

★ Inside

NEWS

Brodsky Library releases new anthology of local writing

Brodsky Library Executive Director Barbara Raznick and author and UMSL English professor Howard Schwartz edited 'Winter Harvest,' the library's latest anthology.

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New Jewish Theatre's latest directed by the Rep's Steve Woolf

Get a taste of the NJT's latest production, "Awake and Sing!" by Clifford Odets, which begins April 20 and runs through May 8 at the Wool Studio Theatre at the Jewish Community Center.

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ONLINE

Video interview series

Larry Levin interviews Steve Sorkin, executive director of the St. Louis Rabbinical Association, during the Light's latest installment of 'Hey! Hey! Five in Five,' which features Q&As with Jewish community leaders.

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★ Candlelighting

Shabbat starts

Friday, April 22, 7:26 p.m.

Shabbat ends

Saturday, April 23, 8:26 p.m.



Nusach Hari B'nai Zion President Bob Kaiser (center) and Rabbi Ze'ev Smason (right) talk with Jason Parker, Project Manager for Certified Solar Solutions, LLC during a visit to the construction site of NHBZ's new building on Price Road near Old Bonhomme in Olivette. Photo: Kristi Foster

The greening of the shul

Nusach Hari B'nai Zion incorporates environmentally friendly, energy efficient technology in construction of new building

BY DAVID BAUGHER
SPECIAL TO THE JEWISH LIGHT

It's a staple of synagogue life. Meeting rooms, lobbies, even individual bricks can be dedicated in memory of a loved one or in honor of a family that has contributed to the congregation. Nusach Hari B'nai Zion is no exception to the rule. But as shul president Bob Kaiser points out, NHBZ's new building will also offer a decidedly 21st century way to recognize the deserving.

Solar panels. "There's going to be a monitor in the lobby that will track each panel on the roof," he said. People can adopt a panel and name it. They can see how many trees they've saved."

The readout will also tell congregants how many tons of carbon "their" panel kept out of the atmosphere.

"We don't intend to just build the building, announce it with fanfare and then have people

★ Earth Day feature



Since 2009, the Jewish Light has used the issue closest to Earth Day to highlight stories involving Jewish groups or individuals and the environment.

See page 17 for a feature on an UMSL professor. For past stories, visit www.stjewishlight.com/green

forget what it is we're doing," Kaiser said.

What they are doing is constructing a synagogue rife with "green" features. The Orthodox shul broke ground last summer on the two-story structure, which is slated to replace their old University City location on Olive Blvd., this June. The approximately 13,000-square-foot edifice at Old Bonhomme and Price roads will be the first shul in the City of Olivette.

But it will be groundbreaking in more ways than that. For starters, it will be set pretty deep

in the ground. The lower floor is below the land's grade on two sides reducing the need for climate control and boosting energy efficiency.

The earth is a great insulator," Kaiser said. "If you've ever been in a cave, it's the same temperature 365 days a year."

Not that heating bills will create much worry. In fact, NHBZ is hoping to hardly have any. There is a backup furnace, but it kicks in only if the outside temperature falls well into the single digits. Otherwise, heating will be provided by 30 geothermal wells drilled 200 feet below the Earth's surface. Circulating liquid extracts warmth from deep in the soil while a similar method cools the building in the summer.

"When you get 18 feet below the ground, it's 58 degrees year-round," said Jason Parker, project manager at the site for

See GREEN DESIGN, page 16

Light honors community's 'Unsung Heroes'

Building on the overwhelming response to last year's program and magazine, the *St. Louis Jewish Light* proudly presents its Second Annual Unsung Heroes event and edition of *OY! Magazine*.

The *Light* this year recognizes nine exceptional individuals and one organization for their tireless and substantial devotion to making our community a better place for all.

The honorees this year are:

- Dr. Rebecca Aft
- Charles Baron
- Maris Berg
- Phyllis Cantor
- Fran Cohen
- Jack Cohen
- Merle Hartstein
- Fritzzi Lainoff
- David Oughton
- Jewish Prison Outreach

"We are thrilled that we can honor this incredible group," says Unsung

Heroes event co-chair Sheri Sherman, who is organizing the May 23 reception along with co-chairs Betsy Rubenstein and Susan Fadem.

"Their commitment to helping all

See HEROES, page 5



The Jewish Light's 2011 Unsung Heroes include, from left to right (top row): David Oughton, Fran Cohen, Maris Berg; (middle row): Merle Hartstein, Jack Cohen, Fritzzi Lainoff; (bottom row): Charles Baron, Phyllis Cantor, Rebecca Aft. The other honoree not pictured is Jewish Prison Outreach.

Arrest of two Palestinians for Itamar killings can't console Fogels' relatives

Farmer, rabbi and maple syrup maker, Shmuel Simenowitz melds Torah and environmentalism

View these stories and more online at www.stjewishlight.com



Nusach Hari B'nai Zion's new building, being constructed near Old Bonhomme and Price roads has incorporated green technology into its design. Photo: Kristi Foster.

GREEN DESIGN

CONTINUED FROM PAGE 1

Certified Solar Solutions. "That's relatively warm in the wintertime."

Parker's company is handling the solar panels for NHBZ. Together, 65 of them are expected to generate nearly 15 kilowatts of energy, perhaps enough to run the entire building. If that's the case, the synagogue may even be able to sell energy back to the utility gaining a credit on their bill.

"We'll have two meters with Ameren," said Kaiser, "one going out and one coming in. We send our kilowatts to them and when we need them, we pipe them back in."

Windows will be computer controlled so that they cannot be opened or closed at the whim of human occupants, another feature that will curb energy usage.

Unnecessarily keeping the entire building climate controlled is one more wasteful habit the congregation will avoid.

"The cooling and heating systems are zoned so the areas that are not being used will just be kept

on standby," Parker said. "We have eight geothermal heating and cooling units so it's possible to micro control exactly which parts of the building are receiving heat."

The layout of the structure itself aims to make that task easier as well. Items that will be used during the week, such as administrative functions, child care operations, the teen lounge and the rabbi's office will be grouped together on the lower floor while the sanctuary upstairs will be kept unheated when not in use for services.

Kaiser said that while the building, which uses recycled construction materials where possible, will incorporate many green features, it will not be it will not be a Leadership in Energy and Environmental Design (LEED) structure. He said LEED-certification would not have been realistic given the requirements for extra windows to create more natural light.

All told, while some of the building's attributes may be pricier on the front end, the facility, expected to cost \$2.1 to \$2.5 million, will see a monetary benefit as time goes on.

"For the first five or six or seven years we'll be paying a little bit more," he said, "but you start to hit that curve and all of the sudden you find that you've paid off your system and you don't have an Ameren bill."

NHBZ's Rabbi Ze'ev Smason said that aside from the lowered utility bills there are deeper reasons for the building's design as well.

"It's a fulfillment of a sacred pact, really a sacred obligation," he said. "There are many sources found in the Torah that indicate that we should be a good steward of the environment and the world that God has given us and that we have to save not only for our own benefit but we have to treat the world as though it were ours. By being as environmentally conscious as possible, we're fulfilling that dictum."

He also said the structure's benefits might have a practical lesson for those who worship there.

"I think there is tremendous potential for carryover value for our congregation by being green and environmentally friendly in the building itself," he said. "You can't help but notice it, so with proper instruction and reminders it will show people that they should be environmentally conscious in their own lives."

And that goes back to those adopted solar panels.

"The idea is that we want people to understand that this is not just something the synagogue did but it's something they can actively participate in on a daily basis," Kaiser said. "We expect it to be a constant reminder of our ongoing obligation."

VPRIV® (velaglucerase alfa for injection)

Rx Only

BRIEF SUMMARY: Consult the Full Prescribing Information for complete product information.

INDICATIONS AND USAGE

VPRIV is a hydrolytic lysosomal glucocerebrosidase-specific enzyme indicated for long-term enzyme replacement therapy (ERT) for pediatric and adult patients with type 1 Gaucher disease.

DOSAGE AND ADMINISTRATION

The recommended dose is 60 Units/kg administered every other week as a 60-minute intravenous infusion.

Patients currently being treated with imiglucerase for type 1 Gaucher disease may be switched to VPRIV. Patients previously treated on a stable dose of imiglucerase are recommended to begin treatment with VPRIV at that same dose when they switch from imiglucerase to VPRIV.

Dosage adjustments can be made based on achievement and maintenance of each patient's therapeutic goals. Clinical studies have evaluated doses ranging from 15 Units/kg to 60 Units/kg every other week.

VPRIV should be administered under the supervision of a healthcare professional.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions have been reported in patients in clinical studies with VPRIV [see ADVERSE REACTIONS]. As with any intravenous protein product, hypersensitivity reactions are possible, therefore appropriate medical support should be readily available when VPRIV is administered. If a severe reaction occurs, current medical standards for emergency treatment are to be followed.

Treatment with VPRIV should be approached with caution in patients who have exhibited symptoms of hypersensitivity to the active ingredient or excipients in the drug product or to other enzyme replacement therapy.

Infusion-related Reactions

Infusion-related reactions were the most commonly observed adverse reactions in patients treated with VPRIV in clinical studies. The most commonly observed symptoms of infusion-related reactions were: headache, dizziness, hypotension, hypertension, nausea, fatigue/asthenia, and pyrexia. Generally the infusion-related reactions were mild and, in treatment-naïve patients, onset occurred mostly during the first 6 months of treatment and tended to occur less frequently with time.

The management of infusion-related reactions should be based on the severity of the reaction, e.g. slowing the infusion rate, treatment with medications such as antihistamines, antipyretics and/or corticosteroids, and/or stopping and resuming treatment with increased infusion time.

Pre-treatment with antihistamines and/or corticosteroids may prevent subsequent reactions in those cases where symptomatic treatment was required. Patients were not routinely pre-medicated prior to infusion of VPRIV during clinical studies.

ADVERSE REACTIONS

Clinical Studies Experience

The data described below reflect exposure of 94 patients with type 1 Gaucher disease who received VPRIV at doses ranging from 15 Units/kg to 60 Units/kg every other week in 5 clinical studies. Fifty-four (54) patients were naïve to ERT and received VPRIV for 9 months and 40 patients switched from imiglucerase to VPRIV treatment and received VPRIV for 12 months [see CLINICAL STUDIES]. Patients were between 4 and 71 years old at time of first treatment with VPRIV, and included 46 male and 48 female patients.

The most serious adverse reactions in patients treated with VPRIV were hypersensitivity reactions [see WARNINGS AND PRECAUTIONS].

The most commonly reported adverse reactions (occurring in ≥10% of patients) that were considered related to VPRIV are shown in Table 2. The most common adverse reactions were infusion-related reactions.

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Table 2: Adverse Reactions Observed in ≥10% of Patients with Type 1 Gaucher Disease Treated with VPRIV [Naïve to ERT (N = 54), Switched from imiglucerase to VPRIV (N = 40)] Number of Patients (%)—Nervous system disorders: Headache 19 (35.2%), 12 (30%), Dizziness 12 (22.2%), 3 (7.5%); Gastrointestinal disorders: Abdominal pain 10 (18.5%), 6 (15%), Nausea 3 (5.6%), 4 (10%); Musculoskeletal and connective tissue disorders: Back pain 9 (16.7%), 7 (17.5%), Joint pain (knee) 8 (14.8%), 3 (7.5%); Infections and infestations: Upper respiratory tract infection 17 (31.5%), 12 (30%); Investigations: Activated partial thromboplastin time prolonged 6 (11.1%), 2 (5%); General disorders and administration site conditions: Infusion-related reaction* 28 (51.9%), 9 (22.5%), Pyrexia 12 (22.2%), 5 (12.5%), Asthenia/Fatigue 7 (13%), 5 (12.5%). *Denotes any event considered related to and occurring within up to 24 hours of VPRIV infusion.

Less common adverse reactions affecting more than one patient (>3% in the treatment-naïve group and >2% in the patients switched from imiglucerase to VPRIV treatment) were bone pain, tachycardia, rash, urticaria, flushing, hypertension, and hypotension.

Pediatric Patients

All adult adverse reactions to VPRIV are considered relevant to pediatric patients (ages 4 to 17 years). Adverse reactions more commonly seen in pediatric patients compared to adult patients include (>10% difference): upper respiratory tract infection, rash, aPTT prolonged, and pyrexia.

Immunogenicity

As with all therapeutic proteins, there is a potential for immunogenicity. In clinical studies, 1 of 54 treatment-naïve patients treated with VPRIV developed IgG class antibodies to VPRIV. In this patient, the antibodies were determined to be neutralizing in an in vitro assay. No infusion-related reactions were reported for this patient. It is unknown if the presence of IgG antibodies to VPRIV is associated with a higher risk of infusion reactions. Patients with an immune response to other enzyme replacement therapies who are switching to VPRIV should continue to be monitored for antibodies.

Immunogenicity assay results are highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to VPRIV with the incidence of antibodies to other products may be misleading.

DRUG INTERACTIONS

No drug-drug interaction studies have been conducted.

USE IN SPECIFIC POPULATIONS

Pregnancy: Pregnancy Category B.

Reproduction studies with velaglucerase alfa have been performed in pregnant rats at intravenous doses up to 17 mg/kg/day (102 mg/m²/day, about 1.8 times the recommended human dose of 60 Units/kg/day or 1.5 mg/kg/day or 55.5 mg/m²/day based on the body surface area). Reproduction studies have been performed in pregnant rabbits at intravenous doses up to 20 mg/kg/day (240 mg/m²/day, about 4.3 times the recommended human dose of 60 Units/kg/day based on the body surface area). These studies did not reveal any evidence of impaired fertility or harm to the fetus due to velaglucerase alfa.

A pre- and postnatal development study in rats showed no evidence of any adverse effect on pre- and postnatal development at doses up to 17 mg/kg (102 mg/m²/day, about 1.8 times the recommended human dose of 60 Units/kg/day based on the body surface area). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, VPRIV should be used during pregnancy only if clearly needed.

Nursing Mothers: There are no data from studies in lactating women. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when VPRIV is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of VPRIV have been established in patients between 4 and 17 years of age. Use of VPRIV in this age group is supported by evidence from adequate and well-controlled studies of VPRIV in adults and pediatric [20 of 94 (21%)] patients. The safety and efficacy profiles were similar between pediatric and adult patients [see ADVERSE REACTIONS and CLINICAL STUDIES]. The safety of VPRIV has not been established in pediatric patients younger than 4 years of age.

Geriatric Use: During clinical studies 4 patients aged 65 or older were treated with VPRIV. Clinical studies of VPRIV did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be approached cautiously, considering potential comorbid conditions.

OVERDOSAGE

There is no experience with overdose of VPRIV.

VPRIV is manufactured by:

Shire Human Genetic Therapies, Inc.
700 Main Street
Cambridge, MA 02139

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