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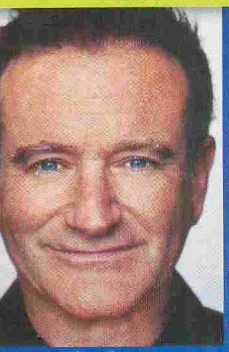

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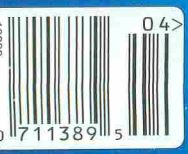

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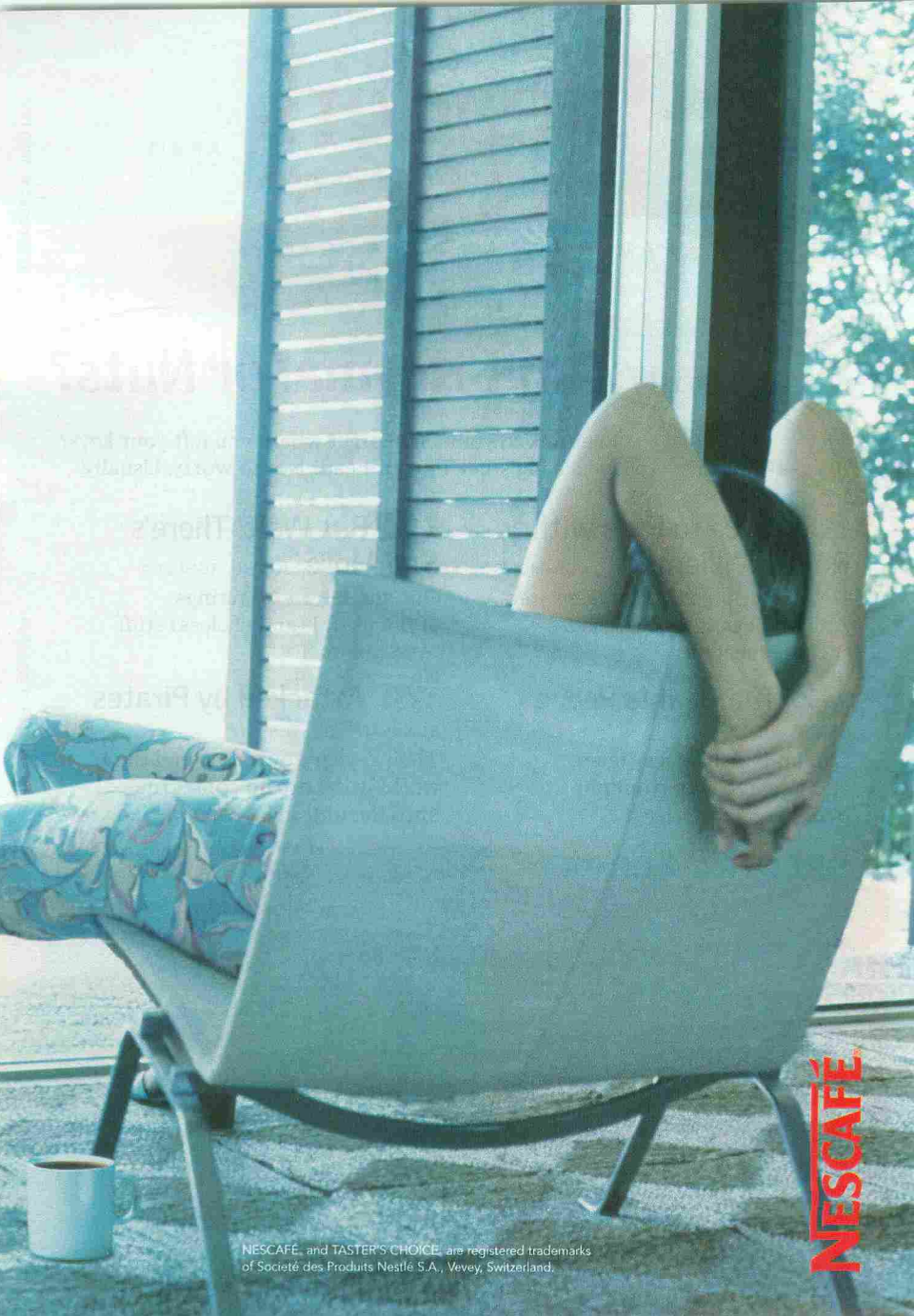
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Reader's Digest

APRIL 2006

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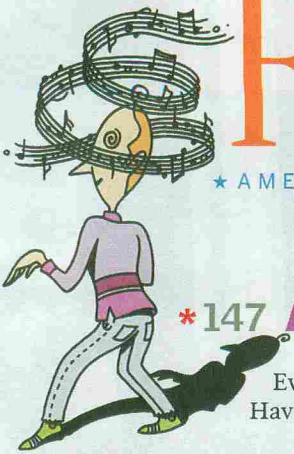

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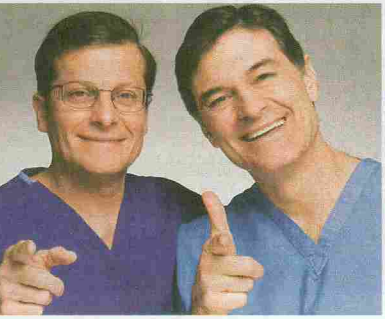

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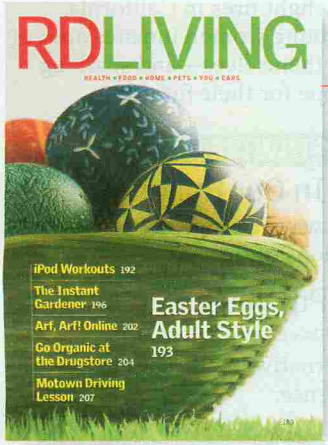

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Spring into action. It's time for organic snacks that really taste good, thinner thighs the easiest way, a fast track to garden-fresh flowers, and a blissful backyard makeover.

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RD Presents

The Doctors Will See You Now

Two of our favorite physicians, New York heart surgeon Mehmet C. Oz, MD, and Cleveland-based anti-aging expert Michael F. Roizen, MD (bestselling authors and regulars on *Oprah*), expand their role with RD this month. Their new column, "Health IQ," on page 57, breaks down the traditional barrier between doctors and patients to give you the real scoop on what's going on in your body. They want to hear from you too. E-mail your comments and questions to them at **HealthIQ@rd.com**.

Health IQ

GET SMART ABOUT YOUR BODY WITH DR. ROIZEN & DR. OZ

THE BUZZ

1 Postmenopausal women with heart disease who take daily aspirin are less likely to die over a 6-year period than those who don't.

2 Cuts and scrapes heal up to 25% faster on exercisers.

3 People with systolic blood pressure of 140 mm Hg or higher in middle age are more likely to develop dementia than those with lower readings.

4 Thanks to a St. Jude Children's Research Hospital study of bird flu virus genomes, we now have twice as much info on these potentially deadly viruses.

5 Changing attitudes? In 1985, 55% of us found overweight folks less attractive than thin; in 2005, just 24% did.

SOURCES: (1) Journal of Gerontology; (2) Wound Science; (3) Lancet; (4) Nature; (5) Gallup

Q&A

What's so bad about corn?

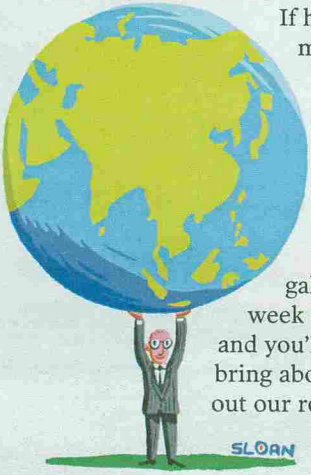
I thought corn was a vegetable, so why have I heard we should avoid high fructose corn syrup like the plague?

A: Candy corn, corn pops and corn dogs prove this veggie isn't always good for you. As it turns out, our love affair with high fructose corn syrup (HFCS) may be linked to the obesity epidemic. The sweetener is made when fructose, a type of sugar, is added to glucose, the natural sugar in corn. HFCS is found in abundance in sodas and many processed foods, from cookies to yogurt. But HFCS lacks corn's healthy components, and studies suggest fructose is more likely to lead to weight gain than glucose. If HFCS is listed as one of the first five ingredients on a food label, don't eat it. Our favorite corn? The kind you pop. Use an air popper. Popcorn is a healthy whole-grain food that will keep you full and satisfied—as long as you don't fire-hose it with melted butter.

Read All About It

Want to improve your fitness routine, get household hints, or add to your joke collection? Our FREE newsletters have something for everyone. Sign up today at **rd.com/newsletters**.

Guzzle No More



If high gas prices aren't motivation enough, there are lots of other reasons to reduce our dependence on oil. To learn more, and to make a pledge, go to **rd.com/saveagallon**. Vow to save just one gallon of gas during the week of Earth Day, April 16-22, and you'll be doing your part to bring about change. Also, check out our roundup of alternative fuels on page 174, and see what the future may hold.

MICHAEL SLOAN

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BREATHE EASIER* FOR FREE.

Take the Asthma Control Test.™ Ask your doctor if **ADVAIR** is right for you. If so, take advantage of a free trial offer from **ADVAIR.**

Answer each question and write the answer number in the corresponding box.
Please answer as honestly as possible. This will help you and your doctor discuss whether your asthma is controlled as well as it could be.

1. In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all
1	2	3	4	5

3. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	2 or 3 nights a week	Once a week	Once or twice	Not at all
1	2	3	4	5

4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
1	2	3	4	5

5. How would you rate your **asthma** control during the **past 4 weeks**?

Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled
1	2	3	4	5

Add your answers and write your score in the total box.
If your score is 19 or less, your asthma may not be controlled as well as it could be.

AMERICAN LUNG ASSOCIATION.
The American Lung Association supports the Asthma Control Test and does not endorse products.

TOTAL

Talk to your doctor about your test results and ask about ADVAIR. *ADVAIR has been proven to provide more days without symptoms and improved lung function†. Your results may vary.

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ADVAIR DISKUS® 100/50
(fluticasone propionate 100 mcg and salmeterol 50 mcg inhalation powder)

Important information about ADVAIR.

ADVAIR won't replace fast-acting inhalers for sudden symptoms and should not be taken more than twice a day. Rare but serious asthma episodes and asthma-related fatalities occurred in a study with SEREVENT®, one of the components of ADVAIR. While adjusting to a switch from an oral steroid, like prednisone, to the inhaled steroid in ADVAIR, be very careful, as you may be less able to heal after surgery, infection, or serious injury. Tell your doctor if you have a heart condition or high blood pressure. Some people may experience increased blood pressure, heart rate, or changes in heart rhythm. See your doctor if your asthma does not improve. ADVAIR is for patients 4 years and older. For patients 4 to 11 years old, ADVAIR 100/50 is for those who have asthma symptoms while on an inhaled corticosteroid.

†These results were experienced by people taking ADVAIR 100/50, compared with people taking either fluticasone propionate 100 mcg or salmeterol 50 mcg (inhalation powders) alone. Please see important information about ADVAIR on the next page.
‡See www.advair.com/breatheeasier for eligibility rules.

GlaxoSmithKline

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Information about ADVAIR DISKUS

ADVAIR DISKUS 100/50, 250/50, 500/50

(fluticasone propionate 100, 250, 500 mcg and salmeterol 50 mcg inhalation powder)

WARNING: Rare but serious asthma episodes and asthma-related deaths occurred in a study with SEREVENT® (salmeterol), one of the components of ADVAIR.

You should not stop taking ADVAIR without first talking with your doctor. Stopping asthma medications like ADVAIR can result in rapid worsening of your asthma, which may be life threatening.

What is ADVAIR DISKUS?

ADVAIR is the brand name of a twice-a-day asthma product that contains two medications, fluticasone propionate and salmeterol. DISKUS is an inhalation device used to deliver ADVAIR. Fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids, works by reducing inflammation (swelling and irritation) of the airways. Salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta-agonists, works by helping to prevent bronchospasm (constriction of the muscles surrounding the airways). There are three strengths of ADVAIR DISKUS approved for patients ≥12 years that contain 100, 250, or 500 mcg of fluticasone propionate per dose and each contains 50 mcg of salmeterol per dose. The strength of ADVAIR DISKUS approved for patients aged 4-11 years who experience symptoms on an inhaled corticosteroid contains 100 mcg of fluticasone propionate per dose and contains 50 mcg of salmeterol per dose. The use of ADVAIR 100/50 in children 4-11 years old is based in part on results of studies in patients 12 and older and safety data in patients 4 to 11 years old.

What should I know before taking ADVAIR?

ADVAIR should not be used for relief of sudden asthma symptoms. Your doctor will prescribe a fast-acting inhaler (such as albuterol) to relieve sudden symptoms that may occur despite regular use of ADVAIR. ADVAIR should not be used to treat a severe episode of asthma requiring emergency medical treatment.

YOU SHOULD NOT START TAKING ADVAIR IF YOUR ASTHMA IS BECOMING SIGNIFICANTLY OR RAPIDLY WORSE, WHICH CAN BE LIFE THREATENING. Serious respiratory events, including death, have been reported in people who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events or if it simply failed to relieve the worsening asthma. In most cases these occurred in people whose asthma was rapidly worsening. They have also occurred in a few patients with less severe asthma. If you are using your fast-acting inhaler more frequently or are taking more doses, it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately. If you've been using a fast-acting inhaler regularly (e.g., 4 times a day), your doctor will tell you that this is no longer necessary once you are taking ADVAIR, and that you should use your fast-acting inhaler for sudden symptoms only.

ADVAIR SHOULD NOT BE USED TO SWITCH FROM AN ORAL STEROID LIKE PREDNISONE TO AN INHALED STEROID. While adjusting to a switch from an oral steroid to the inhaled steroid in ADVAIR, be very careful, as you may be less able to heal after surgery, infection, or serious injury. You should carry a warning card indicating you may need oral steroids during periods of stress or a severe asthma attack. Tell your doctor if you are currently taking ritonavir (an AIDS/HIV medication). To avoid significant steroid side effects, taking both ADVAIR and ritonavir at the same time is generally not recommended. You should not take ADVAIR if you have had an allergic reaction to salmeterol, fluticasone propionate, or lactose in the past. Tell your doctor if you are allergic to any other medicines or food products.

Important Safety Considerations with ADVAIR:

WARNING: Rare but serious asthma episodes and asthma-related deaths occurred in a study with SEREVENT® (salmeterol), one of the components of ADVAIR. The risk may be greater in African Americans. This study was stopped early because of the findings in African Americans and difficulties in enrollment. This study was not designed to show whether the use of an inhaled steroid like FLOVENT® (fluticasone propionate), the other component of ADVAIR, protects from these risks. Therefore, it is not known whether the findings of this study apply to ADVAIR.

Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening, and if it occurs, you should stop taking ADVAIR and contact your doctor immediately. In rare cases, people are allergic to ADVAIR. If you immediately experience choking, difficulty inhaling, rash, hives, itching, or welts on the skin, you may be having an allergic reaction. Stop using ADVAIR and contact your doctor immediately. Salmeterol is a beta-agonist belonging to a class of drugs that can affect the circulatory system in some patients as measured by heart rate and blood pressure and/or cause symptoms like heart fluttering, chest pain, rapid heart rate, tremor, or nervousness. If these symptoms occur, ADVAIR may need to be stopped. Changes may also occur in the electrocardiogram (ECG), although the importance of this is not known. Your doctor may be cautious about giving you ADVAIR if you have heart disease, especially coronary artery disease, irregular heartbeat, or high blood pressure. ADVAIR should also be used with caution by people with seizures or overactive thyroid gland, and those who are unusually responsive to this class of drugs. Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk of bone loss with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk. Glaucoma, increased pressure in the eyes, and cataracts have been reported with inhaled corticosteroids, including fluticasone propionate. Regular eye examinations should be considered. Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including fluticasone propionate and ADVAIR. When given intravenously, albuterol, a drug with a similar chemical structure to salmeterol, can worsen diabetes. These drugs may cause low blood potassium in some people, which may lead to side effects like an irregular heart rate. Significant changes in blood sugar and/or potassium were infrequent in clinical studies with ADVAIR at recommended doses. Taking steroids can affect your body's ability to make its own steroid-like hormones, which are needed during infections and times of severe stress to your body, such as an operation. Although much more common with oral steroids, these effects can be seen with inhaled steroids, especially when taken at higher than recommended doses over prolonged periods of time. In some cases, these effects may be severe. Inhaled steroids often help control asthma symptoms with less systemic side effects than oral steroids. Because patients' sensitivity to steroid side effects varies, talk to your doctor about using the lowest strength of ADVAIR for your asthma. Tell your doctor if you have been exposed to or currently have chicken pox or measles. Chicken pox and measles, for example, can be more serious or even fatal in susceptible people taking corticosteroids. Inhaled corticosteroids may cause a reduction in growth velocity. Talk to your doctor about using the lowest strength of ADVAIR for your asthma. ADVAIR should be used with caution, if at all, in people with tuberculosis, herpes infections of the eye, or other untreated infections. People taking ADVAIR may develop yeast infections of the mouth and/or throat that should be treated by their doctor. If you have been switched from an oral steroid to ADVAIR, allergy symptoms, eczema, arthritis, and conditions such as those described in the following paragraph may be uncovered. During oral steroid withdrawal, patients may experience joint/muscle pain, tiredness, or depression, even though their asthma symptoms may be the same or better. In rare cases, people taking ADVAIR may develop serious conditions that often require oral steroid treatment. Symptoms can include rash, worsening breathing problems, heart complications, and/or a feeling of "pins and needles" or numbness in the arms and legs. These conditions are usually, but not always, associated with reduction/withdrawal of oral steroids following the introduction of ADVAIR. Although ADVAIR has not been shown to cause these conditions, you must tell your doctor right away if you develop any of these symptoms.

How should I use ADVAIR?

ADVAIR should never be taken more than one inhalation twice daily.

You may breathe more easily within the first 30 minutes after taking your first dose of ADVAIR, but the full benefit may take 1 week or longer. Each dose of ADVAIR will last for 12 hours or longer. If you are taking ADVAIR regularly, you should not take additional salmeterol or other long-acting beta-agonists (e.g., formoterol) for the treatment of exercise-induced symptoms or for any other reason.

What should I know about the DISKUS device?
When using ADVAIR, remember: • Never breathe into or take the DISKUS apart. • Always use the DISKUS in a level position. • After inhalation, rinse your mouth with water without swallowing. • Never wash any part of the DISKUS and always keep it dry. • Never take an extra dose, even if you feel you did not receive a dose. • Discard **1 month** after removal from the foil overwrap. Do not use ADVAIR with a spacer device.

Can I take ADVAIR with other medications?
When taking ADVAIR, take all medications exactly as prescribed. ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system. No drug interaction studies have been performed with ADVAIR. In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline). There were no differences in steroid side effects whether ADVAIR was taken with or without FLONASE.® In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. However, the effect of using ADVAIR while taking more than 9 puffs a day of albuterol has not been studied. Generally, people with asthma should not take beta-blockers because they counteract the effects of beta-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative. The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together. Tell your doctor if you are currently taking ritonavir (an AIDS/HIV medication). To avoid significant steroid side effects, taking both ADVAIR and ritonavir at the same time is generally not recommended. ADVAIR should be used with caution in people who are taking keto-conazole (an antifungus medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

What are the possible side effects of ADVAIR?
In studies with patients with asthma 12 years of age and older taking either placebo, ADVAIR DISKUS 100/50, ADVAIR DISKUS 250/50, fluticasone propionate 100 mcg, fluticasone propionate 250 mcg, or salmeterol 50 mcg, the side effects more common with either strength of ADVAIR than placebo (which may or may not have been related to the drug) were upper respiratory infection (14% for placebo, 27% for ADVAIR DISKUS 100/50, 21% for ADVAIR DISKUS 250/50, 29% for fluticasone propionate 100 mcg, 25% for fluticasone propionate 250 mcg, and 19% for salmeterol 50 mcg); sore throat (6%, 13%, 10%, 7%, 12%, and 8%, respectively); upper respiratory inflammation (5%, 7%, 6%, 7%, 8%, and 8%); sinus infection (4%, 4%, 5%, 6%, 1%, and 3%); hoarseness/voice change (<1%, 5%, 2%, 2%, 4%, and <1%); yeast infection of the mouth (0%, 1%, 4%, 2%, 2%, and 0%); viral respiratory infections (3%, 4%, 4%, 4%, 10%, and 6%); bronchitis (2%, 2%, 8%, 1%, 2%, and 2%); cough (2%, 3%, 6%, 0%, 0%, and 3%); headaches (7%, 12%, 13%, 14%, 8%, and 10%); nausea and vomiting (1%, 4%, 6%, 3%, 4%, and 1%); stomachache (1%, 4%, 1%, 0%, 2%, and 1%); diarrhea (1%, 4%, 2%, 2%, 2%, and 1%); gastrointestinal flu (2%, 3%, 0%, 3%, 1%, and 2%); yeast infection unspecified site (1%, 3%, 0%, 1%, 4%, and 0%); and muscle pain (3%, 4%, 2%, 1%, 5%, and 3%). Side effects that occurred in 1% to 3% of people taking ADVAIR were swollen glands, muscle injuries, broken bones, cuts, burns and bruises, allergy symptoms, ear, nose, and throat infections, nosebleed, eye infections, stomach pains, intestinal problems (e.g., appendicitis, pain, infections), sores or pain in the mouth, toothache, abnormal liver function tests, lung infections (e.g., pneumonia), muscle and/or joint aches and pains/stiffness, sleeping problems, tremors, feeling of pinched nerves, viral and bacterial infections, fluid retention, unusual taste, skin infections, hives, skin itching/flakiness, and sweating. The adverse events in a study with ADVAIR DISKUS 500/50 were similar to those above. Other reported side effects with ADVAIR include: very rare life-threatening allergic reactions in patients with severe milk protein allergy, other allergic reactions (in very rare cases life-threatening), swelling in the face and throat, signs of steroid excess (e.g., weight gain, skin bruising, diabetes), osteoporosis, cataracts, glaucoma, paleness, agitation, aggression, sun-sensitivity rash, menstrual problems, pelvic pain, and vaginal pain/infections. The long-term effects of ADVAIR are not fully known. However, some patients have received inhaled fluticasone propionate continuously for 3 years or longer. No differences in the type or severity of adverse events were observed after long- (2 years) versus short-term treatment with fluticasone propionate.

What side effects have been seen in clinical trials in children?
In a study in patients 4-11 years of age with asthma who experience symptoms on an inhaled corticosteroid and were taking either ADVAIR DISKUS 100/50, or fluticasone propionate 100 mcg, the side effects more common with either ADVAIR or fluticasone propionate (which may or may not have been related to the drug) were upper respiratory infection (10% for ADVAIR DISKUS 100/50, 17% for fluticasone propionate 100 mcg); throat irritation (8% and 7%, respectively); ear, nose and throat infections (4% and <1%); nosebleed (4% and <1%); sore throat (3% and 2%); ear signs and symptoms (3% and <1%); sinusitis (3% and 0%); headache (20% and 20%); stomachache (7% and 5%); nausea and vomiting (5% and 3%); yeast infection of the mouth and throat (4% and <1%); fever (5% and 13%); and chest symptoms (3% and <1%).

What if I am elderly?
In clinical studies, the overall safety of ADVAIR in people with asthma over 65 was similar to that in younger people. No change in dose is needed in older people. Special caution should be used in older people with heart disease.

What if I am pregnant or nursing?
You should consult with your doctor before taking ADVAIR if you are pregnant or nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol is known to interfere with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but other corticosteroids have been detected in human breast milk. Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing.

What happens if I take too much ADVAIR?
Increasing doses of ADVAIR were associated with a higher frequency of tremor, nervousness, and heart fluttering. Deaths have been reported with the excessive use of the class of drugs to which salmeterol belongs. Doses of inhaled or oral salmeterol 12 to 20 times higher than recommended have been associated with significant effects on the heart. Overdosing with ADVAIR is potentially dangerous. If you overdose with ADVAIR, stop taking the medication and seek immediate medical attention. Signs and symptoms of chronic overdose with fluticasone propionate are those of steroid excess (e.g., weight gain, diabetes). The expected signs and symptoms of overdosage with salmeterol are similar to those for other beta-agonists and include irregular or rapid heartbeat, nervousness, tremor, headache, muscle cramps, seizures, and chest pain.

What other important tests were conducted with ADVAIR?
Like most prescription drugs, ADVAIR was required to be tested on animals before it was allowed for human use. There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. No effect on fertility in rats was seen at 180 times the maximum recommended daily dose for salmeterol. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

If you have any further questions about ADVAIR, talk to your doctor, visit our Web site at ADVAIR.com, or call 1.800.4.ADVAIR.

GlaxoSmithKline
GlaxoSmithKline
Research Triangle Park, NC 27709

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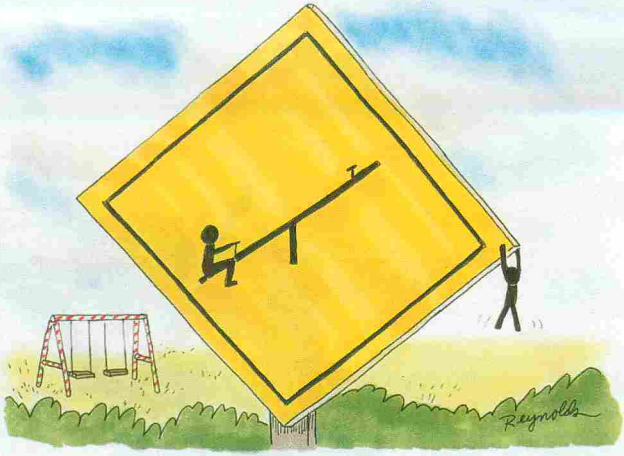

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ILLUSTRATED BY DAN REYNOLDS

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Secrets

I REALLY CONNECTED with "Thrills That Kill," Mary A. Fischer's report on the choking game and cutting, two self-destructive teen practices. I'm 17, and an ex-cutter. I felt better when I saw my pain and depression on the outside.

My sister threatened to tell my mom, so I decided to tell her myself. She didn't get angry, she didn't cry or overreact. She told me I'd need to see my therapist again and probably get different depression medication. I felt better after I told her because I trust her. She saved me from further damage.

I haven't cut for two years, but I have 43 scars on my legs and arms. They serve as a reminder to tell someone about my problems rather than take them into my own hands.

ARIEL HACK, Tarpon Springs, Florida

I am a teacher who has suffered with self-injury for almost ten years. I am part of an online community for self-injurers. The moderators on our board do not allow any pictures, graphic details or pro-self-injury discussion. We encourage each other and share tips on emotional healing and healthy coping mechanisms. Most of us truly regret each instance where we do ourselves harm.

Kids are taking risks in dangerous new ways

Thrills That KILL

BY MARY A. FISCHER

Robert and Phyllis Evans considered themselves lucky. They had three wonderful children whom they adored and, after 26 years of marriage, their relationship was still solid. They owned a four-bedroom, two-story house in the woodsy, close-knit town of Mill Valley, California. In their yard, surrounded by wild blackberry bushes, they often saw fawns and bucks with giant antlers.

One evening in November 1999, the Evanses became concerned when they noticed a red, indented mark on their son Joel's neck. It looked like the 16-year-old high school student had pulled his T-shirt tight around his throat. Or maybe someone at school had been rough with him, his father thought. "What happened to your neck?" his mother asked.

"Oh, it's nothing," Joel said, and went back to playing video games on his computer.

Joel was not a kid you had to worry about finding [illegible] on. He wasn't [illegible]

It is a daily battle that leaves us with scars on our bodies and in our hearts.

ANONYMOUS, via Internet

Who Knew?

ONE OF the humorous fillers, "It's Academic," says that Georgetown University lists "Philosophy and Star Trek" as a course offering. I teach a Star Trek class at a college-prep high school.

Star Trek episodes have examined Plato, Homer, Descartes, man's relationship to God, poverty, drug abuse, racism and the treatment of war veterans. Several episodes have been based on Shakespearean plays. Dr. Martin Luther King, Jr., noted that Star Trek provided the proper example of racial equality he wished America would emulate. Sometimes pop culture can provide academic depth.

RAYMOND NIGHAN, PHD, Silver Spring, Maryland

PHOTOGRAPHED BY ERIK BUTLER

Trash Talk

WE LIVE DOWNWIND from a man who, until recently, burned much of his garbage. My 15-year-old daughter died of a brain tumor, my husband has chronic sinus infections, one of our dogs died of throat cancer, the other of a "blood tumor." I found out that smoke from burning trash contains toxic chemicals and known carcinogens.

"Toxic Avenger" wrote to Jeanne Marie Laskas ("Ask Laskas"), concerned about confronting his neighbor who was burning trash, tires and plastics, even though his kids were having bad reactions to the fumes.

As Laskas noted, this practice is illegal in many states. Contact your state's environmental regulatory agency to learn about the rules where you live. Or go to **epa.gov** for information.

J.G., via Internet

"The chase scenes were great."

ILLUSTRATED BY SCOTT ARTHUR MASEAR

Coming Clean

MARY, I'VE GOT TO SIDE with your husband on this one (My Planet: "Dishing Dirt"). Like Ed, I pre-scrub our dishes

A Powerful Voice

Dutch member of parliament Ayaan Hirsi Ali has been named the *Reader's Digest* 2006 European of the Year. The Somalian-born Hirsi Ali, who was brought up Muslim, has pushed through pioneering measures to help oppressed Muslim women. Some are subjected to domestic violence, forced marriage, genital mutilation and "honor" killings if they are considered to have brought disgrace on their family. Hirsi Ali, 36, has placed them in safe houses and even taken them into her own home. Although she has received death threats, she continues her work, determined to change the lives of Muslim women and the climate that breeds extremism.

Ayaan Hirsi Ali

GARY CALTON

Says Bob Low, European Bureau Chief of *Reader's Digest*, "It has taken a young woman born outside Europe to show Europeans the sort of courage and determination that is needed to confront extremism and to uphold the values of tolerance and justice that we hold dear."

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because I, too, believe that our dishwasher does a less than satisfactory job of cleaning them. It's not that I don't realize how important the dishwasher's role is, but I believe dishwashers are better suited for sterilizing dishes. I've probably hurt my machine's feelings, and for that I am truly sorry. By the way, where do you two stand on water-heater blankets? DAVID ROTH, Keller, Texas

That's Outrageous!

MICHAEL CROWLEY writes about manipulative marketers who stage political rallies and hire people, even the homeless, to protest ("Anger for Hire"). Years ago, I attended a Pork Congress event in Dayton, Ohio. An animal-rights group was there protesting the event, with a small crowd of activists shouting at attendees and carrying banners. I went over to talk to them in order to better understand their view. All but one or two had been hired by a temp agency. They didn't know what the group stood for and didn't care. They were hired to carry signs and shout slogans. J.W., via Internet

I protest frequently, and I have never seen any hired protesters. I hope that anyone suspecting a hired hand will investigate further. I would hate to think that protester hiring might cast doubt on the legitimate exercise of First Amendment rights. LISA QUALLS, Reston, Virginia

Love Online

I MET MY HUSBAND on a website for singles, but not before we both had waded through a seemingly endless line of weirdos (Only in America: "Cupid Narrows His Aim Online"). We have now been married nearly 2 1/2 years. And while it's not always been smooth (What marriage is?), we continue to grow closer each day. Yes, Virginia, Cupid can shoot his arrows through computer cables.

BECKY KOENIG, Corvallis, Oregon

Reader's Digest **HOW TO REACH US**

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- You Said It, Reader's Digest, Box 200, Pleasantville, New York 10572-0200

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(zolpidem tartrate extended-release tablets)

INFORMATION FOR PATIENTS TAKING AMBIEN CR

Your doctor has prescribed Ambien CR to help you sleep. The following information is intended to guide you in the safe use of this medicin It is not meant to take the place of your doctor's instructions. If you have any questions about Ambien CR tablets be sure to ask your doctor or pharmacist

Ambien CR is used to treat different types of sleep problems, such as:

- trouble falling asleep
- waking up often during the night

Some people may have more than one of these problems.

Ambien CR belongs to a group of medicines known as the "sedative/hypnotics", or simply, sleep medicines. There are many different sleep medicine *available to help people sleep better.* Sleep problems are usually temporary, requiring treatment for only a short time, usually 1 or 2 days up to 1 or weeks. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicine for long periods without talking with your doctor about the risks and benefits of prolonged use.

SIDE EFFECTS

Most common side effects:

- headache
- somnolence (sleepiness)
- dizziness

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, whic sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possibl that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien CR that is best for you.

To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect i you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or pilotin an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or ar other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Som medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines.

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what ha happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up befor the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) before you need to b active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known a "tolerance". Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at high dose Some people develop a need to continue taking their medicines. This is known as dependence or "addiction."

When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able t function normally and unpleasant symptoms may occur (see *Withdrawal*). They may find that they have to keep taking the medicines either a the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcoho or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using thes medicines for more than a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness and rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not ge discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow you doctor's directions.

Ambien CR™ ℞

(zolpidem tartrate extended-release tablets)

hanges in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These fects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

ow often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is ing used.

is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, eep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in ur behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

egnancy: Sleep medicines may cause sedation of the unborn baby when used during the last weeks of pregnancy.

sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR.

AFE USE OF SLEEPING MEDICINES

ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.

Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.

If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.

Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.

Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.

Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.

When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.

Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.

. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.

. Ambien CR works very quickly. You should only take Ambien CR right before going to bed and are ready to go to sleep.

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Something Scary in the Air

Headlines blare alarming news about avian flu, but coughing co-workers are what really scare us sick these days. So we're waging our own brand of germ warfare. We're wielding The Sharper Image's AirSanitizer with "UVC Germicidal Protection" ($200), and wearing the Ionic Breeze Personal Air Purifier ($50) around our necks. We're dowsing our cubicles with SC Johnson's Oust air sanitizer, and downing Airborne supplements as a pre-emptive strike.

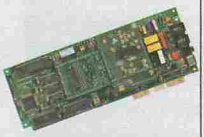
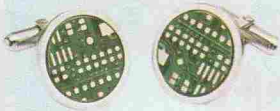
Alas, it's a losing battle. Some of these products are useless, says Philip Tierno, microbiologist and author of *The Secret Life of Germs.* A wearable filter is just "a bubble with a hole in it," he says. Air sprays do little, since most bacteria are spread by contact. And while *vitamins* boost immunity, they're no match for the mass of germs we face (up to 10 million in a hand-size spot on your desk).

Better to heed Mom's advice: When fighting germs, Tierno says, "hand washing is the single most important thing anyone can do." (Federal health officials concur.) Unfortunately, less than half of us do it well when using the rest room. Now, *that's* frightening.

MARK C. O'FLAHERTY PHOTOGRAPHY/PHOTONICA/GETTY IMAGES

Adventures in Turning Trash Into Treasure

Since 1993, outdoor gear company Patagonia has done plenty of "plastic surgery"—employing some 98 million used soda bottles to manufacture its fleeces. But it's hardly the only company finding cool uses for what we're tossing out. Check out these makeovers:

BEFORE	AFTER
12 old T-shirts	44"x56" quilt, from RossCommon
 **Circuit board**	 Cuff links, from UncommonGoods
200 takeout chopsticks	6-bottle wine rack, Kwytzakraft

Actual Cash, Virtual Reality

Would you still enjoy Monopoly if it cost cold, hard cash to buy Boardwalk? If so, maybe you'll like a growing trend in online gaming: paying real money for a piece of an unreal world. Some EverQuest fans, for example, bid in dollars to buy platinum pieces (the game's currency) at **PlayerAuctions.com**, with $1 worth about 3,000 EverQuest coins. Crazy? Not when you realize "the value of the U.S. dollar is virtual as well," says economist Edward Castronova, author of *Synthetic Worlds: The Business and Culture of Online Games.* It's just a piece of paper the government says can be traded for goods and services. So if you think other players will give you cash for your game coins, he says, they have "real" value too. Even if they don't work in the soda machine.

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This certificate is part of AstraZeneca's 7-Day Free Trial Program for NEXIUM® (esomeprazole magnesium).

To the Physician:

- To use this certificate, your patient needs one prescription for 7 capsules of NEXIUM (20 or 40 mg).
- You will need to provide a second prescription based on your recommended therapy if you want to keep your patient on NEXIUM beyond the 7-day free trial period.
- Refills are not authorized with the certificate.

To the Pharmacist:

- This certificate must be accompanied by a valid prescription and is valid for 7 capsules of NEXIUM (20 or 40 mg). No substitutions permitted.
- Please dispense 7 capsules of NEXIUM (20 or 40 mg) to the patient at no charge and transmit the claim to RxBIN #610415.
- This certificate is for one time use only. For all other prescriptions, please use the patient's primary method of payment with a new Rx number.
- For audit purposes, this certificate must be attached to the original prescription and retained by you for the greater of 3 years or the usual period for which your pharmacy records are kept.
- Call the Pharmacy Help Desk at 1-800-345-5413 for assistance in filing this claim.

I certify that:

- I have received this certificate from an eligible patient and I have dispensed the NEXIUM product in accordance with this certificate.
- I have not received and will not accept any payment from the patient.
- Other than to RxBIN #610415, I have not submitted, and will not submit, a claim for reimbursement to any third-party payor, including Medicaid, Medicare, or similar federal or state programs.
- My participation in this program is consistent with all applicable laws and any other obligation, contractual or otherwise, that I have.

Pharmacist's Signature

_____

This certificate is valid through July 31, 2006.

Patient Eligibility:

Offer is good for qualified customers for NEXIUM and may not be used for any other product. This offer is good for NEXIUM manufactured by AstraZeneca LP and lawfully obtained from an authorized dealer in the United States. This offer may not be combined with any other offer, including any coupon, discount, or prescription savings card program. This offer is void where prohibited by law, taxed, or restricted. Offer valid only in the United States. AstraZeneca reserves the right to amend or discontinue this offer at any time without notice.

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Beneath the pain of heartburn, acid could be burning the lining of your esophagus.

If you suffer from acid reflux disease—if you have persistent heartburn 2 or more days a week even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and it can become more severe as you get older. In fact, as you age, while your heartburn may feel less painful, the damage to your esophagus may be getting more serious.* Only a doctor can determine if you have this condition. But if you do, it's good to know NEXIUM® (esomeprazole magnesium) can help.

FOR A FREE TRIAL OFFER, VISIT **PURPLEPILL.COM** TODAY OR CALL **1-877-5-NEXIUM.**

If you're without prescription coverage and can't afford your medications, AstraZeneca may be able to help.

*Source: Johnson DA, Fennerty MB. *Gastroenterology.* 2004;126:660-664.

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NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

Nexium®
(esomeprazole magnesium)

AstraZeneca

Please read this summary carefully, and then ask your doctor about NEXIUM. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug for you.

NEXIUM® (esomeprazole magnesium)

20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis; the maintenance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months); the treatment of heartburn and other symptoms associated with GERD; and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Post-marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant administration of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant changes in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts and digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed using omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects. Pregnancy Category B* Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. *Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.* Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions in nursing infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in clinical trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 15,000 patients (aged 18-84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 6,500 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: ***Body as a Whole:*** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, hot flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; ***Cardiovascular:*** flushing, hypertension, tachycardia; ***Endocrine:*** goiter; ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting; ***Hearing:*** earache, tinnitus; ***Hematologic:*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; ***Hepatic:*** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; ***Metabolic/ Nutritional:*** glycosuria, hyperuricemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease; ***Musculoskeletal:*** arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica; ***Nervous System/ Psychiatric:*** anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence, tremor, vertigo, visual field defect; ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis; ***Respiratory:*** asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis; ***Skin and Appendages:*** acne, angioedema, dermatitis, pruritus, pruritus ani, rash, rash erythematous, rash maculo-papular, skin inflammation, sweating increased, urticaria; ***Special Senses:*** otitis media, parosmia, taste loss, taste perversion; ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, genital moniliasis, polyuria; ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include: duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptomatic gastroesophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were diarrhea (4.3%), headache (3.8%), and abdominal pain (3.8%). Postmarketing Reports – There have been spontaneous reports of adverse events with postmarketing use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including toxic epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepatitis with or without jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole package insert. **ADVERSE REACTIONS** section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been received of overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see omeprazole package insert- **ADVERSE REACTIONS**). No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestion should be considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book. **DOSAGE AND ADMINISTRATION** Please see full Prescribing Information for recommended adult dosages and dosage adjustments for **Special Populations** for NEXIUM.

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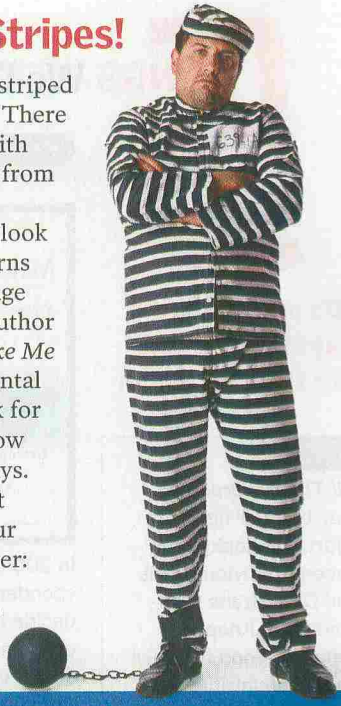
31026-00 Rev. 06/05 231199

AstraZeneca

Fashion Alert: Yipes, It's Stripes!

HORIZONTAL blocks of color have long been a clothing no-no (they make everything look wider). Now, though, with pop stars like Jewel and Avril Lavigne sporting them onstage, stores are nudging real people to expand their fashion horizons this spring. Wet Seal peddles narrow stripes to the teenybopper set. Ralph Lauren pushes sailor tops for career types. And upscale maternity store A Pea in The Pod has horizontally striped maternity shirts. There are even pants with horizontal wales from Cordarounds.

Approach this look with caution, warns Leah Feldon, image consultant and author of *Does This Make Me Look Fat?* Horizontal stripes may work for broadening narrow shoulders, she says. "But do you want them all over your body?" Her answer: "Unless you're a supermodel, no."



RD INDEX

A quick review of some of the good, bad and ugly to cross our radar recently.

YEA

The Metropolitan Museum of Art For moving to end a long custody fight over a 2,500-year-old Greek vase and other looted treasures by pledging to return them to Italy. Truly an artful deal.

The Food and Drug Administration For a plan to change labeling rules so that edibles such as yogurt and fruit drinks that contain red food coloring made from crushed cochineal beetles (yup, crushed beetles) must say so. Doesn't bug us a bit.

NAY

Big Oil For raking in record sums—ExxonMobil reaped $10 billion in the third quarter alone—while the rest of us lower the thermostat and mind every penny at the pump. More fuel for outrage.

George C. Deutsch III For lying about having a college degree before landing a NASA public affairs job, then getting caught in a flap over whether the agency was stifling its scientists. He later quit. Time to go back to school?

5 THINGS We Don't Want You to Miss

RD's picks for great ways to spend your free time this month

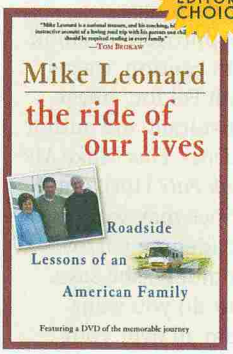
CD

All The Roadrunning may be their first joint effort, but honky-tonk queen Emmylou Harris and Dire Straits frontman Mark Knopfler sound so good together on this countrified disc, you'd think they'd been at it forever.

On sale 4/25

BOOK

READER'S DIGEST EDITORS' CHOICE



In 2004, *Today* correspondent Mike Leonard decided to take his octogenarian parents on a cross-country road trip in a rented RV. He recounts the journey—and what the family learned along the way—with humor and heart in ***The Ride of Our Lives.***

On sale 4/11

TV SHOW

Ten fresh films. Five nights. The History Channel's ***10 Days That Unexpectedly Changed America*** revisits major events from the Pequot War to Elvis on Ed Sullivan. Our fave: Shays' Rebellion, animated by Bill Plympton. Airs 4/9–4/13

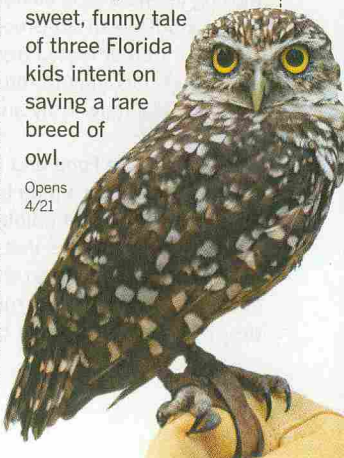
OUTING

Need a night out? Try a **full-moon hike** on April 13. Many national and state parks across the country now host ranger-led, monthly moon walks. Search the Web for one near you.

MOVIE

Based on Carl Hiaasen's bestseller, ***Hoot*** is a sweet, funny tale of three Florida kids intent on saving a rare breed of owl.

Opens 4/21



(EMMYLOU HARRIS) VERONIQUE ROLLAND

IT COULD BE ALLERGIES GETTIN' TO YOU, BUT IRRITANTS CAN CAUSE YOUR SYMPTOMS TOO.

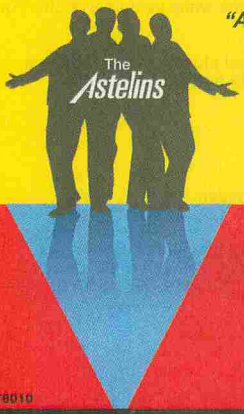
ASTELIN is the only prescription antihistamine spray approved to treat nasal symptoms caused by

Seasonal Allergens:
Grass, Tree Pollen, Ragweed, Mold

Environmental Irritants:
Perfume, Smoke, Dust, Cold Air

Steroid-free ASTELIN relieves symptoms like congestion, itchy/runny nose, sneezing, and postnasal drip, whether the cause is allergic or environmental.

Don't let allergies or irritants do you in...



"Ask your doctor 'bout Astelin"

ASTELIN is for people 12 and over. Most common side effects may include bitter taste, headache, nasal inflammation or burning, and drowsiness. Please see important information on the following page.

1-800-801-6024

www.astelin.com

AST6010

Patient Summary

ASTELIN® Nasal Spray (azelastine hydrochloride)
AS-tell-in (A-za-LAS-teen HI-dro-KLOR-ide)

This summary contains important information about ASTELIN. It is not meant to take the place of your doctor's instructions. Please read carefully before you use ASTELIN. Whenever you fill your prescription, read the accompanying summary because it may contain new information. Ask your doctor if you have questions about ASTELIN.

What is ASTELIN?
ASTELIN is a prescription nasal spray medicine. ASTELIN is an antihistamine proven to relieve symptoms of seasonal allergies in adults and children 5 years and older. In addition, in people 12 years and older, it relieves symptoms caused by environmental irritants such as perfumes, cigarette smoke, exhaust fumes, chemical odors, and cold air. These symptoms include sneezing, itchy or runny nose, stuffy nose, and postnasal drip.

Who should not use ASTELIN?
If you have experienced an allergic reaction to azelastine or any other ingredient in ASTELIN, do not use this drug. Your doctor can provide a list of these ingredients.

What should I tell my doctor before I use ASTELIN?
Only your doctor can decide if ASTELIN is right for you. Before you use ASTELIN, tell him/her if you are:

- using other prescription medicines
- using medicines you can buy without a prescription, including natural products and herbal products
- pregnant, think you may be pregnant, plan to become pregnant, or are breastfeeding
- allergic to any medicine

How do I use ASTELIN?
Spray ASTELIN into your nose. Follow your doctor's instructions regarding when and how often to use it. Before you use ASTELIN, read the "How to Use Instructions" in the package. Do not spray ASTELIN into the eyes.

How much ASTELIN should I use?
Your doctor will prescribe the dosage that's right for you, or your child, depending on your condition. The usual recommended dosages are:
Adults and Children (12 years and older): 2 sprays in each nostril twice daily
Children (5 to 11 years old): 1 spray in each nostril twice daily

What are the most common side effects?
Like all medicines, ASTELIN may cause side effects; the most common are:

- bitter taste
- headache
- drowsiness
- nasal inflammation or burning

Tell your doctor if you are experiencing these or any other medical problems while using ASTELIN. For a complete list of side effects, ask your doctor.

CAUTION: Some people may feel sleepy when using ASTELIN. If you feel sleepy, avoid activities that require alertness (like driving a car or operating machinery), and do not drink alcoholic beverages or take other medicines that may cause drowsiness.

What should I do in case of an accidental overdose?
Call your doctor immediately.

How should I store ASTELIN?
Store at room temperature (68°– 77°F or 20°– 25°C). Do not store in the freezer.

General information about ASTELIN
Medicines sometimes are prescribed for conditions not mentioned in the patient leaflet. Do not use ASTELIN for a condition for which it was not prescribed. Do not share ASTELIN with other people. You are reading a summary. For more information, consult your doctor, call **1-800-598-4856**, or visit **www.astelin.com.**

MedPointe Healthcare Inc.
Somerset, NJ 08873
Revised January 2006

The Meth Buster

BY GAIL CAMERON WESCOTT

PINK HAT, pink suede boots, pink backpack—Susan York dons her trademark outfit whenever she goes into battle. She may come across as a chatty, upbeat mom, but York is engaged in a deadly war. She is determined to wipe out the meth houses springing up in unsuspecting communities across the country. One of them nearly destroyed her own.

The first sign of trouble was the escalating traffic. Cars with stereos blasting were suddenly tearing through the tranquil cul-de-sac where Susan and Al York had settled four years earlier. The rural street in Mukilteo, Washington, 25 miles north of Seattle, was surrounded by woods and wetland bird sanctuaries. They thought it was the perfect place to raise their young daughter, Brooklynn.

Then, almost overnight it seemed, life turned upside down. The couple in the beige split-level across the street divorced, and the wife,

Susan York wasn't about to let criminals take over her neighborhood.

LaShawn, began taking in renters to help with the mortgage. But plenty more was going on. Cars peeled in and out of the driveway following visits lasting less than five minutes. Unsavory-looking figures were spotted coming through the woods.

One summer night, the Yorks were jolted awake by the sound of

PHOTOGRAPHED BY GARY BENSON

breaking glass. A wild party in LaShawn's house was spilling out into the street, where revelers had ignited a roaring bonfire. Police broke it up, but the nightmare was really just beginning.

"We had no idea what was going on," says York, who had a demanding job as marketing director for a local hotel chain. "Fights were breaking out at night, and you could hear screams. We barely slept."

Kids found syringes and drug pipes in the grass. Gunshots were heard in the house.

When a speeding car nearly killed her Welsh corgi during an evening walk, York called the police in a rage. "It's not safe for children to be outside alone, much less ride their bikes," she nearly shouted.

An officer advised her to start taking down license plate numbers, along with makes and colors of cars, and report them daily to the precinct. Two weeks later, a sheriff's deputy confirmed what neighbors already suspected: LaShawn's split-level had been marked by law enforcement as a meth house.

"Well, why don't you shut it down?" demanded York. It was the beginning of a painful education.

"We live in a free country," explained Sheriff Rick Bart. "It's difficult to get the burden of proof we need for a search warrant. We can't be there all the time to get the information we need."

"Well," said York, "we'll get it for you." At the time, she'd never heard of methamphetamine, the cheap, dangerously addictive stimulant that has spawned a nationwide public health epidemic. Prolonged exposure triggers paranoia, neurological damage, and such overpowering dependence that users can think of nothing beyond the pursuit of more meth. Crime increases and fires break out from clumsy handling of chemicals as addicts cook up batches of the drug in home labs, threatening whole neighborhoods.

York, whose own mother had become addicted to prescription codeine and killed herself at age 47, now watched in horror as the drug scene unfolded on her own street. "We could smell the fumes and see the paranoia," she says. "One day I saw LaShawn up on her roof sweeping away 'little green men.' " Kids found syringes and drug pipes in the grass. Gunshots were heard in the house.

"We were terrified," says York. One Saturday, she and Brooklynn saw a guy in a black pickup violently ramming LaShawn's car, trying to push it into the wetlands. "I want my money!" he shouted.

"Next thing we knew," York recalls, "the guy was running toward my husband with a baseball bat."

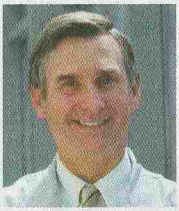
Basedonatruestory.Actualfamilynotshown

THANKFULLY DR. GARNETT REALIZED THAT TESTICULAR CANCER DOESN'T JUST AFFECT MEN.

When a 25-year-old man was diagnosed with testicular cancer, he found himself attending his doctor's appointments and chemotherapy treatments with his mother and sister. They came armed with questions and concerns.

Dr. Garnett kept the family involved every step of the way. There was no question too trivial, no concern overlooked. From step-by-step updates during surgery to late-night Saturday evening phone calls. Dr. Garnett didn't just look after the needs of his patient, he treated the whole family.

Dr. Garnett probably wouldn't call himself a hero. But there's a very relieved family who would beg to differ.



Dr. John E. Garnett,
Urologist
AMA member since 1991

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Share your story at
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Another night she looked out the window to see cops jumping over her koi pond. That was it.

York called a neighborhood meeting at her hotel. Concerned residents organized teams to document what was going on. Working as a group empowered them. "When police made an arrest, we would line the street and cheer," York remembers. Unfortunately, the bad guys would sometimes be out on bail hours later, cooking more meth.

York was on the phone with the police every day. Each night, she sat by the window, sleeping an average of only three hours. It took more than two years—855 days total—but they finally took back their block.

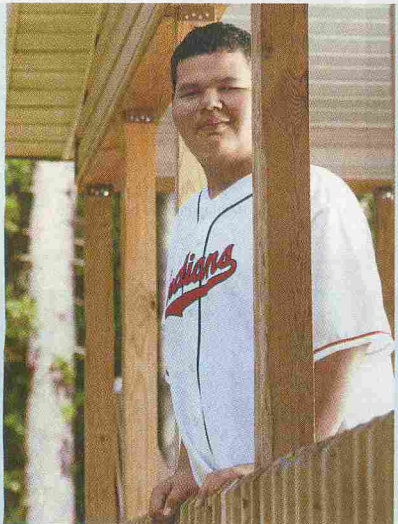
In all, police made at least 25 arrests for meth possession and other crimes, like parole violation and stolen property. LaShawn was sentenced to a year in prison, and her house was eventually sold.

When similar activity sprang up in another neighborhood home, York and her team helped police shut it down in 83 days. By then, they were pros.

Susan York gave up her $60,000 job to found Lead on America (**leadonamerica.org**). "I've used up nearly all my savings," she says, "but this is too important." Her immersion in the cause came at another price: She separated from her husband after 28 years of marriage.

Wearing her trademark pink, York goes into communities to teach them to work with law enforcement. So far, they've closed down 37 meth houses in Washington. Towns across the country are asking for help.

Whenever she can, York rides with police when arrests are made. "She puts on that pink hat and pink boots, and here comes Susan," says Sgt. Tony Aston. "She's just awesome, this lady. She is not kidding."



LAYNE KENNEDY

OUR HERO OF THE YEAR

The results are in: 16-year-old Jeff May is the 2006 Reader's Digest Hero of the Year. When a young man in a black trench coat stalked into a classroom at Red Lake Senior High in Minnesota and started shooting, the sophomore ran at him and jabbed him hard in the side with a pencil. Tragically, eight people died and seven more were wounded in the deadliest school shooting since Columbine. But Jeff's teacher, Missy Dodds, is sure he saved his classmates' lives—and hers. Reader's Digest will honor Jeff on April 7 at the New York Stock Exchange, where he will ring the closing bell.

There are people with arthritis
in their hands who still help others.

There are people with arthritis
in their legs who still stand tall.

There are people with arthritis
in their shoulders who still
carry the world.

Everyday heroes don't stop for pain.
Aleve makes sure they never have to.

Share your good news at AleveGoodNews.com

Use as directed for minor arthritis pain. © 2006 Bayer HealthCare LLC

When it comes to bad cholesterol–

Ask your doctor if lower is better

Getting high cholesterol down is important.

Doctors know lowering high cholesterol is important for everyone. But for some people, it's even more important. In fact, a panel of medical experts recently proposed updated guidelines suggesting many patients aim for an even lower cholesterol goal than before.*

Working with your doctor is key to helping you reach your cholesterol goal.

If, after all you've tried—including diet and exercise—your doctor believes you need to get your bad cholesterol even lower, ask whether CRESTOR might help.

Aim lower.

CRESTOR may make the difference you need. In fact, the 10-mg dose of CRESTOR, along with diet, can lower bad cholesterol by as much as 52%

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TRY CRESTOR FREE
FOR YOUR FIRST 15 DAYS

Redeem this offer right now:

1. Take this voucher to your doctor and ask whether CRESTOR is right for you.
2. If your doctor prescribes CRESTOR 5 mg or 10 mg, present both this voucher and your prescription to your pharmacist.

Call 877-548-8599 or visit CRESTOR.com for answers to commonly asked questions about CRESTOR.

Terms and Conditions: Limit one 15-day free trial certificate per person for the duration of the offer. Valid ONLY at retail pharmacies; no mail order. Please see patient eligibility restrictions and other terms and conditions on the back of this certificate.

This offer is good through 6/18/06.

RxBIN #	RxPCN #	RxGRP #	Identification #
003858	A4	DSVA	1296270452

AstraZeneca

This certificate is part of the AstraZeneca Free First 15-Day Trial for CRESTOR® (rosuvastatin calcium).

Patient Eligibility:

Offer is good for qualified customers for CRESTOR and may not be used for any other product. This offer may not be combined with any other free trial, coupon, discount, prescription savings card, or other offer. This offer is void where prohibited by law, taxed, or restricted. No claim for payment or reimbursement may be submitted for this free trial supply to ANY third-party payer, including Medicaid, Medicare or similar federal or state programs (such as medical assistance programs), private insurance, HMO, or any other health or pharmacy benefit plan. It is illegal for any person to sell, purchase, or trade this certificate. Offer valid only for product lawfully purchased in the United States. AstraZeneca reserves the right to change or discontinue this offer at any time without notice.

Terms and Conditions:

Limit one 15-day free trial certificate per person for the duration of the offer. Valid ONLY at retail pharmacies; no mail order. Please see patient eligibility restrictions and other terms and conditions to the left.

To the physician

- To use this certificate, your patient needs one prescription for 15 tablets of CRESTOR 5 mg or 10 mg
- You will need to provide a second prescription based on your recommended therapy if you want to keep your patient on CRESTOR beyond the 15-day free trial period
- This certificate is not valid for refills

To the pharmacist

- This certificate must be accompanied by a valid prescription and is valid for 15 tablets of CRESTOR 5 mg or 10 mg. No substitutions permitted
- Please dispense 15 tablets of CRESTOR 5 mg or 10 mg to the patient at no charge and transmit the claim to Express Scripts®
- This certificate is for one time use only and is not valid for refills. For all other prescriptions, please use the patient's primary method of payment and a new Rx number
- For audit purposes, this certificate must be attached to the original prescription and retained by you for the greater of 3 years and the usual period for which your pharmacy records are kept
- Call the Express Scripts Help Desk at 1-866-777-7111 for assistance in filing this claim

This certificate is valid through 6/18/06.

I certify that

- I have received this certificate from an eligible patient and I have dispensed the CRESTOR product in accordance with this certificate
- I have not received and will not accept any payment from the patient
- Other than to Express Scripts, I have not submitted and will not submit, a claim for reimbursement to any third-party payer, including Medicaid, Medicare or similar federal or state programs (such as medical assistance programs), private insurance, HMO, or any other health or pharmacy benefit plan
- My participation in this program is consistent with all applicable laws and any contractual or other obligations that I have

Pharmacist's signature

_____

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(vs 7% with placebo). That means your LDL-C—the bad cholesterol—could go down about half. Your results may vary.

Is CRESTOR right for you?

That's another conversation you need to have with your doctor. Your doctor will decide the best course of treatment for you after assessing your particular needs.

Get more information about CRESTOR.

To learn more about CRESTOR, or if you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help. Call 800-CRESTOR or visit CRESTOR.com.

Here is important safety information about CRESTOR you need to know.

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart disease, heart attacks, or strokes. CRESTOR is not right for everyone, including women who are nursing, pregnant, or who may become pregnant, or anyone with liver problems. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away.

*Adult Treatment Panel (ATP) III, Update, 2004

Please read the important Product Information about CRESTOR on the adjacent page and discuss it with your doctor.

If your doctor says "lower is better," aim lower with CRESTOR.

Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

CRESTOR®

rosuvastatin calcium

BRIEF SUMMARY: For full Prescribing Information, see package insert. **INDICATIONS AND USAGE** CRESTOR is indicated: 1. as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, nonHDL-C, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Type IIa and IIb); 2. as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV); 3. to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. **CONTRAINDICATIONS** CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product. Rosuvastatin is contraindicated in patients with active liver disease or with unexplained persistent elevations of serum transaminases (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation** Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus. **WARNINGS Liver Enzymes** HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. The incidence of persistent elevations (>3 times the upper limit of normal [ULN] occurring on 2 or more consecutive occasions) in serum transaminases in fixed dose studies was 0.4, 0, 0, and 0.1% in patients who received rosuvastatin 5, 10, 20, and 40 mg, respectively. In most cases, the elevations were transient and resolved or improved on continued therapy or after a brief interruption in therapy. There were two cases of jaundice, for which a relationship to rosuvastatin therapy could not be determined, which resolved after discontinuation of therapy. There were no cases of liver failure or irreversible liver disease in these trials. **It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter.** Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease (see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency). Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS) **Myopathy/Rhabdomyolysis Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class.** Uncomplicated myalgia has been reported in rosuvastatin-treated patients (see ADVERSE REACTIONS). Creatine kinase (CK) elevations (>10 times upper limit of normal) occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in conjunction with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. In clinical trials, the incidence of myopathy and rhabdomyolysis increased at doses of rosuvastatin above the recommended dosage range (5 to 40 mg). In postmarketing experience, effects on skeletal muscle, e.g. uncomplicated myalgia, myopathy and, rarely, rhabdomyolysis have been reported in patients treated with HMG-CoA reductase inhibitors including rosuvastatin. As with other HMG-CoA reductase inhibitors, reports of rhabdomyolysis with rosuvastatin are rare, but higher at the highest marketed dose (40 mg). Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (≥65 years), hypothyroidism, and renal insufficiency. Consequently: 1. Rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy, such as, renal impairment (see DOSAGE AND ADMINISTRATION), advanced age, and inadequately treated hypothyroidism. 2. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. 3. The 40 mg dose of rosuvastatin is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of rosuvastatin once daily (see DOSAGE AND ADMINISTRATION). 4. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapies or cyclosporine, (see CLINICAL PHARMACOLOGY, Drug Interactions, PRECAUTIONS, Drug Interactions, and DOSAGE AND ADMINISTRATION). **The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions).** 5. **The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General).** 6. **Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures).** **PRECAUTIONS General** Before instituting therapy with rosuvastatin, an attempt should be made to control hypercholesterolemia with appropriate diet and exercise, weight reduction in obese patients, and treatment of underlying medical problems (see INDICATIONS AND USAGE). Administration of rosuvastatin 20 mg to patients with severe renal impairment (Cl_{cr} <30 mL/min/1.73 m^2) resulted in a 3-fold increase in plasma concentrations of rosuvastatin compared with healthy volunteers (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). The result of a large pharmacokinetic study conducted in the US demonstrated an approximate 2-fold elevation in median exposure in Asian subjects (having either Filipino, Chinese, Japanese, Korean, Vietnamese or Asian-Indian origin) compared with a Caucasian control group. This increase should be considered when making rosuvastatin dosing decisions for Asian patients. (See WARNINGS, Myopathy/Rhabdomyolysis; CLINICAL PHARMACOLOGY, Special Populations, Race, and DOSAGE AND ADMINISTRATION.) **Information for Patients** Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. When taking rosuvastatin with an aluminum and magnesium hydroxide combination antacid, the antacid should be taken at least 2 hours after rosuvastatin administration (see CLINICAL PHARMACOLOGY, Drug Interactions). **Laboratory Tests** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, a dose reduction should be considered for patients on rosuvastatin 40 mg therapy with unexplained persistent proteinuria during routine urinalysis testing. **Drug Interactions Cyclosporine:** When rosuvastatin 10 mg was coadministered with cyclosporine in cardiac transplant patients, rosuvastatin mean C_{max} and mean AUC were increased 11-fold and 7-fold, respectively, compared with healthy volunteers. These increases are considered to be clinically significant and require special consideration in the dosing of rosuvastatin to patients taking concomitant cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis, and DOSAGE AND ADMINISTRATION). **Warfarin:** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4, baseline 2-3). In patients taking coumarin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR time has been documented, INR can be monitored at the intervals usually recommended for patients on coumarin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold, respectively, increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketoconazole, spironolactone, and cimetidine. **CNS Toxicity** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in dogs, at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC). Doses ≤30 mg/kg/day (systemic exposures ≤60 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year, did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 80 mg/kg/day by oral gavage, the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at systemic exposure 20 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An

increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosomal aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). In testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month, spermatidic giant cells were seen. Spermatidic giant cells were observed in monkeys after 6-month treatment at 30 mg/kg/day in addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy** ***Pregnancy Category X*** See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to a fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 post-coitus results in decreased fetal body weight (female pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 50 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day, systemic exposures ≥12 times human exposure at 40 mg/day based on body surface area comparisons. In pregnant rabbits given oral gavage doses of 0.3, 1, 3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤25 mg/kg/day or in rabbits ≤3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface comparison, respectively). **Nursing Mothers** It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin taking into account the importance of the drug to the lactating woman. **Pediatric Use** The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriatric Use** Of the 10,275 patients in clinical studies with rosuvastatin, 3,159 (31%) were 65 years and older, and 698 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. (See WARNINGS, Myopathy/Rhabdomyolysis.) The efficacy of rosuvastatin in the geriatric population (≥65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.7% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinical Adverse Experiences** Adverse experiences, regardless of causality assessment, reported in ≥2% of patients in placebo-controlled clinical studies of rosuvastatin are shown in Table 1; discontinuations due to adverse events in these studies of up to 12 weeks duration occurred in 3% of patients on rosuvastatin and 5% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	5.5	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	2.8	1.3
Asthenia	2.7	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported, regardless of causality assessment, in ≥1% of 10,275 patients treated with rosuvastatin in clinical studies. The events in *italics* occurred in ≥2% of these patients. **Body as a Whole:** *Abdominal pain, accidental injury, chest pain, infection, pain,* pelvic pain, and neck pain. **Cardiovascular System:** *Hypertension,* angina pectoris, vasodilatation, and palpitation. **Digestive System:** *Constipation, gastroenteritis,* vomiting, flatulence, periodontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and ecchymosis. **Metabolic and Nutritional Disorders:** *Peripheral edema.* **Musculoskeletal System:** *Arthritis, arthralgia,* and pathological fracture. **Nervous System:** *Dizziness, insomnia, hypertonia, paresthesia, depression,* anxiety, vertigo, and neuralgia. **Respiratory System:** *Bronchitis, cough increased,* dyspnea, pneumonia, and asthma. **Skin and Appendages:** *Rash* and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Post-marketing Experience** In addition to the events reported above, as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However, initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy, and as noted below for special populations such as patients taking cyclosporine, Asian patients, and patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal Insufficiency, and Drug Interactions. For patients with marked hypercholesterolemia (LDL-C>190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. **The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once daily (see WARNINGS, Myopathy/Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and only then titrated according to the patient's individualized goal of therapy. Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis LDL-C levels. **Dosage in Asian Patients** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose in cases where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily. (See WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, Race, and PRECAUTIONS, General). **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine, therapy should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment (CL_{cr} <30 mL/min/1.73 m^2) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

Rx only

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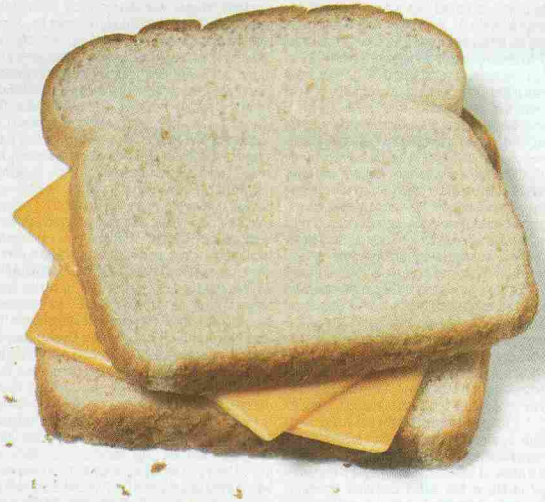

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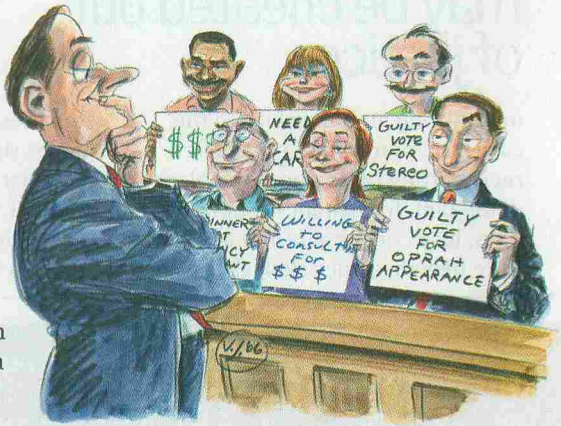
MICHAEL CROWLEY

Jury Riggers

These guys are paid to stack the deck



TEXAS plaintiffs thought they had a strong case against the drug company Merck in a trial about the pharmaceutical giant's painkiller Vioxx last year. But their lawyers wanted more than just the verdict to go their way—they were aiming for a stiff price tag in punitive damages to go with it. So, like many these days, the lawyers turned to their secret weapon: a jury consultant.

In this case, the consultant—a trained psychologist—noted that one juror had mentioned a love of the *Oprah* show in a questionnaire. That gave her an idea: Jurors might deliver a big verdict if they thought it would land them on TV. The plaintiffs' lawyer ran with that advice when he addressed the jury. "I can't promise Oprah," he gushed, but "there are going to be a lot of people who'll want to know how you had the courage to do it."

Michael Crowley is a senior editor at *The New Republic*.

Would one mention of Oprah's name help do the trick? After ruling that Vioxx was responsible for a man's death, the jury rendered damages: a staggering $253 million.

Sadly, such cynical tactics have become par for the course in the courtroom. Jurors are manipulated by pricey jury consultants while facts take a backseat.

"It's extending the techniques of market research into the jury," says Neil Kressel, co-author of *Stack and Sway*, a book on jury consulting. "When Madison Avenue uses these techniques to market products, you

PHOTOGRAPHED BY KAREN BALLARD/REDUX

ILLUSTRATED BY VICTOR JUHASZ

may be cheated out of money. When a lawyer uses these techniques, you may be cheated out of justice."

It all starts during the jury-selection process. Lawyers have the power to block potential jurors who might bring an unfair bias to the case. You don't want a suspected racist sitting on the jury of a black defendant, for instance. But nowadays, jury consultants and lawyers have become super slick about weeding out people—exploiting the blocking power to ban just about anybody they think might rule against their side. Some states limit how many jurors lawyers can block, but in many localities they can bump up to a dozen or more jurors without ever saying why.

> When a lawyer uses these techniques, **you may be cheated out of justice.**

A recent guide published by the Association of Trial Lawyers of America warned lawyers about jurors who may show "personal responsibility bias." These jurors, the guide said, feel that "people must be accountable for their conduct." Now there's a chilling outlook! The guide advises: "The only solution is to exclude them from the

jury." That is, get rid of anyone who might actually care about seeing justice done.

Whether it's a civil or criminal case, whether it's the defense or prosecution, a jury consultant can predetermine the outcome before the trial even begins. Howard Varinsky, a jury consultant who helped prosecutors convict Martha Stewart, told CBS News that asking a potential juror who his favorite person is can illuminate his ability to grasp complex data. For example, says Varinsky, the juror who chooses Cher—instead of, say, Martin Luther King or Ronald Reagan—isn't very bright. Of course, that just may be what Varinsky is looking for: "In a case where you have a lot of complex information to process, I think you would want somebody who likes Cher."

Talk like that is frightening when you consider what's at stake. Huge jury awards of $100 million or more have become almost commonplace. It's easy to see why lawyers would pull out all the stops. At the same time, these higher stakes mean that lawyers and consultants can charge millions more. A topnotch consultant can pull in hundreds of thousands of dollars in just one major trial.

It seems no tactic is off-limits for a canny consultant. When millionaire real estate heir Robert Durst went on trial for the murder—and dismemberment—of his neighbor,

jury consultant Robert Hirschhorn was hired to help the defense. After quizzing the jury pool about their TV-viewing habits, Hirschhorn looked for fans of *CSI: Crime Scene Investigation* and *Law & Order*. Defense lawyers argued that wounds to the dead neighbor's head would support Durst's self-defense claims. But the police never found the head. Hirschhorn gambled that fans of crime shows might want more evidence—like the missing head—than others. When Durst was acquitted, a new term entered modern legal lexicon: "the CSI effect."

Jury selection is far from the only service offered. Most consultant companies—with names like The Right Jury and Verdict Success—empanel focus groups to taste-test hypothetical arguments, followed by mock trials: "You find what story [mock jurors] are more likely to buy and you go with that," says Kressel.

On top of everything else, jury consultants are costing all of us money. "If you find out the other side has a consultant, you want to make sure you have one too," says Kressel. So in order to get "the edge," trial costs throughout the country are skyrocketing. When a state prosecutor hires a high-profile jury consultant, those are your tax dollars at work.

Lawyers argue that it's their duty to represent a client as effectively as possible, and jury consultants may tip the scales. But that's just the problem. With massive judgments spiraling out of control and legal costs soaring just as fast, we need to put an end to the manipulative practices that take justice out of the law.

Outraged? Write to Michael Crowley at outrageous@rd.com.

HOW DO YOU SAY IN YOUR LANGUAGE: "HUH?"

During our lunch break one day in college, a friend of mine sneezed. "In my culture, if you sneeze once, that means someone is missing you," my Chinese friend Lin told her. "If you sneeze twice, someone's saying nasty things about you behind your back. And if you sneeze three times, someone is speaking kindly about you."

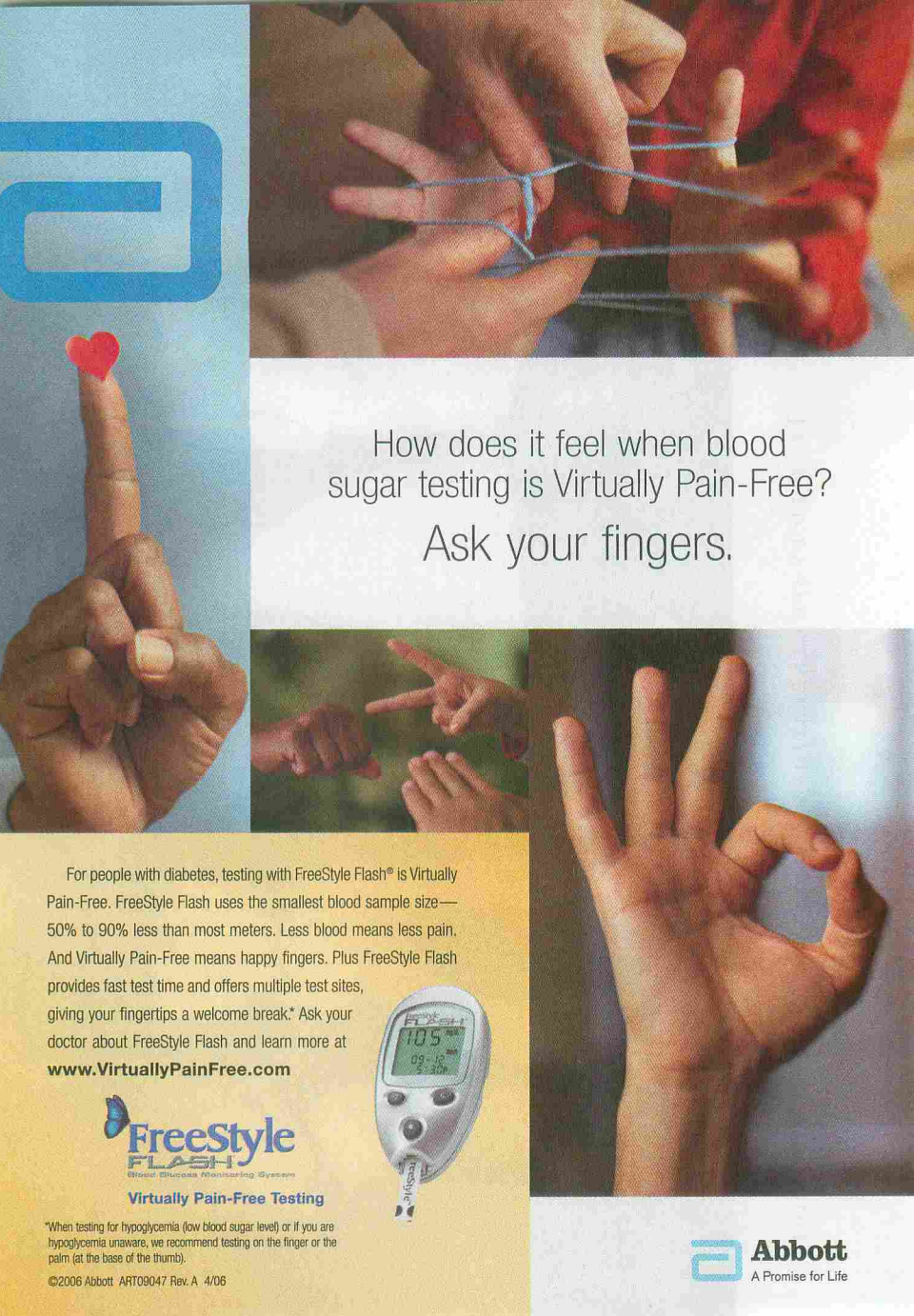
"What if you sneeze four times?" asked our friend Jon.

"That," said Lin, "means you've caught a cold." YING LI

American idioms don't travel well. Case in point, this e-mail my boss received from a Chinese businessman: "I apologize for taking so long to get the pricing to you, but I had to get all my ducts in the road."

PATRICIA ELLIS

FILLERS ILLUSTRATED BY JAMES MCMULLAN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MARY ROACH

And There's the Rub!

THE WHOLE spa concept is foreign to me. I don't cleanse my face; I wash it. I don't "release toxins" or parole them or give them time off for good behavior. Even the word "spa" is strange, like the back end of it got left off. Like someone was writing, "I'm off to the spay and neuter clinic," but they collapsed in mid-sentence, the dog heaving a sigh of relief.

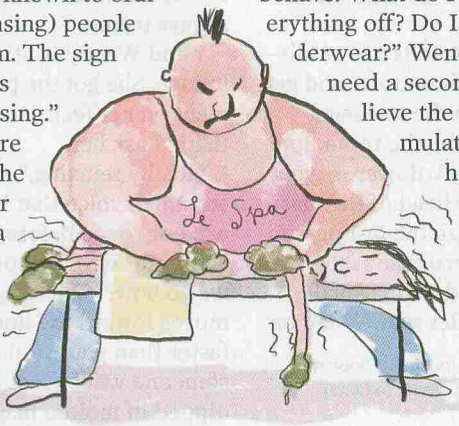
I have set all this aside, however, because I recently got a gift certificate for a local spa and have cajoled my friend Wendy into coming with me for a massage. We are now standing in the room known to ordinary (non-cleansing) people as a locker room. The sign on the door says "Women's Dressing." As though we are salads. Across the hall is the Water Closet. This spa has tried hard to be tony and European, right down to the medical background forms, which request that we "tick" boxes, rather than check them.

The locker room is pristine, and smells like no locker room I've ever been in. The smell turns out to be the lockers themselves: They're lined with cedar. "Check, I mean tick, this out," I tell Wendy. "In case moths attack while we're off getting our massages."

A beautiful young attendant arrives to show us how to operate the locks on the lockers. Then she leaves to get us bathrobes and towels.

Wendy looks stressed. "Do we have to tip her for this? I hate these places. I don't know how to behave. What do I tip? Do I take everything off? Do I leave on my underwear?" Wendy is going to need a second massage to relieve the stress that's accumulated while being here for the first one.

We are told to wait for our masseuses in the lounge. It's a gorgeous, perfect lounge with expensive



PHOTOGRAPHED BY JOHN MADERE

ILLUSTRATED BY BONNIE TIMMONS

cheeses and orchids and pitchers of lemon water. We pour ourselves some water and finish our medical forms. Wendy is reading aloud: "Are you pregnant? Ha! No, I just look like it!"

A different beautiful young attendant comes into the lounge to refill the water pitcher and clear away the empty glasses. She glances briefly at the flabby, wrinkly things on the sofa, as if giving thought to how she might clear those away too.

A small pink flower lies at the head of the massage table, **as if the last person was a shrub.**

At last our masseuses arrive to take us to the treatment rooms. I watch Wendy disappear down the hallway, her voice trailing off: "I left my underwear on. Was that bad? I wasn't sure ..."

My masseur, Leo, tells me to "disrobe to my level of comfort" and get under the sheet on the massage table. Then he leaves the room. I notice that a small pink flower is lying on the sheet at the head of the massage table, as though the last person was a shrub. The massage table is outfitted at one end with a small, heavily padded toilet seat. When he returns, Leo tells me to put my face inside the toilet seat, which he calls a "face cradle."

Leo says he'll be "opening up my muscles" and "getting blood into the area." This doesn't sound relaxing. It sounds like the tiger scene in *Gladiator*. I bury my face in the toilet and pray for leniency.

Eventually I relax. Things are going swell. Then Leo asks me if I want the "complimentary parafango treatment." There are so many things I need to learn before I can answer this question.

"Fango means volcanic," Leo adds, bringing me no closer to a decision.

"Oh," I say. "In what language?"

He doesn't answer. He must think I'm testing him. For the next few minutes, Leo gives me the complimentary silent treatment. This is fine with me. In my experience, conversations in which one party has her head in the toilet bowl are always trying.

I find Wendy waiting for me in the lounge. She got the parafango treatment on her feet. "And how was that?" I ask her.

"Really relaxing," she says in a strangled voice that I have heard her use only once before, when raccoons got into the compost. "Can we go now?" Wendy gets up and moves toward the door very fast, faster than you would expect for someone whose feet have been dipped in molten magma. ■

Mary Roach has just finished a book tour for her bestseller, *Spook*. Write to her at myplanet@rd.com.

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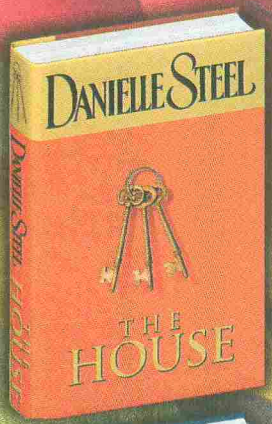

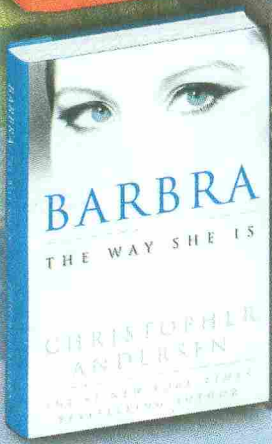

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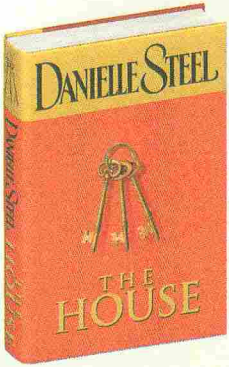

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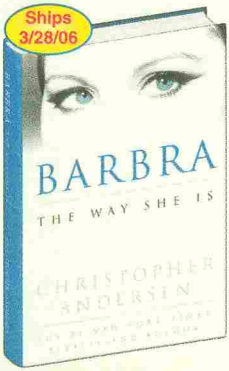

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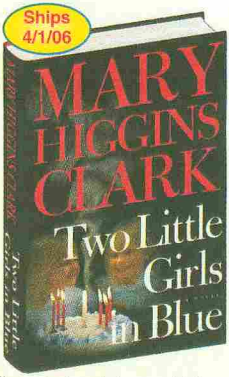

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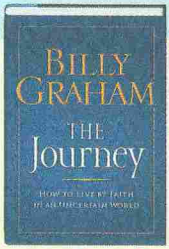

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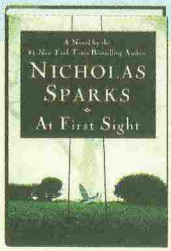

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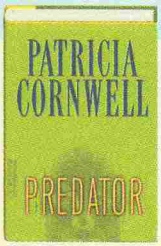

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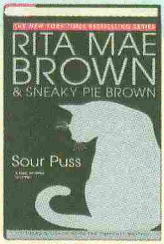

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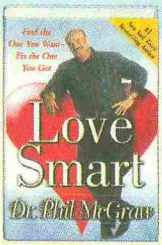

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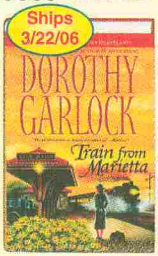

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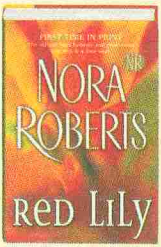

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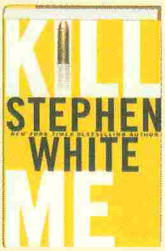

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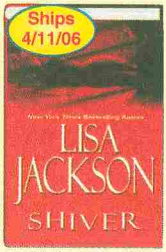

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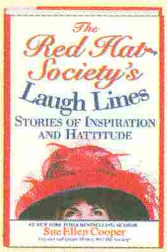

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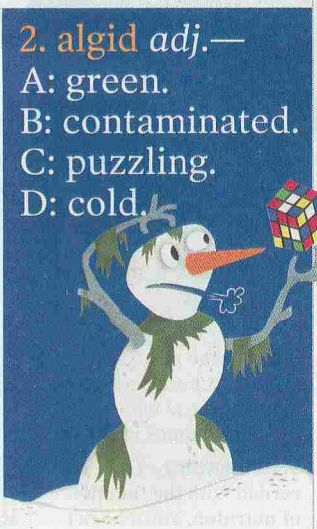
*Explicit scenes and/or language ▲Softcover

Call Me Al As RD's National Word Power Challenge contestants compete April 23-25, we salute Quiz Master Al Roker, co-host and weatherman of NBC's *Today* show, with 16 words that begin with "Al." Rain or shine, the forecast is fun. Answers on the next page.

1. altruism *n.*—A: practice of helping others. B: math theory. C: musical note. D: motto.

2. algid *adj.*—A: green. B: contaminated. C: puzzling. D: cold.



3. allege *v.*—A: to assert. B: climb up. C: nominate a candidate. D: discourage.

4. albumen *n.*—A: detailed record. B: colorless object. C: strong opinion. D: egg white.

5. allocution *n.*—A: local dialect. B: formal speech. C: tone of voice. D: portion of money.

6. aleatory *adj.*—A: unpredictable. B: connecting. C: of the ears. D: regarding digestion.

7. allude *v.*—A: to attract. B: prevent capture. C: ignore completely. D: refer.

8. alms *n.*—A: flat-leaved trees. B: misgivings. C: donations. D: fingerless gloves.

9. alimentary *adj.*—A: concerning nutrition. B: primary. C: post-kindergarten. D: causing sickness.

10. altercate *v.*—A: to make a substitution. B: change one's mind. C: quarrel. D: offer a compromise.

11. alforja *n.*—A: deep river. B: saddlebag. C: wildflower. D: mountain range.

12. aliterate *n.*—one who A: reads voraciously. B: can't read. C: reads aloud. D: can read but rarely does.

13. allegory *n.*—a story that is A: violent. B: scary. C: symbolic. D: romantic.

14. altostratus *n.*—A: outer space. B: cloud. C: singing voice. D: military strategy.

15. alleviate *v.*—A: to lessen. B: avoid contact. C: raise up. D: get lost.

16. alameda *n.*—A: group of ships. B: shady walkway. C: chemical compound. D: median point.

Fin-AL Round

What's a good beginning without a great middle or end? Fill in the blanks for words that have "Al" in other spots (clues in parentheses). Answers on the next page.

d---al (at the back)
--v--al (restoration)
-al---s (insensitive)
-al--nt--- (dissatisfied person)
-ual-- (uneasy feelings)
-al--w (fat for candles)
p-al--x (group of infantry)

ILLUSTRATED BY DAVID SHELDON

ANSWERS

1. altruism—*[A]* The practice of unselfish regard for the welfare of others. Her *altruism* took many forms, from working at a food bank to funding scholarships.

3. allege *(uh LEJ)*—*[A]* To assert without proof. My uncle *alleged* that a neighborhood dog had trampled his garden.

4. albumen—*[D]* The white of an egg. Some people feel that using just the *albumen* makes for a healthier omelette.

5. allocution—*[B]* Formal speech, especially one that advises. Our CEO delivered an inspiring *allocution* about the company's future.

6. aleatory—*[A]* Unpredictable; pertaining to luck or chance. My father's attorney suggested an *aleatory* contract, since some aspects of the new partnership were uncertain.

7. allude—*[D]* To refer casually or indirectly. As she gave her daughter "boyfriend advice," the woman barely *alluded* to her own volatile marriage.

8. alms—*[C]* Donations of money, food and other items to the needy. My mother's church collected *alms* for those who had lost their homes in the fire.

2. algid *(AL jid)*—*[D]* Cold; chilly. The dog raced onto the thawing ice and fell into the *algid* water.

9. alimentary—*[A]* Concerned with the function of nutrition. You'd be better off if you considered the *alimentary* qualities of your food, not just its taste.

10. altercate—*[C]* To quarrel with intensity. My brothers were known to *altercate* every Sunday during football season.

11. alforja *(al FOR hä)*—*[B]* Saddlebag, often made of leather. The cowboy's old *alforja* was tattered from years of use.

12. aliterate—*[D]* One who is able to read but rarely does. My cousin is a self-proclaimed *aliterate*, preferring hours in front of the television to even moments with a good book.

13. allegory—*[C]* A story that is symbolic, often presenting moral or spiritual meanings through fictional characters. Many agree that C. S. Lewis's Narnia tales are *allegories* for Christian teachings.

14. altostratus—*[B]* A cloud, usually of uniform gray color and medium altitude. The tall steel buildings seemed to blend into the *altostratus* behind them.

15. alleviate—*[A]* To lessen; to make easier to endure. The pain in my back was *alleviated* by a long deep-tissue massage.

16. alameda—*[B]* Public walkway shaded with trees. We strolled the *alameda* on our way to have lunch at the outdoor café.

VOCABULARY RATINGS

8-10 Good **11-13** Excellent
14-16 Exceptional

Fin-AL Round Answers:
dorsal; revival; callous; malcontent; qualms; tallow; phalanx.

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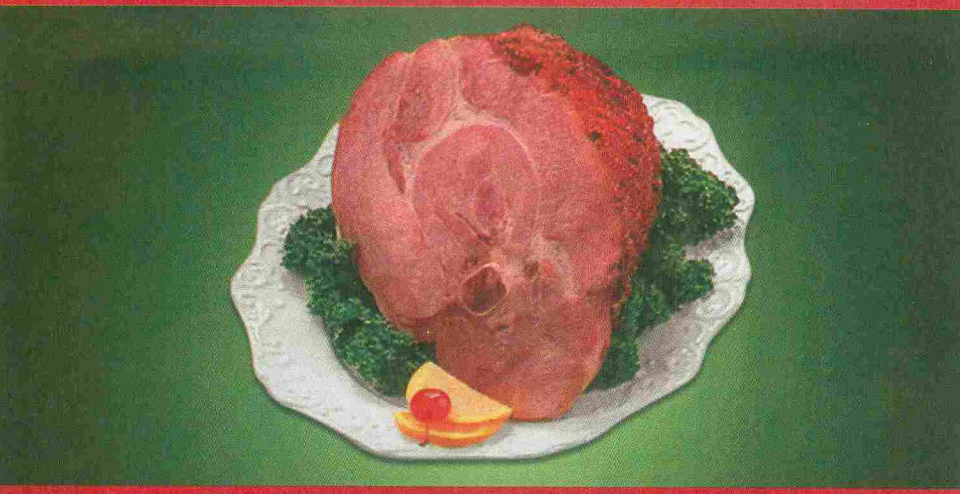
VYTORIN
2 sources of



FOOD

You probably know that cholesterol comes from food. But what you might not know is that your cholesterol has a lot to do with your family history. VYTORIN treats both sources of cholesterol.

A healthy diet is important, but when it's not enough, adding VYTORIN can help. VYTORIN helps block the absorption of cholesterol that comes from food and reduces the cholesterol that your body makes naturally.

In clinical trials, VYTORIN lowered bad cholesterol more than Lipitor alone. VYTORIN is a tablet containing two medicines: Zetia® (ezetimibe) and Zocor (simvastatin).

Merck/Schering-Plough Patient Assistance Program

MERCK / Schering-Plough Pharmaceuticals

To find out if you qualify, call 1-800-347-7503.

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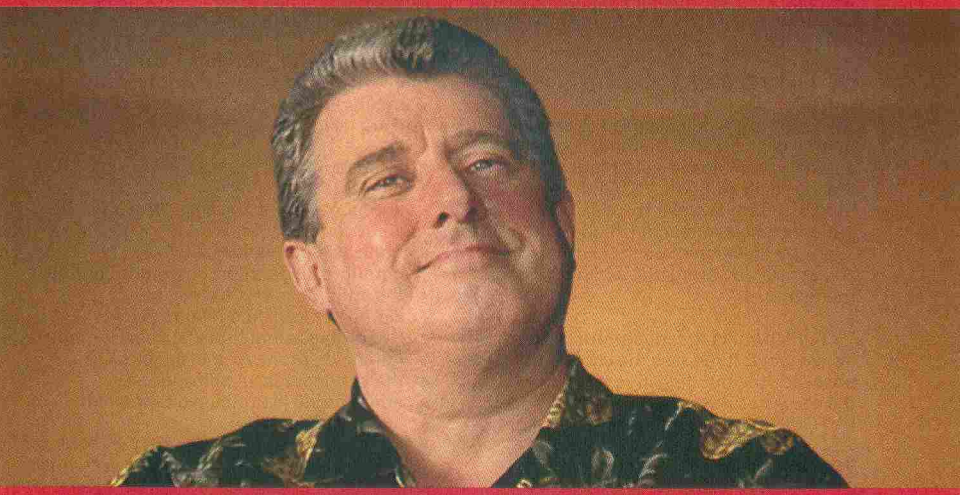
treats the cholesterol.



FAMILY

Important information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

To learn more, call 1-877-VYTORIN or visit vytorin.com.
Please read the Patient Product Information on the adjacent page.

Continue to follow a healthy diet, and ask your doctor about adding VYTORIN.

VYTORIN®
(ezetimibe/simvastatin)

Treat the 2 sources of cholesterol.

VYTORIN® (ezetimibe/simvastatin) Tablets

Patient Information about VYTORIN (VI-tor-in)

Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN *is right for you.*

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant.

Do not use VYTORIN® (ezetimibe/simvastatin) if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.

- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), rash, hives; joint pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN® (ezetimibe/simvastatin). This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate NF, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

Issued June 2005

MERCK / Schering-Plough Pharmaceuticals

Manufactured for:
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North Wales, PA 19454, USA

20650018(2)(003)-VYT

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THE BUZZ

1 Cuts and scrapes heal up to 25% faster on people who exercise regularly.

2 In 1985, 55% of us found overweight folks less attractive than thin; in 2005, 24% did.

3 People with systolic blood pressure of 140 or higher in middle age are more likely to develop dementia than those with lower readings.

4 We now have twice as much potentially lifesaving info on the deadly bird flu viruses, thanks to a study at St. Jude Children's Research Hospital.

5 Older women with heart disease who take a baby aspirin daily are less likely to die in the next six years than those who don't take it.

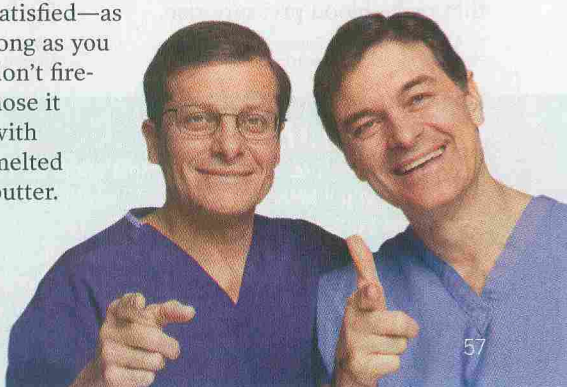
JOURNAL OF GERONTOLOGY; NPD GROUP SURVEY; STROKE; SCIENCE; BETH ISRAEL MEDICAL CENTER

Q&A

What's so bad about corn?

I thought corn was a vegetable, so why have I heard we should avoid high fructose corn syrup like the plague?

A: Candy corn, corn chips and corn dogs prove this veggie isn't always good for you. As it turns out, our love affair with high fructose corn syrup (HFCS) may be linked to the obesity epidemic. The sweetener is made when fructose, a type of sugar, is added to glucose, the natural sugar in corn. HFCS is found in abundance in sodas and many processed foods, from cookies to yogurt. But HFCS has none of the healthy stuff found in corn, and studies suggest fructose is more likely to make you fat than glucose. If HFCS is listed as one of the first five ingredients on a food label, don't eat it. Our favorite corn? The kind you pop. Use an air popper. Popcorn is a healthy whole-grain food that will keep you full and satisfied—as long as you don't fire-hose it with melted butter.



ONE COMMON PROBLEM FOUR EXPERT SOLUTIONS

THE LOWDOWN ON HIGH BLOOD PRESSURE

THE PHYSICIAN

IF YOU'RE overweight, lose some of it with the heart-healthy, government-recommended DASH diet (**nhlbi.nih.gov/health/public/heart/hbp/dash**). Then I turn to drugs. In older patients, I try diuretics first. They're cheap and help prevent strokes and heart attacks. For younger people, I use ACE inhibitors, since beta blockers can cause weight gain and may not prevent stroke or heart attack as well.

THOMAS PICKERING, MD,
Director, Hypertension Program,
New York-Presbyterian Hospital

THE MIND-BODY EXPERT

CHRONIC STRESS can raise blood pressure, so managing stress will help. Exercise and meditation, done regularly, work. Or combine the two: When walking, focus on your breathing. Both of these help lengthen a short fuse, so you won't react to stress in ways that make blood pressure rise.

DEAN ORNISH, MD, Founder,
Preventive Medicine Research Institute

Some **65 million American** adults have high blood pressure.

THE YOGA PRO

PRACTICE THE shavasana pose twice a day. Lie on your back, eyes closed, legs shoulder-width apart, arms relaxed by your sides. Focus on your breathing: Inhale slowly through your nose, then take as long to exhale. Repeat about 30 times. This move reduces stress and can help lower blood pressure.

LARRY PAYNE, PHD,
Director, Yoga Rx Therapy Program,
Loyola Marymount University

THE NUTRITIONIST

EAT more magnesium, calcium and potassium (pumpkin seeds, milk, fruits/vegetables) and oily fish containing heart-healthy omega-3 fats 2 to 4 times a week. Talk to a doctor before using any of these in supplement form, or if you're pregnant. Ask, too, about the benefits of CoQ10 and the amino acid L-arginine. The best news? Dark chocolate also helps.

DWIGHT MCKEE, MD
Aptos, California

BOTTOM LINE

Your blood pressure is one of the most important determinants of whether you'll have a heart attack, stroke, memory loss or impotence. All the tips above will help lower your blood pressure. Even regularly eating low-sodium tomato sauce works. Do whatever it takes (short of committing a felony!) to get your blood pressure below 120/80.

DR. ROIZEN & DR. OZ

THOMAS J PETERSON/GETTY IMAGES

mucus is beautiful

Sinus pressure is ugly. Introducing Mucinex® D.

Allergy-related sinus pressure isn't pretty and neither is the mucus that causes it. Only Mucinex D has a dual-release formula that is specially made to break up and thin out the mucus that causes congestion. Plus, the decongestant in Mucinex D helps relieve that awful pressure in your sinuses. And just one dose lasts for 12 hours. So when your allergies put pressure on your sinuses, you can turn it off with new Mucinex D.

Mucinex®
Mucinex in. Mucus out.

Ask your pharmacist for new Mucinex D.

Visit www.mucinex.com

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If you're ready to control Rheumatoid Arthritis, raise

See if your treatment is doing enough: Get your free Personal RA Profile now.

More and more rheumatologists are prescribing HUMIRA® (adalimumab). It's strong enough to slow the progression of moderate to severe RA and can be injected at home, usually once every other week.

Is HUMIRA right for you? Your free Personal RA Profile will show you the severity of your condition and its impact on your life compared to other RA patients. You'll also receive information on current treatment options and tips on how to get more out of talking with your doctor.

For information on HUMIRA and your free Personal RA Profile, call or click today. And be sure to talk to your rheumatologist about HUMIRA.

1.800.790.4431
www.HUMIRA.com

HUMIRA®
adalimumab

Important Safety Information about HUMIRA® (adalimumab): HUMIRA is approved for reducing the signs and symptoms, inducing major clinical response, slowing the progression of joint damage, and improving physical function in adult patients with moderate to severe rheumatoid arthritis. HUMIRA is also approved for reducing the signs and symptoms of active arthritis in patients with psoriatic arthritis. HUMIRA can be used alone or with methotrexate or other DMARDs (disease modifying anti-rheumatic drugs). Do not start taking HUMIRA if you are allergic to the drug or anything in it. You should not start HUMIRA if you have any type of infection. An infection can be in one part of your body, such as an open sore, or it can be an illness such as the flu. Tell your doctor if you've had any infection in the past that keeps coming back, or have any problems that increase the risk of infections. **Before you take HUMIRA, your doctor should test you for tuberculosis (TB). Tell your doctor if you've ever had TB, or been near someone who had TB. If signs of TB (a dry cough that doesn't go away, weight loss, fever, night sweats) or any other infection appear after taking HUMIRA, tell your doctor immediately.** Tell your doctor if you feel any numbness

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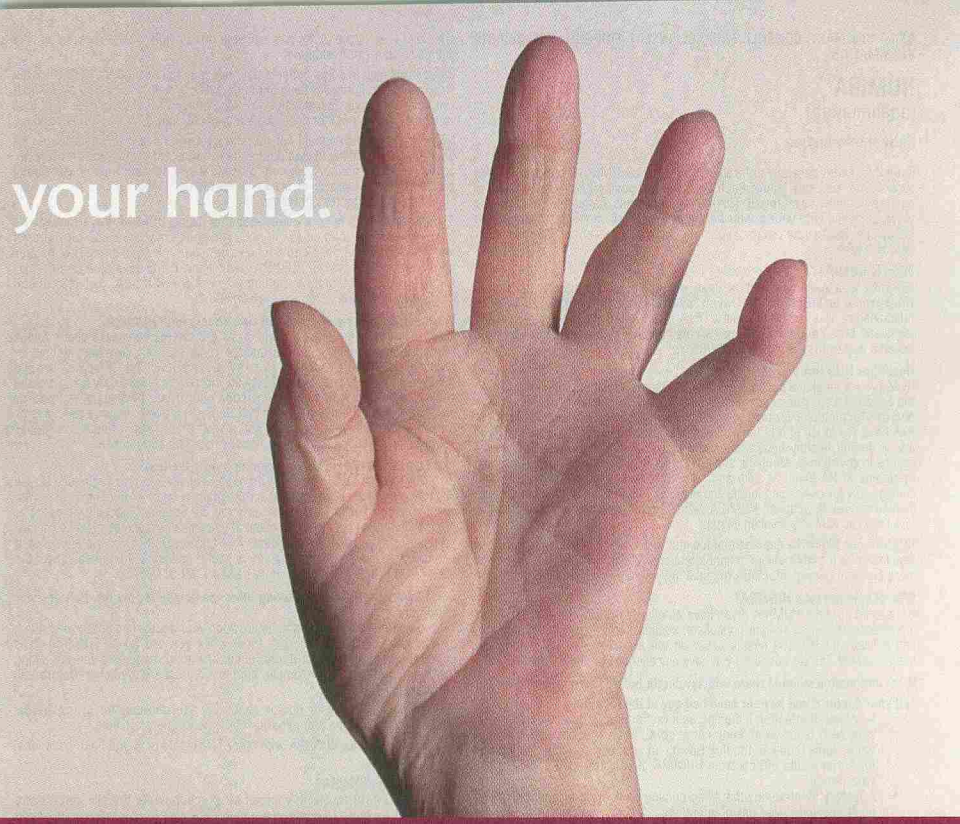

or tingling or if you've ever had a disease that affects your nervous system such as multiple sclerosis. Also tell your doctor if you have ever been treated for heart failure. Once you start taking HUMIRA, tell your doctor right away or seek emergency care immediately if you have an allergic reaction (a bad rash, swollen face or trouble breathing). Also tell your doctor right away if you have signs of a serious blood disorder (persistent fever, bruising, bleeding or paleness). There have been rare cases of severe allergic reactions after taking HUMIRA. There have also been rare cases of serious and sometimes fatal infections. Lymphoma, rare cases of nervous system disorders, and serious blood disorders have occurred in patients taking TNF blockers, including HUMIRA. Tell your doctor about all medicines you are taking or considering. **The combination of HUMIRA and Kineret (anakinra) is not recommended.** Check with your doctor before you receive any vaccines. Tell your doctor if you are pregnant, become pregnant or plan to become pregnant. The most common side effects of HUMIRA are injection site reactions, upper respiratory and sinus infections, headache, rash and injection site pain.

ABBOTT LABORATORIES

Please see adjacent page for product brief summary.

BRIEF SUMMARY CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

HUMIRA®
(adalimumab)

Patient Information

Read this leaflet carefully before you start taking HUMIRA (**hu-mare-ah**). You should also read this leaflet each time you get your prescription refilled, in case something has changed. The information in this leaflet does not take the place of talking with your doctor before you start taking this medicine and at check ups. Talk to your doctor if you have any questions about your treatment with HUMIRA.

What is HUMIRA?
HUMIRA is a medicine that is used in people with moderate to severe rheumatoid arthritis (RA) or with psoriatic arthritis (PsA). RA is an inflammatory disease of the joints. PsA is an inflammatory disease of the joints and skin. People with RA or PsA may be given other medicines for their disease before they are given HUMIRA.

How does HUMIRA work?
HUMIRA is a medicine called a *TNF blocker*, that is a type of protein that blocks the action of a substance your body makes called TNF-alpha. TNF-alpha (tumor necrosis factor alpha) is made by your body's immune system. People with RA or PsA have too much of it in their bodies. The extra TNF-alpha in your body can attack normal healthy body tissues and cause inflammation especially in the tissues in your bones, cartilage, and joints. HUMIRA helps reduce the signs and symptoms of RA (such as pain and swollen joints), may help prevent further damage to your bones and joints, and may help improve your ability to perform daily activities. In addition, HUMIRA helps reduce the signs and symptoms of PsA (such as pain and swollen joints).

HUMIRA can block the damage that too much TNF-alpha can cause, and it can also lower your body's ability to fight infections. Taking HUMIRA can make you more prone to getting infections or make any infection you have worse.

Who should not take HUMIRA?
You should not take HUMIRA if you have an allergy to HUMIRA or to any of its ingredients (including sodium phosphate, sodium citrate, citric acid, mannitol, and polysorbate 80). The needle cover on the pre-filled syringe contains dry natural rubber. Tell your doctor if you have any allergies to rubber or latex.

What information should I share with my doctor before I start taking HUMIRA?

Tell your doctor if you have or have had any of the following:

- Any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from HUMIRA. If you are unsure, please ask your doctor.
- A history of infections that keep coming back or other conditions that might increase your risk of infections.
- If you have ever had tuberculosis (TB), or if you have been in close contact with someone who has had tuberculosis. If you develop any of the symptoms of tuberculosis (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor right away. Your doctor will need to examine you for TB and perform a skin test.
- If you experience any numbness or tingling or have ever had a disease that affects your nervous system like multiple sclerosis.
- If you are scheduled to have major surgery.
- If you are scheduled to be vaccinated for anything.

If you are not sure or have any questions about any of this information, ask your doctor.

What important information do I need to know about side effects with HUMIRA?
Any medicine can have side effects. Like all medicines that affect your immune system, HUMIRA can cause serious side effects. The possible serious side effects include:

Serious infections: There have been rare cases where patients taking HUMIRA or other TNF-blocking agents have developed serious infections, including tuberculosis (TB) and infections caused by bacteria or fungi. Some patients have died when the bacteria that cause infections have spread throughout their body (sepsis).

Nervous system diseases: There have been rare cases of disorders that affect the nervous system of people taking HUMIRA or other TNF blockers. Signs that you could be experiencing a problem affecting your nervous system include: numbness or tingling, problems with your vision, weakness in your legs and dizziness.

Malignancies: There have been very rare cases of certain kinds of cancer in patients taking HUMIRA or other TNF blockers. People with more serious RA that have had the disease for a long time may have a higher than average risk of getting a kind of cancer that affects the lymph system, called lymphoma. If you take HUMIRA or other TNF blockers, your risk may increase.

Lupus-like symptoms: Some patients have developed lupus-like symptoms that got better after their treatment was stopped. If you have chest pains that do not go away, shortness of breath, joint pain or a rash on your cheeks or arms that is sensitive to the sun, call your doctor right away. Your doctor may decide to stop your treatment.

Blood Problems: In some patients the body may fail to produce enough of the blood cells that help your body fight infections or help you to stop bleeding. If you develop a fever that doesn't go away, bruise or bleed very easily or look very pale, call your doctor right away. Your doctor may decide to stop treatment.

Heart Problems: You should tell your doctor if you have ever been treated for heart failure. If you have, your doctor may choose not to start you on HUMIRA, or may want to monitor you more closely. If you develop new or worsening problems like shortness of breath or swelling of your ankles or feet, you should call your doctor right away.

Allergic reactions: In rare cases, patients taking HUMIRA have had severe allergic reactions leading to difficulty breathing and low blood pressure, or shock. Allergic reactions can happen after your first dose or may not happen until after you have taken HUMIRA many times. If you develop a severe rash, swollen face or difficulty breathing while taking HUMIRA, call your doctor right away or seek emergency care immediately.

What are the other more common side effects with HUMIRA?
Many patients experience a reaction where the injection was given. These reactions are usually mild and include redness, rash, swelling, itching or bruising. Usually, the rash will go away within a few days. If the skin around the area where you injected HUMIRA still hurts or is swollen, try using a towel soaked with cold water on the injection site. If you have pain, redness or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away. Other side effects are upper respiratory infections (sinus infections), headache and nausea.

Can I take HUMIRA if I am pregnant or breast-feeding?
HUMIRA has not been studied in pregnant women or nursing mothers, so we don't know what the effects are on pregnant women or nursing babies. You should tell your health-care provider if you are pregnant, become pregnant or are thinking about becoming pregnant. If you take this medication while you are pregnant, or if you become pregnant while taking HUMIRA you are encouraged to participate in a pregnancy registry to gather additional information about the use of HUMIRA during pregnancy by calling 1-877-311-8972.

Can I take HUMIRA if I am taking other medicines for my RA, PsA or other conditions?
Yes, you can take other medicines provided your doctor has prescribed them, or has told you it is ok to take them while you are taking HUMIRA. It is important that you tell your doctor about any other medicines you are taking for other conditions (for example, high blood pressure medicine) before you start taking HUMIRA.

You should also tell your doctor about any over-the-counter drugs, herbal medicines and vitamin and mineral supplements you are taking.

You should not take HUMIRA with other TNF blockers. If you have questions, ask your doctor.

How do I take HUMIRA?
You take HUMIRA by giving yourself an injection under the skin once every other week, or more frequently (every week) if your doctor tells you to. If you accidentally take more HUMIRA than you were told to take, you should call your doctor. Make sure you have been shown how to inject HUMIRA before you do it yourself. You can call your doctor or the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472) if you have any questions about giving yourself an injection. Someone you know can also help you with your injection. Remember to take this medicine just as your doctor has told you and do not miss any doses.

What should I do if I miss a dose of HUMIRA?
If you forget to take HUMIRA when you are supposed to, inject the next dose right away. Then, take your next dose when your next scheduled dose is due. This will put you back on schedule.

Is one time better than another for taking HUMIRA?
Always follow your doctor's instructions about when and how often to take HUMIRA. To help you remember when to take HUMIRA, you can mark your calendar ahead of time with the stickers provided in the back of the patient information booklet. For other information and ideas you can enroll in a patient support program by calling the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472).

HOW DO I STORE HUMIRA?
Store at 2°C – 8°C/36-46°F (in a refrigerator) in the original container until it is used. Protect from light. DO NOT FREEZE HUMIRA. Refrigerated HUMIRA remains stable until the expiration date printed on the pre-filled syringe. If you need to take it with you, such as when traveling, store it in a cool carrier with an ice pack and protect it from light.

Keep HUMIRA, injection supplies, and all other medicines out of the reach of children.

Reference: 03-5434-R7

Revised: October, 2005

05I-64C-K984-3 **MASTER**

Abbott Laboratories
North Chicago, IL 60064, U.S.A.

05D-64P-J140-2
Printed in U.S.A.

NBC UNIVERSAL TELEVISION

Against the Odds

He was just another dropout—until he got the measles and a goal

Meyer made the most of every opportunity.

COURTESY GE

RON MEYER WAS 14 when a friend gave him his first tattoo, a crude design done with ink and a needle. Like many of the guys he hung out with in West Los Angeles, Meyer was a high school dropout, a kid quick with his fists who seemed to get into fights somewhat regularly.

Today, Meyer is the president and COO of Universal Studios. As one of the most successful business leaders in Hollywood, he heads up Universal Pictures and Universal Parks & Resorts. He's the guy who oversees the production of multimillion-dollar extravaganzas like *King Kong* and *Cinderella Man*.

Even though Meyer could easily afford it, he has no interest in getting his tattoos removed. They symbolize just how far he has come, and they remind him of the choices he made—good and bad—along the way.

Meyer's story sounds like the plot of one of his motion pictures. The son of German immigrants, he grew up in a modest home where there was little disposable income. It was a big deal to go to a restaurant.

At 15, he quit high school and spent his time shooting pool, boxing at a nearby gym and

Maria Bartiromo is the host and managing editor of the nationally syndicated program *The Wall Street Journal Report*, as well as host of CNBC's *Closing Bell*.

hanging out with the neighborhood toughs. With little education or direction and few options, he figured he'd be drafted. So when he heard about a boxing program in the Marine Corps, he signed up.

At one point, he was quarantined with the measles, with no TV and nothing to do. His mother sent him two books. One was *The Amboy Dukes*, a novel about kids in street gangs. The other was *The Flesh Peddlers*, now out of print, about a guy in the talent-agency business who was living a glamorous life. "I realized," he says, "that I was no longer that idiot kid I had been, and I wanted to change my life."

With no formal education or influence, **there was no obvious reason** to give me a job.

Meyer knew he was up against considerable odds, but he finally had a goal: to become an agent and live the sort of lifestyle described in *The Flesh Peddlers*. He says he must have interviewed at all of the major talent agencies. "Everyone said no to me. I didn't have a formal education. I came from no influence, no money. There was no obvious reason to give me a job."

But the gumption and guts that helped him to excel as a boxer in the Marines kicked in. "I was afraid to fail," he says. "Also, I couldn't afford to fail. I had to make a living—I needed to make money."

Meyer took any job he could get. He worked as a busboy and short-order cook. He cleaned grease off duplicating machines. He sold shoes. "Once I got a job, I put all I had into it," says Meyer. "When I was a busboy, I wanted to be the best busboy."

That attitude made an impression on people. While he was working at a clothing store, the Paul Kohner Agency called. Their messenger had quit, and they remembered the guy named Ron who was willing to take whatever job they offered. At the clothing store, he was making $35 a week. Kohner was going to pay him $75. That was on a Friday. He started the next Monday.

Meyer's messenger job included chauffeuring Paul Kohner, a successful agent who represented stars like John Huston, Billy Wilder, Charles Bronson and Lana Turner. Meyer kept his eyes on the road—and his ears on the conversations in the backseat. "Paul would have meetings in his car and talk about deals. I learned the business, and got to know a lot of people."

Meyer was lucky to work with a good boss—and he had the brains to make the most of that experience. In nearly six years of driving for Kohner, Meyer became his right-hand man. By that time, though he knew the business, he still had to

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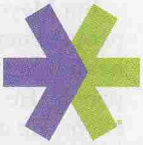

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learn a lot about the process.

He pretended he was an agent and landed a job at über agency William Morris in the TV talent department. After everyone left at night, he would analyze his mentor's deals and figure out how to do them.

By the 1970s, Meyer had built a lot of relationships in the business. His clients included Sally Struthers and Rob Reiner. Clearly, Meyer was becoming a leader in his industry.

He stayed at William Morris for over five years and would happily have stayed longer, but fate intervened when his mentor was fired. That presented an opportunity to start his own operation, Creative Artists Agency. Founded in 1975 with four colleagues from William Morris, CAA became a huge success, representing Hollywood legends like Barbra Streisand, Cher, Madonna, Tom Hanks and Tom Cruise. In the beginning, though, the staff of five struggled—18-hour days, seven days a week. They didn't draw any money out of the company for the first two years.

But Meyer had an advantage: Few people knew the business as well as he did, and few were as good with people. He built CAA client by client. He was always networking, attending anything he could get invited to—parties, dinners, screenings, tapings.

His first major clients included *Charlie's Angels* Farrah Fawcett and Kate Jackson. But his big break came when he signed Sylvester Stallone during his *Rocky* and *Rambo* years. "Everyone wanted Sly," says Meyer. "It was a big deal to be his agent. That became my entrée to representing people like Michael Douglas, Goldie Hawn and Jessica Lange."

Twenty years later, Meyer was tapped to run Universal Studios, a position far beyond his youthful dream. But once he saw success was possible, he was driven to achieve it. It was important to him, though, that he was trusted and well-thought-of.

In looking back, Meyer allows that he's never forgotten his humble beginnings. Today, colleagues regularly attribute his success—and theirs—to his humility and perseverance. It's a level of success that takes a certain tenacity, a certain personality, a certain kind of intelligence, whether it comes from a college education or from the street.

It takes guts to make a choice—and gumption to stick with it.

AND FYI ...

- The Rocky movies: *Rocky, Rocky II* and *Rocky III*. The underdog boxer, Rocky Balboa, fights to become a "somebody."
- *The Success Principles* by Jack Canfield with Janet Switzer (HarperCollins). How to get from where you are to where you want to be.
- *The Power of Purpose,* by Peter S. Temes. Fear of failure holding you back? Not able to reach your personal and career goals? Try a surprising solution—help others achieve *their* goals.

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"How do you lose two hundred dollars at a two-dollar table!" he yelled.

Another customer, counting his chips, answered matter-of-factly, "Patience." ROBERT GENTRY

DAYS AFTER gorging myself at an Easter dinner, I did penance by going to the gym across the street from work. The first thing I noticed as I signed in was a bowl of Easter candy sitting on the counter, calling to me.

"That doesn't seem fair," I joked to the trainer.

Patting the bowl, she smiled. "Job security."

JULIE BLACKWOOD

"This promotion means you'll be getting the blame directly from me."

I WORK in the library's Local Studies section. Recently, my colleagues and I received invitations to attend a presentation at the town hall. The invites were computer-generated and used abbreviations for job titles. So, the Reference Librarian became Ref Lib and so on.

I'm not sure whether my co-workers were impressed or amused when my invitation arrived—addressed to "Local Stud."

ALAN DUCKWORTH

Recently, one of the guys at the warehouse called my husband, the general manager, to tell him that he wouldn't be in that day.

"I'm having my autopsy," he said. "But with any luck I'll be in tomorrow."

TERRI RITTER

ILLUSTRATED BY ROY DELGADO

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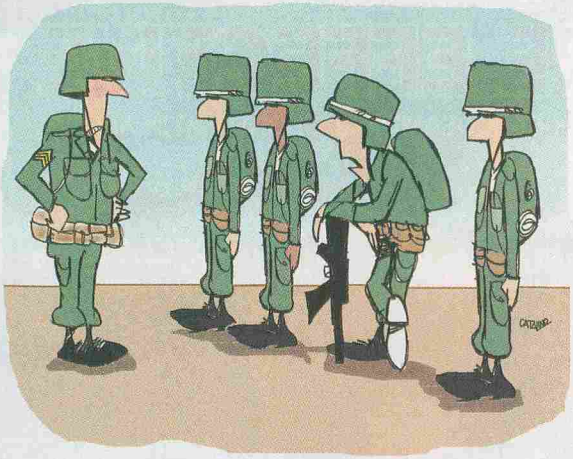
HUMOR IN UNIFORM



"I've got attention deficit disorder, Sarge."

THE SWEAT dripping off my brow gave away my secret: I dreaded giving blood.

"This'll only take 15 minutes," said the nurse on our base.

Pointing to a judge advocate general also donating a pint, I said, "She's been here longer than that."

Another donor interjected, "That's because she's used to taking blood, not giving it."

NATE SMITH

A pair of night-vision goggles sets Uncle Sam back a pretty penny. So just before night maneuvers, as my son-in-law handed a pair to a young private with a reputation for losing things, he warned, "Hold on to these!"

Afterward, my son-in-law ran into the private, who said, "I have good news and bad news."

"You lost those goggles?"

"No, of course not."

"So what's the bad news?"

"I lost the Humvee."

CONNIE STACY

AS I GUIDED an elderly safety inspector on a trip around an oil rig out at sea, I invited him to take the helm. "Turn to port," I said, adding, "that's left to you. Now, turn starboard—that means right." Having circled the rig, I joked, "Now, give the boat back to the driver." As he did so, I asked him about his career.

"Navy," he said. "Twenty years. Submarines." Then he leaned in. "I was the driver."

BRUCE MILLAR

DURING basic training, my platoon was given a choice of going either to the gym or the PX. By a show of hands, we opted for the PX.

"Uh-uh," said our sergeant. "You're all going to the gym."

"But, Sarge," whined one recruit, "we took a vote."

"Boys, let me explain," he said. "We're here to *defend* democracy, not practice it."

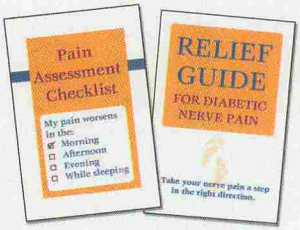
WARREN PANSIRE

You could earn $300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 12 for details.

ILLUSTRATED BY KEN CATALINO

Burning. Stabbing. Shooting pain.

(As if having diabetes wasn't painful enough.)



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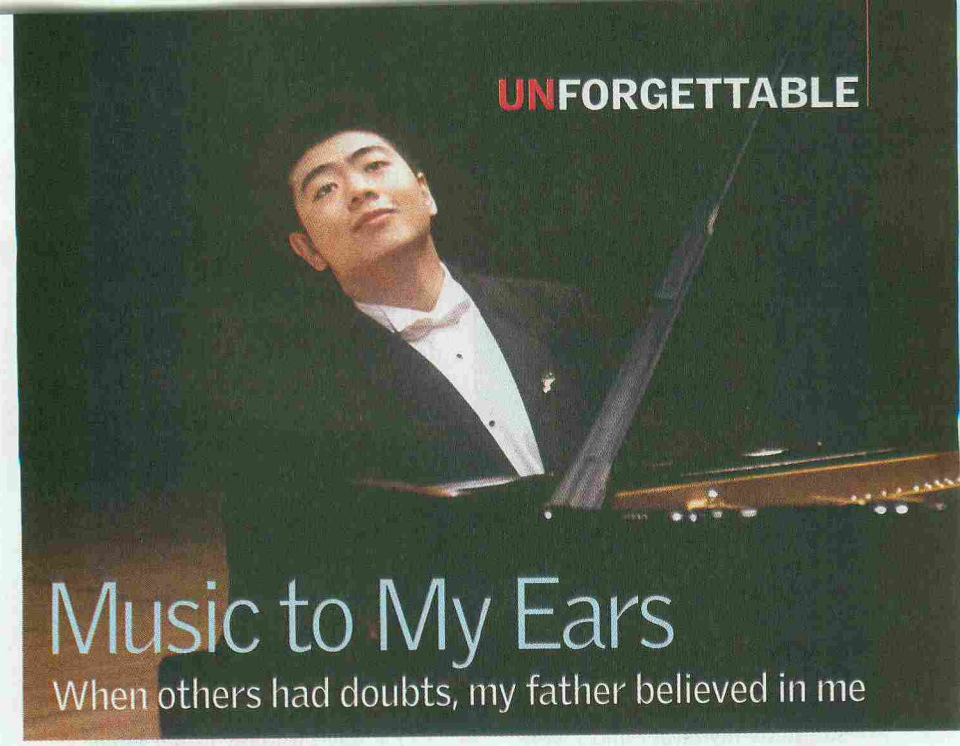

Music to My Ears

When others had doubts, my father believed in me

BY LANG LANG

As a boy growing up in Shenyang, China, I practiced the piano six hours a day. I loved the instrument. My mother, Xiu-lan Zhou, taught me to read notes, and my father, Guo-ren Lang, concertmaster of a local folk orchestra, showed me how to control the keys. At first I played on clunky Chinese keyboards—cheap, but the best we could afford. Later my parents bought me a Swedish piano, but I broke half the strings on it playing Tchaikovsky. That's when my parents and my teacher decided I was too much for such an instrument—and for our hometown. To be a serious musician, I would have to move to Beijing, one of our cultural capitals. I was just eight years old.

My father, who played the *erhu*, a two-stringed instrument, knew that life wouldn't be easy. Millions of pianists in China were vying for fame. You need fortune, my father said. If you don't work, no fortune comes. But music is still music, he added, and it exists to make us happy.

To relocate to Beijing with me, he made a great sacrifice. He quit his concertmaster's job, which he loved, and my mother stayed behind in Shenyang to keep working at her job at the science institute to support us. They both warned me, "Being a pianist is hard. Can you live without

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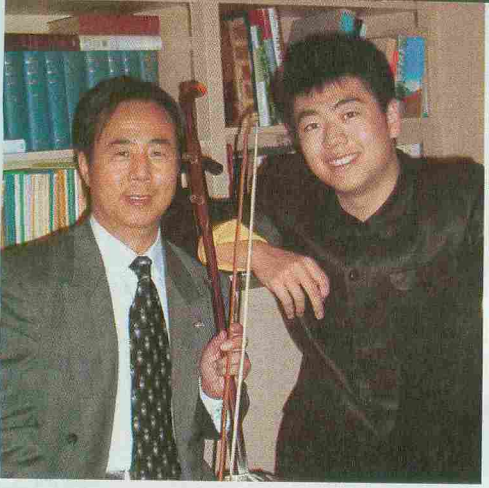

Lang Lang's dad, Guo-ren Lang (left), has always told his son, "Practice!"

COURTESY SHIRLEY SINGER

your mother?" I said, "I want my mother!" But I knew I needed to be in Beijing. In America, people often move and start over. But not in China, not in those days.

Suddenly my father and I were newcomers—outsiders. To the others around us, we spoke with funny northern accents. The only apartment we could find for the money we had was in an unheated building, with five families sharing one bathroom. My father cooked, cleaned and looked after me. He became a housewife, basically.

We lived far from my school, and since the bus was too expensive, my father would "drive" me on his bicycle every day. It was an hour-and-a-half trip each way, and I was a heavy boy, much heavier than I am as an adult. He did this in winter too. Imagine! During the coldest nights, while I practiced piano, my father would lie in my bed so it would be warm when I was tired.

I was miserable, but not from the poverty or pressure. My new teacher in Beijing didn't like me. "You have no talent," she often told me. "You will never be a pianist." And one day, she "fired" me.

I was just nine years old. I was devastated. I didn't want to be a pianist anymore, I decided. I wanted to go home to my mother. For the next two weeks I didn't touch the piano. Wisely, my father didn't push. He just waited.

Sure enough, the day came at school when my teacher asked me to play some holiday songs. I didn't want to, but as I placed my fingers on the piano's keys, I realized I could show other people that I had talent after all.

That day I told my father what he'd been waiting to hear—that I wanted to study with a new teacher. From that point on, everything turned around.

I started winning competitions. We still had very little money—my father had to borrow $5,000 to pay for a trip to the International Young Pianists Competition in Ettlingen, Germany, in 1994, when I was 12. I realized later how much pressure he was under as I watched footage of the contest. Tears streamed down his face when it was announced that I'd won—earning enough money to pay back our loan.

It was soon clear I couldn't stay in China forever. To become a world-class musician, I had to play on the

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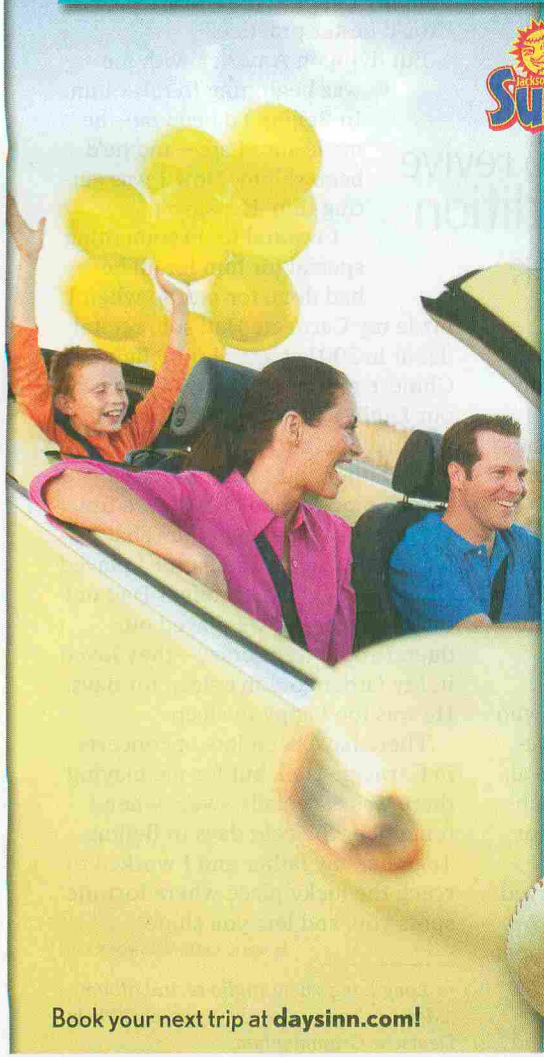

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world's big stages. So in 1997, my father and I moved again, this time to Philadelphia, so I could attend The Curtis Institute of Music. Finally our money worries were easing. The school paid for an apartment and even lent me a Steinway. At night, I would sneak into the living room just to touch the keys.

At my Carnegie Hall debut, I wanted to revive our family's tradition of playing together.

Now that I was in America, I wanted to become famous, but my new teachers reminded me that I had a lot to learn. I spent two years practicing, and by 1999 I had worked hard enough for fortune to take over. The Chicago Symphony Orchestra heard me play and liked me, but orchestra schedules were set far in advance. I thought I might join them in a few years.

The next morning, I got a call. The great pianist Andre Watts, who was to play the "Gala Benefit Evening" at Chicago's Ravinia Festival, had become ill. I was asked to substitute. That performance was, for me, the moment. After violinist Isaac Stern introduced me, I played Tchaikovsky's "Piano Concerto No. 1." My father's mouth hung open throughout the entire song.

Afterward, people celebrated—maybe they were a bit drunk—and asked me to play Bach's "Goldberg Variations." So I played until 3:30 a.m. I felt something *happening*. Sure enough, gigs started pouring in. Lincoln Center. Carnegie Hall. Still, my father kept telling me, "You'd better practice!"

But living in America with me was beginning to relax him. In Beijing I'd been fat—he made sure I ate—and he'd been skinny. Now I was getting thin. He wasn't.

I wanted to do something special for him for all he had done for me. So when I made my Carnegie Hall solo recital debut in 2003 at age 21, I included Chinese music. I wanted to revive our family's Shenyang tradition of playing together.

My father and I had often practiced a piece called "Horses," a fun version for piano and *erhu*. That night in Carnegie Hall, after I played Chopin and Liszt, I brought Dad out on the stage, and we played our duet. People went crazy—they loved it. My father couldn't sleep for days. He was too happy to sleep.

There have been lots of concerts in Carnegie Hall, but for me playing there was especially sweet when I remember the cold days in Beijing. Together, my father and I worked to reach the lucky place where fortune spots you, and lets you shine.

As told to LAURA VANDERKAM

Lang Lang's new studio recital album, "Memory," was released in March 2006 by Deutsche Grammophon.

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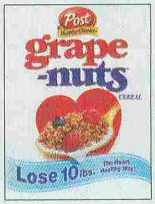

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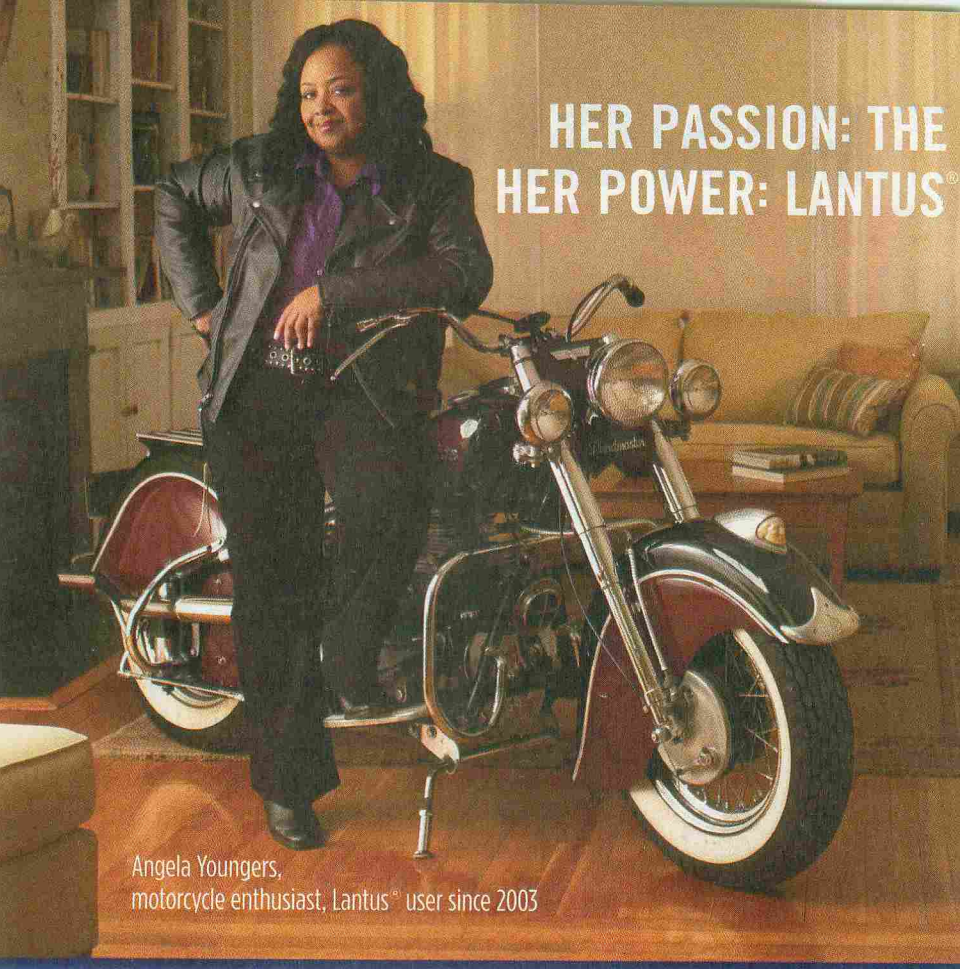

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Brief Summary of Prescribing Information November 2005 **Rx Only**

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LANTUS® must NOT be diluted or mixed with any other insulin or solution.

INDICATIONS AND USAGE

LANTUS is indicated for once-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

CONTRAINDICATIONS

LANTUS is contraindicated in patients hypersensitive to insulin glargine or the excipients.

WARNINGS

Hypoglycemia is the most common adverse effect of insulin, including LANTUS. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes.

Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetes treatment may need to be adjusted.

PRECAUTIONS

General:

LANTUS is not intended for intravenous administration. The prolonged duration of activity of insulin glargine is dependent on injection into subcutaneous tissue. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia.

LANTUS must NOT be diluted or mixed with any other insulin or solution. If LANTUS is diluted or mixed, the solution may become cloudy, and the pharmacokinetic/pharmacodynamic profile (e.g., onset of action, time to peak effect) of LANTUS and/or the mixed insulin may be altered in an unpredictable manner. When LANTUS and regular human insulin were mixed immediately before injection in dogs, a delayed onset of action and time to maximum effect for regular human insulin was observed. The total bioavailability of the mixture was also slightly decreased compared to separate injections of LANTUS and regular human insulin. The relevance of these observations in dogs to humans is not known.

As with all insulin preparations, the time course of LANTUS action may vary in different individuals or at different times in the same individual and the rate of absorption is dependent on blood supply, temperature, and physical activity.

Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Hypoglycemia:

As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LANTUS. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetes nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia.

The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. Patients being switched from twice daily NPH insulin to once-daily LANTUS should have their initial LANTUS dose reduced by 20% from the previous total daily NPH dose to reduce the risk of hypoglycemia (see DOSAGE AND ADMINISTRATION, Changeover to LANTUS).

The prolonged effect of subcutaneous LANTUS may delay recovery from hypoglycemia.

In a clinical study, symptoms of hypoglycemia or counterregulatory hormone responses were similar after intravenous insulin glargine and regular human insulin both in healthy subjects and patients with type 1 diabetes.

Renal Impairment:

Although studies have not been performed in patients with diabetes and renal impairment, LANTUS requirements may be diminished because of reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

Hepatic Impairment:

Although studies have not been performed in patients with diabetes and hepatic impairment, LANTUS requirements may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

Injection Site and Allergic Reactions:

As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Most minor reactions to insulins usually resolve in a few days to a few weeks.

Reports of injection site pain were more frequent with LANTUS than NPH human insulin (2.7% insulin glargine versus 0.7% NPH). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy.

Immediate-type allergic reactions are rare. Such reactions to insulin (including insulin glargine) or the excipients may, for example, be associated with generalized skin reactions, angioedema, bronchospasm, hypotension, or shock and may be life threatening.

Intercurrent Conditions:

Insulin requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or stress.

Information for Patients:

LANTUS must only be used if the solution is clear and colorless with no particles visible (see DOSAGE AND ADMINISTRATION, Preparation and Handling).

Patients must be advised that LANTUS must NOT be diluted or mixed with any other insulin or solution (see PRECAUTIONS, General).

Patients should be instructed on self-management procedures including glucose monitoring, proper injection technique, and hypoglycemia and hyperglycemia management. Patients must be instructed on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, or skipped meals. Refer patients to the LANTUS "Patient Information" circular for additional information.

As with all patients who have diabetes, the ability to concentrate and/or react may be impaired as a result of hypoglycemia or hyperglycemia.

Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy.

Drug Interactions:

A number of substances affect glucose metabolism and may require insulin dose adjustment and particularly close monitoring.

The following are examples of substances that may increase the blood-glucose-lowering effect and susceptibility to hypoglycemia: oral antidiabetes products, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAO inhibitors, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics.

The following are examples of substances that may reduce the blood-glucose-lowering effect of insulin: corticosteroids, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives).

Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.

In addition, under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

In mice and rats, standard two-year carcinogenicity studies with insulin glargine were performed at doses up to 0.455 mg/kg, which is for the rat approximately 10 times and for the mouse approximately 5 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2. The findings in female mice were not conclusive due to excessive mortality in all dose groups during the study. Histiocytomas were found at injection sites in male rats (statistically significant) and male mice (not statistically significant) in acid vehicle containing groups. These tumors were not found in female animals, in saline control, or insulin comparator groups using a different vehicle. The relevance of these findings to humans is unknown.

Insulin glargine was not mutagenic in tests for detection of gene mutations in bacteria and mammalian cells (Ames- and HGPRT-test) and in tests for detection of chromosomal aberrations (cytogenetics in vitro in V79 cells and in vivo in Chinese hamsters).

In a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2, maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH human insulin.

Pregnancy:

Teratogenic Effects: Pregnancy Category C. Subcutaneous reproduction and teratology studies have been performed with insulin glargine and regular human insulin in rats and Himalayan rabbits. The drug was given to female

rats before mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m². In rabbits, doses of 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m², were administered during organogenesis. The effects of insulin glargine did not generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses from two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic development appeared normal.

There are no well-controlled clinical studies of the use of insulin glargine in pregnant women. It is essential for patients with diabetes or a history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. Insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in such patients. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers:

It is unknown whether insulin glargine is excreted in significant amounts in human milk. Many drugs, including human insulin, are excreted in human milk. For this reason, caution should be exercised when LANTUS is administered to a nursing woman. Lactating women may require adjustments in insulin dose and diet.

Pediatric Use:

Safety and effectiveness of LANTUS have been established in the age group 6 to 15 years with type 1 diabetes.

Geriatric Use:

In controlled clinical studies comparing insulin glargine to NPH human insulin, 593 of 3890 patients with type 1 and type 2 diabetes were 65 years and older. The only difference in safety or effectiveness in this subpopulation compared to the entire study population was an expected higher incidence of cardiovascular events in both insulin glargine and NPH human insulin-treated patients.

In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly (see PRECAUTIONS, Hypoglycemia).

ADVERSE REACTIONS

The adverse events commonly associated with LANTUS include the following:

Body as a whole: allergic reactions (see PRECAUTIONS).

Skin and appendages: injection site reaction, lipodystrophy, pruritus, rash (see PRECAUTIONS).

Other: hypoglycemia (see WARNINGS and PRECAUTIONS).

In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS-treated patients (2.7%) compared to NPH insulin-treated patients (0.7%). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy. Other treatment-emergent injection site reactions occurred at similar incidences with both insulin glargine and NPH human insulin.

Retinopathy was evaluated in the clinical studies by means of retinal adverse events reported and fundus photography. The numbers of retinal adverse events reported for LANTUS and NPH treatment groups were similar for patients with type 1 and type 2 diabetes. Progression of retinopathy was investigated by fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Study (ETDRS). In one clinical study involving patients with type 2 diabetes, a difference in the number of subjects with ≥3-step progression in ETDRS scale over a 6-month period was noted by fundus photography (7.5% in LANTUS group versus 2.7% in NPH treated group). The overall relevance of this isolated finding cannot be determined due to the small number of patients involved, the short follow-up period, and the fact that this finding was not observed in other clinical studies.

OVERDOSAGE

An excess of insulin relative to food intake, energy expenditure, or both may lead to severe and sometimes long-term and life-threatening hypoglycemia. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. Adjustments in drug dosage, meal patterns, or exercise may be needed.

More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

DOSAGE AND ADMINISTRATION

LANTUS is a recombinant human insulin analog. Its potency is approximately the same as human insulin. It exhibits a relatively constant glucose-lowering profile over 24 hours that permits once-daily dosing.

LANTUS may be administered at any time during the day. LANTUS should be administered subcutaneously once a day at the same time every day. For patients adjusting timing of dosing with LANTUS, see **WARNINGS** and **PRECAUTIONS, Hypoglycemia**. LANTUS is not intended for intravenous administration (see PRECAUTIONS). Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Blood glucose monitoring is recommended for all patients with diabetes. The prolonged duration of activity of LANTUS is dependent on injection into subcutaneous space.

As with all insulins, injection sites within an injection area (abdomen, thigh, or deltoid) must be rotated from one injection to the next.

In clinical studies, there was no relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration. As for all insulins, the rate of absorption, and consequently the onset and duration of action, may be affected by exercise and other variables.

LANTUS is not the insulin of choice for the treatment of diabetes ketoacidosis. Intravenous short-acting insulin is the preferred treatment.

Pediatric Use:

LANTUS can be safely administered to pediatric patients ≥6 years of age. Administration to pediatric patients <6 years has not been studied. Based on the results of a study in pediatric patients, the dose recommendation for changeover to LANTUS is the same as described for adults in DOSAGE AND ADMINISTRATION, Changeover to LANTUS.

Initiation of LANTUS Therapy:

In a clinical study with insulin naïve patients with type 2 diabetes already treated with oral antidiabetes drugs, LANTUS was started at an average dose of 10 IU once daily, and subsequently adjusted according to the patient's need to a total daily dose ranging from 2 to 100 IU.

Changeover to LANTUS:

If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of short-acting insulin or fast-acting insulin analog or the dose of any oral antidiabetes drug may need to be adjusted. In clinical studies, when patients were transferred from once-daily NPH human insulin or ultralente human insulin to once-daily LANTUS, the initial dose was usually not changed. However, when patients were transferred from twice-daily NPH human insulin to LANTUS once daily, to reduce the risk of hypoglycemia, the initial dose (IU) was usually reduced by approximately 20% (compared to total daily IU of NPH human insulin) and then adjusted based on patient response (see PRECAUTIONS, Hypoglycemia).

A program of close metabolic monitoring under medical supervision is recommended during transfer and in the initial weeks thereafter. The amount and timing of short-acting insulin or fast-acting insulin analog may need to be adjusted. This is particularly true for patients with acquired antibodies to human insulin needing high-insulin doses and occurs with all insulin analogs. Dose adjustment of LANTUS and other insulins or oral antidiabetes drugs may be required; for example, if the patient's timing of dosing, weight or lifestyle changes, or other circumstances arise that increase susceptibility to hypoglycemia or hyperglycemia (see PRECAUTIONS, Hypoglycemia).

The dose may also have to be adjusted during intercurrent illness (see PRECAUTIONS, Intercurrent Conditions).

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LAN-NOV05-B-Ab

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ASK LASKAS

YOU'VE GOT QUESTIONS, SHE'S GOT ANSWERS

Q In my office there are two kinds of workers: the "I-can-do-its" and the "not-my-jobbers." This second bunch blames everyone and everything for their inadequacies. The sad part is the bosses listen to the slackers, and the workers get an extra load dumped on them. Should I start complaining about the loafers so I can get a break? MS. GET IT DONE

A Dear Done,
Sad to say, the world is made up of "multi-taskers" and "multi-askers." If you really think it will work, lodge a legitimate complaint with your boss—but don't hold your breath waiting for the groaners to change. It's better to occasionally sing your own praises, rather than broadcast their deficiencies. And be confident: Good work doesn't go unnoticed forever. I predict you'll be promoted, perhaps to a new and more efficient department.

Q I'm a debt-free person, but my wife's a compulsive shopper. A year after I married her, I discovered she was in debt to banks and credit card companies for over $100,000. Now she's asked me to co-sign a loan to expand her child-care business. How can I get her to see she's putting us at great financial risk? CHECKBOOK CHARLIE

A Dear Charlie,
Remember that part of the vow: "for richer or poorer"? Okay, this is the "poorer" part. Bring out the bills and the bank statement, and tell your bride to wake up and smell the dollar signs. Ask her to bid farewell to her credit cards, drop them in the garbage disposal and flick the switch. As for the loan, you should both consult a business advisor before you sign on the dotted line.

Q My son, a Marine, has changed since he came home from Afghanistan. He's withdrawn, explosive and drinks heavily. He's had two car accidents. I'm a veteran myself and know what war can do to you, but now my physical health is declining and I can't control him. Sometimes he gets threatening and violent. I'm afraid of him, but I love him and just can't ask him to leave. What can I do? VETERAN DAD

PHOTO-ILLUSTRATION BY JOHN CORBITT; PHOTO: KAREN MEYERS

A Dear Dad,
Your son is in critical need of medical help. His behavior sounds like posttraumatic stress disorder. If you can't help, enlist his friends who can. And call the VA, a group with effective ways to assist vets suffering from war experiences. Take action at once. Untreated, your son's condition could end in catastrophe.

Q I transferred to a new high school. As the newbie, I was left out until I got the highest grade on the first biology test. Now the popular kids think I'm a brain, and want me in their lab group. I knew I was being used, but I joined in since I was lonely. Now, they want my homework. What should I do? USED

A Dear Used,
Popularity can come at a price, but it's no excuse to cheat. Offer to help new friends with their homework, but don't give them yours.

Q My wife and her mother love *novelas* (Latin TV soap operas). We have young kids, and I object to the sex and shenanigans. My wife says she and her mom have a right to their TV, which they watch all day. Then she wants me to take her to do errands when I get home from work. Who's right and how do I get her to stop? NO LATIN LOVER

A Dear Mr. No,
First of all, you need to protect your children. If the programs are inappropriate for young eyes, you have a duty to demand that they be turned off during kids' viewing hours. You must reach an agreement with your wife about this. Then tell her when you're available during the day to go shopping, and let her choose your company versus TV with mom. (Tips: Explain to her that sitting all day watching television will make her and the kids fat. And tell her you'd like some time away just with her. Make it romantic, not a scolding.)

Question of the Month

Q My husband swears in front of our boys. I don't think this sets a good example, but he says they'll hear it on the playground anyhow. Any strategies for getting him to stop? PRUDISH MOM

A Dear Prudie,
Your husband needs a time-out. Sit him down and explain: Yes, your boys will hear profanity, sexual language and violent threats on the playground. That's why parents must set standards, so kids will grow up to be good citizens rather than bathroom-humor barbarians. Set the rule for all of them: no cursing. Tell them you are doing it for the future of the civilized world!

QUESTIONS ABOUT PARTNERS, PARENTS OR OFFICE POLITICS? E-mail Jeanne Marie Laskas at advice@rd.com. Sending gives us permission to edit and publish.

Why TRACFONE Is America's Leading Prepaid Wireless Service.

Smart cell phone users all over the country are rejecting long-term contracts and surprise charges in favor of TRACFONE pay as you go wireless.

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Life's a roller coaster, and you never know when it's going to take a turn.

TY PENNINGTON in TV Guide

BOB D'AMICO/ABC, INC.

Money can't buy you happiness, but it can buy you a yacht big enough to pull up alongside it. DAVID LEE ROTH

Normal people believe that if it ain't broke, don't fix it. Engineers believe that if it ain't broke, it doesn't have enough features yet.

SCOTT ADAMS in The Dilbert Principle (Collins)

Poker's a day to learn and a lifetime to master.

Poker champ ROBERT WILLIAMSON III in USA Today

Don't waste a minute not being happy. If one window closes, run to the next window—or break down a door. BROOKE SHIELDS in In Style

WHO SAID IT?

I'm probably the oldest 38-year-old I know—sort of a grumpy old man.

a) Anderson Cooper
b) Will Ferrell
c) Harry Connick, Jr.

FOR ANSWER, SEE BELOW

Talking about music is like talking about sex. Can you describe it? Are you supposed to?

BRUCE SPRINGSTEEN on VH1 Storytellers

Being an icon is overblown. Remember, an icon is moved by a mouse.

WILLIAM SHATNER in Esquire

My parents told me, "Finish your dinner. People in China and India are starving." I tell my daughters, "Finish your homework. People in India and China are starving for your job."

THOMAS L. FRIEDMAN in Wired

Life is a series of commas, not periods.

MATTHEW MCCONAUGHEY in Details

A person without regrets is a nincompoop.

MIA FARROW in New York

$ We pay $100 for the wit and wisdom of famous contemporary people. See page 12.

a) Anderson Cooper

SPECIAL REPORT

'I Can't Afford to Get Sick'

Think your insurance has you covered? Just wait till you need it most.

BY KERRY HOWLEY

HEART SURGEON Mehmet Oz was set to go. On the operating table lay a 50-year-old man, dying from heart failure. He was anesthetized, out cold, and his chest was painted with sterile Betadine. In minutes, Dr. Oz and his team would implant a mechanical pump to keep him alive until a donor heart could be found.

All that remained was for Dr. Oz to scrub his hands. As he soaped up just outside the OR, he thought about the

ILLUSTRATED BY GREG SPALENKA

brief chat he'd had with the patient earlier that morning. The man, a mid-level executive with an agricultural company, was clearly terrified, knowing that he could die.

Just then someone called out. There was an urgent phone call for the surgeon. With suds dripping from his hands, Dr. Oz walked back into the OR and a nurse held the phone to his ear.

It was someone from the patient's health insurance company. His policy covered heart transplants, but not the cost of the mechanical pump. At the end of the operation, someone was going to owe a small fortune—and the insurers were insisting that it would not be them.

70%

of those driven into debt by medical costs had insurance at the time

Dr. Oz's mind raced. What was he supposed to do, sacrifice this man's life because no one knew who'd pay for the surgery? A quick follow-up call to his department chairman confirmed his own instinct: Ethical decisions trump financial ones. He would proceed with the operation. They'd figure out who'd pay later.

In the end, the surgery was a success, but the hospital got stuck with most of the costs, which ultimately ran into the hundreds of thousands. If it hadn't picked up the tab, the patient would be drowning in debt.

Millions of other insured middle-class Americans aren't nearly so lucky. Between 2000 and 2003, seven in ten adults who were driven into debt by medical expenses had insurance at the time. In 2001, 42.5 million people in insured households paid 10% or more of the family's net income in medical expenses. They are America's *underinsured*, caught in a Catch-22: too well-off to qualify for government programs that support the poor, while not nearly affluent enough to pay their health bills without wrecking the family finances. And there's no rescue in sight, for the system is broken at every link along the chain—from insurers who protect profits by raising premiums and restricting coverage; to doctors who can't keep up with the skyrocketing costs of malpractice insurance as well as the burdensome paperwork that some carriers require; to companies whose soaring medical costs force them to push more and more of the expense onto their employees.

At the end of this chain is the hard-hit consumer. Premiums for family coverage in employer-sponsored health insurance plans have increased by 73 percent since 2000. Currently, they're rising three times faster than the average paycheck and more than twice the rate of inflation. The bills keep adding up.

They certainly did for Lynette Swartz. After marrying her 46-year-old husband, Rob, and settling into

OVERWHELMED by medical bills, Lynette Swartz finds comfort in Dusty, the pet her husband bought early in his illness.

their home in Freeman, Missouri, Lynette became concerned that he hadn't had a routine checkup in seven years. Because he played softball with guys half his age, Lynette talked Rob into scheduling a physical.

His doctor ordered a chest X-ray, which showed a growth on his lung. The diagnosis came days later: lung cancer.

Rob resolved to fight the illness aggressively and began chemotherapy that spring of 2003. Even with health insurance, the family quickly fell into debt. Each time Rob ordered medication, or had chemo, an X-ray, or even a biopsy, Lynette was hit with another co-pay. She kept their financial troubles from him by hiding the bills.

Things grew far worse when tests revealed that Rob's cancer had spread into his brain. Soon he shut down his printing business, leaving Lynette as the family's sole source of income. "At the time I was so thankful that we still had health insurance," says Lynette, who covered both of them through her $30,000-a-year administrative job at a J.C. Penney department store. "I guess I was naive."

As costs mounted, Rob's doctor suggested a procedure called gamma knife surgery, which no neurosurgeon in their network performed. It would cost well over $15,000. Was she supposed to choose between her family's solvency and her husband's life? Of course, she

PHOTOGRAPHED BY KELLY LADUKE

okayed the procedure, and eventually talked the insurer into covering it.

Rob held on longer than expected, first one year, then two. But his medical expenses grew steadily. If Rob's parents had not helped out, they would have lost their home.

He finally succumbed to the cancer a year ago. Now Lynette makes monthly payments to providers and to a collection agency that amount to one-third of her paycheck. "If Rob had had appendicitis or a broken leg, we would have been adequately insured," Lynette says. "But for something catastrophic like cancer, we weren't. I don't think anybody is."

IT'S NOT JUST catastrophic illness that can send consumers deep into debt. In a newly released *Reader's Digest* poll,* two-thirds of adults 21 and older said they feel they "can't afford to be sick." Among those identified as middle class and "underinsured," one in three said that health care is "completely" or "mostly" unaffordable. About half say they've put off or refused medical treatment for a serious condition, or delayed taking or renewing prescription drugs; 46% have postponed routine annual physicals; and 27% have avoided surgery of some sort. In our poll, nearly a quarter of the underinsured say they currently have overdue medical bills, and close to half have used credit cards to meet their health costs. Nearly the same number have withdrawn money from their savings to settle their accounts.

That's not so surprising when you consider this: The Bureau of Labor Statistics calculates that America's health care costs have risen at twice the rate of inflation since 1970. Total costs amount to about $2 trillion annually, with almost half of that government spending. What's behind this enormous price tag? Here are the biggest components:

- Hospital care: $571 billion
- Doctors' services: $400 billion
- Prescription drugs: $189 billion
- Nursing-home care: $115 billion
- Private insurance: $96 billion
- Dental services: $82 billion
- Home health care: $43 billion

Driven partly by these increases, insurance premiums have risen at an even faster annual clip (9% in 2005) than health care overall. Consumers are hard hit by these escalating prices, but they are certainly not the only ones feeling the impact.

INSURER'S DILEMMA

Few people are pitying the nation's health insurance companies, whose profits have risen by double digits since 2000 (in 2004 alone, they shot up 32%). But the picture hasn't been entirely bright.

From 1997 to 1999, the health insurance industry posted losses, as the cost of developing new plans grew more quickly than premiums. And now insurers contend they're caught between steep cost increases in areas like new medical technologies and pharmaceuticals, and employers who

*To see the full results of the *Reader's Digest* poll, go to **rd.com/healthcare**.

LOVE FOR SONS **David (left) and Timothy led Michelle Maclin to agree to treatments she couldn't begin to afford.**

insist they can't pay another cent for insurance. These pressures are part of the reason profit margins are stuck between 3% and 4%, less than half that of insurers in other industries. Like everyone else, health insurers are looking for a new business model.

In the 1990s they thought they had found the answer—the health maintenance organization, or HMO. "We provided first dollar coverage with an emphasis on prevention all the way to catastrophic," says Karen Ignani, president of America's Health Insurance Plans. But HMOs restricted access to certain doctors, medical tests, and hospitals, so they quickly met with loud disapproval. The plans responded by expanding networks and, predictably, costs shot right back up.

"The system in its current form really is unsustainable," argues Carol McCall, vice president at Humana, one of the nation's largest health insurance providers. "Employers will say 'Look, we can't pay for this anymore. It's eating into our bottom line.' They set the parameters of choice." It is employers, increasingly, who are asking for plans that feature more cost-sharing and higher deductibles.

EMPLOYER'S DILEMMA

Don't blame us, say those running both large and small businesses. They contend they must limit health care choices precisely because insurance rates are out of control.

For ten years, Richard Czarniecki has run a small metal-cutting business out of Kentwood, Michigan. He says

PHOTOGRAPHED BY KELLY LADUKE

profits have declined while insurance prices have shot up "every single year." So three years ago, Czarniecki decided to replace his 100% coverage plan with 90%, asking his 12 employees to pick up 10%. "We want people on the floor to understand that costs do go up every year, and feel a little bit of the pain we feel."

In 1998, when one worker fell ill with kidney disease, costs jumped 32% across the board. "Every time a single person gets sick, your rates go through the roof," Czarniecki says.

Think big business has it better? Take a drive from Czarniecki's factory across the state to Detroit, where GM employs some 150,000 people. Last year GM shelled out $5.4 billion in health care costs, up $200 million from the previous year. Those expenses account for about $1,500 of the cost of each vehicle produced in the United States. Sharon Baldwin, a communications officer for GM, says that health care costs, including extremely generous benefits for retirees, make the company less competitive. So GM plans job cuts affecting thousands of workers, and reductions in salaried employees' benefits.

"You'd send out bills and get maybe 20% back. It wasn't worth the cost of postage."

PHYSICIAN'S DILEMMA

Ask a doctor today about the satisfaction of practicing medicine and you're likely to get a litany of grievances—most of it about insurance.

For many, the burden of malpractice liability insurance tops the list. In 2004, the average jury award in a medical-malpractice suit reached $600,000, and awards exceeding $1,000,000 have become common. This "jackpot justice" slams doctors who are in high-risk specialties, like obstetrics and orthopedics, with exorbitant insurance rates—in some cases as high as $200,000 a year. In the last few years, around 150 physicians in West Virginia have closed their practices in the state, and Philadelphia has lost some 450 doctors. The AMA says malpractice pressures have put 21 states—among them, Illinois, Florida, Ohio, Pennsylvania and New York—in danger of serious doctor shortages.

Then there are bureaucratic hassles. "Insurers deny claims for so many reasons. They need a treatment code number, or the documentation wasn't right, or they didn't give prior authorization," says Dr. Jonathan Walker, a psychiatrist in Bethesda, Maryland. "It's a huge waste of time for doctors, and it's time subtracted from patient care." Dr. Walker has come up with a solution that more and more of his colleagues are embracing: He simply doesn't take insurance.

"The uninsured have always been

a problem," says Bob Crittenden, a primary-care doctor at the University of Washington. "But the underinsured are a faster growing problem by far." Crittenden says he's been forced to compromise care—from mundane to serious lapses. "We put off things; we don't order tests," he says. "It's terrible."

Cutting Edge Here ... But Better Prices Abroad

Procedure	Cost here	Cost overseas
Coronary angiogram	$25,600	$2,450 (Singapore)
Coronary bypass	$86,000	$23,000 (South Africa)
Knee replacement	$36,300	$2,100 (Mexico)
Hip replacement	$40,800	$7,200 (Singapore)
Face-lift	$6,800	$3,000 (India)
LASIK (per eye)	$2,000	$750 (Thailand)
In vitro fertilization	$12,000	$7,800 (Canada)

These represent typical charges. Quality of care will, of course, vary.

So doctors face an uncomfortable choice: Either turn away patients with outstanding bills, or see their income slide. Dr. Donald Sewell, a retired gynecologist in the Washington, D.C., area, saw his practice make no profit at all in 2001 and 2002, his final two years. He had to bill patients directly for their share of the cost of each visit, and often he'd never see the money. "You'd send out bills and get maybe 20 percent back," he says. "It almost wasn't worth the cost of postage."

Administrative costs also rise with complex cost-sharing insurance plans. (By the time he retired, Sewell needed seven administrative assistants for his one-man practice.) So some doctors now refuse to see patients with outstanding balances or ask for the co-pays upfront. As a result, a new phrase has entered the medical vernacular: "co-pay or go away."

As CONSUMERS continue to fight for coverage while picking up more and more of the tab, they do the next logical thing—delay. By the time they're compelled to seek treatment, they're far more expensive to treat.

Michelle Maclin discovered this the hard way. When her son Timothy, then 6, was diagnosed with severe asthma, her doctor produced a stack of prescriptions needed to keep him breathing. When the pharmacist came back with the price of her first co-pay, Maclin says, she just stared. "$348," she recalls. "I just sat there. $348." Then came the frequent doctor visits, at $25 a pop. Soon after, Timothy's 8-year-old brother, David, began having severe allergic reactions to everything from grass to pets to food. She was now buying medicines, tests, and doctor visits for two.

Their condition, she says, was terrifying; in a split second, Timothy might be struggling for air, and David would become swollen like a balloon. Just as quickly, it seemed, Maclin had blown through her savings and found herself thousands in debt. Soon she was compromising on their care. Tim-

othy required weekly allergy shots, which she discontinued because she couldn't make the payments. And if David had an allergic reaction in the middle of the night, she thought twice before taking him to the emergency room, the $200 co-pay looming large in her mind.

Both her boys are doing okay, but Maclin carries guilt for even considering her bank account before their well-being. "You start to feel like a bad mother," she says.

ARE THERE ANSWERS?

SOLUTION #1 REDUCE UNNECESSARY SPENDING. Make no mistake, consumers will be paying more into the system. But they may have more control, too—over costs, providers, and even treatments.

What divides experts is whether "control" would lead to wiser use of medical resources, or whether consumers would make agonizing (and perhaps uninformed) decisions about which treatments they really need and can afford. Both outcomes are possible. Advocates of patient control agree that consumers are usually clueless about the real costs of health care.

"Health care is the only industry where a consumer can walk into a doctor's office, not know how much it costs, and walk out without paying," says Beth Bierbower, vice president of product information at Humana. A 2005 survey by Great-West, a health care and financial-services company, found that consumers can guess the price of a Honda Accord within $300 and estimate the tab for a coast-to-coast round-trip ticket within $37, but they're off by $8,100 for a four-day hospital stay. Still, if they did know the typical cost of a procedure—say, $3,300 for a colonoscopy—would they be qualified to give it a green light or turn it down?

One high-profile idea, a key initiative of President Bush, is the health savings account (HSA). Available since 2004, these accounts work like an IRA. Almost anyone can set up an HSA, usually through a bank or credit union, as long as they link it to a high-deductible health plan. Each year you can invest dollars roughly equal to the deductible of your plan, but the money is yours, even if you change jobs. And you can spend it tax-free if you're paying for medical services.

The HSA plan assumes that people will use a portion to pay for routine care, keep the rest invested to build up a health care nest egg, and use the high-deductible plan for catastrophic care. Their premiums, meanwhile, will be less costly.

Young, healthy people could benefit from investment returns on the HSA money over the long term.

For the poor, the elderly and the sick, the math looks very different. Frequent doctor visits could quickly deplete the account, taking away the key investment benefit. Worse still, people might forego important tests and treatments rather than dip into their accounts.

For more information on these accounts, go to **treasury.gov**.

SOLUTION #2 STOP WASTING TIME AND MONEY. All agree that the system is dangerously outdated and inefficient. "Paper kills," declares former Speaker of the House Newt Gingrich, now a vocal advocate for health care reform. While society has jumped into the Internet age, health care is using 19th-century systems, Gingrich says. Medical information is still kept on handwritten charts and in bulging files, a situation that encourages missed diagnoses, incorrect drug dosages, miscommunication between specialists, and frustration for patients. Gingrich estimates that electronic prescriptions could save over $25 billion a year and tens of thousands of lives now lost to medical errors. He and an unlikely ally, Senator Hillary Clinton, both argue for electronic patient records as well, not only for quick and error-free transmission between caregivers, but so individuals can access their own health files. (See "New Technology," page 101.)

49% say they've put off or refused medical treatment for a serious condition

Software companies are beginning to realize that consumers need tools that help them organize their health records as well as their finances in order to track—and, if need be, contest—their health care expenses. Software giant Intuit has created Medical Expense Manager, a program that helps patients manage their bills and payments, as well as take full advantage of tax benefits.

SOLUTION #3 FOCUS ON PREVENTION. Ron Bachman, a senior fellow at the Center for Health Transformation in Washington, D.C., says patients with chronic illnesses should join disease-management programs, treating illness early and often with a view toward long-term cost reductions. Since 20% of health care consumers eat up 80% of expenditures, reducing demand among this minority could reap big savings.

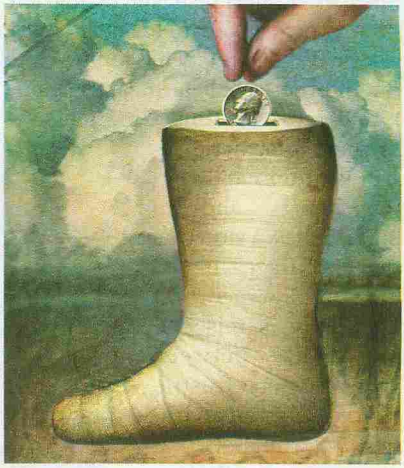
Lynette Swartz is already on board. Her husband, Rob, was a lifelong smoker. Lynette joined a smoking-cessation program at work. Her employer hopes that encouraging a healthy lifestyle will push down costs over time.

Finding ways to make our health care affordable means nothing short of re-engineering the system from the ground up. This can only happen if all the players—insurers, employers, doctors and patients—abandon the blame game and look for solutions. "We're all in this together," says Humana's Carol McCall. "There is no 'them.' Everybody in this ecosystem has a role to play in bringing costs down."

With additional reporting by JOSEPH K. VETTER

rd.com For more on the consumer revolution in health care, go to rd.com/healthcare.

Smart Answers or Whole New Problems?



PLENTY OF IDEAS are on the table, but some of the most highly touted reforms are also the most controversial ones.

NEW TAX BENEFIT

LOWER THE THRESHOLD FOR HEALTH CARE DEDUCTIONS. Consumers now get a tax break only on health care expenses that exceed 7.5% of income; that percentage would come down.

▶ PROS

A tax break that lowers health costs is "consumerism" at work, as it puts more money in people's pockets.

▶ CONS

Deductions like these don't benefit the uninsured, many of whom pay little or no income tax.

NEW RULES AND LAWS

LIMIT LAWSUITS AND CAP JURY AWARDS. Congress would place a ceiling on malpractice awards ($250,000 for pain and suffering), impose a statute of limitations on lawsuits, and rein in class-action suits by moving them from state to federal courts.

▶ PROS

Reducing jury awards in malpractice cases may bring down insurance costs for doctors. Fewer lawsuits will protect companies from financial ruin, and reduce insurance costs for employees.

▶ CONS

These reforms could protect wrongdoers at the expense of individuals seeking justice. Critics characterize the proposed changes as "giveaways" to corporate backers.

LET INSURERS SELL NATIONALLY. The Health Care Choice Act would allow insurers licensed in one state to sell to consumers in other states. Put another way, buyers could shop nationally for their insurance.

▶ PROS

Consumers wouldn't be forced to pay for costly mandates that many state legislatures have imposed on insur-

ILLUSTRATED BY GREG SPALENKA

ers, obliging them to cover services such as chiropractic treatment or in vitro fertilization. People could comparison-shop for health insurance just as they do now for auto or life insurance, using new Internet services to find the best deals.

▶ CONS

Some state mandates, like coverage for diabetes treatment, may need to be retained to protect the consumer. Marketing nationwide could undermine consumer safeguards.

EMPOWER ASSOCIATION HEALTH PLANS. These plans group individuals and small businesses into trade guilds, which can use scale to bargain for lower-priced insurance. Congress may exempt AHPs from state-mandated coverage, an advantage already enjoyed by unions and large corporations.

▶ PROS

Group purchasing, combined with fewer mandated benefits, could lower costs for small employers.

▶ CONS

Unrestrained by state insurance rules, AHPs might fleece members with high premiums and extend coverage only to low-risk consumers.

NEW TECHNOLOGY

DIGITIZE RECORDS AND PRESCRIPTIONS. Storing patient records electronically and ordering drugs online would reduce overhead costs, as well as errors in medical orders and recordkeeping.

▶ PROS

Patient information would travel quickly to caregivers, which is especially important for emergency care. Digital prescriptions would reduce costly, and sometimes deadly, mistakes like incorrect drugs or dosages.

▶ CONS

The system could potentially be hacked, and privacy advocates argue that too many people would have access to the databank of personal records.

WILLIAM BEAMAN

To Really Slash Costs ... Start Here

Look at the estimated savings just from fixing these examples of waste and abuse.

THE FIX	ANNUAL SAVINGS
Reform malpractice torts	$100 to $180 billion
Eliminate insurance fraud	$100 billion
Move from paper to digital patient records	$77 billion
Move from paper to electronic billing, claims adjudication and remittance	$30 billion
Move from handwritten to electronic drug prescriptions	$29 billion
Increase use of generic drugs	$20 billion
Stop overprescribing antibiotic drugs	$5 billion
Allow individuals to buy insurance across state lines	$2.4 billion
NET SAVINGS	**$444 billion**

Before Choosing Your Health Plan

7 Key Questions to Ask

BY LISA COLLIER COOL

SELECTING health coverage could be the most important financial decision you ever make. Medical problems are a leading cause of personal bankruptcy, and the majority of Americans who are financially ruined by illness or injury are middle-class and have insurance. To protect your health and wealth, ask these essential questions:

1 What's the real bottom line? Annual premiums aren't the whole story. If there's a deductible before benefits kick in, make sure you understand how it works, says Mila Kofman, associate research professor at Georgetown University Health Policy Institute in Washington, D.C. "I'm starting to see policies where the deductible isn't just annual, but per-instance. So if your child is hospitalized three times in 12 months, you'll be responsible for the deductible each time." Also weigh co-payments for lab tests, ER or hospital care, as well as doctor visits, which can add up fast. And check the annual out-of-pocket maximum: the most you'd have to spend on covered expenses before the plan pays 100%, adds Gary Claxton, a vice president of Kaiser Family Foundation. "The amount can vary widely, so consider how much risk you can afford before picking a policy."

2 How well-protected are you from catastrophic costs? Find out if the plan limits how much it will pay for your care annually or over a lifetime. A low cap, like $100,000, can leave you dangerously underinsured, cautions Kofman. "Your medical bills could be $1 million or more if you are in a car accident that leaves you disabled, or have premature twins who

ILLUSTRATED BY GREG SPALENKA

spend six months in the newborn intensive care unit." The higher the maximums are, the safer you'll be. Also check for restrictions on services you may need after a devastating illness or injury, such as skilled nursing care, physical and occupational therapy, or a stay at a rehabilitation hospital.

3 Will you be able to use your regular doctors? Call the plans that you're considering for a list of participating providers, or ask your employer's benefits manager. Since many MDs accept a range of plans, you may be able to continue with your current doctors at no extra cost. If you need to find new ones, see if the insurance company has a referral system to help you identify doctors who are right for you. Also make sure that you can change doctors if you're not satisfied with the first one you try.

4 How complicated is it to see a specialist? In an HMO—usually the least expensive but most restrictive plan—you'll need to work through a primary-care physician. That doctor acts as a medical gatekeeper, and decides if a referral to a specialist, such as a dermatologist or ophthalmologist, is medically necessary. In a PPO (preferred provider organization), you're normally free to consult any specialist in the plan without getting authorization. You may also be partially covered if you see an out-of-network doctor. This flexibility could be your best choice if you have a chronic medical condition.

5 Do you have a choice of hospitals? Consider whether the plan covers the hospital your doctor is affiliated with, as well as a nearby community hospital where you might be treated in an emergency, and at least one respected medical center, where the best specialists are likely to be found. Also find out how your care would be handled if you were sick or hurt while traveling. Most plans will pay for treatment at a non-participating hospital only in the event of a true medical emergency.

6 Are your prescriptions covered? If the plan includes pharmacy benefits, ask for its "formulary," the list of prescription drugs it covers. Many plans have "tiered" cost-sharing, where medications are grouped in two or more price categories, says Claxton. "You might have a small co-payment, like $10 or $15, for drugs in the lowest tier, which are typically generic products, a larger one for preferred brand-name drugs, and an even bigger one for brand-name drugs that aren't on the preferred list." Some drugs won't be covered at all, particularly if the plan considers them experimental.

7 What other benefits are included? Some policies may cover dental and vision care, hearing aids, well-child care or adult physicals, cancer detection tests like mammograms, acupuncture and other alternative therapies—even services to help keep you healthy, including weight loss or smoking cessation. ■

ROBIN WILLIAMS GROWS UP (Just a little)

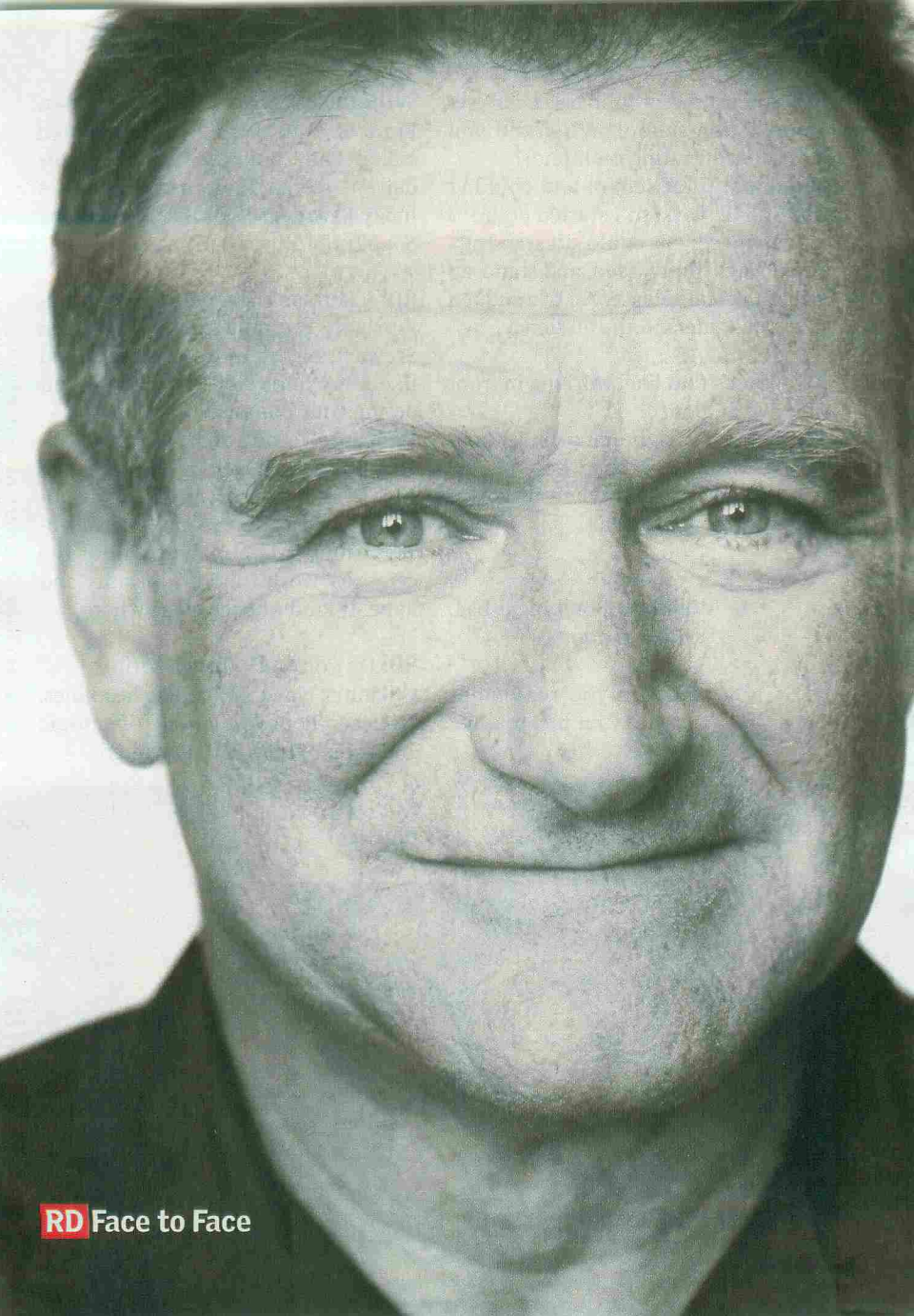
BY ANDY SIMMONS

ROBIN WILLIAMS LIKES TO WORK WITHOUT A NET. If you've ever seen a recording of him onstage, you know what we mean: His shows are totally improvised, just the irrepressible Williams and the audience, usually howling with laughter. No canned jokes, no dress rehearsal, no repeating funny lines that worked last time. His movie roles always start with a script, but Hollywood directors and millions of fans have come to count on Williams—and his peculiar genius for improvisation—to make them laugh, or cry, often when they least expect it.

And since his early days on TV as Mork from Ork, Williams, now 54, has seldom disappointed. From a homeless man suffering from dementia in *The Fisher King*, to a divorced father who dresses up as a nanny in *Mrs. Doubtfire*, he's tackled characters of every stripe. In full comedy mode, this month he'll play Bob Munro in *RV*, a movie about a workaholic father who takes his family on a business trip in a motor home.

Over the years, journalists who interview Williams have learned to expect the unexpected. So at *Reader's Digest* we were prepared to be greeted by Williams reciting the Gettysburg Address as James Brown using a Croatian accent while performing a German slap dance. Instead, we met a subdued, normal guy—who happens to be abnormally funny.

BRIGITTE LACOMBE



RD Face to Face

RD: You trained at Juilliard, a very serious acting school. When did you start concentrating on humor?
Williams: I left school and couldn't find acting work, so I started going to clubs where you could do stand-up. I've always improvised, and stand-up was this great release. All of a sudden it was just me and the audience.

RD: What's that like, working in front of a live audience?
Williams: It's frightening and exhilarating. It's like combat. Look at the metaphors: You kill when it works; you die when it doesn't.

RD: You bomb.
Williams: Bombing is bad. Killing is good.

RD: Do you remember your first routine?
Williams: Vaguely. It was in San Francisco, in the '70s, at this place called The Committee. I was a football quarterback on acid—kind of a funky Lawrence Welk, like Welk doing *Soul Train*. It was a pretty wild time.

RD: There are different kinds of humorists—the political type like Jon Stewart, or the more observational like Jerry Seinfeld. How would you define your humor?
Williams: It's kind of the lazy Susan effect. It has samples of all—blue, some very personal observations, some political observations, some world observations, some making fun of the celebrity world, and it's insanity and hype. It kind of goes everywhere.

RD: Do you work from a script?
Williams: No. It's more like headlines. "German Pope." You build off a topic and explore how far you can go.

RD: Do you practice?

20TH CENTURY FOX/THE KOBAL COLLECTION (MRS. DOUBTFIRE); PARAMOUNT TELEVISION/EVERETT COLLECTION (MORK AND MINDY)

Williams: No, I don't practice anything. I spend time looking over ideas and then just get out and do it. Even when I did my Broadway show, I did 15 minutes no one had seen before, because that was the night that Michael Jackson protested about Al Sharpton bailing on him. I said, "Wow, if that man bails on you, this must be really a lost cause."

RD: Wouldn't it be safer to script it?
Williams: Safer is not a good thing.

RD: Do you ever self-censor?
Williams: People would say I never censor. As Billy Crystal says, "I don't have that button."

RD: Is anything not funny to you?
Williams: Anything that is not funny at a certain point will be funny.

RD: You've gotten away with stuff others wouldn't. Why?
Williams: Maybe it's a likability, that I seem fluffy. Occasionally I will be angry—someone will really push the button. But I always came from the idea that I enjoy this. It's a blast. Maybe that keeps it from being intense.

RD: At this point do you consider yourself a comic first, then an actor, or vice versa?
Williams: For me, they're interchangeable. They feed each other nicely. And comedy pays the bills if I can't find a film.

RD: Tell us a little bit about your new movie, *RV*. It's about a white-collar ad executive, right?
Williams: He's very technologically

From a doting middle-aged nanny to a teched-up exec, Williams has played them all: as Mrs. Doubtfire (far left) in 1993; Mork, with Mindy (Pam Dawber), a TV role that wrapped in 1982; a DJ to the troops in *Good Morning, Vietnam* (1987); opposite Robert De Niro in 1990's *Awakenings*; and as Bob in this month's *RV*.

JOE LEDERE/2006 COLUMBIA PICTURES (RV)

savvy. The whole family is using all kinds of devices. And the dad says, "Okay, we'll spend quality time. We'll take an old-style family vacation. I'll rent an RV." He brings it home and they say, "What's that?" It all goes south on him from there.

RD: You grew up outside Detroit, and your father, Robert, worked in the auto industry. What family vacations did you take?
Williams: There weren't that many, because Dad was working so much. I remember going to New York once—I'd never been in the city—and the noises at night and looking out the window. You would hear everything [he makes the sounds of a foreign dialect], and those garbage trucks.

RD: Why do you now live in San Francisco as opposed to Hollywood or New York?
Williams: My father retired to San Francisco, and I got a chance to know him and be around him. It's always been someplace where everything changed for the better. It's always been a home for me.

RD: Anything else?
Williams: Up to that point I'd been at an all-boys private school. All of sudden I was in a coeducational school. There were girls everywhere. They weren't brought in for dances and then taken away. And the first time I saw fog, I didn't know what it was. I thought it was poison gas. "What's that, Dad?"

RD: Tell us more about your father.
Williams: He worked for Lincoln-Mercury when they made great cars. His job was to troubleshoot, to travel around to different dealerships, and eventually he saw the company's quality go downhill. They offered him loads of cash to stay, and he said no thanks. For me he's always been this very ethical guy.

RD: How does that show up in your life now?
Williams: I have like a no-fly zone with doing commercial endorsements and product placements. That's a residual from Dad. I just want to do movies, and I want to sell them. I don't want to link up with some product.

RD: Lots of actors won't endorse products here, but will do commercials in Japan. What do you think of that?
Williams: No. 1, financially, I don't have to do it. No. 2, the people who do it, God bless them, but you think, Why does he need to do that? He's got hundreds of millions of dollars. Unless it's like Paul Newman with salad dressing, where the money goes to charity. If I could do something like that with a product, I would.

RD: I heard that you own a vineyard and produce wine in Napa Valley.
Williams: I've owned the ranch for about 26 years, but I've only been growing grapes for the last 15.

RD: But you no longer drink, so how do you know if the wine is any good?

Williams: The people running the ranch and my wife are all really knowledgeable.

RD: Why did you stop drinking?
Williams: Because my first son was about to be born and I thought, I can't continue this way.

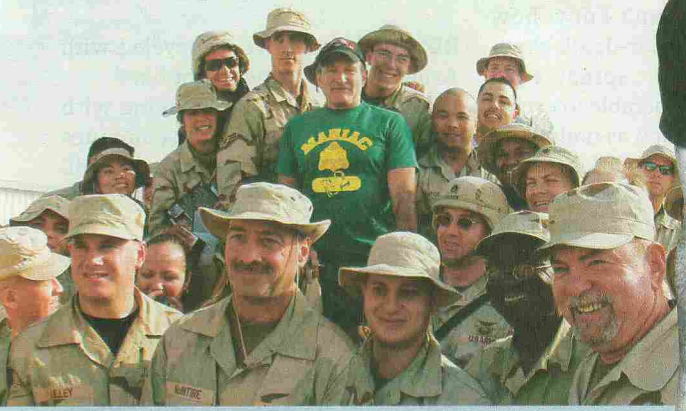
RD: Do you think you had a problem?
Williams: The drinking was tied into cocaine. You needed to drink, especially hard liquor, to take the edge off the coke. So that would usually be this kind of hook for me.

RD: How crazy did you get?
Williams: Not too crazy, but it was enough to go, Uh-uh. Especially with work. Hangovers don't make you a nice person.

RD: Was it easy for you to quit?
Williams: It was kind of a decompression—from straight alcohol to mixed drinks to wine to spritzers—and then you're out.

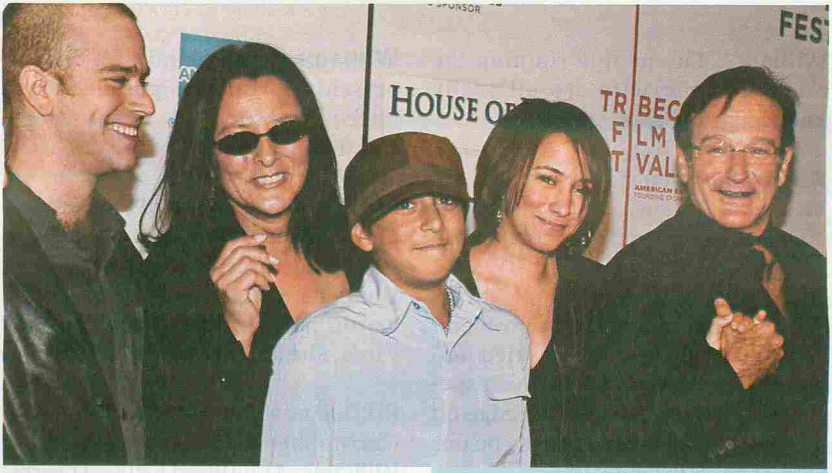
RD: You've been married to your wife, Marsha, since 1989. Has she been a stabilizing force?
Williams: Oh, more than stabilizing. Nurturing, everything, the whole nine yards. She and my family.

RD: Tell us about your friendship with Christopher Reeve.
Williams: At Juilliard he lived nearby, and he literally fed me for a while. I'd go to his house and, as I say, borrow food. "Tuna, thank you." We were totally opposite—me coming from the West Coast and a jun-



The funnyman believes that humor can be therapeutic. In December 2003 (above), Williams took his act to Iraq, where he joined a USO performance for the troops.

REX FEATURES/EVERETT COLLECTION; (RIGHT) BRIGITTE LACOMBE



NICOLAS KHAYAT/ABACA

Williams and his family (from left, son Zachary, 22, wife Marsha, son Cody, 14, daughter Zelda, 16) at a 2004 screening in New York.

ior college, and him from the hard-core Ivy League. He used to be the studly studly of all studlies, and I was the little fool ferret boy. It was astonishing to see that women just responded to him like [makes whooshing noises].

RD: After his accident, I was amazed at how strong he was.
Williams: Yeah. I don't know how many times he had near-death experiences. When your spinal cord freezes up, you're vulnerable to everything. But he was tough as nails. And he kept a great, kind of dark sense of humor about it, but also was able to accomplish amazing things. Now, with the war, we have more and more people coming in with spinal injuries. What he got going—especially with stem cells—there's amazing potential there.

RD: You were involved with Comic Relief. Are there any other causes that are close to your heart?
Williams: There's Chris [Reeve]'s paralysis foundation, and there's Lance [Armstrong]'s foundation connected with cancer survivorship.

RD: I understand you've cycled with Armstrong. What was that like?
Williams: It's like lap-dancing with Angelina Jolie. The first five minutes are amazing, and then she takes off. It's like, "Bye-bye. Bye-bye."

RD: You've done several USO shows. Did you go to Iraq?
Williams: I was in Iraq, Afghanistan, Djibouti, Bahrain. The first year I went pretty much by myself. Then I went with General [Richard] Myers, head of the Joint Chiefs of Staff. The shows and audiences were amazing. You'll never get a better group of people.

RD: Was it dangerous?
Williams: Yeah, we were doing open-air shows in a place where we could get mortared. I did a show and said, "You're *all wearing flak* vests. I didn't get that memo." And leaving is kind of scary. They do combat takeoffs. It's like a really intense roller coaster—straight up, at night, no lights. Everybody in the cockpit's wearing night-vision goggles, and you're in the back in the dark. Then they level off at 15,000 [feet] because that's outside the range of shoulder-fired anti-aircraft missiles.

RD: Then you try to find your stomach.
Williams: Yeah, it's like, "Oh, there's my corn." "Excuse me, sir, would you hand me my sphincter?"

RD: You did some stand-up specials after 9/11.
Williams: I did an event in Washington, and it was like we lifted a sea. If you remember immediately after [9/11], there was a stunned shock—kind of this feeling of "What do we do now?" I started performing, and there was a catharsis in the laughing. People started to be able to laugh again. Laughter can be many things—sometimes a medicine, sometimes a weapon, depending on who's administering it.

RD: Do you ever use humor as a weapon?
Williams: Oh, big time. It's a great defense, and an offense too. Usually the recipient isn't too happy about it, but the people around are laughing.

RD: But in this case the laughter really did have a healing power?
Williams: *Healing* isn't the word. *Therapeutic* maybe, or *cathartic*. After being in extreme situations, it kind of brings you back to life.

rd.com To hear more of our interview with Robin Williams, and to see the *RV* movie trailer, go to rd.com/robin.

IN OTHER WORDS, JUST FORGET IT

My e-mail to the Louisiana College library where I work bounced back to me, cautioning that the Weathersby Fine Arts Building was "experiencing problems with e-mail and the Internet due to an electrical outage in Cavanaugh Hall. If you should need help contacting someone in that building, please telephone them. Also, please remember that with the electrical outage, they do not have telephone service."

MARGARET DAVIS

My favorite radio show on WYYD in Lynchburg, Virginia, is too busy to deal with silly requests. "For a complete transcript of this program," the announcer said, "grab a pen and write down everything you hear."

ROSEMARY DUNNE

The Goal Is Peace

Can an Israeli soccer team, and its Arab star, triumph over hate?

BY SARAH WILDMAN

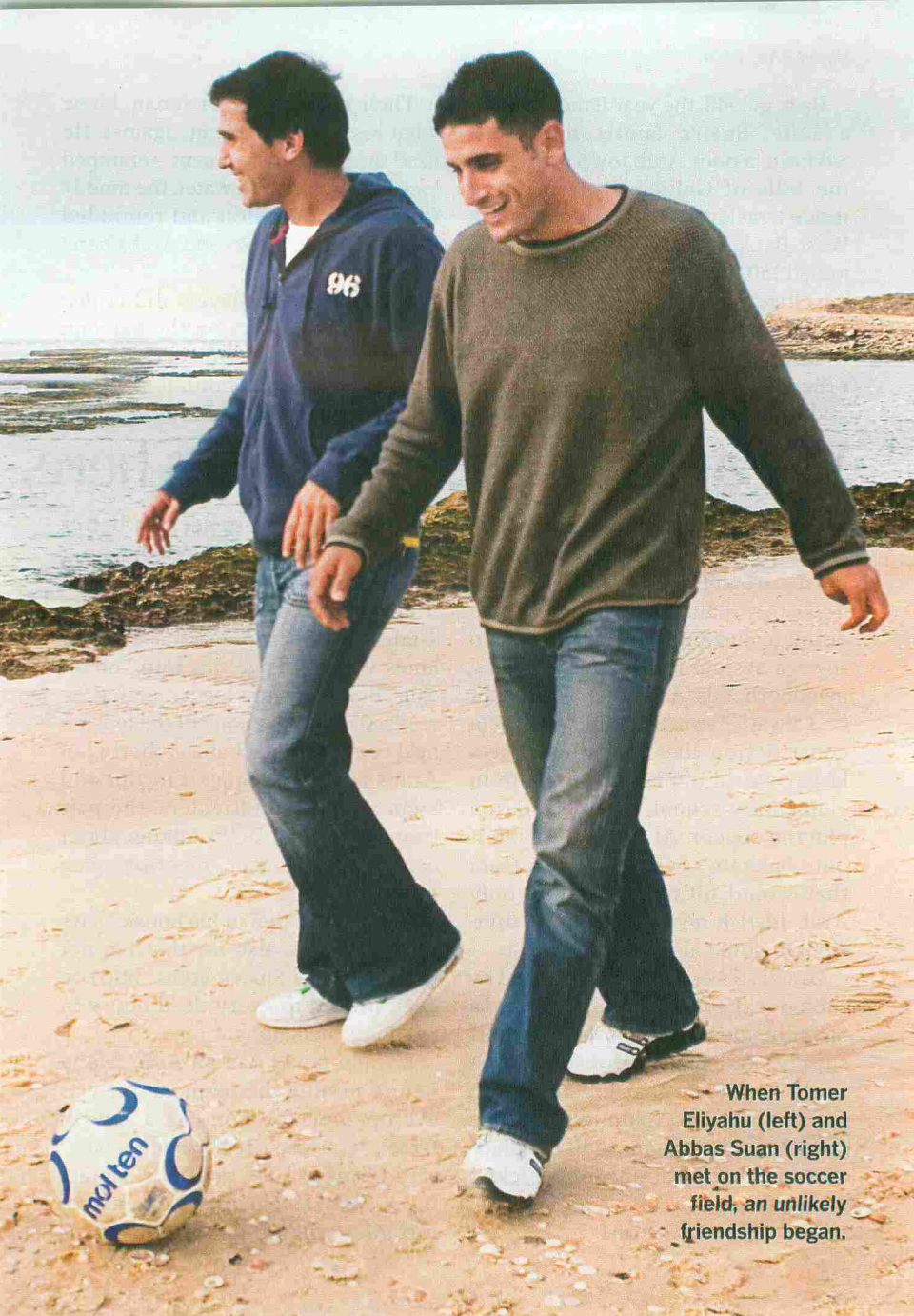
ABBAS SUAN had heard the taunts before. The boos, the jeering. The shouts of "Terrorist!" from opposing fans. The star midfielder had listened to this ugliness and worse during his years playing for Bnei Sakhnin, a scrappy soccer team named for the Galilean town that had long been his family's home.

But for this game Abbas Suan was wearing the blue and white of Israel's national soccer team. Though he was one of just two Arab Israelis on the otherwise Jewish squad, the team was united and playing for Israel. Surely the fans would be behind him.

Yet for so many Israelis, living under the menace of terrorism is a daily reality, where suicide bombings are routine and where spending time in a café or shopping mall can be a life-or-death decision. For some Israelis, every Arab face is that of a potential killer, and distinguishing between the vast majority of peaceful Arabs and the violent radicals is not a risk worth taking.

And so as Suan jogged onto the field, he could tell something was wrong. Every time he touched the ball, all he heard were taunts. Suan was rattled, yet not surprised. Though a citizen of Israel, Suan knew that to many of his countrymen, he was first an Arab. It's an identity he has worn like an indelible mark since birth.

PHOTOGRAPHED BY STEPHANIE SINCLAIR



When Tomer Eliyahu (left) and Abbas Suan (right) met on the soccer field, an unlikely friendship began.

Back in 1948, the year Israel became a state, Suan's family moved to Sakhnin, a poor Arab town nestled in the hills of Galilee. By remaining inside Israel instead of heading for the West Bank or Gaza Strip, the family joined 160,000 other Arabs in becoming citizens of the new Jewish nation. In the six decades since, Suan's family found themselves, like so many other Arab Israelis, wedged in the middle of an ever-simmering conflict: Their cousins are in the West Bank and Gaza, but their political representatives are in the Israeli parliament.

The town Suan knew as a boy was desolate. Just one paved road, and no sewage system for the overcrowded neighborhoods. As a child, he thought he'd always live in Sakhnin, working in construction like his father. But a larger world opened up for him in elementary school, when he started playing soccer. At 16, Suan made it onto Sakhnin's senior squad, a team that would ultimately be the only Arab-Jewish mixed club in its division; it would also be the poorest.

Israeli soccer teams are financed by their local towns and sponsors. In Sakhnin, money for sports is in short supply, and many sponsors won't invest in a team that includes both Jews and Arabs. Sakhnin's practice field is a mud pit, more like a place that kids might adopt for a pickup game of tag rather than a professional soccer team's home turf.

Their coach, Eyal Lachman, knew what his players were up against. He used the poor environment—cramped locker rooms, no hot water, the muddy field—as motivation and reminded them, We aren't Jews and Arabs here; we are family.

After all, Arab players didn't just play alongside Jews on the Sakhnin team; against a backdrop of terrorism, prejudice, and rock-bottom facilities, they learned to know and trust them.

We aren't Jews and Arabs here,

And no two players became better friends than Suan and a Jewish recruit named Tomer Eliyahu.

Eliyahu joined Sakhnin in 2003 with a fair dose of trepidation. "I didn't know what I was getting into," he recalls. But at the first team meeting, he realized there was none of the tension he'd come to expect at a gathering of Arabs and Jews. Since Eliyahu and Suan are both midfielders, the pair trained together daily, talking about careers and soccer, meeting each other's families.

"I am very often in his house," says Eliyahu. "I can also say that I'm not only at Abbas Suan's home, but I've been invited to every third house in Sakhnin!" he laughs.

Eliyahu never had an Arab friend before joining the team, and it was eye-opening for him. As a Jew in Israel, "you don't really feel racism," says Eliyahu. "The racism is against the Arabs." He felt "very, very uncomfortable" when bigots would taunt

Suan during games with chants like "Death to the Arabs" echoing through the crowd. Soccer is cursed the world over with racist fans who use the sport to fight out age-old aggressions; still, Eliyahu heard things shouted at Suan in his own country that "should never be permitted."

While Suan was unlikely to win over hard-core racists, most soccer fans in Israel—Arabs and Jews—followed his game with increasing awe. Despite being the most impoverished team in the league, Sakhnin steadily began winning game after game, leading the press to dub the players the "Cinderella team." And thanks to Suan, the squad was doing something it had never done before: vying for the State Cup—a feat akin to playing in the World Series.

The whole season was playing out like a Hollywood film. In May 2004, 35,000 fans—including thousands of Sakhnin residents—watched the hard-scrabble squad, led by co-captain Suan, roust the Haifa team in a decisive 4-1 victory. It was Sakhnin's *Hoosiers* moment.

"I never knew Abbas Suan before I joined Sakhnin," says Eliyahu, "but now everyone knows who he is." Both the national lottery and McDonald's adopted Suan as a spokesman, and posters of a smiling Suan holding French fries began to dot the roads of Arab villages. "He's one of the most media-saturated players in this country," exclaims Eliyahu proudly. But the State Cup win also led to something else: a spot on Israel's national team.

Suan was one of only two Arab Israelis selected for the national team, an all-star group of players hand-picked from all the local Israeli clubs. Eliyahu was thrilled to see his friend rise to the elite level. And for the town of Sakhnin, Suan became a local hero.

That's not to say that ethnic tensions melted away. Arab Israelis have played on the national team before, but it never gets easier. As Israel contends with the loss of Ariel Sharon, and as the Palestinians elect the anti-Israel party Hamas into power, the small country at the nexus of the Muslim, Christian and Jewish worlds seems more fractured than ever. But Suan is determined to use his position to change the way Israeli society sees its Arab citizens. And he believes that athletes can set an example: by relating to one another as teammates or even rivals, by the dialogue they establish as friends. "I think we get along better than politicians do," Suan has said.

Of course, being a national soccer star isn't just about being an ambassador for tolerance. Suan and the team were gearing up for some serious European competition in qualifiers for the World Cup—the most prestigious event in soccer, a global competition that occurs once every four years. And Eliyahu was his friend's biggest sup-

says the coach. We are family.

Suan (19) and his teammates celebrate after "The Kick" against Ireland in 2005.

AP/WIDE WORLD PHOTOS

porter; after all, he was "the leading player of Sakhnin!"

The Israeli national team's first match-up pitted the underdog squad against a former World Cup winner and soccer powerhouse—France. Israel was so dismissed as a contender by the soccer world that not a single network even bought the television rights.

But then something odd happened. Israel held on: The score was tied when the game ended. And in World Cup qualifying games, a tie means both teams are still in the hunt. And that wasn't all; over the next few months, Israel continued to stay in the hunt, winning games and tying France and Switzerland two times each. It seemed that if the Israelis couldn't eke out a win, they'd at least make sure they didn't lose. And the media, no longer ignoring Israel, had found its next Cinderella story. *Sports Illustrated* called them the "Cardiac Kids of the Mediterranean."

Soon the Israeli national team was playing on its own soil again, hosting a strong Irish national squad that was heavily favored to win the game and capable of knocking Israel out of the tournament. True to predictions, Ireland scored early and didn't give up the lead. The score was still 1-0 heading into the last minutes of play. Without some sort of miracle, Israel's hard-fought ride would be over, and the nation would be out of World Cup contention for another four years—which at that moment felt like an eternity.

The entire town of Sakhnin was

either perched on the edges of white plastic chairs outside Suan's family home or huddled around the TV set in a nearby café, smoke spiraling out of water pipes as the tension mounted. Eliyahu watched, too, praying the team could pull off another "cardiac" moment. The country held its breath. Even the sold-out 40,000-seat stadium outside Tel Aviv seemed hushed.

And then, in the last moments of the game, a powerfully kicked ball flew 25 yards through the air and tore past the Irish goalie's gloves.

"Suaaaaaaaaaaaaan!" yelled the television commentators as the crowd and Israeli players exploded in cheers. Suan had just tied the game. His mouth opened in a yell and he dropped to the ground to pray. Abbas Suan had single-handedly kept the Jewish state's World Cup hopes alive.

Fans poured into the streets with flowers and cheers. Suan's phone began ringing off the hook with well-wishers. Ahmed Tibi, an Arab Israeli member of parliament, exclaimed, "No Arabs, no goals!"—a wry nod to the abhorrent taunts of racist soccer fans who had chanted, "No Arabs, No Terror!" Suan was even touted nationwide as "The Hero of Israel."

"Every day I remember," Suan later said. "I remember not the goal but the feeling, seeing the whole stadium rise."

In the end, despite never losing a match, the Israeli soccer team did not qualify to compete in the World Cup finals. A complicated point system favored other teams. But it almost doesn't matter. Suan has used his moment in the spotlight since "The Kick" to make a call for peaceful coexistence: "Sport can open the door to social change."

Besides, one need only look to Suan and Eliyahu's friendship for proof that peace in this divisive region is possible, and reaching a goal like that is more important than any goal Suan makes on the field.

WHAT A LONG, STRANGE TRIP IT'S BEEN

My wife and I had just returned from our first trip to New York City and were showing our photographs to my sister. The highlights were my shots of the Statue of Liberty, taken from every conceivable angle.

"Wow," she said, suitably impressed. "I didn't know it rotated." JOHN SANDERS

A shabby, run-down motel in Stillwater, Oklahoma, had succumbed to the ravages of the wind. Doing nothing to help improve its image, the marquee now reads "Best Rat_s in Town." TAMARA BEARDSLEY

AS SEEN ON TV

BUT WAIT!

THERE'S STILL MORE

Our annual ★★★★ ratings of the useful (and useless) stuff sold on TV

BY JODY L. ROHLENA

OK, SO THEY'RE NOT exactly must-see TV, but with 12,500 hours of airtime each week devoted to infomercials, you can't say you've never watched one—even if you were just surfing for a fresh episode of *Law & Order.*

Some 60 new pitches debut every month, so demand is high for quality inventions people will actually buy. Or at least a clever item with a catchy name. (Yoga Booty Ballet, anyone?) Of the top 25 most-aired half-hour pitches in 2005, as ranked by the Infomercial Monitoring Service, 14 were for health and beauty products. Who doesn't want a better body in just three easy payments?

You may want to shop around for the best deal, though. These products have typically huge markups—for instance, something sold on TV for "the low, low price" of $19.95 probably costs about $4 to make. And the advertised sticker price may not be the lowest. Many items bearing the As Seen on TV stamp are sold in stores and online, at sites like **wonderfulbuys.com** and **drugstore.com.** While compari-

ILLUSTRATED BY EDDIE GUY; PRODUCTS PHOTOGRAPHED BY CHRISTINE BRONICO

son-shopping, we found prices varied by as much as half.

We bought 12 hot products and gave them the real-world road test, meaning *Reader's Digest* staffers took them home and tried them out. We ranked each item on the following scale:

★ Don't waste your money
★ ★ Works, but not well enough
★ ★ ★ Good enough to buy
★ ★ ★ ★ Gotta have it!

What lived up to its promise? Read on and find out.

EverLife Flashlight $19.95

★★

Promise: "Never be stranded in the dark again!" This flashlight uses no batteries or bulbs. Just shake it for 30 seconds and it emits a "super bright" light that's "visible for up to one mile." It's waterproof and even floats.

Results: Testers universally complained that the EverLife was "too dim." And since those 30 seconds of shaking give you only 5 minutes of light, it was "tiresome" to keep recharging. "Maybe if King Kong is doing the shaking," you'd get a longer-lasting light, speculated one tester. Another, who has a more expensive brand, said his "gives a stronger, longer-lasting beam." So while the EverLife fell short of its promise that it's "the last flashlight you ever buy," we agreed it's a good backup in case of emergency.

CD Stripper $9.99

★★★★

Promise: The directions make it sound almost too easy: "Push CD case all the way in. Pull CD case out." Do it right—how could you not?—and *zip!* A tiny hidden blade slices through the plastic wrapper and the annoying security sticker, so both peel right off.

Results: "A long-overdue instrument of necessity," raved one music lover. "No more hassles, broken nails or frustration." Music to our ears! And it's impossible to cut yourself. Even a pair of determined 8- and 10-year-old boys couldn't find the blade.

Salon Bronze $19.99

★★½

Promise: Get a "natural-looking tan" that "lasts 7 to 10 days"—all in the privacy of your own home, with this personal airbrush tanning gun. Its "EvenSpray Technology" means "no streaking," leaving a golden glow that's supposed to make you "look thinner and more toned!"

Results: Like the newest self-tanning lotions on the market, the Salon Bronze will turn you tan, not orange. But the EvenSpray concept is something none of our winter-white testers managed to master. One found it "impossible" to get consistent color,

"especially hard-to-reach places." But another, who'd had a professional spray-tan application, found the privacy a real plus: "much less embarrassing than standing naked in front of a strange man holding an airbrush gun!" Teenage users especially loved this affordable tan in a can. Just one important warning: Get in the bathtub before you spray, or you'll end up with an orange floor.

Roll a Piano $59.95

★★½

Promise: "Entertain your friends" with this portable electronic keyboard. It bends like rubber, so you can "roll it up" and "take it anywhere." Sound switches to imitate a guitar, violin, sax and more, plus 99 tempting tempos, including techno, salsa and hoedown. Suddenly you're a one-man band!

Results: Billy Joel, you've got nothing to worry about. This portable piano is no match for the real thing. It has just 37 keys, rather than the standard 88, which left our more experienced pianists unable to play their favorite songs. And the flat keys aren't very responsive, meaning you have to strike harder, and therefore play slower. Kids loved to hunt and peck, though, and the fun factor might prompt budding Beethovens to practice more often. Overall, "more like a toy than a real musical instrument."

ACA AutoPilot $39.95

★½ [Best Name]

Promise: "Tired of arguing about which way to go? Don't want to rely on asking strangers for directions?" The handheld, battery-operated AutoPilot promises to give audible directions and even take you to a McDonald's, or another of the "over 80,000 traveler services" along the way.

Results: Can you get a portable GPS system for $40? Not surprisingly, no. The AutoPilot works only on the interstate, where mile markers and road signs make it the last place you need a navigator. Directions come in a "nagging" female voice, and there's no obvious shut up—er, shut off—button. Plus, you have to start over every time you want to find a new spot. So if you need a restaurant and a hotel, it's a two-step process. One good road sign will get you farther—and let you keep your eyes on the road while you're driving.

Little Giant Ladder $360

★★★★ [Best Seller]

Promise: "No job's too big for the Little Giant!" "One ladder does it all!" So says the infomercial for this flexible flip-folding ladder. If you haven't seen it, you must not watch much TV—its half-hour tutorial is one of the top 10 most-aired programs. As demonstrated by its enthusiastic

do-it-yourselfers, the Little Giant does the job of 24 ladders.

Results: Our own demo crew found it "cleverly designed," "versatile" and "easy to adjust." Some thought it was too heavy to carry, but agreed it wouldn't feel as stable without the heft. A former painter said he'd "feel confident spending all day" perched on the Little Giant, and loved the economy of owning "a small fleet of ladders" in one.

Chocolate Fondue Fountain $59.95

★★★

Promise: Chocolate lovers—and you know who you are—haven't experienced the ultimate in decadence until you try this fountain that gushes "smooth, melted chocolate" designed for dipping.

Results: Who could resist "mouth-watering fun for any occasion"? Not us! The sheets of liquid chocolate were a real "sight to behold," and the strawberries, pretzels and other goodies we dipped were "yummy." The downside: Cleanup was no picnic. But everyone agreed it was gooey fun for the whole family.

OneSweep $10

★★½ [Best Value]

Promise: "Nothing stays behind!" raves the TV pitchman. He really looks like he's enjoying himself as he deftly sweeps up dirt and spills, squeegees a wet floor dry, then rakes pet hair from carpet. All in one sweep, of course. Must be those "indestructible space-age polymers with strategically placed bristle design."

Results: The OneSweep was nominated for the Electronic Retailing Association's best product of 2005. But in our home trials, this rubber broom didn't quite live up to its name. Staffers tried it on the usual suspects (dust, crumbs, pet hair) and some more unusual accumulations (dead leaves, snow). Most found it cleaned well, but "required more than one pass." And although they appreciated the versatility, the testers who flipped it over were disappointed by the squeegee action, which left floors "streaky" or still wet.

Shed Ender $11.95

★★ [Worst Name]

Promise: Using "the same technology as professional groomers," the Shed Ender "works quickly and gently" to "reveal a healthier, shinier coat" on your dog or cat (or ferret? See Results). "Your pet will love it!"

Results: Animals—and their owners—loved or hated this tool. Remarks ranged from "Removed hard-to-get-at fur on my fluffy dog" to "My cats ran from me!" In another household, the Shed Ender turned a feisty feline into a "pussycat." Mittens' endorsement: "Two paws up!" The ferret owner found it "easy to use" and liked its "ergonomic" grip. But even the fans

thought that brushing "took too long" with its "tiny teeth."

Trikke 8 $99.99

★★★

Promise: This funky human-powered vehicle is "not a scooter, not a bike, it's a three-wheeled amazing Trikke." But you don't push or pedal, you "rock to the left and rock to the right," then "watch the people stop and stare as you rock'n'roll everywhere!"

Results: It takes time to master the rock'n'roll motion, leaving less enthusiastic testers ready to hang up their helmets. But the daredevils on our staff loved it, and so did the kids who gave it a spin. Until they got to a hill. Our amateur Trikker gang agreed "it's good going down, but not up." With practice, and some strong thigh muscles, athletic riders could probably keep it going. The Trikke's biggest fan called it "a challenge" that proved "addicting" once he felt the wind in his hair.

The Eggcellent Cooker $14.95

★★

Promise: "Tired of boiling eggs? Not anymore!" Plug in The Eggcellent Cooker, add water, and you'll have "perfectly boiled" eggs in minutes.

Results: Stating the obvious, staffers pointed out that plopping eggs into a pot of water just isn't that hard. With this gadget, you poke a hole into each egg (the rack holds seven—not enough for a picnic-sized batch of deviled eggs, one cook complained), and then wait for the water to boil away. But there's no timer, and the heat causes the plastic dome to fog up. So you've got to lift the lid to check the water level. One tester burned her hand (eggscruciating!). Eggs did cook quickly and thoroughly, but still, we think this is "another kitchen contraption you don't need."

Invisible Tummy Trimmer $9.99

★ [Biggest Bust]

Promise: "Look 10 pounds thinner—instantly!" Men and women can flatten belly bulge and "unsightly back rolls." This "virtually undetectable" support garment is made from something called ElastaSlim Weave. "Try it today for a newer, sexier you"!

Results: This modern mini-girdle is "useless." Just ask two female staffers who couldn't even get into it. No instructions offered advice for stepping in or pulling it over their heads, and both were afraid of getting stuck. "Maybe someone several sizes smaller would have been able to slip into this, but she wouldn't need a tummy trimmer!" Those who did squeeze in said it "created odd bulges" as "the fat still has to go somewhere."

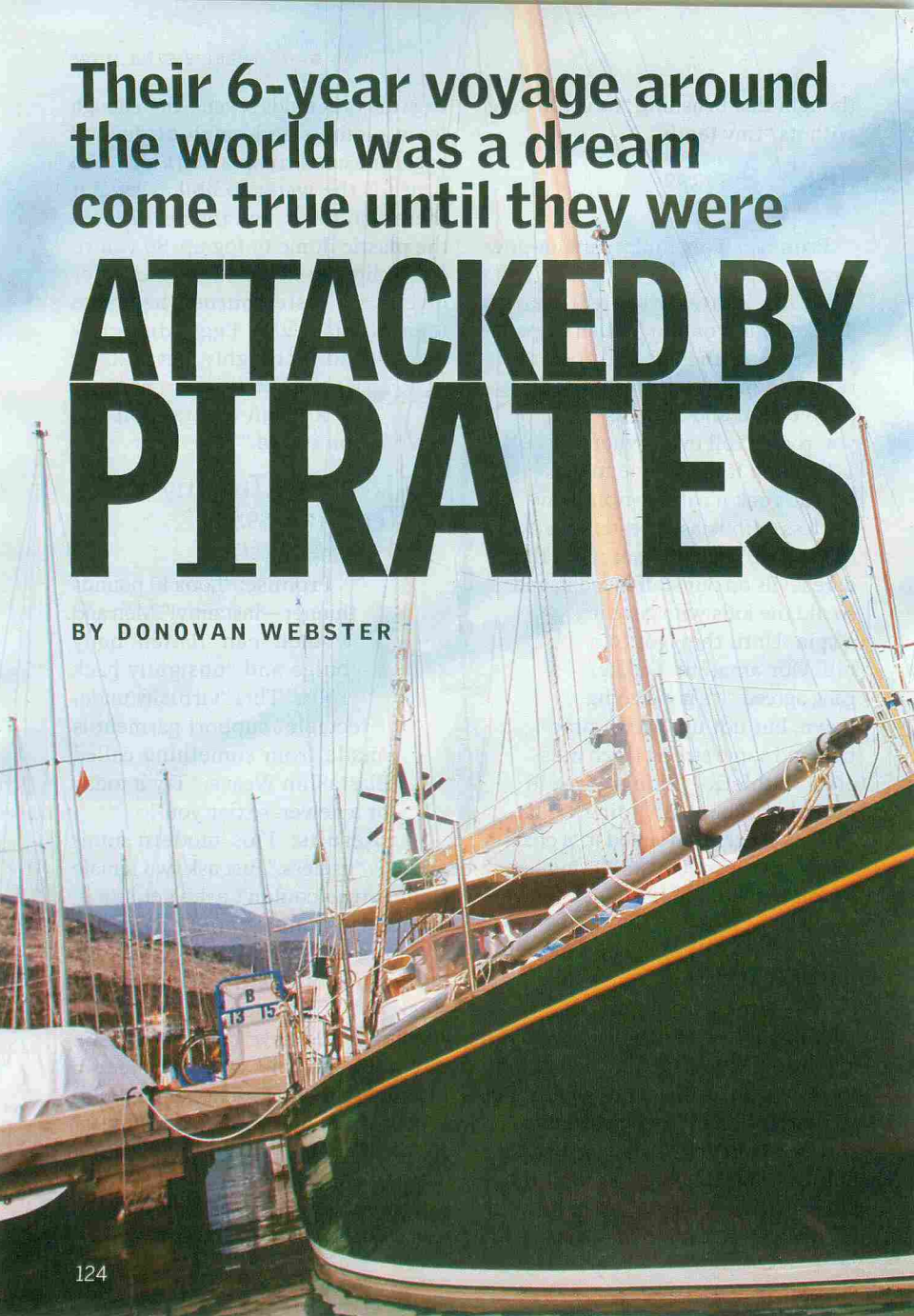
Additional reporting by LISA MILLER FIELDS

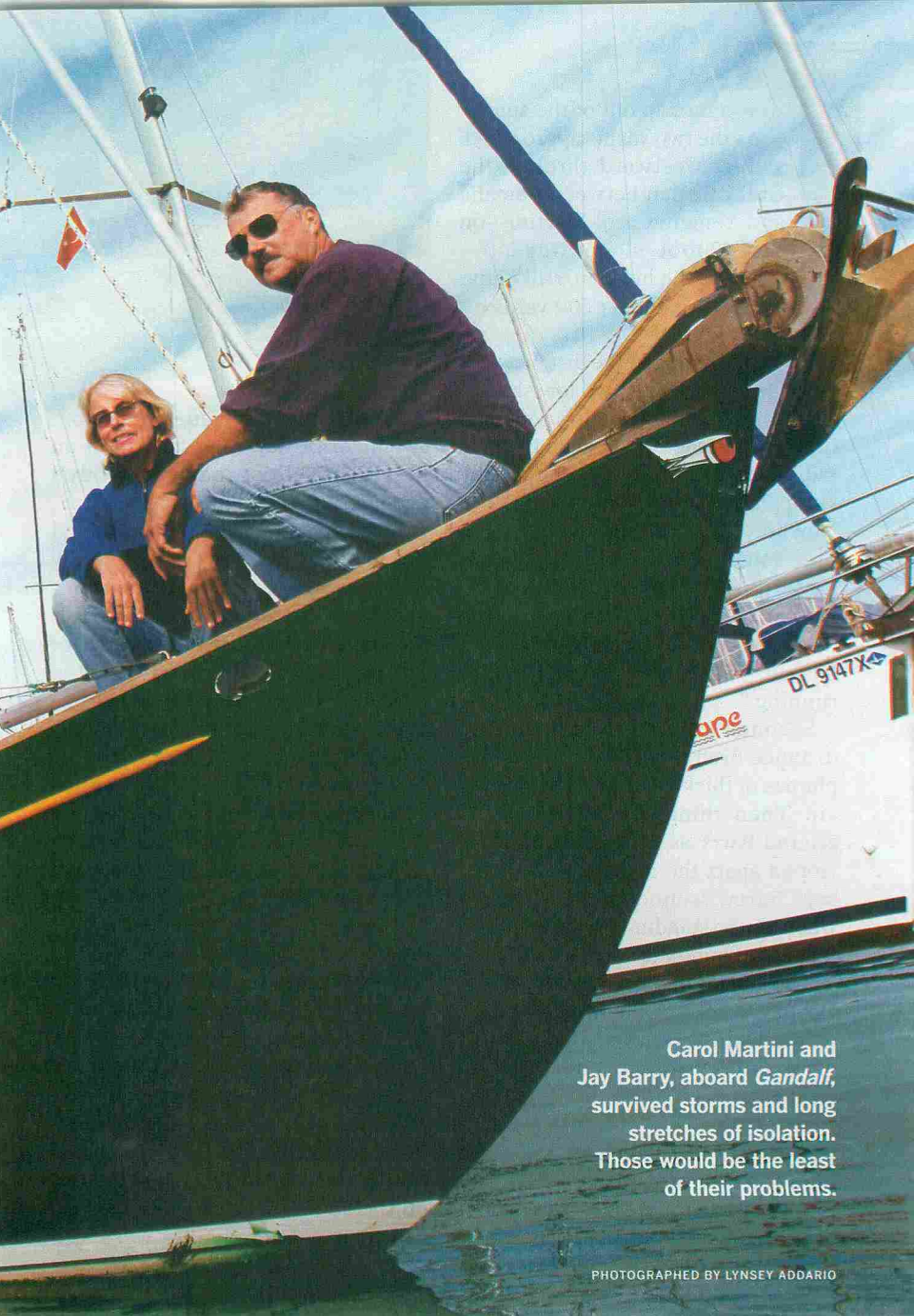
rd.com **For more, and a guide to previous years' products, go to rd.com/seenontv.**

Their 6-year voyage around the world was a dream come true until they were

ATTACKED BY PIRATES

BY DONOVAN WEBSTER





Carol Martini and Jay Barry, aboard *Gandalf*, survived storms and long stretches of isolation. Those would be the least of their problems.

PHOTOGRAPHED BY LYNSEY ADDARIO

THEY ATTACKED out of the sun.

As the two yachts approached, sailing westward through the Gulf of Aden between Somalia and Yemen, Carol Martini—on the 47-foot sloop *Gandalf*—scanned the horizon, still oblivious to the danger 500 yards off her bow.

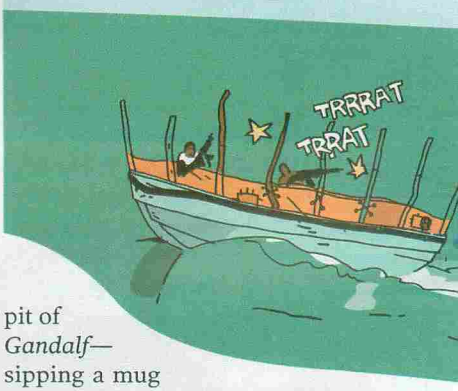
Then, flickering in the distance, she glimpsed something: two low shapes, silhouetted inside the sun's reflected brilliance on the water. Picking up the radio handset, she hailed the nearby sloop *Mahdi* and its captain, Rod Nowlin. "Uh, Rod," she said. "I think I see something."

Martini called belowdecks, waking her partner, Jay Barry. He was topside in an instant. "I'll take the wheel," he said. "You roll up the jib. Let's get running."

Seconds later, the boats in the distance fired their engines, sending plumes of thick black exhaust into the air. Then things began exploding around Barry as rounds from AK-47s ripped apart the decking. "Gunfire," says Barry, "sounds quite different when you're standing in front of a gun instead of behind it."

The unthinkable was happening. Despite weeks of planning to avoid precisely this fate, *Gandalf* and *Mahdi* were under siege by modern-day pirates.

CAROL MARTINI IS SLIGHT and sun-blond, a Harvard-trained MD and former instructor at Harvard's School of Medicine. As she sits in the cockpit of *Gandalf*—sipping a mug of tea in the Mediterranean harbor at Finike, Turkey—she seems less an East Coast elitist than somebody's friendly, cool-headed sister.

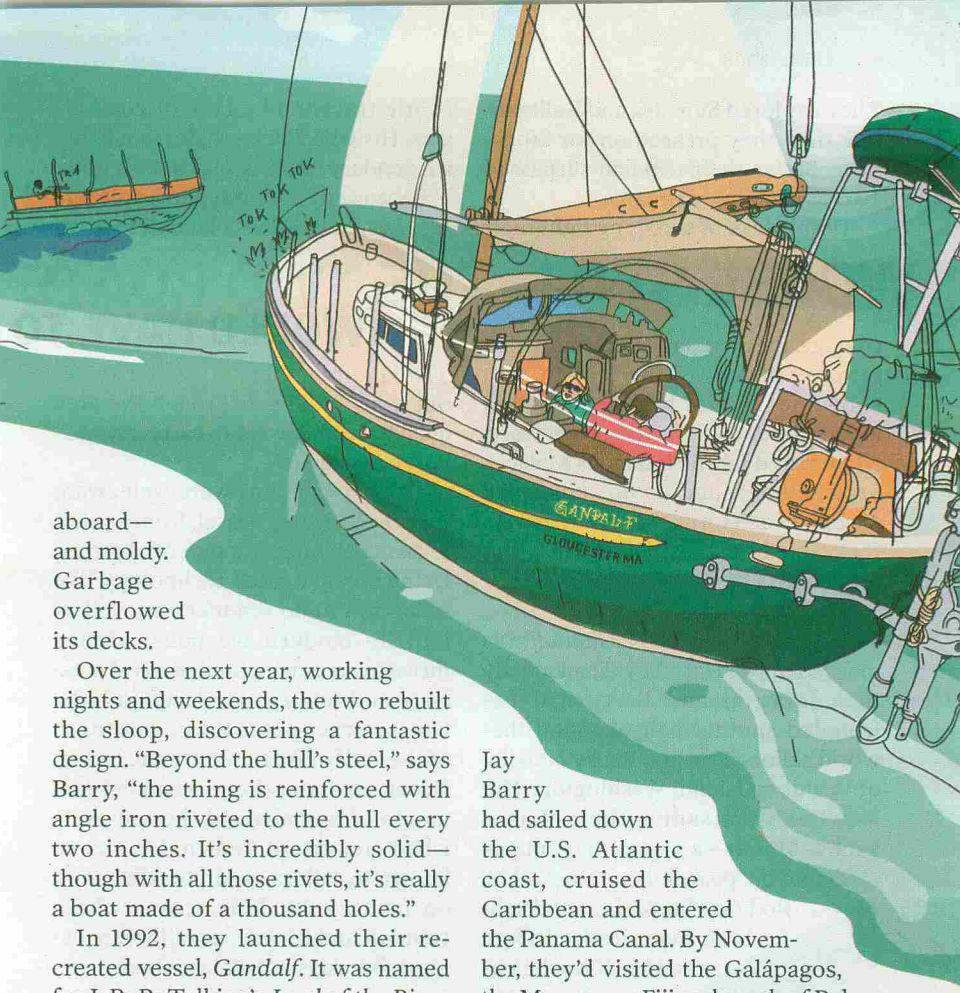


In the burly Jay Barry, 53, she's found her ideal counterpart. Disarmingly funny, Barry, who's more at home in a pub than a country club, financed this expedition by selling his north of Boston auto-restoration business.

Sailing around the globe had been a mutual goal since their second date. As a boy, Barry stared at a map of the world on his bedroom wall, and had always had an itch to travel far and wide. As for Martini, she fell in love with the guy and, subsequently, his dreams of adventure.

It took Barry a year to find the right vessel. But when he brought Martini to the boatyard to see it, she thought it was a joke. "The thing looked like a flying Dumpster," she says.

The sloop, built in 1960, was a charred wreck. Despite its five-millimeter-thick plate-steel hull and 61-foot mast of Sitka spruce, a fire in the boatyard had singed the paint off the vessel's port side. Its original canvas sails and rigging were still



aboard—and moldy. Garbage overflowed its decks.

Over the next year, working nights and weekends, the two rebuilt the sloop, discovering a fantastic design. "Beyond the hull's steel," says Barry, "the thing is reinforced with angle iron riveted to the hull every two inches. It's incredibly solid—though with all those rivets, it's really a boat made of a thousand holes."

In 1992, they launched their re-created vessel, *Gandalf*. It was named for J. R. R. Tolkien's *Lord of the Rings* wizard who recognizes all forms of humanity. In November 1999, they set off from Gloucester, Massachusetts, to fulfill their dream—a trip around the world. Their extended vacation would take them to the most beautiful parts of the earth, as well as the most treacherous: stretches of ocean known to harbor pirates.

By March 2000, Carol Martini and Jay Barry had sailed down the U.S. Atlantic coast, cruised the Caribbean and entered the Panama Canal. By November, they'd visited the Galápagos, the Marquesas, Fiji and much of Polynesia, before fetching up in Bundaberg, Australia, for their first winter. "We did 14,500 miles under sail in a year—that's not recommended. It was hard," Barry says.

"Yeah," Martini adds, "but we were having a wonderful time."

Gandalf continued north, through Indonesia, stopping to see the Komodo dragons before going on to Bali.

ILLUSTRATED BY OLIVIER KUGLER

They explored Sumatra and Kalimantan; then they pressed on for Singapore. So far, their trip had surpassed Barry's childhood dreams.

After weeks of screwing tight their courage, they left Singapore and sailed into the Strait of Malacca, an area known for pirates brazen enough to attack freighters. "So there we were, all prepared for the infamous Malacca Strait pirates, and *nothin' happened* except a bad storm," says Martini. As they sailed on, they hoped the worst was behind them.

By late December 2004, *Gandalf* was moored in Nai Harn Bay, Thailand. By then, Martini and Barry had befriended another pair of round-the-world sailors, Rod and Becky Nowlin, of Whidbey Island, Washington. The Nowlins were sailing their 45-foot yacht, *Mahdi*—a word that means "savior" or "peaceful one" in Arabic. Rod Nowlin, 62, is a solid, athletic man. Retired from the U.S. Navy, he enjoys slow-paced exotic travel and a love of good cigars. His wife, Becky, aside from being a legendary cook, is said to be a hoot.

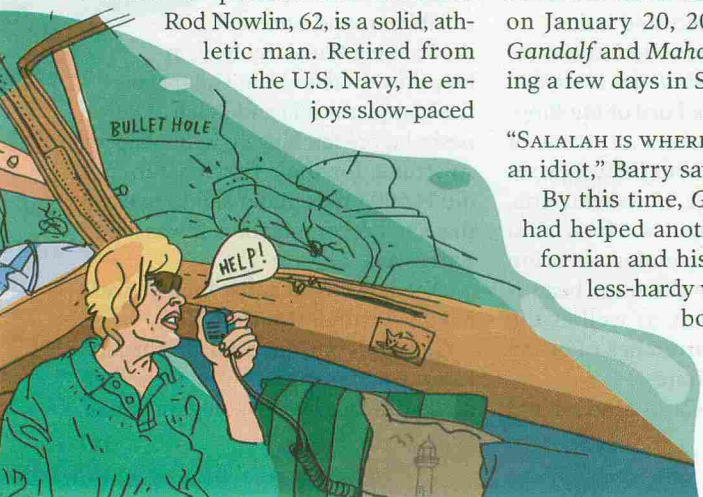
Because of the piracy threat in the Red Sea, both crews planned to leave Thailand together. "I wanted someone who could get through the area quickly. I didn't want to carry anyone," Barry explains.

WORSE STILL, THE TWO BOATS WOULD HAVE TO

The two captains were well aware that any seagoing vessel, from a yacht to an ocean liner, is a potential target. Using sophisticated technology like radar and radio scanners, as well as lethally modern weapons, pirates thrive in areas with limited naval presence and numerous places to hide. One favorite spot is the narrow neck of the Gulf of Aden, where the Indian Ocean separates the government-less nation of Somalia and the impoverished country of Yemen. It's a zone known to sailors as Pirate Alley. And on January 20, 2005, it was where *Gandalf* and *Mahdi* set sail for, pausing a few days in Salalah, Oman.

"Salalah is where we got stuck with an idiot," Barry says.

By this time, *Gandalf* and *Mahdi* had helped another sailor—a Californian and his wife in a smaller, less-hardy vessel—repair their boat at a number of anchorages since departing Thailand. "This guy



had no business being on the water," says Barry. And in Salalah, the smaller boat turned up again, insinuating itself into the other boats' plans.

Barry and Rod Nowlin both knew that this third vessel, a 37-foot sloop, couldn't keep pace with their larger boats. They hooked up with another craft, a well-captained 37-foot Catalina, and on March 7, 2005, all four left on the treacherous, 600-mile trek through the Gulf of Aden. Their plan was to run all day, making good time; then, under cover of darkness—with radios and lights turned off—they would transit Pirate Alley, ending at the harbor in Aden, Yemen.

CROSS PIRATE ALLEY IN BROAD DAYLIGHT.

At least, that was the plan. The Californian's boat quickly broke down, and he started using the radio for repair advice. "All night long we were on the radio, trying to diagnose his problems," says Barry.

Finally, at dawn on March 8, the two smaller vessels stayed behind to regroup, leaving *Mahdi* and *Gandalf* to continue on by themselves.

They were headed into Pirate Alley with 14 hours of advance radio emergency calls alerting everyone within range. Worse still, they would have to cross it in broad daylight.

At 9 A.M. THAT DAY, roughly 30 miles off the coast of Al Mukalla, Yemen, two long, narrow powerboats—pushed full-bore by large outboard motors—approached *Mahdi* and *Gandalf* from behind, then passed them.

Undeterred, *Mahdi* and *Gandalf* kept sailing. Fifteen miles later, the boats returned, this time coming at the sailboats across their bows. "That's when I knew they were fixing our course," Barry says. "We all realized then, we were in trouble."

As quickly as they arrived, the motorboats were gone. Eight hours later, after sailing on deserted seas, Martini spotted something in the distance. Two new, *different* boats—larger vessels with inboard motors—hiding in the slick glare of the sun.

"These two boats came at us, shooting," says Martini. "One came down our starboard side; the other came down *Mahdi*'s port side. They had these six-foot-tall spars rising from their gunwales. Wrapped around the spars was this orange tarp, so we couldn't see how many people were inside each boat. They'd pop up and shoot; then they'd duck back down behind the tarp."

As bullets ripped through *Gandalf*'s Plexiglas windows, shattered metal rail stanchions and passed clean through its 12-inch-thick Sitka spruce mast, Martini ducked belowdecks, while Barry dove behind the wheel, putting as much steel hull as possible between himself and the pirates. He wasn't going to make it easy for them to kill him.

Glancing over to *Mahdi*, Barry saw that Becky Nowlin was driving—Rod

was strangely missing—and as the second pirate boat roared closer, they were firing at Becky, who was also hiding for her life behind the wheel.

Then, carrying the 12-gauge shotgun he kept for emergencies, Rod Nowlin appeared in the companionway on *Mahdi*—just in time for a bullet to whiz past his head. Wheeling around, he saw a hand reaching over the orange tarp of the second boat firing an AK-47 at him. Bullets shattered the *Mahdi's* self-steering mechanism, raining hot shards of stainless steel on Rod and Becky, burning their legs.

Rod Nowlin lifted his weapon to fire back, but found himself face-to-face with another pirate. This one was no more than 17 years old.

"He was a young kid, on a boat filled with men," Nowlin says. "And I was looking at him, right in the eye, and I couldn't shoot him." Nowlin motioned with the shotgun for him to get down. The kid ducked and Nowlin fired into the boat, responding to the spray of AK-47 rounds.

On *Gandalf*, the pirate boat that had attacked them was finally past—but it wasn't leaving. Instead, it made a U-turn, preparing a second assault. For the first time, Martini and Barry understood that the tall staves rising from the boat's gunwales were rudimentary supports, handholds meant to steady the pirates for one reason.

"They planned to board us," says Barry. "They were coming back and shooting." The sound of a bullet barely missing him confirmed something Barry already knew. He and Martini were going to die unless he did something. But there was nowhere to go. They couldn't hide, and they certainly couldn't outrun the pirate speedboats. Barry was left with one option. "I yelled down to Carol, 'Find something to hold on to. I'm gonna *ram* the bastards.' "

"HOLD ON TO SOMETHING. I'M GOING TO RAM THEM!"

With the mainsail up and the propeller going full-throttle, Barry whipped the wheel, turning *Gandalf* on a dime. He headed straight for the pirates, slowing only after ramming them square amidships.

That's when the couple got their first good look at their attackers. "As we hit, I saw four pirates aboard, and their eyes got really big—just *huge*. They weren't used to boats doing business this way," Barry says. "When our bow hit them, their boat rolled toward us; the side closest to us went under our bow, so their decks rolled up exposed. *They* were rolling over."

The sailboat kept driving forward, into the pirate boat's interior decking. Barry jammed the engine in reverse to free himself. But he wasn't going anywhere. The pirate boat was stuck on *Gandalf*'s bow.

AS BARRY TRIED TO KNOCK the first pirate boat off, the second pirate boat—

now repelled from *Mahdi* by Rod Nowlin's shotgun blasts—had also swung around to attack Barry and Martini, sneaking up on the distracted and impaired *Gandalf* from astern. The second vessel drew upon the unsuspecting Barry—with a pair of armed pirates standing on its bow ready to board.

"I was belowdecks, using the radio [to call for help]," Martini says. "And all of a sudden, behind Jay, I saw these two heads."

There was one final crack of gunfire—and they were gone. Rod Nowlin had shot back at them. "The only pirate I didn't shoot, it turns out, was the kid I saw first," says Nowlin. "I don't know what happened to him."

Within seconds, both pirate vessels were disappearing astern as the two sailboats beat a hasty route northwest. "I think the sea finally shook the first pirate boat off our bow," says Barry.

When it was over, Rod Nowlin had fired six times. Both pirate boats were dead in the water, severely damaged.

A DAY LATER, *Gandalf* and *Mahdi* both limped into the harbor at Aden, Yemen. On *Gandalf*, bullets had pierced the boat in 14 places, and the ramming had scraped a large hole from the smooth green paint of the boat's bow. "Those pirates tore up old *Gandalf* pretty good," Barry says.

Martini and Barry hope that local governments will learn from their experience and take concrete actions.

"We've tried to get authorities in the area to give recreational sailors more security," says Barry. "Maybe they could escort sailboats through the area. But, so far, they've stayed deaf to us." Here's one more reason to do something. Some believe that certain pirates are actually members of Al Qaeda trolling for hostages.

And what of the two smaller boats, especially the one with all the mechanical problems, that *Gandalf* and *Mahdi* left behind?

Carol Martini laughs. "They got through Pirate Alley without incident," she says. "Go figure!"

CAR ALARMED

How much did the driver in front of me love his SUV? Enough to have his vanity plate read "ILVMYSUV." But love is fleeting, which might explain the sign in his back window: "FOR SALE."

KATHY COBB

Peer pressure has made some in ecologically correct Northern California nervous about driving their mammoth SUVs. One driver obviously felt driven to explain his choice of vehicle by his license plate: "SIXKIDS."

ANN MILNE

® LAUGHTER, THE BEST MEDICINE

EXHAUSTED AFTER DRIVING all night, a man decided to pull over to get some sleep. He had just settled back to snooze when there was a knock on the window.

He opened his eyes to a jogger, who asked, "Excuse me, but do you have the time?"

"It's 8:10."

"Thanks," he replied, running off. The man had just dozed off again when there was another knock.

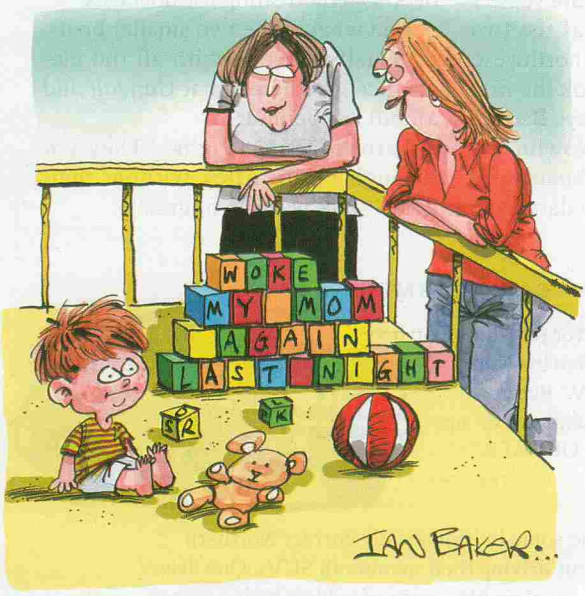
"What time is it?" asked a hiker.

"8:25." Fed up, the man put a sign in his window that read "I DON'T KNOW WHAT TIME IT IS!"

Knock, knock! He was suddenly awakened again.

Scowling, the man rolled down the window. "What?" he yelled at the Boy Scout standing there.

"It's 8:45." Submitted by LEONA MORROW



"Little Tommy started blogging at six months."

What's Up, Doc?

Funny

Why is a hospital gown like health insurance?

You're never as covered as you think you are.

Funnier

Did you hear about the two podiatrists who opened their offices on the same street?

They were arch enemies.

Funniest

How many psychiatrists does it take to replace a light bulb?

One, but it takes 20 visits.

I HAVE A THEORY that flesh-eating bacteria are just regular bacteria on a low-carb diet. BUZZ NUTLEY

ILLUSTRATED BY IAN BAKER

Q: What do you get when you cross a snake with a rabbit and an amoeba?
A: An adder that can multiply and divide.

Submitted by JOHN DRATWA

Why does Peter Pan always fly?
Because he can never never land.

Submitted by JOHN MERSON

A GROUP OF tourists were watching a re-enactment of an ancient Egyptian religious ritual. One turned to a nearby native, pointed to the icon that was being praised and asked, "Pardon me, but what was the name of that god?"

"Why do you want to know?" the man replied.

The tourist shrugged. "Just idol curiosity, I guess."

Submitted by JUDITH M. SUHR

A MAN AND his wife are sitting in the living room. He says to her, "Just so you know, I never want to live in a vegetative state, dependent on some machine. If that ever happens, just pull the plug."

So she gets up and unplugs the TV.

Submitted by BARBARA BABCOCK

BOB DYLAN announced he will have a weekly music show on XM Satellite Radio. It will be an hour show followed by another hour show that translates what Bob Dylan said in the first hour.

JAY LENO on "The Tonight Show" (NBC)

Can You Top This?

Greg looked over to see his friend Kevin scribbling on a piece of paper.

"What are you doing?" Greg asked.
"Writing a letter to my girlfriend."
"Why are you writing so slowly?"
"She can't read very fast."

Ugh! We need a better punch line for this one—quick. E-mail your funniest original punch line to us at comedy@rd.com, subject: April, and if it's the best (and the first of its kind), you'll win fame and riches. Well, not really, but you'll get a cool $100.

What did the guy say after releasing the quarter? February's top punch line came from Maria O'Kelly of Westport, Connecticut: "Don't thank me," he replied, scooping up the quarter and running off. "I'm no quarterback, just a two-bit hustler."

GOD IS TALKING to an angel about creating the world. "I just made a 24-hour period," God explains. "It will be half-light and half-dark, and will keep repeating itself until the end of time."

"Wow," says the angel. "What are you going to do next?"

"Well," God answers, "I think I'll call it a day."

Submitted by DOROTHY VINING

Your favorite new joke or one-liner might be worth $$$. Click on "Submit a Joke" at rd.com or see page 12 for details.

The Agony of Victory

Younger and younger athletes are injuring themselves in the relentless drive to win

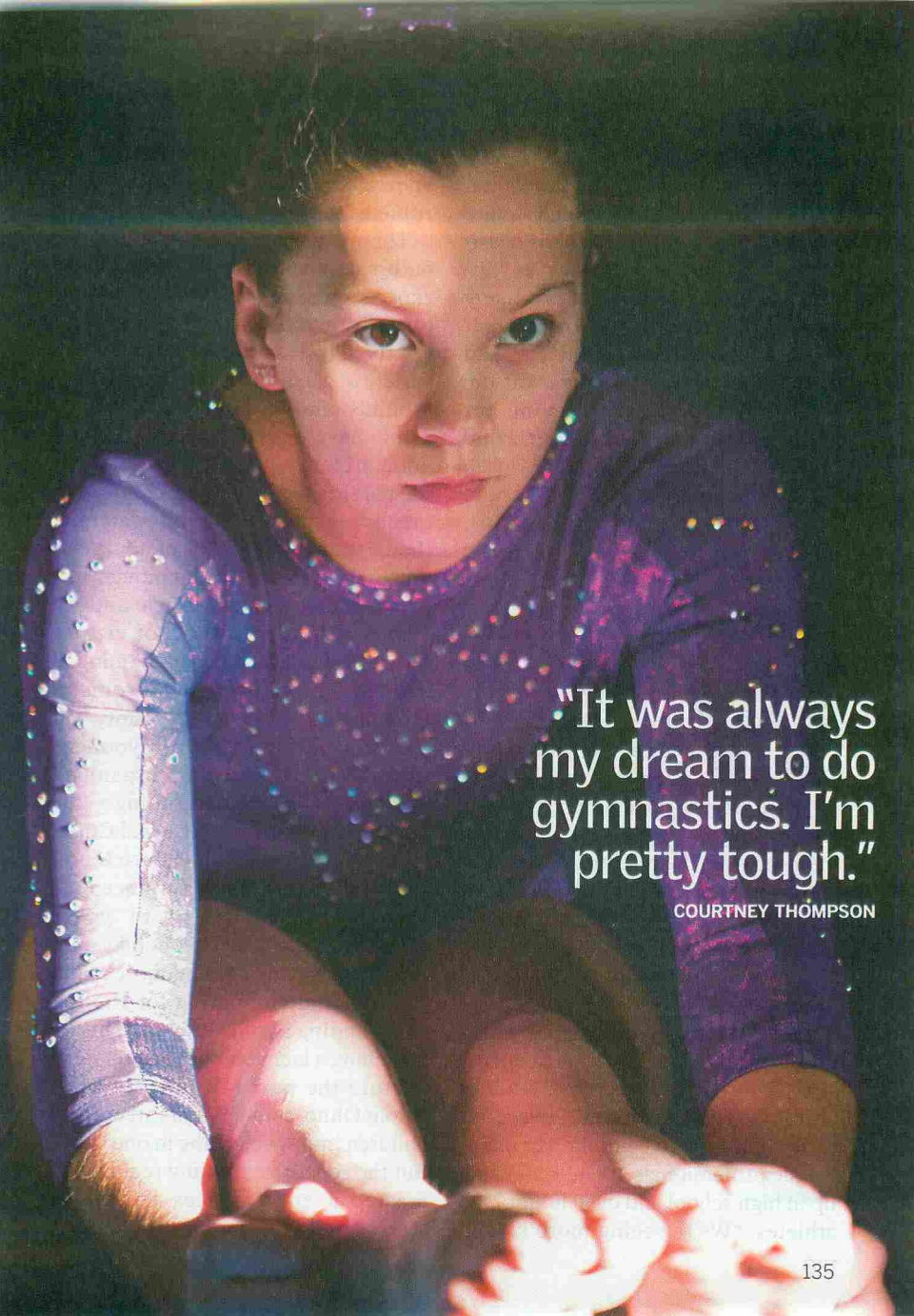
BY MICHAEL J. WEISS

COURTNEY THOMPSON was so passionate about gymnastics that the 11-year-old would practice five hours a day until her arms were sore and her elbows swollen. Following the regimen recommended by her coach at the gym near her home in Chester, New Hampshire, she'd practice a single move and repeat it a hundred times. She'd then apply ice packs to her aching elbows. The pixie-ish youngster, 4'8" and 70 pounds in her purple leotard, rarely complained about her grueling schedule, and for good reason. After three years of competition, Courtney was ranked the best gymnast in the state for her age, and she dreamed of going to the Olympics.

But on January 12, 2005, while practicing a routine floor exercise, she stopped in mid-tumble and grabbed her left elbow. "I felt a pain that just about killed me," she recalls. Her coach suggested that she finish the routine, but all Courtney could do was cradle her limp arm while trying mightily to hold back tears.

X-rays revealed nothing suspicious and her doctors, assuming she'd pulled a ligament, advised rest. But as months passed and Courtney returned to training, she became unable to

PHOTOGRAPHED BY MICHAEL CARROLL



"It was always my dream to do gymnastics. I'm pretty tough."

COURTNEY THOMPSON

straighten her arm or perform without needing ice packs. In May, her worried family took her to the sports medicine division of Children's Hospital Boston, where an MRI revealed a more serious injury: osteochondritis dessicans (OCD), otherwise known as "Little League elbow." Courtney's many months of repeating front-giant swings on the horizontal bar had caused the cartilage to shear off the bone in her left elbow, leaving her with the crooked arm of a grizzled baseball pitcher. Two days later, Courtney underwent surgery and began a slow, painful rehabilitation.

Facing Fierce Competition

WHAT HAPPENED to Courtney Thompson is a red flag in America's growing epidemic of youth sports injuries. Across the country, younger and younger athletes are injuring themselves in the relentless pursuit of sports achievement. The U.S. Consumer Product Safety Commission reports that 2.8 million Americans ages 5 through 24 received medical treatment for a sports- or recreation-related injury in 2003. The complaints range from broken bones and concussions to torn ligaments, frayed tendons and lower back stresses. Severe injuries that used to be limited to major league professionals are now showing up in high school and even junior high athletes. "We're seeing more kids in emergency rooms for sports injuries than from any other cause," says Dr. Jordan Metzl, medical director of the Sports Medicine Institute for Young Athletes in New York City.

There are many reasons behind the outbreak in sports injuries, but most experts agree on one: the extreme culture of organized youth sports. Gone are the days when children played a variety of games on sandlots and playgrounds. Child abductions and street crime have ended casual neighborhood athletics in many places, leading parents to enroll their children in organized sports under the watchful, though demanding, eyes of adult volunteers and coaches. And movies like *Friday Night Lights*, *Miracle* and *Ice Princess* glorify the thrill of victory for young athletes with single-minded dedication to athletic achievement. From high school gyms to county ball fields, 41 million children younger than 19 participated in organized youth sports in 2005, according to the latest research by the National Council of Youth Sports. The figure represents a 25 percent increase since 1997.

Parental involvement in youth sports has also made childhood games less about having fun and more about training and competing for the top spot, landing a college scholarship or launching a lucrative career. Hoping to nurture the next Michelle Kwan or Apolo Ohno, some parents steer their children into specializing in one sport. But the repetitive training required to master a sport places enormous stresses on bones and muscles that

are still developing. Medical journal *The Physician and Sportsmedicine* reported that 30 to 50 percent of youth sports injuries are caused by overuse. If left untreated, these injuries can develop into more serious problems such as arthritis. "We're starting to see 12-year-old kids look like 40- and 50-year-olds in terms of stress on their bodies," says Roch King, PhD, coordinator for the graduate coaching program at Ball State University. King, who also coaches a kids' volleyball team, observes that some youngsters compete in more games than college players. "What's driving youth sports is a belief that if children don't dedicate themselves to one sport by age 6, they'll never be any good at it," he says.

COURTESY CAUDLE FAMILY

After two knee injuries, Neil Caudle still hopes to play football in college. "It's my passion."

Some youngsters accept injury as the price they pay for pursuing a sport they love. Kevin Butcher, a 15-year-old junior high school student from Fort Collins, Colorado, plays soccer for the Fort Collins Arsenal Soccer Club, which last year became state champion. Over the course of that winning season, Butcher dislocated a bone in one foot, sprained both ankles several times and, for one month-long, four-game stretch, endured pelvic pain that a doctor later diagnosed as a fractured left hip. "There's a kind of glory in playing through pain," he says. "You want to be there for your team, no matter what." His coach, who calls Butcher "a warrior," forced him to rest for a month after the hip fracture, but welcomed his defender back to the team in time for the state championship tournament.

Many young athletes today follow a 12-month cycle of practice and competition. Unlike professional athletes who rest for months during the off-season, kids play in multiple leagues throughout the school year, attend sports summer camps and enroll in training clinics during school vaca-

Protect Your Kids From Injuries

SPORTS MEDICINE doctors offer these tips to help reduce the number of youth sports injuries:

• **Be sure your kids get a checkup.** They should have a thorough exam from a physician before participating in sports, including a cardiovascular workup to make sure there are no pre-existing conditions.

• **Don't start your children in organized sports too early.** The American Academy of Pediatrics advises against children playing team sports until their parents and pediatrician feel they are ready.

• **Get your kids in shape.** Before starting a sport, have your child work out to prepare. And insist on warm-up and cool-down exercises to help prevent sprains and other injuries.

• **Watch out for overtraining.** Avoid overuse injuries by having youngsters vary their exercises, cross-train to tone different muscles, and play multiple sports throughout the year. Steer clear of repetitive motion exercises that can strain muscles, bones and joints.

• **Don't overdo it.** Children should take a break immediately if in pain. And they should increase the intensity of their training by no more than 10 percent a week. So if a child runs 20 minutes three times a week, it's okay to do 22 minutes three times the next week. That allows the body to adapt to new levels of stress.

• **Make sure the coach is certified.** Ask about the coach's background and training.

• **Insist on a team emergency plan.** What happens if a child is injured? Where's the first-aid kit? Who drives to the hospital? Make sure any injured child sees a doctor right away.

tions. "The young kids try to be in peak condition 12 months of the year," says Dr. James Andrews, an orthopedist and a founder of the American Sports Medicine Institute in Birmingham, Alabama. "Their muscles are just overused." Andrews points out that often the best young athletes are at greatest risk for injury. "That's because the coach leaves them in the game the longest and, during a championship, maybe plays them in two games back to back," he says. "These kids are ruined by the time they're 12."

Mark Vaillant, 16, has paid the penalty for his intense year-round training. A figure skater from suburban Philadelphia, he fell in love with the sport at age 9 while watching a skater execute amazing leaps and jumps. Since then, the muscular 5'7" teen has trained six days a week, typically completing 100 jumps in a two-hour period, and has become a regional champion. His family built their lives around the training schedules of Mark and his 14-year-old sister, Clair, with whom he skates in novice pairs competitions. Last June, their parents bought a house close to a skating rink to make it easier to get to their regular two-hour training sessions. Then they enrolled Mark in a high school that allowed him to leave

classes early so he could spend afternoons on the ice.

But in March 2004, while repeatedly practicing triple loops for an upcoming competition, Mark felt a spasm in his right groin muscle, the crucial muscle he relies on to perform his powerful leaps. "It had become twice the size of my left groin muscle," he recalls. "My body was completely out of proportion." An exam showed micro-tears caused by overuse throughout the muscle. The treatment: no jumping for six months, and daily stretching exercises to strengthen all his muscles. "It was hard not to push my body," Mark recalls. "In the past, I kept coming back too soon and reinjuring myself."

Danger Ahead

IT'S IMPOSSIBLE to protect kids from all injuries, especially in contact sports like football. Last November, New Jersey high school senior Kurt Socha died from a head injury after sustaining a legal hit to the chin and face delivered by an opposing player during a football game. Even though today's helmets and body equipment are better designed than in the past, some 300,000 brain injuries, mostly concussions, occur each year, causing memory loss, headaches, blurred vision, dizziness and nausea. But because a concussion can't be seen, parents and coaches may underestimate its health threat and push youngsters to return to the playing field before they've had a chance to heal, causing a so-called second impact syndrome. "The more concussions, the higher the risk of a catastrophic injury or death," says Fred Mueller, PhD, director of the National Center for Catastrophic Sport Injury Research (NCCSI), in Chapel Hill, North Carolina.

Just as these traditional sports have become more competitive, cheerleaders and drill teams are also revving up their acts, and many participants now suffer just as much as the ballplayers. Once a sedate sideline activity involving megaphones and pom-poms, cheerleading has moved center stage with more acrobatic stunts. And those high-flying throws can go too far. In 2004, the number of emergency-room visits for cheerleaders jumped to 28,400, an 81 percent increase from 1994, according to the Consumer Product Safety Commission. Even more shocking, of the 101 catastrophic sports injuries among female high school and college athletes between 1983 and 2004, cheerleading accounted for 55 percent.

"Every year, the cheerleading moves become riskier," says Mueller. "I'm not sure that the cheerleading coaches have kept up with how to teach the kids to perform safely." The NCCSI reports that injury rates for cheerleading flyers—those who are tossed into the air—are "exponentially higher" than for kids who play football.

Pete Buczek knows that fact all too well. In November 2003, his 14-year-old daughter, Ashlee, fractured her skull in a cheerleading accident and has never fully recovered. During a

snowy football game at Cardinal Ritter High School in Indianapolis, the cheerleaders took to the asphalt track surrounding the football field to perform their crowd-pleasing routines. For a stunt called the "basket toss," Ashlee's teammates heaved her 20 feet into the air, where she would kick out her legs and then land in the arms of fellow cheerleaders. But this time Ashlee came down hard, hitting her head on the asphalt with a sickening crack.

"By the time I got down from the bleachers, blood was pouring out of her ear," recalls Buczek, a 46-year-old airport loader for FedEx. "I thought I was going to lose her." When Ashlee got out of intensive care three days later, she had permanently lost her sense of smell and partially lost her hearing. Three years later, she still struggles with reading comprehension.

Reducing the Toll

BUCZEK BLAMED the cheerleading coach for his daughter's accident. "What he did was child endangerment," he charges, and sued the school's archdiocese for negligence. (Both sides settled for an undisclosed amount.) Buczek went on to call for better regulation of the sport and helped get a 2005 law passed in Indiana that requires development of safety rules for cheerleading. Among the proposed regulations: certified safety mats for any acrobatic stunts, on-site medical personnel when cheerleaders perform, and suspensions for coaches who break the rules. Other states are considering following Indiana's lead.

Experts agree that untrained coaches are exacerbating the injury epidemic. Currently, there's no single governing body that enforces national standards for coaching and safety education in all youth sports (although the National Association for Sport & Physical Education developed standards for voluntary adoption). Many youth-league coaches, however, are parent volunteers without any formal training. "No parent would ever drop off their kid at a swimming pool if there wasn't a certified lifeguard on duty," says Lawrence Lemak, MD, founder of the National Center for Sports Safety, an injury-prevention group based in Birmingham, Alabama. "Why should they do that at a sports game, where there's not a trained adult watching them?"

Sports-safety proponents like Lemak urge all coaches to become certified by completing programs on sports conditioning, risk management and injury prevention. In March 2005 the American Academy of Orthopedic Surgeons and the National Athletic Trainers' Association launched a public-service campaign to educate young athletes, their parents and coaches about overuse injuries. One ad features a youth baseball team in post-game celebration with the message "What will they have longer—their trophies or their injuries?"

Despite safety campaigns and crippling injuries, young athletes continue to push themselves. Three months

after gymnast Courtney Thompson completed rehab on her left arm, she was doing a handspring in competition when she felt the familiar shooting pain of OCD. This time it was her right arm. She had a second surgery, but vows to make a comeback, noting her left arm is now straight and pain-free. "I'd still like to go to the Olympics," she says. "Probably in 2012."

Meanwhile, figure skater Mark Vaillant completed his rehabilitation early last year and returned to competition. He now spends the first half-hour of every practice stretching his muscles. "I never used to warm up before doing jumps and was hurt by my stupidity," he says. "My big motivation is not to let an injury happen again."

Then there are those rare, young athletes who ultimately succeed in parlaying their athleticism into a college scholarship despite severe injury. Neil Caudle, 17, was a standout student athlete at Spain Park High School in Birmingham, a starting quarterback on the football team and pitcher on the baseball team while maintaining a 3.6 grade point average. But in the ninth game of the 2004 football season, he took a hit from an opposing defenseman and felt a sharp pain shoot through his left leg. The team's doctor diagnosed Neil's injury as a torn anterior cruciate ligament, the same ACL tear that afflicts NFL players. But Neil was determined to play again. After surgery that left a long scar on his knee, he underwent six months of rehabilitation so he could be ready to play baseball the following spring and then suit up for football in the fall.

But in the second game of the 2005 football season last October, Neil's right knee buckled as he raced upfield with the ball. His second ACL tear ended his season, but he once more swore he would return to the sport. He's now undergoing rehabilitation one hour a day, three days a week, and is cheering his team from the sidelines. And he recently accepted a full scholarship to play football for Auburn University in the fall. "Injuries are nothing if you really want to play," says Caudle, who would like to join the pros one day. And if he suffers an injury that sidelines him permanently? "I've been thinking about going into sports medicine," he says. "I already know a lot about it."

rd.com For more on common injuries—by sport—and additional prevention tips, visit rd.com/sportsinjuries.

I'LL SKIP THE OMELET

I must admit, I looked forward to our upcoming church service with greater anticipation than usual after reading in our bulletin, "This being Easter Sunday, we will ask Mrs. Brown to come forward and lay an egg on the altar."

MAUREEN BENCZE

Angels

Why We Believe

BY DIMITRA KESSENIDES

BRETT LEVY WAS 14 WEEKS PREGNANT when she got an unsettling call from her doctor. A routine blood test suggested that something, as she puts it, might be "severely out of whack"—to the point that her odds of giving birth to a child with Down syndrome had increased to 1 in 40 from the standard 1 in 800. A further test, amniocentesis, would be necessary.

In the days leading up to that test, Levy recalls, "I was a nervous wreck. I couldn't sleep, or even breathe." Then, she says, something extraordinary happened.

"The day before I had to go back in, I was tossing and turning. It was about 4 a.m. I must have been half-asleep, but I felt like I was awake. I felt my dead grandmother come into the room. She told me everything was going to be all right: The baby was a girl, and she was going to be healthy."

PHOTOGRAPHED BY KEVIN IRBY

That's just how things turned out. "Three days later, I got the results of the amnio," she says. Everything was fine. "My baby is a girl, and she's healthy." The blood problem? It's a mystery. What isn't a mystery, she says, is what happened that morning: She encountered an angel.

SURVEY AFTER SURVEY shows public belief in angels is as strong as ever in this country. A Harris Interactive poll last November found that nearly 7 in 10 Americans believe. Gallup reported in 2004 that 78 percent believe, compared to 72 percent in 1994 and 54 percent in 1978.

Angels, says one expert,

It was in the early 1990s that angels truly seized the nation's spiritual consciousness. Almost overnight, it seemed, these heavenly creatures were everywhere. There were angel festivals, angel craft conventions and angel books by the hundreds. Hollywood got into the act with *Touched by an Angel* on TV and *Angels in the Outfield* at the multiplex.

"It was almost crazy," says Joan Wester Anderson, author of *Where Angels Walk* and other books of modern angel experiences. "It was a fad."

The craze ran its course. *Touched by an Angel* ended its run three years ago. The stream of angel books also dwindled. Today, pop culture offers edgier spiritual fare such as *The Da Vinci Code* and the Left Behind books.

So the fad may be over, but the faith lives on. Why?

IN SPIRITUAL TERMS, Americans these days seek comfort, a sense of peace, a feeling that they're part of something bigger than themselves. "We seem to be a culture that believes in God, or something like God, but we have difficulty knowing why we believe," says Robert Wuthnow, a Princeton University sociology professor and author of *After Heaven: Spirituality in America Since the 1950s*.

Angels can help fill in that blank, says Albert L. Winseman, who oversees Gallup's religious polling. Belief in them, he says, may "give a personal form and face to something we don't understand: Why are we here?" The angels' appeal is strong, since the search to answer that question is increasingly an individual quest untethered from any specific creed.

"Part of the attraction is that you can pick your own meaning," Wade Clark Roof, an author and religion professor at the University of California, Santa Barbara, says of angels. "They've become lifted out of the religious context and are available to anyone."

TO GET AT THE ESSENCE of angels, start with the traditional religious texts—Jewish, Christian and Muslim alike. There, angels are real and very pres-

ent, even at the Creation, according to the Old Testament. They are God's servants, delivering divine messages and aiding those deemed worthy. To believers, *they still* play those roles.

In ancient accounts, angels take different forms. The New Testament book of Hebrews portrays them as beings of pure spirit. But the Genesis story of Abraham says they can assume human form when it suits them. However they appear, they are wise, powerful and incapable of death.

Throughout the Bible, angels are almost always anonymous; just two—Gabriel and Michael—are named. It's an example of how much we *don't* know about them, despite the best efforts of religious experts across centuries. And the holy texts don't offer much detail. Sometimes, angels have wings; sometimes, they take on fanciful forms, like the four-headed monsters cited by the prophet Ezekiel.

The lack of detail may be deliberate on the part of the Scripture authors. The key angel stories always stress the message, not the messenger. When the angel of the Lord appears as Abraham is set to sacrifice Isaac, it's to tell him that his devotion has pleased God. When Mary Magdalene goes to the tomb of Jesus three days after the crucifixion, an angel tells her that he's no longer there. And in the year 610, early Muslim records say, the angel Jibreel (Gabriel) appears to Muhammad to share verses that became the Koran.

point to our higher natures.

Today, few people report encounters of such divine magnitude. Instead, angels now have more down-to-earth duties. Someone is in danger, in pain or ill, or distracted by circumstances. A stranger appears and fixes things.

Consider author Anderson's tale.

"My son was coming home to spend Christmas of 1983 with us. He and his friend were somewhere in Indiana in the early morning hours of the 24th. It's past midnight—1 a.m., 2 a.m. The mercury hit 35 below zero. They got lost. Their car died."

Then, just as with Brett Levy, when things seemed bleakest, something extraordinary happened, Anderson says.

"Suddenly, there were headlights. Out of nowhere, a man appeared and asked, 'Need a tow?' " The man took her son and his pal to a friend's house ten miles away. As the young men stood on the porch, they turned back to the man in the tow truck.

"When they looked out on the street," Anderson says, "there was nothing there."

Tales like this—a promise in a dream, an unlikely bit of help—come up in almost any gathering. It's where angels straddle the line between their traditional religious role and something more nebulous.

That such occurrences are more than random events is a potent idea—and not just because it implies a higher force at work. It also encourages people to believe the best about

themselves—that at the right moment, they, too, might be angels.

"Angels point to our higher natures," Roof says. "They represent something we'd like to have happen."

These experiences are genuine to those who've had them, but they raise red flags for some theologians. For one thing, these critics say, contemporary ideas about angels are far removed from their Biblical image.

"In terms of the Bible, angels are a scary thing," says the Rev. Dr. Alison Boden, dean of Rockefeller Memorial Chapel at the University of Chicago. "They can come and scare the wits out of you. They change your life."

Russell Moore, dean of the Southern Baptist Theological Seminary in Louisville, agrees. "In Scripture," Moore explains, "angels are fearsome. Today, they're a New Age substitute for God." That, he says, is dangerous.

Sounding a similar note of caution is David Kinnaman, vice president of the Barna Group, a Christian research company. A Barna report released in January found nearly 9 in 10 teens, regardless of their religious faith, believe in angels. Many claim to have had personal experience with them; large numbers also believe in—and have personally encountered—ghosts, demons and witches.

Such belief in the supernatural, Kinnaman contends, is largely fed by mass media. It reflects the fact that teenagers struggle to find differences between good and evil. The fear, he adds, is that young people aren't getting the guidance they need to resolve their confusion.

"You need a perspective," he says, "so that you're not led astray."

WHATEVER ONE'S VIEW, it would be nearly impossible to turn back the clock on the modern age of angels. Maybe it's best just to keep in mind one of the New Testament's simplest commandments, from Hebrews, chapter 13, verse 2: "Be not forgetful to entertain strangers: for thereby some have entertained angels unawares."

BURIED ON PAGE ...

I had no idea just how dire the recent vaccine shortage really was last flu season—until I spotted this front-page announcement in *The Oldham* (Kentucky) *Era*: "The Oldham County Health Department is now scheduling flu shot appointments. To see if you qualify in one of the high-risk groups being accepted, turn to the obituaries page."

DIANNE C. CHILDERS

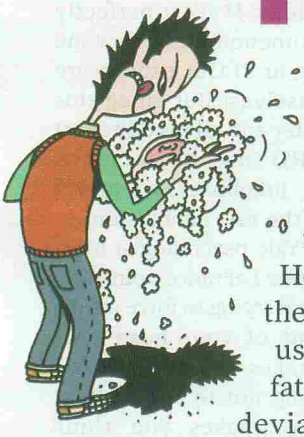
Ever hear the old chestnut "Nothing is carved in stone"? The people who placed this ad in the *Whatcom Independent* (Bellingham, Washington) haven't: "Used Tombstone, perfect for someone named Homer Bergen-Heinzel."

Submitted by ROBERT J. CLOUD

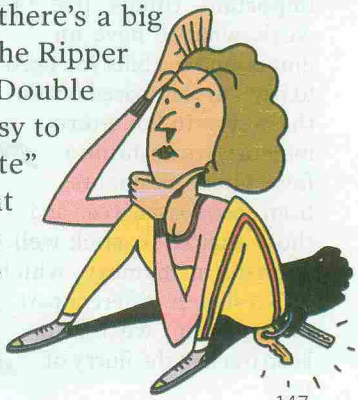
Do you talk to yourself? Cry at beer commercials? Forget where you left your keys?

Are You Normal or Nuts?

BY WILLIAM SPEED WEED



All right, dear reader, the jig is up. You try to pass yourself off as a regular person, with normal behaviors, but we know better. The truth is you have a few truly bizarre habits. How do we know? Well, because we all have them. Weirdness itself is normal—and makes us human. But while there's a big fat line between Jack the Ripper deviancy and Jack the Double Dipper quirkiness, it's not always so easy to tell the difference between that "cute" little thing you do and a behavior that may truly be harming you, or others. We asked some brave souls to give up their behavioral skeletons and ran them by the experts. Here's what we found:



ILLUSTRATED BY INGO FAST

Q How come I can remember everything I did, said and wore in second grade, but I can't remember where I left the car keys this morning? Is this early senility? I'm only 40 years old!

Though some short-term memory loss is normal as we age, it usually doesn't signal early senility. And you probably don't actually remember *everything* you did, said and wore in second grade. What you remember is a handful of outfits and maybe a dozen key episodes. This was possibly an important year for you developmentally, and you crystallized these particular events into your long-term memory by recalling them many times and telling other people about them.

"These memories are accessible now because you really paid attention to those events when they occurred," says JoAnna Wood, a research psychologist in San Antonio who has done numerous behavioral studies for NASA. "But this morning's car keys? Not so much, I think. You were probably thinking about important things like work, what to have for dinner, and the bills you need to pay," so you spaced out on the keys. In long-term memory, we enshrine a few good moments from each passing year, and those that stick, stick well. In short-term memory, which uses a slightly different part of the brain, we try to keep track of the flurry of things in the immediate moment, and often those things slip. The solution is to take the car-key problem away from your short-term memory: Hang a hook by the door and put your keys there every single time you come in.

Q Why do I always have a song stuck in my head? Regardless of what I'm doing, some tune is playing over and over in my mind. Sometimes it takes several days to change the tune, so to speak, and, well, it's driving me nuts!

Besides suggesting you turn off your iPod, the experts we polled had almost nothing to say about this behavior, which leaves us with two possible conclusions: 1) It's a perfectly natural phenomenon and everyone experiences it, or 2) Our experts are all nuts themselves. But since this writer and all his editors at RD also have cranial jukeboxes, we prefer the first conclusion.

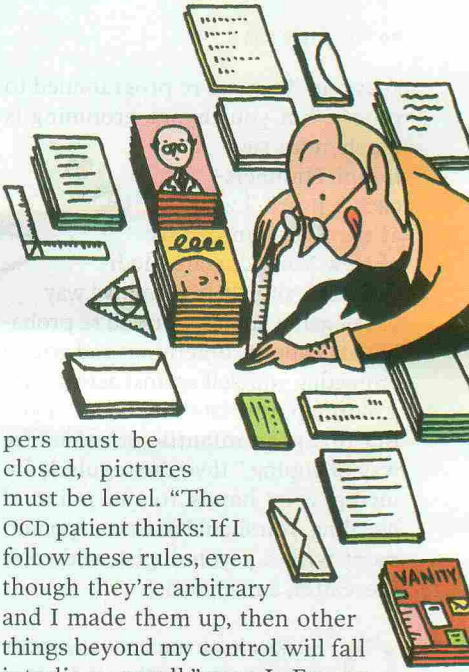
Yale psychologist Marianne LaFrance points out that trying to force a song out of your head only makes things worse. "Trying not to think about something makes you think about it," she told us. In fact, it's probably your fruitless efforts to "change the tune," not the songs themselves, that are driving you nuts. So why not run with it? Harvard psychiatrist Jacqueline Olds, who admits to be-

ing a radiohead herself, says, "I find that it's such a joy to give over to it. A stuck song is a message from your unconscious. If you love this song, why not sing it?" Or if you don't ("Who Let the Dogs Out," anyone?), think about what that message may be revealing.

Q No matter how hard I try, I can't seem to resist straightening up piles of magazines in the doctor's office or leveling the picture frames on walls—even in my friends' houses! And I have one friend who wears a parka with a zipper breast pocket. He never closes that zipper, so I always have to do it for him. He doesn't realize what a favor I'm doing him. Am I nuts?

"Just tell me I have spinach on my teeth; don't put your hand in my mouth!" cries psychologist LaFrance. Stop kidding yourself: You're not doing your friend any favors with the zipper, and, more importantly, you're not assuaging the basic anxiety that gives rise to this classic OCD (obsessive-compulsive disorder) behavior.

Harvard psychiatrist Olds notes that OCD behaviors are common in our society. "Everybody has a few OCD habits, and you can't really be too success-oriented without them," because the neat cubicle and flawless memo are richly rewarded. But in this case, your compulsive urges impose on other people, probably to the point of offense. You should seek counseling, and the first thing a therapist might ask you to do is to analyze your behavior. OCD patients make lists of rules: Magazines must be straight, zippers must be closed, pictures must be level. "The OCD patient thinks: If I follow these rules, even though they're arbitrary and I made them up, then other things beyond my control will fall into line as well," says LaFrance. "But it doesn't work. It's the proverbial house of cards." Controlling the zippers and the picture frames is not going to give you any more control over your relationships, your health, your work or your life. Anxiety from these sources is what's really bothering you, and the only way to deal with those issues is to face them directly.



Q Why do I bite my fingernails or pick at my cuticles until they're bleeding? Is it just nerves? Hypergrooming? Is it a form of "cutting" that some kids do? Attempting to control my environment? Or just something oral?

Letting your fingers do the vexing, eh? While some textbooks suggest it's about perfectionism, this is potentially a more serious problem. Like mon-

keys and dogs, we're programmed to groom, but your hyper-grooming is much more, says Joseph Himmelsbach, a psychologist at the State University of New York Upstate Medical University. "It's a primitive way of releasing anxiety. Or you're probably mad about something, and you're protecting yourself against acting with a more appropriate display of anger. But this is an infantile or immature way of coping." If you're regularly injuring your hands to the point of bleeding, you should make an appointment with a psychologist, and soon thereafter, a manicurist.

Q Snakes freak me out—anywhere, anytime, any snake. If I see a snake on TV, I can't sleep that night. I once saw a snake in the park. My husband told me it was just a little garter snake, less than a foot long, but I won't go back to that park again. My husband tells me I'm nuts, and he wants to take me to the pet store to look at snakes. No way. He's the one who's nuts.

"Neither of you is nuts," says Nando Pelusi, a clinical psychologist with a practice in Manhattan. You have a classic phobia, and snakes and spiders are the most common objects thereof. "These fears are somewhat hard-wired into us," he says, and it's highly illogical, because cars and cigarettes and electric wires of our modern day are far more dangerous.

Conquering phobias of this sort usually calls for a behavioral approach, and your husband is on the right track. What you need is gradual exposure, starting perhaps with pictures of snakes, combined with relaxation exercises. Glance at the picture; breathe deeply. Once you can do that, move on to a TV image. Again, breathe deeply. Once you can do that, you might try being in the same room with a small snake in a cage. Take it slow, though. Going too fast will backfire. Then again, notes Michael Gitlin, professor of psychiatry at UCLA, maybe it doesn't matter. "If you live in a city and you're afraid of snakes, so what? It's like living in the desert and having a fear of elevators. It doesn't come up, so it doesn't much matter."

Q I talk to myself all the time, and sometimes I even respond aloud to questions I mentally ask myself. Is this a mild form of schizophrenia?

Not so long as you're the only one talking. If you hear voices that seem to come from outside yourself and they tell you to do something stupid, like kill your aunt Margaret, drop this magazine and get to the ER right now. But

regular old talking to yourself is a normal human quirk. We rehearse what we'll say to someone we want to impress. We think up wittier replies for that recent conversation in which we failed to impress, and sometimes, like you, we solve problems.

NASA consultant Wood says you're using a "think-aloud protocol." Studies show that students often perform tasks better if they think out loud. Psychologists would once ask test subjects to think aloud so that researchers could figure out how they were solving the problems. But time and again, they found that these subjects did the tasks better than those who remained silent. So long as you don't overdo it in public, keep up the conversation with yourself. It's only helping.

Q Why do I love tapping, drumming, and other repetitive rhythmic behavior? Am I borderline autistic? The same is true of my dad, but it drives my mom and my wife crazy. Is this a gender thing?

It's not a gender thing, and just because some autistics engage in repetitive behaviors, that doesn't mean you, too, have autism. The experts we talked to gave you a different diagnosis: anxiety. "The next time you tap, stop for a moment and identify what you might be getting yourself anxious about," counsels Pelusi. Is it your job? Maybe it's your wife. Facing anxiety directly is a better way of dealing with it, because while tapping may be a short-term relief, you're not dealing with the root problem. Himmelsbach adds that you may also have excess energy. "Go with the flow: Take up running, or become a drummer," he urges. Now, that'll make your wife miss your tapping!

Q After years of hard work, I'm up for a promotion, and I'm pretty sure I'm going to get it. But I'm terrified, because that will mean I'll have to run meetings and do more speaking in front of groups of clients. I hate this. I get short of breath sometimes and feel like there's a weight on my chest. My palms sweat. I suspect this is a bigger problem than my deodorant can handle.

Unless your deodorant contains beta blockers, you're right. It's a bigger problem. What you have is a limited form of social anxiety disorder. Many people report "stage-fright" jitters, a general feeling of unease before speaking to groups. Joining a public-speaking organization like Toastmasters is a great idea for most people with stage fright. But Harvard psychiatrist Olds notes that your shortness of breath "is a little un-

usual," and that you're a good candidate for medicines like beta blockers, which counter the physiological response. It's useful to note that such fears are self-fulfilling. Ask yourself: Are you at the point where you're more afraid of sweaty palms than you are of running the meeting? If you can recognize this as a self-fulfilling prophecy, perhaps you can nip it in the bud.

Q Sometimes I feel like a cold fish. My son's difficulties at school don't move me, my wife's bad day is unimportant. Then that heart-string-pulling phone company or holiday-time beer ad on TV makes me weep. Am I nuts?

Not at all. Emotions are tough stuff. And all of us, at one point or another, have our cold-fish moments. But you should recognize that you are probably displacing real emotions about something (your family, perhaps?) into the fictional commercial. You cry about that because it's safe, whereas crying about what's really going on is not safe. "An authentic appraisal of your relationship with your wife might cause a disruption in your relationship, causing you to take responsibility, so crying at the TV ad allows you to evoke the emotion in an abstract way and avoid the hassle," says Pelusi. "People have a tendency to distract themselves from the difficult and painful process of having an actual relationship." It works in the short run, but in the long run taking responsibility for your feelings and addressing your emotions, however tough, is the only way to deal with them. Courage, man, you're not crazy. You're human.

WORRIED ABOUT YOUR QUIRKS?
E-mail questions to AmINuts@rd.com for us to analyze in a future issue.

WAIST NOT, WANT NOT

Recently, I strapped on a step counter and went for a walk with my mother.

"What's that?" she asked.

"An exercise tool that keeps track of your steps," I said. "I'm hoping it'll help me lose weight."

Clearly unconvinced, she asked, "Wouldn't it work better if it counted your bites?" ANGELA GIACCI

After a distressing report from my doctor that my cholesterol was too high, I decided to try the diet and exercise route before resorting to medications. I tried to make an appointment with the roommate of a friend, who is a dietitian.

Unfortunately, she couldn't see me, my friend said, because "her plate is too full."

DIAN SMITH, in The New York Times

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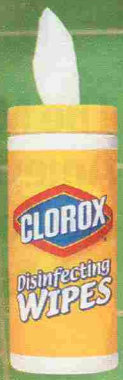
Earlier today

YOUR HUSBAND WASN'T QUITE AS ACCURATE

as he likes to think he is.



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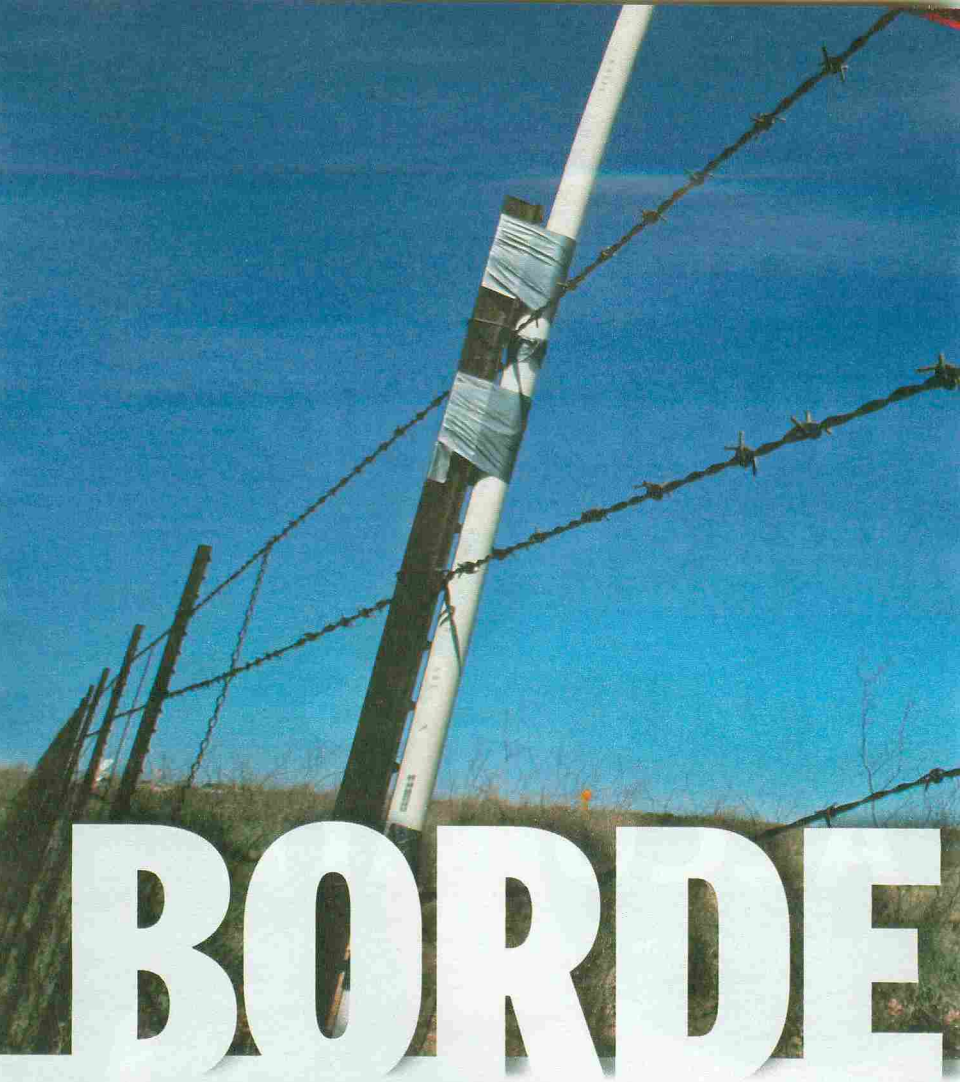
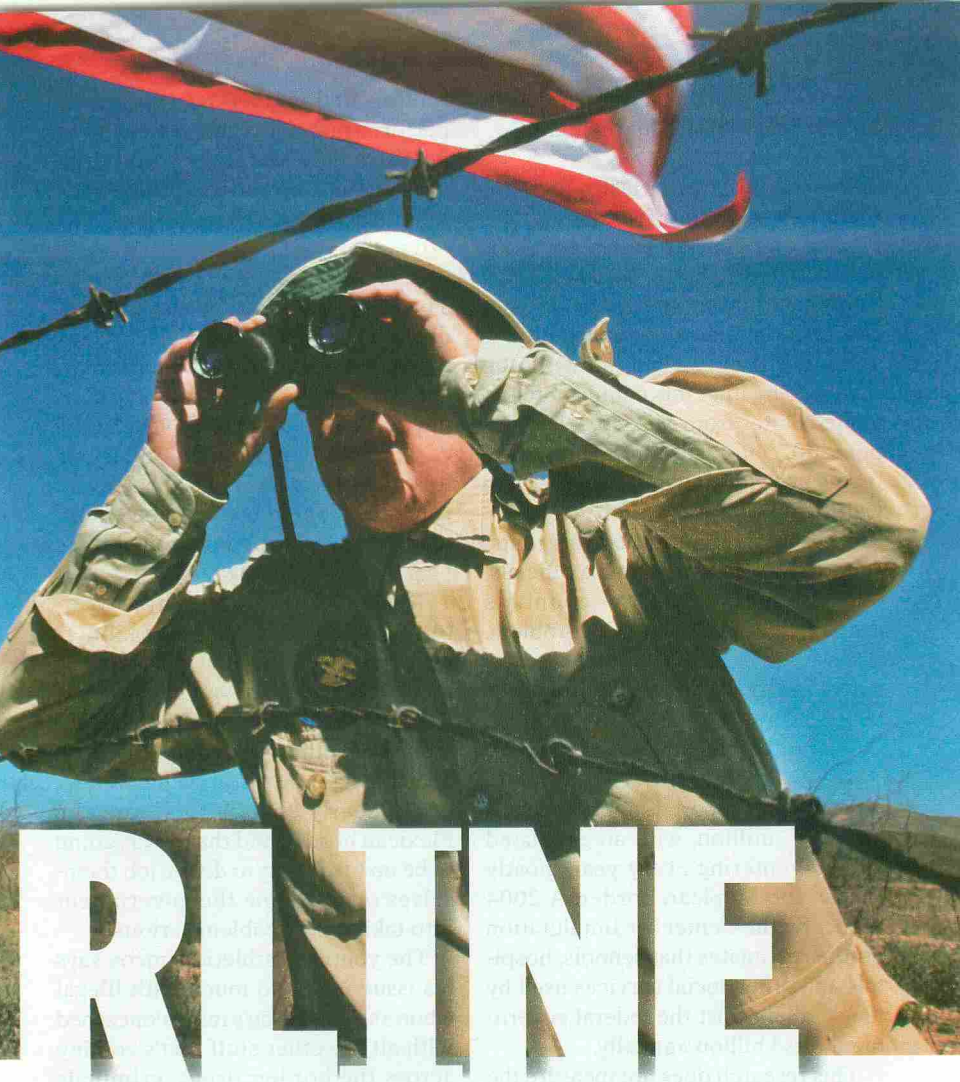


BORDE

The Minutemen say they're making America safer. Others think they're racists out to stop Latino immigrants. Are they saints or sinners? BY DEREK BURNETT



RLINE

YOU HEAR THEM before you see them—shoes scraping on the pebbly Arizona desert floor. Then two figures loom into view, shadows among the creosote and cholla. Others follow. They enter the dirt roadway just a few feet from the patrol's post. When the figures are halfway across, the waiting men turn on their powerful lights, and the night bursts to life.

There are 30 migrants in all, and most of them rush north, blinded, past the sentinels. But six—five young men and a woman—stop where they are.

Q. SAKAMAKI/REDUX

This is their fourth night in the desert, and they have given up the fight.

THE MEN HOLDING flashlights are members of a controversial civilian border-watch group called the Minuteman Civil Defense Corps (MCDC). Tonight, 20 miles southwest of Tucson, 15 of them have set up a military-style line along a road known to be traversed by migrants coming into the United States from Mexico. It is October 2005, and similar Minutemen teams are working at locations from California to Texas. Their goal is to intercept undocumented migrants, report them to government officials, and make a dent in the country's growing illegal immigration problem.

THE NUMBER OF "unauthorized migrants" living in the United States, according to a 2005 Pew Hispanic Center report, is approaching 11 million, with an estimated 700,000 entering every year, mostly across the Mexican border. A 2004 report by the Center for Immigration Studies estimates that schools, hospitals and other social services used by illegal aliens cost the federal government $10.4 billion annually.

This research does not measure the cost to local and state economies, or take into account the larger economic impact, both positive and negative, of the illegal work force—from its effect on wages and the price of goods, to the creation of a booming new market of consumers. Many industries rely on undocumented workers to perform menial or dangerous labor for extremely low wages. And ordinary citizens hire them for domestic jobs—caring for their homes and, often, their children.

THE MINUTEMEN ARE, by and large, ordinary Joes: businessmen, electricians, draftsmen. Many are ex-military; most are over 40, dressed in jeans and cowboy hats, jackets and gloves. In the dark, they sit on lawn chairs, trying to stay warm and awake. Those who can afford it hold night-vision equipment on their laps. Almost all of them bear sidearms in holsters.

The MCDC was founded by 45-year-old Chris Simcox, a former kindergarten teacher who left Los Angeles after 9/11, fearing it would be the next terrorist target, and moved to Tombstone in southern Arizona. There, he decided that U.S. patrol agents weren't doing nearly enough to secure the Mexican border, and that it was going to be up to citizens to do the job themselves or to shame the government into taking the problem seriously.

The youthful, athletic Simcox says his issue is not so much with illegal laborers. He says he's more concerned with all the other stuff that's coming across the border: drugs, criminals and, potentially, terrorists. "If the U.S. government can't stop poor Mexican women carrying babies," Simcox says, "it doesn't give me much confidence that they can stop well-funded, resourceful terrorists."

Last year, the Border Patrol appre-

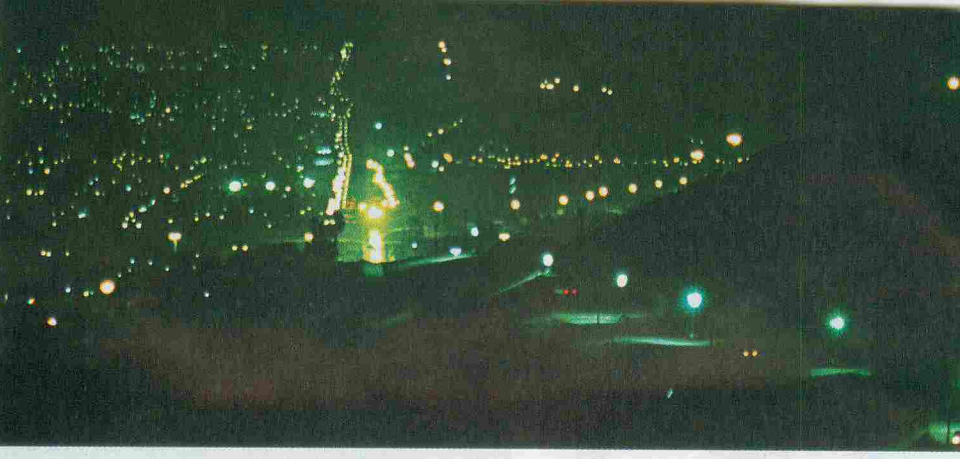
COURTESY DEREK BURNETT

Minutemen founder Chris Simcox drives in the desert before a patrol.

hended some 1.2 million undocumented migrants and confiscated more than 1.2 million pounds of drugs. And in January, agents discovered a half-mile-long tunnel, the suspected work of an organized drug-smuggling group, that connected a warehouse in Tijuana with one near San Diego.

Darryl E. Griffen, the Border Patrol's San Diego Sector chief, points out that as drug- and human-trafficking cartels become more sophisticated, the likelihood that they'd be willing to move terrorists and their weapons across the border grows. "One avenue of approach for those wishing to do harm to this country would be across that Southwest border," he says. "This is on our minds every day." The number of arrests of illegal immigrants from countries "other than Mexico" was 155,000 in the last fiscal year (649 from countries such as Afghanistan, Iraq and Yemen), more than quadruple the number from 2002.

BACK IN THE DESERT outside Tucson, two-way radios crackle as the Minutemen relay information to their communication center, where calls will go out to the Border Patrol. Members of the group speculate that the six who surrendered might be a sacrifice group. Human smugglers—who charge anywhere from $1,500 to $3,000 per person—have earned their nickname: coyotes. Minutemen speak of them with alternating admiration and disgust. Coyotes know every inch of this terrain, can lead a group along imperceptible trails on the blackest of nights, yet are said to rob their clients, to rape the women, to abandon them in the desert. The six now sitting slumped in the roadway either are completely spent from four nights of



ROBERT YAGER

desert travel or were ordered by the coyote to surrender so the rest of the group could escape—or both.

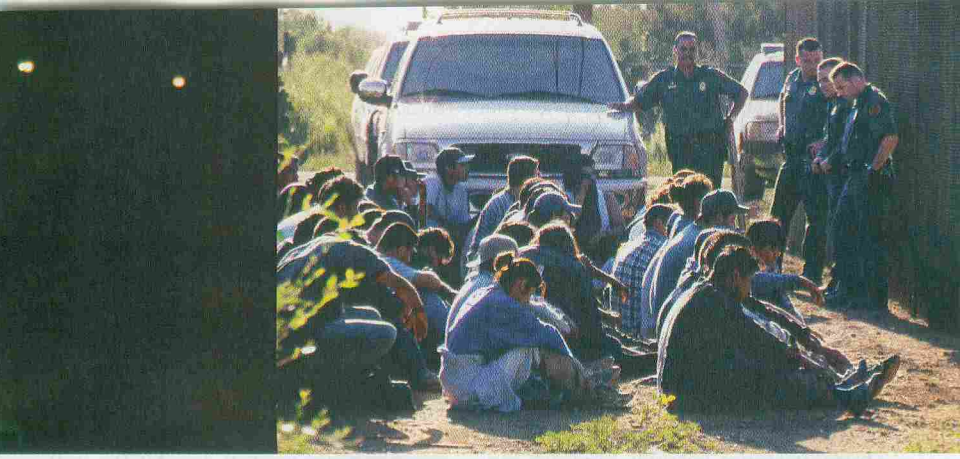
One of the migrants looks toward the blinding lights. "*Agua*," he says. "*Por favor. Agua.*"

None of the Minutemen have said a word to the Mexicans. No guns have been drawn, and there has been no physical contact. Then a Minuteman steps forward and sets a bottle of water down. "*Gracias*," the young man says. There is no response.

SIMCOX INSISTS that his group, which claims to have recruited 4,000 supporters, is not a militia. He also eschews the *vigilante* label, pointing out that a vigilante is someone who takes the law into his own hands. "We simply observe and report," he says. "We're the world's biggest neighborhood watch."

But according to a 2005 report by the Southern Poverty Law Center (SPLC), which monitors hate groups and extremists, in its early days the MCDC was more hands-on. The group was originally called Civil Homeland Defense and referred to itself with such descriptors as *vigilante* and *militia*, according to the report. Simcox apparently once boasted that his group had captured a total of 5,000 Latino migrants. Mark Potok, a staff director with SPLC, insists that MCDC follows in the tradition of other, more violent and racist civilian border patrols—including the Ku Klux Klan. "This is the latest outgrowth of a long history of American vigilantism," Potok says, "and it's a scary history."

Simcox bristles at such accusations, arguing that he was the perfect person to start the MCDC because, he says, "I'm squeaky clean." He points out that he was once married to a black woman, is the father of a biracial son, and was the head of the diversity committee at the California school where he taught. Furthermore, Simcox says, potential MCDC members must pay $50 to cover background screenings for membership in racist organizations—and any Minuteman



ALEX QUESADA/WPN

Most illegal crossings occur at night, along stretches of the border less well lit than the one above, photographed at about midnight on September 16, 2001; Tijuana is on the left and San Diego to the north. If caught, migrants (the group at right was found near Douglas, Arizona) are routinely transported back to Mexico.

spouting racist rhetoric is sent home from patrols. "This is the last place those people want to be," he says, "because that's not our message."

THE MCDC DOES NOT DISCLOSE its member count, but human-rights organizations say the number of Minutemen participants is consistently lower than the group anticipates, and that not more than a couple hundred people showed up for last October's event.

Those who participate in MCDC's patrols come from all over the country, and for all sorts of reasons. Nelson Moeller of Reading, Pennsylvania, said that he was motivated to join last fall after seeing a photo of a young Mexican girl who had died in the desert trying to enter the United States. A 70-year-old Marine Corps veteran named Dave Jones saw his participation with the Minutemen as his final call to glory. "When September 11 happened, there wasn't a goddamned thing I could do about it," he says. "I volunteered to go to Iraq, but I was too old, too fat. When I heard about this, I knew it was something I could do. I want my children and grandchildren to know that I stood out here on a line and did my part."

Others are more extreme in their views, even suggesting that the tide of illegal immigration is part of a radical Mexican plot to take back the Southwest. Bob Kuhn, a land surveyor in charge of one of the group's Arizona operations, joined the MCDC because he believes the American way of life is in immediate danger. "If we don't fight for this, we're not going to have a country in another 10 or 15 years," he says. "There's the Third World, and there's us white men trying to live our way of life. Once you

realize what's happening, you see that our country is being invaded." Kuhn says he's willing to die for the cause, and has begun moving into dangerous territory, nosing around suspected safe houses and drug lairs. Armed with only a handgun, he'll be in real trouble if he surprises a group of drug runners carrying AK-47s, and he knows it. But he doesn't care.

THE CHIEF CRITIC of the MCDC is human-rights activist Enrique Morones, who is proud to be the first dual citizen of Mexico and the United States. Morones heads Gente Unida (United People), a coalition of rights groups focused on border issues. He supports Mexican President Vicente Fox's characterization of the Minutemen as "migrant hunters," and is pushing for the investigation of the mysterious shooting deaths of four migrants last summer. (The Minutemen deny responsibility, and a Border Patrol spokesman says the agency is unaware of any unexplained deaths.) "Whatever you think about illegal immigration," says Morones, "standing on the border with guns is not the answer. It promotes the worst of the American spirit."

The Border Patrol adopts an officially neutral stance on groups like the MCDC, "provided they abide by all federal, state and local guidelines," says sector chief Griffen. Their weapons must be registered, and members must not do anything that could be construed as attempts to detain migrants—conditions by which all of Simcox's volunteers, having weathered scrapes with the ACLU, now take an oath to abide. So far, a Border Patrol spokesman says, there have been no reports of Minutemen interfering with the agency's work. To the contrary, by the end of last October's operations in Arizona, Border Patrol agents had begun eagerly accepting intelligence gathered by the Minutemen and responding quickly to their calls.

THIS MONTH, the MCDC will launch another operation in all four Southwestern border states. Meanwhile, President Bush has proposed a temporary guest-worker program that would, in part, provide safe passage for migrants who hold down jobs and become productive members of American society. Three major proposals have also been floated in Congress. Two are versions of guest-worker programs. The third, which passed in the House of Representatives and is overwhelmingly supported by the Minutemen, calls for the construction of fencing from the Pacific to the Gulf of Mexico. Vicente Fox—whose country receives $20 billion annually in the form of "remittances" sent by Mexican workers to their families—says the bill's passage was "shameful." Others argue that such a fence would probably do little to cut down on illegal immigration.

ONE AFTERNOON back at last October's operation, a Mexican named Vicente Rodriguez gestures toward the armed

men and women seated on lawn chairs beneath American flags in an area south of San Diego. Standing on the Mexican side of a low, rusty border fence that most adults could simply step over, Rodriguez speaks in perfect English. "America needs manual labor; that's the bottom line," he says. "The problem is, the laws of the land don't fit the economic reality. The United States is changing." He nods toward the Minutemen. "They want it to stay the same."

Some of the Minutemen acknowledge that what they are reacting to is globalization. "We outsource all the jobs, and then insource all these replacement workers to whom companies don't have to pay [a fair] wage," says Tim Donnelly, head of the MCDC's California chapter. "There are people who are profiting, just as there were people who were profiting back in 1775," he goes on, making reference to the original Minutemen. "But we small few will bring this nation back in accordance with its founding principles."

IN SOUTHERN ARIZONA, a white Border Patrol pickup truck emerges from the dark. The six migrants sitting in the road quietly pile into the back of it, while two Border Patrol agents suit up in what looks like black riot gear in pursuit of the 24 who fled.

In the morning, the Minutemen will learn that all 24 were apprehended. As for the other six, they will be processed and returned to Mexico within a few hours. It is likely that they will try to come north again another day, once they've managed to save up the money. If they succeed before a solution to the border problem is found, the best they can hope for is to somehow blend into the landscape, finding work, finding family, keeping a low profile, and living out their clandestine lives in America.

HEEL! ROLL OVER! FETCH THE REMOTE!

I needed help training my rambunctious dog. So I decided to sign him up for some obedience classes. Flipping through a catalog, I found one class that seemed perfectly suited for my pup. The description read "Dog Obedience, Monday; weeks: 8; Instructor: Catt." ANN MCKENRICK

The great thing about bumper stickers is they give proud parents a chance to boast about their children. The driver of the pickup in front of me was no different. His bumper sticker crowed "My Australian Cattle Dog Is Smarter Than Your Honor Student."

STEWART BEUCKER

Crew 6 member Susana Mendez lines up with her teammates during a brush-clearing drill.

Out of the Ashes

As they fight fires in California, these young women inmates are testing themselves—and sparking new hope for their future

BY KENNETH MILLER

LIKE MANY HOMES in Los Angeles, the concrete-and-glass mansions of Mandeville Canyon are vulnerable to wildfires. On a crisp January morning, a detachment of inmates from a nearby correctional institution is performing preventive maintenance along a brush-covered hillside. In orange fire helmets and khaki shirts, two of them slash at the chaparral with chain saws, while a dozen others pass the cuttings down to the canyon floor. The object is to clear a buffer between the multimillion-dollar houses on the ridge and the flammable vegetation below.

Across the country, inmate crews provide similar services to their communities. But this team is different. When a guard yells, "Curtis, take a break," one of the saw slingers scrambles up the slope. Off comes the helmet, and Curtis, 19, shakes loose a coil of braids, bleached at the tips. Off come the goggles, revealing a pair of large brown eyes accented by expertly plucked brows. Off come the heavy gloves, and Curtis's bubblegum-pink nail polish gleams. From her rucksack, she pulls out a bouquet of wild lemon verbena. "Want a sniff?" she offers politely. Then she buries her face in the blossoms.

PHOTOGRAPHED BY ROBERT YAGER

Crystal Curtis belongs to the nation's only firefighting program for female juvenile offenders. The members of Crew 6, based in Camarillo, California, range in age from 18 to 23, but almost all committed their crimes—including carjacking, kidnapping and armed robbery—before they were old enough to vote. Curtis is in for vehicular homicide. Before she came to the program, she says, "I was pretty selfish. I didn't take responsibility for what happened." Now, she spends her days safeguarding homes and parkland, and her evenings taking college classes. During the fire season, she battles blazes alongside seasoned flame jumpers from the California Department of Forestry (CDF).

Crystal Curtis (above, and shearing wildfire fuel with a chain saw) is serving time for vehicular homicide.

Crew 6 was on the front lines of last fall's monstrous Moorpark blaze, cutting firebreaks and hauling hoses. In January 2005, when a mud slide buried the beachfront community of La Conchita, killing 10, the crew helped dig through 30 feet of muck in a futile search for survivors. "They're doing great things," says Scott Hughes, an officer with California's Mountains Recreation Conservation Authority. "They're saving houses. They're saving lives."

The program's larger mission: saving girls like Crystal Curtis.

THE DAUGHTER of amphetamine addicts (both now recovering) who divorced when she was four, Curtis grew up in the custody of a teetotaling aunt in the San Fernando Valley. She did well in school when she applied herself—made the dean's list, went out for cheerleading, joined the drama club. At age 14, however, after her mother moved into the household, Curtis began rebelling. She played hooky and stayed out past curfew. Although she insists she hated alcohol and drugs, she started hanging with kids who used both. Busted after riding with a pal who'd stolen a car, she wound up on probation. And just before her 17th birthday, in May 2003, she ran away from home.

She spent the next few months living with friends. That September, she rode with one of them to a party near Palm Springs; by morning, her companion was too drunk to drive, so Curtis took the wheel. They'd made it all the way back to the Valley when her passenger screamed her name, and Curtis awoke to see that she'd drifted

into the oncoming lane. She braked hard, sending the car into a spin, and hit a motorcycle. Curtis and her friend were unhurt, and she phoned the police from a call box. Then she walked down an exit ramp and into hiding.

The next day, when Curtis called her father, she learned that one of the motorcycle's riders—a young woman—was dead. At her parents' urging, she turned herself in and was eventually sentenced to three years at the Ventura Youth Correctional Facility in Camarillo, 50 miles north of Los Angeles, where all of California's young female offenders are housed.

FEMALES ACCOUNT for only 16 percent of America's juvenile correctional population, but due to a variety of factors—drugs, gangs, a general shift in women's place in society—their numbers are growing fast. Experts say their problems differ from those of their male counterparts. Guiding them into productive lives requires different strategies. Yet few correctional programs have been designed expressly to help rehabilitate young women.

Crew 6, founded in 1990, is one of them. To qualify for the fire crew, an inmate must establish a record of good behavior, with no escape attempts. She must pass a fitness test and a 64-hour fire safety and suppression course.

The crew occupies one wing of a large brick cottage, on a wooded campus ringed with 12-foot fencing and razor wire. Each member rooms alone or with a bunkmate in a 6-by-8-foot cell. Most days, the firefighters line up for inspection at 7 a.m., and by 8:30 they're in a California Department of Forestry van, headed for several hours

Samantha Nguyen now suits up for her job on the outside with California's Department of Forestry.

of labor—supervised by unarmed guards and a CDF fire captain—on public lands throughout Ventura and L.A. counties. By 5 p.m., they're back behind the gate. After dinner the young women take part in classes and therapy—victim awareness, drug counseling, anger management.

Crew members earn a dollar a day (or a dollar an hour during fire duty), and can receive care packages and extra rations. They're able to score reduced sentences more quickly than other inmates. But to many, it's the intangibles that really count. "My first fire, people were smiling at us and clapping," says Elvia Esquive, 19, a former gang member doing time for robbery. "I don't feel as empty as I did before."

The program's administrators say its recidivism rate (the proportion of parolees later re-incarcerated) is an impressive 10 percent, significantly lower than the estimated 91 percent that prevails elsewhere in the state's juvenile correctional system. Alumnae call back to report on their new gigs as nurses, loan officers, restaurant hostesses and beauticians. And a few go on to become professional firefighters.

"A lot of these girls have never had a job," explains Jeffrey Scarberry, the crew's resident parole agent. "Many are from the inner cities; they've never hiked up a mountainside. You can see them developing work habits. They're eager to get up and get going in the morning." Some graduates go back to their old neighborhoods and old ways. But for those with a desire to change, Crew 6 provides the tools for transformation.

SAMANTHA NGUYEN can attest to that. Born in Vietnam, Nguyen is one of nine siblings; she spent her early childhood in an Indonesian refugee camp before settling with her family in a blue-collar neighborhood of San Jose, California. Her hard-working parents had their hands full, and Sam started running with a gang—and shuttling in and out of juvenile hall—at age 13. At 16, she was addicted to

crack cocaine. But by 17, when she was sent to Ventura for driving the getaway car in a kidnapping-robbery, she was desperate to make a fresh start. "I was so torn and brokenhearted," she says. "Seeing my mom cry in court, it was the worst I'd ever felt. I was at rock bottom."

She set her sights on Crew 6. "I'd always put my life on the line for something bad," she says. "I wanted to do that for something good." The program imposes a waiting period for those who've committed violent offenses, and it took Nguyen three years to qualify. Meanwhile, the brunette with a dazzling smile earned her GED and associate's degree, took lifeguard training and volunteered for every job in the joint. In early 2002, she finally made the cut.

Nguyen was soon fighting brush fires, but it was another kind of operation that revealed her calling. One morning, the crew was returning from an exercise when a group of hikers alerted them to an accident: Up the trail, a pair of mentally disabled students on a field trip had fallen off a cliff, and their teacher had been injured trying to help them. Nguyen was one of two crew members who climbed halfway down the precipice to the ledge where the teacher lay bleeding from a head wound; she kept the woman conscious and comfortable until her comrades could lower a backboard and haul her to safety.

The incident stirred something deep in Nguyen. "It was like, 'Wow, I'm actually doing something right for the first time.' " And it gave her a long-term goal. After her release the following year, she spent months completing firefighter training, then landed a job with the state forestry department near Monterey.

Today, Nguyen fights fires half the year; when the dry season ends, she plans to pursue her BA, and has been accepted at California State University, Sacramento. Eventually, she hopes to get a PhD in child psychology, so she can someday counsel girls like her younger self. Each Christmas, she comes back to speak at Crew 6's awards dinner. "Every opportunity you get, grab it," she tells the assembled inmates. "If you can do this, you can do anything."

THAT MESSAGE has hit home for Crystal Curtis. When Curtis arrived at Ventura, she says, she was in a state of self-absorbed denial. Why did this have to happen to *me*? she'd ask herself. It was the sound of carols at the inmates' Christmas party that breached her defenses. She rushed to the bathroom and collapsed, weeping uncontrollably. The next morning she awoke finally understanding that a person had died because of what she'd done. "It didn't matter how much time they gave me," she recalls thinking, "because I would always have to live with that fact."

Curtis began to try to find a way out of the abyss. "What I knew how to do best was to flee from my problems," she says. Now she was going to face

them. She threw herself into counseling sessions, going over the accident again and again in an attempt to grasp her victims' pain. She also focused on her studies, working steadily toward her GED. And in spring 2004, in recognition of her efforts, she was tapped to join Crew 6.

THERE IS a hierarchy on the fire crew: At the top is the swamper, who supervises the team. Next come the sawyers, who carry the chain saws, followed by the pullers, who snatch away cut brush and carry the fuel cans. Finishing up are squads who wield Pulaskis (hoes to dig up stumps) and McLeods (rakes to scrape away remaining debris).

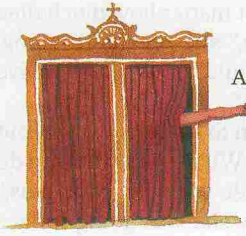
But Crew 6 also teaches inmates to handle change as well as structure. When California's frequent natural disasters strike, the crew's schedule goes out the window; a firefighting shift can last 48 hours. And the hierarchy is actually a meritocracy.

Crystal Curtis started as a puller. Her first big job was at Yosemite National Park, where she helped fight a 6,000-acre fire; the smoke was blinding, and falling branches sometimes knocked her to the ground. "I thought, I just want to give up, this is so hard." But she pressed on, and when the fire was contained, she sat on a log and marveled, "My gosh, we did that?" It was, she says, "an awakening."

She quickly rose to sawyer. She carried her equipment up hills that seemed impassable and, climbing through spider-infested brush, conquered her old fear of bugs. Homeowners thanked her, and fire captains praised her. She volunteered to lecture at local schools on the dangers of delinquency. And despite her terrible past, she began to believe she might have a future.

Curtis is scheduled to be paroled in August. She plans to move in with another aunt; her father, who shares the house, is eagerly awaiting her return. "He's already got college applications for me," she says. A job may be waiting as well: One of her dad's church friends is a retired fire captain with excellent connections.

Curtis still isn't sure what she wants to be when she grows up, but she definitely has a new set of priorities. "I want to do positive stuff for other people," she says. "I want to be a good person on the inside."

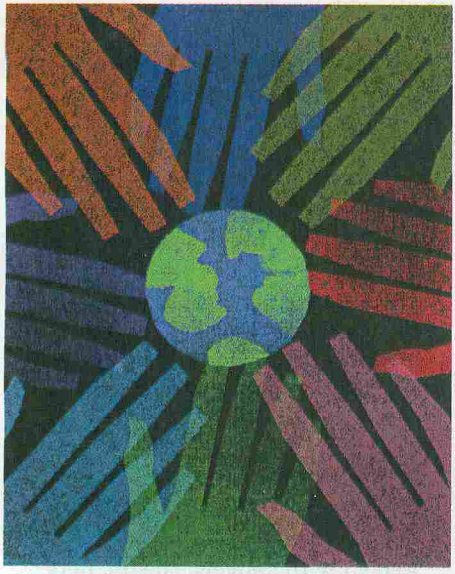


YOU DON'T SAY!

As any devout Catholic will tell you, going to confession allows people to get a lot off their chests. Sometimes too much. I was waiting my turn at the confessional when I heard a priest admonish one penitent, "Please limit your confession to your own sins."

BEATRICE RODRIGUEZ

In Our Hands



JIM FRAZIER/IMAGES.COM/CORBIS

Simple ways we can all be champions of the earth

BY LISA GOODMAN

ORDINARY CITIZENS throughout the country are quickly becoming the newest superheroes in the battle to protect the earth. Rather than emerging from a phone booth dressed in a cape and tights, this new breed of superhero looks more like the person you see in the mirror each morning.

Want to be an Eco Action Hero? There are countless ways to fight pollution and waste and become a champion for a clean earth. You may know that

unplugging the electronics you aren't using—like your VCR, boom box or cell phone charger—and turning off the power strip to your computer can save energy and money. But did you know that choosing local native plants for your garden, which thrive on the normal rainfall of your region, can save water?

From the simple decisions we all make every day to planning eco-adventures, the power to make the world a cleaner place is in our hands. Here are some ideas to help unleash the Eco Hero within you.

Feeling Hot, Hot, Hot!

Tired of squirrels, bunnies and other critters munching the tasty plants and grasses in your yard or vegetable garden? Rather than using chemical-based pesticides, try dosing your delectables with a large shaker of cayenne pepper or Liquid Fence, a natural spray made of pepper and garlic. Remember not to inhale, and to wash your hands afterward. And be sure to reapply after a heavy rain. A little "pre-seasoning" may make the vermin head for the border, and you won't turn your backyard into a toxic wasteland.

Eat Your Heart Out

Changing your menu is another way to lighten your impact on the earth. Eating certified organic means your food has been produced without the use of persistent toxic chemicals. In turn, the soil, groundwater and nearby water supplies stay healthier—and so do you and your family.

Growing your own or buying locally grown food also means lower energy and transportation costs. The shorter the distance your lettuce has to travel, the fresher it tastes on arrival—with less fuel consumption and air pollution along the way.

Local farmers' markets are a great way to shop, and some area farms even deliver right to your doorstep. Many city and suburban dwellers purchase seasonal shares in CSA (Community Supported Agriculture) farms. It's like subscribing to a season-long fresh vegetable delivery service.

To find farms and organics near you, go to **LocalHarvest.org**. You might just get your kids to eat their vegetables—and you'll definitely get extra Eco Hero points for that.

Water Warriors

Armed with shovels, shears, nets and clipboards, citizen-scientists across the country are discovering that observation is often the most critical step in identifying pollutants and protecting their own backyards and district waters. As state natural resource agencies have become increasingly short-staffed and underfunded, they are less able to detect and respond to threats. Everyday citizens can play an important role in helping protect local

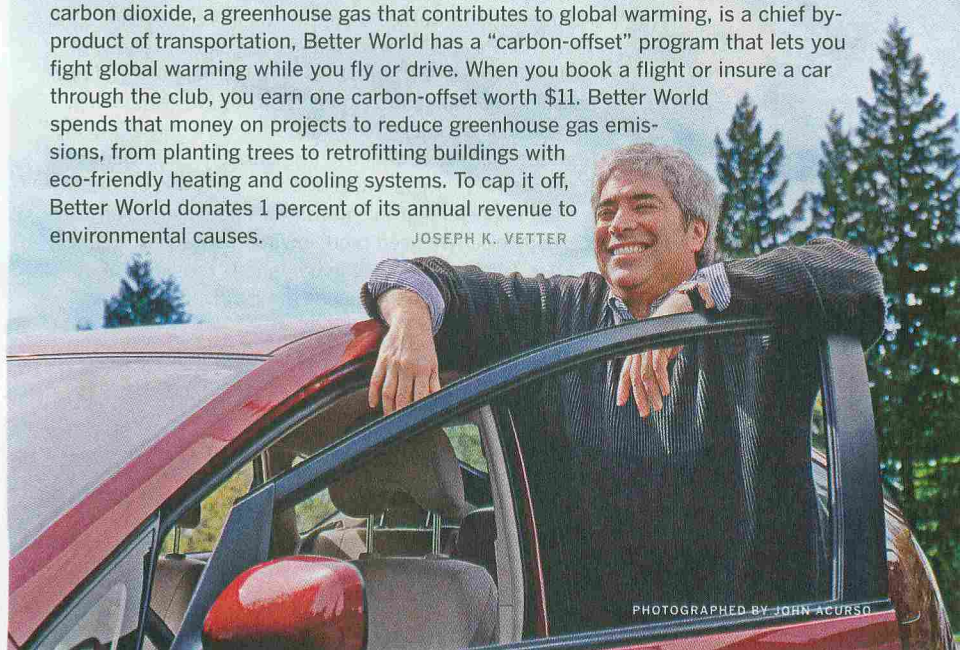
resources by serving as guardians, observers and first-responders.

Getting your feet wet in neighborhood conservation efforts can be as simple as joining your area river, lake or wetlands organization. Across North America, volunteers are helping to transform overlooked waterways into cherished assets. Many citizens' groups are even developing water-quality monitoring programs to chart the health of their local waters. And often residents are the first to discover a nasty spill or a fish kill in their area. To learn more about efforts near you, visit the River Network online directory at **rivernetwork.org**, or contact your regional chapter of the Izaak Walton League, Ducks Unlimited or Trout Unlimited.

Travel Light

Imagine if you could undo the environmental damage you cause each time you travel (think of all the pollution spewed out by your plane or car). Where most people would see nothing but disaster, **Mitch Rofsky** of Portland, Oregon, saw an opportunity. In 2002, he and partner Todd Silberman founded the Better World Club, the nation's only eco-friendly travelers' club. "We like to think of ourselves as a 21st-century auto club," says Rofsky. "We balance people's transportation needs with their concern for the environment." Besides the usual roadside assistance provided by other programs, Better World offers a range of services for environmentally conscious travelers. Since carbon dioxide, a greenhouse gas that contributes to global warming, is a chief by-product of transportation, Better World has a "carbon-offset" program that lets you fight global warming while you fly or drive. When you book a flight or insure a car through the club, you earn one carbon-offset worth $11. Better World spends that money on projects to reduce greenhouse gas emissions, from planting trees to retrofitting buildings with eco-friendly heating and cooling systems. To cap it off, Better World donates 1 percent of its annual revenue to environmental causes.

JOSEPH K. VETTER



PHOTOGRAPHED BY JOHN ACURSO

Hands-On Habitat

Reptiles and amphibians are often overlooked—and, by some of us, avoided at all costs—but these fascinating and elusive creatures can be a valuable indicator of environmental quality. By tracking population trends, and charting the presence or absence of particular species over time, scientists keep a finger on the pulse of the ecosystem. If the local population of a particular critter vanishes or exhibits malformations, it serves as a red flag. And you can help! The North American Amphibian Monitoring Program recruits and trains committed volunteer observers to listen for and identify frog calls. To try your hand at the online frog call quiz and learn if the survey is active in your state, visit **www.pwrc.usgs.gov/naamp**. Or just

Citizen Change

For the first 11 years of her life, **Jana Bendik** drank, bathed in and brushed her teeth in her home in Downers Grove, Illinois, with well water that the state EPA says was later discovered to have been contaminated. When she was 17, Jana was diagnosed with a cancer called non-Hodgkin's lymphoma, which she and her family believe was caused by the polluted well. Despite being exhausted from two years of aggressive cancer treatment, Jana worked alongside Illinois Lieutenant Governor Pat Quinn, who initiated legislation requiring polluters to pay the state EPA to notify neighbors of any possible contamination. Jana Bendik gave compelling, emotional testimony to legislators, and a July 2005 bill passed, becoming effective immediately. Says Quinn, "From the moment I talked to her, Jana was committed to preventing this from ever happening to anybody else. We need more environmental heroes like her. The highest office in the land is the office of citizen, and Jana Bendik is one great citizen."

DEREK BURNETT

PHOTOGRAPHED BY KEVIN HORAN

going on a frog hike may tap into your inner biologist! And your kids will totally think it's cool.

Taking Flight

If feathered creatures are more your speed, establish a new winter tradition this year by participating in the National Audubon Society's 107th annual Christmas Bird Count held nationwide, and throughout the Americas, from December 14, 2006, to January 5, 2007. Believe it or not, counting birds is not just a hobby; it arms scientists with valuable data. This survey helps monitor the status and distribution of bird populations across the Western Hemisphere.

As with reptiles and amphibians, the presence (or absence) of certain species can be an important measure of environmental health. Local trends can pinpoint contaminants or habitat degradation. Visit the Audubon Society website, **Audubon.org**, to get involved, and you can become a citizen-scientist even if you never touch a frog.

Get Outta Town

Ready to relax? Take a vacation—an environment-friendly getaway. What's that? You don't care to sleep on the ground and dine on nuts and berries? No worries. Ecotourism runs the gamut, from plush hotels to rustic cabins to more au naturel accommodations; but no matter the lodging, all eco-friendly destinations encourage travel that treads lightly over Planet Earth and conserves resources.

For a full-service luxurious getaway that won't completely pummel your eco-conscience, the Amaryllis Beach Resort in Christ Church, Barbados, West Indies, may be the ticket. It boasts amenities like golf and banquet facilities, but is also committed to water and energy conservation. Or, for a simpler escape, check out the Maho Bay Camps in St. John, Virgin Islands, where tent-cottages with simple furnishings and elevated walkways deter soil erosion and protect the beach and coral.

Last chance for extra Eco Hero points! Try a working vacation. But wait—it's more fun than it sounds! The Sierra Club, the American Hiking Society and the World Wildlife Fund all offer service trips that mix saving the earth with amazing locales. Whether it's improving trails in the Virgin Islands or searching for artifacts with U.S. Forest Service archeologists in Utah, these memorable trips are affordable and serve a valuable purpose.

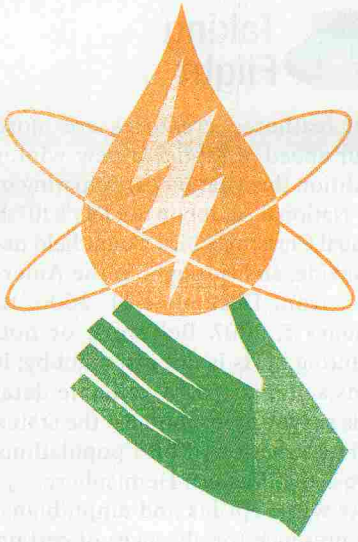
Instead of a spring break to an overcrowded resort or a summer vacation to a noisy theme park, why not get family or friends together and do something you can be proud of? Now, that will earn you an Eco Hero badge of honor.

rd.com Are you an Eco Hero? To take our quiz, and share your ideas for ways to help save the environment, go to rd.com/ecohero.

Putting a Cap on Oil

6 alternatives that finally make sense

BY SACHA ZIMMERMAN



IT'S EASY TO FORGET about the environment these days. Focusing on using less oil can seem trivial next to fighting a global war on terrorism. But driving fuel-efficient cars and turning down the heat can do more than make the air a little cleaner. These acts can strengthen our national security. At $65 and up per barrel of oil, the United States is practically funding the very nations that pose the greatest threats to our safety. Imagine if we had other sources of energy to power our lives.

We do. Alternative fuels are here, and they could transform our power grid. The following are some options that electric and fuel companies are already using to generate energy. Visit **SmartPower.org** to see how your town can commit to clean energy now. After all, it's up to us to define the next chapter of world energy.

Wind Increasingly, air's kinetic energy is being converted by wind turbines into electricity for homes and businesses. A turbine can cost anywhere from $250,000 to upward of $1 million, depending on its size. But a single turbine can produce enough electricity to power up to 300 homes. Since the wind doesn't blow all the time, however, communities and businesses still need to rely on local power companies as a backup. Check out the American Wind Energy Association's website: **www.AWEA.org**.

Solar Forget about putting a mirror on your roof. Nowadays sophisticated solar-energy systems called photovoltaics produce electricity from

ILLUSTRATED BY JIM FRAZIER

the sun. Photovoltaics run $14,000 to $20,000, but these systems can substantially cut homeowners' electric bills, depending on sun exposure and electric rates. *Excess* energy can even be sold *back* to the electric company for more savings. However, solar energy often needs to be supplemented by another power source at night. You can learn more at *Solar Today* magazine: **SolarToday.org**.

Ethanol Currently, ethanol is primarily made in this country from corn, and is competitively priced with the gasoline it replaces. A 10% ethanol/90% unleaded gasoline combination known as E10 is used in roughly one-third of all gas pumped in the United States; you might have some in your car right now. Plus, "flexible fuel" vehicles (FFVs) are on the market; they're designed to run on an 85% ethanol/15% unleaded gasoline mix called E85, and can use just gasoline when E85 isn't available. For now, though, ethanol production requires a great deal of energy, so its efficiency is debatable. Check out **E85Fuel.com**.

Biodiesel Made from crops like soybeans, biodiesel is a nontoxic fuel that can be mixed with petroleum diesel or used alone to dramatically reduce emissions. Diesel engines can run on biodiesel right now, with little or no modification to the engine or fuel system. And biodiesel is competitively priced with regular diesel—though it, too, depends on energy to be produced. Go to **Biodiesel.org** for more.

Nuclear When uranium, a metal found in rocks, is processed in a nuclear reactor, thermal energy is created. This energy introduces no greenhouse-gas emissions into the air or water, and is affordable. Currently, nuclear power provides 20% of the country's electricity, but the infrastructure is already in place to provide sustainable energy on a more massive scale. Once uranium has been processed for energy, however, it's considered "spent fuel"—or radioactive nuclear waste—and its storage and disposal pose serious safety concerns. For more, go to the World Nuclear Association: **World-Nuclear.org**.

Hydrogen How can you generate power without emitting anything but clean water? Hydrogen fuel cells. Unfortunately, separating pure hydrogen from other compounds, like hydrocarbons or water, means using an alternate energy source. Storing hydrogen is also difficult; its density is so low that it's tough to put a lot of hydrogen into a small space. That's one reason why—though most auto companies have a hydrogen program—hydrogen cars and fueling stations are hard to find. Nevertheless, hydrogen fuel-cell stacks are available in some markets to power homes and businesses. And many areas are rapidly progressing: California has a "Hydrogen Highway" plan, and several states have initiatives to ramp up hydrogen infrastructure. Visit **HydrogenForecast.com**.

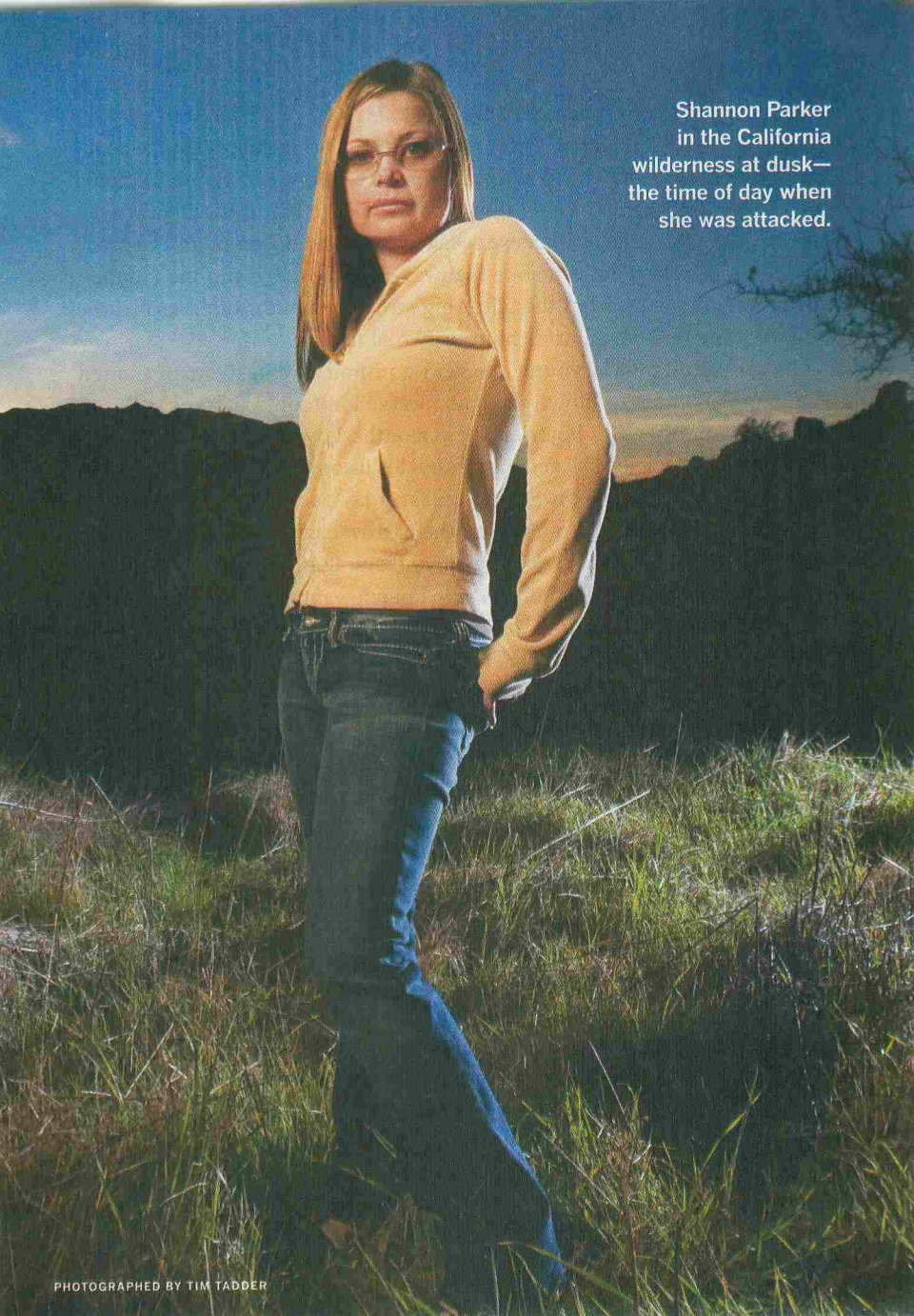
rd.com For more about RD's fuel-saving program, see page 6 or go to rd.com/saveagallon.

BONUS READ

CORNERED

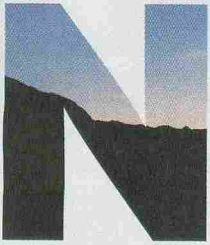
She stopped at a turn in the trail and locked eyes with a deadly predator

BY KENNETH MILLER



Shannon Parker in the California wilderness at dusk—the time of day when she was attacked.

PHOTOGRAPHED BY TIM TADDER



Nothing about the River Trail suggests it might be a place where death waits patiently in the shadows. The footpath, in Central California's Sequoia National Forest, winds above the swift Kern River, passing through stands of incense cedar, live oak and digger pine. The grade is gentle, a state highway runs close by, and the laughter of kayakers floats up from the glittering stream. Families often crowd the trail, heading for a swim or an hour or two of fishing.

On June 26, 2004, a young medical-equipment saleswoman named Shannon Parker set off down the path, dressed in tennis shoes, a tank top and a bikini bottom. Her boyfriend of 18 months, Loyola University law student Mathias Maciejewski, and his classmates Jason Quirino and Ben Marsh were with her. It was six o'clock on a Saturday evening, and though the summer sun was still far from setting, the narrow canyon was already growing dark. The four friends were the only hikers. But they were not alone.

Despite the scenery, Shannon, 27, didn't much want to be there. A proudly citified country girl, she saw little point in hiking; for exercise, she preferred the health club near her apartment in Santa Monica, more than 100 miles due south. Her idea of beauty had more to do with firm abs, a good hairdo and a sexy pair of jeans than with an untamed landscape. When she went to the beach, she kept to the sand—the thought of sharks made her nervous. Mathias, however, was an avid trekker who'd bagged peaks in Ecuador and Peru. He begged her to join his weekend expedition, so she drove in from her parents' place in nearby Bakersfield. The group spent the day playing in the river, and planned to have a last splash before returning to camp for dinner.

After they walked about a mile, Mathias declared that he had found the perfect spot. To Shannon, however, the path down to the water appeared treacherous; she'd had enough boulder-hopping for one day. "I'm going to the car," she called as the guys sprinted for the rapids.

"I dropped my sunglasses somewhere," Mathias hollered back. "See if you can find them."

Shannon hadn't gone far when she found something else: a dun-colored mountain lion, crouching 20 feet in front of her in the brush along the edge of the trail. She and the animal locked eyes for a split second. Then it hissed, bared its teeth and leapt.

According to researchers, there've been just 88 mountain lion attacks in North America since 1890, and 20 were fatal. Dogs kill about a dozen people every year—"way more than have been killed by cougars," says Lynn Sadler, president of the Mountain Lion Foundation, a conservation group based in Sacramento, California. The predators' main quarry is deer, and no one knows why they occasionally sample human flesh. One theory is mistaken identity: A cougar's eyesight relies largely on shape and movement, and under certain circumstances a person may resemble meatier prey.

However rare, there is a special, primal horror in a cougar attack—one that calls up some of our species' most ancient nightmares. A mountain lion generally kills a deer by crushing the animal's windpipe in its powerful jaws. Since humans have shorter necks, cougars most often latch onto the head, and then shake the victim back and forth like a house cat playing with a bird.

That's what happened to Shannon. The cougar clamped its sharp teeth onto the right side of her face and pulled her to the ground. But she fought back. She pummeled and kicked. She thrust her hand into the lion's mouth to keep its jaws from closing tighter. At 5'3", she was smaller than her 6' adversary, but her gym-toned muscles served her well. So did her attitude. "She was always super-stubborn," says her younger brother, Raymond. "She was beautiful, she was sweet, but she wasn't gonna roll over for anyone."

COURTESY SHANNON PARKER

Shannon, with Mathias in 2003, was known for her striking looks and "super-stubborn" attitude.

As they struggled, the combatants slid down the steep embankment; they came to rest about 20 feet off the trail, with Shannon on her knees, her head to the ground, the lion still locked on. Her body lay roughly parallel with the river, 80 feet below. The cougar tried to drag her farther into the brush, but she held fast, bracing her feet against a boulder and a tree. The two fell into a stalemate, the silence broken only by the creature's panting. Shannon felt no pain—her adrenaline and endorphins *took* care of that—and she was more

furious than afraid. This is ridiculous, she thought. I'm not going to die. She spent a moment praying before she began to scream Mathias's name.

athias and Shannon were a striking couple; his dark, chiseled features nicely complemented her pert good looks. They were equally obstinate as well, though he tended to be taciturn, while she could be impatient and volatile. They had locked horns often, over everything from where to have dinner to where their relationship was heading. Back at the swimming spot, Mathias decided that it would be better to catch up with Shannon, so the guys ditched their plan to take another plunge in the river. A few minutes after she left, Mathias climbed back up to the trail, with Jason and Ben straggling behind. Then he heard her. "I could tell she was hurt by the way she was screaming," he says. "I thought she'd fallen off the trail and hurt herself."

He broke into a run, and as he drew closer he saw that something had her by the head. Mathias, who grew up in Hawaii, had never seen a cougar; at first he took it for a badger. He yelled to his friends to hurry, and skidded down the ravine. Not until he reached Shannon did he realize what she was grappling with. The beast stared at him impassively, its eyes golden and unfathomable. It smelled slightly gamy. "Please get it off me," Shannon cried.

"I will, babe," he answered, and she immediately grew calmer.

Mathias is a methodical man, given to quick decisions and the relentless pursuit of their conclusions. This situation, however, was unlike anything he had encountered on South American peaks or in his two years of law school. His first thought was to simply pull Shannon away; he hoped that the lion would lunge at him and let her go, and that he could then somehow kick it down the hill. He positioned himself behind her and wrapped his arms around her waist. But as he tugged, the cougar pulled in the opposite direction, its teeth piercing deeper into her face. "No, no, no," Shannon said. "That hurts."

By then, the others had arrived. Jason tossed Ben his truck keys and shouted, "Go get help!" As Ben ran toward the trailhead, Jason and Mathias tried to frighten the lion off, shaking their fists and shouting obscenities.

Then Mathias remembered Jason's hunting knife; the guys had teased him about it earlier that day, saying, "What are you planning to use *that* for,

dude?" Standing over the squatting Mathias, Jason passed his friend the weapon. Mathias plunged the three-inch blade into the animal's shoulder, but there was no reaction. He pulled it out and tried again, jabbing desperately; somehow, the knife slipped from his hand and tumbled into the ravine. The cougar made a low growl, but it didn't budge.

Jason tried kicking the lion, but lost his footing on the steep incline. "Rocks! Hit it with rocks!" Mathias yelled. Jason, who stands 6'2", hurled a football-sized stone at the cougar's back, to no avail. He tried again: nothing. But with the fourth blow, the lion released its grip and stumbled away. Jason grabbed Shannon's arms, and Mathias began pushing her up the hill.

Before they could reach the top, the cougar sprang forward and fastened onto Shannon's right leg with its teeth and claws. "Smash its head!" Mathias cried. Until then, Jason had avoided the animal's most vulnerable part, because Shannon's head might have been injured as well. But now he had a clear shot, and he began slamming the lion's skull with all his strength. Under normal conditions, Jason is a gentle, thoughtful man; before studying law, he had earned a master's in history. "I'd been in fights when I was younger," he says, "but I'd never felt that wild or uncontrollable. I felt all the hatred I'd ever felt in my life." At last the thick bone cracked, and the cougar went staggering down the hill.

The three-inch dagger Mathias plunged into the lion's shoulder

Mathias and Jason hauled Shannon back up to the trail, and were stunned by the extent of her injuries. She was covered with blood, dirt and the cougar's saliva, and the right side of her body was raked with claw marks and abrasions. During the nine-minute struggle, half her nose had been ripped away. Her right eye had been crushed, its upper and lower lids peeled off, and there was a hole where the left eye's tear duct had been. Her top lip was torn in two; a line of puncture wounds marched up her cheek. A chunk of her thigh was also missing, exposing bare muscle and bone.

Still, when her friends asked her if she could walk, she said, "Let's go!" As Mathias helped her hobble toward the trailhead, Jason walked backward, car-

rying a big stone and watching for the enemy. It took 40 minutes to reach the parking lot, where Ben was waiting with a ranger; it would be another 45 minutes before an ambulance arrived. The guys laid Shannon down, placed a towel under her head, and tried to make her comfortable, but the shock of what had happened to her finally set in. Trembling and weeping, she asked over and over again: "Am I going to die?"

She did not die. That was the cougar's fate, after Jason and Ben led wildlife officers to the place where it still stood, dazed and wobbling. It took a couple of shots to kill the cat, which proved to be only two years old and severely emaciated; experts guessed that a wildfire had forced it from its usual hunting grounds, and that stronger males had run it off their territory. At 58 pounds, it weighed half as much as a normal cougar, and 50 pounds less than Shannon herself. Its attack—and its uncanny persistence—was evidently prompted by sheer starvation.

Shannon's suffering was of a different kind. A helicopter met the ambulance at Kernville Airport, and flew her to Kern Medical Center in Bakersfield. Mathias had phoned her parents—Randy, a bankruptcy trustee, and Kay, a homemaker—and when they arrived, the doctors told them that they must not cry in front of their daughter. Shannon tried to comfort them, murmuring, "It's going to be okay, Mom," through her tattered lips. After she was stabilized, another copter ferried her to UCLA Medical Center in Los Angeles. Randy and Kay followed in the car, with Mathias as their passenger on the grim two-hour journey. As they traveled, surgeons were assembling to handle the complex case.

At six o'clock Sunday morning, Shannon went into the operating room. A general surgeon attended to her limbs and torso, an ocular surgeon worked on her eyes, and a plastic surgeon—Dr. Robert Schwarcz, who would shepherd her through many more procedures—made initial repairs to her face. Schwarcz found what appeared to be a piece of the cougar's tooth lodged in the left side of her nasal bone. He had operated on victims of pit bulls trained to tear human flesh, but this mauling was the worst he'd ever seen.

When the patient emerged at one o'clock that afternoon, her family hardly recognized her. "Her face was so swollen, you can't even imagine," says Kay. "There was not one place on her body that didn't look like it had been

The 58-pound cougar, shot hours after the attack, was half the weight of its prey.

COURTESY SHANNON PARKER

torn apart." Such injuries would be traumatic for anyone, physically and emotionally, but they were doubly devastating for a young woman whose sense of self was tied closely to her beauty. "Growing up, she thought she had to look perfect," her mother recalls.

Shannon had struggled with an eating disorder as a weight-obsessed teenager; as an adult, one of her favorite pastimes was clothes shopping. "It was important to me to really spend some time each morning getting ready—makeup, all that stuff," Shannon says. "I put a lot into looking good."

Now her routine would be very different. That Tuesday, when Shannon had recovered sufficiently from the surgery, Kay combed the twigs and tangles out of her daughter's hair and washed it a dozen times. Then grooming took a backseat to wound care. Mathias and Shannon's family sat by her bedside and on doctors' orders took turns around the clock slathering her skin with neomycin. She proved to be allergic to the antibiotic salve, and the blistering rash added to her agony. Meanwhile, scoop-hungry reporters were trying to sneak past hospital security. Shannon couldn't face them; she couldn't even face herself.

On Wednesday, she caught a glimpse of her reflection and dissolved in sobs. "I was just crushed," she says. One moment, she would be joking with her family and friends; the next, she would be seized with gloom or panic. On Friday, when it was time to leave the medical center, Shannon needed a sedative just to make it to the car.

She settled in with her parents at the Bakersfield farmhouse where her mother had grown up. Her brother covered all the mirrors, but no one could protect her from the phantoms that stalked her mind. In the beginning, she slept on the floor by her parents' bed. When the night terrors came, her

mother would join her on one side of the mattress; the family dachshund, Rudy, would settle on the other. During the day, the slightest surprise would touch off fits of weeping, especially when someone approached her from her blind right side. "I didn't mean to make a big deal out of it," she says, "but the mountain lion had come up out of nowhere, and anything that startled me sent me back to that situation."

To avoid such shocks, Kay installed a bell (the kind used at hotel reception desks) down the hall from Shannon's bedroom; all visitors were required to ring it. After every crisis, her mother would remind Shannon of her blessings: "We would sit and talk about how lucky we are, because we can see, and we are alive, and we have a great family," says Kay. "And we're going to get better."

Gradually, with the help of a therapist, Shannon's moods stabilized. But her anguish has not been only emotional. After three futile attempts to reattach her cornea, her right eye was removed last February—in part to ward off a condition known as sympathetic ophthalmia, which sometimes attacks the good eye of a person whose other one has stopped functioning.

Getting **Away** A biannual guide highlighting domestic and international travel

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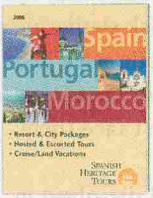

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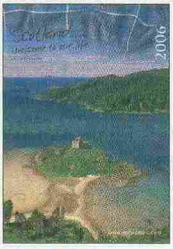

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Visit Travelinfo.RD.com for your chance to win a trip for 2 to Hawaii. PERILLOTOURS

Shannon now wears a silicon-and-acrylic prosthesis, tethered to her eye muscles so that it moves naturally. She also wears glasses to protect her left eye from accidents. She has learned to drive with impaired depth perception, but handshakes remain a baffling visual challenge.

Over the past year and a half, she has endured a total of six major surgeries. Last August, Dr. Schwarcz and a partner, Dr. Ronald Strahan, rebuilt her nose. They shored up the left nostril and reopened the airway, which had been blocked by displaced cartilage. Dr. Schwarcz also evened out her lip line, using fat liposuctioned from her abdomen. Just after Christmas, he performed an eyelid lift on her right eye, to eliminate a pronounced droop, and created a pouch of skin to replace her ruined left tear duct. Schwarcz worked on her lips again as well, using another dose of belly fat to improve their symmetry. She will need at least two more operations before the reconstruction process is complete.

After each surgery, Schwarcz injects an excruciating cocktail of steroids and chemotherapy agents into the incisions, to help speed healing and minimize scarring. Some scars are inevitable, though, and during most operations Schwarcz performs an additional procedure to correct marks left by the earlier surgeries. Scar revi-

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Shannon's friend Jason crushed the animal's skull with a rock.

sion, as it is called, involves making a series of incisions across the offending tissue. "You cut out the parts that are sunken or raised and try to make it flat," Schwarcz explains. "I do it in the shape of a W, which breaks up the scar and makes it look less linear."

The discomfort caused by all these procedures is difficult to comprehend; each surgery requires weeks of recovery time. Shannon shrugs off the misery. "It doesn't bother me anymore," she says with a laugh. "They can stick me anywhere, and I'm completely immune to it." In truth, her stoicism comes from a fierce mental discipline. "From early on, I had a strong trust in my surgeon. I knew everything he did to me was to help me. And with that, I was willing to take anything. I just made myself numb."

The rewards are finally coming. Last October, she returned to her job selling medical equipment; in December, she moved to a new apartment in Santa Monica. She credits her doctors and loved ones for speeding her climb back to independence, including friends and relatives who pitched in to help pay the $26,000 in ambulance and helicopter bills not covered by insurance.

Mathias, sadly, no longer figures in her support network; their relationship ended three months after the attack, strained to breaking by the travails that followed. Still, Shannon supported his selection last summer, along with Jason (with whom she keeps in touch), for a Carnegie Medal for heroism. "I've

thanked Mathias a million times," she says. "I wouldn't be here without him."

Those who know Shannon speak of her as a hero as well. They marvel at her fighting spirit, and at her refusal to complain about her long tribulation. "She keeps her eye on the goal as opposed to her pain, which is amazing," says Schwarcz, who notes that many patients with lesser problems surrender to rage or despair.

Shannon's appearance has been restored to the point where, once again, the first impression she makes is "pretty girl." She's back at the gym, and she occasionally visits the local nightspots for drinks with friends. But her ordeal has reordered her values. "Before the accident, I was kind of wrapped up in myself," she says. "I didn't really read much. I worked a lot. I liked to go out and have a good time. I was never too interested in art or theater or traveling to other countries. Now I am." She's less preoccupied with mirrors. And she's far more eager to help others in need, whether by tending to an ailing aunt or giving motivational speeches to Bakersfield women's groups. "I get up and tell my story; I encourage them not to obsess over the small things.

"I still have those moments when I say, 'Jeez, what crappy luck,' " Shannon admits. "But it's easier for me to handle challenges now, because they're nothing compared to what I've been through. I'm trying to move on, but I'm not trying to forget what happened to me. It's written all over my face."

SHARING THE WEALTH

No one likes paying taxes. But the local form used by Middletown, Ohio, lessens the sting just a bit. Here are some of its instructions:

"If you want the official definition of qualifying wages, take two aspirins and go to the IRS Code Section 3121."

"Cities may choose to exclude stock options from tax, but we do not. Put another way, if we can tax it, we will."

"Free advice: If you don't have a profit in a five-year period, you might want to consider another line of work."

"Other income can include fees or our favorite, gambling winnings. When you win the lottery, we feel as though we win, too."

Submitted by JOHN C. CALDWELL

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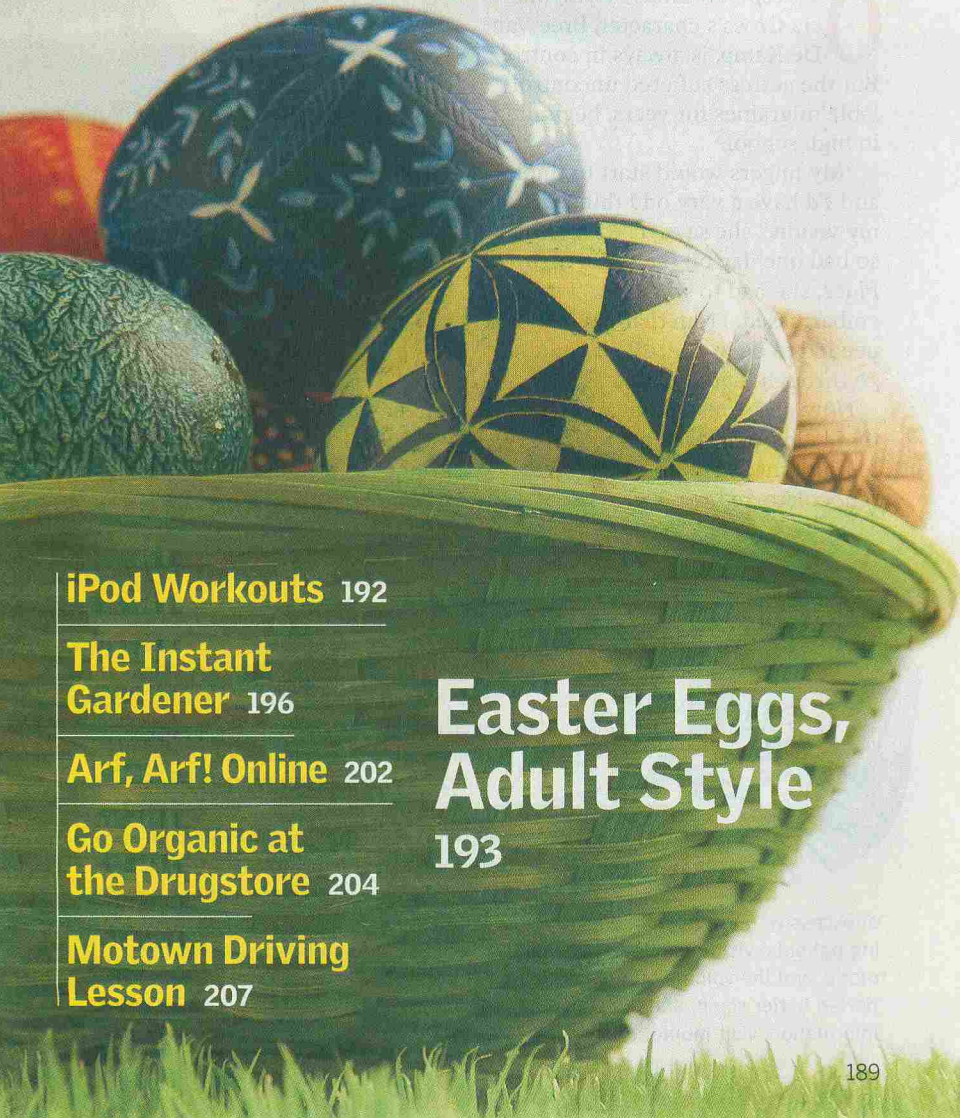

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Desperate for Migraine Relief

JUSTIN STEPHENS/CORBIS OUTLINE

On *Desperate Housewives,* Marcia Cross's character, Bree Van De Kamp, is always in control. But the actress suffered uncontrollable migraines for years, beginning in high school.

"My fingers would start to tingle and I'd have a very odd thing with my vision," she says. The pain was so bad one day on the set of *Melrose Place,* she had to go home. "I was so embarrassed. From that day I knew I needed to be in control—I couldn't go through that at work again."

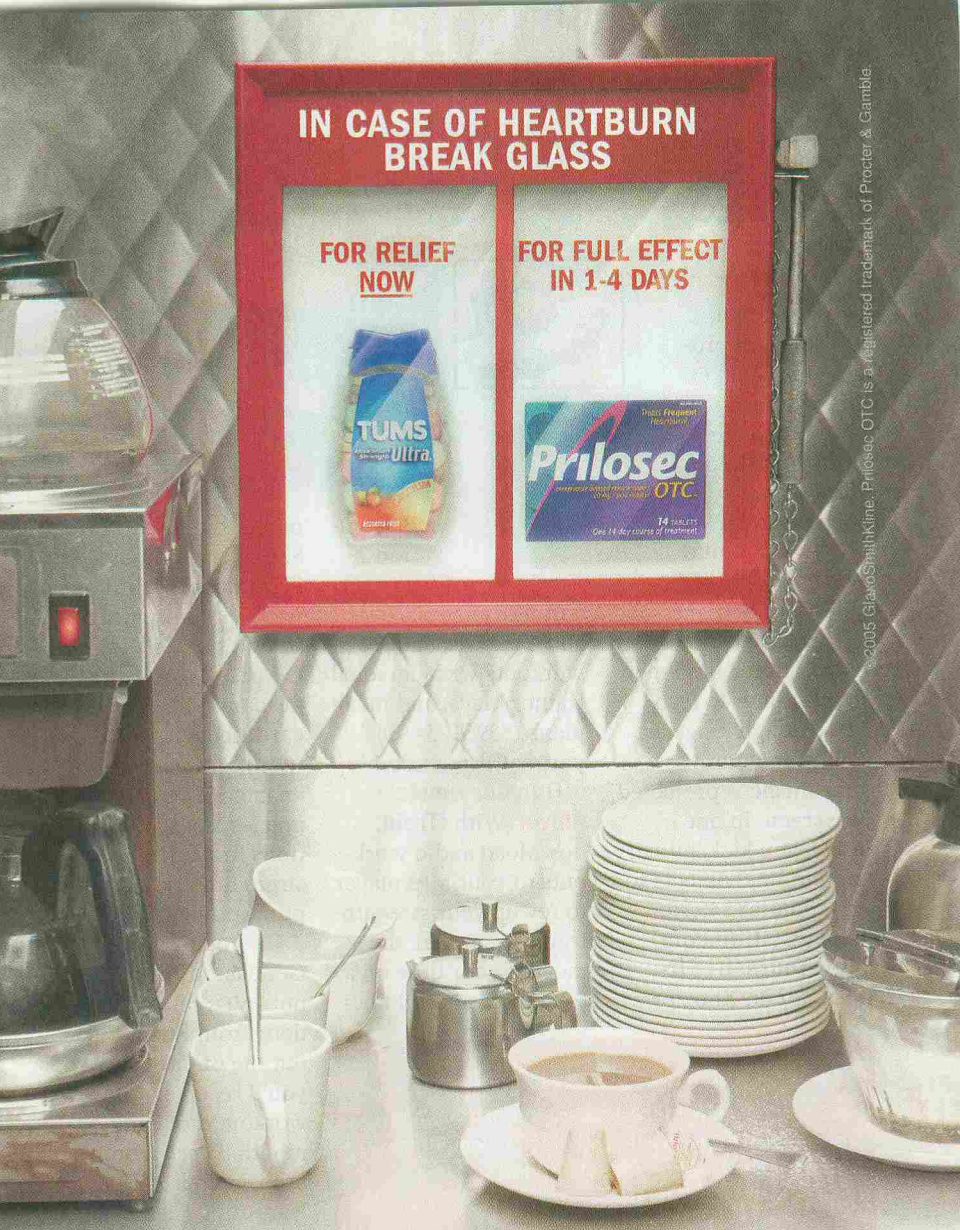
Now, she's on a medication that helps. She started a food diary to pinpoint her migraine triggers (chocolate, red wine, cheese) and eases stress with yoga.

Are your headaches really migraines in disguise? Find out at **headachequiz.com.** CYNTHIA DERMODY

Quiet! I'm Having Surgery!

In the hospital, you need uninterrupted sleep as you recover, but hospital noises can be as loud as a jackhammer. So a growing number of hospitals are taking steps to reduce noise pollution. At Montefiore Medical Center in New York City, administrative nurse manager Elodia Mercier implemented a SHHH (Silent Hospitals Help Healing) plan after patients rated noise control as important to a satisfactory visit. She measured decibel ranges and identified sources of excessive noise (shift changes, squeaky carts). Signs now line the hallways urging patients, visitors and staff to keep it down. Staffers put beepers on vibrate mode, and the volume on the intercom was lowered. Within two weeks, patients reported better sleep, and the staff said they felt less hectic and stressed. For more information, visit **montefiore.org.** NEENA SAMUEL

ILLUSTRATED BY LEO ESPINOSA



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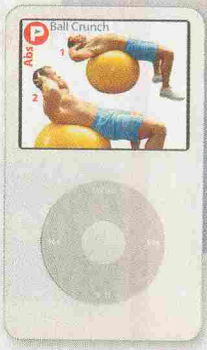


EyeToy Kinetic

TODAY, you can get professional exercise assistance with a little help from your iPod, video-game console and TV.

On your game system Who said video games make you fat? **EyeToy Kinetic** for PlayStation 2 has a personal trainer to lead you through lunges, squats and more as your image is projected on-screen. In one mode, you kick, punch and pummel objects to earn points ($49.99; **us.playstation.com**). With **Yourself! Fitness,** for an Xbox or PlayStation 2, you get a fitness analysis, over 500 exercises and workouts with personal trainer Maya, and meal plans ($29.99-34.99; **yourselffitness.com**).

On your music player With **iTrain,** download audio workouts to your MP3 player to rev up your strength-training or make the most of your time on a treadmill, stair climber or exercise bike ($.99-$7.99 per workout; **iTrain.com**). Audio workouts from **Cardio Coach** trainer Sean O'Malley will have you fit in no time ($14.95; **cardiocoach.com**). Use **PumpPod** on a video-enabled iPod and get images and instructions for cardio and strength moves ($19-49; **pumppod.com**).

On your TV or PC Get customized workout DVDs sent to your door from **Push.** Fill out the online form and you'll receive a three-workout disc each month. Learn from pros, including Bob Harper of *The Biggest Loser* fame ($75 for 3 months; **push.tv**).

PATRICIA CURTIS

IN WHITE COATS WE TRUST

We're most likely to trust, share information and return for followup visits with doctors who dress the part. Here's what patients prefer:

Business attire, plus white coat	Scrubs	Business attire	Casual attire
76%	10%	9%	5%

Easter Eggs for Grownups

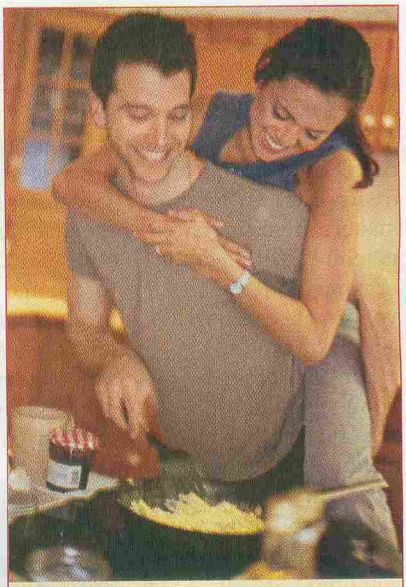
SICK OF DECORATING hard-boiled eggs the same old way? Sophisticated ways to jazz them up:

Make it sparkle Combine ¼ tsp. food coloring, ¾ cup hot water and 1 tbs. white vinegar. Dip egg into bowl. Sprinkle gold flake (**ediblegold.com**; $19.95) on top. Remove egg with slotted spoon, lifting through edible flakes.

Decoupage it An idea from Dylan Lauren, founder of Dylan's Candy Bar: Dye the egg; then cut out fun words in fancy fonts from a magazine (Love, Celebrate!). Paste words on the egg; then glaze over with glue. (Glue may seep through; don't eat these eggs!)

Fake it For a sweet egg, follow directions on a boxed cake mix, pour batter into Reynolds FunShapes Eggs baking cups, bake and decorate with icing. Nest a few in a bowl as an edible centerpiece.

If hard-boiled eggs aren't your thing, try this scrambled-egg recipe, adapted from one in the **rd.com** Recipe Finder.



STEVE PREZANT/CORBIS

Deluxe Scrambled Eggs

- ½ cup each chopped green onions, green pepper and sweet red pepper
- 1 tbs. vegetable oil
- ¾ tsp. salt
- ½ tsp. dill weed
- 8 eggs, beaten
- 1 cup (4 oz.) shredded, reduced-fat sharp cheddar cheese
- Pepper to taste

In a large skillet, sauté onions and peppers in oil until tender, about 5 minutes. Add salt and dill; mix well. Add eggs, sprinkle with cheese. Cook and stir gently until eggs are completely set. Season with pepper. Serves 4.

PER SERVING: 280 CALORIES; 20 G FAT; 8 G SATURATED FAT; 1 G FIBER; 20 G *PROTEIN*

PHOTOGRAPHED BY CHRISTINE BRONICO

Organic Snacking

MANY OF US avoid vending machines, with their tempting, fatty treats. But now food makers are filling the machines with healthy organic foods such as yogurt, cheese, burritos and pasta bowls.

Amy's Kitchen, a popular brand of organic fare, has placed machines stocked with frozen meals in offices, hospitals and police stations. And you'll find Stonyfield Farm machines in schools. Choices include Stonyfield Farm yogurts as well as healthy treats from Clif Bar, Newman's Own Organics, Barbara's Bakery, to name a few. All foods are organic and have no more than 35% of calories from fat, 10% of calories from saturated fat and 35% sugar by weight.

Want one in your office or school? Amy's Kitchen is still testing the machines, but visit **stonyfield.com/menuforchange** for a list of products, which your office manager or school administrator can pass along to the vending company.

PATRICIA CURTIS

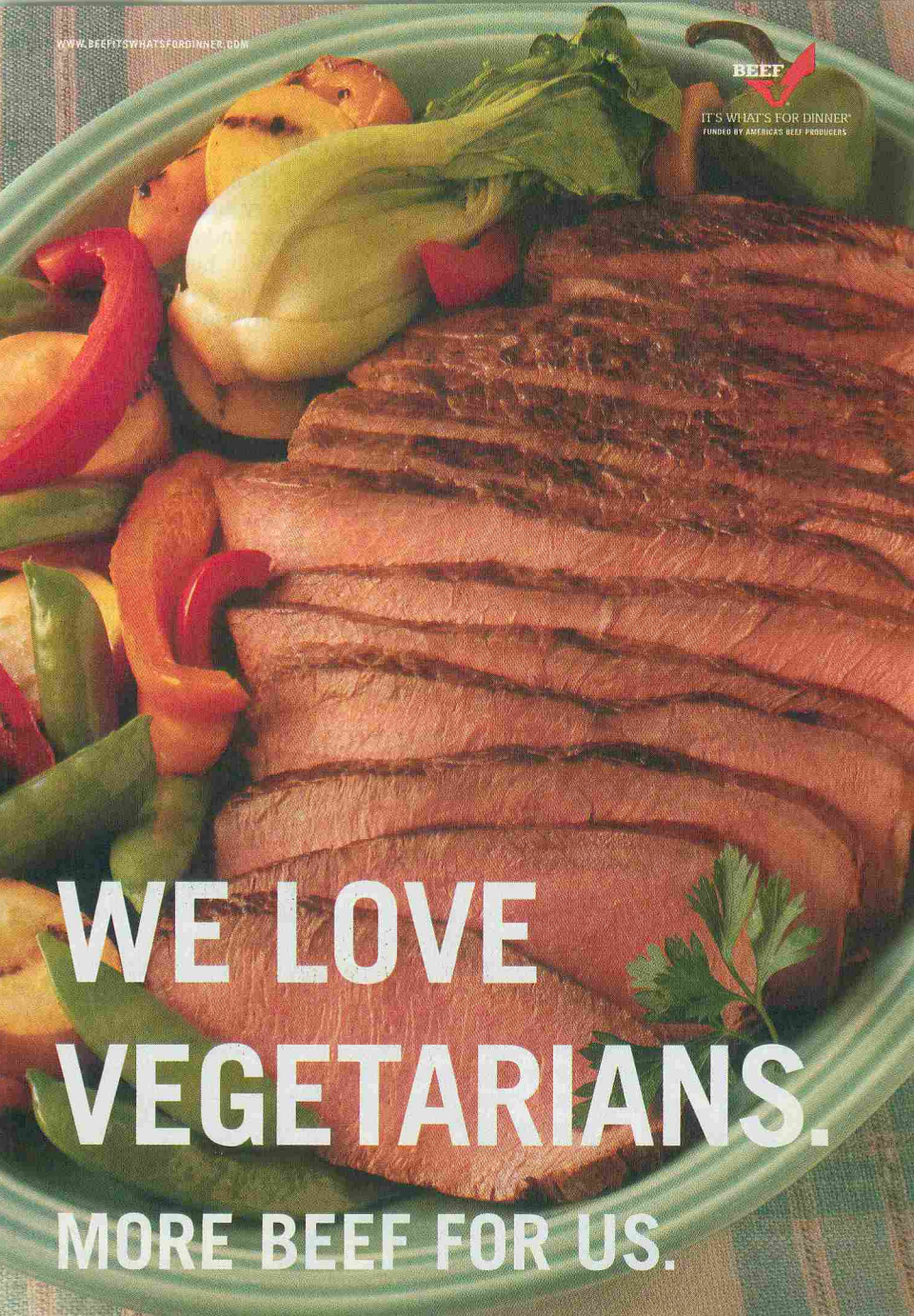
A TRULY HAPPY MEAL

The fast-food grilled chicken salad has gotten an upgrade. McDonald's new Asian Salad combines chicken, mixed greens, edamame, snow peas, almonds, mandarin oranges, low-fat sesame ginger dressing and other good-for-you ingredients. At just 380 calories (including dressing), this yummy salad is proof you can eat healthfully at a fast-food joint.

Between April 25 and May 22, buy the salad and a bottled water or soda, and get a free 15-minute exercise DVD from the makers of Yourself!Fitness (see more on this workout on page 192). Getting healthy has never been easier! P.C.

WHAT SHOULD I EAT?

The American Institute for Cancer Research has launched a nutrition hotline online. Simply go to aicr.org/hotline, ask a question on any nutrition or weight loss topic, and an AICR registered dietitian will reply via e-mail within 3 business days. P.C.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The Procrastinator's Garden

So, you opted to watch the football game instead of planting bulbs that chilly day last fall? There's still time to turn your brown patch green, says Charlie Nardozzi, senior horticulturist for the National Gardening Association.

Quick fixes In the North, pick up flats of primrose, pansy and snapdragon, which thrive in cool spring weather. Verbena, lantana and portulaca all love warmer spring temperatures. Plant six inches apart.

Easy containers Mix short and tall flowers in similar hues, like white geraniums with alyssum, in pots or window boxes. "They look especially lush with flowers that grow over the edge," Nardozzi says.

Instant veggies Sprinkle lettuce, kale, Swiss chard seeds over the soil, cover lightly, water, and in a month, you'll be eating healthy greens. Also, look for seed packets of mixed greens, like mesclun.

NANCY COVENEY

Hypoallergenic Flowers

Do you have chrysanthemums? Privet? Seasonal allergy sufferers should avoid these and other high-allergen flora, says Long Island College Hospital allergist Clifford Bassett.

What you shouldn't plant: Palm and mulberry trees, juniper and cypress. Also Bermuda, fescue and perennial rye grasses.

What you should try: Hydrangeas, viburnum, begonias; bulbs like tulip and iris; dogwood trees, azaleas, boxwood; daisies, geraniums, pansies, petunias, sunflowers, zinnias.

Remember:

- Garden in the evening, and on low-pollen-count and damp, rainy days.
- Eliminate all weeds from your yard.
- Remove clothes before entering your bedroom; dust off shoes and wash your glasses.

CYNTHIA DERMODY

WILLIAM MANNING/CORBIS

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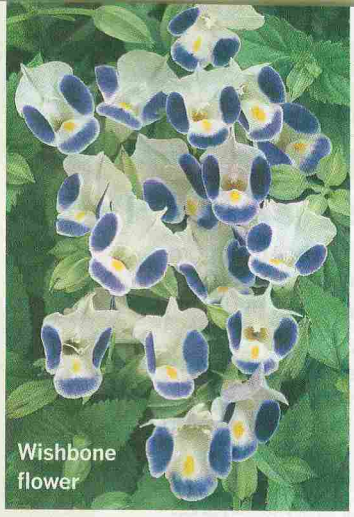
Cheer Up With the Blues


Wishbone flower

NOVA-PHOTO-GRAPHIK GMBH

BLUE IS the hot color this summer. "Yellows are garish when the sun is high," says Janet Macunovich of **PracticalGardening Institute.com**. "We want to feel cool."

Since blue perennials can be tricky to grow, Macunovich suggests these annuals:

If you have sun

Ageratum: Tight clusters of fuzzy flowers come in a cutting variety that grows 18 inches tall and blooms all summer.

Browallia: Small blue flowers on spikes that splay over edges of containers.

Blue lace flower: Resembles majestic Queen Anne's lace, but with a cap of smaller and tighter powder-blue petals.

If you have shade

Streptocarpella: A small, mound-forming plant that shows small blooms on wiry stems.

Heliotrope: The new dwarf 'Marine Blue' produces masses of tiny blue flowers.

Wishbone flower: Compact bushes of delicate azure petals with tinges of pale yellow inside work best in borders.

CYNTHIA DERMODY

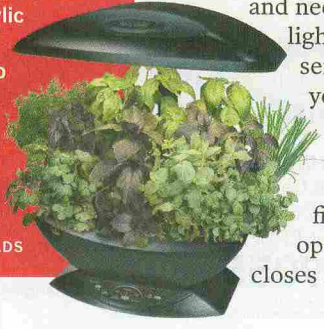
MAGIC PLANT FOOD

Spraying plants with an aspirin solution every three weeks can boost their growth rate and veggie yield while reducing disease and pests. Why? Plants make salicylic acid when stressed, so being proactive may help ward off problems. Dissolve a 325 mg aspirin in a tablespoon of cider *vine*gar, then add to a gallon of water.

LISA MILLER FIELDS

Got a Brown Thumb?

OR LIVE in an apartment and love homegrown veggies? The AeroGarden (**aerogrow.com**; $150) is the size of a toaster oven and needs no soil or natural light. Just add water, insert seed domes, and you'll harvest lettuce, strawberries, cherry tomatoes and basil way before the first farmers' market opens—and long after it closes for the season.



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The Way to Clean Today

A CLEAN HOME NEVER GOES OUT OF STYLE, BUT EASIER CLEANING IS IN FASHION

Spring cleaning used to be as predictable as the new year. These days, when that first warm day rolls around, modern moms and dads are more likely to choose a day at the zoo with the kids over cleaning out the garage. In fact, researchers say that 37% of people get to the cleaning when they get to it. That can mean anything from spot cleaning counters and floors to decluttering before company. Today, it's all about maintenance—keeping up with the disorder and dirt throughout the year and saving the big projects for, well, a rainy spring day.

WIPE AWAY GERMS

Day-to-day touch-ups keep your home looking clean and staying healthy all year. Use Clorox® Disinfecting Wipes to quickly disinfect the hard, nonporous surfaces in your household, killing up to 99% of the bacteria that lurk on those areas.

SHOWER POWER

The key to keeping your shower and tub looking good with minimal effort is more frequent quick cleans instead of scrubbing marathons. The Clorox® BathWand system has disposable cleaning pads and a long handle, which make bath and shower cleaning fast, neat and easy.

SANITIZE ANYTIME

Regular disinfecting of toys and playroom areas can help keep bacteria at bay, but can also be time-consuming. Between big cleans, try quickly sanitizing with new Clorox® Anywhere Hard Surface™ daily sanitizing spray, which can be sprayed directly on toys, highchair trays or play tables.

CLOROX®

Store and keep cleaning products out of reach of children. Use as directed.

Special Offers

Come to Kmart for the Spring Refresh Event, March 19 to April 8, 2006! There will be great offers throughout the store to help refresh your home.

Special offers include:

* A free 22 ounce Clorox® Anywhere Hard Surface™ daily sanitizing spray with the purchase of two 75-count canisters of Clorox® Disinfecting Wipes.
* A free 96 ounce Clorox® Regular-Bleach with the purchase of two Clorox® Bleach Pen® Gels

Visit Kmart for the Spring Refresh Event, where you'll find special in-store offers, giveaways and events!

kmart.

Real Dogs Don't Eat Salad

MORE and more people are switching to a vegetarian diet, and wonder if it's good for their pets, too. Some manufacturers claim that their no-meat foods provide all the nutrients animals need, but many doctors disagree. "It is possible to formulate vegetarian diets that are safe for dogs. But cats are trickier," says University of Pennsylvania veterinarian Kathryn E. Michel. "Cats are strictly meat-eating animals. They need taurine, an amino acid found only in meat." Absence of taurine can lead to blindness and even death.

And dogs need vitamin D, which may be hard to maintain without meat or dairy. Dogs can handle a vegetarian diet, but consult your vet before going meatless. An unbalanced diet can lead to nutritional deficiencies, says vet Andrea Fascetti of the University of California-Davis School of Veterinary Medicine.

LUCIA RAATMA

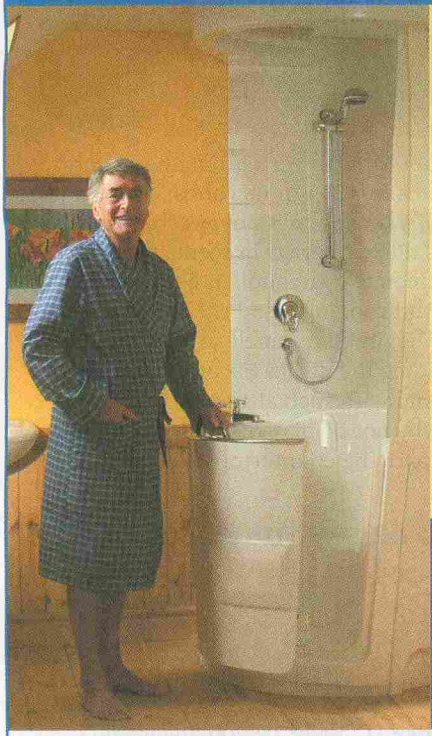
Is Your Pet Online Yet?

Fluffy has the latest, most fashionable collar, more toys than some kids do and his very own bed. But have you given your pet a homepage? Yes, animals are going online in droves. The free networking site **Dogster.com** boasts more than 100,000 canine subscribers; sister site **Catster.com**, about 55,000 meowing members. These technologically savvy animals, with a little help from their humans, are sharing photos, diaries, travel tips and more. Owners use the forums to schedule play dates and discuss topics such as grooming, training and bereavement. When Little Bit, Michael and Robin Kloth's terrier mix, was diagnosed with lymphoma, they stumbled upon Dogster. The site has given them a place to show pictures, keep friends updated on Little Bit's condition and reach out to others in their position.

What's next? Doggle, a canine search engine?

CYNTHIA DERMODY

"My new walk-in tub from Premier Bathrooms has made taking a bath a pleasure again. Thanks Premier!"

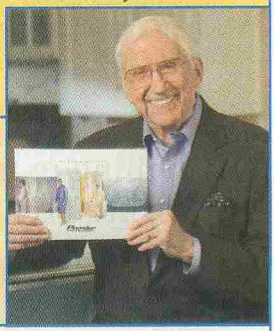


Does getting in or out of the tub worry you? Is taking a bath a struggle, not a pleasure?

Now there's an answer, it's the tub with the door; a walk-in bath from Premier.

Premier has helped thousands of people worldwide trade a struggle with their old bath tub for the safety and comfort of a walk-in bath.

If getting in or out of the tub is difficult or uncomfortable call Premier today to find out more about our best-selling line of walk-in bath tubs.



"Call today and ask for your free brochure and to find out how a walk-in bath tub from Premier will bring you comfort, pleasure, and peace of mind."

- Ed McMahon

Premier™ BATHROOMS

For further details or to receive your FREE brochure

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1-800-578-2899

Source Code : P 166

Clean and Green

A FEW years ago, if you wanted environment-friendly dish soap, you had to hit natural-health stores. That changed when "green" companies brought nontoxic, biodegradable cleaning supplies, which work as well as traditional ones, to the mall. "They're seen as better for the environment and better for you," says Mark Petruzzi of Green Seal, which evaluates and recommends products meeting environmental standards. Look for Method products in grapefruit, lavender and cucumber scents at Target and Costco. Get Mrs. Meyer's aromatherapeutic cleaners at Whole Foods, World Market and **mrsmeyers.com**, and Caldrea's sprays in scents such as green tea patchouli at Nordstrom, Anthropologie and **caldrea.com.** The products smell so heavenly, doing the dishes becomes Zen-like. And with such attractive packaging, why not display them on your newly sparkling countertop? LAURA VANDERKAM

fastfact **80% of people** say they are willing to **pay more for books and magazines** printed on recycled paper.

SOURCE: Green Press Initiative

A Better Cotton Ball?

WHEN IT COMES TO organic, most people think about food. But more and more personal-care products—from tampons to cotton balls—are being made with organic cotton. Pesticide-free cotton is better for the environment, says Paul McRandle of **thegreenguide.com**, a website that reviews environment-friendly products. So opt for organic if you don't mind paying a little extra to leave the chemicals behind. Look for products from Seventh Generation, Organic Essentials and Natracare at drugstores and natural-health stores. PATRICIA CURTIS

PHOTOGRAPHED BY CHRISTINE BRONICO

See You Later, CELLULITE!

We slathered on anti-cellulite creams, hoping to undo the dimpling. We didn't see any miracles, but today's potions can help—if you use them consistently, says dermatologist Elizabeth Tanzi. Our results:

PRODUCT	HOW IT WORKS	THE VERDICT
Healing Garden Spa Theraphy Active Anti-Cellulite Treatment $12	Pro-Firma 3, a plant-based complex containing wheat protein and glucosamine, firms, tones and hydrates skin when used once daily.	"The area firmed up a bit, but I ran out of product in less than a month. It would cost me over $200 a year. I could buy a used treadmill for that!" It does seem to work right away: "When I squirted it in my hand, it started to fizz. That sensation was sort of invigorating."
Neutrogena Anti-Cellulite Treatment $20	Use the retinol formula twice daily to improve skin's elasticity, making clumpy fat deposits less noticeable.	Results varied. One tester noticed only slight firming, while another said, "The skin on my thighs was smoother and less dimpled-looking. I might actually consider wearing shorts after using this!" A drawback: the medicinal smell.
L'Oréal Sublime Slim $28	Both treatments (AM and PM) contain Par-Elastyl, a pea-plant extract that keeps skin firm. Thigh circumference can be reduced by a half-inch after four weeks.	No one actually measured whether their legs slimmed down, though one user reported "my thighs felt firmer, and I did see improvement in texture and dimpling." This required a massaging technique both morning and night, which testers found "bothersome." Some thought it too pricey for minimal results.
Caudalie Essential Slimming Serum $35	With oils of berries, lemongrass, grapeseed and cypress, this serum is applied once a day to reduce dimpled-skin appearance.	"With regular use it had a general tightening effect," said one tester. It has a strong smell and is a bit greasy to the touch, but absorbs well. While this product is expensive, it lasts a long time.

CYNTHIA DERMODY

PHOTOGRAPHED BY CHRISTINE BRONICO

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IT'S MY DRIVE

On the Road With THE TEMPTATIONS

BY OTIS WILLIAMS

IT WAS 1964: Things were happening for me and my group, the Temptations. We had our first hit, "The Way You Do the Things You Do," and I was finally becoming financially independent. So I thought it was time to be independent another way—by learning to drive.

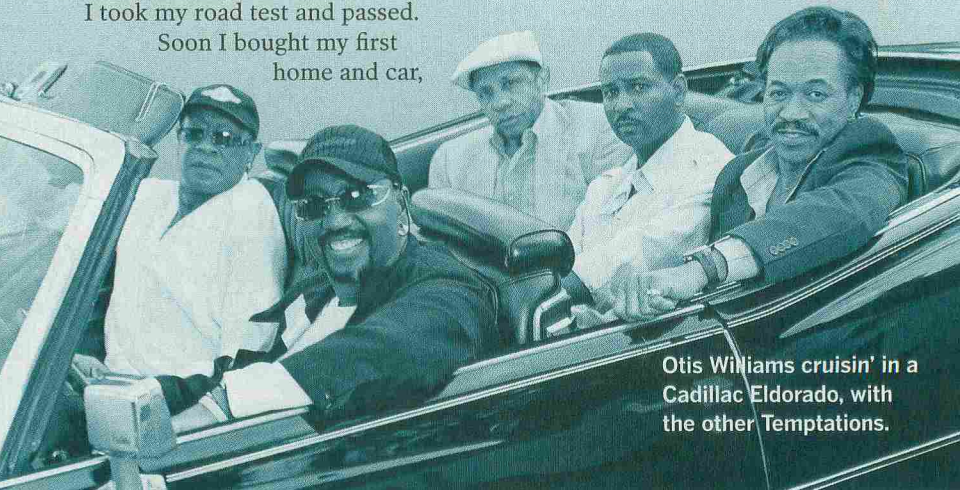
Growing up, I never had any interest in driving because the guys I hung out with all had cars. But that year something changed. My good friend and fellow Temptation Melvin Franklin made it possible. We were performing at the World's Fair in New York. Between shows, Melvin and I took the group's Cadillac Fleetwood out to the parking lot. "A car will go where you want it to go," Melvin would say to encourage me.

I took my road test and passed. Soon I bought my first home and car, a Lincoln Mark III. It was some wonderful time, moving on up the ladder of life. Still, I hadn't yet ventured onto the freeway. Eddie Kendricks, another Temp, kept at me: "C'mon, man, follow me on out to my house; get on the freeway—you can do it." I was nervous at first: Back in Detroit they were zooming! But there was nothing to it; I just settled in and followed him.

Melvin and Eddie are gone now, and I miss them a lot. But every once in a while, when I'm behind the wheel, I think of their patience and encouragement, and how much of them still drives along with me.

The Temptations' latest album, *Reflections*, was released in January.

As told to CYNTHIA DERMODY



COURTESY UNIVERSAL MUSIC ENTERPRISES

Otis Williams cruisin' in a Cadillac Eldorado, with the other Temptations.

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FIRST-STRIKES

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When a friend's marriage began to unravel, my 12-year-old son offered, "I think the problem is largely psychological."

"How so?" I asked.

"He's psycho and she's logical." DEBORAH MOLER, Chubbuck, Idaho

Anyone with toddlers knows that trying to control them is like herding cats. So I was impressed by a parenting trick of my husband's.

Our two-year-old bolted out of our van in a busy parking lot, but my husband, Bill, got him to stay put by shouting, "Hands on the van."

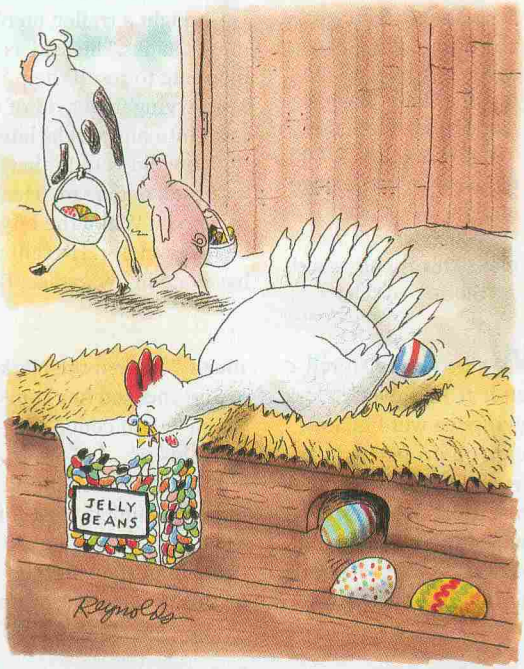
"Where'd you learn that?" I asked.

"From that TV show."

"*Supernanny*? *Nanny 911*?"

"No," he said. "*Cops*."

CHERI DRAPER, Mobile, Alabama



Some people just don't have a green thumb. When my son Bill learned his friend was going to The Home Depot, he asked, "Would you pick up some tulip bulbs? I need to get some for my mom."

"Sure," his pal responded. "How many watts?" BEATRIX NOVAK, Downers Grove, Illinois

Whatever happened to "First do no harm"? While I was paying my bill at my doctor's office, I noticed blood trickling down my leg. The Band-Aid they had put on me after a procedure had come loose.

"I'm bleeding all over your floor," I said to the receptionist.

She looked up immediately, alarmed. "Thanks for telling me. I'll call housekeeping." TRACY KRAFT-THARP, Arvada, Colorado

ILLUSTRATION BY DAN REYNOLDS

Our professor assigned a two-page paper on one of the seven deadly sins. On the due date I heard a student tell his buddy, "That was so easy. All I did was write one page and double-space it."

"Which sin did you pick?" his friend asked.

"Sloth." JASON O'SHEA, Crystal City, Missouri

I LEARNED A LESSON in marketing from a man who bought a trailer, an old boat and a motor from me. "Thanks," he said as he loaded them up. "I'm planning to resell them." Good luck, I thought. I had been trying to get rid of them for months. But when I ran into him weeks later, he'd sold everything.

"How did you do that?" I marveled.

"I took out an ad: 'Heavy-duty boat trailer with free boat.' When the buyer came to get it, I asked if he had a motor. He said no. I told him I happened to have one in my garage. Bought that too."

PAT MCCLAIN, Charlotte, Michigan

WE GOT a registered letter from the city clerk saying we were in arrears on property taxes. I rushed to our town hall to settle the matter. It turned out we had paid our taxes a day late and there was a fine. "How much?" I asked the clerk.

She checked her computer. "Eight cents. Anything else?"

"Yes," I said, counting out the pennies. "Just for the record, you spent 70 cents in postage to tell us this." SARAH SAPORT, East Hartford, Connecticut

My friend Susan was helping her five-year-old son review his math while her teenager was in the kitchen making a snack.

"You have seven dollars and seven friends," Susan said. "You give a dollar each to two of them but none to the others. What do you have left?"

From the next room she heard her teenager call out, "Two friends." DIANE KOH, Los Altos, California

THERE WAS NO WAY we were giving up the stray kitten who adopted us. We called her Princess.

When we took her to the animal hospital to get her checked out, the vet had news: She was actually a He. "So what's the new name going to be?" he asked. "The Cat Formerly Known as Princess?"

JEANETTE ANDERSON, Cincinnati, Ohio

You could earn $300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 12 for details.

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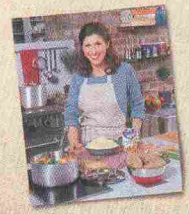

Judith Marshall, New York
Professional Chef

The delicious secret behind my Easter mashed potatoes? I use Swanson Broth instead of water.

Swanson Ultra Creamy Mashed Potatoes

Prep/Cook Time: 25 min.

2 cans (14 oz. each) Swanson Chicken Broth or Natural Goodness Chicken Broth (3½ cups)
5 large potatoes, cut into 1" pieces (about 7½ cups)
1/2 cup light cream
2 tbsp. butter or margarine
Generous dash pepper

Place broth and potatoes in saucepan. Heat to a boil. Cover and cook over medium heat 10 min. or until tender. Drain, reserving broth.

Mash potatoes with 1/4 cup broth, cream, butter and pepper. Add additional broth, if needed, until desired consistency. Serves about 6.

Swanson® Broth. Replace water with flavor.

swansonbroth.com

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Before and AFTER

A Minnesota backyard goes from blah to beautiful

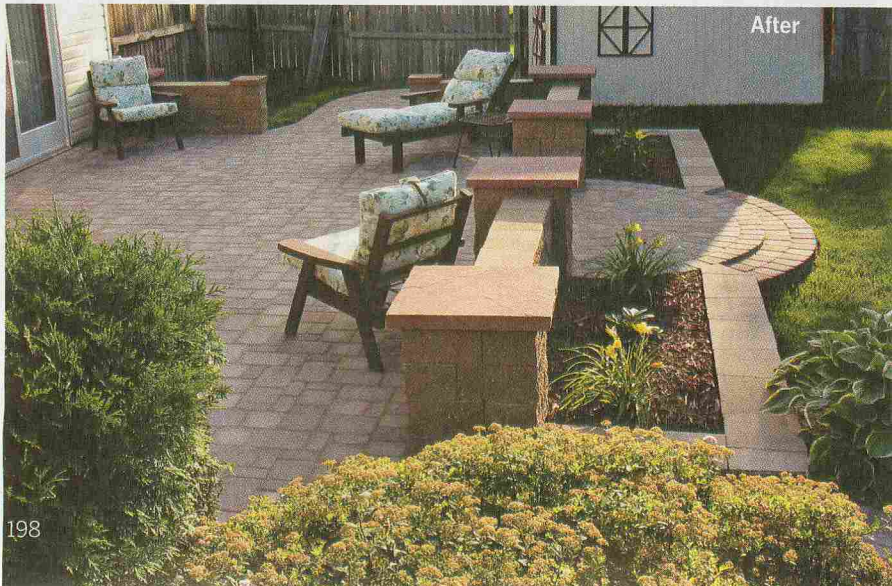
MIKE KRIEG and his wife, Julie, of Burnsville, had a budget of $6,000 to revamp their characterless patio. "We throw two or three parties a summer and the yard has always been the key to our home," says Krieg. "But every time I went back there it bothered me." He and friend Tim Suzuki did all the work themselves—with $500 to spare.

His biggest splurge The brick flooring known as pavers, at $3,900. They allowed for the elegant lines and curves he wanted.

How he cut costs Taking a free class at a local patio store on designing and installing the pavers. Pro installation would have cost four times as much.

What he would have done differently Hired a few people to help with digging and hauling.

Do you have a room redo or outdoor project you'd like to show off? Send the before and after photos to makeover@rd.com. Online submissions only. To see more improvement projects right now, go to rd.com/makeover.



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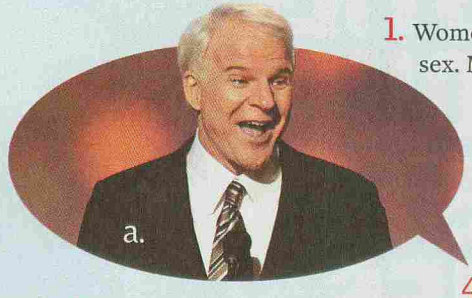
RDCHALLENGE

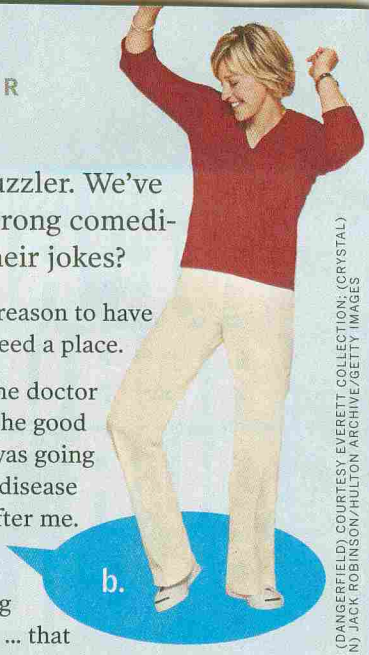
BY GUNNAR JOHNSON

The joker's wild in this April Fools' puzzler. We've put these quips in the mouths of the wrong comedians. Can you match the comics with their jokes?

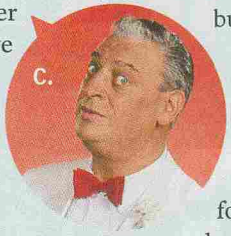


1. Women need a reason to have sex. Men just need a place.

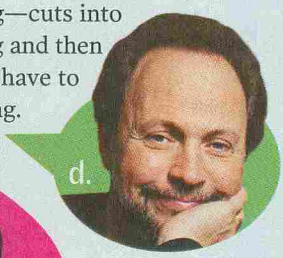
2. First the doctor told me the good news: I was going to have a disease named after me.



3. My grandmother started walking five miles a day when she was 60. She's 97 now, and we don't know where the hell she is.



4. I am so busy doing nothing ... that the idea of doing anything—which as you know, always leads to something—cuts into the nothing and then forces me to have to drop everything.



5. I always wanted to be somebody, but now I realize I should have been more specific.

6. I told my psychiatrist that everyone hates me. He said I was being ridiculous. Everyone hasn't met me yet.

Answers: 1. d; 2. a; 3. b; 4. e; 5. f; 6. c.

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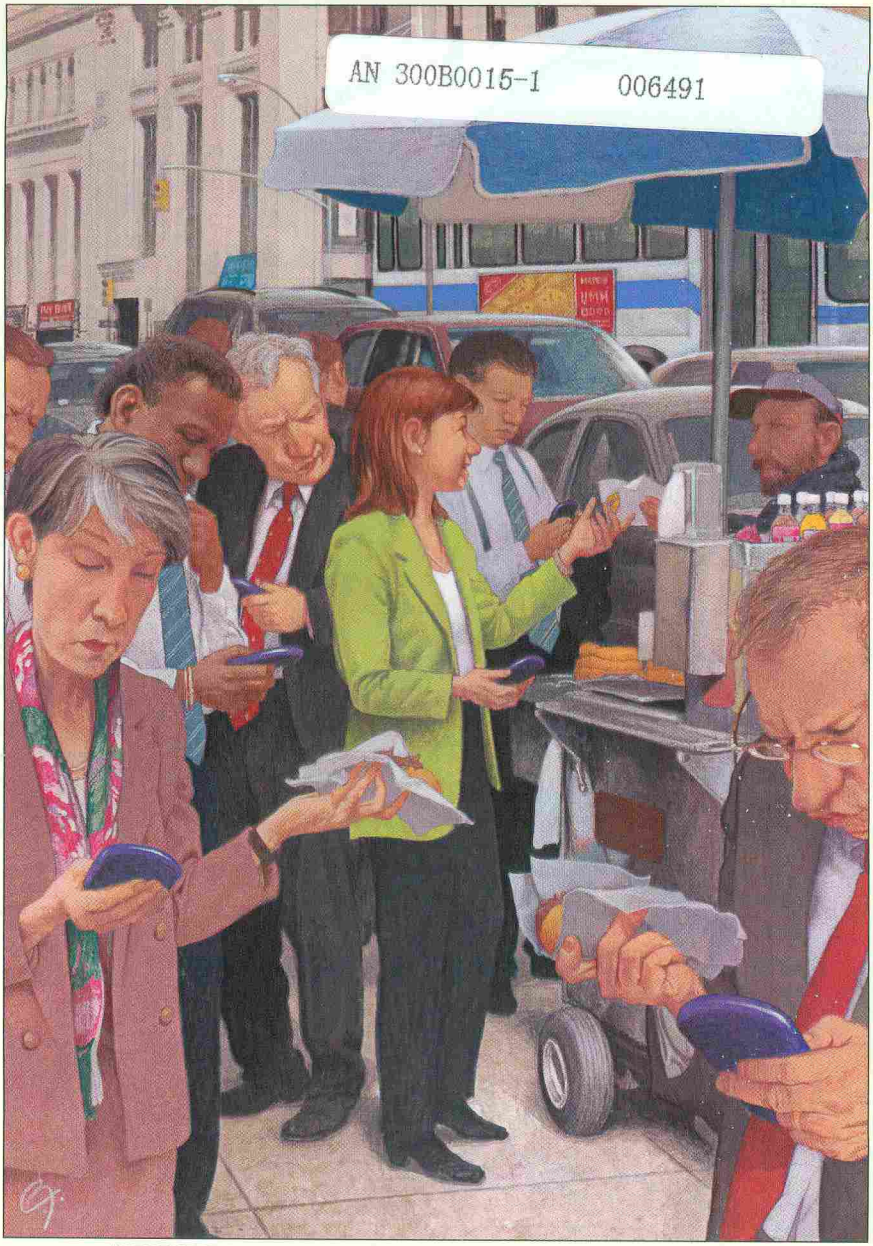
(IN THE OATMEAL AISLE)

Something to smile about.



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