virus to the people around them.

Influenza or flu is a common infectious disease among travellers. It is caused by the influenza (flu) virus and isn't the same as a common cold. The symptoms include high fever, coughing, sneezing, and body aches. Even the droplets from coughing and sneezing can remain on solid surfaces for up to 48 hours. So, there is a higher risk of catching the flu.

In tropical countries such as Malaysia and other South-East Asian countries, the influenza virus circulates throughout the year, but in countries where there are four seasons, influenza usually peaks during the autumn and winter months.

Don't take things lightly.

If you're travelling with your family, be mindful of your children's or elderly parents' health and wellbeing. They are more at risk of developing serious complications from the flu including pneumonia, ear infection, meningitis, and this could be fatal if not treated promptly.

This is because children below the age of five may not have a fully developed immune system, while an older person's immunity weakens with age. Also, if your elderly parents suffer from health problems such as diabetes, heart or lung disease, catching the flu could make their health deteriorate drastically.



Stay protected, get a shot



It might not be possible to stay away from people who have the flu before or during your travels. But, you can still protect yourself against it.

You can protect yourself and your family members by getting the flu vaccination.

Vaccinations have proven to be effective in reducing visits to the doctor by 34%-44%. For children, it can reduce hospitalisation by a 75%. For older persons, it reduces hospitalisation by 29% and death by 49%.

Those who are concerned about their health when returning to work are not left out. Flu vaccinations can reduce workdays lost because of the flu by 32-45%.

According to the US Centers for Disease Control and Prevention (CDC), everyone above the age of six months should receive their flu vaccination yearly.

This helps your body build immunity against the strains of flu virus circulating that particular year.

It has been established that the flu virus continuously mutates. Different regions also have different strains of flu virus. So, by getting an annual flu vaccination, you can ensure you are protected against the common virus as well as the mutated strains.

Get the flu vaccine at least two weeks prior to your trip so that your body has enough time to develop the antibodies and respond to the invading flu virus. Children between six months and eight years, might need two doses, four weeks apart, if they have never been vaccinated before. It is best to your paediatrician to make sure your children are properly protected before your vacation starts.

Basic personal hygiene can also help keep the flu at bay. Wash your hands often with soap and water. If it's not available, use a hand sanitiser. Don't touch your eyes, nose and mouth as this is how the flu virus spreads and infects you. Also, be sure to wipe and disinfect common items such as food trays on board the airplane and even touchscreen devices before using them.



WHEN YOUR CHILD IS 59 'GOING ON 70': COUPLE TALKS JOYS OF RAISING SON WITH DOWN SYNDROME, CHALLENGES OF EARLY AGING

The Star, 31 October 2018

Tom and Rosemary Ryan's story parallels the story of Down syndrome these past 59 years.

Not only has the Orland Park couple lived the joy, challenge and learning curve that accompanies raising a child with special needs, they've dedicated their lives to pioneering change in governmental support, educational opportunities and societal views.

"A lot has changed over the years," Rosemary said. "We've come a long, long way."



Tom and Rosemary Ryan talk candidly about raising their son, Kevin, who has Down syndrome, Oct. 1, 2018, at Smith Crossing in Orland Park.

Like many parents of special needs children, love thrust them into the world of advocacy. When there was no preschool for their son, Rosemary started one. When the concept of housing adults with Down syndrome in group homes instead of institutions was proposed, they jumped on board — landing smack in the center of a national debate and garnering the attention of ABC-TV's "Nightline" with Ted Koppel.

And, now, as their oldest son endures perhaps the cruelest of characteristics often associated with his condition — accelerated aging — the Ryans are again at the forefront of the discussion.

Kevin Ryan is 59 but a checkup last spring revealed "he's more like going on 70," Rosemary said. "He's gonna pass us up."

Raising a child with Down syndrome is "perpetual parenthood," Rosemary said, "if you are committed to wanting the best for them."

Now in their 80s, the Ryans, who live at Smith Crossing retirement community, are simultaneously discussing end-of-life care for themselves and for their son.



Into the light



Tom Ryan holds a photo collage featuring his son Kevin, who has down syndrome, Oct. 1, 2018, at Smith Crossing in Orland Park. (Gary Middendorf/Daily Southtown)

"They called it 'Mongolism' back then," she said.

In those days, there were no prenatal tests to predict it, nor any way to prepare for it, she said.

"We didn't expect an anomaly with our first baby, but it was meant to be," Rosemary said.

The "new" thinking at the time was that the couple should take their newborn home, she said.

And that's where the advice ended. Rosemary could find only one very dated guidebook at the library that she said was so negative, "I couldn't get past page three."

So she relied on her instincts and on training she'd received en route to becoming a pediatric nurse to get through the early years, she said.

When Kevin Ryan was born Aua. 4, 1959, Tom and Rosemary felt the way many parents of newborns with special needs felt back then alone. The support and advice that todav are showered upon parents of babies born with Down syndrome was nonexistent then, Rosemary said.

Three pediatricians examined Kevin and agreed he had the condition characterized by an extra chromosome.

"And we just kind of forged ahead," she said.

The Ryans went on to have three more children, with their second son quickly passing his older brother developmentally. Rosemary gave up her nursing career to stay home and care for the children.

Testing had revealed that Kevin was on the border of EMH (educable mentally handicapped) and TMH (trainable mentally handicapped), she said.

Those terms have fallen from the lexicon, along with "Mongolism," but what Kevin's score meant, Rosemary said, was that he'd struggle in an academic program, but likely excel in a training setting. They chose the latter.

"Back in 1962," she said, "public schools had EMH but no TMH."



The Ryans were living in Jacksonville, Ill., then and Rosemary and another mom decided to start a school in a nearby church. They set up an advisory board with a host of professionals and townspeople, and hired two teachers.

Kevin attended for a year and a half, until Tom, who had given up teaching high school to work at State Farm Insurance, was transferred to the south suburbs.

Changing laws, changing attitudes

While Rosemary had been organizing a school in central Illinois, other parents were doing the same in Chicago Heights. In 1965, after the Ryans moved to Park Forest, Kevin began at privately run Happy Day School.

Ten years later, Public Law 94-142 mandated public school be available to all kids ages 3 to 21 (later extended to age 22), and Kevin transferred to SPEED Development Center in Park Forest.

SPEED, Tom said, "was the creme de la creme" and Kevin continued there until he turned 21 and returned to Happy Day for adult workshop.

The end of public school life often is a time of great concern and confusion for parents of children with special needs, Tom said, particularly if they haven't planned ahead.

"Some people choose to have their adult kids just stay home," Tom said, but that can lead to problems if the parents' health begins to fail.

Kevin continued attending workshop at Happy Day and living with his parents until 1995.



Tom and Rosemary Ryan look through family photo Oct. 1, 2018, at Smith Crossing in Orland Park. (Gary Middendorf / Daily Southtown)

NADS

Down syndrome is the most commonly occurring genetic condition, said Linda Smarto, director of programs and advocacy at the National Association for Down Syndrome in Chicago.

Approximately 6,000 babies with the condition are born each year in the United States, Smarto said. That translates to 1 of every 730 live births, a number that seems to be on the rise, she said.

"When my daughter was born 24 years ago, the number was 1 in 1,200," she said.



"Eighty-five percent of (these) children are born to moms 35 years old and younger," she said. "So it's a great myth that (Down syndrome) only occurs to parents who are older."

While individuals with the condition develop more slowly at the beginning of life, the end of life seems to rush at them. Not everyone with Down syndrome is afflicted with premature aging, Smarto said, but there does seem to be a precursor to that and Alzheimer's disease.

"Down syndrome, (researchers) say, will find the cause for Alzheimer's because (scientists are) really pushing to find some sort of a cure and learn why this is happening," Smarto said.

The phenomenon can be heartbreaking for loved ones already wrestling with end-of-life care decisions. What to do with aging children who have Down syndrome is a huge concern, Smarto said, especially if the individual has medical issues.

But, she added, it's the same concern for everyone, particularly elderly adults who don't have a living child to help care for them, she said.

If a sibling or other family member isn't available to assist, an individual may be placed in a state-run home. "Our goal is to have our individuals either live independently or with a family member," she said.

Smarto said most of NADS referrals come from the south suburbs.



At age 59, Kevin Ryan, who has Down syndrome, is dealing with the health issues of a 70-year-old, his parents say. (Gary Middendorf/Daily Southtown)

"We don't really know why the occurrence of Down syndrome is a little more prevalent there. (Advocate) Christ delivers about 4,000 babies a year and we get a lot of referrals from there. But it's also a higher level hospital that sees patients who need special care. And they have a special care nursery," Smarto said.

"But it is interesting the statistics (when compared) to (Northwestern Medicine's) Prentice (Women's Hospital in Chicago), which delivers 10,000 babies a year and the commonality is not as much," she said.

Smarto said much of the evolution of Down syndrome inclusion is owed to parents like the Ryans, moms and dads who've helped usher in change by volunteering, serving on boards and doing the work. Many of the improvements in the special needs community, she said, is credited to parental advocacy.



15 minutes

In the early 1990s, a group out of Galesburg came to Happy Day, now called New Star Services, and told parents they were going to start building group homes in neighborhoods, Tom recalled.

It was a new concept sweeping the country, he said, and they had found a lot on Broadway in Chicago Heights.

The Ryans were among several parents who signed on. At the time, Kevin was 31 and eager to get out on his own, Rosemary said, because his younger siblings had flown the coop.

But the city of Chicago Heights fought the idea and became "the test case for the nation," she said.

"Chicago Heights took on the federal government," she said. "Who do you think won?"

The battle introduced many to the acronym NIMBY (Not in My Backyard) and made national headlines. A photographer from U.S. News and World Report visited the Ryan's home and a picture of Kevin ended up on "Nightline," Rosemary said.

The city lost and had to pay the agency and the prospective residents, she said.

"Kevin got his check for \$1,000 and we took him to Hawaii," Rosemary said

Early aging



Rosemary Ryan recommends the book "The Guide to Good Health For Teens and Adults with Down Syndrome" by Dr. Brian Chicoine, Oct. 1, 2018, at Smith Crossing in Orland Park. (Gary Middendorf/Daily Southtown)

In 1992, at the urging of NADS, the Adult Down Syndrome Clinic opened at what is now Advocate Lutheran General Hospital in Park Ridge. Today part of Advocate Health Care, the facility introduced the Ryans to Dr. Brian Chicoine, and what Rosemary calls "a world of support."

Rosemary calls Chicoine's book, "The Guide to Good Health for Teens & Adults With Down Syndrome," the "Dr. Spock for parents of kids with Downs."

Kevin continues to see Chicoine — these days for premature aging symptoms. His hearing is declining, he's having trouble with his teeth, he walks with a cane, Rosemary said.

In 2012, fearing their son might encounter early aging issues down the line, the Ryans moved Kevin out of the group home and into Good Shepherd Manor in Momence.



"We got to thinking, if he was left in a group home environment and his physical or mental health declined, their only option is to put him in a (Medicaid) nursing home," Rosemary said. "We didn't want that."

Good Shepherd Manor, Tom said, is the closest thing to a forever home. It serves 125 adults, many of them aged.

"They're committed to lifetime care, no matter what happens," Rosemary said. "If he gets dementia, if hospice is needed, they'll take care of it."

Now, Rosemary said, Kevin's lifestyle mimics that of his parents. "We have every level of care we're ever gonna need here (at Smith Crossing), and so does he there," she said.

The Ryans' other children are scattered from Maine to Hawaii, with Kevin's closest sibling living 1,000 miles away, so, Rosemary said, "If Kevin outlives us, we'd like him to stay at Good Shepherd because that's what he's familiar with."

Raising Kevin has always been about choosing the best path for him, Rosemary said.

Special needs can mean special, or additional, considerations, she said, but the condition can also bring a special kind of joy. Their son has had many positive life experiences, including participating in Special Olympics, attending Prairie State College, serving as a church usher and holding several jobs in the community.

"He's truly been a joy," Rosemary said. "But it is hard watching him age. You almost forget you're a senior citizen because you're taking care of a senior citizen."

Kevin, she said, "is still funny. He's still a character. He still steals the limelight at family get-togethers."

And, Tom said, a quiet day is when Kevin calls only two or three times on his cell phone.

"In a way," Tom said, "he is sort of the person who ties our family together."

Although Dr. John Langdon Down first identified the condition marked by an extra chromosome in 1866, it wasn't until the 1970s that "Mongolism" was renamed Down syndrome.

"Some people," Rosemary said, "like to call it 'up syndrome,' because the people who have it are more up than down."



MAKING AFFORDABLE HOUSING SEXY

The EdgeProp, 4 November 2018

The design of affordable housing schemes have been pretty much the same everywhere - a few highrise blocks that look like pigeon holes. hiah а density small of apartments with the typical 2-bedroom or 3-bedroom lavouts.

It has been the same plain look for the longest time and budget-tight buyers are often left with no choice but to accept the banal offerings.



Ezumi: The house price may be cheap but the cost of living is high after taking into consideration the long commute, the poor maintenance and the unhealthy environments.



However, Malaysian Institute of Architects (PAM) president Ezumi Harzani Ismail points out that the typical design of affordable houses actually prohibits a healthy living and social environment and will become costly for their occupants in the long run.

"When affordable housing price is lowered by the use of cheaper and lower quality materials or cheaper contractors, more maintenance needs to be done in the long run," he says.

Furthermore, affordable housing schemes are usually located at the fringes of towns and residents would have to spend more time and cost on commuting to work compared with if they were to stay within the town.

"In the end, people own a house that does not increase in value but is costly for them to live in. The house price may be cheap but the cost of living is high after taking into consideration the long commute, the poor maintenance and the unhealthy environments," he tells EdgeProp.my.



Thoughtful designs needed

Hence, a development that provides a conducive living environment within an easy and quick commute to work and business, should be the model for affordable housing, Ezumi posits.

Hence, he urges policy makers to look at enabling integrated or mixed developments to be built to give more live and work opportunities for residents as this will ultimately result in better household incomes and better housing affordability.

Besides the proximity to workplaces, the building design is also key to the success of an affordable housing project, notes PAM Council member Ang Chee Cheong.

He says the current design of affordable housing does not meet the needs of the people and it is causing affordable housing to be unpopular due to the unattractiveness of such schemes.

"Affordable housing is not being done right and the system and mechanism of provision is not a good one. You are just building to satisfy a statistical number and the responses are not optimum," he points out.

Another issue is the rise of small-sized homes which Ang believes do not offer a conducive living environment for the owner.

"A house is more than just four walls, floor and ceilings. You need to have a certain amount of sizing. We are very much against the idea of micro-housing because we don't believe it solves any problems by forcing people to live in 300 sq ft apartments. We are not Hong Kong, New York or London, so we shouldn't go there," he says.



Ang: We are very much against the idea of micro-housing because we don't believe it solves any problems by forcing people to live in 300 sq ft apartments. We are not Hong Kong, New York or London

The design and quality of affordable housing projects, he says, can be improved by adopting innovative ideas.

"I think [the design] can be substantially improved and this is where we can demonstrate innovative design solutions for a variety of sites to tackle current challenges," offers Ang.

Ezumi says the industry needs to shift into a new era of affordable and sustainable housing development where the homes may not be as cheap as before, but are socially, economically and environmentally sustainable.



At the recently concluded Kuala Lumpur Architecture Festival 2018 (KLAF2018), PAM gathered some of the most creative minds in the architecture industry to showcase several future housing prototypes aimed at addressing the issues surrounding the affordable housing sector.

Here are four innovative design ideas featured at KLAF 2018.

1 Modular high-rise homes

A design by DP Architects Sdn Bhd features the possibilities that a modular high-rise home can offer the housing sector. The architectural firm proposes to adopt the concept of modularity, where the design of each unit is based on a module that can be combined with other modules to create larger homes for bigger families based on the life cycle of residents.

Besides responding to the different housing demands according to the residents' growth and economic situation, this concept is expected to optimise cost, construction time and resource management of the building. It allows for the evolution and improvement of housing in the medium to long term, providing good living conditions for residents without large upfront costs.



DP Architects



O2 Design Atelier

2 Houses on top of existing highways

O2 Design Atelier Sdn Bhd has come up with a forward idea to address the issue of land scarcity in urban areas by building mass affordable housing on the space above existing highways.

Without the need for land acquisition, a big part of the cost could be used for building better quality homes.



The firm has chosen a stretch of the Sultan Abdul Aziz Shah Airport Highway, a major highway in the dense Petaling Jaya area where housing demand and price are high to demonstrate the idea.

The proposed housing project is integrated with a mass transit station while featuring car parks, communal gardens, sports facilities, a landscaped deck and retail space in the building on top of the highway.

Incorporated in the idea are innovative mini wind turbines installed at the flanks of the highway. These turbines, fed by the rapid speed of zooming vehicles on the highway, will generate energy to power the running of common facilities of the building.

The turbines, along with planted trees, also act as noise and air pollutant diffusers. Polluted air from the traffic below will be brought up through a tunnel with wet scrubber filters that eliminate pollutants and subsequently clean air is released into the podium facility area.

3 Extending above shophouses

CY Chan Architect believes shophouses in urban areas can be an alternative affordable dwelling typology to meet the needs of middle-income urban dwellers and offset the lack of affordable housing available within urban areas while creating a balanced, inclusive, sustainable community and liveable city.

The firm proposes to build 2-bedroom apartments on top of 2-storey or 3-storey shophouses that have become redundant due to changes in the economy by using 3m by 6m steel framing grids which tower over the shophouses as a support system.

Each of the apartments are composed of lightweight walls and pre-cast floor slabs for easy construction, which will reduce the overall construction cost and grant flexibility for future expansions.

The design of the apartments also introduces an expandable housing concept



CY Chan Architect

whichfeatures a 3m setback on each building facade to allow for future expansions based on the families' needs.

The shophouses at the bottom, on the other hand, can serve as a housing lobby or a venue for residents to conduct daily activities





4 A spiral high-rise building

One proposal brought up by Konzepte Asia Sdn Bhd is a spiral high-rise building with the units on each floor spread out like flower petals.

The design allows each unit to enjoy good ventilation and natural lighting while offering a conducive living environment for the residents. Common facilities such as the community hall, green areas, playgrounds and eateries are on the community levels.

Through these designs, the architectural firm hopes to begin a dialogue of creating housing that is meaningful and is able to strengthen communities and empower its inhabitants.

Konzepte Asia



ANNOUNCEMENTS

PAM Professional Practice Forum 11.0

Saturday, 8 December 2018 8.30 am to 5.00 pm Dewan Presiden, PAM Centre, Jalan Tandok Bangsar



PROGRAMME

TIME	ACTIVITY	
8.30 am	Registration of Participants	12.45 noon
9.00 am	Welcome Remarks by PAM President, Ar Ezumi Harzani	PM SESSION
9.10 am	Introduction by Convener, Ar. Chong Lee Siong, Co Chairman, PAM Professional Practice Committee.	2.00 pm
AM SESSION		2.40 pm
9.20 am	Paper 1	20
	Issues and Challenges on the Ground and Update on Initiatives Speaker: Ar S. Thirilogachandran, Chairman, PAM Professional Practice Committee	3.20 pm
10.00 am	Paper 2	
	KL City Plan 2020 Speaker: TPr. Nik Mastura Diyana Nik Mohamad, Timbalan Pengarah Kanan, Jabatan Perancangan Bandaraya, Dewan Bandaraya Kuala Lumpur	4:50pm
10:40 am	Tea Break	5:00 pm
11.10 am	Product Presentation by Ms. Ong Sue Li, Assistant Technical Specifier Manager, DAVCO	
11.25 am	LAM-PAM Dialogue Moderator: Ar. Chong Lee Siong, Co-chairman Professional Practice Forum Panelists: LAM Representatives	*Disclaimer:
	PAM Representatives	Organiser reserve circumstances wit

12.45 noon	Lunch
PM SESSION	
2.00 pm	Paper 3
	Stratified Development Issues and Partial CCC Speaker: Ar Ezumi Harzani, PAM President
2.40 pm	Paper 4
	Planning Submission by Architects: Issues, challenges and Way Forward Speaker: Ar S. Thirilogachandran, Chairman, PAM Professional Practice Committee
3.20 pm	Panel Discussion
	Moderator: Ar, Chong Lee Siong Co Chairman, Professional Practice Committee Panellists: All Speakers
4:50pm	Closing Remarks, Ar. Ezumi Harzani Ismail, PAM, President
5:00 pm	Tea Break End of Forum

Organiser reserves the right to change the programme due to unforeseen circumstances without notification to participants



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CONTACT US

IF YOU HAVE ANY ENQUIRIES, PLEASE DO CONTACT US AT:

BALAI IKHTISAS MALAYSIA Bangunan BIM No. 51B Jalan SS21/56B Damansara Utama 47400 Petaling Jaya Selangor

Tel	: 03-77287171/03-77294621
Fax	: 03-77277354
Email	: faezah@bim.org.my
Website	: www.bim.org.my



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Office Space For Rent

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