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RUTH'S CHRIS STEAK HOUSE
Interest Grows in Edible Gardens

By Laurie Prescott

The natural and local foods movements have spiked interest in edible gardening. Unlike a traditional vegetable garden, an edible garden usually is a mixture of ornamental and edible plants, including ornamentals that have edible flowers. Proponents point to the improved taste and nutritional value of the food, the security of having control of food production, reduced food cost, convenience, fun, exercise and sustainability as some of the benefits of planting an edible garden. While a traditional vegetable garden may be ugly out of season, plantings among ornamental plants may provide a better view during the off season for edible plants.

Rosalind Creasy, a California landscape designer and author of The Complete Book of Edible Gardening, is considered the founder of the edible garden movement and coined the term in the 1970’s. Creasy will be the first one to tell you that edible gardens are constantly changing and must modified with the different seasons. For example, she is fond of using cherry tomatoes on her decorative arbor at her home near San Francisco part of the year, replacing it with peas or a decorative vine in the winter.

Designing edible gardens requires a great deal of imagination as many people have a difficult time visualizing this type of landscape. When meeting with a designer be sure to be prepared with a list of preferred vegetables and herbs as there is no sense in growing plants that won’t be eaten.

Vicky Register Freeman, who practices edible gardening in Jacksonville, suggests that the novice gardener plant only a small area of edibles so as not to become overwhelmed. Containers are an easy way to start gardening and can be used for many edibles, especially herbs. Rosemary, parsley, basil and chives are some of the more successful herbs to grow in North Florida. Again, good quality, well drained soil is the key to success when planting herbs.

Setting the Table

As in designing many other types of gardens, attention must be paid to basic design concepts so as to reduce maintenance and help ensure a successful product. Creasy recommends planning from the bottom up as soil is a very important component of this type of garden. Many edible gardeners are also organic gardeners, so proper plant selection and placement can be critical for ensuring successful crops without the use of chemicals and inorganic fertilizers. Scattering annual vegetables among other plants, compared to planning in traditional rows, not only discourages the spread of pests but allows them to blend in with ornamental plantings.

Minding Maintenance

Maintenance is important in the edible garden, and can be constant. Monitoring for pest problems is essential, especially when utilizing organic gardening techniques. Pruning, watering and fertilizing are critical for successful fruit production. In addition, fruit drop can be hazardous and unsightly, as well as an attraction to vermin.

Considering the maintenance requirements and replanting required with edible gardens, they may not be for everyone. However, for those who enjoy gardening and the idea of fresh produce on the table without tearing up part of the yard for a vegetable garden it may be worthwhile.

Laurie Prescott is a Florida Certified Landscape Designer, the owner of Green Schemes Landscape Design and an avid gardener in Jacksonville, Florida.

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In 2005, pediatric cardiologist Dr. Jose Ettedgui returned from his second humanitarian mission to Kenya. He hoped that what he felt upon returning to the states would be different than the last time. Instead, he had the same feeling: unsatisfied.

“There were kids that didn't do well,” he said, “and not because the visiting team didn't put their best effort to provide good care, but the local infrastructure just wasn't contiguous to taking care of children.”

The revelation led Dr. Ettedgui to create Patrons of the Hearts in 2006. The volunteer-based organization provides highly specialized cardiovascular care to children born in remote or underdeveloped parts of the world. Instead of the volunteers traveling to perform the surgeries, Patrons of the Hearts brings those children to the United States for treatment.

Patrons of the Hearts is a partnership between the University of Florida Pediatric Cardiovascular Center at Jacksonville, Wolfson Children's Hospital and the Jacksonville community. The hospitals donate the cost of inpatient hospitalization and physician services for heart repair, while Patrons of the Hearts covers the supplies, housing and incidentals for each child.

“We average about 10 children each year. This is our 10th year, and we've had about 94 children from 24 different countries all over the world. So they come, they have their evaluation, they have their treatment and then they go back to their country of origin.”

It’s through Patrons of the Hearts that Dr. Ettedgui first met Rute, a 13-month-old girl from Ethiopia. “In February of 2008, I get an email from one of our partner organizations with some information on her saying, ‘can you help?’” he recalled. “I figured this would be something fairly straightforward to take care of so we said yes.”

However, a case that was meant to be simple became complicated very quickly. Dr. Ettedgui was informed that Rute's parents were unable to obtain passports, so they couldn't come to Jacksonville with her. Most children and their families who come to the United States through Patrons of the Hearts either stay with a host family or at the Ronald McDonald house, but the few children whose parents can't travel with them stay with a temporary foster family. Rute was one of those children in need of a foster family during her treatment, and Dr. Ettedgui didn't hesitate to volunteer.

“Again, we figured this was really straightforward and that she would only be here for two or three weeks so we offered to serve that role,” he said. “But that two or three weeks became several months, because it wasn't a simple problem like we anticipated but much more complicated.”
Rute was suffering from horrible heart failure when she arrived. She had a ventricular septal defect, a large hole in the heart, as well as coarctation of aorta, where the main vessel that takes blood out to the body has severe narrowing. Rute's treatments lasted nearly six months and the Ettedguis hosted the young girl in their home during the entire process.

Though Rute had originally come to Jacksonville with an “escort,” once her treatment was complete Dr. Ettedgui wanted to personally travel to Ethiopia to return her to her parents. That’s when both of their lives took an unexpected turn.

“After she had been with her parents for a couple of days, they brought her back to where we were staying and basically stated, ‘she’ll have a better life and better opportunity with you, will you keep her? So we brought her back.”

Dr. Ettedgui said he believed Rute's parents made the decision for a variety of reasons: They were overwhelmed by her health care issues and incredibly appreciative of the care she had received. He said they very much wanted her to have the best chance at a good life.

“This is the ultimate love,” Dr. Ettedgui said.

Dr. Ettedgui and his wife are now in the process of adopting Rute. He said that since she isn't an orphan, they have to go through a guardianship process every year. He added that Rute is now a permanent resident of the United States on the path to citizenship and is doing great.

“When she arrived at 13 months, she weighed what a four or five month old baby would weigh,” Dr. Ettedgui said. “She was much debilitated between malnourishment and heart failure. She couldn't even roll over, never mind sit, stand or walk. But her brain was protected throughout all of this and once her heart was fixed she just took off on this sort of fast track to recovery. She's going into third grade now.”

Along with her heart complications, Rute has an eye muscle accommodation problem which requires her to wear glasses. Dr. Ettedgui recalled fondly how much she changes colors, that she had blue glasses until she was about four, then they were yellow, coral and most recently red.

Like her father and the rest of the Ettedguis, Rute is bilingual with English and Spanish.

Dr. Ettedgui said his family attempts to keep in contact with Rute's birth parents, but it's challenging since they live in rural Ethiopia. Rute's parents have one relative with an email address, so every once in a while the Ettedguis send pictures and little updates about Rute. He said they communicate in very broken English since her parents don't speak English and the Ettedguis don't speak Amharic, Ethiopia's native language.

Rute knows her story, Dr. Ettedgui said, but from her perspective, the Ettedguis are mom and dad and this is her home.

“Every time the conversation comes up, it ends with her saying, ‘but you're still my mom and dad, right?’” he said. “She's our daughter.”
LuLu's is a locally owned and operated, casually upscale restaurant with a menu that features "culturally eclectic" cuisine (seafood, steaks, and pasta) which are offered seven days a week for lunch and dinner in their dining room and on their "porch" overlooking the Intracoastal Waterway. Sunday Brunch (11:00-2:00) is a tasty experience and a BIG local favorite!!

Lulu's Waterfront Grille has also announced a new management! Now, in its 15th year of business, the new management team is working on new and exciting changes to come! While keeping some of the classic entrees Lulu's is known for, such as its "Fried Shrimp Captain's Platter," some exciting new seafood choices are now available. So kick back and enjoy dining along the intracoastal waterway, while watching occasional boats pass by or catching the sunset as it glistens across the water.

Happy Hour every week-day from 4 - 7 featuring new snacks and bar menu. Lulu's is located at 301 N. Roscoe Boulevard, Ponte Vedra Beach, FL [Palm Valley] 2.2 miles west from the Solana Road/A1A intersection.
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# The Best Medical Drama TV Shows of All Time

*By ranker.com*

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<th>Rank</th>
<th>Show</th>
<th>Actors</th>
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<tr>
<td>1</td>
<td><em>House</em></td>
<td>Olivia Wilde, Jennifer Morrison, Hugh Laurie</td>
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<tr>
<td>2</td>
<td><em>Grey's Anatomy</em></td>
<td>Katherine Heigl, Sandra Oh, Sara Ramirez</td>
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<tr>
<td>3</td>
<td><em>ER</em></td>
<td>George Clooney, Jared Padalecki, Julianna Margulies</td>
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<tr>
<td>4</td>
<td><em>Private Practice</em></td>
<td>Kate Walsh, Amy Brenneman, Taye Diggs</td>
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<td>5</td>
<td><em>Night Shift</em></td>
<td>Daniella Alonso, Jill Flint, Ken Leung</td>
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<td>6</td>
<td><em>Emily Owens, M.D</em></td>
<td>Justin Hartley, Harry Lennix, Aja Naomi King</td>
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<tr>
<td>7</td>
<td><em>Code Black</em></td>
<td>Marcia Gay Harden, Luis Guzmán, Melanie Chandra</td>
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<td><em>Royal Pains</em></td>
<td>Reshma Shetty, Brooke D'Orsay, Jill Flint</td>
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<td><em>M</em>A<em>S</em>H*</td>
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<td><em>Body of Proof</em></td>
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<td><em>Chicago Hope</em></td>
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<td>17</td>
<td><em>Trauma</em></td>
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<td>18</td>
<td><em>A Gifted Man</em></td>
<td>Julie Benz, Rachelle Lefevre, Patrick Wilson</td>
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<td>19</td>
<td><em>Mercy</em> - Michelle Trachtenberg, Taylor Schilling, James Van Der Beek</td>
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<td>20</td>
<td><em>Nip/Tuck</em></td>
<td>Bradley Cooper, Julian McMahon, Sanaa Lathan</td>
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<td>21</td>
<td><em>St. Elsewhere</em></td>
<td>Denzel Washington, Mark Harmon, Howie Mandel</td>
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We’ve all left the house and suddenly remembered – too late – that we’ve forgotten something important. The coffee maker is still on, or the garage door was never closed. Then you start to doubt that you locked the doors or turned the heat down.

You feel helpless, and you’re stuck worrying until you get home again.

Smart homes are breaking that cycle.

Imagine simply taking out your smart phone and pressing a button to shut that garage door and make sure the lights are off. And at the end of the day, using your phone again to turn on your heat, the lights, and your favorite music before you even leave the office.

Making homes “smart” is a growing trend that has gone from button-press security systems to controlling and observing your home from anywhere.

Here are 5 Trends in Smart Home Technology:

1. Décor-Friendly Gadgets. Home automation technology can blend in better with your décor than traditional devices. TechCrunch highlights thermostats with good design that are aesthetically pleasing, and smart door locks that look sleek and modern.

2. Programmable or Zone-Based Thermostats. Have you ever heated your home for no one? Turn the heat on or down from anywhere with your smart phone or tablet with a programmable thermostat. Zone-based thermostats use motion sensors and heat only occupied rooms.

3. Wireless Power Controls. Home automation allows you to control myriad devices with the touch of your finger. This California man installed an automated sound system for music inside and outside his home, along with HVAC, lighting, security and pool/spa features that could all be controlled with his family’s iPads, wall touchpanels or remote controls.

4. Automated Door Locks. If you’re carrying heavy grocery bags or a crying child, unlocking your door can be quite a feat. Smart locks take the guesswork out of using a key by automating your front door to unlock or even open as you approach.

5. Advanced Security Systems. Watch your kids get home safely from school, make sure they’re doing their homework and not watching TV, or simply set up and arm your security system and other alarms while you’re away with the touch of a button.

Quite a few devices for home automation made their debut at CES 2014 in January that take the concept of a smart home to a whole new level. In general, innovations in technology for the home are becoming widespread, and the ClearViewTM Audio ClioTM is among those new innovations as the first invisible speaker that produces great sound without compromising your décor.

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Healthcare Social Media is all the rage these days. You can’t visit even one physician-oriented website without someone breathlessly advising you to be on Twitter, Facebook, LinkedIn, YouTube … and now Pinterest. Yet the only reason these talking heads can give you is, “because they are really popular and everyone is doing it.”

Healthcare Social Media Consulting is a bubble economy at the moment. I suspect there are far more healthcare social media consultants in the marketplace than doctors who can point to ANY Healthcare Social Media activity that has shown a measurable positive effect on - their Bottom Line - or their Enjoyment of Medicine.

Don’t listen to the healthcare social media flavor of the month … because here are …

3 Reasons Healthcare Social Media is a Bad Idea for the Average Practicing Doctor

1) There is NO Return On Investment (ROI)
If you are a clinician who is paid by your patient’s insurance company for the services you provide … I challenge any healthcare social media consultant to show you how a Facebook post or Twitter Tweet produces any additional income for you.

Remember, no one pays you to login and post on Facebook. You would have to be posting something that actually causes more patients to come into the office where you can see them and charge for your services.

Here are some important questions:
How much do you bill in an average hour? If you spend two hours a week on your healthcare social media maintenance (a minimal amount) you have cost your practice as much as several thousand dollars in gross billings. Did your tweets drive that much business through the door?
Before you do anything on Healthcare Social Media … I encourage you to understand exactly how you generate a return on that investment of time and energy. If no one can show you an ROI … don’t do it because …

2) Healthcare Social Media is DANGEROUS IF … it’s just one more “SHOULD” to Burn You Out

With studies consistently showing 1 in 3 doctors burned out on any given office day, adding the learning curve of just one of these healthcare social media sites could be the last straw in your workload. And the social media consultants never recommend you do just one … nope. They always recommend a “strategy” and list the sites in groups of three and four as I have above. These are all the places you “SHOULD” have in your healthcare social media strategy.
I can tell you from direct experience that each site has its own learning curve, technology and culture. It is a piece of cake to waste dozens of hours just getting up to speed on just one site.

Facebook is VERY different from Twitter or Pinterest … and any one of them can be overwhelming to an already busy physician.

If you are bordering on overworked … like most docs I know … and you get a spare hour in your schedule … my suggestion is you go have a nice lunch with your significant other (or your kids) and leave Twitter to Ashton Kutcher.

3) Healthcare Social Media is a Fad, it’s a Bubble … it’s not worth it … Unless one of these apply

a) One situation where Healthcare Social Media outreach might be worthwhile is if your practice (or a significant portion of it) consists of products or services the client pays cash for.

In this instance, your Facebook post of a special offer might just drive more clients and dollars in the door. This is exactly how a restaurant uses Twitter and why social media makes a LOT more sense for a restaurateur than an MD.

The more entrepreneurial and cash-based your practice is … the more likely you can come up with a healthcare social media tactic or two that makes business sense. AND watch the time you or your staff spend on the computer hoping to “Go Viral”. Do your very best to measure the ROI of any investment in Healthcare Social Media.

b) Another situation where Healthcare Social Media can be OK is if you have a lot of spare time and don’t care about money. In other words, it is a Hobby. If you are using your social media avatar (who you pretend to be online) for kicks in your spare time … go for it.

If you are the typical doctor in the typical medical practice … there is no business case for Healthcare Social Media, there is no ROI … and the additional workload and expectations could worsen the amount of stress you are under.

That’s three strikes by my reckoning.
So the next time a “guru” of Healthcare Social Media tells you the five sites you should be on (and there will be two more in the next 18 months … I guarantee it) … you can say, “Thanks, but no thanks” and get back to taking good care of your patients and spending time with your family instead.
The Legacy Trust Ponte Vedra Beach Home and Art Tour benefiting The Cultural Center at Ponte Vedra Beach returns April 9th, 2016. Patrons $35 ticket will provide an insider’s view into some of Ponte Vedra’s most distinctive homes. This year’s tour will highlight beautiful artwork, landscape and architectural design in each home. Ticket holders will see first-hand how each homeowner incorporates art and color into the overall design of these homes. While each home will be staffed with volunteers from the Cultural Center, the program is actually a self-guided tour. This year’s home tour showcases five exquisite homes located in the exclusive neighborhoods of the Plantation, Sawgrass Island, Marsh Landing on Ponte Vedra Boulevard and Roscoe Road. These homes will be open to the public for touring on Saturday from 10–4pm.

The Cultural Center at Ponte Vedra Beach is a 501(c) non-profit organization. The mission of the Cultural Center is to “Bring the Arts into the Life of the Community” which is achieved through arts exhibitions, arts education and arts outreach.

The pictures shown are for 1159 Ponte Vedra Boulevard, one of the homes featured on the Ponte Vedra Beach Home and Art Tour.
'Tis the season for doctors to be inquiring about personal long term disability insurance. It is during this time of year when many doctors are wrapping up the final months of their training and preparing for the transition over into their first position. This is such a popular period that we are going to share the top 5 things to know before enrolling in a long term disability insurance plan.

1) Find an advisor who can coach you how to evaluate options. This should be an advisor who does not work for an insurance company and does not get the majority of their compensation from any particular insurance company. You can find this out by simply asking what percentage of their income comes from the company they are recommending.

2) Review long term disability insurance quotes from all of the own occupation policies that exist. That would be Ameritas, Guardian, MassMutual, MetLife, Principal, and Standard. You may be wondering why Northwestern Mutual was not listed and that's because their policy specifically requires that a doctor has to NOT be working in order to collect full disability benefits while the other six I've mentioned all do have the true own occupation definition of disability.

3) Make sure the quotes you are reviewing are an apples to apples comparison. Each policy is built with its core benefits and it can have additional features called riders. One of the ways we find that doctors are misled is that policy designs are not compared on an even playing field.

4) Before signing up, investigate the nuances of the contracts to find any limitations that are not highlighted. For example, some plans have hoops you have to jump through in order to maintain the policy and if you don't keep up with them, the policy can change for the worse.

5) Take advantage of the privilege of your status because while you are in training you have two unique advantages. 1) You can get discounted rates that are guaranteed for the life of the policy and 2) you can use the starting practice limits to access a higher level of protection in some cases than what you would otherwise be able to get after joining your first practice. The reason why this occurs is because the employer's group long term disability insurance package prevents you from getting a higher level of protection, but if you use the starting practice limits you can ignore this offset.

In addition to those five guidelines, it's most important to get the process started before you see anyone for your health. The key is to get it while you are the youngest and healthiest you can be in order to lock in the lowest rates and get the most comprehensive coverage. In our experience almost half of doctors do not get the best offering because of a health issue popped up. In light of this don't delay and get a policy with no restrictions.
Please Take Our Physician Survey

Kindly take a few moments and provide us feedback to this survey. We are evolving our MD Life magazine to provide more resources, information and lifestyle events for the physician community in this area.

As our appreciation for your time and feedback we will enter the names of those that complete and return the survey to us in a drawing for the following:
Three $250.00 Gift Cards for Ruth’s Chris Steak House * Two $200.00 Gift Cards for Dillard’s Department Stores
Two $100.00 Gift Cards for Youthful Medical Spa * Two $50.00 Gift cards for Tim’s Wine Shoppe
Two Free 4 month memberships at Jacksonville Boat Club

Editorial Content
What lifestyle information would you like to read about in your spare time?

What professional or career-related information would you like to read about in your spare time?

Do you prefer to read magazine content via print, copy or via computer/tablet/phone device?

Events and Conferences
Social Events
This coming year we are planning on producing the following social events for physicians in the area:
Please X those which you might have an interest in attending
[ ] Wine and Food Tasting [ ] Party at Marina with Boat Rides [ ] Art & Fashion Event [ ] Casino Night Social
Suggestions for other type of social events that would appeal to doctors?

Educational Conferences / Forums
What professional subjects would you like to see covered in a conference or forum program that are not currently available?

Location preferences for social events or conferences/forums:
[ ] Beach/Ponte Vedra [ ] Baymeadows/Southpoint [ ] Riverside/Downtown/San Marco
[ ] St Augustine [ ] Orange Park/Fleming Island [ ] Fernandina / Amelia Island

Professional Resources
Are you now or in the near future considering selling or purchasing a piece of property?
Have you ever considered vacation rental property as an investment?
Are you considering financing a purchase or new home construction or refinancing an existing loan?
If yes to any of the above, are you interested in receiving one-time or on-going feedback about real estate and if so, on what subjects or geographic area [s] do you wish to receive this feedback?

Are there any areas in financial or estate planning that you would like to address?
Would you like to receive a referral to a professional on this subject?

Are there any areas of tax planning or tax issues that you would like to address?
Would you like to receive a referral to a professional on this subject?

Are there any areas of insurance or disability coverage or asset/legacy protection that you would like to address?
Would you like to receive a referral to a professional on this subject?

Are there any area of compliance or other legal matters that you would like to address?
Would you like to receive a referral to a professional on this subject?

Leisure Resources
Are you interested in finding out any further information or would like a referral of someone that can help you with any of these leisure pursuits: [ ] Golf [ ] Boating/Fishing [ ] Travel [ ] Art [ ] Other ____________________________

Thank you for your time and feedback. Please return the survey to us through either of these two secure methods
Email: mdlife@doctor.com Fax: 888-263-4440

Your Name ____________________________ Email ____________________________
We’ve seen startling moves in artificial intelligence in 2015. Robots are doing the grunt work in factories. Driverless cars have become a reality. WiFi-enabled Barbie uses speech-recognition to talk (and listen) to children. Companies are using AI to improve their product and increase sales. AI saw significant advances in machine learning.

To get a handle on what to look for in the AI world, TechRepublic caught up with Andrew Moore, dean of Carnegie Mellon’s School of Computer Science, Kathleen Richardson, Senior Research Fellow in the Ethics of Robotics at De Montfort University, and Roman Yampolskiy, director of the Cybersecurity Lab at the University of Louisville for what they see as the most important areas of AI research in the year ahead—what Yampolskiy says will be “like 2015 on steroids.”

1. Deep learning
“We will see an exponential improvement in performance of Convolutional Neural Networks (deep learning),” said Yampolskiy, “particularly as it will be paired with significant computation resources of ever-growing supercomputers.” Richardson agreed. She called deep learning one of the top areas of focus for 2016.
2. AI replacing workers
Moore sees a lot more high-level interest in this issue—“whether this industrial revolution is different from the others.” A study from The National Academy of Sciences brought together technologists and economists and social scientists to figure out what’s going to happen. “Serious groups of people are trying to figure out what will happen when white collar jobs, which are primarily about pure information processing—something computers do well—migrate to white collar jobs which are safe, people interacting with other people.”

3. Internet of Things (IoT)
Yampolskiy sees more and more devices becoming connected and “resulting in smarter homes, smarter cars, smarter everything.” Richardson sees IoT leading to a point where “no object will just be an object—it will all be wirelessly connected to something else.” Both Yampolskiy (whose focus is cybersecurity) and Richardson (robot ethics) worry about how the mined data can potentially be exploited.

4. Breakthroughs in emotional understanding
According to Andrew Moore, AI that can detect human emotion is, perhaps, one of the most important new areas of research. And Yampolskiy believes that our computers’ ability to understand speech will lead to an “almost seamless” interaction between human and computer. With increasingly accurate cameras, voice and facial recognition, computers are better able to detect our emotional state. Researchers are exploring how this new knowledge can be used in education, to treat depression, to accurately predict medical diagnoses, and to improve customer service and shopping online.

5. AI in shopping and customer service
And, speaking of customer service and shopping, businesses are starting to use AI to figure out what makes customers happy or unhappy, said Moore. The North Face and other companies are using AI to help customers figure out the perfect item. “It’s like when somebody is browsing and shows they want to dress like this, but a little warmer, and having the computer understand what that means and coming up with the right results for them,” said Moore.

TechRepublic has reported on how customer service is where some of the greatest breakthroughs in AI can be seen. Moore agrees that it’s changing business in a big way. “This is where IBM is placing its biggest bet,” he said. “In the late ’90s, there was a rush to see who would be the big providers of databases which run the planet. Now there is a platform race for who’s providing the platform for the sophisticated decision-making process which you can plug in to do anything in your business which involves explaining, answering questions, presenting data.”

6. Ethical questions
All three AI experts agreed that ethical considerations must be at the forefront of research. “One thing I’m seeing among my own faculty is the realization that we, technologists, computer scientists, engineers who are building AI, have to appeal to someone else to create these programs,” said Moore. When coming up with a driverless car, for example, how does the car decide what to do when an animal comes into the road? When you write the code, he said, there’s the question: how much is an animal’s life worth next to a human’s life? “Is one human life worth the lives of a billion domestic cats? A million? A thousand? I would hate to be the person writing that code.”

We need a discussion to come up with these answers. “I think we’d agree that many people have completely different personal thoughts as to what’s valuable.” And, the problems could become even more complex. “None of us are even touching this at the moment, but what if that car is going to hit a pedestrian, and the pedestrian might be pregnant? How much does that affect the car’s decision?” asked Moore. “These are not problems that are going to get us computer scientists and engineers solving. Someone has to come up with an answer.”

Richardson, head of the Campaign Against Sex Robots, worries about the “ongoing erosion of the distinction between human and machines.” Her work shows how detrimental sex robots can be to humans—by creating an asymmetrical relationship of power. While she doesn’t see that becoming a real thing very soon, Richardson thinks that in 2016, we will “start to see artificial avatars acting in cyberspace like persons,” albeit modified.

7. A problem with representation
While many schools are pushing to recruit a more diverse student base, “we still have a terrible gender imbalance,” said Moore. “We cannot have the AI systems of the future all being built by one demographic group. These systems need to be built by a representation of the country’s population.”
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<th>LUXURY WITH EVERY DAY CONVENIENCE @ Old San Jose</th>
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<td>Spacious living areas, high vaulted ceilings, large backyard</td>
<td>Open floorpan, private neighborhood, near great schools</td>
<td>Ground level condominium, river views, Screened Porch Hardwood floors throughout entire unit</td>
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Malaria is a disease caused by a parasite that occurs in over 90 countries worldwide, with 77 percent of deaths occurring in children under age 5, mostly in Sub-Saharan Africa. However, huge gains have been made in recent years in reducing the number of cases and deaths, and many countries have declared elimination goals.

Malaria is preventable and treatable, and history shows that it can be eliminated. The disease used to be prevalent in Europe and North America, and was only eliminated in these regions in the first half of the 20th century.

As Melinda Gates said in 2007, “Any goal short of eradicating malaria is accepting malaria; it’s making peace with malaria; it’s rich countries saying: ‘We don’t need to eradicate malaria around the world as long as we’ve eliminated malaria in our own countries.’ That’s just unacceptable."

The Bill & Melinda Gates Foundation sees surveillance as the backbone of effective malaria elimination efforts. By surveillance, we mean the information flow that helps health care workers in countries trying to eliminate malaria make decisions about what to do, when and where, in order to find malaria parasites, how to eliminate them from human populations, and how to prevent parasites from coming back.

The focus on malaria elimination goals requires a shift to action-oriented surveillance, which places an increased demand on the surveillance systems and people that use the data. For example, cases need to be reported in near real-time, and be geolocated at a fine scale resolution. This shift to action-oriented surveillance means a fundamental “rethink” of how data are collected and used and how surveillance systems are best structured to achieve the goal of a malaria-free world within a generation.

Despite acknowledging the role of surveillance in malaria elimination, the full potential of recent advances in information communication technology, data systems, and data harmonization has not yet been effectively applied to the challenge of malaria elimination.

There are multiple breakdowns in the data life cycle for malaria elimination. District and National Data is often collected and stored across organizations and different levels of the health system in multiple locations and in multiple formats, resulting in long and inefficient processes to harmonize and compile data. Some analyses that are specific for the needs of malaria elimination programs require sharing between inter- and intra-national organizations, ministry departments, and public and private sectors; this is complex and sometimes legally prohibited.

It is important to note that malaria elimination programs do not operate in isolation – the interventions themselves as well as the reporting of cases in health facilities are a part of a country’s broader health system. This makes introducing changes to what kind of information is collected and how it flows within the system challenging.

We are most interested in improving data informed decision-making for key decision-makers for malaria elimination at various levels in national health systems. Innovations in this area will need to recognize that the data needs of key decision-makers vary across programs. For example at district level, managers are typically responsible for monitoring local trends in in health facility attendance, fevers, and positive malaria tests, ordering appropriate stock, deploying case investigation teams and carrying out supportive supervision. At national level, managers are responsible for interpreting malaria risk estimates, developing national plans and budgets, deciding on the best malaria control interventions to use, informing central medical store purchases, and prioritizing geographic areas to target these interventions.

Challenge: help apply advances in information communication technology to malaria elimination

By Erin Stuckey • Impatient Optimists Blog
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