



Just A Cold or A Killer Virus?

Reader's Digest

Dolly
on her one
true love

Shame!
New Charity
Scams

Iraq War
BOMB
SQUAD
HERO

Saved
From A
Runaway
Car

The New Way to
LOSE
WEIGHT
FOREVER



January 2006

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Enjoy days without heartburn with Prilosec OTC. If you have frequent heartburn, don't roll the dice with anything else. Party on with Prilosec OTC! And see you at the big show!



Use as directed for 14 days for treating frequent heartburn. Not for immediate relief.



Another day without heartburn.

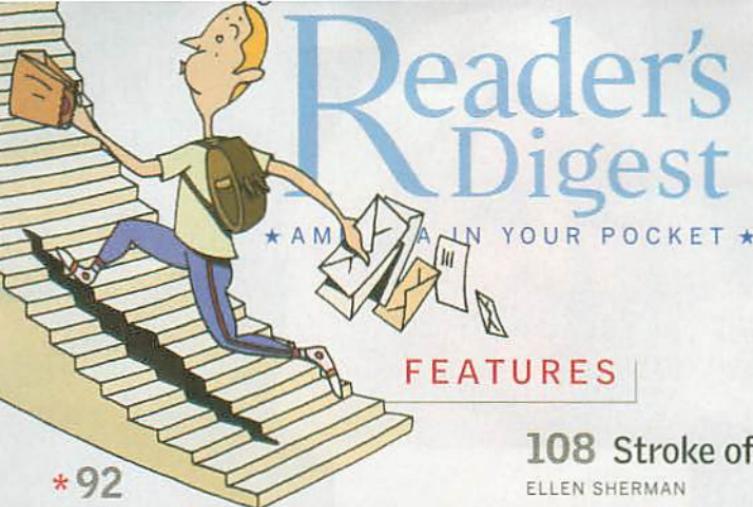
Frequent heartburn won't mess with me today. It wouldn't dare. It's Day 4 and again no heartburn. It's possible with Prilosec OTC.

What day are you on?

Use as directed for 14 days for treating frequent heartburn.

0
HEARTBURN
24
HOURS
1
PILL/DAY





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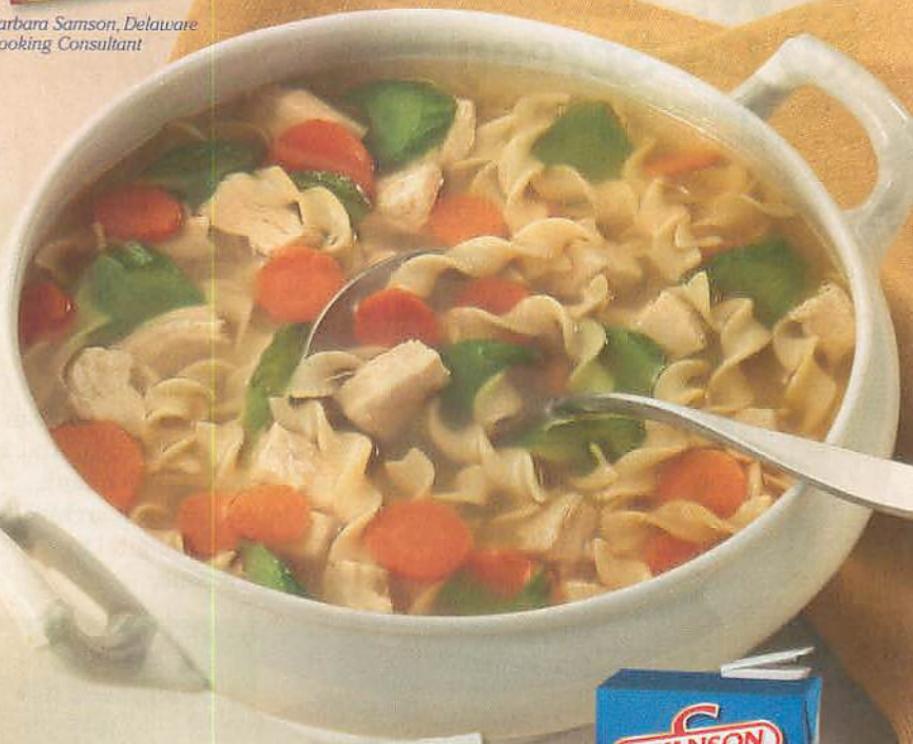
Our dogs' bad breath may be reflecting a range of serious health problems.





*I'm always looking
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Barbara Samson, Delaware
Cooking Consultant



Sensational Chicken Noodle Soup
Prep/Cook Time: 20 min.

3/4 cup Swanson
Chicken broth
Generous dash of pepper
1 medium carrot, sliced
1 stalk celery, sliced
1/2 cup uncooked medium
egg noodles
1 cup cubed cooked
chicken

- Mix broth, pepper, carrot and celery in saucepan. Heat to a boil.
- Stir in noodles and chicken. Cook over medium heat 10 min. or until noodles are done. Serves 4.



Swanson® Broth. Replace water with flavor.

NEW! RD On-Screen

The magazine that fits in your pocket is now on your computer screen too. Get the same great *Reader's Digest* content, but have your latest issue delivered instantly—no

VOTE FOR THE HERO OF THE YEAR

Our Everyday Heroes have incredible stories (page 25). Now it's your chance to pick the one who inspires you most. Vote for your favorite at rd.com/heroes. We'll announce the winner in our April issue.

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at the mailbox!

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*Survey of Ophthalmologists, Harris Interactive 2004

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The Digest is published in 48 editions in 19 languages, in Braille, on cassette, and in large print

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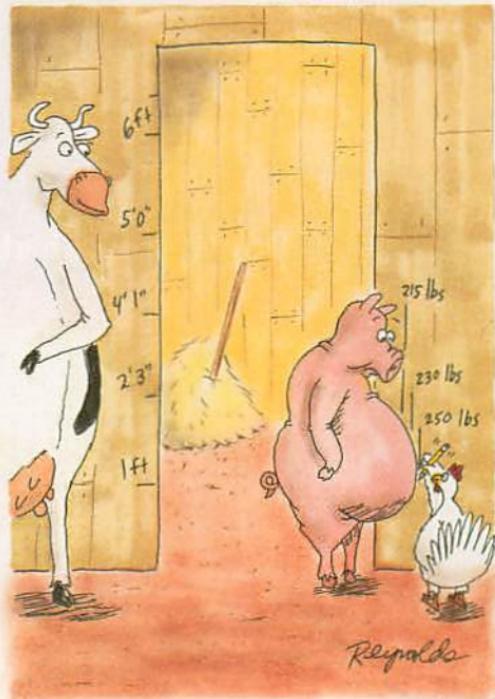
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- Go to rd.com to submit original material (Click on "Submit a Joke")
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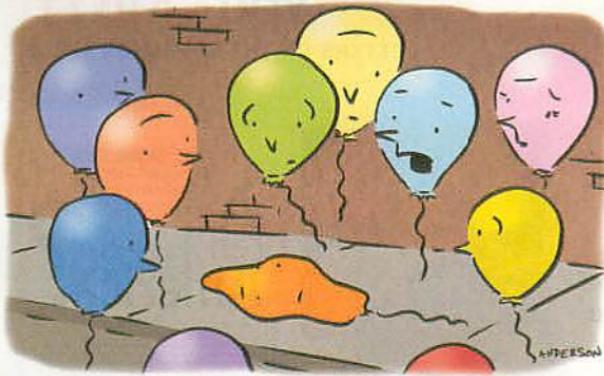
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"Everyone back! Give him some air!"

My son actually became addicted to online gambling. After graduating college as a computer engineer, he ran up credit-card debts in excess of \$50,000 in three months, then committed suicide. He left a note saying that he wanted people to know there are real dangers to online gambling.

NAME WITHHELD BY REQUEST,
Waynesboro, Virginia

I go to a middle school in Oregon, and after lunch a group of us gets together and we play Texas hold'em with real chips and real betting.

Scary where poker shows up, isn't it?

NAME WITHHELD BY REQUEST,
via Internet

It Figures

MICHAEL Crowley hit the nail on the head when he said statistics are often misleading—

or wrong (That's Outrageous: "Statistically False"). My doctor wanted me to undergo a treatment because without it, he said, "statistics show that 68% of the people who suffered what you did faced another serious problem." The odds didn't impress me, so I refused the treatment. My objection got him and his partners to thinking. They did some research and found the stat completely misleading. Not only was the treatment unnecessary, it would have actually been harmful to me. C.J.H., via Internet

Here's a quote from author Andrew Lang: "He uses statistics as a

Reader's Digest HOW TO REACH US

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- letters@rd.com
- You Said It, Reader's Digest, Box 200, Pleasantville, New York 10572-0200

Include your full name, address, e-mail and daytime phone number. We may edit letters, and use them in all print and electronic media.

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drunken man uses lamp posts—for support rather than illumination."

P.K., via Internet

Hardship and Hope

WE ARRIVED 30 days after the hurricane struck ("Katrina: Chaos and Courage"). What we found, as we walked through the warped debris of flattened towns and picked our way through thousands of homeless families under the glare of convention-center lights and unloaded pallets of milk to supply families in lines that stretched around the block, was like no other experience I've had in this life. It was like nothing I've ever seen before or want to see again.

As always, though, resilience speaks louder than despair. Even those who lost everything believe they will be okay in the end. They believe it because they are American, and because they have seen how so many of us want to help.

In the long run, these fellow citizens of ours need more than our help. They need change—from the way we build levees and protect estuaries to how we invest in schools and economic opportunity. Like all change, it will start within people.

BILL SHORE.
Founder, Share Our Strength (strength.org)

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- DAVID DENBY, *The New Yorker*

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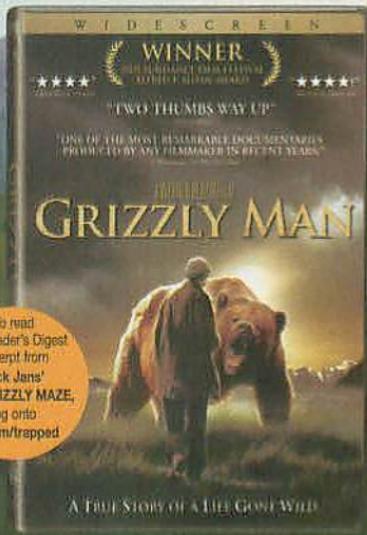
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To read
the Reader's Digest
excerpt from
Nick Jans'
THE GRIZZLY MAZE,
log onto
rd.com/trapped



ON DVD DECEMBER 27

A TALE OF THE GOOD WIVES

**"But her
blood sugar is
still too high."**

**"I'm a type 2 diabetic
so I exercise and
watch my diet."**



**Managing type 2 diabetes can be hard.
Adding Avandia can help. Avandia, along with diet
and exercise, helps lower your blood sugar.
It works differently than other diabetes medicines
by helping your body use its own natural insulin
better. Avandia can also help maintain blood sugar
control.* Ask your doctor if Avandia is right for you.**

Avandia may be prescribed alone, with metformin, a sulfonylurea, metformin plus a sulfonylurea, or insulin. When taking Avandia with a sulfonylurea or insulin, patients may be at increased risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea or insulin dose. Some people may experience tiredness, weight gain or swelling with Avandia. Avandia may cause fluid retention or swelling which could lead to or worsen heart failure, so you should tell your doctor if you have a history of these conditions. If you experience an unusually rapid increase in weight, swelling or shortness of breath while taking Avandia, talk to your doctor immediately. In combination with insulin Avandia may increase the risk of other heart problems. Ask your doctor about important symptoms and if the combination continues to work for you. Avandia is not for everyone. Avandia is not recommended for patients with NYHA Class 3 and 4 cardiac status or active liver disease. Blood tests should be used to check for liver problems before starting and while taking Avandia. Tell your doctor if you have liver disease, or if you experience unexplained tiredness, stomach problems, dark urine or yellowing of skin while taking Avandia. If you are nursing, pregnant or thinking about becoming pregnant, talk to your doctor before taking Avandia. Avandia may increase your risk of pregnancy.

Please see Patient Information for Avandia on adjacent page.

*Individual results may vary.

Call 1-800-234-0346, or visit www.avandia.com



Avandia
rosiglitazone maleate

PATIENT INFORMATION – Rx only **AVANDIA® (ah-VAN-dee-a)**

Rosiglitazone Maleate Tablets

Read the Patient Information that comes with AVANDIA before you start taking the medicine and each time you get a refill. 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 AVANDIA, ask your doctor or pharmacist.

What is AVANDIA?

AVANDIA is a prescription medicine used with diet and exercise to treat type 2 ("adult-onset" or "non-insulin dependent") diabetes mellitus ("high blood sugar"). AVANDIA may be used alone or with other anti-diabetic medicines. AVANDIA can help your body respond better to insulin made in your body. AVANDIA does not cause your body to make more insulin.

Before you take AVANDIA, you should first try to control your diabetes by diet, weight loss, and exercise. In order for AVANDIA to work best, it is very important to exercise, lose excess weight, and follow the diet recommended for your diabetes.

The safety and efficacy of AVANDIA have not been established in children under 18 years of age.

What is Type 2 Diabetes?

Type 2 diabetes happens when a person does not make enough insulin or does not respond normally to the insulin their body makes. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, heart disease, loss of limbs, and blindness. The main goal of treating diabetes is to lower your blood sugar to a normal level. Lowering and controlling blood sugar may help prevent or delay complications of diabetes such as heart disease, kidney disease or blindness. High blood sugar can be lowered by diet and exercise, by certain medicines taken by mouth, and by insulin shots.

Who should not take AVANDIA?

Do not take AVANDIA if you are allergic to any of the ingredients in AVANDIA. The active ingredient is rosiglitazone maleate. See the end of this leaflet for a list of all the ingredients in AVANDIA.

Before taking AVANDIA, tell your doctor about all your medical conditions, including if you:

- have heart problems or heart failure. AVANDIA can cause your body to keep extra fluid (fluid retention), which leads to swelling and weight gain. Extra body fluid can make some heart problems worse or lead to heart failure.
- have type 1 ("juvenile") diabetes or had diabetic ketoacidosis. These conditions should be treated with insulin.
- have liver problems. Your doctor should do blood tests to check your liver before you start taking AVANDIA and during treatment as needed.
- had liver problems while taking REZULIN® (troglitazone), another medicine for diabetes.
- are pregnant or trying to become pregnant. It is not known if AVANDIA can harm your unborn baby. You and your doctor should talk about the best way to control your high blood sugar during pregnancy.
- are a premenopausal woman (before the "change of life") who does not have regular monthly periods. AVANDIA may increase your chances of becoming pregnant. Talk to your doctor about birth control choices while taking AVANDIA.
- are breastfeeding. It is not known if AVANDIA passes into breast milk. You should not use AVANDIA while breastfeeding.
- are taking prescription or non-prescription medicines, vitamins or herbal supplements. AVANDIA and certain other medicines can affect each other and lead to serious side effects including high blood sugar or low blood sugar. Keep a list of all the medicines you take. Show this list to your doctor and pharmacist before you start a new medicine. They will tell you if it is okay to take AVANDIA with other medicines.

How should I take AVANDIA?

- Take AVANDIA exactly as prescribed. Your doctor will tell you how many tablets to take and how often. The usual daily starting dose is 4 mg a day taken once a day or 2 mg taken twice a day. Your doctor may need to adjust your dose until your blood sugar is better controlled.
- AVANDIA may be prescribed alone or with other anti-diabetic medicines. This will depend on how well your blood sugar is controlled.
- Take AVANDIA with or without food.
- It can take 2 weeks for AVANDIA to start lowering blood sugar. It may take 2 to 3 months to see the full effect on your blood sugar level.
- If you miss a dose of AVANDIA, take your pill as soon as you remember, unless it is time to take your next dose. Take your next dose at the usual time. Do not take a double dose to make up for a missed dose.
- If you take too much AVANDIA, call your doctor or poison control center right away.
- Test your blood sugar regularly as your doctor tells you.
- Diet and exercise can help your body use its blood sugar better. It is important to stay on your recommended diet, lose excess weight, and get regular exercise while taking AVANDIA.

- Your doctor should do blood tests to check your liver before you start AVANDIA and during treatment as needed. Your doctor should also do regular blood sugar tests (for example, "A1C") to monitor your response to AVANDIA.

What are possible side effects of AVANDIA?

- heart failure. AVANDIA can cause your body to keep extra fluid (fluid retention), which leads to swelling and weight gain. Extra body fluid can make some heart problems worse or lead to heart failure.
- swelling (edema) from fluid retention. Call your doctor right away if you have symptoms such as:
 - swelling or fluid retention, especially in the ankles or legs
 - shortness of breath or trouble breathing, especially when you lie down
 - an unusually fast increase in weight
 - unusual tiredness
- low blood sugar (hypoglycemia). Lightheadedness, dizziness, shakiness or hunger may mean that your blood sugar is too low. This can happen if you skip meals, if you use another medicine that lowers blood sugar, or if you have certain medical problems. Call your doctor if low blood sugar levels are a problem for you.
- weight gain. AVANDIA can cause weight gain that may be due to fluid retention or extra body fat. Weight gain can be a serious problem for people with certain conditions including heart problems. Call your doctor if you have an unusually fast increase in weight.
- low red blood cell count (anemia).
- ovulation (release of egg from an ovary in a woman) leading to pregnancy. Ovulation may happen in premenopausal women who do not have regular monthly periods. This can increase the chance of pregnancy.
- liver problems. It is important for your liver to be working normally when you take AVANDIA. Your doctor should do blood tests to check your liver before you start taking AVANDIA and during treatment as needed. Call your doctor right away if you have unexplained symptoms such as:
 - nausea or vomiting
 - stomach pain
 - unusual or unexplained tiredness
 - loss of appetite
 - dark urine
 - yellowing of your skin or the whites of your eyes.

The most common side effects of AVANDIA included cold-like symptoms, injury, and headache.

How should I store AVANDIA?

- Store AVANDIA at room temperature, 59° to 86°F (15° to 30°C). Keep AVANDIA in the container it comes in.
- Safely, throw away AVANDIA that is out of date or no longer needed.
- Keep AVANDIA and all medicines out of the reach of children.

General Information about AVANDIA

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

This leaflet summarizes important information about AVANDIA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about AVANDIA that is written for healthcare professionals. You can also find out more about AVANDIA by calling 1-888-825-5249 or visiting the website www.avandia.com.

What are the ingredients in AVANDIA?

Active Ingredient: rosiglitazone maleate

Inactive Ingredients: hypromellose 2910, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol 3000, sodium starch glycolate, titanium dioxide, triacetin, and 1 or more of the following: synthetic red and yellow iron oxides and talc.

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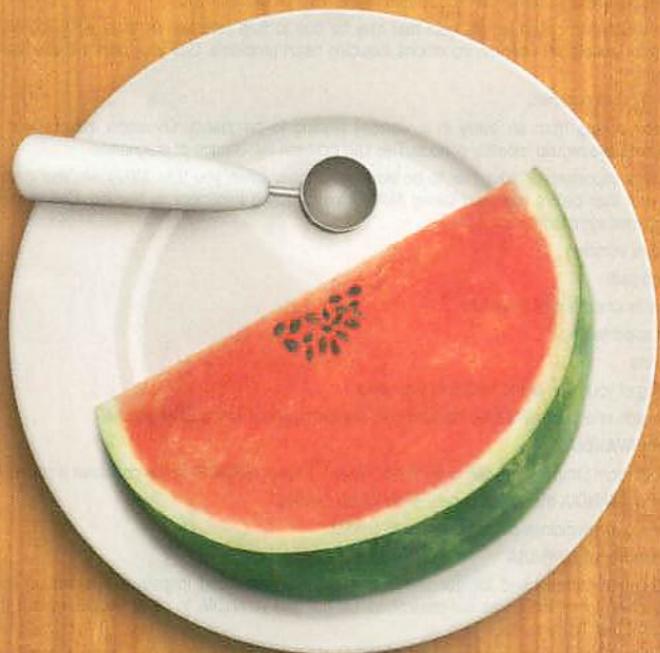
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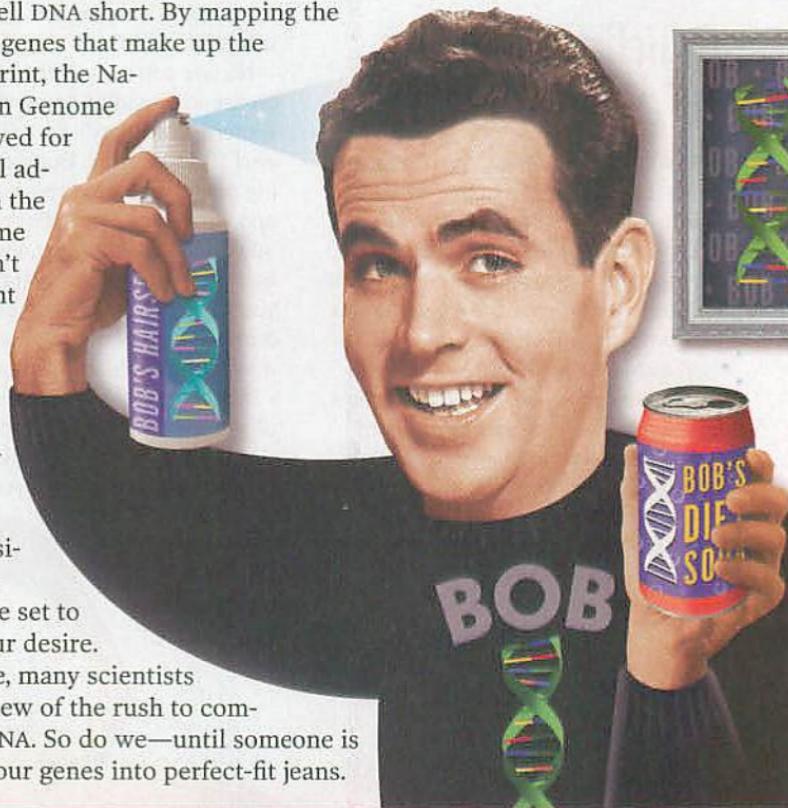
IDEAS, TRENDS, AND INTERESTING BITS FROM ALL OVER

Making Too Much of Ourselves?

IN CASE YOU HADN'T NOTICED, there's a DNA craze going on—and it's getting out of hand. These days, with some cash and a bit of your bodily tissue, you can get everything from customized anti-wrinkle cream to your own DNA-based diet plan (one home-test kit costs \$250).

Let's not sell DNA short. By mapping the 20,000 or so genes that make up the body's blueprint, the National Human Genome Project allowed for huge medical advances down the road. But some of us just can't wait. We want our new knowledge of the helix-shaped strand to improve our lives now—in every possible way. And marketers are set to cash in on our desire.

Meanwhile, many scientists take a dim view of the rush to commercialize DNA. So do we—until someone is able to turn our genes into perfect-fit jeans.



Ohio residents check out **14.6** items from the library each year. The national average is **6.9**.

SOURCE: American Library Association

A Nice, Clean Read

LAWYER. NOVELIST. Philosophy prof Cheryl Mendelson has done a lot. What she likes doing best is the wash. Her new book is *Laundry*, a 400-page sequel to the 1999 housekeeping opus *Home Comforts*. Um, 400 pages on laundry? Given her thorough take on everything from sorting to static cling, it makes sense. And we know who we want doing our delicates.



BILL DIODATO/ZETA/CORBIS

GRASS ROOTS

Guiding Swans to a New Home

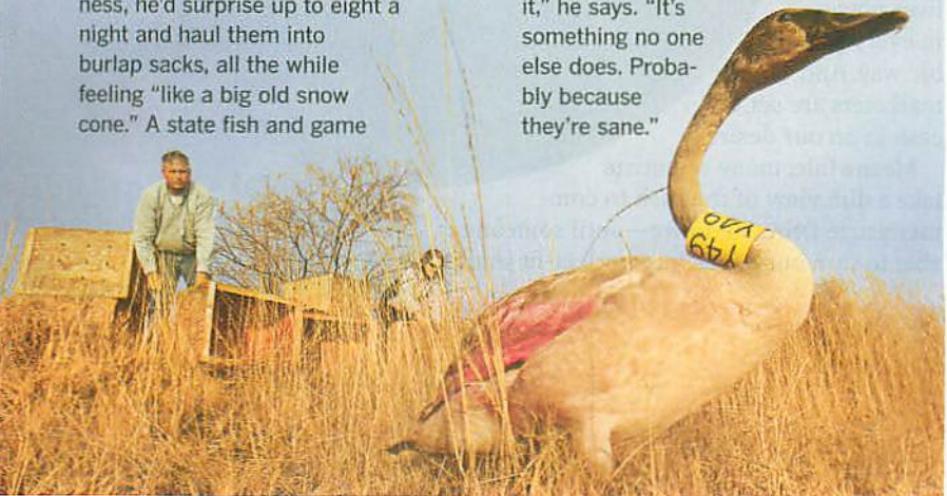
This winter, Kent Clegg, 45, of Grace, Idaho, can stay warm in bed when the Northwest nights start to get cold.

That wasn't true the past four years, when winter's arrival meant it was time for Clegg to navigate the icy surface of nearby Henry's Fork River on an ultralight airboat. His job: Seize young trumpeter swans overcrowding Idaho's northeastern region and move them 200 miles south to the more spacious Bear River. Amid fog, snow and darkness, he'd surprise up to eight a night and haul them into burlap sacks, all the while feeling "like a big old snow cone." A state fish and game

team would then tag the cygnets and take them south.

No one can explain the fourfold increase in Canadian trumpeter swans wintering at Henry's Fork River in the past 10 to 15 years. But the overcrowding puts the birds at risk for disease and starvation. Prior efforts to relocate adult swans failed (they always came back to where they'd migrated as youth). But cygnets can alter their patterns; a number of the relocated swans now return to Bear River each year.

With the project in the monitoring phase, Clegg, a farmer who does conservation work for the state, won't make any river runs this year. "I'll miss it," he says. "It's something no one else does. Probably because they're sane."



RICK LOOMIS/LOS ANGELES TIMES

Honey, How Do I Look?

Metrosexual. Ubersexual. Whatever he's called, seems the style-savvy man is here to stay (even Barbie's pal Ken is getting a makeover). Male vanity, by the numbers:

FACING FACTS

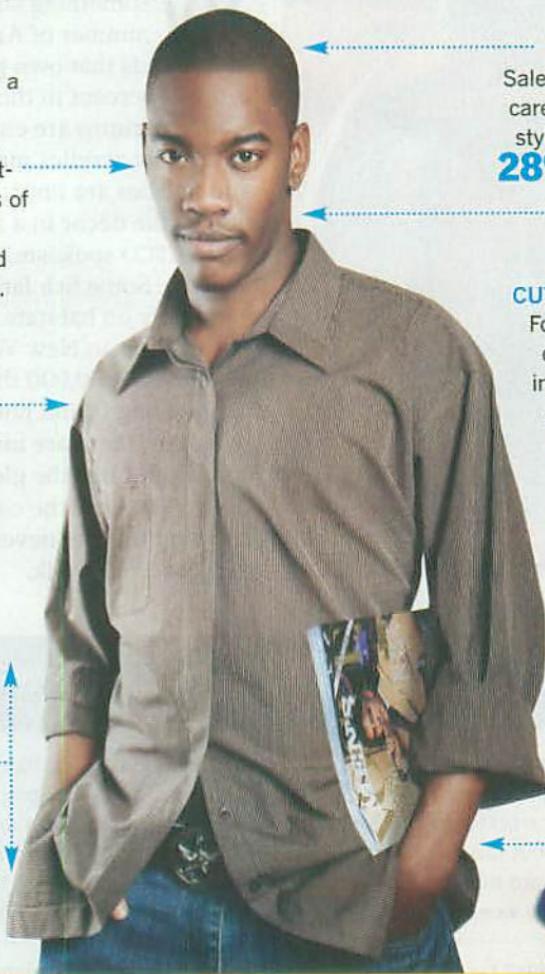
L'Oréal launches a "Men's Expert" moisturizer line. Why not? Department-store sales of men's skin-care products jumped **13%** in 2004.

BUTTONING DOWN

Sales of men's tailored clothing are up **24%** from 2003 to 2004.

LIVING LARGE

Big & Tall chain gets a new name: **Casual Male XL.** Metrosexuals, it seems, come in all sizes.



BRUSHING UP

Sales of men's hair-care gels and other styling stuff are up **28%** since 2001.

CUTTING CLOSER

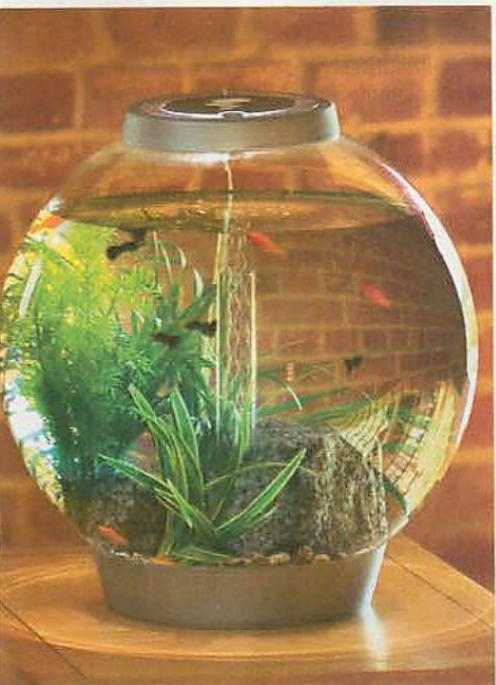
Forget twin-blade comfort. Gillette introduces a "Fusion" razor with **5 blades.**

GOING GLOSSY

Trial issue of *Men's Vogue* sells **150,000** copies. Fashion mag's male spin-off goes bimonthly this year.

Sis-Boom-Wah! Baby Genius CDs ... Itsy Bitsy Yoga books ... Now Team Baby Entertainment wants to hook our wee ones on college football. Its DVDs for 12 pigskin powers (like U of Michigan) mix game film and shots of tots playing with school-branded toys. Great. Now all baby needs is a scholarship.





Tanks for Everything

WHEN IT COMES to pets, something smells fishy. The number of American households that own gilled critters is up 30 percent in the last ten years. And aquariums are changing to keep pace. New acrylics mean "colors and finishes are improving so they fit into the décor in a tasteful way," says PETCO spokesman Kevin Whalen. Some fish fans are spending wildly on habitats. Living Color Enterprises, in New York, recently installed a \$300,000 three-story tank in one Long Island house. For the rest of us, there are more modest accessories like the glowing BiOrb (left; \$90)—and the comfort of knowing this pet never needs to go out for a walk.

RD INDEX

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

YEA

McDonald's For saying it'll add nutritional info to packaging for most menu items. Might be better to add it to the actual menu, but this is a good step toward biting into our obesity woes.



NAY

Anheuser-Busch For hatching a promotion called "Bud Pong." The company tried to claim the drinking game was meant to be played with water. When that was too hard to swallow, the promo was killed.

Mariano Martinez For creating a bona fide cultural artifact (just acquired by the Smithsonian): the modified soft ice-cream maker that first mass-produced frozen margaritas. Where would our chips and salsa be without this Dallas restaurateur?

Benjamin Ladner For nabbing a \$3.7 million golden parachute upon resigning as American University's president amid controversy over excessive personal spending. Just what kind of lesson does that teach America's students?

■ A biannual guide highlighting travel for baby boomers

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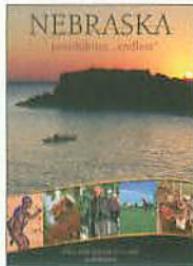
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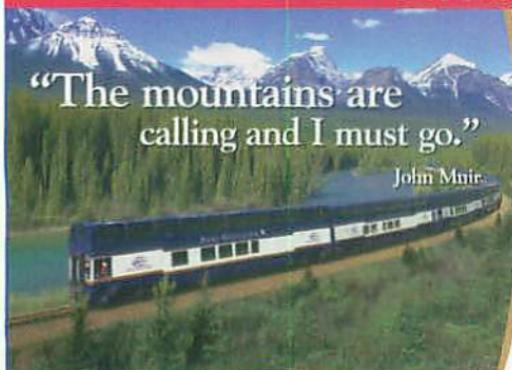
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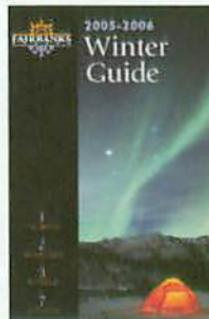
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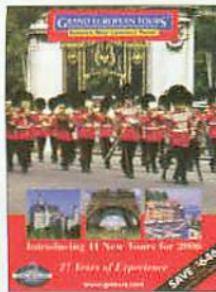
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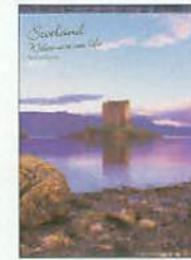
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Each month our editors face a difficult decision: Which extraordinary American will be our Everyday Hero? Once a year we put the challenge to you: Tell us which of the past year's heroes you found most inspiring. Vote at rd.com/heroes. The winner is invited to ring the closing bell at the New York Stock Exchange. We'll share highlights in our April issue.

The Surfer

FROM A SURFER'S perspective, July 20, 2004, was a gorgeous afternoon. Offshore storms had churned up the Atlantic, generating giant waves. Jason Clauss, 26, got in a good two hours at Dolphin Lane Beach, near his home on the eastern tip of Long Island, New York. He was peeling off his wet suit when a boy ran up, pointing to the water. "Two kids are in trouble," he said.

Clauss could make out a pair of swimmers splashing and waving their arms. He grabbed his board and ran into the waves.

Two brothers, 10 and 13, had been snared by a rip tide. Paddling furiously, Clauss managed to reach the younger of the two and prop him up on his surfboard. He dove into the chilly water seven times, looking for the other boy, but with no luck.

Clauss, who nearly lost his own brother to a rip tide 13 years

Jason Clauss

before, is still haunted by the kid he could not save. But police sergeant Richard Bookamer, who was on the beach that day, says with utmost certainty that if Jason Clauss hadn't reacted so quickly and decisively, there would have been two drownings instead of one. (March)

The Visitors

JOHN SPRINGER and Jane Margaret Dow were visiting their elderly parents at a retirement home in Alexandria, Virginia, when suddenly, the Sunday afternoon quiet was interrupted by a bloodcurdling cry. An employee was attacking his boss with a knife. Springer rushed at the man, grabbing his arm, and allowing the victim, Jeanne Hobbs, to get away. Mustafa Mohamed turned the knife on Springer, leaving facial wounds that required 48 stitches. Then he made his way down the hall, slash-

Jane
Margaret
Dow
and John
Springer



John Cammarata

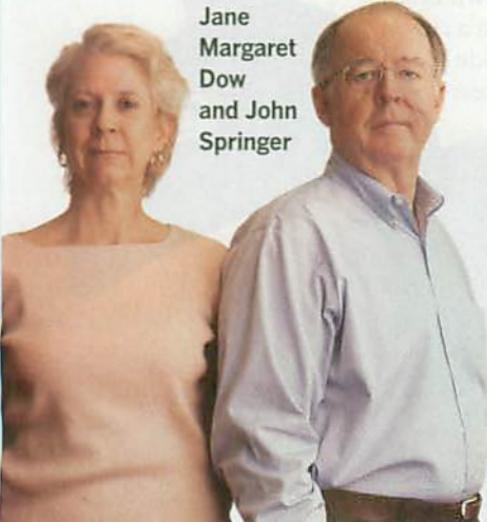
ing at patients. Heart racing, Dow stepped into Mohamed's path, raised the can of pepper spray she always carried in her purse and blasted him in the eyes. Says a grateful Jeanne Hobbs, "How many people are going to do that?" (May)

The Neighbor

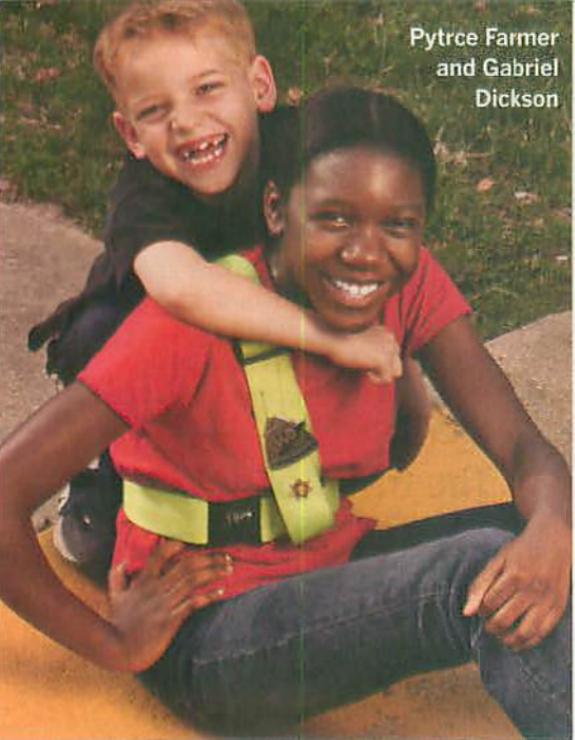
AWAKENED by screams one freezing morning in December, 2004, John Cammarata stumbled out of bed and over to the window. A

house across the street was on fire. He dialed 911, and then threw on sweats and ran outside. At 40, Cammarata suffered from a cardiac condition and had recently undergone an angioplasty. He'd only been back to work as a New York City bus driver for three months. But the owners of the burning house, the Gallos, had four foster children. He wouldn't be able to live on this block if he stood by while they died. Behind him, his wife, Denise, called, "Think about your heart!"

Holding his breath, he went into the house three times until he'd pulled everybody to safety. As power lines exploded overhead, he ran door to door, getting other families out of their homes. The next day Cammarata awoke to find himself labeled a hero on the front page of the *New York Daily News*. And when he showed up on his bus route, passengers applauded. (April)



Pytrce Farmer
and Gabriel
Dickson



The Safety Patroller

FIFTH-GRADE Pytrce Farmer wore the fluorescent lime belt that identified her as a member of the Safety Patrol as she stood vigilantly outside Eva Turner Elementary School in Waldorf, Maryland—something she did every day. That afternoon, for reasons he can't explain, six-year-old Gabriel Dickson stepped off the sidewalk, right into traffic. A van was heading straight for him. Everyone froze—except Farmer. She grabbed the boy and yanked him back. The van, only

inches away, jerked to a stop. For her bravery, Farmer was awarded an AAA School Safety Patrol Lifesaving Medal. And Gabriel says he learned his lesson: "Stay on the sidewalk." (June)

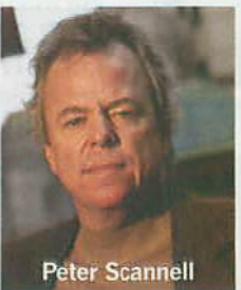
The Whistle-Blower

PETER SCANNELL knew they were onto him. But he refused to back down, and wound up exposing one of the biggest scams in mutual fund history. For months Scannell had protested to his bosses at Putnam Investments in Boston that some labor-union investors were making unethical, if not outright ille-

gal, trades. But the brass turned a blind eye. So Scannell went to the SEC. Two days later, a burly guy in a gray Boilermakers Local 5 sweatshirt grabbed him as he sat in his car and bashed him in the head with a brick. For weeks afterward, Scannell felt dizzy and had headaches. He was diagnosed with post-trau-

matic stress disorder and was on disability, losing \$100,000 in wages. Still, he has no regrets.

Ultimately, Putnam agreed to pay \$110 million in restitution and penalties. "I give all the credit in the world to Peter," says Matthew

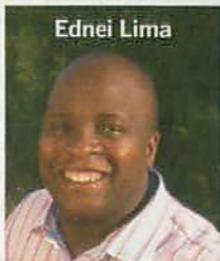


Peter Scannell

Nestor, Massachusetts director of securities. "It's not easy to be the one person who stands up and says, 'This is wrong.'" (February)

The Passerby

AS HE DROVE home in a blinding rainstorm, Ednei Lima saw a man climb up onto a bridge and jump. Lima went right after him, into the swirling waters of the Still River in Danbury, Connecticut. Far from grateful, 19-year-old Andrew Higgenbottom punched and kicked his rescuer. "I got my reasons



Ednei Lima

to kill myself," he said. But Lima wasn't about to let the young man die. Thanks to a black belt in jujitsu, he managed to wrestle Higgenbottom to the riverbank and hold him until EMTs arrived. "I had no time to think whether it was dangerous," said Lima. "I just wanted to get the kid out." (November)

GABE PALACIO

Don Schoendorfer



The Inventor

DETERMINED TO create the world's cheapest wheelchair, Don Schoendorfer, a mechanical engineer from Orange County, California, tinkered in his garage for three hours every day before work. The chair would have to traverse mountains, swamps and deserts, and endure heat and frost. Around the world many of the poorest people live on less than \$2 a day and could never dream of buying a Western-type wheelchair. Finally, one day he hit on just the right design: the ubiquitous white plastic lawn chair, with two sturdy bike tires.

Today the chairs can be shipped anywhere in the world for just \$41.17. Schoendorfer's nonprofit group, Free Wheelchair Mission, has delivered more than 75,000 to people in Angola, India, Peru, even Iraq. With more than 100 million disabled poor in developing countries, he says, "I have a small goal. Twenty million chairs given away free by 2010." (July)

LORI STOLL

The Rookie

ON THE DAY Jeff Bassett pulled a man from his burning house, Jeff was late for school. On a whim, he'd taken a different route, down Orchard Road in Briarcliff Manor, New York. Seeing smoke, he made a quick U-turn and called 911. Sixteen-year-old Jeff comes from a family of firefighters. Coincidentally, his dad was first to arrive on the scene. By then, Jeff had already found the homeowner, Peter Tierney, 71, in the smoke-filled garage. "You've got to get out of here," he urged. "It's going to get really bad." Jeff guided him toward the door, but the man moved slowly. Chunks of burning roof fell around them. They had to go faster. The burly hockey player lifted Tierney in his arms and carried him out, just before flames swallowed the home's top story. It took 60 firefighters to bring the fire under control. (October)

Chiara Rufus and
Monique Williams



Jeff Bassett



The Mom

TEN-YEAR-OLD Chiara Rufus of Syracuse, New York, loved buying groceries for her mother. As she was on her way home with milk and bread one day last August, a man leaned from his car window and asked, "Want a ride?" Chiara shook her head. But the man followed. He pulled up close and opened the passenger door. "Get in!" he ordered.

Driving by, 34-year-old mother of three Monique Williams thought, Something's not right.

"You know him?" she asked the girl. When Chiara said no, Williams gunned her van and stopped in front of the car, blocking it in. Then she made sure Chiara got out. Police arrested the man, charging him with endangering the welfare of a child and possessing child pornography. Williams could have stopped a child

molestation, says Syracuse Police Chief Gary Miguel. He and the mayor gave Williams a civilian commendation. The plaque hangs in her living room, along with another one that's even more special. It reads: "To my guardian angel Monique Williams. I love you. Chiara Rufus." (December)

The Student

A YOUNG MAN in a black trench coat, his hair spiked into thorns, walked into Red Lake Senior High in northern Minnesota carrying three guns. Jeff Weise shot and killed eight people and wounded seven more in the deadliest school shooting since Columbine. Sophomore Jeff May, armed only with the pencil he'd used for algebra, tried to stop him. May ran at the gunman and jabbed him hard in the side. The two struggled; May was shot in the face. The police showed up, exchanging gunfire with Weise, who then killed himself. May's teacher, Missy Dodds, is sure he saved his classmates' lives—and hers. Of his selfless action, Dodds says, "I totally would expect that of him." (September)

The Pilot

NORMALLY Jeremy Johnson used his helicopter to visit branches of his Internet company, spread all over Utah. Now the



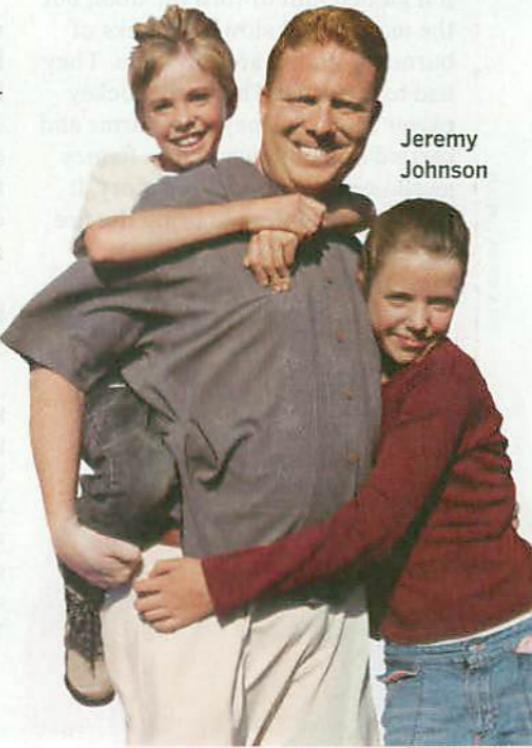
Jeff May

sheriff had recruited him to scout for people stranded in their homes after drenching rains knocked out roads and bridges. Battling violent wind gusts, Johnson managed to land in a waterlogged field near the house where Rolf and

Renae Ludwig and their five children were huddled. One by one, Johnson loaded them into the four-seater copter and ferried them to safety. And the following weekend, when people asked for rides over the area, the pilot asked for donations. All \$20,000 went to the Ludwig family. "Our angel wings," says Renae. (August)

LAYNE KENNEDY

TOM SPITZ



Jeremy Johnson

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The Lowest of the Low

Why your charity dollars may be going to crooks instead of to the victims of Hurricane Katrina

IT WAS JUST one of so many Hurricane Katrina horror stories. But it was especially heartbreaking. East Texas relief workers took in a New Orleans man named Ray Johnson, who said his wife and three-year-old son drowned before his eyes when their house flooded. On local TV he recounted the tragedy in agonizing detail: how rushing water knocked him off balance and caused him to drop his boy. How he found his wife: "She was floating, so I knew she was dead." How he pulled their lifeless bodies to the attic: "For the first two weeks I broke down every day, three, four, five, ten times a day," Johnson said.

He received an outpouring of generosity. A Tyler, Texas, church gave Johnson shelter and clothing. A funeral home offered to pay for a memorial service. And he even sent off for one of the \$2,000 checks FEMA was providing victims.

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

But it was all a lie. Johnson was actually Walter Ray Stall, a convicted felon from Texas. His real-life estranged wife and children were very much alive. For Stall, authorities say, the horror of Katrina was just a moneymaking opportunity.

Meet the lowest of the low: the people who take advan-



tage of natural disasters to make a buck off charitable donations and government relief efforts. Many, like Stall, get caught. In the weeks after Katrina hit, dozens of people were arrested nationwide. Thousands more may be getting away with it. By the end of October, more than 50

Katrina scammers may get away with a heist of \$5 billion or more.

people had been charged with federal Katrina-related crimes, and hundreds more had been nabbed at the local level, according to Paul Bresson, a spokesman for the Justice Department's Katrina-fraud task force. Authorities also say that 3 to 5 percent of funds meant for relief may be siphoned off by crooks. When it comes to Katrina, that could mean a heist of \$5 billion or more.

Disaster-relief fraudsters "are taking away money from the real victims," says John Dowdy, an Assistant U.S. Attorney in Jackson, Mississippi, on the trail of Katrina scams. "It makes them into double victims."

Unfortunately, we've seen this before. After September 11, 2001, Carlton McNish, of Tobyhanna, Pennsylvania, was arrested for falsely claiming that his wife had died at the World Trade Center. McNish, who wasn't married at all, reportedly even brought someone else's children to a bogus memorial

service for the fictional wife. He netted more than \$100,000 from relief agencies like the Red Cross, the Salvation Army and the Robin Hood Foundation before he was nabbed.

Among the criminals nailed after Katrina were 30 people in Bakersfield, California, charged with stealing from the American Red Cross. Ten of them had been workers at a Red Cross call center that helped Katrina victims collect charity funds. Prosecu-

tors say that the thieves used false claim information and had accomplices pick up relief checks meant for the true victims. In Houston, people were caught trying to collect one-time payments from Red Cross relief centers on as many as three separate occasions, the police reported. And, in Atlanta, according to the *New York Daily News*, a local store reported that two of the FEMA debit cards were used to buy \$800 Louis Vuitton handbags. Either a hurricane victim didn't really need that FEMA money or someone else got his hands on it.

Fraud charges related to Katrina have been brought everywhere from Oregon to Georgia. In some cases, scammers have used another person's address to steal funds, making it impossible for people who actually live at that address to collect their share, Dowdy says.

Maybe the only thing worse than people who try to bilk disaster funds are the scammers who steal



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straight from charity-giving Americans. Take Matthew Z. Schmeider, an unemployed painter from Pennsylvania. Just days after the 2004 Asian tsunami, Schmeider blasted out 800,000 e-mails falsely claiming to be from Mercy Corps. Complete with official Mercy Corps logos, the e-mails asked for contributions to aid tsunami victims. After his arrest, Schmeider told the FBI he needed cash to pay bills and fix his car.

There are tons of creeps out there. E-mail con artists were at work just days after Katrina's landfall, and within a month the FBI said more than 4,000 Katrina-related websites, many of them believed to be criminal, had sprung up. "Fraudulent ones are popping up faster than we can pound them down," the FBI's top cyber-official warned on the department's website.

Those who don't steal money often try to steal identities. They do this by hustling people for their Social Security or credit card information. You can bet even more horror stories will emerge from the soggy rubble of Katrina and Rita. After Hurricane Frances struck Florida

in 2004, officials found widespread fraud there, including big payments for supposed storm damage—often damage that never happened or occurred before the hurricane struck. According to the *Sun-Sentinel* newspaper, at least 203 of the 319 funeral claims FEMA paid in Florida in 2004 were for people whose deaths were unrelated to the storms—including six who committed suicide.

When disaster hits, crooks are almost as predictable as fallen trees and flooded houses. It's impossible to catch them all. But there's sweet justice every time we nab someone like Walter Stall. These swindlers deserve every ounce of shame and punishment we can muster.

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

To guard against ID theft, it's always smart to go directly to a charity's website rather than follow a link you were sent. There are also websites like CharityNavigator.org, which can help you evaluate organizations to which you're thinking of making a donation.

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The Success of Jeb Bush, brought to you by Hasbro

NEXIUM® 7-Day Free Trial Offer (esomeprazole magnesium)



If your doctor prescribes NEXIUM, you can try it free for 7 days with this offer. Here's how.

1. Call or visit your doctor or health care professional to find out if NEXIUM is right for you. NEXIUM is available by prescription only.
2. Present both your prescription for 7 NEXIUM capsules and this certificate to your pharmacist to receive your free trial of NEXIUM.

If you're interested in more information about NEXIUM plus more money-saving offers, visit purplepill.com or call 1-888-29-NEXIUM.

Terms and Conditions: Limit one 7-day free trial certificate per person for the duration of the program. Valid ONLY at retail pharmacies, no mail order. Please see eligibility restrictions and other terms and conditions on the back of this certificate.

RxBIN #	RxGRP #	Identification #	Suffix
610415	NEX10066	661663733	01

This offer is good through March 31, 2006.

Nexium.
(esomeprazole magnesium)

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 March 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.

IT'S DIFFERENT FOR PEOPLE WITH ACID REFLUX DISEASE.

Because beneath the heartburn, something more could be brewing.

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 in fact, about 1 in 3 people with acid reflux disease has it.* 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 1-888-29-NEXIUM.

If you're without prescription coverage and can't afford your medications, help may be available. Call or visit us online.

*Source: AstraZeneca Data on File: DA-NEX-58

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*Behind
this scarf
acid
could be
burning
the lining
of her
esophagus.*

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

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 did 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 1 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** Omeprazole 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, 203, 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 times 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 (e.g., 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 1.3, 3.4, 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 130 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 130 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-fetal 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 omeprazole 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 omeprazole, and because of the potential for tumorigenesis 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** 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 5-12 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 3,009 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥ 1%) in all three groups was headache (5.5, 5.5, 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:** asthenia, 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, gastritis, 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:** tinnitus; **Hematologic:** anemia, anemia hypochromic, cervical lymphadenopathy, epistaxis, leukopenia, leukopenia, thrombocytopenia; **Hepatic:** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; **Metabolic/Nutritional:** glycosuria, hyperuricemia, hypotremia, 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:** anoxia, apathy, appetite increased, confusion, depression aggravated, dizziness, hypotension, 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, angiokeratoma, dermatitis, pruritus, pruritus ani, rash, rash erythematous, rash maculo-papular, skin inflammation, swelling increased, urticaria; **Special Senses:** otitis media, parosmia, taste loss, taste perversion; **Urogenital:** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, micturitis, genital moniliasis, polyuria; **Visual:** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include: duodenitis, esophagitis, esophageal stricture, esophagitis 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 (3.6%), and abdominal pain (3.6%). **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 perineal. 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 overdose with esomeprazole. Reports have been received of overdose 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 overdose, 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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Distributed by:
AstraZeneca LP, Wilmington, DE 19850
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31020-00 Rev. 06/05 231199

AstraZeneca 

New Year, New Words As January unfolds, we all have resolutions to act on. How about adding to your vocabulary? Anu Garg, author of *Another Word a Day*, offers a new word each weekday at wordsmith.org. Here's a batch from his book to get you started. Answers on next page.

1. scion *n.*—A: elder. B: descendant or heir. C: astrological event. D: sharp knife.

2. orotund
adj.—A: conforming to accepted beliefs. B: having a strong voice. C: overweight. D: excessive.

7. impresario *n.*—A: singer. B: manager. C: publisher's logo. D: fortune-teller.



3. talisman *n.*—A: curse. B: shawl. C: magical object. D: strong wind.

4. tarry *v.*—A: to add up. B: criticize. C: confuse. D: delay.

5. amicable *adj.*—A: expensive. B: forgetful. C: lengthy or drawn out. D: friendly.

6. polemic *n.*—A: controversial argument. B: contagious disease. C: thick cornmeal. D: natural habitat.

8. draggle *v.*—A: to fall behind. B: negotiate. C: make dirty. D: lure.

9. sangfroid *n.*—A: calmness. B: color of blood. C: drink made with red wine. D: cheerful song.

10. redoubt *n.*—A: uncertainty. B: stronghold. C: heated disagreement. D: disadvantage.

11. indolent *adj.*—A: without a family. B: lazy. C: disrespectful. D: impoverished.

12. scalawag *n.*—

A: holiday decoration. B: platform. C: rascal. D: mixed-breed dog.

13. desultory *adj.*—

A: unattractive. B: inconsistent. C: offensive. D: extremely hot.

14. placebo *n.*—A: fake medicine. B: prominent sign. C: straw hat. D: pleated shirt.

15. erudite *adj.*—A: regarding vegetables. B: scholarly. C: impolite. D: well designed.

16. sobriquet *n.*—A: unusual flower. B: paving stone. C: nickname. D: fragrance.

Monthly Planner

The 12 words below each contain the 3-letter abbreviation for one month of the year (clues in parentheses). Can you complete the calendar? Answers on next page.

jan--- (upset); feb--- (feverish); -mar--- (sleazy); -apr--- (whim); ---may (disillusion); ---jun--- (associate); jul--- (cut); --aug-- (filled); --sep----- (joined); --oct----- (of the night); --nov----- (novelty); dec----- (destroy).

ANSWERS

1. scion—[B] Descendant or heir, especially of an important family; also, twig cut for planting. The mansion was refurbished by a Vanderbilt scion.

7. impresario—[B] Organizer or manager, especially of concerts or operas. He's a respected *impresario*, influencing the careers of some of the biggest names in classical music.

12. scalawag—[C] Rascal or scamp; a Southern supporter of Republican policy during Reconstruction. My sister was in love, but her fiancé was a *scalawag*.



2. orotund—[B] Having a strong voice; also, regarding pompous speech or writing. The politician was remembered for his *orotund* deliveries.

3. talisman—[C] An object with supposedly magical powers. The necklace she wore was a *talisman*, bringing her good luck.

4. tarry—[D] To delay; linger. “Don’t *tarry*,” the nanny called to the children. “We’ll be late.”

5. amicable—[D] Friendly; peaceable. Though competitors, the two quarterbacks had an *amicable* relationship.

6. polemic—[A] A controversial argument. The young lawyer was wary of taking on the separation of church and state *polemic* in his very first case.

8. drabble—[C] To make dirty, often by dragging. My son's overcoat, after he *drabbed* it in the mud, was impossible to get clean.

9. sangfroid (sän FRWA)—[A] Calmness; composure. In spite of her classroom's chaos, the teacher managed an air of *sangfroid*.

10. redoubt—[B] A stronghold; temporary fortification. The infantrymen took shelter in the earthen *redoubt*.

11. indolent—[B] Lazy or slothful; avoiding exertion. My colleague claims she is overworked, but most of us think she's just *indolent*.

13. desultory—[B] Inconsistent, unconnected or lacking purpose. He was confused by his boss's *desultory* comments.

14. placebo—[A] A substance without medicinal value, used in studies or to placate patients. Not realizing she'd been given a *placebo*, Mom claimed the new drug had cured her.

15. erudite—[B] Scholarly or learned. My *erudite* uncle took me to museums when I was very young.

16. sobriquet (SO bri KAY)—[C] Nickname. Most people know George Herman Ruth as the Babe, his famous *sobriquet*.

VOCABULARY RATINGS

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

decimate: nounce: innovation:
nocturna: raugh: inseparable:
jillenne: rausch: adiunct:
caprice: dismya: smartly:
jangle: febrile: army:
Monthly Planner Answers:

Feeling *bridled* by the winter chill?

Play Super Word Power today—60 minutes for free! Go to rd.com/word.



New Iams Multi-Cat.

The first-ever food specially tailored for all of your adult cats.
It helps overweight cats burn fat and trim cats build muscle.

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www.iams.com or call 800-525-IAMS

Good for Life.





You had early stage breast cancer.

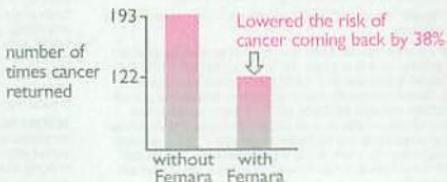
You completed tamoxifen.

Now what?

Introducing Femara. Now there's something more you can do to reduce your risk of cancer returning.

Clinical trial results from an international study involving over 5,000 postmenopausal women show that Femara significantly reduced the risk of cancer returning.

Femara is approved for the extended adjuvant treatment of early stage breast cancer in postmenopausal women who are within three months of completion of five years of tamoxifen therapy. The benefits of Femara in the clinical trial are based on 24 months of treatment. Further follow-up will be needed to determine long-term results, including side effects.



In addition to lowering the risk of cancer coming back, Femara also significantly reduced the risk of breast cancer returning to another part of the body. For the thousands of women who've recently completed tamoxifen, Femara is more than hope, it's help.

Important Safety Information

Talk to your doctor if you're allergic to Femara or any of its ingredients. You should not take Femara if you are pregnant as it may cause fetal harm. You must be postmenopausal to take Femara. Some women reported fatigue and dizziness with Femara. Until you know how it affects you, use caution before driving or operating machinery. Longer follow-up is needed to determine the risk of bone fracture associated with long-term use of Femara. The percentage of patients on Femara versus placebo reporting a fracture was 5.9% vs 5.5%. The percentage of patients reporting osteoporosis was 6.9% vs 5.5%. Bisphosphonates, drugs to increase bone strength, were given to 21.1% of Femara patients and 18.7% of placebo patients. Commonly reported side effects are generally mild to moderate. Those seen more often with Femara versus placebo were hot flashes (50% vs 43%), joint pain (22% vs 18%) and muscle pain (7% vs 5%). Other side effects, which were comparable to placebo, include fatigue (34% vs 32%), swelling due to fluid retention (18% vs 16%), headache (20% vs 20%), increase in sweating (24% vs 22%) and increase in cholesterol (16% vs 16%).

Femara is a convenient, once-a-day prescription therapy.
Ask your oncologist if Femara can reduce your risk of cancer returning.

For more information, call 1.866.346.1751
or visit www.femara.com

Femara
(letrozole tablets)

Please see important product information on the next page.
Novartis Pharmaceuticals Corporation CFEM-1039

Femara®

(letrozole tablets)

2.5 mg Tablets

Rx only

BRIEF SUMMARY: Please see package insert for full prescribing information.

INDICATIONS AND USAGE: Femara® (letrozole tablets) is indicated for the extended adjuvant treatment of early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy (see *Clinical Studies in the full prescribing information*). The effectiveness of Femara in extended adjuvant treatment of early breast cancer is based on an analysis of disease-free survival in patients treated for a median of 24 months (see **CLINICAL PHARMACOLOGY, Clinical Studies in the full prescribing information**). Further data will be required to determine long-term outcome.

Femara is indicated for first-line treatment of postmenopausal women with hormone receptor positive or hormone receptor unknown, locally advanced or metastatic breast cancer. Femara is also indicated for the treatment of advanced breast cancer in postmenopausal women with disease progression following antiestrogen therapy.

CONTRAINDICATIONS: Femara® is contraindicated in patients with known hypersensitivity to Femara or any of its excipients.

WARNINGS: **Pregnancy:** Letrozole may cause fetal harm when administered to pregnant women. Studies in rats at doses equal to or greater than 0.003 mg/kg (about 1/100 the daily maximum recommended human dose on a mg/m² basis) administered during the period of organogenesis, have shown that letrozole is embryotoxic and fetotoxic, as indicated by intrauterine mortality, increased resorption, increased postimplantation loss, decreased numbers of live fetuses and fetal anomalies including absence and shortening of renal papilla, dilation of ureter, edema and incomplete ossification of frontal skull and metatarsals. Letrozole was teratogenic in rats. A 0.03 mg/kg dose (about 1/10 the daily maximum recommended human dose on a mg/m² basis) caused fetal domed head and cervical/centrum vertebral fusion.

Letrozole is embryotoxic at doses equal to or greater than 0.002 mg/kg and fetotoxic when administered to rabbits at 0.02 mg/kg (about 1/1000 and 1/10,000 the daily maximum recommended human dose on a mg/m² basis, respectively). Fetal anomalies included incomplete ossification of the skull, sternae, and fore- and hindlegs.

There are no studies in pregnant women. Femara® is indicated for postmenopausal women. If there is exposure to letrozole during pregnancy, the patient should be apprised of the potential hazard to the fetus and potential risk for loss of the pregnancy.

PRECAUTIONS: Since fatigue and dizziness have been observed with the use of Femara® and somnolence was uncommonly reported, caution is advised when driving or using machinery.

Laboratory Tests: No dose-related effect of Femara on any hematologic or clinical chemistry parameter was evident. Moderate decreases in lymphocyte counts, of uncertain clinical significance, were observed in some patients receiving Femara 2.5 mg. This depression was transient in about half of those affected. Two patients on Femara developed thrombocytopenia; relationship to the study drug was unclear. Patient withdrawal due to laboratory abnormalities, whether related to study treatment or not, was infrequent. Increases in SGOT, SGPT, and gamma GT \geq 5 times the upper limit of normal (ULN) and of bilirubin \geq 1.5 times the ULN were most often associated with metastatic disease in the liver. About 3% of study participants receiving Femara had abnormalities in liver chemistries not associated with documented metastases; these abnormalities may have been related to study drug therapy. In the megestrol acetate comparative study about 8% of patients treated with megestrol acetate had abnormalities in liver chemistries that were not associated with documented liver metastases; in the anastrozole/tamoxifen study about 10% of aminoglutethimide-treated patients had abnormalities in liver chemistries not associated with hepatic metastases.

Bone Effects: Preliminary results (median duration of follow-up was 20 months) from the bone sub-study (Calcium 500 mg and Vitamin D 400 IU per day mandatory; bisphosphonates not allowed) demonstrated that at 2 years the mean decrease compared to baseline in μ BMD in Femara patients was 3% vs. 4% for placebo ($P=0.048$). The mean decrease from baseline μ BMD results for the lumbar spine at 2 years was Femara 4.6% decrease and placebo 2.2% ($P=0.069$). Consideration should be given to monitoring BMD.

Drug Interactions: Clinical interaction studies with cimetidine and warfarin indicated that the coadministration of Femara with these drugs does not result in clinically-significant drug interactions. (See **CLINICAL PHARMACOLOGY in the full prescribing information**). Coadministration of Femara and tamoxifen 20 mg daily resulted in a reduction of letrozole plasma levels by 38% on average. There is no clinical experience to date on the use of Femara in combination with other anticancer agents.

Hepatic Insufficiency: Subjects with cirrhosis and severe hepatic dysfunction who were dosed with 2.5 mg of Femara experienced approximately twice the exposure to letrozole as healthy volunteers with normal liver function. (See **DOSE AND ADMINISTRATION**.)

Drug/Laboratory Test-Interactions: None observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility: A conventional carcinogenesis study in mice at doses of 0.6 to 60 mg/kg/day (about 1 to 100 times the daily maximum recommended human dose on a mg/m² basis) administered by oral gavage for up to 2 years revealed a dose-related increase in the incidence of benign ovarian stromal tumors. The incidence of combined hepatocellular adenoma and carcinoma showed a significant trend in females when the high dose group was excluded due to low survival. In a separate study, plasma AUC_{0-24h} levels in mice at 60 mg/kg/day were 55 times higher than the AUC_{0-24h} level in breast cancer patients at the recommended dose. The carcinogenicity study in rats at oral doses of 0.1 to 10 mg/kg/day (about 0.4 to 40 times the daily maximum recommended human dose on a mg/m² basis) for up to 2 years also produced an increase in the incidence of benign ovarian stromal tumors at 10 mg/kg/day. Ovarian hyperplasia was observed in females at doses equal to or greater than 0.1 mg/kg/day.

At 10 mg/kg/day, plasma AUC_{0-24h} levels in rats were 80 times higher than the level in breast cancer patients at the recommended dose.

Letrozole was not mutagenic in *in vitro* tests (Ames and *E. coli* bacterial tests) but was observed to be a potential clastogen in *in vitro* assays (CHO K1 and CCL 61 Chinese hamster ovary cells). Letrozole was not clastogenic *in vivo* (micronucleus test in rats). Studies to investigate the effect of letrozole on fertility have not been conducted; however, repeated dosing caused sexual inactivity in females and atrophy of the reproductive tract in males and females at doses of 0.8, 0.1 and 0.03 mg/kg in mice, rats and dogs, respectively (about one, 0.4 and 0.4 the daily maximum recommended human dose on a mg/m² basis, respectively).

Pregnancy: Pregnancy Category D (See WARNINGS.)

Nursing Mothers: It is not known if letrozole is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when letrozole is administered to a nursing woman (see **WARNINGS and PRECAUTIONS**).

Pediatric Use: The safety and effectiveness in pediatric patients have not been established.

Geriatric Use: The median age of patients in all studies of first-line and second-line treatment of metastatic breast cancer was 64-65 years. About 1/2 of the patients were \geq 70 years old. In the first-line study, patients \geq 70 years of age experienced longer time to tumor progression and higher response rates than patients <70 . For the extended adjuvant setting, more than 5100 postmenopausal women were enrolled in the clinical study. In total, 41% of patients were aged 65 years or older at enrollment, while 12% were 75 or older. No overall differences in safety or efficacy were observed between these older patients and younger patients, 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: Femara® was generally well tolerated across all studies in first-line and second-line metastatic breast cancer as well as extended adjuvant treatment in women who have received prior standard adjuvant tamoxifen treatment. Generally, the observed adverse reactions are mild or moderate in nature.

Extended Adjuvant Treatment of Early Breast Cancer In Postmenopausal Women Who Have Received 5 Years of Adjuvant Tamoxifen Therapy: The median duration of extended adjuvant treatment was 24 months and the median duration of follow-up for safety was 28 months for patients receiving letrozole and placebo.

Table 1 describes the adverse events occurring at a frequency of at least 5% in any treatment group during treatment. Most adverse events reported were Grade 1 and Grade 2 on the Common Toxicity Criteria Version 2.0. In the extended adjuvant setting, the reported drug-related adverse events that were significantly different from placebo were hot flashes, arthralgia/arthritis, and myalgia.

Table 1: Percentage of Patients with Adverse Events

	Number (%) of Patients with Grade 1-4 Adverse Event	Number (%) of Patients with Grade 3-4 Adverse Event
	Letrozole N=2563	Placebo N=2573
Any Adverse Event	2232 (87.1)	2174 (84.5)
Vascular Disorders	1378 (53.5)	1230 (47.8)
Flushing	1273 (49.7)	1114 (43.3)
General Disorders	1154 (45.0)	1090 (42.4)
Asthenia	862 (33.6)	826 (32.1)
Edema NOS	471 (18.4)	416 (16.2)
Musculoskeletal Disorders	978 (38.2)	836 (32.5)
Arthralgia	565 (22.0)	465 (18.1)
Arthritis NOS	173 (6.7)	124 (4.8)
Myalgia	171 (6.7)	122 (4.7)
Back Pain	129 (5.0)	112 (4.4)
Nervous System Disorders	863 (33.7)	819 (31.8)
Headache	516 (20.1)	508 (19.7)
Dizziness	362 (14.2)	342 (13.3)
Skin Disorders	830 (32.4)	787 (30.6)
Sweating Increased	611 (24.2)	577 (22.4)
Gastrointestinal Disorders	725 (28.3)	731 (28.4)
Constipation	290 (11.3)	304 (11.8)
Nausea	221 (8.6)	212 (8.2)
Diarrhea NOS	128 (5.0)	143 (5.6)
Metabolic Disorders	551 (21.5)	537 (20.9)
Hypercholesterolemia	401 (15.6)	398 (15.5)
Reproductive Disorders	303 (11.6)	357 (13.9)
Vaginal Hemorrhage	123 (4.8)	171 (6.6)
Vulvovaginal Dryness	137 (5.3)	127 (4.9)
Psychiatric Disorders	320 (12.5)	276 (10.7)
Insomnia	149 (5.8)	120 (4.7)
Respiratory Disorders	278 (10.9)	286 (10.1)
Dyspnea	140 (5.5)	137 (5.3)
Investigations	184 (7.2)	147 (5.7)
Infections and Infestations	166 (6.5)	163 (6.3)
Renal Disorders	130 (5.1)	100 (3.9)

The duration of follow-up for both the main clinical study and the bone study were insufficient to assess fracture risk associated with long-term use of letrozole. Based on a median follow-up of patients for 28 months, the incidence of clinical fractures from the core randomized study in patients who received Femara was 5.9% (152) and placebo was 5.5% (142). The incidence of self-reported osteoporosis was higher in patients who

received Femara 6.9% (176) than in patients who received placebo 5.5% (141). Bisphosphonates were administered to 21.1% of the patients who received Femara and 18.7% of the patients who received placebo.

Preliminary results (median duration of follow-up was 20 months) from the bone substudy (Calcium 500 mg and Vitamin D 400 IU per day mandatory; bisphosphonates not allowed) demonstrated that at 2 years the mean decrease compared to baseline in hip BMD in Femara patients was 3% vs. 0.4% for placebo. The mean decrease from baseline BMD results for the lumbar spine at 2 years were Femara 4.6% decrease and placebo 2.2%.

The incidence of cardiovascular ischemic events from the core randomized study was comparable between patients who received Femara 6.8% (175) and placebo 6.5% (167).

Preliminary results (median duration of follow-up was 30 months) from the lipid substudy did not show significant differences between the Femara and placebo groups. The HDL:LDL ratio decreased after the first 6 months of therapy but the decrease was similar in both groups and no statistically significant differences were detected.

A patient-reported measure that captures treatment impact on important symptoms associated with estrogen deficiency demonstrated a difference in favor of placebo for vasomotor and sexual symptom domains.

First-Line Breast Cancer: A total of 455 patients was treated for a median time of exposure of 11 months. The incidence of adverse experiences was similar for Femara and tamoxifen. The most frequently reported adverse experiences were bone pain, hot flushes, back pain, nausea, arthralgia and dyspnea. Discontinuations for adverse experiences other than progression of tumor occurred in 10/455 (2%) of patients on Femara and in 15/455 (3%) of patients on tamoxifen.

Adverse events, regardless of relationship to study drug, that were reported in at least 5% of the patients treated with Femara 2.5 mg or tamoxifen 20 mg in the first-line treatment study are shown in Table 2.

Table 2: Percentage (%) of Patients with Adverse Events

Adverse Experience	Femara® 2.5 mg (N=455)	tamoxifen 20 mg (N=455)
General Disorders		
Fatigue	13	13
Chest Pain	8	9
Edema Peripheral	5	6
Pain NOS	5	7
Weakness	6	4
Investigations		
Weight Decreased	7	5
Vascular Disorders		
Hot Flushes	19	16
Hypertension	8	4
Gastrointestinal Disorders		
Nausea	17	17
Constipation	10	11
Diarrhea	8	4
Vomiting	7	8
Infections/Infestations		
Influenza	6	4
Urinary Tract Infection NOS	6	3
Injury, Poisoning and Procedural Complications		
Post-Mastectomy Lymphedema	7	7
Metabolism and Nutrition Disorders		
Anorexia	4	6
Musculoskeletal and Connective Tissue Disorders		
Bone Pain	22	21
Back Pain	18	19
Arthralgia	16	15
Pain in Limb	10	8
Nervous System Disorders		
Headache NOS	8	7
Psychiatric Disorders		
Insomnia	7	4
Reproductive System and Breast Disorders		
Breast Pain	7	7
Respiratory, Thoracic and Mediastinal Disorders		
Dyspnea	18	17
Cough	13	13
Chest Wall Pain	6	6

Other less frequent (<2%) adverse experiences considered consequential for both treatment groups, included peripheral thrombo-embolic events, cardiovascular events, and cerebrovascular events. Peripheral thromboembolic events included venous thrombosis, thrombophlebitis, portal vein thrombosis and pulmonary embolism. Cardiovascular events include angina, myocardial infarction, myocardial ischemia, and coronary heart disease. Cerebrovascular events included transient ischemic attacks, thrombotic or hemorrhagic strokes and development of hemiparesis.

Second-Line Breast Cancer: Femara was generally well tolerated in two controlled clinical trials.

Study discontinuations in the megestrol acetate comparison study for adverse events other than progression of tumor occurred in 5/188 (2.7%) of patients on Femara 0.5 mg, in 4/174 (2.3%) of the patients on Femara 2.5 mg, and in 15/190 (7.9%) of patients on megestrol acetate. There were fewer thromboembolic events at both Femara doses than on the megestrol acetate arm (2 of 362 patients or 0.6% vs. 9 of 190 patients or 4.7%). There was also less vaginal bleeding (1 of 362 patients or 0.3% vs. 6 of 190 patients or 3.2%) on letrozole than on megestrol acetate. In the aminoglutethimide comparison study, discontinuations for reasons other than progression occurred in 6/193 (3.1%) of patients

on 0.5 mg Femara, 7/185 (3.8%) of patients on 2.5 mg Femara, and 7/178 (3.9%) of patients on aminoglutethimide.

Comparisons of the incidence of adverse events revealed no significant differences between the high and low dose Femara groups in either study. Most of the adverse events observed in all treatment groups were mild to moderate in severity and it was generally not possible to distinguish adverse reactions due to treatment from the consequences of the patient's metastatic breast cancer, the effects of estrogen deprivation, or intercurrent illness.

Adverse events, regardless of relationship to study drug, that were reported in at least 5% of the patients treated with Femara 0.5 mg, Femara 2.5 mg, megestrol acetate, or aminoglutethimide in the two controlled trials are shown in Table 3.

Table 3: Percentage (%) of Patients with Adverse Events

Adverse Experience	Pooled Femara® 2.5 mg (N=359)	Pooled Femara® 0.5 mg (N=380)	megestrol acetate 160 mg (N=189)	aminoglutethimide 500 mg (N=178)
Body as a Whole				
Fatigue	8	6	11	3
Chest Pain	6	3	7	3
Peripheral Edema ¹	5	5	8	3
Asthenia	4	5	4	5
Weight Increase	2	2	9	3
Cardiovascular				
Hypertension	5	7	5	5
Digestive System				
Nausea	13	15	9	14
Vomiting	7	7	5	9
Constipation	6	5	3	4
Diarrhea	6	5	9	8
Pain-Abdominal	6	5	9	5
Anorexia	5	3	5	5
Dyspepsia	3	4	6	5
Infections/Infestations				
Viral Infection	6	5	6	3
Lab Abnormality				
Hypercholesterolemia	3	3	0	6
Musculoskeletal System				
Musculoskeletal ²	21	22	30	14
Arthralgia	8	8	8	3
Nervous System				
Headache	9	12	9	7
Somnolence	3	2	2	9
Dizziness	3	5	7	3
Respiratory System				
Dyspnea	7	9	16	5
Coughing	6	5	7	5
Skin and Appendages				
Hot Flushes	6	5	4	3
Rash ³	5	4	3	12
Pruritus	1	2	5	3

¹Includes peripheral edema, leg edema, dependent edema, edema

²Includes musculoskeletal pain, skeletal pain, back pain, arm pain, leg pain

³Includes rash, erythematous rash, maculopapular rash, psoriasisform rash, vesicular rash

Other less frequent (<5%) adverse experiences considered consequential and reported

in at least 3 patients treated with Femara, included hypercalcemia, fracture, depression, anxiety, pleural effusion, alopecia, increased sweating and vertigo.

OVERDOSAGE: Isolated cases of Femara® overdose have been reported. In these instances, the highest single dose ingested was 62.5 mg or 25 tablets. While no serious adverse events were reported in these cases, because of the limited data available, no firm recommendations for treatment can be made. In general, supportive care and frequent monitoring of vital signs are also appropriate. In single dose studies the highest dose used was 30 mg, which was well tolerated; in multiple dose trials, the largest dose of 10 mg was well tolerated.

DOSAGE AND ADMINISTRATION: Adult and Elderly Patients: The recommended dose of Femara® is one 2.5 mg tablet administered once a day, without regard to meals.

No dose adjustment is required for elderly patients.

Renal Impairment: No dosage adjustment is required for patients with renal impairment if creatinine clearance is ≥10 mL/min.

Hepatic Impairment: The dose of letrozole in patients with cirrhosis and severe hepatic dysfunction should be reduced by 50%. The recommended dose of Femara® for such patients is 2.5 mg administered every other day.

Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature].

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GN-18831-RR 10/05

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She Said, She Said

Wacky wisdom on life's everyday absurdities

PHOTOGRAPHED BY JOHN MADEIRE

WITH MARY on tour promoting her hilarious new bestseller *Spook*, we've gathered a collection of her warp-speed wit below. Not to worry, she'll be back again next month with her regular column.

Cheap Thrills

MY HUSBAND, ED, once called me the cheapest person in the world. I believe this was around the time he discovered that every night I remove my eyeliner with the end of a Q-tip and then set it aside to use the other end the following night.

*
We recently painted our den and I had tried to argue for a single coat. Why spend an extra two days painting when you could just put a lower wattage bulb in the overhead light?



ILLUSTRATED BY BONNIE TIMMONS

ED DECREED we were to buy only free-range organic chickens. Ed would put them in the shopping cart. I'd look at the price and take them out. "Are we eating them, or putting them through college?"

Do I Look Fat in This?

MY WAIST, I realized one day in a dressing room, has completely disappeared beneath my rib cage, which now rests directly on my hips. I'm exhibiting continental drift in reverse.

*
GOD HELP ME, I've entered the Age of Skirted

Swimwear. This is the age right after Accessorizing with Reading Glasses and a few years before Can't Name Anyone on the Radio.

*
MY EYE bags, I noticed the other day while shop-

ping with my friend, had ceased to be an anatomical feature and were approaching the status of an actual piece of luggage.

He Said, She Said

THERE is a special form of hearing loss that afflicts couples. I have come to believe that in Ed's case this is limited to the specific tonal register of my voice. His brain has learned, over time, that this particular vocal range is best ignored because there is a high likelihood it will be a) saying something mind-numbingly dull or b) accusing him of not listening.

*

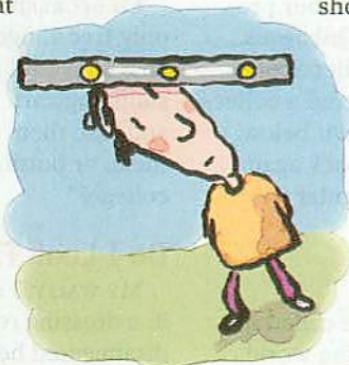
ED is the most levelheaded person I know. You could take one of the carpenter's levels from Aisle 5 and place it on his head and the little bubble will always be right there in the middle.

*

HOME-REPAIR PROJECTS around our house generally fall into one of two categories: "I'll get to that this weekend" and "I'll get to that this summer." Followed by an eventual shift to a third category: "I'll get the Yellow Pages."

*

"YOU'RE wearing *that*?" Ed will ask. "What?" I'll say to him. This is a stalling tactic, allowing me time to



pull together a defense of denim as appropriate dinner-party attire. I don't know what happened—I used to derive great joy from dressing up.

I consider accessorizing my outfit, but this is a skill that eludes me. I tie neck wear the way Brownies do—or Pony Express riders. The last time I wore a scarf, Ed put his hands in the air. "Don't shoot," he said.

Genius at Work

I GAVE my old tax forms to a friend's fourth-grader to line the bottom of her hamster cage. If you see a rodent with my name on its cheeks, let me know.

*

MY FATHER was English, so gardening, I've long assumed, is in my blood, along with gin and fryer grease and a fondness for long, tedious war movies.

*

A FAMILY is a collection of people who share the same genes but can't agree on a place to pull over for lunch.

*

THE FRENCH kiss each other twice, perhaps because no one else will. ■

Mary Roach's latest book is *Spook*, published in October by W.W. Norton & Co. What's tickling your funny bone? Write to Mary at myplanet@rd.com.

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BACK

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SUPPLIES

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IN A
MEETING

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WITHOUT
ME

BACK IN
5 MINUTES

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STEPPING OUT
FOR A
MINUTE

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Y N

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Y N

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Y N

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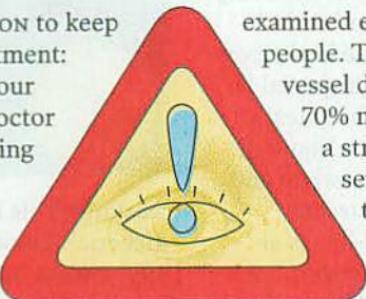
*Virucidal against: Rhinoviruses Type 1A and 2; Influenza A and B; Respiratory Syncytial Virus (RSV) in the tissue within 15 minutes.

Your Eye Doc Could Save Your Life

HERE'S A NEW REASON to keep your eye appointment: Subtle signs in your eyes could tell your doctor if you're at risk of having a stroke.

When your doctor dilates your pupils, he uses his ophthalmoscope or takes a photograph to look for changes in the retina that signal retinopathy—ballooning or bursting of the tiny vessels of the retina. These signs can also tell doctors whether you have diabetes, high blood pressure and, in some cases, even cancer.

In an Australian study, researchers



examined eye photos of 3,654 people. Those with blood vessel damage were about 70% more likely to have a stroke in the next seven years than those without the damage.

Study author Paul Mitchell, an ophthalmologist, is currently developing a second study to determine whether medications that lower blood pressure can decrease the risk. Until we know, keep up your regular eye doctor visits, and ask about your risk of retinopathy—and stroke.

Tummyache? Start Moving!

Before you reach for the antacids, you may want to hit the gym. Though exercise may be the last thing on your mind, you'll probably feel much better afterward, say researchers at the University of Washington and other institutions. In their study of 983 obese or overweight men and women, they found that those who exercised the most had the fewest GI problems, such as abdominal pain or diarrhea.

What gives? It may be that by exercising you feel better overall, so you notice painful GI symptoms less. Or it might be that by exercising, you kick in something physiologically that reduces GI symptoms, says study author Rona Levy, a psychologist. This study examined only overweight people, but the researchers suspect that exercise could also help normal-weight or underweight people with GI problems.



Needle-Free Insulin

IF YOU HAVE DIABETES, you know that insulin injections are no fun. But two new breakthroughs offer painless alternatives.

The FDA is currently considering approval of Exubera, an inhaled insulin. Patients breathe in the powdered medicine, using a special inhaler, immediately before meals. The powder turns into a liquid in the lungs, where it's absorbed and filtered into the bloodstream.

A mouth spray, Oral-lyn, is already being used in Ecuador, but likely won't be available here for about three years. Patients spray the drug into the mouth, using a device that looks like an asthma inhaler.

Besides being easier to use, the major benefit of these products is the speed at which insulin starts



working. This is key because a diabetic's blood sugar shoots up after eating, and insulin is needed to bring it down.

Neither will replace shots, which many people need to set a baseline level throughout the day, says Robert Rizza of the American Diabetes Association. But they may lower the number of shots required.

The number of adults ages 20 to 44 on **ADHD** drugs **more than doubled** between 2000 and 2004.

SOURCE: Medco Health Solutions

Men's Main Squeeze for Better Sex?

Can simple pelvic exercises improve sex for men? British researchers say they may; some other doctors aren't so sure. Researchers divided 55 men suffering from erectile dysfunction (ED) into two

groups. Half were taught to tighten their pelvic muscles as if trying to prevent passing gas. The rest were told to exercise, cut back on alcohol, quit smoking and make other lifestyle changes. After three months, men doing the pelvic exercises noticed improvements in erectile functioning; the others did not.

Some experts say it's unclear how the exercises could help, since ED is usually caused by vascular disease, not muscular problems.

More research is needed to confirm the findings, but for now, doing pelvic exercises can't hurt, and they can help men contend with urinary incontinence.

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*half-cup serving.

Petra's Story

How tragedy and chaos upended one woman's life

BY PETRA NEMCOVA
AND JANE SCOVELL
FROM "LOVE ALWAYS, PETRA"

I STILL REMEMBER the screams. The hideous shrieks from people dashing helter-skelter as I looked out the window of the bungalow I was sharing with my love, Simon Atlee, in Khao Lak, Thailand. Next came deafening thunderclaps of noise as bungalows, buildings, everything, crumbled before the onslaught of rushing floodwaters.

Suddenly I was fighting for my life in one of the worst tsunamis in the world. That's how fast it happened.

It was the day after Christmas, 2004. Simon and I were on vacation. Though I'd been to Thailand four times, it was Simon's first trip. We wanted to experience together the lush green of the land, the smells, the sunshine, the ocean, the culture



The author and boyfriend Simon Atlee during happier times in Prague, 2004.

and, most important, the people. The Thais are the kindest people I have ever met. Their goodness comes from inside; it's natural. When they greet you, they put their hands together and bow their heads, showing respect in a gentle way.

On Christmas Day, Simon and I had strolled along the white sandy beach. We called our family and friends, sending them holiday greetings. Then, for dinner, we sat under a roof of palm trees and ate deli-

cious fresh fish. We were carefree. And we were in love. Gazing out at the ocean, we talked about the future. Simon was a successful fashion photographer—that's how we met, on a photo shoot in England, where I was working as a model. He was funny, kind and generous, and our romance began.

Where was Simon? Was he OK? I was trying to find something to hold on to.

That evening, I asked Simon what else he wanted to accomplish in his life. After a moment he said, "Everything I dreamed of doing, I've done."

Then, for the first time in our 18 months as a couple, we talked about having children. Simon knew I adored kids and how important they were to me. On that subject, we were completely in sync. We decided that we'd have two children and adopt at least one.

The next day, December 26, we took an early morning stroll on the beach. The sunshine kept us company as we walked. I did notice that the tide was quite low. Then we headed back to the bungalow. I started to pack; we'd be leaving in two hours. That's when the rush of water came out of nowhere, separating us. There was no time to react.

In the black whirling waters I saw Simon's face. "Petra!" he screamed. "Petra! What's happening?"

Then I lost sight of him.

I had to hold on to something or be swept away. Seeing a rooftop, I reached out and grabbed the edges. My legs were sucked under, and all the trash—the wood and metal ob-

jects—slammed against my hips and legs. Screaming with pain, I hung on. Soon the pressure of the water began to ease, so I pulled myself up onto the roof.

Then, just as quickly as the first, another wave rose up and poured over the rooftop. I lost my grip and was drawn down.

I tried to surface. I fought to get some air until I had no breath left. Then I stopped fighting and began swallowing the black water. A great feeling of peacefulness came over me. I surrendered to the calmness. I remember thinking, Whatever God will decide, it's OK.

That's when I was thrust back up to the surface, gasping for air.

WHERE WAS SIMON? Was he OK? I desperately tried to find something permanent to hold on to. When I saw palm trees sticking out of the water, I told myself, Get your arms out! I grabbed at a branch, curled my fingers around it, and held on.

From the intensity of the pain I was in, I knew that bones were bro-

ken. For eight hours I clung to that tree, passing in and out of consciousness. The air was full of horrible sounds, crashing, violent sounds. People were screaming. In the distance I heard a child crying; after a half-hour or so, the crying stopped.

I was thinking of all the people, of Simon, and hoping, praying, for the best. "Dear God," I prayed, "please don't let another wave come."

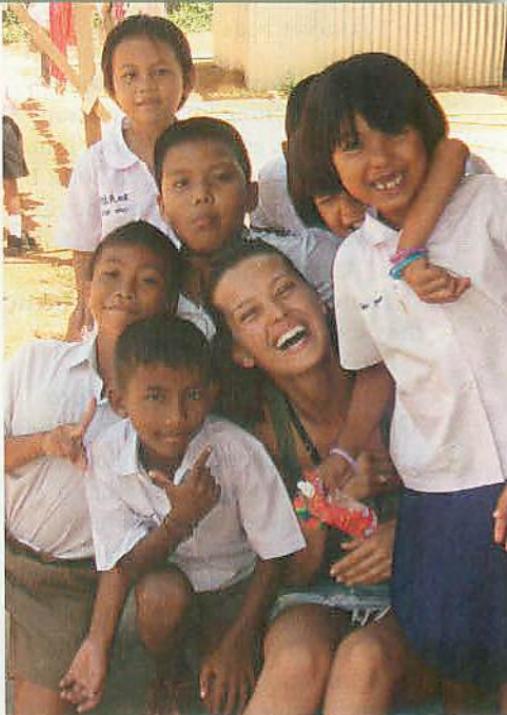
Finally, around 6 p.m., two Thai men pushed their way through chest-deep water to reach me. Their selflessness was amazing. They were not thinking of their own safety but of helping others. I was so happy to see them I burst into tears.

"*Khob khun ka,*" I said. "Thank you. Thank you for coming."

My legs were in such excruciating pain I could barely move. Soon other men arrived, and the group eased me onto a plastic raft. I was taken to a hotel and from there to the Khao Lak hospital. Doctors and nurses eventually told me that my pelvis was fractured in four places.

LYING THERE IN AGONY, I thought of all the people who were suffering ten times more than I was. Next to me was a Thai man who said he had lost everything. He didn't know what had happened to his family. I told him about Simon, that I was worried but certain he was OK. The man listened and then took a chain from around his neck. On it was a small figure of the Buddha.

"Take this," the man said, reach-



Returning to Thailand, summer 2005, to help the children she adores.

ing over and putting the necklace on my bed. "He will protect you."

I honestly believe this was the last material object left to him, and he gave it to me. I said I would treasure the necklace. I still do. All during my ordeal, I witnessed acts of generosity from complete strangers like this man. Many had lost much but put aside their own sorrows to help others. For every deed of goodness I saw, there were thousands more, and not just in Asia. All over the world, people wanted to help.

By mid-January 2005 I was able to travel home to the Czech Republic to continue my recuperation near

my family. Every day I read the papers, searching for information about Simon, agonizing about him. The second week in March 2005, I was in Prague when the phone rang.

It was Jodi, Simon's sister. "Hello, Jodi," I said. "How is everybody?"

There was a terrible pause. "Petra, they found Simon's body."

I could barely breathe.

On May 19, 2005, I flew back to Thailand, carrying Simon's ashes. I kept thinking about the children we would never have. I knew that if Simon had lived, he would have been one of the first to help the families destroyed by the tsunami. My goal became clear: I would honor his memory by establishing a charity to fund the rebuilding of schools and to provide psychological help. It was for the little ones who had lost their families and were all alone.

Yes, it was a big idea, and because big ideas take time to set up, I decided to do something on a smaller scale too. A smile, a gentle touch, a simple act of kindness often brings as much immediate relief as a check

for a lot of money. After all, it wasn't money that rescued me from the palm tree and it wasn't because of money that I was treated so kindly during my recovery in Thailand.

I visited the hospital where I'd been a patient crying out in pain. On the children's ward, I gave out candies and presents. The children were adorable yet tortured. One girl didn't move, didn't talk, didn't even blink. I want to do everything in my power to bring the light back into her eyes, into the eyes of all the children like her.

Simon had always connected with everyone around him, made every day count. I found solace in remembering what his mother had said: He did more in his 33 years of life than most people do in 90. At the ocean's edge in Khao Lak, I scattered his ashes. I could hear him say, "OK, Petra, get on with it." I will get on with it. Whatever good I accomplish on this earth, I want to do it for others.



DARN, THE DOG'S OUT OF BULLETS

Seems like many combatants aren't so picky about the weapons they use.

"Man Jailed After Striking Boy With Dog"

From The Tacoma (Washington) News Tribune, submitted by REED COOPER

"Sheriff's Deputy Fatally Shoots Man With Knife"

From The Olympian South Sound (Olympia, Washington), submitted by HERB LARSON

"Snarling Animal Chased, Attacked Resident With Wife"

The Journal News (Westchester County, New York), submitted by AURORA DOHERTY

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BONIVA is for women with postmenopausal osteoporosis. And unlike other tablets you have to take every week, you only need one BONIVA tablet a month.

To help build and maintain strong healthy bones, ask your doctor about once-monthly BONIVA today.

Important Safety Information: You should not take prescription BONIVA if you have low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your healthcare provider if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the once-monthly BONIVA 150 mg dosing instructions carefully to lower the chance of these events occurring. Side effects are generally

mild or moderate and may include diarrhea, pain in the arms or legs, or upset stomach. If you develop severe bone, joint, and/or muscle pain, contact your healthcare provider. Your healthcare provider may also recommend a calcium and vitamin D supplement.

For a \$20 coupon,* visit www.BONIVA.com or call 1-888-MY-BONIVA.

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There's only one

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Please read the Patient Information on the next page.



Pharmaceuticals



BON2790

Patient Information

BONIVA® [bon-EE-va] (ibandronate sodium) TABLETS

Rx only

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it, and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see "What are the possible side effects of BONIVA?").

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "How should I take BONIVA?").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see "What is osteoporosis?").

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this Patient Information for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach)
- if you have kidney problems
- about all the medicines you take including prescription and non-prescription medicines, vitamins and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see "How should I take BONIVA?").

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.

- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.

- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:

- Lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
- Eating or drinking anything except for plain water.
- Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.

- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.

- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.

- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.

- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see "How should I take BONIVA?").

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "How should I take BONIVA?"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.

- Do not take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.

- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see "How should I take BONIVA?").

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, do not take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. Do not take two tablets on the same day.

- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- pain or trouble with swallowing
- chest pain
- very bad heartburn or heartburn that does not get better

BONIVA MAY CAUSE:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Oriental (Asian)

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

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

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium
BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, crospovidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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Issued: March 2005

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BON211R0

HUMOR IN UNIFORM

I WAS WAITING for a flight to Texas along with four servicemen in desert camouflage uniforms. Over the top pocket of their uniform shirts was the branch of the military in which they served, followed by their last names. They were U.S. Navy, Ramirez, U.S. Army, Larkin and U.S. Army, O'Brien.

The fourth man wasn't a soldier. Above his shirt pocket it read, "D.O.D. Civilian, Coward."

WILLIAM COGGER

TING OF the same old buzz cut from the base barber at Fort Dix, New Jersey, I went into town to get my haircut. The hairdresser noticed my accent and asked where I was from.

"Trinidad," I said.

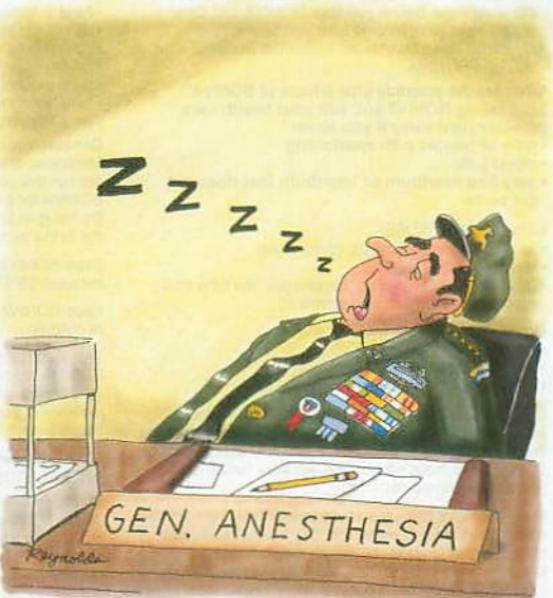
"Is that in Arabia?"

"The Caribbean."

She laughed, "I never was good at geometry."

GERARD D'ORNELLAS

**You could earn
\$300** for your own funny story. Click on "Submit a Joke" at rd.com or see page 10 for details.



FIFTEEN YEARS of blissful civilian life ended when I re-upped with the Air National Guard recently. It took time getting back into the swing of things, and after a particularly rough day I missed chow, which meant dinner would be a dreaded

MRE: Meal Ready to Eat.

As I sat on my bunk staring at "dinner," I said to a far younger airman, "Well, I guess we just have to get used to roughing it."

"Dude, tell me about it," he said. "We only get basic cable!"

KINGSLEY SLONE

Basic training has a way of making a soldier feel that he or she is being worked like a dog. Now I have proof. While on KP duty at Fort Leonard Wood in Missouri, I was hauling containers of vegetables. On the side of one box was this: "FOR ANIMAL OR MILITARY USE ONLY."

LORI MONTGOMERY



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ALL IN A DAY'S WORK

TRAVELING through Spain, my friend Amy and I soaked in the culture, gorged ourselves on excellent food and, basically, indulged our every whim. One day, we walked into a shop that had the most gorgeous coats. As we tried a few on, we noticed the odd looks we were getting from the shopkeepers. We didn't know why, until one kind English-speaking patron took pity on us.

"Excuse me," she said. "This is a dry cleaners."

ROSIE SPIEGEL

Applicants for jobs at the company where my friend Diana works are asked to fill out a questionnaire. Among the things candidates list is their high school and when they attended. One prospective employee dutifully wrote the name of his high school, followed by the dates attended: "Monday, Tuesday, Wednesday, Thursday and Friday."

JENNIFER CARUANA



feggo

WHILE TAKING down the vitals for a soon-to-be mom, I asked how much she weighed.

"I really don't know,"

she said in response.

"More or less," I prompted.

"More, I guess."

AGNES HALVERSON

THE SECRET to any successful business is a winning sales pitch. For example:

- No one puts as much of themselves into their jobs as the stars of a local bait shop: "Our bait catches fish or dies trying."
- This ad for musicians claims to do it all: "Bagpipes: For your wedding, wake or border dispute."
- The portable toilet industry is booming. The reason, one company insists on a sign advertising its wares, is simple: "Every Party Needs a Pooper!"

Submitted by DOROTHY SHERMAN, VICTORIA HYDE AND BRENDA SHOEBOTTOM

IN THE human resources department in the large corporation where I work, I receive absentee slips for all of the employees. Over the years, I've heard every excuse, ranging from the reasonable ("I had no hot water") to the questionable ("My dog might have rabies."). But the other day I found one in my voice mail that I'd never heard before.

"I won't be in today," said my absent co-worker. "I'll call back later with an excuse."

KATHY PRICE

EVERYONE knows that life insurance is a great benefit offered by many businesses. What you may not have known, however, is that it's also a fascinating portal into a co-worker's family life.

I discovered that fact one day while reviewing applications for our company. One co-worker listed his wife as beneficiary. But if the time should ever come to pay benefits, he wrote after her name, "Make sure to call me first."

CAROLYN RITTER

After my fire crew put out a fire in a barn, the monks who owned it invited us in for some tea and lighthearted conversation—or so we thought. But as we entered the monastery, one fireman was reminded of a particularly rude joke. And worse yet, repeated it.

A monk responded, "My son, you are fighting fires in this life, and you will surely be fighting them in the next."

MICHAEL TOWNSEND

WHILE I was conducting a pre-op interview with a patient, the anesthetist popped his head into the room.

"Now it's my turn to put you to sleep," he said, grinning. Then he left.

Noticing my puzzled look, the dour-looking patient explained, "I'm his minister." CAROL WAGNER

IWAS AT my desk in the station house writing up a report on a drunk driver when our police chief yelled over, "Is

your squad car running?" Budget cuts made him watch every penny and he didn't want us wasting gas.

"The engine's off," I assured him.

"You on overtime doing reports?" he persisted. "We're not paying officers to sit around doing reports."

That's when the drunk offered his assistance. "Hey, chief," he slurred, "if it would help the department, I could drive myself to jail." JED SEIDL

You learn something every day. Recently, I called a craft shop with a simple request: "I need silk rhododendron flowers as part of a presentation for a client."

"Sorry, but we're all out," said the woman who answered the call.

"Silk rhododendron flowers are out of season."

KRISTY SARTAIN

You could earn \$300 for your own funny story.

Click on "Submit a Joke" at rd.com or see page 10 for details.



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UNFORGETTABLE

Center Stage

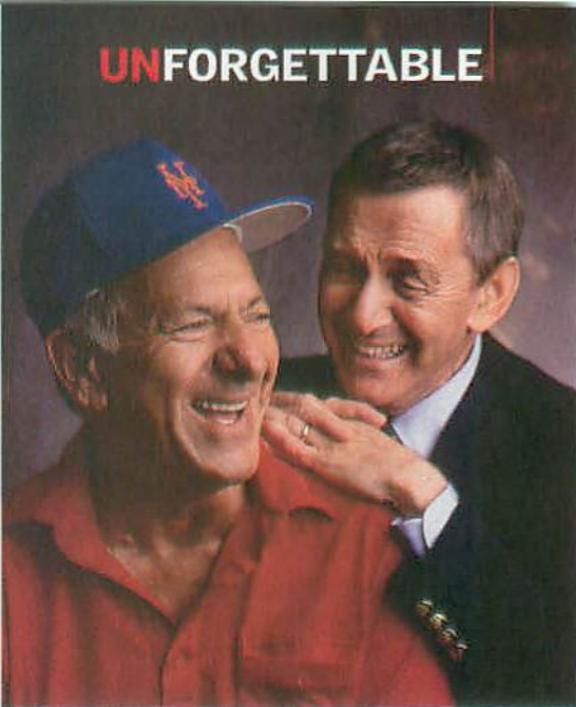
My Odd Couple co-star taught me all about friendship

BY JACK KLUGMAN
WITH BURTON ROCKS
FROM "TONY AND ME"

AFTER I WAS diagnosed with invasive throat cancer in 1989, my doctors performed a sensational operation. But there was a problem. Once they were inside, they had to cut much deeper than planned. My right vocal cord was reduced to a stump.

I was crushed. Sure, I'd beaten cancer, but I could barely whisper. I'd made my living by my voice, both onstage and on television, and the first friend to visit me in the hospital was my acting partner for three decades, Tony Randall.

"You'll be fine," he reassured me. I gestured to show how angry I was about losing my voice. He smiled. "Hey, let's face it, Jack. You never did sound like Richard Burton."



"Tony Randall took a big risk on me," says Klugman, with his pal in 1991.

I smiled, appreciating his humor. Then, getting very serious, he said, "Jack, if you ever feel like going back to work, I'll find a venue. I mean it."

Tony always meant what he said.

I HAD FIRST SEEN him on the *Mr. Peepers* TV show in the 1950s and became an instant fan. Years earlier, he'd had a successful career onstage and on the radio. So when I finally had the chance to work with him, it was a milestone for me. It was 1955 on an episode of *Appointment With Adventure*, a series on CBS. Tony played a professor, and I played a gangster. The show was broadcast

live and that was exciting; unfortunately, our performances and the writing were not. Years later, it would become a joke between us. Tony would tell everyone how great we were on that show together. Then he'd hold his nose and laugh—that big, bawdy laugh of his.

No one had moved. They were **still standing and applauding.** It was all thanks to Tony.

I didn't actually meet him again until the first rehearsal for the first episode of *The Odd Couple* television series in 1970. In the office of producer Garry Marshall, we did a read-through of the script. There was a moment when I chose to have Oscar Madison yell at Felix Unger.

When the reading was over, Tony said he thought Oscar shouldn't shout at Felix. "Why not?" I asked.

"It's wrong," he insisted. "You're not actually going to do it, are you?"

"I don't know," I said. "I might holler even louder. I'll see."

"No! No! You mustn't shout. You just can't!" Tony said forcefully.

I turned toward Garry. "Look, I just can't work this way," I said.

"What way?" Tony asked.

"With you telling me how to act."

"Why not?"

"Because I would never tell you how to act," I returned.

Tony shrugged. "Okay, fine," he said. "I was just trying to help."

The mutual respect we established from then on was in many ways the seed of our long and successful collaboration. Tony often dared me to take risks. *The Odd Couple* rang true not just because I was kind of sloppy in real life and Tony was a little fussy, but because we were both trained stage actors. Collaborating with a talent like Tony forced me to work at the top of my craft.

THREE YEARS AFTER my operation, I heard that the tabloids were going to publish a story saying that I was dying. It wasn't true. I didn't think I would ever work again, but I had beaten cancer. So I decided to do a TV interview. Gary Catona, a voice builder and singing teacher, saw the interview and contacted me.

"I think I can help you," he said. For four months I did these strange, almost violent, exercises. Gary said that if we could make my left vocal cord strong enough, it might stretch over and touch what was left of the right cord. It seemed like science fiction to me, but over time I actually started to hear a tiny sound.

Almost on cue, the phone rang. "Jack, Tony calling! Listen, if you and I could do a one-night performance of *The Odd Couple* on Broadway, we could raise a million dollars

for the National Actors Theater." The theater was his baby. Still barely able to talk, I told Tony not to hold his breath and hung up.

Later, I mentioned the conversation to Gary Catona. He said to me, "Tell Tony you'll be able to do it in six months."

I've always taken pride in being a pragmatist. And I didn't like being seen as weak and vulnerable. But life is funny, isn't it? I wanted my acting career back badly, and I knew Tony was rooting for me. For six months I worked on my voice. I took steam, and exercised my vocal cords. Slowly, the whisper became a sound; the sound became a voice.

And then it was opening night.

AS I WAITED backstage, my heart was beating hard. When it came time for my entrance, I said my first line and heard the audience shift in their seats. I couldn't hear myself, even with a microphone on. I started to panic. My God, I thought. What was I thinking? How am I going to get through the next two hours?

I tried to keep my legs under me. When Murray the Cop asked me what I had to eat, I replied, "Brown

sandwiches and green sandwiches."

"What's the green?" he asked.

"It's either very new cheese or very old meat." The audience actually laughed. So they could hear me.

Then, from across the stage, I saw Tony's eyes lighting up. They were telling me, "Go, baby! Go! I knew you could do it." For two hours I did the play and got all the laughs I had gotten when I did it originally. And there was Tony, my Rock of Gibraltar. I will always love him for that.

At the end, we received a two-minute standing ovation. After the curtain went down, the stage manager said, "Do you hear that?"

The audience, still standing and applauding, wanted another curtain call. We started crying. They started crying. And for seven minutes on Broadway, it was a genuine lovefest.

Tony took no credit. He just kept saying, "You did it."

At the post-theater party, he introduced me as "the gutsiest S.O.B. in the world." That night has remained the most glorious for me ever. Tony gave me my life back.



HENCE, THE PROBLEM

"Look at this," I said to my wife. I showed her an article in my newspaper describing how getting plenty of rest can improve one's memory.

She glanced at it and remarked sadly, "I can't remember the last time I had a good night's sleep."

R. CHEETHAM

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).



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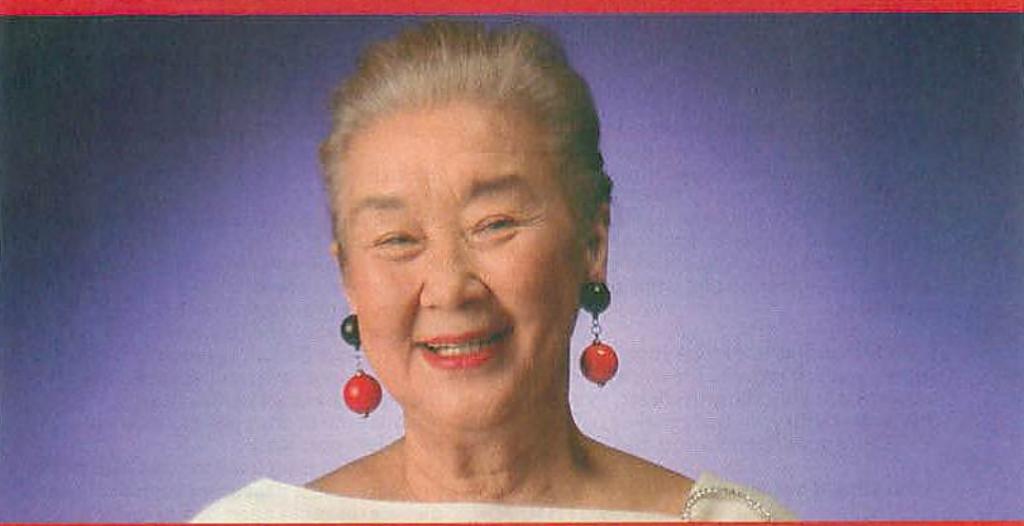
MERCK / Schering-Plough Pharmaceuticals

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), and rash; 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 November 2004



MERCK/Schering-Plough Pharmaceuticals

Manufactured for:
Merck/Schering-Plough Pharmaceuticals
North Wales, PA 19454, USA

ASK LASKAS

YOU'VE GOT QUESTIONS, SHE'S GOT ANSWERS

Q I've been taking care of Mom since Dad died 13 years ago. I get little help from two sisters. Mom's health has declined, and recently she had a fall and broke her arm. I'm finding it harder mentally and physically to cope. I work, take care of her, and have no life of my own. I've begun to retreat to my room until bed-time. Am I just being selfish?

A Dear Needy,
You must tell your sisters you're drowning and need a life preserver. If they can't be there to share the day-to-day "heavy lifting," they need to help pay for relief—like visiting nurses, meal delivery services, house cleaning. Call the social services department at your local hospital. You can't be expected to do this entirely on your own.

Q Some people think "the more the merrier," but when my husband and I invite a particular couple out, they ask friends of theirs along without consulting us. Then all of a sudden, it's their party and we feel like fifth wheels. Isn't it rude not to check with the ones who made the initial plans? And how can we stop this?

PARTY POOPERS

A Dear Poopers,
Yes, their behavior is boorish, but pointing out their rudeness may

NEED PERSONAL TIME



not be the best way to win or keep a friendship. Try asking this couple to your house. I really doubt they'd extend that invitation to others. If they do, or if they suggest you add to the guest list, then you can surmise that they prefer their entourage to your sole company. At that point, you can decide if you want to join their fan club or find friends who sometimes like to socialize just with you.

Q I was promoted and moved to a new group. There is only one guy at my level there. One day I walked by his cube and saw he was reading my report on his computer. When I asked what he was doing, he said he was checking my work. I told him he didn't have the authority to do that and told him I was going to talk to my supervisor. I did, and my boss

Jeanne Marie Laskas's new book *Growing Girls* (Bantam) will be out this spring.

agreed with me. But he hasn't stopped this jerk, who still secretly monitors me. Now I'm being left out of meetings and passed over for assignments. What can I do?

PARANOID

A Dear Paranoid, As someone once said, "Just because you're paranoid doesn't mean people aren't out to get you." This guy is either a nut, or someone has given him authorization. Find out which. If Nosy is snooping on his own, he could be in trouble. Go back to your boss and demand he put a stop to it. And keep doing your job on time and up to par.

Q My best friends are a couple I have known since junior high school 25 years ago. Recently the wife told me she's having an affair with a co-worker, and I feel trapped in a dilemma. Should I betray her confidence and tell her husband—or keep my mouth shut and, in a way, betray him?

CAUGHT IN THE MIDDLE

A Dear Caught, Stay out of it. Refuse to discuss this matter with either of them. Get

Question of the Month

Q What's a timely time for someone to return something borrowed? My neighbor frequently borrows stuff, and I usually have to go ask for items a week or two later. What can I say to him?

IRKED

A Dear Irked, The lender sets the terms. Next time your neighbor asks to borrow the ol' buzz saw, tell him exactly when you need it back. If he fails to make the deadline, put a funny overdue notice in his mailbox, like the ones libraries send. If even this fails, go over and knock on his door and say, "Dude, I want my saw back!"

give him another chance?

UNSETTLED

A Dear Unsettled, One chance. But only if he agrees to counseling. Otherwise, you could be headed into the classic pattern: abuse, remorse, apologies, promises, abuse. If he won't seek help, get out while the gettin's good.

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

clear in your own mind that the only betrayal occurring is within their marriage. You have nothing to do with it. She is being unfaithful to her husband, and she has compounded this duplicity by trying to ensnare you as a co-conspirator. Tell her you won't listen. And tell him nothing.

Q My boyfriend started lying to me and verbally abusing me. I dumped him. He begged me to take him back. I'm 20, and I don't want to be stupid. Should I



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- World's smallest blood sample—0.3 microliter
- Most test sites*
- Fast 7-second average test time



FreeStyle[®] FLASH

Abbott Diabetes Care. Reference No. 100-000000.

Virtually Pain-Free testing in a small, discreet meter.

*We recommend that you test on your fingers or palm (at the base of the thumb) if you are testing for hypoglycemia (low blood glucose) or if you suffer from hypoglycemia unawareness.

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Abbott

A Promise for Life

As it turns out, now is the moment you've been waiting for.

Quoted by LUCINDA WILLIAMS in USA Today

The firsts go away—
first love, first baby,
first kiss. You have
to create new ones.

SARAH JESSICA PARKER in O,
The Oprah Magazine

An optimist stays up until
midnight to see the New Year
in. A pessimist stays up to
make sure the old year leaves.

BILL VAUGHAN

**There are no regrets
in life, just lessons.**

JENNIFER ANISTON

**Who
said
it**

I'm still ready
to go to the moon,
if they'll take me.

- a) Tom Hanks
- b) John Glenn
- c) Walter Cronkite

FOR ANSWER, SEE BELOW

c) Walter Cronkite



You only have to do a very
few things right in your
life—so long as you don't
do too many things
wrong.

WARREN BUFFETT
in The Daily Telegraph

**I don't let my
hat dictate
the kind of music
I do or who I am.**

TIM McGRAW in Fashion Rocks

**I'm so unfamiliar
with the gym
I call it James.**

CHI MCBRIDE on The Ellen DeGeneres Show

If we were born knowing everything,
what would we do with all this time
on this earth?

NELLY in Fashion Rocks

Celebrate what you've accom-
plished, but raise the bar a little
higher each time you succeed.

MIA HAMM in Go for the Goal (HarperCollins)

The only safe thing is to take
a chance. MIKE NICHOLS AND ELAINE MAY

\$ We pay \$100 for the wit and wisdom of
famous contemporary people. See page 10.

Dolly

Lets Her Hair Down

BY MEG GRANT

IN THE FLESH, SHE'S QUITE A SIGHT: There's the hair, way past big, and the eye-popping hourglass figure. But those curves are delicate, too, making her seem almost fragile. And when you take in the rest of Dolly Parton—the quick wit, the playful giggle, the creamy skin that belies her 60 years—you know you're in the presence of a 40-carat original.

This jewel box of a star grew up dirt poor in a one-room cabin she shared with her sprawling family in the hills of east Tennessee. She was one of the first of her clan to get a high school education, but long before she collected her diploma, she knew that her



voice, a sweetly trilling soprano, would be her ticket out of poverty and into something better. She just wasn't sure how much better.

Now she's got more titles than the Queen of England: singer, songwriter, guitar player, actress, author and philanthropist. As of next year, you can add Broadway composer. Don't forget businesswoman: She has her own production company, and some 2.3 million people visit her Dollywood theme park each year. While on tour last fall to celebrate the release of her 75th album, a collection of covers from the '60s and '70s called *Those Were the Days*, Parton sat down with *Reader's Digest*. Flashing two-inch pink nails and her trademark twinkly smile, she talked about trash (her look), trailers (the

second mommas to the rest of them. We learned to cook and to do all the stuff Momma did. I still cook like an old mountain woman. It's just my husband and me, but I cook in big pots, and put it in the freezer or call the family and neighbors.

RD: Are your siblings close?

Parton: Oh, we fight amongst ourselves, but nothing never fixable. And we'd kill anybody else that said a word about us.

RD: Who are you more like—your mother or your father?

Parton: I'm like my mother as far as my personality. I got the music from her. But I got my dad's drive and work ethic. And my dad's people are blond and fair. Of course I enhance my hair now, but

I was a

blond

baby and a blue-eyed, fair-skinned kid.

RD: Your father was a tobacco farmer, right?

Parton: That was our money crop, but he also raised what we had to eat. He'd make \$2,500—if it was a good year, \$3,000—and that's what we lived on. The rest we raised ourselves. My dad didn't have an education, so he made a living with his back and hands—most people in the mountains did.

RD: You were one of 12 children. Wow!

Parton: Yes. But that's not uncommon in the mountains. My dad's from a family of 14 or 15, Momma from a family of 10. Most people had big families. They had no birth control, plus they needed the help.

RD: Everyone worked?

Parton: Yeah. I'm fourth down—there's eight children younger. My older sister, Willadeene, and I were kind of like

Parton's childhood home in Locust Ridge, Tennessee, was full of music.

Parton: Yeah, when I got rich! No, there wasn't a time it wasn't hard, until we all got old enough to where we could start helping.

RD: Did growing up that way teach you certain things?

Parton: I learned the value of a dollar, even to this day. I like to spend, but I never spend that I don't think about it. I just can't imagine going to spend three or four thousand dollars on one piece of clothing. And I like a Cadillac, but just spending all those crazy dollars on crazy things, I just can't do it. I always think of the people I could feed or my nieces or nephews or cousins who could use it. Even when I indulge myself sometimes, I feel guilty.

right decisions."

RD: Your

mother's father was a preacher. You've said you consider yourself spiritual, but not necessarily religious.

Parton: I grew up in a Pentecostal church. You were free to shout and sing loud, play instruments, and I love all that. Now I just believe in God. I trust God, and I trust myself because of God, because I pray all the time about making the right decisions. But I'm not a fanatic in any way.

RD: I've read that when you're writing songs, you often go away, isolate

yourself, and fast.

Parton: Yeah, that's a form of discipline that is a flashback to my family religion. I have an aunt who was a preacher, and she fasted for days before she'd start a big revival. Or if we were praying for someone who was sick, we'd fast sometimes two or three days. Now I do it as a cleansing thing—getting closer to God so I can communicate more.

RD: Does it work?

Parton: Oh, it makes you miserable. But I've had some major moments with God and with my writing when I get to that place where the headaches leave and my body is cleansed. You think so clear.

RD: When was the first time you picked up a guitar?

Parton: I started writing serious songs when I was about seven, but I was fiddling with it before that. We all used to get together—everybody would play something. I remember my grandma sitting around playing the dulcimer and the Autoharp, the harmonica, the Jew's harp. My mother was a great singer and played the guitar.

RD: At what point did you know that your life was going to be music?





GLOBE PHOTOS

Parton's husband, Carl Dean, ran his family's asphalt paving company.

a lot to do with it. And we're not stuck in each other's face.

RD: He won't tour with you, right? Do you wish he would?

Parton: No. I like it just like it is. If he'd been in my face all the time, we would have fought. I've had business partners and other relationships with guys who wanted to start telling me what to do. You can only go so far with that and then my burrs go up. We get along because we have different interests, but we have a lot of the same things we enjoy doing. It's one of those perfectly balanced things, and I'll be with him all the days of my life.

RD: You met your husband right after you arrived in Nashville.

Parton: I graduated [high school] on a Friday night, left for Nashville on a Saturday morning, and never looked back. I hoped that I'd make enough money to be a star, but I would have still spent my life singing. I'd have probably been a beautician musician—sung in a bar at night and done hair in the day.

RD: You met your husband right after you arrived in Nashville.

Parton: On the very first day. It was God's will, I think. I'd left a boyfriend at home, had no intentions of getting caught up with a guy. But he was just there. He was very quiet; it was not like him to go over and talk to a girl. And he talked to me. I've been good for him, and he's been good for me.

RD: After all this time.

Parton: Yeah. They're always writing in tabloids that we're divorcing. We've never even had a really serious argument. We pick at each other like most people, but we've never ever, ever talked about divorce.

RD: So what's the secret?

Parton: I'd say God. That does have

RD: Really?

Parton: Oh, yeah. There's no way I'd ever leave him, no way he'd ever leave me. And if one of us did die, I doubt that either of us would ever marry again. Maybe just be friends, go eat with somebody. But I can't imagine trying to get that comfortable with somebody else. I wouldn't even know how to break in a new person.

RD: The two of you never had children. Do you have any regrets?

Parton: No. I don't miss it now. We didn't do anything for years to not have kids, and so it wasn't meant to be. I always say that I think God didn't let me have kids so all kids could be mine. When Carl and I married, we took in five of my younger brothers and sisters

and pretty much raised them. When they started having kids, they said, "What are the kids going to call you, because we feel you're like grandparents?" I said they could call me Aunt Grannie, and Carl Uncle Peepaw. If I'd had children of my own, we'd have been more selfish, I'm sure, putting money away for them. This way we can share it more.

RD: Tell us about your charity, the Imagination Library.

Parton: We started it several years back through the Dollywood Foundation. It's a literacy program. We gave each child born in Sevier County, where I'm from, a book once a month until they're in kindergarten. They call me the book lady. Now the program's in 540 communi-

ties and 41 states. We've sent out over two million books this year.

RD: How did you come up with the idea?

Parton: A lot of it is because of my dad and my family. Many of them didn't get an education. My daddy died five years ago, and he was more proud of the kids calling me the book lady than he was that I was a star.

RD: Could he read?

Parton: No. Daddy couldn't read or write.

RD: How old were you when you developed your look?

Parton: I make jokes about it, but it's the truth that I kind of patterned my look after the town tramp. I didn't know what she was, just this woman who was blond and piled her hair up, wore high heels and tight skirts, and, boy, she was the prettiest thing I'd ever seen. Momma used to say, "Aw, she's just trash," and I thought, That's what I want to be when I grow up. Trash.

RD: When you're not in public, do you take off the makeup?

Parton: Well, I like being dressed up. I wear my high heels all the time because I'm short. Even my house shoes have heels because I can't reach my cabinets. I put on some makeup every day, because you never know who's going to come by, and I don't want anybody to see me totally down.



Unless I'm really dead serious and on a writing binge, then I don't care.

RD: Do you do your own hair and makeup?

Parton: I wear wigs all the time because it's just so handy, and to get my hair to stay bleached and teased and sprayed like I used to do, it's so damaging. I have a hairdresser who does the wigs. I keep my own hair about the same length as my wigs, and when my husband and I roam around in our camper, I just get up in the mornings, put a few hot rollers in, tease it a little bit and put it up in little scrunchies. That's when I'll wear my

flannels
or my T-shirts.

RD: In your camper?

Parton: We have an RV. We love to cruise around, go through fast food restaurants, picnic, travel state to state. If we want to camp out, we can, but we usually get a lit-

tle dinky motel room at night. We don't care as long as it's a clean bed and bathroom. We've done that for years. It's one of the things we do together that we love.

RD: What was behind the concept of an album of covers from the '60s and '70s?

Parton: I love these songs. I'm at a time in my career and life to where I'm pretty much just doing what I want. When I did bluegrass, I was doing what I wanted people to remember when I was long gone. Same with the '60s and '70s songs. I'd like to do something from

the '50s

"I'm like hurry, hurry."

too—just to leave a few things behind.

RD: Do you have specific memories for the songs on the album?

Parton: Yeah, with every one of them. When I sing "Crimson and Clover," I play this guitar that looks like it's made out of the fender of a car. I say this was made out of a car that I spent a lot of time in the backseat with a boy listening to Tommy James.

RD: Were you trying to get any sort of message out with the songs you selected?

Parton: They're just great songs. Like "Turn, Turn, Turn." There's a time for everything. There's time for war, there's time for peace, there's time for dying. So everything has a season.

RD: Would you ever be interested in acting again?

Parton: I've not had offers for anything great, and I don't want to just do anything. Something will come around like it always does. I'm going to take off [performing] this year because I'm doing the musical *Nine to Five* on Broadway. I'm not in the show, but they asked me to write the music and I'm involved in the business end.

RD: What else do you want to do?

Parton: I want to do a great gospel music thing. And I have a children's book coming out next year called *I Am a Rainbow*. I'm going to write children's albums. And I want a children's TV show of my own, like a

I just love life!

"Dolly's Dollhouse." Maybe when I'm older, like Mr. Rogers, I can just kind of work the neighborhood.

RD: "Dolly's Dollhouse"?

Parton: Yeah. I'd love that because I'm a big old young 'un myself. I love being around kids. They just kill me.

RD: Is there anything else you haven't done that you want to do?

Parton: Yes. I want to have a great line of cosmetics and perfumes. I wake up with new dreams every day.

RD: Do you think that you will one day slow down?

Parton: I'm a very energetic person, almost hyper to the point of being spastic. So the more I can do to channel that into things that I love to create is healthier for me and probably for everybody around me. And the older I get, the earlier I get up. The second my feet hit the floor, I'm awake. I'm like hurry, hurry. I just love life. And I feel like we ain't got but a certain amount of time anyway. I want to make the most of all of it.

rd.com Listen to our interview with Dolly Parton at rd.com/dollyparton.

WANTED: SPOUSE WHO AGREES WITH ME

I found this in the classified ads of my local newspaper, *The Monitor*: "Complete set of Encyclopaedia Britannica, 45 volumes; College Edition Webster's Dictionary, like new; thesaurus, not used. All in excellent condition. No longer needed... recently married. Wife knows everything."

Submitted by TRACEY CARTER

Here was a tempting offer in *The Ithaca Journal*: "Ford 9N, \$2,750. New tires and chains, trip bucket. Wife says tractor goes or she goes. Gave it a lot of thought. Good appearance, solid, great shape for the age. Works hard without complaining. Same can be said for tractor."

Submitted by NANCY HENION



(Clockwise from top left) Frank Doolin, his son Michael, Ben Pollock, Jordan Stokes and Gabriel Pollock with the flotation devices, yellow plastic rope and ice chest they clung to in the chilly waters of the Gulf of Mexico.

LOST AT SEA

BY ANITA BARTHOLOMEW

BEN POLLOCK, HIS COUSIN FRANK DOOLIN and their boys lazed on the deck of his 20-foot fishing boat. It had been one of the finest fishing days in memory—a fresh spring day in May 2004, during which they had caught a good 70 sea bass, groupers and grunts, enough to pack everyone's freezer.

The two men and their oldest sons, Gabriel Pollock and Michael Doolin, and another cousin, Jordan Stokes, had been out in the Gulf of Mexico since early morning, and now were enjoying the last warm rays of sunshine before turning back to port in Hudson, Florida. About 40 miles and two hours from shore, and an hour before sunset, they were looking forward to taking their catch home.

Pollock had recently bought the 1972-vintage craft and had taken it for a test run in the rougher waters of the Atlantic. Like most older boats, it had not been "foamed" (insulated with material to keep it buoyant if it capsized). Doolin had an uneasy feeling about this and told Pollock he wouldn't go out in an unfoamed vessel. But Pollock kidded with him until he relented.

Now as they turned off the reef, the boat seemed a bit sluggish. Pollock figured the hull had taken on some water. Easy to remedy. He pulled the plug from the hull to let gravity drain it as they motored back toward shore.

Several minutes later, the engine, out of gas, sputtered and died. Time to fill up from the spare tank.

DOOLIN HAD gotten little sleep the night before—an hour at best. But during that brief time, he'd had a nightmare. He dreamed about his son Michael—and in the dream Michael was drowning. It stayed with him, pricked his consciousness, as he headed to the back of the boat. Meanwhile, Pollock replaced the plug in the hull, grabbed the fuel and a funnel, and prepared to refill the side tank.

But now things were happening very quickly. The stern dipped low in the water. Waves began to wash over the sides. It felt like a hand was pushing the boat down. Doolin grabbed a five-gallon plastic bucket and began to bail. "Get the fuel in," he yelled.

Pollock bounded over. They dumped in the gas. Pollock frantically

turned the key, trying to get the engine to crank. But it wouldn't catch—it was already underwater.

"Grab the life vests. Grab anything that will float!" Doolin called out. The boys jumped, and the men were flung into the water as the boat rolled.

Doolin gathered Michael, 13, and Jordan, 12, close to him as loose gear began popping up all around them. He took out his cell phone, which he kept in a plastic bag—and punched 911. Nothing. They were too far out.

"Get the rope," he yelled to Pollock. The anchor was pulling the boat down. And they would need the yellow plastic line. Pollock and Gabriel, the oldest boy at 14, sawed it off using the edge of the propeller. Then, balanced on the rocking, overturned boat, the younger two used it to tie themselves together.

"You boys just sit here," Doolin said, climbing aboard. "Don't let this thing tip over, because we might have to be out here all night." Outwardly the youngsters remained calm, but Doolin knew they must be terrified.

Pollock and Gabriel dove below to look for equipment and popped up in an air pocket—a pocket that reeked with gas fumes. Gabriel kicked his way back up and gathered life vests floating on the surface. While the others put the vests on, Pollock continued to dive, retrieving flares, a flashlight, a knife, an orange distress flag from inside the boat. He put these items into a small ice chest bobbing on the waves, and went down again.

Then came the hissing sound of

escaping air. The boat was sinking. "Jump away, so it can't suck you under," Doolin yelled.

A moment later, the stern tipped downward; the bow pointed to the sky. Their largest ice chest, a king-sized white Igloo, about five feet long by three feet wide, was still tightly wedged between the steering column and the hull. It was packed with food and water, but was buoyant. They

Pollock assured them help would come. Emulating his dad, Gabriel exuded bravado. "Man, this is nothing," he claimed. "The Marines do this all the time."

But Doolin knew the worst was still ahead. Within minutes, the gulf would swallow the big orange sun. No one could see them now. Nobody would be looking. Pollock had told their families that they might stay out an extra

The sun set. No one could see them now. No one was looking.

could use it to keep afloat. Pollock decided to risk one more dive.

He swam downward and grabbed the cooler's handle. It wouldn't budge. The sinking boat pulled him down with it, faster and faster. He yanked again, and it shot to the surface like a torpedo. Man and ice chest bounced out of the water.

"Whoo-hoo!" Pollock called jubilantly, swimming with the huge Igloo to the others. After donning a life jacket, he tied himself between his son and Jordan. Supplies were floating up all around them, and without thinking, Pollock opened another small cooler. Dozens of bloody fish spilled out. "Good grief, we're nothing but chum for the sharks," he cried. "We've got to get out of here. Swim!"

When they looked back from a hundred yards away, the boat was gone. The five of them were clinging to a bobbing ice chest in the open sea.

day—not to give it a thought if they didn't come home that night.

Temperatures fell. The gulf wind, soothing in the afternoon, sucked warmth from their bodies. Water temperatures in the 70s could bring on hypothermia within three hours. They shivered; their teeth chattered. And the fathers hugged the boys close.

IT WAS ABOUT 10:15 p.m. A shrimp boat was speeding along a mile or so away. "Give me a flare!" Pollock shouted. On a night as dark as this, a flare would surely catch the eye of anyone on deck. He set it off, expecting a wide arc of flame. But the device barely flashed up an inch before dying.

"That was a flare?" Doolin said, half-laughing. Pollock popped a second. It shot up a bit higher, then fizzled. A third sputtered and flickered out, giving no more light than a matchstick. The flares he had retrieved were



the oldest ones he'd had on board.

The flashlight! Its beam might be weaker, but would shine longer. Pollock rummaged through the small cooler where he had stowed salvaged items. Where was it? It had to be here. But it was gone. They all watched the shrimp boat disappear.

EVERY BONE IN Doolin's body was rattling. It would be so easy to give up now, to close his eyes and allow the sea to take him. But he had to stay in this for Michael.

A tall, thin boy, Michael had almost no body fat to insulate him from the cold. He was lethargic now, at times barely conscious. "Wake up, wake up," Doolin urged. The boy mumbled, and Doolin held him close, trying to forget the dream of the night before, praying that his son wouldn't die.

The other boys had also become weak and disoriented. Doolin had the dry heaves from salt water he'd swal-

James and Carol Fullerton with Joe Miley on board *In The Cooler*.

lowed. His father cradled him, rubbed his arms to keep him warm. Jordan seemed to be hallucinating. The men couldn't understand what he was saying, but they understood his fear.

AS DAWN BROKE, Gabriel and Jordan perked up some. Michael was too weak to keep his head up. Doolin and Pollock tied him to the handle of the ice chest in order to keep his face out of the water. They had been adrift for almost 12 hours with no relief from the cold. It would be hours still before the sun warmed the air and sea.

They swam east toward the shore. Jellyfish stung their legs, but they pushed on. By 7 a.m., staring at the vast emptiness, Pollock felt despair. Where were all the boats? They had been an hour from shore when their own went down. They should be see-

ing fishing vessels out on the water soon. But would the boats see them?

Doolin understood that nobody was going to spot five heads bobbing just above the water. He had fished the Florida Keys and knew that fishermen looked for diving frigate birds to point them to fish. What could they toss in the air that would resemble a bird diving for prey? They had the small white cooler—that would have to do.

Sometime past eight o'clock, two boats appeared, far southwest of them. Doolin threw the little cooler into the air. Pollock tossed their distress flag. Gabriel and Jordan joined in, shouting, yelling, throwing whatever they could. The boats sped past.

Doolin took a close look at Michael. He was as limp as a dishrag, barely conscious, no longer even trembling. Haunted by his dream, Doolin blamed himself for bringing his boy fishing, and for their predicament.

JOE MILEY, James Fullerton and his wife, Carol, were headed to a fishing hole 35 miles out from Hudson. With Miley at the wheel, *InTheCooler* sped along at 24 knots. After more than an hour pounding over the waves, Miley stopped to give them all a break. Idling, the boat acted like it had picked up some sea grass. As Miley checked the prop, the boat drifted south.

When he finished, he glanced to the horizon. Something was moving. It was just a speck. Birds diving, or maybe sea turtles. That could mean a

reef. And reefs meant fish. "You mind if we go downrange a couple of miles?" he asked Fullerton.

Fullerton was reluctant. "Man, we've got a ways to go."

But, if they found fish, Miley said, they wouldn't have to go any farther. They decided to check it out.

Drawing closer, the movement looked more like debris floating on the water than birds or turtles. But Miley pushed on. Maybe that white thing hopping up and down in the air was a bird after all.

Closer still, and he thought for a second that it looked like people out there. But it couldn't be. "Oh, my God," cried Carol Fullerton. "There are children in the water." Now they could hear shouting and yelling.

Tears welled up in Doolin's eyes as the boat pulled alongside them. The people on deck helped get Michael and the other two kids into the boat. Then he and Pollock climbed aboard. A woman wrapped his son in blankets and towels, while the men powered the boat toward shore.

Over and over, Doolin, Pollock and the boys thanked their rescuers.

WHAT TO MAKE of Doolin's dream? Was it a premonition? Coincidence? What we do know is that Michael and the others survived, healthy and with no lasting effects. We know that they all owe their lives to a big cooler that kept them afloat, a little cooler that flew like a bird, and three fishermen aboard *InTheCooler* who found them adrift in the open sea. ■

Lose Weight Forever

50 Habits of "Naturally Thin" People

BY CYNTHIA DERMODY

THIS IS NOT A DIET—or a rigorous exercise program. (Nobody can stick to those for long.) Instead, it's a simple way to make weight loss a natural part of the life you already live. And guess what? It's fun! You don't

have to give up the foods you love or join a gym. It's about balancing calories in tiny ways that add up to big benefits. You just adopt some tricks naturally lean people do. Pick the ones you like, stick with them, and you'll slim down and tone up—for good!

How to Get Started

Decide how much you want to lose and see how many calories a day it will take to make it happen by year's end. Then, work into your routines however many of these eating tweaks and exercises (it's important to do both) you need to achieve your goal:

- Slash a total of 100 calories each day to lose

about 10 pounds in a year.
• Slash 250 calories a day to lose about 25 pounds.
• Slash 500 calories a day to lose about 50 pounds.

This is based on a 150-pound person; you may need to cut more or fewer calories, depending on your weight, age and gender. It also assumes your normal calorie intake es-

sentially stays the same (you're not overeating today, running a marathon tomorrow) and your weight is stable. For instance, a 140-pound woman eats about 2,100 calories a day to maintain her current weight; a 210-pound man needs 3,150 daily to keep the scale steady. Now read on and start losing!

Morning Makeover

1 Wake-up workout When your eyes open, sit up slowly without using your hands. With legs straight out, lean forward until you feel a gentle stretch in your back and hamstrings. Hold; then, using your abs, lower yourself flat. Rest and repeat two more times. Strengthens core. **Burns 10**

2 Go for the grains Not ready for Twigs & Rocks cereal? Sprinkle on a few tablespoons of wheat germ or oat bran. Work up to $\frac{3}{4}$ cup of low-sugar whole-grain cereal with at least three grams of fiber per serving, and you'll pass on that Danish. **Saves 100**

3 Add some protein The more you eat earlier on, the less you eat as the day wears on, research has shown. So after your cereal, add a hard-boiled egg or a part-skim mozzarella cheese stick to keep you feeling full—and away from that pre-lunch brownie. **Saves 200 (or more)**

4 Balance booster While you brush your teeth, alternate standing on one leg as you switch mouth quadrants (every 30 seconds). Balancing develops your core muscles and may even be good for your brain. **Burns 10**

5 Be a ballerina As your coffee drips, stand sideways, put one hand on the counter, and lift the outside leg straight

out in front of you, keeping it extended. With upper body straight, hold for a few seconds and move it to the side; hold and extend it behind you. Do five to ten times on each leg. Tones outer thighs, hip flexors and quadriceps. **Burns 10**

6 Coffee saver Instead of pouring $\frac{1}{3}$ cup of half-and-half (a whopping 105 calories!) into your mug, replace it with the same amount of 2% milk. **Saves 60**

7 Better your bagel You can walk 10,000 steps to justify your 500-calorie bagel with cream cheese, or try this: low-fat spreadable cheese like Laughing Cow Light on an English muffin. **Saves 300**



Nine-to-Five Fixes

8 Tone in traffic Use the time spent bumper-to-bumper to develop your buns of steel: Squeeze your derrière each time you tap the brake, holding for 10 seconds. Shoot for 10 to 15 squeezes a trip. **Burns 10**

9 Snack smarter Portion out the day's snacks into pint-size zip bags, or buy single-serving portions. For example, four regular Oreos have 200 calories versus the 100-calorie snack bag version. Go for the lower fat chips: a Lay's Light bag has only 75 calories, while the regular has 150. **Saves 175** (over two snacks)

10 Casual day payoff You will blast more calories during the day wearing comfy clothes like jeans or khakis, sport shirts and soft-soled shoes than donning constricting suits, skirts and heels. Why?

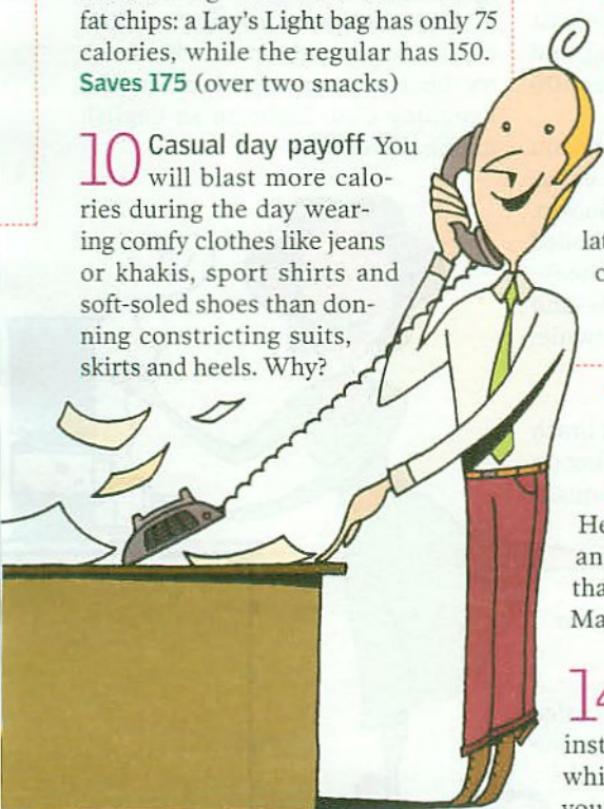
Because you walk more, a study found. Now you just have to convince the boss. **Burns 25**

11 You know squat! At your desk chair, pretend you're going to sit but don't—stop and come back up without using your arms. Always start squats by lowering your hips, not bending knees forward, and keeping your weight on your heels. Repeat the motion throughout the day (even at the potty!) for 15 to 20 total. Strengthens quadriceps. **Burns 15**

12 Switch your soda Your body doesn't register calories from liquids the same way it does those from foods, so you won't get those "stop eating" signals to help you compensate for the overload later on. Change from two glasses of regular soda or fruit juice to diet soda or a flavored seltzer. **Saves 300**

13 Talk it UP Every time you grab the phone, stand up and pace around. Heavy people sit on average two and a half hours more per day than thin people, according to the Mayo Clinic. **Burns 50 or more**

14 At lunch, pick a pita Use one mini whole-wheat pita instead of the usual two slices of white or refined wheat bread for your sandwich. **Saves 70**





15 Get face time We use e-mail so much we've forgotten what our co-workers look like. Pick a colleague or two who sits farthest from you and deliver 10 of those daily messages in person. And go out of your way: Hit a bathroom or a copier on another floor—and take the stairs, of course. **Burns 10**

16 Firm as you file Pause from your papers with a few wall push-ups. Place hands wide at shoulder height against the wall. Take a couple of steps back so your body is at a slight angle and your weight is on your toes, and do three sets of 10 push-ups. Strengthens chest and triceps. (For more desk exercises, go to changeone.com/workout.) **Burns 10**

17 An apple (or more) a day They're packed with fiber and water, so your stomach will want less. Plus, studies out of Washington State and Brazil have shown that people who eat at least three apples or pears a day lose weight. Try two small apples and two fewer large cookies. **Saves 100**

18 Try a simple chair workout • Dips: If your chair has wheels, brace it against something. Facing forward, place palms on the front edge of the seat with knees bent at a right angle. Lower butt toward the floor; raise and repeat for two sets of 10. Tones triceps. **Burns 10**

• Lifts: Seated in a chair with your back straight and your feet on the floor, squeeze knees together and gently bring them toward your chest. Do two sets of ten. Strengthens abdominals. **Burns 10**

Outsmart the Scale

You might be tempted to jump on the scale after the first few days to see if you've lost. Don't! With this long-term approach, you may not see the digits decrease right away. This is fine—you're losing slowly, the way you should. Weigh in weekly if you want, but don't obsess. If your jeans get looser, you know you're doing great. The best way to track your progress is to pay attention to how you feel: Do you have less pain, more energy? Are you in a better mood? That's what counts.

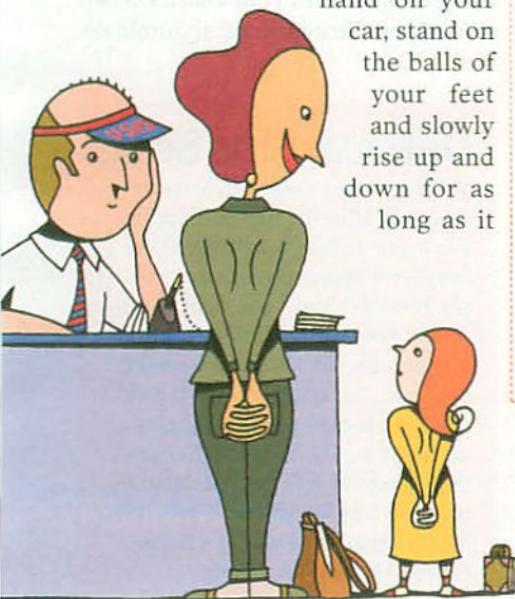
Around Town

19 Carry some weight When you're grocery shopping or running errands, wear a backpack with a 5- or 10-pound bag of sugar inside to increase resistance and burn more calories. Add purchases to your load as it becomes easier. **Burns 20** (for an hour of errands)

20 Tweak your treat Instead of a large caffè latte and a chocolate cream-cheese muffin, get a small nonfat latte and a small low-fat raisin or carrot muffin. **Saves 340**

21 Pump at the pump Instead of fuming over gas prices, think about firming your calves: With one

hand on your car, stand on the balls of your feet and slowly rise up and down for as long as it



takes your tank to fill—for an SUV that might be 50 raises! **Burns 10**

22 Do the pizza pat Blot your slice with a napkin to cut anywhere from a teaspoon to a tablespoon of grease—and calories. **Saves 50-100**

23 Shop till the pounds drop At the mall, try on at least ten outfits, both pants and shirts. No need to buy! **Burns 60**

24 Eat like a kid You don't have to give up that quick lunch if you order smaller portions: Instead of a Quarter Pounder with Cheese and large fries, opt for the cheeseburger Happy Meal. You can even play with the toy. **Saves 390**

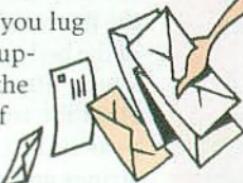
25 Recharge yourself Anytime you're waiting in line, stand evenly on both feet, clasp hands behind your back and squeeze shoulder blades together to open your chest, an energizing yoga-based move that stimulates the nervous system. Hold for 10 to 20 seconds while slowly breathing in and out, taking longer on the inhale. **Burns 5**

On the Home Front

26 Jog for junk mail Turn clutter into a challenge: For every piece of junk mail you pull from the mailbox each day, do one lap around your house or building, or up and down a flight of stairs. **Burns 35-140**

27 Use better butter No, you don't have to give up the real deal—instead of a tablespoon of stick butter, use a tablespoon of whipped and cut half the calories. **Saves 30**

28 Step on it Before you lug those backpacks upstairs, stop and stand on the bottom step for these calf toners. Hold the banister with one hand. Bend your right leg and place the toes of your left foot on the edge of the step. Let your heel drop down, press into the ball of your left foot and rise to your toes. Pause; repeat with each foot for 8 to 12 reps. **Burns 10**



29 Start with soup Order a clear soup instead of a salad soaked with two tablespoons full-fat ranch and you can save twice the calories. Plus you'll feel fuller, so you'll eat less when the entrée comes. **Saves 100**

30 Play footsie After dinner, while you're still sitting at the table, extend your right leg out and slowly bend it up and down, squeezing and holding in the up position for at least five seconds. Repeat on each leg five times. Sculpts quadriceps. **Burns 10**

31 Make perfect pasta Substitute whole-grain pasta for semolina and you'll be satisfied with a smaller portion (1.5 ounces instead of 2). **Saves 50** Or use the same amount of oat-bran pasta. **Saves 90**



32 Climb up! Taking the stairs for a total of just two minutes, five days a week, gives you the same calorie-burning results as a 20-minute walk. **Burns 100-140**

33 Fill up with fruit Like pie? Here's how you can cave to the craving: Sprinkle fresh fruit—some cut-up apple, pear or a handful of cherries—with some Splenda or Equal, cover and nuke for a minute or so. Tastes just like pie filling. **Saves 275**

34 Have your cake Pick up an angel food cake for dessert. It's packed with air and has fewer than half the calories of, say, pound cake. **Saves 70**

It's Working for Me!

Debby Hanry, 53, of Dallas, weighed 223 pounds when she started this approach a year and a half ago. She's lost 70 pounds so far with the help of simple lifestyle tweaks like ordering low-fat frozen yogurt instead of a chocolate shake at McDonald's, snacking on bite-size Snickers rather than the regular bars, making extra trips to the copier at work and parking as far away as possible everywhere she goes. "I feel and look great. I don't feel like I'm missing out on anything," she says.

35 Ease into evening Sitting with feet uncrossed, grab your wrist and raise your hands above your head to lengthen the spine. Take a deep breath in as you reach and hold the position, breathing slowly in and out for 20 seconds, taking longer on the exhale. Instant relaxation. **Burns 5**

36 Get your chocolate fix Instead of a candy bar, try a sugar-free, reduced-calorie Jell-O chocolate pudding snack with a squirt of nonfat whipped cream topping. Eat it with a baby spoon to savor it longer. **Saves 185**

37 Crunch for your clicker The average half-hour TV show has eight minutes of commercials. Make reaching for the remote control worth it: Place it out of reach on the coffee table or, if you're lying down, on the opposite arm of the couch. Every time

an ad comes on and you reach for the remote, crunch until the show comes back on; you should reach 100-150 or so. Tones abs. **Burns 24**

38 Lift those hips Before you tuck yourself in, lie on your back on the floor with your legs up on the edge of the bed or a chair. Slowly bend your knees, lifting your hips off the floor. Hold for five seconds, relax and repeat 10 to 12 times. Firms up hamstrings and core. **Burns 10**

The Weekend

39 Sing a song Spend Sunday morning belting it out in the church choir. **Burns 70** per service



40 Make it bacon At the diner, order three slices of crisp bacon instead of two sausage links, and pat off the extra grease. **Saves 90**

41 Move it, Soccer Parents!

After every quarter of the game, get up from the bleachers and take a lap around the gym or field. Four or five times around a typical one is about a mile.

Burns 75

42 Movie time Most

people eat 45% more popcorn from large-size containers, so make sure you get only a small and skip the butter, which adds more calories than the popcorn itself. Bring your own seasoned salt or Parmesan cheese for more flavor. **Saves 350**

43 Orient yourself At Chinese restaurants, be sure to avoid anything named General Tso or Crispy, which means fried. Eat only the filling of the egg roll and not the shell. **Saves 400-500**

44 Catch this! Spend a half-hour tossing a ball or Frisbee with your kid. **Burns 90**

45 Cut the cheese Order your pizza with half the cheese or even cheese-less, and then sprinkle with a few tablespoons of Parmesan. **Saves 100**



46 Have a hot dog! Pile on the pickles, onions and sauerkraut—these fiber-packed condiments will fill you up and prevent you from eating a second dog. Skip the cheese and chili. **Saves 250**

47 Think about your drink Consider beer or wine instead of a frozen drink: A glass of regular beer

has 140 calories and a serving of wine has 126 calories, while a strawberry daiquiri has about 300 and a margarita 340. **Saves 150-200**

48 Fix your fries Rather than asking for medium fries, get an order of onion rings (8 to 9 rings). **Saves 60**

49 Scream for sorbet Indulge in chocolate sorbet instead of chocolate ice cream. **Saves 125**

50 Make whoopee Instead of a bowl of ice cream as a bedtime snack, have a robust tussle with your spouse. **Burns 300**

SOURCES: Jay Ashmore, PhD; Fabio Comana; Mara Carrico; John de Castro, PhD; Madelyn Fernstrom, PhD; Donald Hensrud, MD; James Hill, PhD; Bruce Nadler, MD; Michael Ozner, MD; Mare Petras; Barry Popkin, PhD; Barbara Rolls, PhD; Brian Wansink, PhD

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MS-13

America's most vicious gang is spreading violence to cities and suburbs across the country | BY SAM DEALEY

For the Ivano family, the school day began like any other. It was a Tuesday morning in December, just days before the Christmas break, and Abraham was fighting his way through the Los Angeles traffic to his children's schools. He made good time, and after dropping off his daughter, Shamrim, Abraham and his son, Walentin, had a moment to spare. Over coffee at Starbucks, they talked basketball for a while, and then

discussed a computer engineering course at a local college that Walentin hoped to take. Abraham and his wife had done the math and thought the family could afford it; he promised to take Walentin that Friday to learn more about the program. Then Abraham dropped his son off at the magnet high school he attended.

Walentin never made it home that night. As he and a friend lunched at a local Chinese restaurant, a tough group of Latino boys and girls approached. They accused the friends of belonging to a rival gang and, when Walentin denied it, set upon the two. As Walentin pleaded with them to stop, the gang members beat him viciously and crashed a chair onto his head. Then, as quickly as it began, it was over. The gang members fled, and a confused Walentin stooped to gather up his spilled food, needlessly apologizing to the other patrons for the commotion.

That's when one of his attackers returned. "He pulled the gun out of his pocket and held it toward my son's forehead," recounts Suzi Ivano, Walentin's mother. Her dark eyes fight to hold back the tears, and her hands thumb listlessly at the mementos of her son's childhood spread on a table before her—commendations for perfect attendance and superb grades, family pictures of a birthday, Walentin's favorite stuffed Spider-Man toy. "He said 'Mara Salvatrucha,' and just shot Walentin," she finally says. The bullet tore through her child's

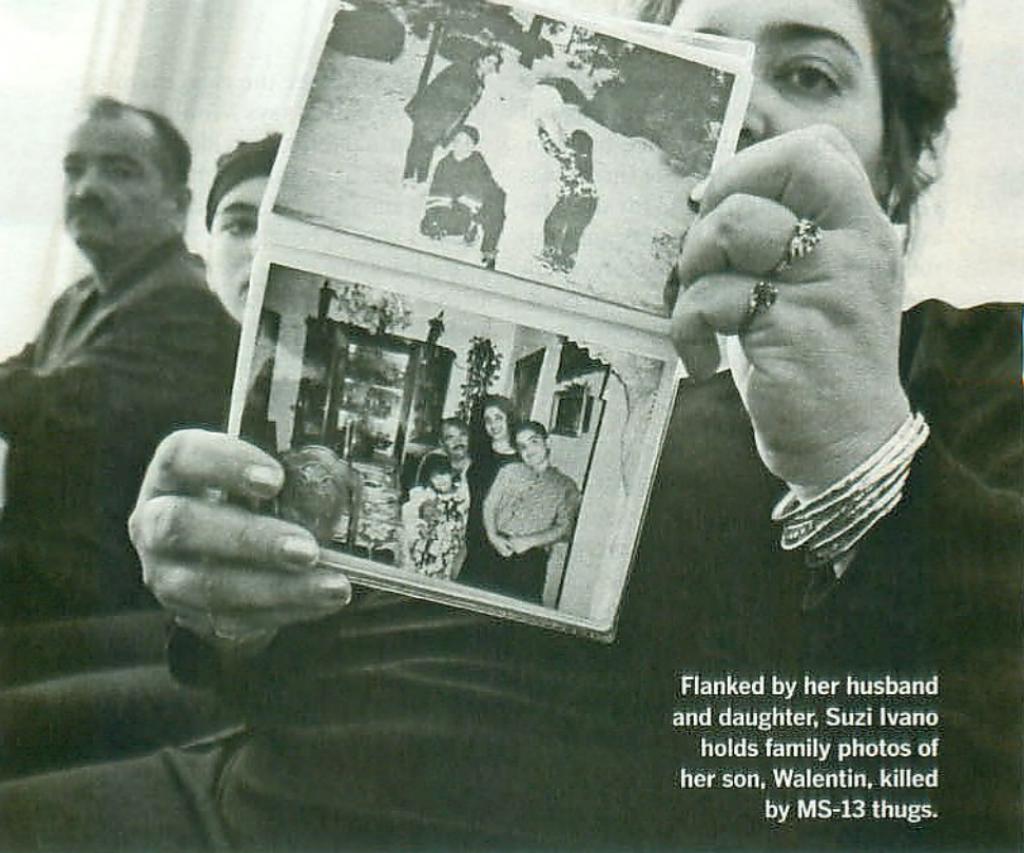
neck and lodged in his spinal cord. Walentin lived for another 18 months as a quadriplegic before finally succumbing to his wounds.

WALENTIN IVANO'S murder was no isolated act of brutality. It was the handiwork of one of the most violent street gangs in America's history. La Mara Salvatrucha, or MS-13, has rapidly expanded from L.A., its U.S. birthplace, into more than 30 states across the country. With at least 10,000 members today, the gang's reach goes well beyond its inner-city roots into middle-class suburban neighborhoods and schools. And that has law enforcement, community leaders and parents struggling to find ways to cope with an organization that the FBI considers its "top priority among criminal gangs."

The beginnings of MS-13

date from the 1980s, when more than a million Salvadoran refugees fled their war-wracked homeland for safe haven in the United States. Many settled in the barrios of Los Angeles, where they were preyed upon by the city's turf-conscious Mexican and





Flanked by her husband and daughter, Suzi Ivano holds family photos of her son, Walentin, killed by MS-13 thugs.

black gangs. The young immigrants banded together for protection. Armed with machetes and guns, their violent methods quickly established them as the city's dominant gang. Since then, MS-13 has opened its ranks to Hispanics of all origins, and branched out into organized rackets such as car chopping, immigrant smuggling (mainly bringing Mexicans into the United States) and drug dealing.

It's the gang's mindless brutality, though, that keeps making headlines. In 2002, two MS-13 members overpowered a Charlotte, North Carolina, wo-

man, who was in her car with her young child, and raped her in the back-seat. That same year, gang members raped two deaf teenage girls in a Boston-area park. One girl was lifted from her wheelchair and slammed onto a park bench for the assault.

In the summer of 2002, the Los Angeles Police Department alerted its brethren in Fairfax County, Virginia—a suburb of Washington, D.C.—that some 20 MS-13 members from California had been dispatched to kill a Northern Virginia police officer at random. California members "are upset

with the local MS-13 gang because a Fairfax County police officer has not been killed," noted a police bulletin. The hit was foiled, but the threat was real: MS-13 is responsible for the execution of three federal agents and "numerous shootings of law enforcement officers across the country," according to the Orange County district attorney's office.

The Washington, D.C., area has plenty of reasons to be on alert. MS-13 has turned Northern Virginia into the gang's East Coast stronghold, with an estimated 2,000 members there. Schools in quiet suburban enclaves have become feeding grounds for MS-13. "Five years ago, I could name ten high schools where there really wasn't gang membership," says the gang-prevention coordinator for a Northern Virginia school district. "Now, every school is being touched. The seventh and eighth grades—those are prime recruitment ages."

"There's peer pressure to join gangs," says Maria, a young teenager at a Boys & Girls Club run out of a church basement in Fairfax County. "Almost all your friends are in gangs, and you get pushed to join, to do drugs. We have a [police] officer at school, but gang members just hang out at the bus stops." The Club's director, Wonhee Kang, says the gang has steadily encroached on the neighborhood, and she means it literally: Not long ago, a murdered body was dumped on the church's property, which abuts a known MS-13 redoubt.

"Young kids see the gang members as role models," says Wonhee Kang. "The normal thing for a kid to say is, 'I wanna be a fireman when I grow up; I wanna be President.' But these kids? 'I wanna be a gang member.'"

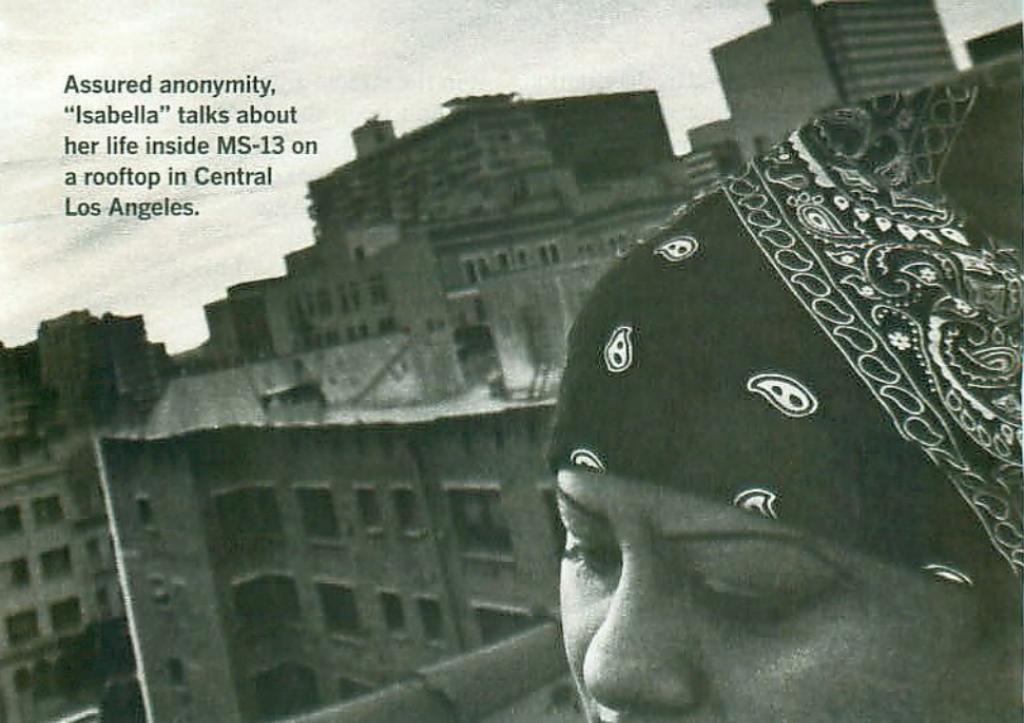
It's the same story in cities and suburbs across the country, from Chicago to Raleigh to Des Moines. One of the worst hit is Dallas, where gang-related school incidents soared from 92 in 2001 to 245 in 2004. At playgrounds and schoolyards, you can see MS-13 members flashing their blue-and-white colors, looking for new recruits. New members, some as young as 10, are "jumped in," gang lingo for an initiation that involves beating a kid relentlessly for 13 seconds. New female members may be "sexed in"—gang-raped by as many as half a dozen men.

Once accepted into MS-13, it can be deadly to try to break free again. And so it was for Brenda Paz.

Born in Honduras, she grew up in Los Angeles where, at age 12, she dropped out of school and became a gang gypsy. For the next five years, Paz moved with MS-13 members from state to state until 2002, when she was arrested in Northern Virginia for stealing a car. In exchange for leniency, Paz gave prosecutors firsthand information about armed robberies, stabbings and shootings stretching from California to Texas to North Carolina.

That information made Paz the clutch witness in a federal trial back in Northern Virginia. In September 2001, some members of MS-13 had mistaken

Assured anonymity,
"Isabella" talks about
her life inside MS-13 on
a rooftop in Central
Los Angeles.



a young man named Joaquim Diaz for a rival gang member, lured him back to their apartment to smoke pot, and then stabbed him to death in a nearby park with a steak knife.

Paz knew the details and was willing to talk. In return, the feds placed her in a halfway house, and then relocated her to Kansas City under the Federal Witness Protection Program. But the strictures and the isolation became too much for Paz. She made contact with her former gang, and its members convinced her to come back, assuring her that everything was okay.

On a July day in 2003, a fisherman was casting the North Fork of the Shenandoah River when he found Paz's body. Her murder had been

grisly—a rope to strangle her from behind, 16 stab wounds to the chest and arms, and three deep slices across the neck. Paz, just 17, was in her fifth month of pregnancy.

Brenda Paz's fate underscores the difficulty police have in finding youths willing to become informants. With such ruthless enforcement of loyalty, few have the courage to turn on MS-13.

Federal prosecutors also face other difficulties. The default policy has been to deport suspected gang members, many of whom are illegal aliens. If caught in the United States again, they're convicted for illegal re-entry—a felony that carries a maximum ten-

year sentence followed by deportation.

But once the gang members are repatriated, weak governments in their home states—particularly in El Salvador and Honduras—are unable to bring them under control. The result has been to consolidate the gang's base in these countries and further entrench its smuggling networks. Complicating matters, many MS-13 members are now American-born.

State and federal authorities nonetheless have had some successes in their battle against MS-13. The Department of Homeland Security's Immigration and Customs Enforcement agency has stepped up raids on suspected gang hangouts, and last year netted some 700 members of MS-13.

State legislatures, including Virginia's, have passed laws that enhance punishments for gang-related crimes and establish "gang-free zones" around public high schools.

Perhaps the most effective measures are to be found in Los Angeles. In 2004, an L.A. court issued an injunction that prohibits any two gang members from fraternizing in public. It's a Draconian measure, but along with curfews, the injunction has quieted the streets considerably. "Virginia is what our problem was ten years ago," says LAPD Officer Janine Manji. "You used to drive around and see [gang members] hanging out on the corners."

Alex Sanchez agrees. A former high-ranking MS-13 member who now runs Homies Unidos, a Los Angeles gang-outreach program, Sanchez says, "You hardly see gang members kickin'

it in the streets anymore. The streets haven't been this mellow in a long time."

Still, MS-13 makes it clear it hasn't gone away. Los Angeles has teams of workers who regularly paint over graffiti-scared walls and bridges. After only a few nights, dawn reveals new gang spray-paintings.

As I toured MS-13's Hollywood and Wilshire turfs with Sanchez, he points out markers of his own gang past. "See that fire hydrant?" he asks. "That's where I first got arrested. This block here? That's where I slept underneath one of the buildings." Fights, evictions and arrests are too numerous for Sanchez to remember them all. "I've had my nose broken, my eye sliced open. I've gotten shot at, beaten up. Yeah, man ..." He pauses. "It's tough."

It's still tough for Isabella.

Reassured by Sanchez that her real name wouldn't appear in print, Isabella agreed to talk over dinner about life in MS-13. Now in her mid-20s, she was five years old when she came with her parents from Guatemala. Her father went to jail four years later, and Isabella and her mother have never gotten along. At 14, she was "jumped in" by four older MS-13 members, who pounded her mercilessly for 13 seconds. When it was over, she felt like she finally belonged. "They're like your brothers," she says of her posse. "They take good care of you."

Isabella went by a new nickname, did some drugs, and made her bones on the street. Gothic tattoos run along

her back, and deep knife scars trace her shoulder. She was drawn to the adrenaline, as well as the camaraderie. "You just there, and all of a sudden you get shot up," she says, laughing toughly. "All of a sudden, you got a drive-by. All of a sudden, you got a cop busting in. Anything can happen, you know? You could die that night."

In subsequent meetings, Isabella lets her guard fall. She desperately wants to get out, she says. She has a new car, a good, steady job in Santa Monica, and her eight-year-old daughter, Rosemary, is growing up. "I'm so tired of getting in trouble," she says. "I'm so tired of dealing with the b.s. all my life—being locked up, seeing my homies die, going to funerals. And I don't want to end up like that." Isabella says she'll marry her boyfriend, a tough gang leader with a long rap

sheet, and they hope they'll move to Las Vegas, farther from MS-13's draw.

Outside a restaurant a few days later, however, Isabella relates a story that suggests her life is again off-track. A month ago, she says, a member of her group was parking his car outside his apartment when a rival gang member shot him in the leg and stomach. He lived, but now her gang wants its revenge. "We gotta go back and do something about it," she says ominously. "What I mean is, we're gonna get him. Anybody—anybody—will pay for what that fool did."

As she bundles Rosemary into the car, Isabella's cell phone rings. It's her sister. She stands on the sidewalk chatting, and a police car cruises by. It turns into a driveway up the block and comes back, prowling slowly, watching her.

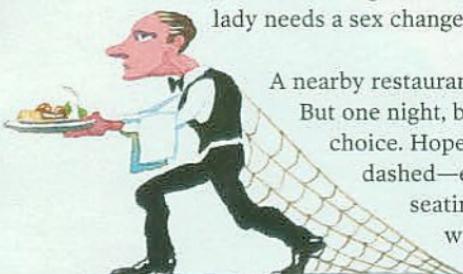
DISERVICE WITH A SMILE

As she left the Department of Motor Vehicles after renewing her driver's license, my grandmother noticed a mistake—"male" was checked instead of "female." Shy and easily embarrassed, she got back on line and waited patiently to show the clerk the mistake.

"I'm so sorry," he said. "We'll fix this right away."

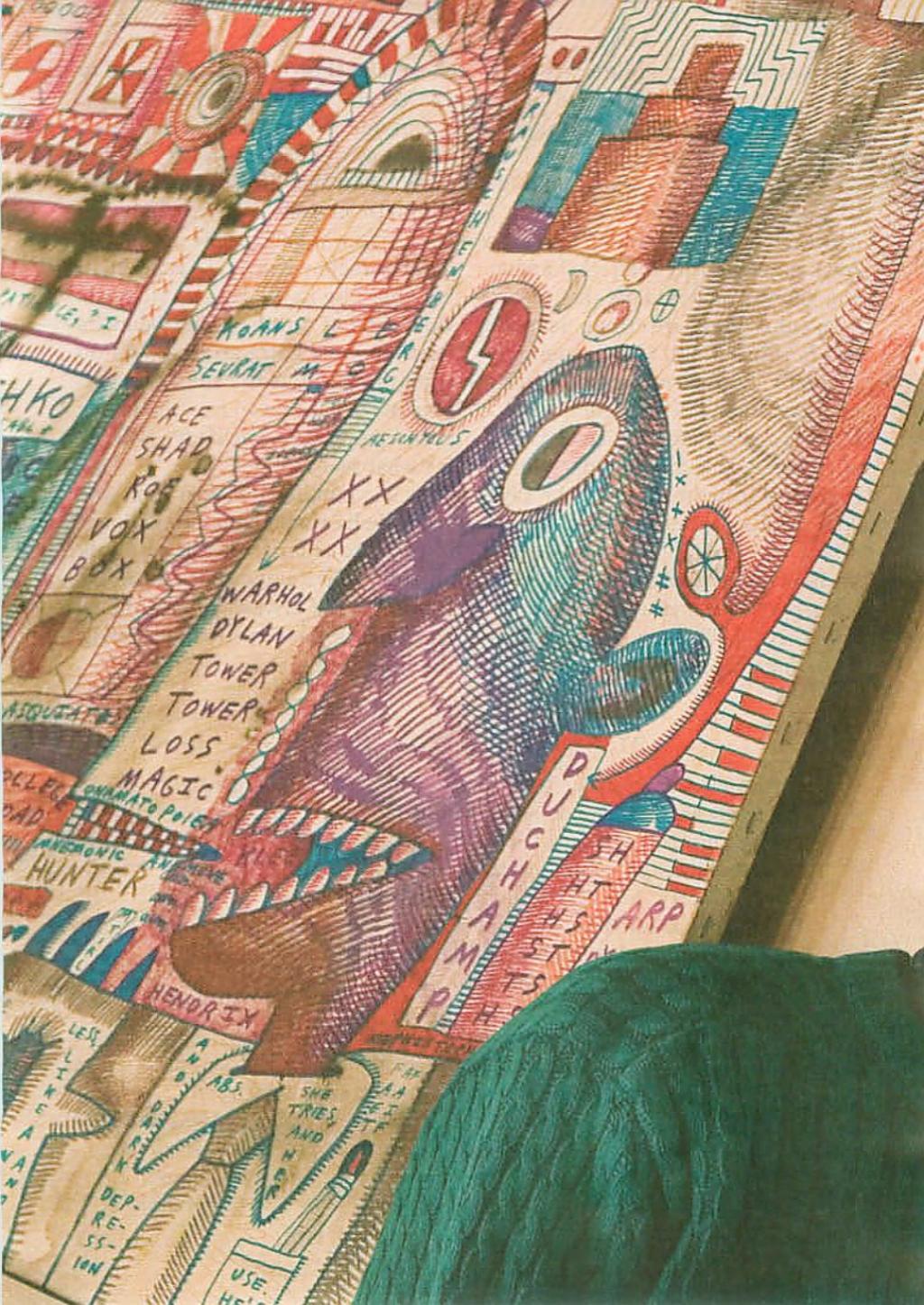
With that he lifted the microphone for the P.A. system, which carried the following words clear across the hall: "Frank! This lady needs a sex change!"

ANGELA LONG



A nearby restaurant has notoriously slow service. But one night, before a late movie, it was our only choice. Hopes of a quick dinner were again dashed—even before we put in our order. After seating my parents and me, our host left us with these words: "I hope you enjoy your stay."

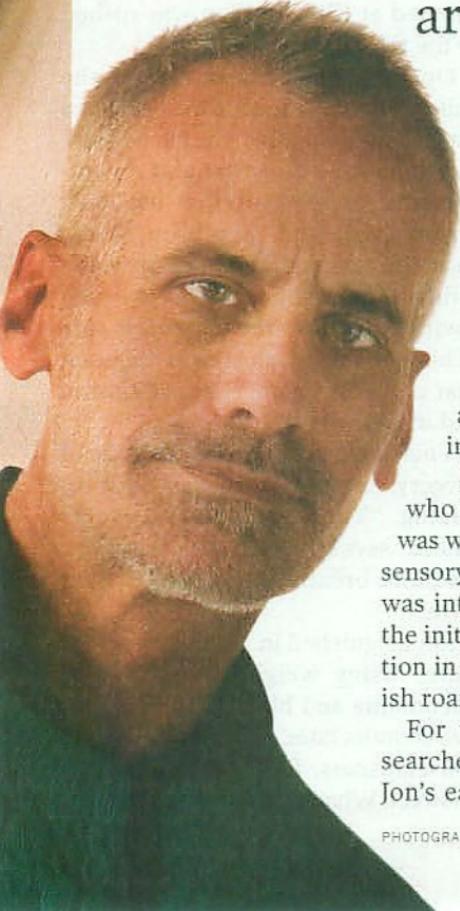
AMANDA YESILBAS



Stroke of Genius

After nearly dying in the OR, an artist comes to life

BY ELLEN SHERMAN



THE SKIES were crystal clear over the Cape Ann Golf Course that day in October 1988 when Jon Sarkan, a buttoned-down chiropractor from Gloucester, Massachusetts, bent over to retrieve a tee. Sarkan, 35 at the time, suddenly felt an intense physical sensation—a deep shiver—go through him. Everything looked and sounded different. “I remember thinking, I’m going to die,” he says today.

He drove himself home to his wife, Kim, who knew with just one look that something was wrong. In the weeks that followed, the weird sensory shift became something much worse. Jon was intensely sensitive to light and sound, and the initial shiver became a distressing reverberation in his head. Ultimately it turned into a hellish roar that wouldn’t quit.

For the next several months, he and Kim searched agonizingly for a cure to the ringing in Jon’s ears, a condition known as tinnitus. For a

can-do professional like Jon, Kim explained, not having a definitive answer to a medical issue was his worst nightmare—a nightmare he almost didn't wake from.

THE SON of a dentist and homemaker, Jon Sarkin grew up in Hillside, New Jersey, with a secret passion for art. But the dutiful student set his sights instead on a career in architecture, then chiropractic, to satisfy his practical parents who thought he should become a doctor. He married Kim Richardson, a teacher, in 1986, and the couple mixed in well with the laid-back but status-conscious lifestyle of the seaside community where they settled. They soon had a baby boy they named Curtis, but even then Jon rarely slowed down. The only exception was during breaks between patients at his thriving practice, when he quietly doodled or drew imaginative invitations to family parties. He thought that one day, when he retired, he'd turn more fully to creating art; he envisioned himself, an older man, painting at the beach.

Then the ringing began to sound in his head. After months of seeing specialists, Jon was diagnosed with a swollen blood vessel pressing on his acoustic nerve. On August 8, 1989, surgeons in Pittsburgh operated to insert a small Teflon wafer between the offending vessel and the nerve. The doctors pronounced the surgery a success, and as Jon came to in the recovery

room, Kim asked the question on everyone's mind: "Is the ringing gone?" Jon mouthed the word yes. And his family cheered.

A day passed as he recuperated. Then, during a visit with Kim, Jon, who was propped up in his bed, patted the covers and called out, "Come here, Ida." Ida was the family dog back in Gloucester, hundreds of miles away. In an urgent voice, Kim called for a nurse. One of Jon's doctors came to the room, gently unwrapped his bandage and found that the wound was full of blood. "Please step out now!" he shouted at Kim, and Jon was rushed to the OR.

Once again, Jon went under the knife—only this time the medical team was racing to save his life. He had suffered massive bleeding and a post-operative stroke. "I was told that I died on the table and they brought me back," he explains. The doctors would ultimately save him, but not without having to remove the entire left side of his cerebellum, an area of the brain that controls balance, coordination and movement.

This time, when Jon came out of surgery, there was little cause for rejoicing. "There were tubes everywhere," says his sister Jane. "He had a machine breathing for him. It was awful."

Jon languished in a semi-comatose state, losing weight and suffering pneumonia and bleeding ulcers. But two months later, he began to regain consciousness. The recovery was bittersweet. What soon became clear was



that he would have to relearn the most basic functions of speech and movement. He was deaf in one ear and suffered from double vision. Kim recalls that Jon, under a mass of tangled tubes, would squeeze her hand in an effort to communicate. "He'd roll his eyes, seeming to say, Can you believe this?"

Three and a half months after his surgery, Jon was finally able to return to his Gloucester home. He arrived via a medical van, emerging in a wheelchair. "We were coached beforehand not to be frightened by how horrible he looked," says his long-time friend John Keegan. "Jon had been a super-strong, athletic guy. Now his once-muscular arms were like an inch in diameter, and his skin was yellow. He'd lost almost everything."

But Jon made great physical strides through rehab. Within five months, he was walking and had regained

Sarkin's prolific output litters his studio—a study in creative chaos.

most of his strength. Inside him, though, profound emotional changes had been wrought. While his intelligence and sharp wit remained intact, Jon was now unfocused and unable to attend to the minutiae of everyday life. Bills were left unpaid, appointments forgotten. He also, for a time, developed all-encompassing obsessions. One was with recycling. Since Gloucester didn't recycle at the time, he got the idea to send all his family's plastic bottles 500 miles away to his brother in the recycle-friendly city of Buffalo.

The Sarksins had known that the removal of the left cerebellum would have physical consequences, but doctors didn't have a concrete explanation for the psychological changes. Jon, it seemed, was now devoid of the



Jon Sorkin with wife Kim and children (from left) Robin, Caroline and Curtis.

intangible censors that control what we think, what we say and how we act. He would blurt out anything that came to mind, no matter how inappropriate. "I was like that character in the Jim Carrey movie *Liar Liar*," he recalls. "I had to say everything I was thinking. It really was scary."

Social conventions were a thing of the past. If he thought someone was not interesting, he would walk away mid-conversation. He'd laugh at the wrong moment. He found himself having trouble empathizing with others. "I would say, 'I know how you feel,'" Sorkin says, "but inside I was thinking, What?"

Meanwhile, Kim felt like she'd lost the anchor of a steady, reliable partner. "He was very much like a teenager who has a lack of control over his

emotions," she says, "whose perspective is warped and who is terribly self-absorbed. I hung in there because Jon is my family. I love him and I believe firmly in looking out for family." She also felt her husband's core had not changed. "Jon's inner personality and values remained the same."

"My wife is great," Jon says in simple understatement. "She was like one of those dolls that you hit and it always pops back up."

In 1990, a year before his second child, daughter Robin, was born, Jon felt that he had relearned enough of the social skills required for a health care provider and decided to go back to work as a chiropractor. "I wanted to support him," says Kim, "but I was very uncomfortable with it, because he got so fatigued trying to keep his composure."

The first few months went all right, but it soon became clear that Jon's

heart was no longer in his work. Seeing patients exhausted him, both physically and emotionally. What now fired him up was the compulsive sketching he did in between appointments. He drew anything from pointy-haired people to the Chrysler Building, then scrawled quotations around the images, scrambling the words, creating whole new meanings. Lines from Thoreau were interspersed with cutouts of Elvis or car tail fins. He explains, "Where once my art was very linear and organized, it became driven and chaotic."

Jon's sister Jane, impressed with the work, asked her brother if he minded if she submitted some of it to the venerable *New Yorker* magazine. "I remember thinking it would be kinda cool getting a rejection letter from *The New Yorker*," Jon says.

Then one day, as he sat at his desk furiously creating one of his "doodles," the phone rang. The voice on the other end said, "This is *The New Yorker*." "First thing I thought," Jon says, "was, Well, it's nice of them to call with the rejection." To his surprise, the magazine was accepting not one, but eight, of his drawings.

In the spring of 1994, Jon sold his practice. It was not an easy decision. "He was heartbroken," says Kim, "but both of us knew the stress was too much for him." He began to turn to art full-time, not so much as part of a conscious career change but as an outlet that suited him like never before. In art, he had found a place where he could express himself without

worrying how anyone judged him.

The transition wasn't easy for Kim, who had just given birth to their third child, Caroline. Though the family was receiving disability payments and Kim, in a pinch, could have returned to teaching, she had reservations. "My biggest concern was having to leave the children to go back to work. Jon was not someone I could leave them with. It took me a while to give up the idea of a normal life," she says.

Meanwhile, Jon's work had caught the attention of art dealer Jane Deering. Over the last few years, she has had successful Jon Sarkin showings at her gallery in Gloucester. "His work is like a shock in its abundance," she says. "Pictorially, it's a puzzle. There may be a beautiful pattern. Another level is the language."

In 2003, the Diane von Furstenberg Studio in Manhattan displayed Sarkin's art to an audience that included Meryl Streep and Diane Sawyer (these days, his pieces can sell for as much as \$10,000). In his inimitable fashion, Sarkin started speaking loudly at the gathering, saying, "That's Meryl Streep. I can't believe I'm sitting at the table with her." Says his friend Keegan: "Jon doesn't always know when to shut up, but that's just who he is now, and you accept him."

Sarkin, who has sold movie rights to his story to actor Tom Cruise, says, "Sometimes I may get too excited and people will stare. But if you make a list of the top ten reasons why you

don't care what people think, you'd have to include a near-death experience right up there at the top."

There are days, though, when he mourns what he has lost. At the beach, he watches teenagers surfing. "I'd love to take my son windsurfing, and I can't," says Sarkin, who 16 years after the stroke still suffers from poor balance and sometimes uses a cane. He has to constantly remember to speak slowly or his speech becomes slurred. "I was in a semi-comatose state," he says. "You really don't ever come out of it completely. I know there are parts of me that aren't here," he admits.

But his family and friends also know that he has emerged on the other side having gained, not just lost. "Daily life with Jon can at times be frustrating and exhausting," Kim says, "but his positive attributes make us proud." Communication is the couple's lifeline. "Jon and I talk to each other all the time."

Jon and Kim's youngest child is 11 now. Jon Sarkin, the artist, is the only dad the kids have ever known. From time to time, Sarkin brings them to his workplace, where together they create their own art projects and help their

father with his. "They'll go through magazines and say, 'Use this picture,'" Sarkin says. "Or when I'm drawing, they'll look over my shoulder and say, 'Why don't you make this guy have three eyes—or five.' I love it."

He chuckles. "If I was still a chiropractor, what would they have done? Come to my office and look at the x-ray machine?"

Sarkin points to one of his studio walls, splattered with quotations, images of Bob Marley, Oscar Wilde, Martin Luther King, Jr. "This is the way I see the world now," he says.

"I really think he has a gift that was unleashed by the stroke," his sister Jane says. "It comes right from his brain onto the page."

It's been an incredible journey, Sarkin concedes. "People ask what my future will be like. Remember the old Bob Dylan documentary, *Don't Look Back*? For me it's 'Don't Look Forward.' It's tremendously weird how I live now. I don't fit. That's very isolating." He pauses, and a slight smile crosses his face. "But it's very liberating at the same time."

rd.com For a look at Jon Sarkin's remarkable artwork, go to rd.com/jonsarkin.

THE PENALTY BOX

Still not grasping just how important hockey was to my new husband, I plunked myself down next to him on the couch while he watched a game and began to chat. After being shushed a few times, I gave him a look.

Immediately contrite, he picked up the remote. "I'm sorry, honey," he apologized. "I'm being rude. You go ahead and talk—I'll just turn up the volume."

C. EPP

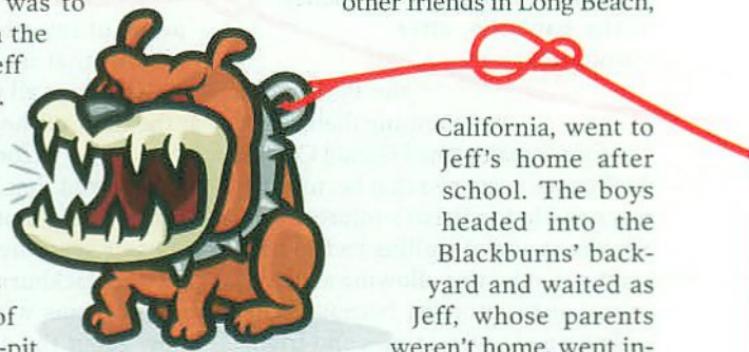
A friend's vicious dog sinks his teeth into 10-year-old Brian. It's a slam-dunk lawsuit. Or is it?

YOU Be the Judge

BY ROBIN GERBER

IF ANYONE ever needed to find ten-year-old Brian Yuzon, a good bet was to check down the street at Jeff Blackburn's house. Brian often hung out with his pal Jeff, even though he was afraid of Jeff's two family dogs. He was particularly frightened of Kemo, a Rottweiler-pit bull mix. In fact, whenever Brian went to visit Jeff, the Blackburns locked Kemo in a room. Brian had no reason to think Kemo

wasn't safely inside when, on a spring day in 2001, he and a couple of other friends in Long Beach,



California, went to Jeff's home after school. The boys headed into the Blackburns' backyard and waited as Jeff, whose parents weren't home, went inside to use the bathroom.

When Jeff came out through the back door, Brian was horrified to see Kemo running outside, barking wildly. Jeff yelled for Brian to freeze, but the boy was already racing toward the front gate. He didn't make it.

Robin Gerber, a former Washington, D.C., lawyer, is the author of *Katharine Graham: The Leadership Journey of an American Icon*.

With bared teeth, Kemo lunged and caught Brian's arm in his powerful jaws. Kemo clamped down again and again as Brian screamed hysterically. The other children tried to pull off the attacking dog, while a neighbor called for help. By the time paramedics arrived, the skin on Brian's upper arm and elbow was shredded and hanging.

His physical injuries took nearly three hours of surgery to repair, leaving Brian with multiple scars and a deep fear of dogs.

Deeply upset, and facing medical bills that quickly climbed into the thousands, the Yuzon family brought a lawsuit against the Blackburns—only to discover that they had no money in the bank. So, after learning that

the Blackburns were renting their house

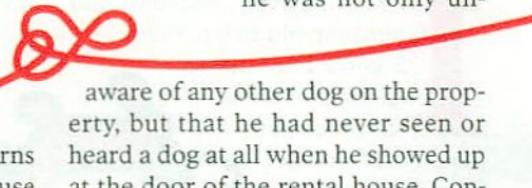
from a man named Gerald Collins, the Yuzons reasoned that he, too, was responsible for Brian's injuries. The Yuzons assumed Collins had to have known that he was allowing a vicious animal on his property, because Kemo had escaped several times and frightened the neighbors.

And Tracy Blackburn, Kemo's owner, testified that whenever Collins visited the property, she would greet her landlord on the front porch. While they talked, Kemo would bark and lunge at the door. She also claimed

that Collins once asked her to "pin the dogs up" before an insurance agent was to inspect the backyard. Why would Collins do that, the Yuzons wondered, if he didn't know there was more than one dog or that one dog was fierce? Didn't the owner have a duty to protect outsiders from any known dangers at his rental house?

Gerald Collins had a very different story. He acknowledged that the Blackburns' lease allowed them to keep a dog, but at the time he had agreed to this lease, the Blackburns' only dog was a blind springer spaniel. Collins also testified that he was not only un-

Kemo clamped down again and again as Brian screamed hysterically.



aware of any other dog on the property, but that he had never seen or heard a dog at all when he showed up at the door of the rental house. Contrary to the Yuzons' contention, Collins asserted that he had never heard from the neighbors about Kemo's escapes or seen the dog running wild, and the Blackburns never told him of any problems with Kemo. He didn't know about the danger, Collins said, so how could he be liable for the damage the dog caused?

Is Collins responsible for Brian's injuries? You Be the Judge! Then read on to see if the court actually ruled the way you did.

Verdict The Case of the Crazed Canine

THIS CASE WENT before a state court of appeals in Los Angeles, which held that, to be liable, Collins had to have prior "actual knowledge" that Kemo was both being kept at his rental and that he was a vicious dog. Tracy Blackburn's testimony convinced the court that Collins was aware of a dog on the property, but it didn't prove he knew about Kemo or any vicious dog. "Pushing, barking, jumping, and

ous. Finally, landlords aren't obligated to inspect their property for a dangerous animal. The verdict: Without proof Collins knew about this particular dog, he cannot be held liable.

LANDLORD AND TENANT responsibility for dog attacks varies by state. To be safe, tenants should obtain written permission to keep a dog, confine and muzzle potentially dangerous dogs, and get renters insurance to cover liability. Landlords should have insurance as well. Collins's insurance spared him costly legal bills. Landlords can require that tenants have insurance too.

Ultimately, Kemo was put to sleep, and the Blackburns moved. Four years after the attack, Brian still needs surgery to repair scars, and his fear of dogs has not diminished. He even told his mom that when he grows up, he would get a dog only if its teeth were removed so it can't hurt anyone.



jumping at the screen door," the court found, "would not have given Collins actual notice of Kemo's vicious propensities."

There was also no proof that Collins knew Kemo had scared any neighbors. No one, it turns out, had ever mentioned Kemo to Collins. It also didn't matter to the court whether or not Collins had asked that dogs be confined when the insurance inspector came. Even if he had, that wouldn't prove Collins thought the dog would attack, since the landlord had no knowledge of any other attacks by Kemo. The kinds of behaviors described in the testimony were "normal dog behaviors," the court said, and not alarming enough to prove that Collins knew that Kemo was danger-



KNOW OF ANY UNUSUAL OR FUN CASES? E-mail judgeideas@rd.com. Your story could be the next You Be the Judge! Sending gives us permission to edit and publish. Do you agree with the decision in this case? Share your opinion at rd.com/community.

A woman with a prosthetic arm is shown from the waist up, looking thoughtfully upwards. She is wearing a red and blue striped sweater over a blue shirt. Her right arm is a prosthetic, and she is holding a book with a blue and white cover. The background is a bright, outdoor setting with a tree trunk on the left and foliage on the right.

Sara Bryant learned
the hard way that
flu-like symptoms
can sometimes mean
something far worse.



I Thought It Was Just The Flu. Then I Nearly Died

BY DIANNE HALES

LAST JANUARY, Sara Bryant, 21, an interior design student in San Diego, thought she'd picked up a bug over the holidays. A petite powerhouse who often worked out hours a day, she thought she'd shake it off quickly. Instead, she kept feeling worse. "I had no energy," she recalls. "I was completely drained. Every joint ached. Even my skin hurt." Soon she became too weak to stay alone when her husband, Bradley, went to work.

"I had that 'mom sense' that something was really wrong," says Nancy Sunday, Sara's mother,

who brought her ailing daughter to her home. On January 10, she took Sara to a doctor, who diagnosed a bad flu that had settled into her joints. He prescribed ibuprofen, but it didn't help. She was getting sicker and sicker.

■

YOU CAN'T OPEN a newspaper now without seeing scary stories about the possibility of a global pandemic of bird flu. And, yes, if the virus does mutate, allowing it to pass easily from person to person, that will be a frightening scenario. But that possibility is remote compared with the very real threats to your health found much closer to home. Influenza and pneumonia, for example, lead to 65,681 deaths and 1.5 million hospitalizations a year in the United States. They are among the many dangerous infectious diseases that can be contracted in the most innocuous-seeming ways: from petting an animal to spending time outdoors where mosquitoes and ticks hide; even a simple handshake could lead to something deadly.

Not Just the Flu

Sara's fever persisted, and soon it became clear that her illness was serious. She had shaking chills. Her skin turned yellow. Every movement was excruciating. On January 14 Nancy, who'd never seen her daughter so sick, took her to another doctor, who immediately sent Sara to the emergency

room at Scripps Mercy Hospital.

"I knew something dramatic was going on, because she was in so much pain," says Alex Harrison, the medical resident who coordinated Sara's care. Her kidneys were failing. Her liver and gallbladder weren't working. Her extremities were swollen. A CT scan revealed lung damage. The diagnosis: a form of "walking" bacterial pneumonia. "But that didn't make sense, because her symptoms were so severe," says Dr. Harrison. Further

tests revealed that as Sara's body was struggling to fight off this condition, a staph infection also invaded her bloodstream, which then triggered toxic shock syndrome.

Things were getting worse. The next afternoon, Sara crashed. Her blood pressure plummeted,

and she couldn't breathe. Organ after organ began to fail. "There was a high likelihood she would die," says Dr. Harrison. "We moved her to the ICU and put her on life support." A machine took over her breathing. IV poles, with feeding and drainage tubes dangling, circled her bed. She was on four different blood pressure medicines and three different antibiotics.

After three tense touch-and-go days in the ICU, Sara's blood pressure gradually began to rise. Her kidney and liver functions returned to normal. After ten days on a ventilator, she was finally able to breathe on her own.

Sara started to crash. She couldn't breathe, and organ after organ began to fail.

Heavily sedated, Sara had no memory of the fierce battle for her life.

Her body was so swollen from all the medications and fluids that she was almost unrecognizable. As the swelling subsided, doctors found abscesses, reservoirs of bacteria, deep within her legs, thighs and buttocks. "We needed to operate to remove the infection," explains Dr. Harrison. Nine times Sara, still too weak to walk, was anesthetized as surgeons drained the abscesses.

With daily physical therapy, Sara steadily regained strength. On February 26, after 43 days in the hospital, she went home to continue her recovery. After missing a semester of college, Sara is now back at Grossmont College, playing softball, volunteering with the mentally and physically disabled and working two part-time jobs. "She is a miracle," Dr. Harrison says. "Anyone who wasn't so young and fit and in perfect health would have died."

Perilous Pets

To many people, pets are like family—but the increasing popularity of unusual species comes with danger. You might assume that "exotic" pets, such as rare birds, reptiles and furry prairie dogs, are safe if you get them from a certified breeder or pet store. But as one family discovered, some animals may carry a deadly virus.

Like other three-year-olds, Schyan



"Sara was so courageous" during the horrors of her illness, says her husband, Bradley.

Kautzer of Dorchester, Wisconsin, occasionally had an unexplained fever. At first this one seemed like nothing serious, but on May 16, 2003, her temperature spiked to 103 degrees and stayed there. The usually buoyant girl seemed listless and weak. And when pus-filled blisters erupted on Schyan's skin, her mother, Tammy, 28, who keeps a menagerie of cats, dogs, goats and other animals on the family's 15-acre farm, thought about the cute little prairie dog she'd bought at a swap meet a few days before. One of its eyes had sealed shut, and it seemed sick. She'd warned Schyan not to play with it, but as the girl was putting the new pet into its cage, it nipped

her right index finger and left hand.

A doctor at a local clinic said Schyan's bite wound was infected and prescribed antibiotics. By May 20, the blistering rash spread to Schyan's arms and scalp, then to other body parts. Her right eye, inflamed from rubbing, was swollen and runny. Two days later, the Kautzers drove 30 miles to Marshfield Clinic, which tested Schyan for every disease prairie dogs are known to carry. All came back negative. Meanwhile, the prairie dog that bit Schyan died. Fearing rabies, the vet sent its head to a state lab for testing; the results were negative. He also sent one of the animal's swollen lymph glands to Marshfield's pathology lab.

At the hospital, Tammy and her husband, Steve, kept a round-the-clock vigil in Schyan's room. "We cried," says Tammy. "And although I'm not a religious person, I prayed. The worst moment came when Schyan asked, 'Mommy, am I going to die?' Of course, I said no, but I was so afraid. All I could do was cry and sleep."

As dermatologist John Melski gently examined the virulent blisters on the girl's skin, he says, "All I knew for certain was that I didn't know what she had, so I had to keep looking." That meant a skin biopsy, and yet another painful needle poke. A pathology team, summoned on a Sunday afternoon, rushed to process the biopsy. By 9 p.m. they had eliminated

a long list of possible suspects, including plague. "We strongly suspected a virus, but we didn't know which one," says Dr. Melski, who prescribed the antiviral drug acyclovir in the hope that it might help. The little girl also received fluids, breathing assistance, IV feeding and various medications to lower her temperature.

By May 26, Schyan was well enough to sit up in bed and eat. But the next

day her mom came down with a fever, sweats and sore throat. She had the same telltale blisters clustered around a cat scratch that had allowed the virus to enter her. "She was delighted because we could do skin biopsies on her rather than on Schyan," says Dr. Melski. "I got more tissue to analyze with an electron microscope. That was the pivotal thing."

On June 4 the high-tech images identified the pathogen as an orthopox virus, although they didn't know which one. Within days, pathologists at Marshfield and the federal Centers for Disease Control and Prevention pinpointed the culprit: monkeypox, a deadly but less contagious cousin of smallpox that had never been seen outside Africa.

"We live in a smaller, more dangerous world," says Dr. Martin Blaser, president of the Infectious Diseases Society of America. "A disease like monkeypox or West Nile virus can jump from an obscure village in Africa

The worst moment was when Schyan asked, "Mommy, am I going to die?"

halfway around the world in a matter of days or weeks." Medical detectives traced the outbreak to infected giant Gambian rats imported from Ghana, which had been kept in a cage adjacent to a group of prairie dogs.

"We were lucky," says Dr. Melski. "The only people who got sick (72 suspected cases in six Midwestern states) had direct contact with a prairie dog or someone who had skin lesions." Except for a damaged tear duct (from rubbing her eye while infected), Schyan recovered completely and went home on May 29. Both her parents, who developed milder symptoms, improved quickly. The family and their pets remained under quar-

tine for several weeks. Acting jointly, the CDC and the Food and Drug Administration banned the import of all rodents from Africa as well as the sale and distribution of prairie dogs.

"In hindsight, we learned valuable lessons," says Dr. Melski. "Given the world we've created, you can't dismiss the threat of an infectious disease no one has ever seen before. It could happen anywhere any day. And yes, next time it could be worse."

The Mystery Man

When flu-like symptoms appear out of nowhere, it may take detective work to identify possible suspects. In one man's case, no one knew the culprit

How to Know If It's Serious

WHY IS IT THAT SO MANY SERIOUS DISEASES, from meningitis to malaria, start out with "flu-like" symptoms? How is a patient to know whether it's something that will resolve itself or something that could turn deadly?

"People call a lot of things 'the flu,' and nine times out of ten, they're wrong," says Brian Currie, an infectious disease specialist at Montefiore Medical Center in New York. "Influenza has a very sudden and dramatic impact." Symptoms hit hard and fast, but they do not include vomiting or diarrhea. "Stomach flu," Dr. Currie explains, is a misnomer. And don't assume there is no need to worry if it's "just the flu": If you're not significantly better in three days, call your doctor. Because of the dangers of flu complications and other infectious diseases that produce flu-like symptoms, seek medical help if any of the following occur:

- severe symptoms that continue for more than four or five days
- difficulty breathing
- a persistent cough that produces phlegm or blood-tinged mucus
- an extremely high fever
- uncontrollable shaking or chills
- extreme muscle achiness that makes it hard or painful to move
- a severe headache or stiff neck
- swelling of joints or extremities
- cognitive changes, such as problems remembering things that just happened or confusion about familiar people or places
- a rash; bumps, blisters or sores may first appear in the area of an animal scratch or bite.

until his wife recalled that he had recently spent a day on one of his favorite outdoor activities: fly-fishing.

John Gray, a retired computer specialist at the Air Force Academy in Colorado Springs, wasn't feeling great in July 2003, but he wasn't going to let a cold or flu keep him from his sprawling family's annual reunion in Tennessee. Tall and fit, he'd hardly been sick a day in his life. "My husband's full of charm," says his wife, Dorothy, "but he's also bullheaded."

Despite John's fever and chills, on July 24 they started the 1,500-mile car trip east. But John felt worse with every passing mile. When they finally found an emergency room, doctors diagnosed an ear infection and pre-

scribed an antibiotic. It all seemed pretty routine, and after a day's rest, the Grays pressed on to John's sister's home in Blountville, Tennessee.

But as more than 100 relatives gathered nearby, John stayed in bed with a high fever, nausea, vomiting and diarrhea. A red rash began spreading over his legs, upper chest and shoulders. He became increasingly disoriented and confused. Alarmed, his older sister, Jean Williams, drove the Grays to Wellmont Holston Valley Medical Center. "He was acting kind of goofy," says Robin Peavler, the emergency room physician who examined John. "His mental train kept going off the tracks." He looked for the usual suspects behind mental con-

Ways to Protect Yourself

"**BEING ALERT TO THE DANGERS**, as well as practicing commonsense measures for prevention, can go a long way toward saving lives," says Brian Currie, an infectious disease specialist at Montefiore Medical Center in New York.

Make self-defense part of your routine. Clean your hands several times throughout the day. Use alcohol-based hand rubs and gels. Check the label to make sure they contain 60%-95% isopropanol or ethanol. Ordinary soap and water will work, but you don't have to use very hot water or antibacterial soaps. Use moisturizing lotion, as dry, cracked skin can let in viruses more easily.

Take extra precautions during flu season. Get a flu shot if you haven't already. Spend as little time as possible in crowds, especially in closed spaces, such as elevators and airplanes. Keep your distance from sneezers and coughers. Don't touch your eyes, mouth or nose after being with someone with flu-like symptoms. If you become sick, stay home from work, school and errands. Cover your mouth and nose with a tissue when coughing or sneezing. Use antiviral tissues. Don't drink alcohol, which depresses white blood cells and increases the risk of developing bacterial pneumonia in flu sufferers.

Avoid potential sources of infection. Use insect repellent when outdoors. Keep your distance from exotic animals at petting zoos or pet stores. In choosing a pet, stay away from imported or captured animals. Take extra precautions if you travel to a country that's had cases of bird flu or other deadly infections.

fusion, until a spinal tap signaled an infection in the brain or central nervous system. John was admitted to the hospital immediately. "I remember him looking at me and saying, 'I love you,' as if it was going to be the last time," Dorothy says.

Eventually he was diagnosed with encephalitis, an inflammation of the brain. Its cause was a mystery. Because the Grays came from Colorado, the Tennessee team speculated John might have contracted Rocky Mountain spotted fever, a deadly infectious disease carried by ticks. "His wife tugged at my sleeve, saying, 'It wasn't a tick; it was a mosquito,'" says Rhonda Morgan, a clinical nurse specialist. While fly-fishing a few days before their trip, John had been bitten behind the ear by a mosquito, which he'd killed with a quick slap. "A light bulb went off in my head," recalls Morgan, who suggested a special blood test for West Nile virus, which mosquitoes transfer from infected birds to humans. The disease, once limited to Africa, first appeared in the United States in 1999.

As they waited for results, John's condition deteriorated. As his lungs filled with fluid, he struggled to breathe. A chest x-ray confirmed that he had an often fatal complication called adult respiratory distress syndrome. Unable to breathe on his own, he was put on a ventilator for 11 days. "I couldn't leave him," his wife recalls. Several days later the test results confirmed the first-ever case of West Nile virus in Tennessee. "At that point John was still in dire straits, but at least he wasn't getting worse," says Morgan.

After two weeks in the ICU, he was transferred, first to a less restrictive intensive-care room, next a general medical floor and then a rehabilitation facility. When he finally left the hospital, John had one goal: to return to Colorado. "A lot of people in Colorado got West Nile that summer, and most of the deaths were people over age 65," John observes. "I say I'm an answer to prayers. The congregations of all my brothers' and sisters' churches were praying for me. They're one of the reasons I'm here today."

SOMETIMES YOU JUST CAN'T HELP YOURSELF

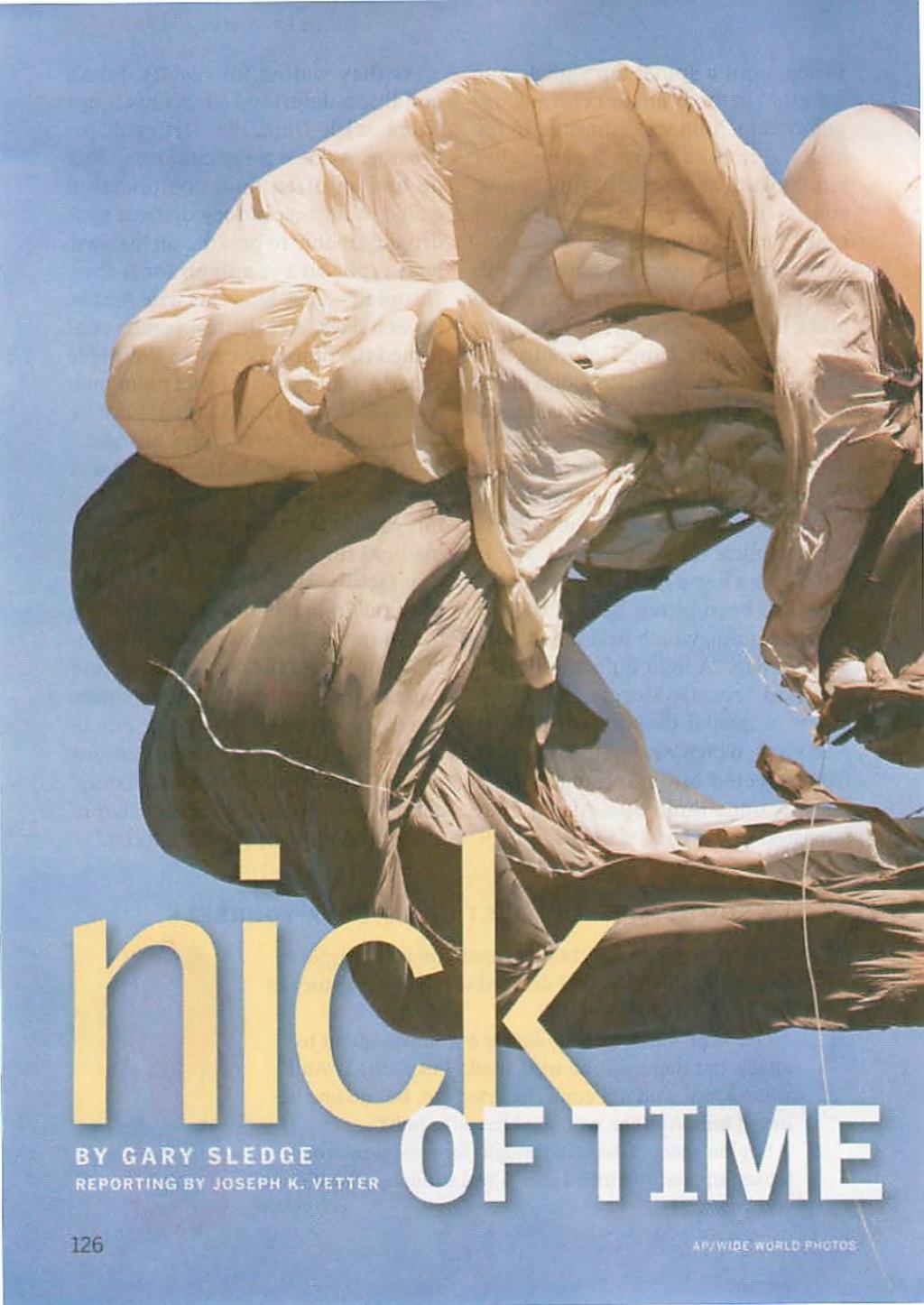
My four-year-old daughter is wonderful in all respects, except one: She fibs. So I decided to tell her the story of the boy who cried wolf.

"He kept warning the villagers a wolf was about to attack, but there was no wolf at all," I explained. "And when a real wolf did come, he cried out. But no one believed him. And the wolf ate him. Silly, huh?"

Sophie seemed deep in thought for a moment, then looked up and reminded me, "I was eaten by a wolf once, you know."

VAL KEOGH



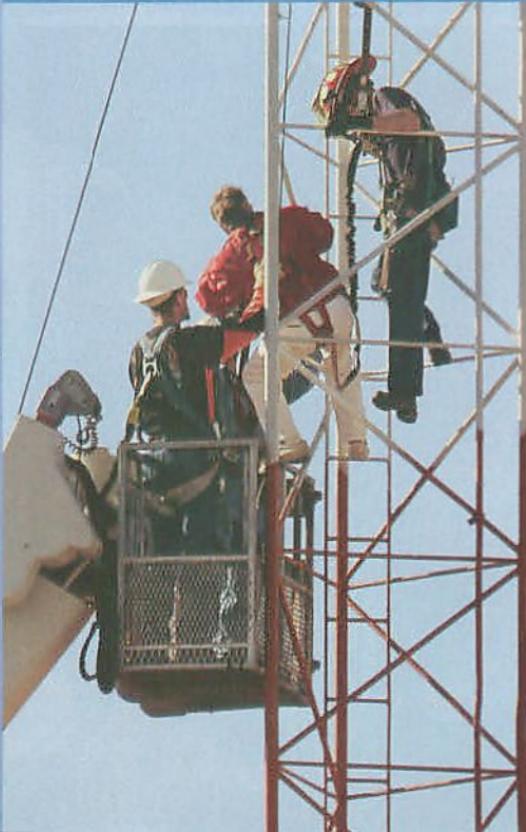


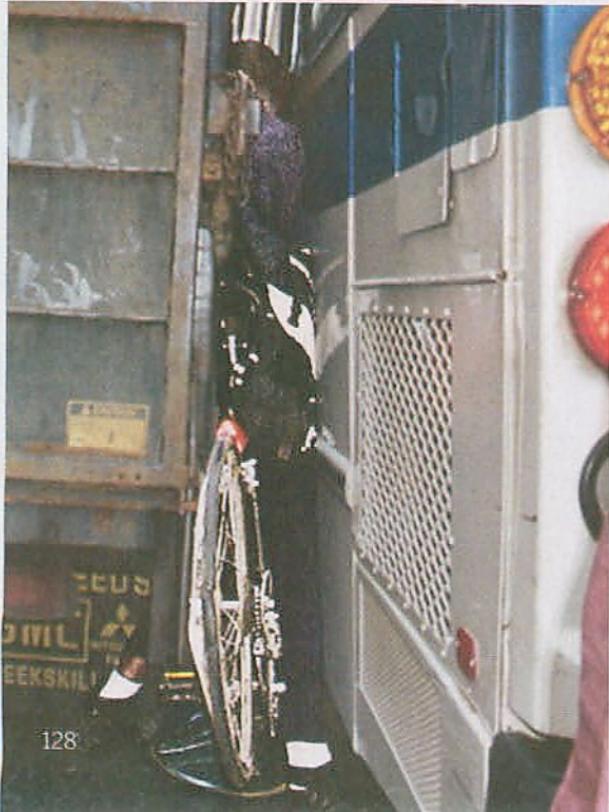
nick OF TIME

BY GARY SLEDGE
REPORTING BY JOSEPH K. VETTER

UP, UP, BUT NOT AWAY

Nearly 700 feet in the air, a hot-air balloon tangled around a radio tower. The gondola with three people aboard swung loose in the wind. Troy Wells, 14, from Rio Rancho, New Mexico, and 10-year-old Aaron Whitacre of Tucson, Arizona, got the ride of their lives at the Albuquerque International Balloon Fiesta in October 2004. Pilot Bill Chapel took the boys up for a short trip in "Smokey Bear" when a sudden gust blew the balloon into the tower. Chapel grabbed a support and held on while the boys climbed out. All three made their way down a ladder inside the structure until met by the rescuers who assisted them to the ground.





SQUOOSH

Sure, Lance Armstrong is fast, but can he handle big league traffic? New York City messengers do it every day. And knowing when to stop is important. On April 21, 2005, Doucoure Adama, 21, was racing up Madison Avenue, shooting the gap between a truck and a city bus. Then the truck suddenly stopped and the gap closed—but Adama found the sweet spot less than a foot wide. No yellow jersey for Adama—but he's alive.



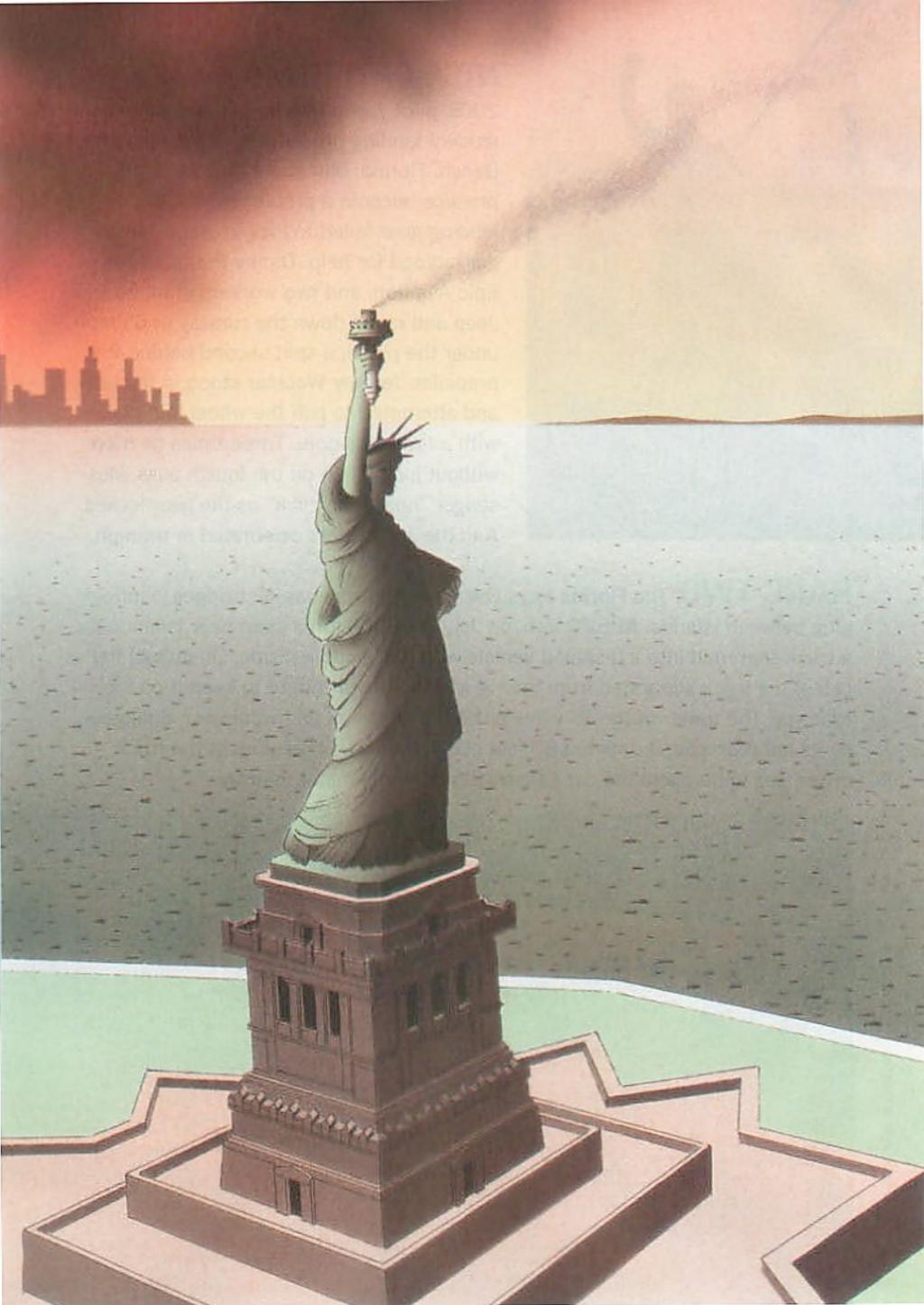
NICE CATCH! On September 16, 2005, pilot Jason Messenger was teaching a student landing procedures at New Smyrna Beach, Florida, Municipal Airport. Then practice became a problem—his Cessna's landing gear failed to lock in place. Messenger radioed for help. Danny Perna, owner of Epic Aviation, and two workers grabbed a Jeep and raced down the runway at 65 mph under the plane, a split second behind the propeller. Jeremy Webster stood in the back and attempted to pull the wheel into place with a fireman's pole. Three times he tried without luck. Then on the fourth pass, Messenger "heard the click" as the gear locked. And the Jeep riders celebrated in triumph.

ROGER SIMMS/DAYTONA BEACH NEWS-JOURNAL

HANG TWO The Florida Keys Overseas Highway has 42 bridges leapfrogging between islands. At 6:20 a.m. on July 26, 2004, on a span near Islamorada, a truck slammed into a disabled vehicle with four people inside. On impact the cab of the truck separated from the rig and the driver fought to keep it on the roadway. The trailer of the 18-wheeler hit the guardrail and went over. Snagged by its left rear axle, it dangled 80 feet above the sea. Miraculously, the truck driver was unhurt and the car passengers had only minor injuries.



AP/WIDE WORLD PHOTOS





Keeping
America
Safe

Mr. President, We Need To Talk

Yes, I worry about terrorists blowing up a train or a chemical plant. But only one threat keeps me up at night.

BY J. PETER SCOBIE

ILIVE LESS than two miles from the White House. From my seventh-floor apartment I can look south from my living room window and see much of metropolitan Washington. To the east I can just make out the dome of the Capitol; directly ahead is the Washington Monument. It's a vista that has inspired me many times during my seven years here. But some nights, when I turn out the lights before

bed, I'm struck with a far darker thought: the realization that it could all disappear in little more time than it took me to flip the switch. I don't sleep particularly well on those nights.

Instead, I think about the one thing that could change America forever: a nuclear weapon. Only a nuclear blast could, in an instant, vaporize downtown Washington and obliterate Congress, the White House and most of our federal government. Only a nuclear blast could, in a heartbeat, erase New York's financial district, shutting down markets and thousands of businesses in the world's economic center. Only a nuclear blast could, in a nanosecond, wipe out the port of Long Beach, California, halting national commerce and international trade.

But you know what horrifies me even more? Four years into the war on terror, we're treating the possibility of nuclear devastation as if it were just one more attack to guard against. Excuse me, Mr. President, but that's way beyond dangerous. It's crazy.

The list of things we're worried about is long: from suicide bombers in malls, to hijacked planes turned into missiles, to packages exploding on buses or trains. These sorts of attacks, using regular explosives, could kill or

seriously injure hundreds, even thousands. We need to guard against them. But the blunt truth is, compared to a nuclear explosion, conventional terrorism is a far lesser evil.

When bombs exploded on a bus and three subway trains in London last July, killing 56 people, it was a terrorist attack that made headlines worldwide. Yet almost immediately afterward, it was business as usual for the British. "London, like New York, gets back to normal fairly quickly," Professor Michael Clarke of King's College told American journalists. Within a month, public transportation was running smoothly again. The cost of the damage will likely reach several billion

dollars—not a small amount, but not one that would shatter the British economy.

In America, the attacks of September 11 took 3,000 lives—a tragic blow. The damage cost us billions as well, and probably lengthened a recession that was already underway. But within weeks, we were behaving much as we had been on September 10—shopping in stores, going to ball games, movies and restaurants. By spring of 2002, our economy was growing again at a brisk pace. It's been popular to say that "everything changed" for

“This single act of terrorism would change America forever.”

America after September 11. But that's just not so.

For my part, amid the shock I felt on September 11 came a wave of relief. At the time, I was the editor of a magazine devoted to the threat from chemical, biological and nuclear weapons. Osama bin Laden and his cronies, I thought, had tipped their hand. Had they waited until they had a nuclear capability, they could have dealt us a near-fatal blow. Instead, we were now on our guard, and the problem of proliferation would finally rise to the top of the agenda.

It did. But not in the way I hoped. In the run-up to the Iraq war, chemical, biological and nuclear weapons became lumped together under the phrase "weapons of mass destruction." Our very language suggested they were all equal threats.

Because they are relatively easy and cheap to build, chemical weapons are sometimes called the poor man's atomic bomb. Please. When our Homeland Security Council recently looked at 13 terrorist scenarios, it estimated that an airplane that sprayed a packed football stadium with a blister agent—a liquid that can cause serious burns and respiratory problems—would kill 150 people. The economic impact would be relatively

modest—about \$500 million—and recovery would take only a matter of weeks. And that's a pretty sophisticated attack. The fact is, it's hard to get "mass destruction" from a chemical weapon.

A BIOLOGICAL ATTACK could be scarier, mainly because diseases can continue to spread well after the initial "strike." Smallpox has long spooked biowatchers. But models by researchers at MIT and Yale predict that we could contain a smallpox outbreak through mass vaccinations. Plus, we now have 300 million doses of smallpox vaccine, which is enough for every man, woman and child in America.

Anthrax, another bogeyman of bioterrorism experts, worries me even less. It's not contagious and can be treated with antibiotics. A scenario described by the Homeland Security Council, in which terrorists attack five metropolitan areas using trucks that spray anthrax spores, would likely kill thousands. That's horrible, but nowhere close to the casualties from a nuclear explosion. In 2001, when a more primitive attack spread powdered anthrax through the mail, only five people died.

Don't get me wrong: I want us to do all we can to protect the country from

Amid the
shock I felt
on 9/11
came a wave
of relief.

UNION

chemical and biological attacks. But neither would destroy the fabric of America. So, in the end, these are threats I can live with.

BUT A NUCLEAR ATTACK—that's the terror strike that *would* change everything. If a terrorist detonated a nuclear weapon in an American city that had the potency of the bomb we dropped on Hiroshima (and a crude terrorist device could have that much explosive power), the result would be catastrophic. Everything within one-third of a mile would be immediately destroyed. Beyond that, up to a mile out, there would be fatal doses of radiation and raging fires. Those who lived would face a plume of radioactive fallout that would contaminate 3,000 square miles.

The number of dead would probably range into the hundreds of thousands. As many or more survivors would have to leave their homes permanently. The overall blow to our national economy would total into the trillions.

That's frightening enough. But then there would be the psychological and political fallout. After the attacks of September 11, the country essentially adopted a war footing, accepting dramatically increased spending on se-

curity, putting aside domestic priorities, and even giving up certain civil liberties in order to feel safer. I can imagine the response to an attack that was immeasurably worse.

My guess is that random vehicle stops, "sneak and peek" searches, and police and FBI interrogations will seem like a small price to pay to prevent another nuclear attack. Our ability to address pressing problems, such as health care and public education, would shrink dramatically as cleanup and reconstruction occupied our energies. We'd also have to redirect resources from the military to the homeland, leaving us far less able to deal with crises abroad. In nearly every respect, the United States would be a totally different place. And that I can't live with.

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Terrorists have carried out surveillance of Russian nuclear sites.

||

MR. PRESIDENT, we know there's very little we can do to respond to a nuclear attack—the worst damage is done instantly. This means our emphasis has to be prevention.

And that's where there's hope. A terrorist group cannot produce the plutonium or highly enriched uranium needed to make a bomb. It takes large, advanced facilities. So terrorists would need to steal a nuclear weapon whole

or swipe the material to make one.

If we can safeguard the world's existing nuclear weapons and material, then we will have taken a huge step toward averting nuclear terrorism.

I need to know that your Administration is doing everything possible to secure loose nukes. We know there are 300 tons of poorly protected nuclear material in the former Soviet Union; we know that Al Qaeda wants a nuclear weapon; and Russian officials acknowledge that terrorists have surveilled their nuclear sites. Yet while we spent \$40 billion on homeland security last year, we spent only \$1 billion securing nuclear material. That's less than we spend in Iraq each week, and around one-third the funding recommended by a nonpartisan panel eight months *before* September 11.

True, we've made headway over the past decade. We've secured about half of the nuclear material that's been most vulnerable to theft. But much more work lies ahead.

The longer it takes to finish the job, the greater the chances terrorists will

add a nuke to their arsenals. What will protect us? Not a whole lot, I'm afraid.

We've got initiatives underway that are designed to stop a nuclear device from ever leaving a foreign port by ship. Once ships get here, we've got radiation detectors to screen the cargo. But we're still able to check only about three percent of containers that enter the United States. And once a nuke is in an American port, it could be detonated before it is screened—not to mention that highly enriched uranium is among the most difficult materials to detect. For that matter, what's to prevent a terrorist from evading our port defenses by landing a smaller ship elsewhere, or simply driving or walking across our borders with Canada and Mexico?

MR. PRESIDENT, a year ago you called nuclear weapons in the hands of terrorists the single greatest threat we face. You were right. So please put real muscle and urgency behind the gravest challenge we face. I could use a good night's sleep.

SHHH! I'M TALKING!

While watching a movie recently, I couldn't hear the dialogue over the chatter of the two women sitting in front of me. Unable to bear it any longer, I tapped one of them on the shoulder.

"Excuse me," I said. "I can't hear."

"I should hope not," she replied sharply. "This is a private conversation."



DAVID CARVER

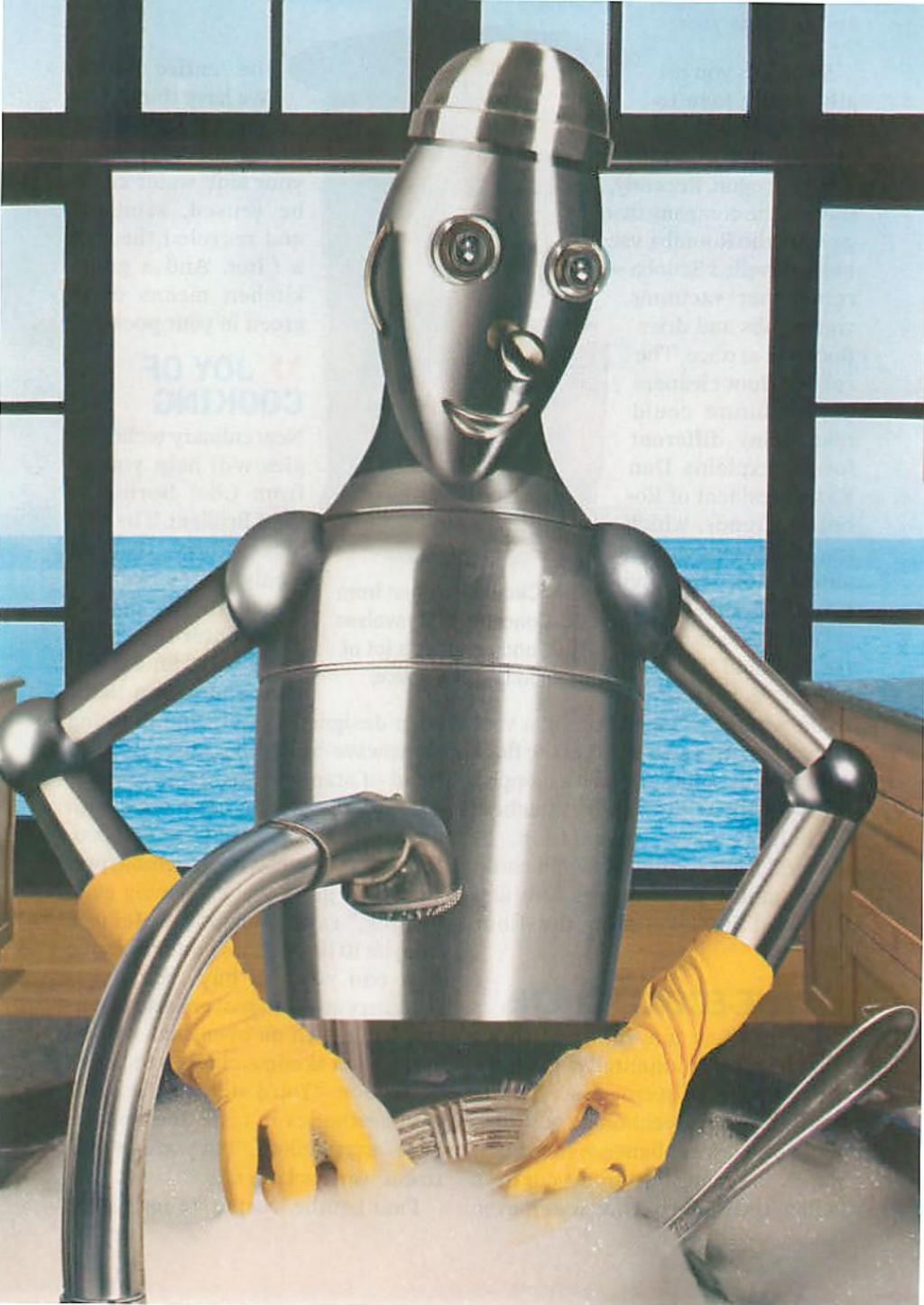
A Robot in the >>> Kitchen

In the years to come, machines will make mundane chores extinct

BY JOSEPH K. VETTER

MATT MASON HAS SEEN the future—and boy, is it fun. As director of the Robotics Institute at Carnegie Mellon University, Mason likes thinking about how machines can make our lives easier by taking over the tasks we hate, like mopping, scrubbing and cleaning. When it comes to the kitchen, he's confident that within just a few decades, robots will rule—doing most of the burdensome work and freeing us to sit back and relax. "Right now we think of the kitchen as a place for chores," says Mason. "But maybe we're in the process of discovering it as a place we can enjoy."





DO YOU DO THIS?

Dishes

So unless you really, *really* love to clean, you won't have to. The revolution has already begun. Recently, iRobot, the company that gave us the Roomba vacuum, unveiled Scooba—a robot that vacuums, wet-scrubs and dries floors all at once. The robotic floor cleaners of the future could take many different forms, explains Dan Kara, president of Robotics Trends, which tracks developments in automation. He envisions a floor-cleaning system that's built into the wall and blows debris to a part of the room where it's sucked up by a vacuum. Then the system sprays the floor with a soapy solution, and it's mopped up by an arm with a sponge attached.

"This is sheer speculation, of course," Kara admits, "but you could program it to come on at 3 a.m., and it would just wet-mop the floor for you."

» THE ECOKITCHEN

More than just fun, future kitchens will be environmentally friendly. Bruce Beihoff, director of Corporate Innovation and Technology at Whirlpool, foresees appliance systems that recycle the energy lost from your oven to heat the kitchen, your water, even



This Circular Kitchen from CC-Concepts LTD revolves 180° and provides a lot of kitchen in a tiny space.

the entire home. "We have things like this running in our labs today," he says. Even your sink water could be reused, sanitized and recycled through a filter. And a green kitchen means more green in your pocket.

» JOY OF COOKING

New culinary technologies will help you go from Chef Boring to Chef Brilliant. The best cooks know that an evenly heated skillet is crucial to the perfect sauté. Enter the "powdered bed," an experimental stovetop that's

been designed by Whirlpool. Using microwave-heated ceramic chips instead of standard gas flame or electric coil, the system heats pans with near-perfect balance and lets you control the heat level with incredible precision. "It gives you extremely even heating," says Whirlpool's Beihoff, "maybe 10 or 20 times better than the best pan you can buy today." Researchers at Whirlpool are also experimenting with an oven that will let you roast a skinless chicken to crispy perfection. "You'd still get the beautiful aesthetics in taste and appearance," says Beihoff, "but you'd be able to cut way back on fats."

Paul Leuthe, corporate marketing

manager for Wolf Appliance Company, says induction burners will be de rigueur. They use a magnetic field to heat up pans, bring water to a boil in half the time it takes now, and allow for slow cooking.

» e-REFRIGERATOR

"The refrigerator will be the hub of the home," says Daniel Lee, marketing director for LG Electronics. As technology evolves, the fridge will be an interactive touch-screen TV, where you'll watch favorite shows, surf the Web, check e-mail, keep a shopping list and order groceries for delivery.

"Your refrigerator is the first place you go in the morning and the last place at night," says Lee.

"So if you're trying to use time efficiently, it's where you want to go to get information."

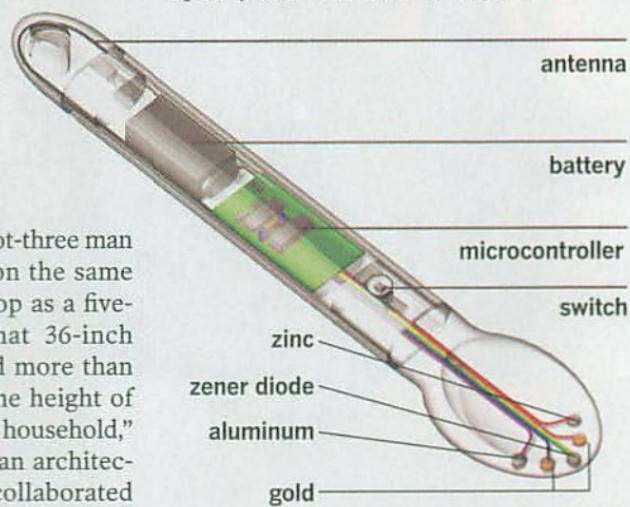
» COUNTER REVOLUTION

Ever wonder why a six-foot-three man has to chop vegetables on the same three-foot-high countertop as a five-foot-three woman? "That 36-inch standard was established more than 50 years ago, based on the height of the average woman in the household," explains Jane Langmuir, an architectural designer who has collaborated with Maytag. But times have changed, and everyone has different ideal work heights for separate tasks. Langmuir has designed an adjustable island, equipped with sink and cooktop, where "you press a button and it

moves to whatever height you want."

Meanwhile, Ted Selker and his colleagues at MIT's Counter Intelligence (CI) lab have designed a Dishmaker that lets you mold plates and bowls out of plastic discs. After each meal, the dishes are transformed back into discs—a real space saver in small apartments. Another CI special: the Softsink. Made of silicone, it prevents dishes from breaking. "I can throw a goblet into it and it just bounces around," claims Selker.

The goal of all these ideas is to let you revel in the warmth of your kitchen, but without the drudgery. Whoever—or whatever—will be cleaning the kitchens of the future, it's a pretty safe bet it won't be you. ■



Sensors on MIT's Intelligent Spoon are connected to a computer and measure temperature, acidity and other food properties. This smart utensil can even tell you when to add more salt!

Lori Lewis was relieved her son Bryan Dyer was off steroids. But what about the other football players?



MOM V. STEROIDS

**YOU DON'T MESS WITH TEXAS FOOTBALL.
BUT WHEN LORI LEWIS FOUND NEEDLES
IN HER SON'S ROOM, SHE WENT ON THE
OFFENSIVE.** | BY LYNN ROSELLINI

LORI LEWIS NEVER SET OUT to be a crusader. All she wanted that day in September 2004, rummaging through her son Bryan's closet, was to locate a pair of jeans to return to the mall. Instead, she spotted an unfamiliar travel bag. Curious, Lewis opened it and found a vial of liquid and syringes. It felt like someone punched her in the stomach. She thought her son was doing heroin.

Calling a local Walgreens, Lewis was relieved to learn that the drug was an anabolic steroid. Then she got mad.

Why would Bryan be taking steroids?

"Dude, your mom's looking for you."

Bryan Dyer, emerging from afternoon classes at Colleyville Heritage High School in the affluent Dallas, Texas, suburbs, looked over to where a friend was pointing. There at the curb, behind the wheel of her white Navigator, sat his mother. She looked furious.

"Get home now," she said.

Bryan, almost 17, a lanky six-footer who had played quarterback on the

"Why are you taking steroids?" she demanded.

Bryan stared, unable to speak. "Mom," he said finally, "the majority of the team is on them." Bryan explained that he had hoped to make varsity. His coaches and his father urged him to bulk up. Creatine and protein shakes didn't help. So using money he had earned working at Applebee's, he purchased a \$200 vial of "Deca"—nandrolone decanoate—from a senior on

"COACHES TELL US TO GET BIGGER, STRONGER, FASTER. THEY DON'T TELL US HOW. THEY JUST TELL US TO DO IT."

junior varsity football team the year before, was an outgoing kid who made A's and B's. Like most boys in Colleyville, he favored jeans, sneakers, T-shirt and a ball cap pulled down over his face. His parents divorced when he was an infant, and he lived with his mother, stepfather, older brother and younger sister. Still, his dad, a former high school football star in nearby Arlington, had remained a presence in Bryan's life as he went through T-ball, Little League, peewee football, and on into high school sports. As for his mother, she and Bryan had been close since the divorce. But at that moment, he would have chosen to face a wall of linemen rather than her rage.

When he walked into the family room of their spacious home, his mom was waiting, vial and syringes in hand.

the team. For five weeks he injected himself in the hip.

Lewis broke in. "What were you thinking?"

"Mom," he said, "coaches tell us to get bigger, stronger, faster. They don't tell us how. They just tell us to do it."

Like many parents of teenagers, Lewis was well-versed in the dangers of alcohol, inhalants, pot—even Ecstasy. All she knew about anabolic steroids was that they were illegal. Later, she went online, quickly learning that regular use can lead to liver damage, cancer, heart disease and other physical problems, plus emotional effects like depression and "roid rage."

Bryan stopped the injections when his back broke out in acne, another common side effect. By the time his mother found the vial, he had been

steroid-free for months. But, Lewis wondered, how many other kids out there were taking the stuff?

"I'm calling the school!" she said.

"You can't!" Bryan insisted. "I'll be screwed!"

"Don't worry," his mother assured him. "Nobody will know it's you."

TO UNDERSTAND what happened next, it's important to appreciate the huge role played by high school football in Texas. The state's football teams are regularly among the country's best. It's not unusual for 20,000 people to jam stadiums on Friday nights, while TV cameras roll. These arenas, rivaling some colleges', can cost \$20 million, heavily funded by boosters who want to see their teams win. Successful coaches can earn six-figure salaries, and competition for these coveted positions is fierce.

From hardscrabble towns like Odessa, the setting for *Friday Night Lights*, the memorable exposé of high school sports, to the affluent Dallas suburbs, teen football heroes have rock star status. The pressure is highest at schools like Colleyville, which plays in one of the state's toughest districts. Two years ago, rival Southlake Carroll finished first not only in Texas—but in the nation. Many of the team's players got scholarships to play at powerhouse colleges.

Not surprisingly, some athletes seek anything for an edge. Across America, between 1991 and 2003, steroid use in high schools more than doubled. In

the 2004 Texas School Survey of Substance Abuse, over 41,000 Texas 7th-through 12th-graders said they had used the drugs. Many teens find them readily available through local dealers or online.

And since few schools test for steroids, kids don't have to worry about being discovered. "Other than pedophilia, it's the most secretive behavior I've encountered," says Charles Yesalis, a Penn State University professor who has studied steroid use for 28 years. Even school officials are in denial, he says. "If I had \$100 for every time a coach or principal told me, 'It's a problem, but not in our school,' I'd have a Ferrari sitting in my driveway."

The day after her discovery, Lewis telephoned Colleyville's assistant principal, Ted Beal. She related Bryan's story, and Beal said he would check into it. A few hours later, he called back. There was no problem, football coach Chris Cunningham assured him.

"That's it?" said Lewis.

Without further evidence, Beal told her, there was nothing he could do.

Lewis was livid. They want me to go away, she thought. This 40-year-old mother was no radical. Her political activism went no further than a stint on the board of the elementary PTA, and some campaign work for Colleyville's mayor and George W. Bush.

God knows, she thought, I'm all for high school sports. But I'm not for kids putting themselves in danger. How could it possibly be worth it? The next day, she called the Colleyville *Courier*.

Over the following week, reporter

Scott Price and editor Charles D. Young gathered information from students, coaches and school officials. On October 1, the paper carried the story on the front page. Without identifying Lewis, Price wrote: "It did not take long to validate this mother's concerns. The *Courier* found knowledge of steroid use at all area high schools."

Within days, the *Dallas Morning News* was calling. By now Bryan wished he'd never heard of steroids. "It's no one else's business!" he shouted. "Why do you have to go public?" But once Lori Lewis set her mind on something, she rarely backed down. "This is gonna save the life of somebody, somewhere," she told him.

IN EARLY FEBRUARY, the *Dallas Morning News* headlined a page-one series, "The Secret Edge: Steroids in High Schools."

Reporters confirmed substantial steroid use in North Texas high schools and devoted a lengthy article to a football player named "Patrick"—a pseudonym for Bryan.

Frantic, Bryan reached his mother on her cell phone. "Mom, they're calling me 'Patrick,'" he said. His cover was blown. A local dealer was after him, he heard, and varsity football players were planning to rough him up. Someone left a threatening message: "I'm going to beat your ass!"

The school district's executive director of administration, Steve Trachier, had sent an e-mail to senior school officials in September terming Lewis's allegations "unfounded."

Coach Cunningham called her a "liar." "You've got a crazy mom looking for someone to blame for her problem," he told the *Morning News*. (He later apologized publicly for his remarks.)

At night, Lewis lay in bed wondering, What have I done?

Lori's husband, Jack, was her biggest supporter, but he stayed in the background, shielding their eight-year-old daughter, McKenna, from publicity. Now even Jack was frustrated, calling Colleyville "Colleywood" for its backbiting ways. "People are judging you about things you did that were right," he told her. "You can't stop now!"

Nine athletes, most of them football players, eventually confessed to steroid use, proving their coach wrong. (There is no evidence that Cunningham or other coaches were aware of the drug use.) Still, Lewis had few supporters. Neighbors stopped speaking to her. Mothers of Bryan's schoolmates, whom she had known since their kids were four years old, cut her dead at the supermarket.

The final blow? She and Bryan weren't getting along. "Great, Mom, you've ruined my life!" he said. When the threats continued, they agreed he should transfer to a private school.

THIRTY MILES AWAY in Plano, Texas, two people silently applauded Lewis. Don and Gwen Hooton took a special interest in the *Morning News* stories. The Hootons' 17-year-old son, Taylor, had committed suicide in 2003. A cheerful and gregarious boy, Taylor had taken steroids in an effort to im-

prove his baseball game. He lapsed into depression after quitting, and his parents blamed steroids for his death. (See "Dying to Play Ball," RD, July '04.)

Since then, Don Hooton has become a national spokesman in the anti-steroid effort, crisscrossing the country to warn parents, coaches and kids. "You've done the right thing," he told Lewis. Stick to your guns, he said, but don't expect to make friends. In Hooton's own community, near the home of Dallas Cowboys legend Troy Aikman, critics attacked him in letters to the editor and spread false rumors that his son had been doing other drugs like meth and Ecstasy.

No more worrying what people thought. I'm not in a popularity contest, Lewis realized. I'm here to fight this epidemic. In late April, she filed a lawsuit charging Coach Cunningham with slander. A few days later, she testified before a legislative subcommittee in favor of a bill requiring

drug testing of high school athletes.

In May, Lewis appeared before the Colleyville school board. And then, an extraordinary thing happened: The board unanimously approved random drug testing of students who participate in extracurricular activities. "It will not only serve as a deterrent," said a school spokesperson, "but will also reinforce that we will not tolerate drug use of any kind."

So far, no other districts in the area have followed suit. But Lewis does not intend to let the matter drop.

As for Bryan, he turned out for football at his new school—and quickly became the team's star wide receiver. He also plays cornerback on defense, and recently caught the eye of a recruiter from a college in Ohio. And he did it all without steroids.

"I'm better off now," he says. "And happier too."

rd.com Should high school athletes be tested for drugs? Sound off at rd.com/community.

OH, THE WEATHER OUTSIDE IS FRIGHTFUL ...

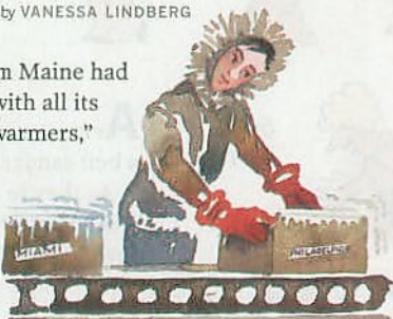
Joe Herndon of the Temptations came to a stunning realization while performing in North Dakota in the dead of winter. "This place is cold!" he said. "This is where cold is made and sent to other places."

From The Fargo Forum, submitted by VANESSA LINDBERG

Friends of ours, Sam and Ruth, from Maine had just bought a car when winter hit with all its fury. "I wonder if the car has seat warmers," Ruth wondered.

"It does," said Sam, looking through the owner's manual. "Here it is: rear defrosters."

DALE DUTTON



LAUGHTER, THE BEST MEDICINE

"SUSIE, DO you know your numbers?" the teacher asks.

"Yup," she says. "My dad taught me."

"What comes after three?"

"Four," Susie answers.

"Great. And tell me what number comes after six?"

"Seven."

"Excellent," Susie's teacher says. "Your dad did a good job. Now, what's after ten?"

"Jack."

DOCTORS are planning for the first-ever face transplant. I hate to break it to the doctors, but I was at the Emmys. It's been done.

JAY LENO, *The Tonight Show (NBC)*



Let It Snow

Funny

How do snowmen travel?

By icicle.

Funnier

What did Frosty's girlfriend do when she was mad at him?

She gave him the cold shoulder.

Funniest

Why are there only snowmen and no snow-women?

Because only men are crazy enough to stand out in the snow all winter.

AFTER A HARD DAY AT WORK, a circular saw and a belt sander go to their favorite bar.

As they're relaxing, some other power tools join them. The saw turns to the sander and says, "You know the drill, don't you?"

Submitted by KARL GREEN

ILLUSTRATED BY BOB ZAHN

JIM ARRIVES home to find his wife lying on the floor in a pool of sweat. He rushes over and rouses her. It's then that he notices that she's wearing a parka and a mink.

"Are you okay? What are you doing?" he asks.

"You've been promising to paint the living room for months now," she explains groggily. "I wanted to prove that I could do just as good a job as you, and faster too."

"Well, it does look like you did a good job," Jim says, looking around. "But why are you all bundled up?"

"I know how to read," she snaps. "The can said 'For best results put on two coats.'"

Submitted by CORA M. BOGGS

TWENTY PERCENT of this year's high school seniors in California flunked the state's graduation exam. Educators are still trying to calculate how many passed. BEN WALSH

Your favorite new joke or one-liner might be worth \$\$\$\$. Click on "Submit a Joke" at rd.com or see page 10 for details.

MAN, times have officially changed since I was a kid. I was at the mall with my daughter when we saw a man with a patch over his eye. My daughter said to me, "What is he trying to quit?" BUZZ NUTLEY

AL'S ASSETS are going down the drain as the market takes a nosedive. Depressed, he goes to church.

"Grab your Bible and drive to the ocean," the minister advises. "Sit at the water's edge and open the Bible. The wind will ruffle the pages, but eventually it'll stay open. Read the first words your eyes fall on and they will tell you what to do."

Al does as he is told. When the pages stop moving, his eyes fall on the words that are meant for him.

A year later, Al returns to see the minister wearing a \$1,000 suit and driving a new Jag. He hands the minister a thick envelope. "Please accept this donation for the church," he says. "Thanks for your advice."

"What words did you see that brought you such fortune?" the minister asks.

"Chapter 11."

Can You Top This?

Q: How do you make friends with a computer?

A: Bit by bit.

Yeah, we know it's bad—show us how it's done. E-mail your funniest original punch line to us at comedy@rd.com, subject: January, 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.

So what has six eyes but can't see? The winning punch line for November came from Darren Baker of St. Louis, Missouri. A: Three men in a house with dirty dishes in the sink, laundry that needs to be folded and kids that need a bath.

HEART ATTACK AT 55 MPH



"Mom, call 911. Something's wrong with Dad."

BY ANITA BARTHOLOMEW

JOSE AND MARIA LE GRAND, and their two children, Blake, 14, and Alexis, 6, had just spent a long Memorial Day weekend at Jose's parents' home in New Jersey. For this close-knit New York City family, it had been a pleasant respite from the noise and hustle. But now it was time to head home. Jose, 44, dressed casually in a Yankees jersey, knew the highways would be clogged with weekend partyers later that Monday, so he packed up the fam-

ily early. They said their goodbyes and were well on their way by 7:30 a.m. in the Le Grand's white Ford Expedition.

Just as they approached the entrance to the Pulaski Skyway, a silver Mercedes-Benz directly in front of their SUV slowed to almost a complete stop. After a moment, Jose Le Grand beeped his horn. The Mercedes lurched forward. Then it drifted from right to left across the lanes—and kept on going.

Jose gave Maria a worried look. "It's kind of early to be driving drunk," he said as he watched the car weave up

the on-ramp. The Mercedes in front of them lurched again. Once on the skyway, there was no shoulder for three and a half miles, as the elevated roadway spanned two rivers. "Stay back," said a concerned Maria, "in case we have to make a quick stop."

Jose slowed until he was about ten car lengths behind what he was now convinced was a very drunk driver. The big foreign sedan swayed across the two northbound lanes. Then, bam! It slammed into the wall separating traffic, bounced off, and drifted to the right.

Maria implored her husband to get away from the weaving car. If the Mercedes wiped out at 55 mph, as seemed likely, the Le Grand family, traveling behind it, would be in danger too.

"I'm going to try to get in front of it," Jose assured her, as the Mercedes hit the median again, and careened back into the lane. Back and forth it went in a drunken dance.

Maria turned to the children in the backseat. As calmly as she could, she explained what they planned to do. "Make sure you have your seat belts on."

AT ABOUT TEN MINUTES to eight that same morning, Grace Sato's cell phone rang. Her daughter, Reiko, age 8, had spent the weekend with her father, Joseph Balagot, Grace's ex-husband. She was due home later that morning. Taking the call, Grace was surprised to hear her little girl crying hysterically.

"Mom, call 911. Something is wrong with Dad," said Reiko between sobs. "He's not moving. He's not talking."

"Is he sleeping?" Grace asked, not understanding why her daughter sounded so upset.

"I don't know," Reiko screamed into the phone.

Grace couldn't figure out what to make of her child's distress. "Where are you?" she asked.

"We're on the Pulaski now."

It took a moment to sink in. They were in the car? On the Pulaski Skyway? Joseph must have fallen asleep while driving. No, that was inconceivable. He'd never do anything to put his daughter in danger.

Reiko told Grace that her dad had been holding his chest, and Grace immediately understood. Her ex-husband had a heart condition. How many times had she scolded him for not taking his medicine?

She listened with increasing alarm as her little girl described how the car had hit the median. She said that her father's head had banged against the driver's-side window. His hands had dropped from his chest. He had become very still. Saliva was at the corners of his mouth.

Reiko had climbed into the front passenger seat and tried to steer the car, but she didn't know how. And it just kept on going.

Trying to quell her own rising panic, Grace told her daughter to stay on the line. With her free hand, she reached for the other phone and dialed 911.



The Le Grands put themselves at risk to stop a runaway car.

JOSE LE GRAND WAITED until the silver Mercedes in front of him had momentarily settled into the left lane. Then he gunned his Expedition's engine. When they were about a car length behind, he looked down into the other vehicle.

For a split second, he didn't know what to make of the surreal scene: A little girl in the front seat frantically screamed into a cell phone. But the view that stunned him as he passed the car was of the driver—a man slumped to the right over the wheel, apparently unconscious.

"Oh, my God, Maria," he said. "I think he had a heart attack."

Jose kept accelerating to pass the Mercedes, which seemed to be moving with a will of its own. It went faster as if to outrun him, hitting speeds of 55 to 60 mph.

The driver's foot must still be

weighing on the gas pedal, Jose realized. If somebody didn't do something quickly, the little girl in the Mercedes would be killed.

Glancing behind him at his own six-year-old daughter in the backseat, Jose felt a rush of guilt. What if it were his child in the runaway car?

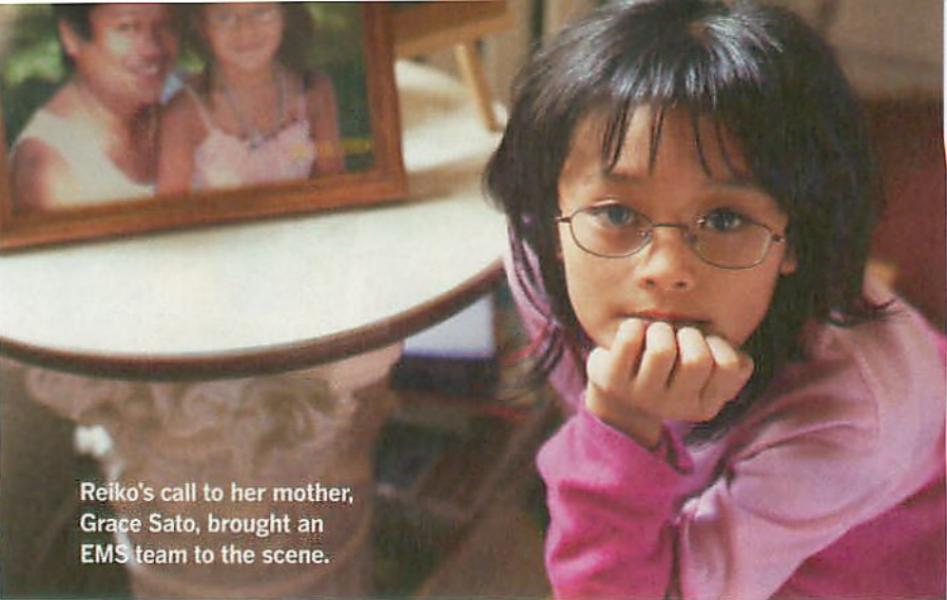
He explained to his wife that he'd never forgive himself if he didn't do something. "I've got to stop that car," Jose said.

"Hang on," he told his family.

He pulled back into the left lane, directly in front of the big silver sedan. There was only one way to stop this thing. He'd have to let it ram the SUV.

As his wife called 911 and, close to hysteria, tried to explain what they had seen, Jose calculated how to stop the Mercedes without causing an accident or harming his family.

He lifted his foot off the acceler-



Reiko's call to her mother, Grace Sato, brought an EMS team to the scene.

tor. The big sedan kept coming, kept accelerating, kept swaying. Jose stayed in front of it, gauging its speed as his own car slowed. The Mercedes closed in on the SUV. Closer ... closer ... until it plowed into the Expedition. The shock of the impact threw Jose forward against the steering wheel.

His kids screamed, and his wife cried out. The driverless Mercedes was now pushing them down the Pulaski. Jose felt a twinge of fear, but he kept his cool.

He threw the big Ford into neutral; the Mercedes and the SUV continued barreling down the skyway in tandem. He had to slow it down.

He shifted into low gear. The two vehicles began to decelerate. Jose pumped the brakes—more and more until, finally, he was able to bring both cars to a complete stop at a bend in the skyway.

Other cars whizzed by them as Jose jumped from the driver's seat. He ran back to the Mercedes. He reached in to check the driver's vital signs. No pulse. No signs of breathing.

Looking around for an instant, Jose realized they had ended up in a dangerous spot. Vehicles wouldn't see them clearly until they came around the bend. This was an accident waiting to happen. He'd have to move quickly.

SEVERAL MILES AWAY in her Jersey City home, with her frantic daughter on one line and the 911 emergency operator on the other, Grace Sato felt utterly helpless.

Then, between sobs, Reiko was able to tell her mother about the Expedition in front of her father's car. The driver had let their car collide with his, then slowed it to a stop. Now the

people in the big Ford were coming to help.

Grace heard someone talking to Reiko. The man from the SUV was trying to get Reiko to help open the door of the Mercedes, so he could pull her out to safety. Grace listened to the good Samaritan's voice in the background. She did not know if her ex-husband was alive or dead, but at least, it seemed, someone was trying to help Reiko.

And then Grace heard a woman scream. The words were loud and frightening enough to cut through her daughter's sobs: "A bus, a bus! Run!"

JOSE, RUN!" cried Maria. "There's a bus coming, there's a bus coming."

A huge tour company bus, like the ones that shuttle people back and forth to Atlantic City casinos, was coming around the bend in the road—a blind spot on the Pulaski Skyway.

Just 100 yards behind them, it was traveling very fast in the left lane, the same lane where they were stopped. Would the driver see them in time? If not, the massive motor coach probably had enough force behind it to crush both stopped vehicles.

Jose had planned to pull the little girl out, but traffic had prevented him from getting her door open in time. His own two children were now at immediate risk in the backseat of his SUV. Jose raced back to the Expedition, got in, and floored it.

The bus kept coming. It looked

like it was going to crash into the Mercedes.

Just 15 or 20 feet behind the car with the little girl inside, the mammoth motor coach finally swerved into the right lane. It blasted past with such speed and force that it shook the Le Grands' SUV. Maria and Alexis screamed.

Jose, now another 50 or more feet down the skyway, put his Expedition back into park, ready to return to the Mercedes and to try to save the child inside.

As he jumped out of his car a second time, he saw that the Mercedes-Benz was on the move once again, coming back at them. In the rush and confusion, he hadn't turned the engine off.

He dashed back behind the wheel of the SUV, but before he could put it into gear, the Mercedes crashed into them again. Ignoring the jolt, Jose hit the brakes hard. The two cars slowed and, once again, came to a halt.

Wasting no time, Jose raced back to the Mercedes, slammed the car into park and then grabbed the little girl. She was crying hysterically, and he could not get her seat belt to unbuckle.

At last, he simply yanked the small child through the belt, then ran back to his SUV with her in his arms. He slid her into the backseat with Alexis and Blake. While Maria gave the 911 operators an update, little Alexis tried to comfort Reiko, who was still weeping. She took one of her stuffed bears and placed it in the child's arms, and her sobs diminished.

POLICE AND EMS WORKERS arrived in minutes. Jose Le Grand helped administer CPR to the unconscious driver, but he was past hope. Joseph Balagot was pronounced dead at 8:44 a.m.

Grace Sato got to the scene moments later. Frantic, but holding back tears, she jumped over the median into the confusion of whirling police lights and stopped cars. "Where's my daughter?" she cried. A man in a Yankees jersey pointed the way.

Reiko was crying and had a gash on her forehead, but otherwise the child

seemed unhurt. She reached for her mother. Grace embraced her little girl and carried her to the car. Each of them was too overcome with emotion to speak.

At the hospital, Grace heard the sad news about her ex-husband. But her daughter was alive. It was a miracle, of the man-made kind. And, to Jose Le Grand, whose heart was as big as his mind was quick, Grace Sato will be forever grateful.

rd.com Hear the actual calls to 911 operators at rd.com/runawaycar.

LET YOUR FINGERS DO THE WALKING

The Yellow Pages are unique in that they're laid out with hyphenated headings atop each page, i.e., Brass-Brick. The good folks at The Washington Post think there's more than meets the eye here and asked their readers to concoct definitions for these headings.

Attorneys-Audiologists: Lawyers who guarantee they'll get you a hearing.

Banquet-Beauty: A euphemism for a plus-size woman.

Billing-Blood: A loan shark's late-payment fee.

Carpet-Catastrophic: The text message you don't want to receive from home when your friend is house-sitting your very old dog.

Cellular-Chalkboards: Wireless phones with particularly annoying ring tones.

Financial-Fire: For when cooking the books didn't work well enough.

Foam-Foods: The nation's top supplier of airline meals.

Rubber-Safe: Where the bank puts the bounced checks.

Ever Wonder...

where the first sliced bread and other famous foods got their names?

BY EVAN MORRIS
FROM "FROM ALTOIDS TO ZIMA"

IT WASN'T the best thing since sliced bread. It was the first sliced bread sold nationally, period. Consumers had long been slicing bread themselves (the alternative being to simply gnaw on the loaf), and any store-bought bread before the late 1920s was unsliced.

But even Wonder Bread wasn't sliced at first. Created in 1921 by the Taggart Baking Company of Indianapolis, Indiana, the new bread was almost ready for market when the question of a name arose. Vice presi-



dent Elmer Cline happened to attend a balloon race one day. The sight of dozens of brightly colored hot-air balloons in the sky filled him with, as he later said, "wonder." Wonder Bread was born without further ado. Cline, in fact, was so impressed with the sight of those balloons that he covered his new product's wrapper with

red, yellow and blue balloons (still the Wonder package design today).

You might think that a product combining balloons, bread and a sense of wonder couldn't get any better. But in 1933 Wonder introduced the very first pre-sliced loaf of bread to America's consumers, the popularity of which is reflected in that phrase "the best thing since sliced bread."

Birds Eye

Birds Eye The logo of a leading maker of frozen foods features a stylized bird with a prominent eye. But the brand name has little to do with birds. Muskrats, maybe.

Born in Brooklyn in 1886, Clarence Birdseye—one word—spent his summers on a Long Island farm. At age ten, he combined his love of the outdoors with a little free enterprise: He trapped and sold muskrats, then used the proceeds to buy a shotgun. A few years later, strapped for cash while at Amherst College, Clarence began sell-



ing rats to a Columbia University scientist. Eventually he made a discovery: Fish and game frozen quickly in winter tasted better than those frozen more slowly in milder weather.

In 1923, he froze rabbit and fish fillets in candy boxes, using dry ice. Soon he established the General Seafoods Company to further market his foods. A few years later, he sold the company to General Foods, which changed the brand name "Birdseye" to "Birds Eye." Clarence favored the change, noting that "Birds Eye" was the original form of his family name: An ancestor had saved the life of an English queen by shooting an attacking hawk in the eye.

Altoids

Altoids These peppermint lozenges in the little tins were introduced in 19th-century London not as breath fresheners but as a remedy for indigestion. One ad run by Smith & Company, the manufacturer, even made it clear that having dinner without Altoids on hand was courting gastric disaster: "One or two taken after meals will stop any poisonous fermentation."

Altoids were originally sold through pharmacies. Smith & Company tacked the scientific-sounding *oid* suffix (from the Greek, meaning "in the form of") onto their product, and the *alt* is said by the manufacturer to derive from the Latin word for "change." A more logical source would be the Latin *altus* or "high," making Altoid equivalent to "the highest or best."

HELP PREVENT ANOTHER HEART ATTACK.

Ask about Coreg

If you've had a heart attack that reduced how well your heart pumps (known medically as left ventricular dysfunction or LVD), adding a heart medication called COREG to your current treatment could help prevent another one. COREG is FDA approved to increase your chance of survival when taken over time. COREG reduces your heart's workload to help it pump better. Protecting your heart helps protect your life. So ask your doctor if adding COREG is right for you. You can get more information on the web at www.coreg.com or by calling 1-877-350-COREG (1-877-350-2673).

It is important for patients to take their medicine every day as directed by their doctors or health care providers. Patients taking COREG should avoid stopping therapy abruptly. With certain beta-blocking agents, stopping therapy abruptly has led to chest pain and, in some cases, heart attack. If their doctor decides that they should stop taking COREG, their doctor or health care provider may slowly reduce their doses over a period of time before stopping it completely.

Some common side effects associated with COREG include shortness of breath, a slow heartbeat, weight gain, fatigue, hypotension, dizziness or faintness. People taking COREG who have any of these symptoms should call their doctor. Additionally, if patients experience fatigue or dizziness, they should sit or lie down and avoid driving or hazardous tasks. Beta-blockers may mask the symptoms of low blood sugar or alter blood sugar levels. People with diabetes should report any changes in blood sugar levels to their physician. Contact lens wearers may produce fewer tears or have dry eyes. As with any medicine, patients taking COREG should also first tell their doctor what other medications they are taking.

As with any medicine, there are some people who should not take COREG. The people who should not take COREG include those with severe heart failure who are hospitalized in the intensive care unit. Also, people who require certain intravenous medications that help support their circulation (inotropic medications) should not receive COREG. Other people who should not take COREG are those who are prone to asthma or other breathing problems, those with a very slow heartbeat or heart that skips a beat (irregular heartbeat), and those with liver problems. For more information on COREG, visit www.coreg.com.

COREG is a registered trademark of GlaxoSmithKline.

 **GlaxoSmithKline**

 **Together Rx Access**
Programs to help you afford your prescription drugs
DODGE DAVIS MEMBER'S NAME

COREG
Carvedilol

help protect your heart

BRIEF SUMMARY

COREG® (carvedilol) Tablets

The following is a brief summary only; see full prescribing information for complete product information.

INDICATIONS AND USAGE: **Congestive Heart Failure** Treatment of mild-to-severe heart failure of ischemic or cardiomyopathic origin, usually in addition to diuretics, ACE inhibiting, and digitalis, to increase survival and, also, to reduce the risk of hospitalization (see CLINICAL TRIALS in complete prescribing information). **Left Ventricular Dysfunction Following Myocardial Infarction** To reduce cardiovascular mortality in clinically stable patients who have survived the acute phase of a myocardial infarction and have a left ventricular ejection fraction of >40% (with or without symptomatic heart failure) (see CLINICAL TRIALS in complete prescribing information). **Hypertension:** For the management of essential hypertension. It can be used alone or in combination with other antihypertensive agents, especially thiazide-type diuretics (see PRECAUTIONS, Drug Interactions).

CONTRAINDICATIONS: Patients with bronchial asthma (2 cases of death from status asthmaticus have been reported in patients receiving single doses of COREG) or related bronchospastic conditions, second- or third-degree AV block, sick sinus syndrome or severe bradycardia (unless a permanent pacemaker is in place), or in patients with cardiogenic shock or who have decompensated heart failure requiring the use of intravenous inotropic therapy. Such patients should first be weaned from intravenous therapy before initiating COREG. Use of COREG in patients with clinically manifest hepatic impairment is not recommended. COREG is contraindicated in patients with hypersensitivity to any component of the product.

WARNINGS: Cessation of Therapy with COREG: Patients with **coronary artery disease**, who are being treated with COREG, should be advised against abrupt discontinuation of therapy. Severe exacerbations of pain and the occurrence of myocardial infarction and ventricular arrhythmias have been reported in angina patients following the abrupt discontinuation of therapy with β -blockers. The last dose of COREG should be given with a warning concerning exacerbation of the angina pectoris. As with other β -blockers, when discontinuation of COREG is planned, the patients should be carefully observed and advised to limit physical activity to a minimum. COREG should be discontinued over 1 to 2 weeks whenever possible. If the angina worsens or acute coronary insufficiency develops, it is recommended that COREG be promptly reinstated, at least temporarily. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue COREG therapy abruptly even in patients treated only for hypertension or heart failure (See DOSAGE AND ADMINISTRATION in complete prescribing information.)

Peripheral Vascular Disease: β -blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals.

Anesthesia and Major Surgery: If treatment with COREG is to be continued perioperatively, particular care should be taken when anesthetic agents which depress myocardial function, such as ether, cyclopropane, and trichloroethylene, are used. See OVERDOSAGE section in complete prescribing information for information on treatment of bradycardia and hypertension. **Diabetes and Hypoglycemia:** In general, β -blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Nonselective β -blockers may potentiate insulin-induced hypoglycemia and delay recovery of serum glucose levels. Patients sensitive to spontaneous hypoglycemia, or diabetic patients receiving insulin or oral hypoglycemic agents, should be cautioned about these possibilities. In congestive heart failure patients, there is an increased risk of hypoglycemia (see PRECAUTIONS). **Thyrototoxicosis:** β -adrenergic blockade may mask clinical signs of hyperthyroidism. Abnormal thyroid function tests of β -blockade may be followed by an exacerbation of the symptoms of hyperthyroidism or, on withdrawal of β -blockade, by a return to normal thyroid function.

PRECAUTIONS: General: In clinical trials, COREG caused bradycardia in about 2% of hypertensive patients, 9% of congestive heart failure patients, and 65% of myocardial infarction patients with left ventricular dysfunction. If pulse rates drop below 55 beats/minute, the dosage should be reduced. In clinical trials of primarily mild-to-moderate heart failure, hypotension and postural hypotension occurred in 9.7% and syncope in 3.4% of patients receiving COREG compared to 3.6% and 2.5% of placebo patients, respectively. The risk for these events was highest during the first 30 days of dosing, corresponding to the up-titration period and was a cause for discontinuation of therapy in 0.7% of COREG patients, compared to 0.4% of placebo patients. In a long-term, placebo-controlled trial in severe heart failure (COPERNICUS), hypotension and postural hypotension occurred in 15.1% and syncope in 2.9% of heart failure patients receiving COREG compared to 8.7% and 2.3% of placebo patients, respectively. These events were a cause for discontinuation of therapy in 1.1% of COREG patients, compared to 0.8% of placebo patients. Postural hypotension occurred in 1.8% and syncope in 0.1% of hypertensive patients, primarily following the initial dose or at the time of dose increase and was a cause for discontinuation of therapy in 1% of patients. In the CAPRICORN study of survivors of an acute myocardial infarction, hypotension or postural hypotension occurred in 20.2% of patients receiving COREG compared to 12.6% of placebo patients. Syncope was reported in 3.9% and 1.9% of patients, respectively. These events were a cause for discontinuation of therapy in 2.5% of patients receiving COREG, compared to 0.2% of placebo patients. To decrease the likelihood of syncope or excessive hypotension, treatment should be initiated with 3.125 mg twice daily for congestive heart failure patients, and at 6.25 mg twice daily for hypertensive patients and survivors of an acute myocardial infarction with left ventricular dysfunction. Dosage should then be increased slowly, according to recommendations in the DOSAGE AND ADMINISTRATION section (see complete prescribing information). The drug should be taken with food. During initiation of therapy, the patient should be cautioned to avoid activities as driving or hazardous tasks, where injury could result should syncope occur. Rarely use of carvedilol to treat patients with congestive heart failure has resulted in deterioration of renal function. Patients at risk appear to be those with low blood pressure (systolic blood pressure <100 mm Hg), ischemic heart disease and diffuse vascular disease, and/or underlying renal insufficiency. Renal function has returned to baseline when carvedilol was stopped. In patients with these risk factors it is recommended that renal function be monitored during up-titration of carvedilol and the drug discontinued or dosage reduced if a worsening of renal function occurs. Worsening heart failure or fluid retention may occur during up-titration of carvedilol. If such symptoms occur, diuretics should be increased and the carvedilol dose should not be advanced until clinical stability resumes (see DOSAGE AND ADMINISTRATION in complete prescribing information). Occasionally it is necessary to lower the carvedilol dose or temporarily discontinue it. Such episodes do not preclude subsequent successful titration, or a favorable response to carvedilol. In a placebo-controlled trial of patients with severe heart failure, worsening heart failure during the first 3 months was reported to a similar degree with carvedilol and with placebo. When treatment was maintained beyond 3 months, worsening heart failure was reported less frequently in patients treated with carvedilol than with placebo. Worsening heart failure observed during long-term therapy is more likely to be related to the patients' underlying disease than to treatment with carvedilol. In patients with pheochromocytoma, an α -blocker agent should be initiated prior to the use of any β -blocking agent. Although carvedilol has both α - and β -blocking pharmacologic activities, there has been no experience with its use in this condition. Therefore, caution should be taken in the administration of carvedilol to patients suspected of having pheochromocytoma. Agents with non-selective β -blocking activity may provoke chest pain in patients with Prinzmetal's variant angina. Patients have had a favorable experience with carvedilol in these patients although the α -blocking activity may present such symptoms. However, caution should be taken in the administration of carvedilol to patients suspect of having Prinzmetal's variant angina. In congestive heart failure patients with diabetes, carvedilol therapy may lead to worsening hypoglycemia, which responds to intensification of hypoglycemic therapy. It is recommended that blood glucose be monitored when carvedilol dosing is initiated, adjusted, or discontinued. **Risk of Anaphylactic Reaction:** While taking β -blockers, patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction. **Nonallergic Bronchospasm (e.g., chronic bronchitis and emphysema):** Patients with bronchospastic disease should, in general, not receive β -blockers. COREG may be used with caution, however, in patients who do not respond to, or cannot tolerate, other antihypertensive agents. It

is prudent, if COREG is used, to use the smallest effective dose, so that inhibition of endogenous or exogenous β -agonists is minimized. In clinical trials of patients with congestive heart failure, patients with bronchospastic disease were enrolled if they did not require oral or inhaled medication to treat their bronchospastic disease. In such patients, it is recommended that carvedilol be used with caution. Dosing recommendations should be followed closely and the dose should be lowered if any evidence of bronchospasm is observed during up-titration. **Information for Patients:** Do not interrupt or discontinue using COREG without a physician's advice. Congestive heart failure patients should consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath. They may experience a drop in blood pressure when standing, resulting in dizziness or, rarely, fainting. Patients should sit or lie down when these symptoms of lowered blood pressure occur. If patients experience dizziness or fatigue, they should avoid driving or hazardous tasks. They should consult a physician if they experience dizziness or faintness, in case the dosage should be adjusted. They should take COREG with food. Diabetic patients should report any changes in blood sugar levels to their physician. Contact lens wearers may experience decreased acuity.

Drug Interactions: (Also see CLINICAL PHARMACOLOGY, Pharmacokinetic Drug-Drug Interactions in complete prescribing information.) **Inhibitors of CYP2D6:** poor metabolizers of debrisoquine. Interactions of carvedilol with strong inhibitors of CYP2D6, such as quinidine, fluoxetine, paroxetine, and propafenone have not been studied, but these drugs would be expected to increase the blood levels of the (R)-enantiomer of carvedilol (see CLINICAL PHARMACOLOGY in complete prescribing information). Representative data of side effects in clinical trials showed that poor 2D6 metabolizers had a higher rate of dizziness during up-titration, presumably resulting from vasodilating effects of the higher concentrations of the (S)-blocking (Rx) enantiomer. **Catecholamine-depleting agents:** Patients taking both agents with β -blocking properties and a drug that can deplete catecholamines (e.g., reserpine and monoamine oxidase inhibitors) should be observed closely for signs of hypotension and/or severe bradycardia.

Clonidine: Concomitant administration of clonidine with agents with β -blocking properties may potentiate blood-pressure and heart-rate-lowering effects. When concomitant treatment with agents with β -blocking properties and clonidine is to be terminated, the β -blocking agent should be discontinued first. Clonidine therapy can then be discontinued several days later by gradually decreasing the dosage.

Cyclosporine: Modest increases in mean trough cyclosporine concentrations were observed following initiation of carvedilol in 21 renal transplant patients suffering from chronic vascular rejection in about 30% of patients, the dose of cyclosporine had to be reduced in order to maintain cyclosporine concentrations within the therapeutic range, while in the remainder no adjustment was needed. On the average for the group, the dose of cyclosporine was reduced about 20% in these patients. Due to wide interindividual variability in the dose adjustment required, it is recommended that cyclosporine concentrations be monitored closely after initiation of carvedilol therapy and that the dose of cyclosporine be adjusted as needed.

Digoxin: Digoxin serum concentrations are increased by about 15% when digoxin concentrations are administered with carvedilol. Both digoxin and COREG slow AV conduction. Therefore, increased monitoring of digoxin is recommended when initiating, adjusting, or discontinuing COREG.

Inducers and inhibitors of hepatic metabolism: Enzyme inducers and/or inhibitors of carvedilol by about 70%. Cytokinetic increased AUC by about 30% but caused no change in plasma (R)- and (S)-carvedilol concentrations.

Calcium channel blockers: Isolated cases of conduction disturbance (transient heart block) and/or hypotension have been observed when COREG is co-administered with diltiazem. As with other agents with β -blocking properties, if COREG is to be administered orally with calcium channel blockers or the verapamil or diltiazem type, it is recommended that ECG and blood pressure be monitored. **Insulin or oral hypoglycemics:** Agents with β -blocking properties may enhance the blood-sugar-reducing effect of insulin or oral hypoglycemics. Therefore, in patients taking insulin or oral hypoglycemics, regular monitoring of blood glucose is recommended. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In 2-year studies conducted in rats given carvedilol at doses up to 75 mg/kg/day (12 times the maximum recommended human dose [MRHD] when compared on a mg/m² basis) or in mice given up to 200 mg/kg/day (16 times the MRHD on a mg/m² basis), carvedilol had no carcinogenic effect. Carvedilol was never tested in a battery of genotoxicity assays, including the Ames and the CHO/HGPRT assays for mutagenicity and the *in vitro* hamster micronucleus and *in vivo* human lymphocyte cell tests for clastogenicity. At doses \geq 200 mg/kg/day (\geq 32 times the MRHD as mg/m²) carvedilol was toxic to adult rats (reduced weight gain) and was associated with a reduced number of successful matings, prolonged mating time, significantly fewer corpora lutea and implants per dam, and complete resorption of 18% of the litters. The no-observed-effect dose for toxicity over 12 months of fertility was 60 mg/kg/day (10 times the MRHD as mg/m²). **Pregnancy: Teratogenic Effects:** Pregnancy Category C. Studies performed in pregnant rats and rabbits given carvedilol revealed no evidence of teratogenic effects. In rats at doses up to 75 mg/kg/day (12 times the MRHD as mg/m²) there was a dose-dependent decrease in body weight and a dose-related increase in the relative toxic dose. In rabbits at doses of 75 mg/kg/day (25 times the MRHD as mg/m²) there was a dose-dependent decrease in body weight at the maximum toxic dose of 300 mg/kg/day (50 times the MRHD as mg/m²), which was accompanied by an elevation in the frequency of fatalities with delayed skeletal development (missing or started 12th rib). In rats the no-observed-effect level for developmental toxicity was 80 mg/kg/day (10 times the MRHD as mg/m²) in rabbits it was 15 mg/kg/day (5 times the MRHD as mg/m²). There are no adequate and well-controlled studies in pregnant women. COREG should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers:** It is not known whether this drug is excreted in human milk. Studies in rats have shown that carvedilol and/or its metabolites (as well as other β -blockers) cross the placental barrier and are excreted in breast milk. There was increased mortality at one week post-partum in neonates from rats treated with 60 mg/kg/day (10 times the MRHD as mg/m²) and above during the last trimester through day 22 of lactation. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from β -blockers, especially bradycardia, 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. The effects of other α - and β -blocking agents have included perinatal and neonatal distress.

Pediatric Use: Safety and efficacy in patients younger than 18 years of age have not been established. **Geriatric Use:** Of the 765 patients with congestive heart failure randomized to COREG in US clinical studies, 31% (235) were 65 years of age or older, and 7.3% (56) were 75 years of age or older. Of the 1,156 patients randomized to COREG in a long-term, placebo-controlled trial in severe heart failure, 47% (547) were 65 years of age or older, and 15% (174) were 75 years of age or older. Of 3,025 patients receiving COREG in congestive heart failure trials worldwide, 42% were 65 years of age or older. Of the 975 patients in the CAPRICORN study, 31% (303) were 65 years of age or older, and 7.3% (56) were 75 years of age or older. Of 1,111 patients receiving COREG in hypertension clinical trials worldwide, 24% were 65 years of age or older. With the exception of dizziness in hypertensive patients (incidence 8.8% in the elderly vs. 5% in younger patients), no overall differences in the safety or effectiveness (see Figures 2 and 4 in complete prescribing information) were observed between the older subjects and younger subjects in each of these populations. Similarly, other reported clinical experience has not identified differences in response between the elderly and younger subjects, but greater sensitivity of some older individuals cannot be ruled out.

ADVERSE REACTIONS: COREG has been evaluated for safety in patients with congestive heart failure (mild, moderate, and severe heart failure), in patients with left ventricular dysfunction following myocardial infarction and in hypertensive patients. The observed adverse event profile was consistent with the pharmacology of the drug and the health status of the patients in the clinical trials. Adverse events reported for each of these patient populations are provided below. Excluded are adverse events considered too general to be informative, and those not reasonably associated with the use of the drug because they were associated with the condition being treated or are very common in the treated population. Rates of adverse events were generally similar across demographic subsets (men and

women, elderly and non-elderly, blacks and non-blacks). **Congestive Heart Failure:** COREG has been evaluated for safety in congestive heart failure in more than 4,500 patients worldwide of whom more than 2,100 participated in placebo-controlled clinical trials. Approximately 60% of the total treated population in placebo-controlled clinical trials received COREG for at least 5 months and 30% received COREG for at least 12 months. In the COMET trial, 1,511 patients with mild-to-moderate heart failure were treated with COREG for up to 5.3 years. Both in US clinical trials in mild-to-moderate heart failure that compared COREG in daily doses up to 100 mg (n = 765) to placebo (n = 437), and in a multinational clinical trial in severe heart failure (COPERNICUS) that compared COREG in daily doses up to 50 mg (n = 1,156) with placebo (n = 1,133), discontinuation rates for adverse experiences were similar in carvedilol and placebo patients. In placebo-controlled clinical trials, the only cause of discontinuation >1%, and occurring more often on carvedilol was dizziness (1.3% on carvedilol, 0.6% on placebo in the COPERNICUS trial). Table 1 shows adverse events reported in patients with mild-to-moderate heart failure enrolled in US placebo-controlled clinical trials, and with severe heart failure enrolled in the COPERNICUS trial. Shows are adverse events that occurred more frequently in drug-treated patients than placebo-treated patients with an incidence of >3% in patients treated with carvedilol regardless of causality. Median study medication exposure was 6.3 months for both carvedilol and placebo patients in the trials of mild-to-moderate heart failure, and 10.4 months in the trial of severe heart failure patients. The adverse event profile of COREG observed in the long-term COMET study was generally similar to that observed in the US Heart Failure trials.

Table 1. Adverse Events (% Occurrence) Occurring More Frequently with COREG Than With Placebo in Patients With Mild-to-Moderate Heart Failure Enrolled in US Heart Failure Trials or in Patients With Severe Heart Failure in the COPERNICUS Trial (Incidence >3% in Patients Treated with Carvedilol, Regardless of Causality)

	Mild-to-Moderate HF		Severe Heart Failure	
	COREG (n = 765)	Placebo (n = 437)	COREG (n = 1,156)	Placebo (n = 1,133)
Body as a Whole				
Asthenia	7	7	11	9
Fatigue	24	22	—	—
Digoxin level increased	5	4	2	1
Edema generalized	5	3	6	5
Edema dependent	4	2	—	—
Cardiovascular				
Bradycardia	9	1	10	3
Hypotension	9	3	14	8
Syncope	3	3	8	5
Angina Pectoris	2	3	6	4
Central Nervous System				
Dizziness	32	19	24	17
Headache	8	7	5	3
Gastrointestinal				
Diarrhea	12	6	5	3
Nausea	9	5	4	3
Vomiting	6	4	1	2
Metabolic				
Hyperglycemia	12	8	5	3
Weight increase	10	7	12	11
BUN increased	6	5	—	—
NPN increased	5	5	—	—
Hypercholesterolemia	4	3	1	1
Edema peripheral	2	1	7	6
Musculoskeletal				
Arthralgia	6	5	1	1
Respiratory				
Cough Increased	8	9	5	4
Phlegm	4	4	4	2
Vision				
Vision abnormal	5	2	—	—

Cardiac failure and dyspnea were also reported in these studies, but the rates were equal or greater in patients who received placebo. The following adverse events were reported with a frequency of <1% but >0.5% and more frequently with COREG in either the US placebo-controlled trials in patients with mild-to-moderate heart failure, or in patients with severe heart failure in the COPERNICUS trial. Incidence >1% to <3% **Body as a Whole:** Allergy, malaise, hypovolemia, fever, leg edema. **Cardiovascular:** Fluid overload, postural hypotension, aggravated angina pectoris, AV block, palpitation, hypertension. **Central and Peripheral Nervous System:** Hypesthesia, vertigo, paresthesia. **Gastrointestinal:** Melena, peritonitis. **Liver and Biliary System:** SGPT increased, SGOT increased. **Metabolic and Nutritional:** Hyperuricemia, hypoglycemia, hypotension, increased alkaline phosphatase, glycosuria, hypovolemia, diabetes mellitus. GGT increased, weight loss, hyperkalemia, creatinine increased. **Musculoskeletal:** Muscle cramps, Platlet, Bleeding and Clotting: Prothrombin decreased, purpura, thrombocytopenia. **Psychiatric:** Somnolence, Reproductive male: Impotence. **Special Senses:** Blurred vision. **Urinary System:** Renal insufficiency, albuminuria, hematuria. **Left Ventricular Dysfunction:** Following Myocardial Infarction: COREG has been evaluated for safety in survivors of an acute myocardial infarction with left ventricular dysfunction in the CAPRICORN trial which involved 995 patients who received COREG and 980 who received placebo. Approximately 75% of the patients received COREG for at least 5 months and 72% received COREG for at least 12 months. Patients were treated for an average of 12.9 months (range 0.5 to 5.3 years) with COREG and placebo, respectively. The most common adverse events reported with COREG in the CAPRICORN trial were consistent with the profile of the US heart failure trials in the COPERNICUS trial. The only additional adverse events reported in CAPRICORN in >3% of the patients and more commonly on carvedilol were dyspnea, anemia, and lung edema. The following adverse events were reported with a frequency of >1% but <3% and more frequently with COREG: flu syndrome, cerebrovascular accident, peripheral vascular disorder, hypotonia, depression, gastrointestinal pain, arthritis, and gout. The overall rates of discontinuations due to adverse events were similar in both groups of patients. In this database, the only cause of discontinuation >1%, and occurring more often on carvedilol was hypertension (1.5% on carvedilol, 0.2% on placebo). **Hypertension:** COREG has been evaluated for safety in hypertension in more than 2,193 patients in US clinical trials, and in 2,976 patients in international clinical trials. Approximately 35% of the total treated population received COREG for at least 6 months. In general, COREG was well tolerated at doses up to 50 mg daily. Most adverse events reported during COREG monotherapy in doses up to 50 mg (n = 1,142) to placebo (n = 462), 4.9% of COREG patients discontinued for adverse events vs. 5.2% of placebo patients. Although there was no overall difference in discontinuation rates, discontinuations were more common in the carvedilol group for postural hypotension (1% vs. 0%). The overall incidence of adverse events in US placebo-controlled trials was found to increase with increasing dose of COREG. For individual adverse events this could only be distinguished by dizziness, which increased in frequency from 2% to 5% as total daily dose increased from 6.25 mg to

50 mg. Table 2 shows adverse events in US placebo-controlled clinical trials for hypertension that occurred with an incidence of >1% regardless of causality, and that were more frequent in drug-treated patients than placebo-treated patients.

Table 2. Adverse Events in US Placebo-Controlled Hypertension Trials Incidence ≥1%, Regardless of Causality*

	Adverse Reactions	
	COREG (n = 1,142) % occurrence	Placebo (n = 462) % occurrence
Cardiovascular		
Bradycardia	2	—
Postural hypotension	2	—
Peripheral Edema	1	—
Central Nervous System		
Dizziness	6	5
Insomnia	2	1
Gastrointestinal		
Diarrhea	2	1
Hematologic		
Thrombocytopenia	1	—
Hypertriglyceridemia	1	—

*Shown are events with rate >1% rounded to nearest integer.

Dyspnea and fatigue were also reported in these studies, but the rates were equal or greater in patients who received placebo. The following adverse events not described above were reported as possibly or probably related to COREG in worldwide open or controlled trials with COREG in patients with hypertension or congestive heart failure. **Incidence >0.1% to ≤1%:** **Cardiovascular:** Peripheral ischemia, tachycardia. **Central and Peripheral Nervous System:** Hypokinesia. **Gastrointestinal:** Bilirubinemia, increased hepatic enzymes (0.2% of hypertension patients and 0.4% of congestive heart failure patients) were discontinued from therapy because of increases in hepatic enzymes; see Laboratory Abnormalities. **Psychiatric:** Nervousness, sleep disorder, aggravated depression, impaired concentration, abnormal thinking, paranoid, emotional lability. **Respiratory System:** Asthma (see CONTRAINDICATIONS). **Reproductive:** Male: decreased libido. **Skin and Appendages:** Pruritus, rash (including urticaria), acne, rash, acne vulgaris. **Urinary System:** Micturition frequency increased. **Autonomic Nervous System:** Dry mouth, sweating increased. **Metabolic and Nutritional:** Hypokalemia, hypertriglyceridemia. **Hematologic:** Anemia, G1 leukopenia. The following events were reported in <0.1% of patients and are potentially important: complete AV block, bundle branch block, myocardial ischemia, cerebrovascular disorder, convulsions, migraine, neuritis, paraparesis, anaphylactic reaction, alopecia, exfoliative dermatitis, amnesia, GI hemorrhage, bronchospasm, pulmonary edema, decreased hearing, respiratory alkalosis, increased BUN, decreased HDL, pantoproteinemia, and atypical lymphocytes. **Laboratory Abnormalities:** Reversible elevations in serum transaminases (ALT or AST) have been observed during treatment with COREG. Rates of transaminase elevations (2- to 3-times the upper limit of normal) observed during controlled clinical trials were generally higher than those observed in the open COREG trials, and were dose related. However, transaminase elevations, confirmed by rechallenge, have been observed with COREG. In a long-term, placebo-controlled trial in severe heart failure, patients treated with COREG had lower values for hepatic transaminases than patients treated with placebo, possibly because COREG-induced hepatic transaminases in cardiac function led to less hepatic congestion and/or improved hepatic blood flow. COREG therapy has not been associated with clinically significant changes in serum potassium, total triglycerides, total cholesterol, HDL cholesterol, uric acid, blood urea nitrogen, or creatinine. No clinically relevant changes were noted in fasting serum glucose in hypertensive patients; fasting serum glucose was not evaluated in the congestive heart failure clinical trials. **Postmarketing Experience:** Reports of aplastic anemia and severe skin reactions (Stevens-Johnson syndrome, toxic epidermal necrolysis, and erythema multiforme) have been received in patients taking COREG. These reactions may be associated coincidentally with other medications associated with such reactions. Urinary incontinence in women (which resolved upon discontinuation of the medication) and interstitial pneumonitis have been reported rarely.

DOSAGE AND ADMINISTRATION: Congestive Heart Failure: **DOSAGE:** **MUST BE INDIVIDUALIZED AND CLOSELY MONITORED BY A PHYSICIAN DURING UP-TITRATION.** Prior to initiation of COREG, it is recommended that fluid retention be minimized. The recommended starting dose of COREG is 3.125 mg twice daily for two weeks. Patients who tolerate a dose of 3.125 mg twice daily may have their dose increased to 6.25, 12.5, and 25 mg twice daily over successive intervals of at least two weeks. Patients should be maintained on lower doses if higher doses are not tolerated. A maximum of 50 mg twice daily has been administered to patients with mild-to-moderate heart failure weighing over 95 kg (187 lbs). Patients should be advised to the inability of treatment and to a possible increase in dosage increments, not to exceed 3.125 mg twice daily, within the first hour after dosing. Thus during these periods they should avoid situations such as driving or hazardous tasks, where symptoms could result in injury. In addition, COREG should be taken with food to slow the rate of absorption. Vasoconstrictor symptoms often do not require treatment, but it may be useful to separate the time of dosing of COREG from that of the ACE inhibitor or to reduce temporarily the dose of the ACE inhibitor. The dose of COREG should not be increased until symptoms of worsening heart failure or vasodilation have been stabilized. Fluid retention (with or without transient worsening heart failure symptoms) should be treated by an increase in the dose of diuretics. The dose of COREG should be reduced if patients experience bradycardia (heart rate = 55 beats/minute). Episodes of dizziness or fluid retention during initiation of COREG can generally be managed without discontinuation of treatment and do not require treatment with an antihypertensive agent. **Dysfunction Following Myocardial Infarction:** **DOSAGE:** **MUST BE INDIVIDUALIZED AND MONITORED DURING UP-TITRATION.** Treatment with COREG should be as an inpatient or outpatient and should be started after the patient is hemodynamically stable and fluid retention has been minimized. It is recommended that COREG be started at 6.25 mg twice daily and increased after 3 to 10 days, based on tolerability to 12.5 mg twice daily, then again to the target dose of 25 mg twice daily. A lower starting dose may be used (3.125 mg twice daily) and/or the rate of up-titration may be slowed if clinically indicated (e.g., due to low blood pressure or heart rate, or fluid retention). Patients should be maintained on lower doses if higher doses are not tolerated. The recommended dosing regimen need not be altered in patients who have had a myocardial infarction within the last 3 months. **Hypertension:** **DOSAGE:** **MUST BE INDIVIDUALIZED AND MONITORED DURING UP-TITRATION.** Treatment with COREG should be started at 6.25 mg twice daily. If this dose is tolerated, using standing systolic pressure measured about 1 hour after dosing as a guide, the dose should be maintained for 7 to 14 days, and then increased to 12.5 mg twice daily if needed, based on trough blood pressure, again using standing systolic pressure one hour after dosing as a guide for tolerance. This dose should also be maintained for 7 to 14 days and can be adjusted upward to 25 mg twice daily if tolerated and needed. The full antihypertensive effect of COREG is seen within 7 to 14 days. Total daily dose should not exceed 50 mg. COREG should be taken with food to slow the rate of absorption and reduce the incidence of orthostatic effects. Addition of a diuretic to COREG, or COREG to a diuretic, can be expected to produce additive effects and exaggerate the orthostatic component of COREG action. **Use in Patients with Hepatic Impairment:** COREG should not be given to patients with severe hepatic impairment (see CONTRAINDICATIONS).

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BRS-C0110

oid." Still made in Britain, Altoids were introduced here in the 1980s. Their popularity is due in part to a quirky ad campaign in 1995: "Nice Altoids!"

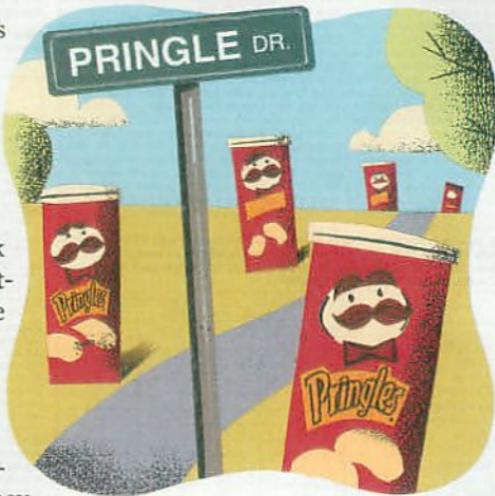
Pringles When it came to naming their new potato snack product in the late 1960s, the marketing folks at Procter & Gamble thought, Why not look at names that already exist? Pulling out the phone book for their hometown of Cincinnati, Ohio, they began skimming. In time, they hit the jackpot. In the suburb of Finneytown, they found a street named Pringle Drive.

Pringle ... Potato. That was it!

Perfectly round Pringles Potato Crisps hit America in 1968, stacked in a distinctive cylindrical can. Today they come in a range of flavors, and there are even Pringles-inspired tortilla chips, Torengos, which are perfectly triangular and come in—what else?—a long triangular can.

Sara Lee It was a catchy slogan set to a catchy tune (penned by Mitch Leigh, of *Man of La Mancha* fame) when it was introduced in 1968: "Everybody doesn't like something, but nobody doesn't like Sara Lee." It's still considered one of the most successful ad jingles ever. But it never told who Sara Lee was.

As it happens, Sara Lee was the daughter of Charles Lubin, owner of a chain of bakeries in Chicago in the 1930s. Lubin tested his recipes on her, and eventually renamed his business



The Kitchens of Sara Lee. In the 1950s, the company pioneered the sales of frozen baked desserts. Today, in addition to its bakery line, it also owns a slew of other brands, including Hanes, Bali, Wonderbra and Playtex, Kiwi shoe-care products, and Brylcreem.

Aside from appearing in a few television commercials, Sara Lee hasn't played a role in the company. She's now a grandmother and a philanthropist living on the East Coast.

Milk Duds At least they didn't call them Milk Screw-Ups. When Chicago candy maker F. Hoffman & Company set out to market chocolate-covered caramels in the early 1900s, it decided to aim high and make them perfectly spherical little balls. Hoffman's chefs soon discovered that their perfect little chocolate caramel balls always came out as little chocolate caramel lumps. Hoffman decided to market this lumpy candy

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anyway. The company picked the name Milk Duds, referring to the high milk content and less-than-perfect shape. Turns out the public wasn't looking for geometric perfection. Milk Duds, now made by Hershey Foods, were an immediate hit.

Fig Newtons Only the cookies made by Nabisco are, legally speaking, Fig Newtons. All the rest are just "fig bars."

One popular theory says that Fig Newtons were named after Isaac Newton. Alas, no such luck. The first Fig Newtons were baked in 1892 by the Kennedy Biscuit Works of Massachusetts. Back then, baked goods were often named for the local bakery that made them. So the folks at Kennedy Biscuit, which later merged into what would become Nabisco, looked to the locale for ideas. Fig Newtons thus immortalize the Boston suburb of Newton, Massachusetts.

Twinkies For an innocent snack food, Twinkies get no respect. A website called The TWINKIES Proj-

ect even purports to investigate the effect on Twinkies of, among other tortures, being doused with flaming alcohol and tossed from a sixth-floor window. The "researchers" claim that the name of their project stands for Tests With Inorganic Noxious Kakes In Extreme Situations.

Noxious? Twinkies are made with standard ingredients—milk, eggs, etc.—and are baked. Aficionados point out that the little golden tube cakes were developed during the Depression by Jimmy Dewar, manager of the Hostess bakery in Schiller Park, Illinois, at a time when inexpensive treats were hard to come by.

But Dewar still needed a name. That's when divine intervention (to hear Twinkies fans tell it) appeared. While on his way to show his bosses his new creation, Dewar spotted a billboard for "Twinkle Toe Shoes."

And just like that, the name Twinkies was born.

rd.com Test yourself! Take our famous food brands quiz at rd.com/foodnames.



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AND THEN SOME

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There's a name for why
millions can't relax tonight.

RESTLESS LEGS SYNDROME
RESTLESS LEGS SYNDROME

**Now, for many
there's relief.**

Restless Legs Syndrome (RLS) is a recognized medical condition.
One that's shared by nearly 1 in 10 US adults. Most people experience its symptoms in the evening:

- The compelling urge to move
- Disturbing sensations in the legs
- Moving offers temporary relief
- Trouble resting or falling asleep

People who suffer from RLS often describe their leg sensations as creepy, crawly, tingling, or tightening. Getting up and moving their legs offers some relief, but the symptoms always come back. Only a doctor can determine if you have Restless Legs Syndrome.

Requip is the first and only FDA-approved treatment for RLS. Taken daily, non-habit-forming prescription Requip helps relieve the symptoms of **moderate-to-severe primary Restless Legs Syndrome (15 or more episodes monthly)**. So you may finally be able to relax.

Important Safety Information:

Prescription Requip is not for everyone. **Requip Tablets may cause you to fall asleep or feel very sleepy during normal activities such as driving; or to faint or feel dizzy, nauseated, or sweaty when you stand up.** Tell your doctor if you experience these problems or if you drink alcohol or are taking other medicines that make you drowsy. Side effects include nausea, drowsiness, vomiting, and dizziness. Most patients were not bothered enough to stop taking Requip. Requip should be taken once daily 1-3 hours before bedtime.

See important patient information on the next page.

visit www.requip.com or call 1-877-REQUIP4

Help put RLS to rest.

Requip®
(ropinirole HCl)

*For moderate-to-severe
primary Restless Legs Syndrome*

Ask your doctor if
Requip is right for you.



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PATIENT INFORMATION
REQUIP® (ropinirole hydrochloride) Tablets

For Restless Legs Syndrome (RLS),
Also Known as Ekbom Syndrome

Read this information completely before you start taking REQUIP. Read the information each time you get more medicine. There may be new information. This leaflet provides a summary about REQUIP. It does not include everything there is to know about your medicine. This information should not take the place of discussions with your doctor about your medical condition or REQUIP.

What is REQUIP?

REQUIP is a prescription medicine to treat moderate-to-severe primary Restless Legs Syndrome. It is sometimes used to treat Parkinson's disease. Having one of these conditions does not mean you have or will develop the other.

What is the most important information I should know about REQUIP?

- Patients with RLS should take REQUIP differently than patients with Parkinson's disease (see **How should I take REQUIP for RLS?** for the recommended dosing for RLS). A lower dose of REQUIP is generally needed for patients with RLS, and is taken once daily before bedtime.
- There are known side effects of REQUIP. If you fall asleep or feel very sleepy while doing normal activities such as driving, faint, feel dizzy, nauseated, or sweaty when you stand up from sitting or lying down, you should talk with your doctor (see **What are the possible side effects of REQUIP?**).
- Before starting REQUIP, be sure to tell your doctor if you are taking any medicines that make you drowsy.

Who should not take REQUIP?

You should not take REQUIP if you are allergic to the active ingredient ropinirole or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I tell my doctor?

Be sure to tell your doctor if:

- you are pregnant or plan to become pregnant.
- you are breast-feeding.
- you have daytime sleepiness from a sleep disorder other than RLS or have unexpected sleepiness or periods of sleep while taking REQUIP.
- you are taking any other prescription or over-the-counter medicines. Some of these medicines may increase your chances of getting side effects while taking REQUIP.
- you start or stop taking other medicines while you are taking REQUIP. This may increase your chances of getting side effects.
- you start or stop smoking while you are taking REQUIP. Smoking may decrease the treatment effect of REQUIP.
- you feel dizzy, nauseated, sweaty, or faint when you stand up from sitting or lying down.
- you drink alcoholic beverages. This may increase your chances of becoming drowsy or sleepy while taking REQUIP.

How should I take REQUIP for RLS?

- Be sure to take REQUIP exactly as directed by your doctor or healthcare provider.
- The usual way to take REQUIP is once in the evening, 1 to 3 hours before bedtime.
- Your doctor will start you on a low dose of REQUIP. Your doctor may change the dose until you are taking the amount of medicine that is right for you to control your symptoms.
- You may receive a starting kit with doses marked by day. The pills in this kit slowly increase your daily dose over time so that you and your doctor may determine what the best dose is for you. Different people respond differently to this medicine. You may not need the highest dose pill in this kit or you may need an even higher dose to relieve your symptoms. You should carefully follow your doctor's advice on the use of this kit.
- **If you miss your dose, do not double your next dose.** Take only your usual dose 1 to 3 hours before your next bedtime.
- Contact your doctor, if you stop taking REQUIP for any reason. Do not restart without consulting your doctor.
- You can take REQUIP with or without food. Taking REQUIP with food may decrease the chances of feeling nauseated.

What are the possible side effects of REQUIP?

- Most people who take REQUIP tolerate it well. The most commonly reported side effects in people taking REQUIP for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP affects your ability to remain alert while doing normal daily activities, and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks, or using hazardous machinery while taking REQUIP. Your chances of falling asleep while doing normal activities while taking REQUIP are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint, when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP. These were uncommon in patients taking REQUIP for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP with L-dopa, or taking higher doses of REQUIP than recommended for RLS.

This is not a complete list of side effects and should not take the place of discussions with your healthcare providers. Your doctor or pharmacist can give you a more complete list of possible side effects. Talk to your doctor about any side effects or problems you may have.

Other Information about REQUIP

Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. REQUIP is one of the medicines used to treat Parkinson's disease, therefore, patients being treated with REQUIP should have periodic skin examinations.

A small number of patients taking medicines to treat Parkinson's disease, including REQUIP, have developed a problem with gambling. It is not known if this problem is directly related to the medicines or is due to other reasons. If you or your family notices that you have an unusual urge to gamble, talk to your doctor.

- Take REQUIP exactly as your doctor prescribes it.
- Do not share REQUIP with other people, even if they have the same symptoms you have.
- Keep REQUIP out of the reach of children.
- Store REQUIP at room temperature out of direct sunlight.
- Keep REQUIP in a tightly closed container.

This leaflet summarizes important information about REQUIP. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP that is written for healthcare professionals.



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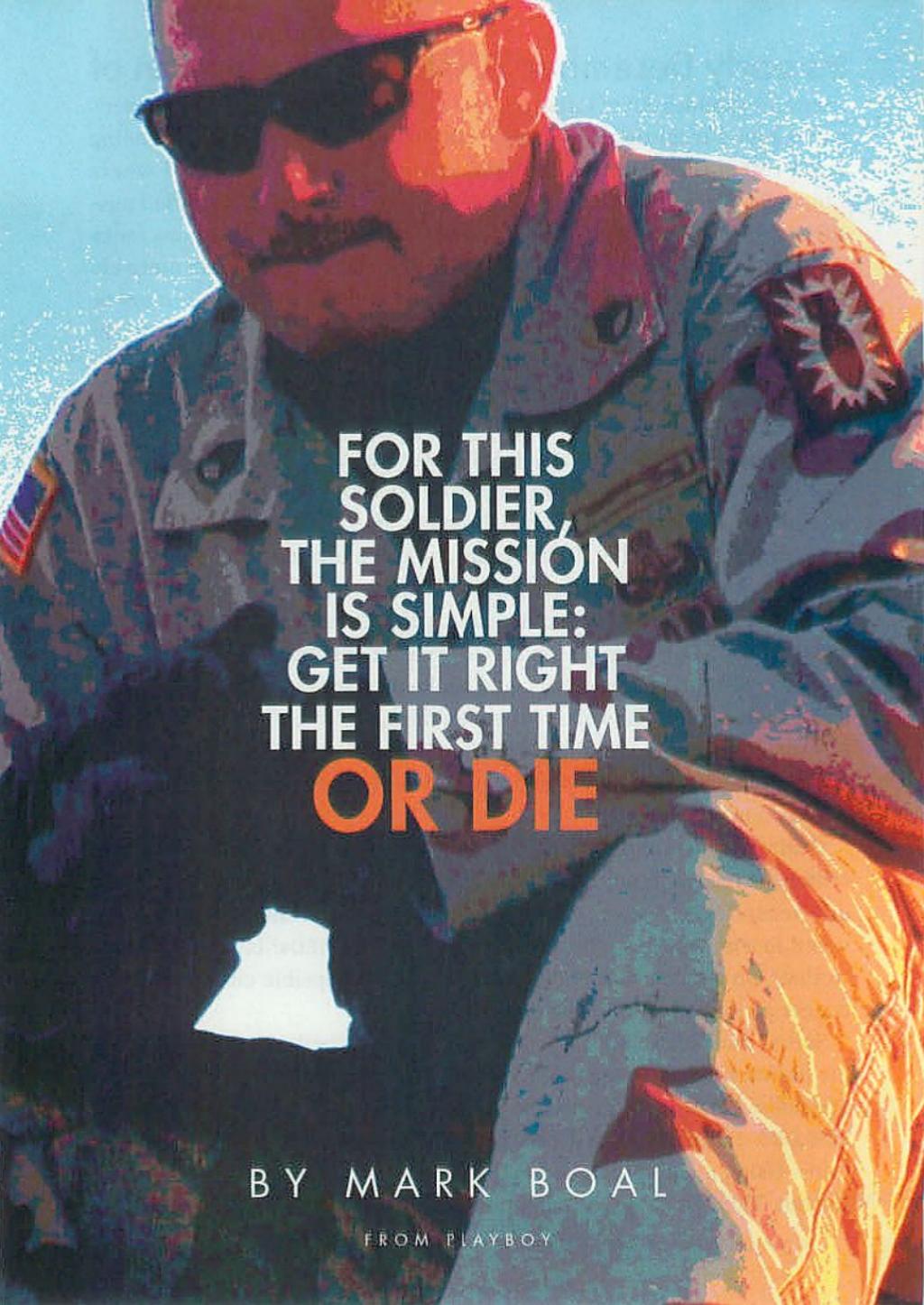
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July 2005

RQ:L12

ONE MAN BOMB SQUAD

BONUS READ



FOR THIS
SOLDIER,
THE MISSION
IS SIMPLE:
GET IT RIGHT
THE FIRST TIME
OR DIE

BY MARK BOAL

FROM PLAYBOY

It's early December 2004 when a caravan of

Humvees rumbles out of Camp Victory carrying Staff Sgt. Jeffrey S. Sarver's bomb squad from the U.S. Army's 788th Ordnance Company. Bouncing down rutted roads outside Baghdad, the convoy passes a helipad where Chinooks, Black Hawks and Apaches—some armed with laser-guided missiles and 30-mm cannons—thump in and out. Bradley and Abrams tanks sit in neat rows, like cars at a dealership, their depleted uranium bumpers precisely aligned. Impressive as it looks, all the lethal hardware is more or less useless against the Iraqi insurgency's main weapon in the war's current phase: the improvised explosive devices (IEDs) made from artillery shells, nine-volt batteries and electrical wire that now account for most American hostile deaths.

Turning onto a main road, the trucks enter Baghdad—massive, filthy, foul-smelling, and teeming with life despite two decades of war. Jumping curbs on side streets, the Humvees push through traffic like VIPs. The lead driver leans on his horn. In the .50-caliber machine gun turret up above, a gunner keeps his finger ready on the trigger. At last, the convoy arrives at an intersection. A Ranger team is manning a roadblock, and traffic is backing up.

Sarver darts out of his seat and up to a cluster of Ranger officers. He's just five-foot-eight in combat boots, and his helmet bobs near their shoulders as he steps up and slaps one of them on the back. "What's goin' on, boys?" he asks. "What have we got here? Where's the ah-ee-dee?"

The Rangers point to a white plastic bag fluttering in the breeze, 300 meters downrange.

Behind wraparound shades, Sarver, a baby-faced 33, considers the possibilities: Is it a real bomb or a decoy designed to lure him into the kill zone of a second IED? A hoax aimed at pulling him into a sniper's range? Is it wired to a mine? Daisy-chained to a series of other IEDs? Is it remote-controlled? On a mechanical timer or wired in a collapsible circuit that will trigger an explosion when he cuts it?

Sarver runs back to his truck, a few inches of belly fat moving under his uniform. He moves quickly, limiting his time on the ground. He tells Specialist Jonathan Williams and Sgt. Chris Millward to deploy the team's \$150,000 Talon robot, with its tank-like treads and articulating plier grips. Using a laptop perched on the Humvee's hood, Millward starts up the bot. The Talon zips to the fluttering bag and pulls it apart.



**Bomb squad
soldiers (l. to r.):
Sgt. Chris
Millward, Staff
Sgt. Jeffrey
Sarver, Spec.
Jonathan
Williams.**

But the job isn't done. The Army can't declare the area safe until a human explosive ordnance disposal (EOD) tech confirms with his own eyes that the bomb has been defused. It's time for Sarver to get into his bomb suit.

Natural-Born Hunter

When Jeff Sarver was six years old, his dad, a carpenter, took him hunting for the first time. They left their home near Huntington, West Virginia, and went into the forest. His dad showed him how to be alone, how to be self-sufficient. He learned that if you were willing to bear the isolation of waiting for hours in a thicket, you could catch an animal in its natural grace, a flash of fur, muscle and hoof.

As he grew up, Sarver kept on hunting. He started with squirrels, rabbits and deer. One time, he shot a buck that ran 40 yards before dying. Later, he worked his way up to trapping coyotes and hunting turkeys. He fell for all of it. His mother never understood him. She always wanted to take him shopping, to visit relatives, or to socialize. He preferred to spend his free time hunting. When he wasn't hunting, he pored over hunting catalogs.

After high school, Sarver worked briefly as a carpenter before joining the Army at age 19. (He was following a family tradition: Both his father and grandfather had served in the military.) Once in, he proved himself an



**Staff Sgt. Jeffrey
Sarver at work:
Baghdad,
December 2004.**

excellent soldier, a natural. After four years, he volunteered for EOD, where brains mattered more than biceps. He relished the challenge, and again, proved to be a natural.

Now, at the Baghdad intersection, Sarver's team kneel in the dirt, and, like squires attending a knight, adjust his armor. Soon he is strapped into a 68-pound bomb protection envelope, a suit that, depending on the circumstances, could save his life from an IED blast.

"Come on, man, let's go," Sarver says as the men secure the suit. "Let's go."

Williams seals him in by inserting a clear visor over the helmet. He taps his boss on the shoulder, and Sarver is off, each step bringing him closer to the device. At 10 feet out, the point of no return, he gets the adrenaline surge he calls The Morbid Thrill. His heart thumps and his breath rasps over the

amplified speakers in his helmet. "It's a numbing, sobering time," is how he describes it later. "It's the loneliest spot on earth."

Then he sees it up close, the IED, an ancient artillery round wired to a blasting cap, half-hidden in the plastic bag. Sarver grabs the cap and heads back toward the safety zone. He almost doesn't notice the second white bag sitting in a nearby gully. For a moment, he doesn't breathe. Should he run from this secondary bomb—placed specifically to kill him as he worked on the first one—or should he dive on it and take his chances? Deciding to act, he pitches himself into the dirt, reaching for the blasting cap with shaky

THEY WORKED AMID THE TOMBS, DISARMING BOMBS AS MORTARS CRASHED DOWN AROUND THEM.

hands. He pulls it apart, pink wire by pink wire (all the bombs here seem to be wired with the same discolored Soviet detonation cord).

Sarver exhales, removes his helmet and stands up. He is sweating, pale, and shaking from the rush. The area is reopened to traffic, and Sarver's Team One turns toward the base, speeding down Route Irish while mosques broadcast the call to evening prayer. Soon it will be dark, curfew time. The bomb makers will be at home. Sarver often wonders about these men. Would they shout *Allah akbar* ("God is great") if he were splattered on their streets?

As the Humvee rattles down the road, Sarver, lost in thought, stares out the window at the blazing Iraqi sunset. I like what I do, he thinks to himself.

"Did You Cut the Wires?"

Sarver arrived in Iraq from Fort McCoy in Wisconsin in July 2004. He was excited to be there. During his first nine years as an EOD tech, he'd been to Egypt, Bosnia and Korea, but those were peacetime jobs. This was a full-on combat operation. And with IEDs being the enemy's primary weapon, Iraq was the ultimate proving ground to a bomb tech like Sarver.

Not long after he arrived, he received orders to assemble a team and head to An Najaf, 100 miles south of Baghdad. When he and his team got there, the team joined up with the 11th Marine Expeditionary Unit. The Marines were fighting some 2,000 insurgents under the command of Shiite cleric Muqtada al-Sadr in the Wadi al Salam cemetery. (Among Shiite Islam's holi-

est places, the cemetery adjoins the shrine of Imam Ali, son-in-law of the Prophet Muhammad.) The insurgents fired on the advancing U.S. forces from behind gravestones and tombs. Little by little, American air power drove them back. But as they retreated, the insurgents booby-trapped the cemetery with mines, rockets and IEDs.

With the main U.S. fighting force backing them up, Sarver and Williams went in with a Marine EOD tech team. They worked together amid the tombs for the better part of two weeks, sweating like pigs in the 120-degree heat. Gaining 10 to 15 feet of ground at a time, they disarmed bombs as mortars crashed down around them. Sarver worked freestyle. He had to. There

SARVER STARTS DIGGING AROUND THE WIRE WITH HIS KNIFE. HE'S CAREFUL NOT TO UPSET THE CAP, WHICH COULD BLOW FROM EVEN A HARD JOLT.

were no protocols to explain how to disarm a ground-to-air missile lashed to the top of a palm tree while dodging bullets.

When he wasn't being shot at, Sarver worried about the frag from the mortars exploding around him, scraps of metal traveling at 2,700 feet per second. More than that, he feared over-pressure, the wave of supercompressed gases that expands from the center of a blast. This compressed air comes at an unlucky bomb tech with a force equal to 700 tons per square inch and a speed of 13,000 miles an hour, a destructive storm that can rip through the suit, crush the lungs and liquefy the brain.

Once, toward the end of the month in An Najaf, Sarver and Williams were dismantling IEDs under heavy fire, and Williams began to shake, disoriented from the heat. Sarver sent him back to the Humvee for water. When Sarver himself returned to the truck, he found Williams prone in the back.

"Williams, where's the firing device?" Sarver asked.

"I left it back at the IEDs," Williams replied.

"Did you cut the wires?"

Williams stammered.

"Did you cut them? Did you cut them, Williams?"

"Yeah."

"Did you segregate them?"

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"Yeah. But the mortars are getting really close."

"Did you put a charge on them?"

"No."

"Why didn't you put a charge on them?" Sarver yelled. Williams's health hardly mattered anymore. "Now we have to go back and blow them up."

As hair-raising as the incident was, Sarver never held it against Williams. Indeed, as they drove back to Baghdad, Sarver told the younger man there was no one he'd rather have at his back.

ALL ARMY EOD TECHS GET TRAINING in a school at Eglin Air Force Base in Florida. The Army looks for volunteers who are confident, forthright, comfortable under extreme pressure and emotionally stable. To get into the training program, a tech first needs a high score on the mechanical-aptitude portion of the armed-forces exam. One in four soldiers fail to graduate.

"We have not yet cracked the code on what makes a great EOD tech," says Sgt. Major Matthew Hughs, a senior officer at Eglin's bomb school. "The only way to find out if a man has the right qualities is to put him in the field, in the situation, and see how he does."

Right away, Sarver showed an intuitive grasp of engineering, even in training sessions. With a glance he could suss out any bomb's architecture. Later, when building practice bombs, he kept pace with his fellow techs, moving from shoe boxes with basic triggers to mock IEDs that incorporated motion detectors and multiple triggers linked by collapsible circuits.

To Sarver, EOD offered an infinite number of challenges—man-versus-materials moments when he would go down on a bomb and everything else fell away. He came to appreciate the fascinating and dangerous allure of each bomb, the beauty of a well-constructed killing machine. At times, he felt bomb work was better—far better—than hunting. In fact, there was only one problem with the job: There weren't that many bombs to disarm.

A City of Explosives

By September, Sarver's team was in Baghdad—6 million people spread over 81 square miles. It's a major urban center by any standard, with office towers and mosques, highways and traffic circles, middle-class neighborhoods like Mansur, and slums whose markets draw pedestrians by the thousands at midday. For the insurgents, the city is rife with platforms for killing



A classic Baghdad IED, the weapon of choice among Iraqi insurgents.

Americans. Snipers wait for passing patrols atop tall buildings. Car bombers need merely pull up to a Humvee and wave hello before setting off a charge. In the slums, people bury IEDs in dirt roads amid garbage, in highway medians, even in the bodies of road kill.

The bombs come from a vast trove of explosives left behind by a dictatorship that spent wildly on weaponry. After one war with Iran, two with the United States and multiple Kurdish uprisings, Iraq's soil has become home to every imaginable weapons system, including an estimated 10 million land mines. Meanwhile, there are only about 150 trained Army EOD techs in Iraq. The Army plans to add up to 1,400 more in the next four years. One enticement: an extra \$150 a month in "demolition pay."

In Baghdad, Sarver and Williams worked 48-hour shifts. The days blurred. Either it was morning or night; either you were driving out from the base or coming home; either the bomb was in a pile of garbage or in the carcass of a dead dog or on the side of the road; and either you disarmed it or you didn't and there were bodies or brains on the backseat of a truck.

It was hard to know how many bomb makers were in Baghdad. One ex-

pert said, "The skill set was spreading." Sarver read the intelligence reports he received closely, and tried to help by passing along bomb circuitry he collected on his missions. After coming back to base from a day in the field, he'd sort the bits of wiring he'd picked up on the Baghdad streets and place them in neatly labeled plastic bags. Later, they'd go to the FBI for analysis.

AT THE BOMB SITE, THE ONLY LIGHT IS FROM A BURNING PALM TREE. THE AIR, THICK WITH DEBRIS, SMELLS OF SULFUR, BURNED FUEL AND HUMAN BLOOD.

Like all EOD techs in Iraq, Sarver could trace the insurgency's history in devices he's disarmed. When he first landed, the bombs were rudimentary: a blasting cap, shell and command wire. Now they were more lethal, with wireless designs that incorporated modified car alarms, pagers and cell phones for remote detonation. Soon, he predicts, the insurgents will begin to use more advanced technology—which will push the death toll higher.

After every shift, Sarver returned to the base and painted a little bomb stencil on the door of his Humvee. One day, Staff Sgt. Kelsey Hendrickson, a tall, bald, strapping 26-year-old tech, watched as Sarver added another.

"How many you got now?" Hendrickson asked.

Sarver told him 120 IEDs and four vehicle-borne IEDs—car bombs.

Hendrickson lit a cigarette. "Who cares, anyway?" he said. "It's not like you get a special prize for disarming X number of IEDs."

"But I'll know," Sarver said.

Time Ticks Down

By October 2004 Sarver and Williams have disarmed 160 IEDs. One day they are called out twice, but one IED goes off before they reach it, killing an Iraqi family driving by in a pickup truck.

Later, Sarver goes back to the trailer he shares with Williams. He's divided it with a wall of lockers. The only thing hanging on his wall: a map of Baghdad marked up to show places where bombs have been found, as well as areas where there's a good chance he'll encounter hostility if he's out on a call. He keeps pictures of his son, Jared, on his computer.

In December, with only a month left in their tour, the stress mounts for

their cabinets. The living room also looks fine, still crowded with animal mounts—a turkey, a fox, a beaver, a raccoon, a coyote and a deer. They're all positioned on the walls in such a way that he can admire their lush fur and feathers while sitting on his couch.

After a brief hunting trip, he's back to active duty. Except this is what his life is like now: filling out forms, answering to civilians, killing time. There's little need to put on the bomb suit—only once a month, maybe, to respond to a suspicious package. Then there's the occasional call from a family that's found a World War II pineapple grenade in their dead grandfather's trunk.

When a day off arrives, Sarver decides to visit his family. He drives to Ohio to spend several days with his father. Next, he travels to Michigan to visit his son, Jared, who lives with his mother, Sarver's ex-girlfriend. When the three of them meet at the hotel where Sarver is staying, there are hugs all around. The talk turns to Jared's upcoming birthday (he'll be eight), and Sarver agrees to take the boy shopping for an early birthday present: a go-cart. In the calm Michigan evening, there are no IEDs to defuse, no bombs to harm his son. Staff Sergeant Jeffrey S. Sarver is at home in the nation he has sworn to protect—and a long way from the loneliest spot on earth.

LEARNING FROM OUR MISTAKES

As part of her pre-confirmation training, my daughter, Cathy, had to select a virtue she promised to work on. She chose perseverance.

Then she learned she had to embroider that word on a sash for the confirmation ceremony.

"I'm switching virtues, Dad," Cathy informed me.
"To what?"

"Joy."

JAMES MAGUIRE



"Dad!!!!" It was Zachary, my four-year-old son, calling from the bathroom. "My toothbrush fell into the toilet!"

"Let's get you another one," I said, throwing it into the trash. "That's full of bad germs now."

The next thing I knew he was handing me my toothbrush.

"Then we better throw this one out too. I dropped it in the toilet last week."

JOHN BOOTHMAN

which gives way in another 5 paces to a few visible shapes—a bit of concrete, part of a wall. Then come recognizable things, charred but not consumed, and finally just singed—the blistered paint on a gate. Beyond that, weird-looking chickens peck at the dirt, their feathers burned off. Sarver aims his light up into the branches of a tree and finds an orange, perfect and ripe.

"This is where it ended," he says, then walks back to the center. He notices two well-dressed men standing in the doorway of their home.

"I'm sorry this had to happen to you," he says.

AS HE SITS ON THE MILITARY PLANE, HIS BRONZE STAR IS STOWED AWAY WITH THE REST OF HIS GEAR. JEFFREY SARVER IS OFFICIALLY A HERO.

"I'm sorry too," says one of the men, a Kuwaiti.

"Was anybody hurt?"

"My brother, next door. The glass fell on him. But he's okay."

"I'm sorry. If you see anything hazardous, give us a call and we will come and take it away for you."

Back at base, the bomb techs tear into packages of Froot Loops, adding the bitter reconstituted Iraqi milk. They talk about cartoons and movie characters with funny-sounding names. Millward does impressions of Elmer Fudd and Daffy Duck. Williams laughs so hard that milk dribbles down his cheek. Sarver, ashen, leans against a wall. "The chickens are what got me," he says finally. "It was horrible the way they had their feathers burnt."

Before leaving Iraq, Sarver does a final tally of the bombs he's defused: 208. How many lives has he spared? Dozens, maybe, or hundreds. In his After Action Report, the commander of the 788th Ordnance Company, Capt. Christopher Wilson, notes that Sarver's team "rendered safe the largest number of IEDs that were disarmed by any one team since operations began in Iraq." As he sits on the military plane that will take him home, the Bronze Star he's been awarded is stowed away with the rest of his gear. Jeffrey Sarver is officially a hero.

AT HOME IN WISCONSIN, Sarver returns to his modest rental. It's just as he left it. None of his 100 rifles, shotguns and handguns have been moved from

His heart beats so loudly that it's audible in his helmet. Because the suit's radio receiver is turned off (to avoid sending stray radio waves that could set off the IED), Sarver walks toward the bomb totally cut off from his team.

"When you're 10 feet away from it," he says, "you get comfortable because you're at the point of no return." This particular bomb—a rusty metal cone—pokes out from beneath a pile of rotting garbage. Sarver puts his hands on the device, an artillery shell holding 18 pounds of explosives with a blasting cap cemented in the nose. A pink wire in the cap leads to a battery connected to a cell phone. A call to the phone opens a circuit that will send an electric charge to the blasting cap, which will detonate the entire contraption.

Sarver must separate the blasting cap from the main charge, but it won't come out of the cement. He grabs his knife and starts digging around the wire. He's careful not to upset the cap. It could blow from even a hard jolt. From 300 meters away, he seems to be moving at hyperspeed, but inside the bomb helmet the moments stretch out. It's like he's moving in super-slow motion. Finally, the wire gives. The bomb separates, and Sarver stands up.

After he finishes, the colonel, whose convoy the IED nearly destroyed, approaches. "Are you the wild man in the bomb suit?" the colonel asks.

"Yes, sir," Sarver says. "That was me."

"Look at that hero. America's finest," the colonel says, shaking Sarver's hand. "I want a picture with this man."

The Final Tally

On Christmas Eve, with six days left in his field duties and 190 bombs painted on his truck, Sarver goes out to assess the damage caused by an oil-tanker-truck bomb that's gone off near the Moroccan embassy. When he arrives, the only light is from a fire smoldering in the top of a palm tree. The air, thick with debris, smells of sulfur, burned fuel and human blood.

Examining the site, Sarver shines his flashlight into the crater—9 feet long by 6 feet wide by 3 feet deep—left by the blast. He steps through the crunching glass and bits of metal to the truck's engine block and looks for traces of explosives. Army forensics experts and another EOD tech team are also on the scene. Among the questions to be answered: Was the bomb detonated remotely or the work of a suicide bomber?

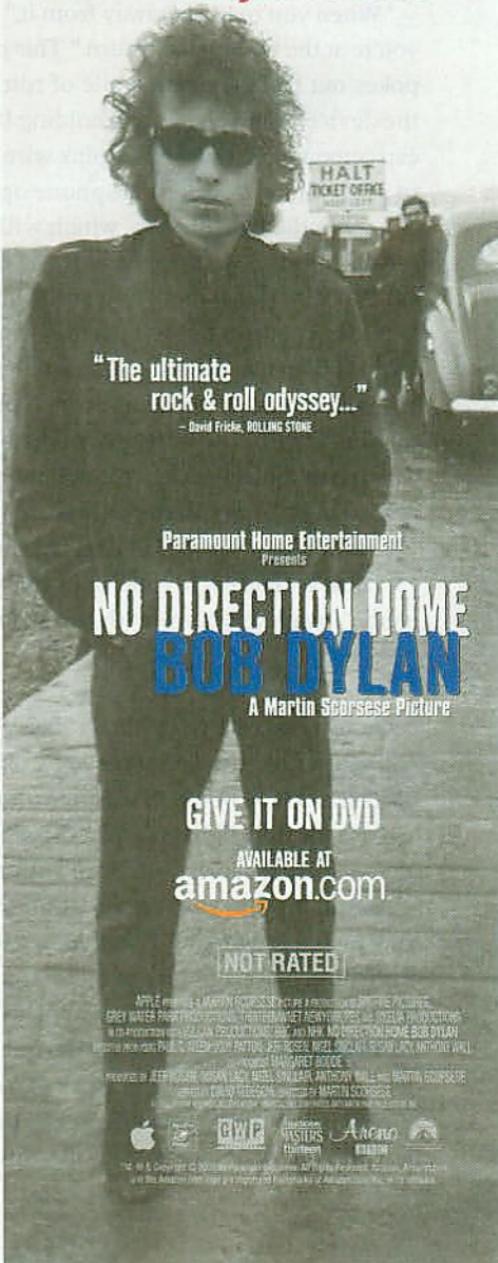
Walking away from the center of the blast, Sarver follows the path of the destruction. At 40 paces, he walks through a completely blackened expanse,

the bomb techs. Even under the best of conditions, EOD is a deadly job. Sarver knows it firsthand: A close friend, Staff Sgt. Michael Sutter, was killed by an IED the day after Christmas 2003, making him one of ten Army bomb techs to die in the field as of November 2005. And the chances of dying seem to surge in the last month of a tour, when fatigue, distraction and homesickness can dull a soldier's instincts. "You zig when the bomber zags," is how Sarver describes the kind of mental mistake that can prove fatal.

IN THE SECOND WEEK of December, in a rare instance when a colonel is in the field, Sarver's team travels to downtown Baghdad. They try to disarm the IED with a robot, but can't. Sarver must take the long walk by himself. Sgt. Chris Millward seals him into the bomb suit. Only Sarver's face, slightly distorted by his clear visor, is visible. If you look closely you can see him smile as he walks away. Beyond the smile, the rest of his face—the wide nose, small soft chin, and large blue-green eyes—is tight with terror.

As he approaches the bomb his mind goes blank: "Everything shuts down except for you and the device. I can hear myself breathing."

This Holiday Season, Share The Voice of Every Generation



A Pill to Prevent the Flu

YOU NEVER got around to getting your flu vaccine, and now you're worried you'll become sick, since several of your co-workers have succumbed. Luckily, your doctor can prescribe a pill that could prevent the flu from developing. Tamiflu, an antiviral drug, is FDA-approved to prevent and treat the flu. And GlaxoSmithKline, maker of the antiviral Relenza, is seeking FDA approval for preventive use of that drug.

Already got the flu? No problem. When taken within the first 48 hours, these drugs can shorten the length of illness and reduce symptoms and complications. They may also help protect against avian flu, but more research is needed. For most of us, the drugs are not meant to replace a vaccine, says Neil Schachter, MD, author of *The Good Doctor's Guide to Colds & Flu*, since they're costly and have possible side effects, such as nausea, vomiting and diarrhea.

Echinacea: Does It Work?

The popular herbal remedy echinacea is touted for its ability to strengthen immunity, protect against colds and shorten the duration of illness. But researchers at the University of Virginia think we should save our money, because echinacea doesn't seem to work. They divided 399 people into groups. Some took echinacea before and after being infected with a virus; some took it only after infection; the rest got a placebo. At the end of the study, researchers concluded that echinacea did not help prevent or treat a cold.



J. MICHELLE WASHBURN

Q I've got a cold. What can I eat to feel better fast?

A Start with a bowl of Mom's chicken soup. Research has yet to show how it works (and how the heck Ma knew), but we do know that a nutrient-rich diet builds your immune system and fights inflammation. This season, stock up on these healing foods:

- **OJ:** Vitamin C may shorten the duration of your cold, helping you get back on your feet.
- **Oatmeal, bananas, fish, chicken, turkey:** They help maintain the health of organs that make infection-fighting white blood cells.
- **Apples, cranberries, tomato sauce:** These contain flavonoids, anti-inflammatory substances that can strengthen your immune system.

MEHMET OZ, MD, and MICHAEL ROIZEN, MD, authors of the bestseller *You: The Owner's Manual*

Fight Colds and Flu!

BY PATRICIA CURTIS

IT USUALLY STARTS with a sore throat, and moves on to include a runny or stuffy nose. That's a cold. A flu, on the other hand, hits you all at once, with a headache, sore throat, fever, muscle pain and respiratory problems, but you're less likely to have nasal problems. The good news: You can easily prevent and treat these wicked wintertime illnesses. Our colds and flu guide will help you win the battle of the bug, so that if you do fall prey, you can return to your busy life faster and healthier than ever.

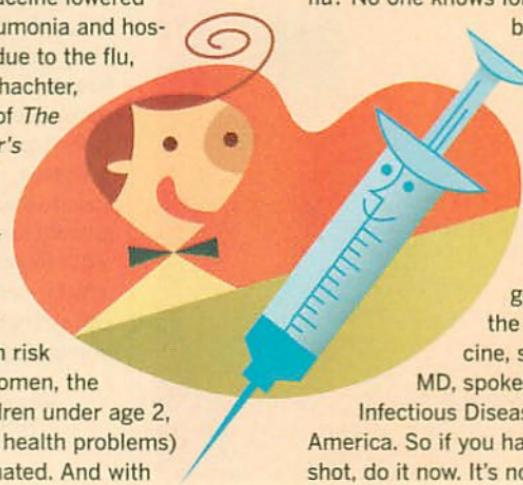
Should You Get the Flu Vaccine?

Yes. The vaccine works. It can—and does—prevent illness. Maybe you heard about recent studies that found the vaccine isn't effective, or that the virus is becoming resistant, but the same research found that, in some cases, the vaccine lowered rates of pneumonia and hospitalization due to the flu, says Neil Schachter, MD, author of *The Good Doctor's Guide to Colds & Flu*. It's most important for health care workers and those at high risk (pregnant women, the elderly, children under age 2, anyone with health problems) to get vaccinated. And with

the 2003 introduction of FluMist, even needlephobes have no reason to back out: The nasal spray offers the same protection for healthy people ages 5 to 49 who aren't pregnant.

Will the vaccine protect against avian flu? No one knows for sure, say experts, but it may enhance your defenses.

And you won't get sick after getting the vaccine. Regardless of what you've heard, there is absolutely no risk of getting the flu from the standard flu vaccine, says Aaron E. Glatt, MD, spokesperson for the Infectious Diseases Society of America. So if you haven't gotten your shot, do it now. It's not too late.



Is Your Pedometer a Dud?

You and a friend strap on your pedometers and go for a walk. Afterward, your devices show different totals. That's because some of these gadgets work better than others. When University of Ten-



nessee experts tested 13 pedometers, 8 either over- or underestimated the number of steps—one by 45%! Fabio Comana of the American Council on Exercise offers tips for picking a pedometer:

Don't be cheap Free or inexpensive models likely won't give valid readings. A pedometer should count steps only when you walk.

Program it Try a model that asks you to measure and program your stride.

Keep it simple Skip styles that measure calories burned (they're often off the mark, since metabolic rates differ for each of us).

Test it Walk 100 steps and manually count them. The pedometer should record 85 to 105 steps. If not, try moving it to a different spot on your waist. —LUCIA RAATMA

Good-for-You Goods

GIVE YOURSELF the best gift of all—good health!

Stick With It

Magnets to help kids eat right. Start with the magnets (fruits, veggies, etc.) on one side; as you eat, move to the "finished" column (stickwithit.biz; \$10-\$30).

Day-Timer For women, to track heart health (daytimer.com/heart; \$30-70).

Resolution Tracking System Monitor New Year's resolutions, lapses and rewards (knockknock.biz; \$15).

H₂O Beverage on the Go Sip all day to get your recommended water intake (containerstore.com; \$3.99).

CYNTHIA DERMODY



PHOTOGRAPHED BY CHRISTINE BRONICO

GO PLAY IN THE SNOW January 7 is the 11th annual

Winter Trails Day. Grab the kids and take a stab at snowshoeing or cross-country skiing for free in one of several locations in more than 20 snowy states. Both sports are a blast, and you can burn 300 to 700 calories an hour. Visit wintertrails.org for details.

Are You Prepared?

IN AN EMERGENCY, the American Red Cross recommends having a first-aid kit, portable radio, flashlight and batteries, and a three-day supply of food and water, among other things. Keep a kit ready in case you need to evacuate or are without power, or try one of these:

- **Home Guard's Ready Kit Plus** has everything above, plus a whistle to call for help, thermal blanket for warmth, mask, and plastic with duct tape to seal a room from contaminants, all in a backpack (homeguardinc.com; \$59).

- **LifeSecure's Personal 3-Day Emergency Kit**

contains food and water for one, first-aid kit, blanket, poncho, light sticks, whistle, dust mask—in a lunch-box-sized carrying case (lifesecure.com; \$20).

- **Black & Decker's Storm Station**

has a flashlight, radio, bright light, port to charge cell phones, and inverter to power small appliances. It's handy when you're home without power (blackanddecker.com, Sears, Lowe's, Home Depot; \$100).

- **Stranded in the car? QuakeProof's Winter Survival Kit** has food, water, light sticks and a first-aid kit, plus a Mylar blanket to trap body heat. Three 20-hour warm packs provide a much-needed heat source (quakeproofinc.com; \$40).



LISA MILLER FIELDS

BOOKS FOR BETTER HEALTH

Staying healthy just got easier, thanks to some new books.

SuperFoods Health-

Style by Steven Pratt, MD, and Kathy

Matthews tells what to eat and why—giving us a kick in the pants

to include things like black beans, walnuts, kiwis and fish in our diet.

What if we goof off, over-indulge, don't get enough sleep? **The Healthy Guide to Unhealthy Living** by

David J. Clayton, MD, with RD Contributing Editor Laura Vanderkam, offers practical,

real-world advice about smoking, drinking and sex.

The upbeat **Younger Next Year for Women** by Chris Crowley and Henry S. Lodge, MD, focuses on age-reducing exercise, including strength training.

MAUREEN MACKEY

Do You Need a Physical?

FEDERAL guidelines no longer recommend routine annual physicals for healthy people. But doctors still say they're important: In a survey, 74% of physicians felt that a yearly visit improved detection of early illness, despite little scientific support for the practice. Most agreed, too, that it improved the doctor-patient relationship.

So can you skip your physical? Ask your doctor, but in general, it's still a good idea for

healthy people to have a checkup every year or two, says the American Medical Association. People with high cholesterol, hypertension, obesity or other ongoing health problems should see a doctor more often. (Kids should see a pediatrician annually.)

Some health plans have changed their coverage based on cur-



rent guidelines, so review yours to make sure you're covered. If you can't get a yearly physical, take advantage of free blood pressure and cholesterol screenings at drugstores and at the office.

NEENA SAMUEL

Real-Life Exercise

Running on a treadmill going nowhere or pushing weights through mindless repetitions can get so boring. Try functional fitness. You can build strength, agility and stabilizing skills in a way that carries over into everyday life. You lift weights so you can tote a heavy bag, or sprint so you can catch a bus. Try these tips from trainer Juan Carlos Santana, an expert on this craze:

Lift weights standing up This forces your core (abdominal and back) muscles to work. A strong

core helps you lift heavy loads without hurting your back.

Do real-life cardio Set up a course with cones. Run to the first cone as fast as you can. Side-shuffle to the second.

Walk backward to the third. Dash to the fourth. The payoff:

You'll be better able to dash after a zig-zagging toddler.

Rotate Stand with feet shoulder-width apart, knees slightly bent.

Hold a weight out in front of you and twist side to side, for better reaching and bending.

LAURA VANDERKAM

RDLIVING

HEALTH ■ FOOD ■ YOU ■ MONEY ■ PETS ■ CARS

Special Report

**Family Colds &
Flu Guide** 187

**Pump Up the
Flavor!** 193

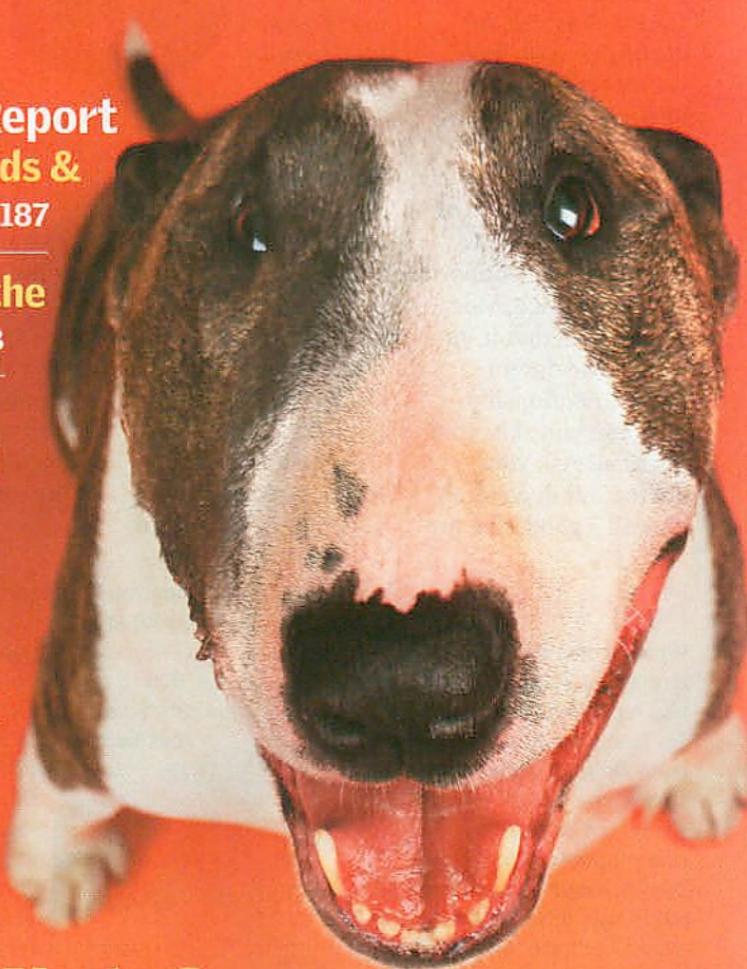
**Stay
Warm and
Cozy** 199

**Save
While You
Spend** 201

**Sell Your
Car—
Fast** 204

Got Mints? 202

Your dog's bad breath may be masking a more serious health problem.





Leaves you cold.
Warms you up.



Campbell's
M'm! M'm! Good!
POSSiBiLiTieS



EDITORS' CHOICE

Nothing says the New Year like some great new books. We curled up with these:

■ **DRAMA** Kate Blaise tells the poignant story of life in the Army in **The Heart of a Soldier** (written with Dana White). In 2003 Blaise and her husband, Mike, a pilot, shipped out to Iraq. They endured tough separations as a married couple but kept the flame of their romance burning. Then Mike was called to one more urgent mission—never to return. A steadfast soldier's tale.

■ **CAREER** So you've snagged a good job (or moved up the ladder). Now what? Remember your company's goals and make sure to help achieve them. **From Day One** by William J. White shares this and other keen tips. In

The Martha Rules, Martha Stewart advises how to spot strong new employees, products and business ideas. And the lively **Never Eat Alone** by Keith Ferrazzi with Tahl Raz discusses the power of making (and keeping) good connections.

■ **BIOGRAPHY** For a revealing look at the life of the "global musician," there's **The B. B. King Treasures** by B. B. King with Dick Waterman. The book shares artifacts as well as intimate commentary from the

80-year-old performer. "People seem to be enjoying themselves, that comes back to me twofold," King says. In **Team of Rivals: The Political Genius of Abraham Lincoln**, Doris Kearns Goodwin brings our 16th President to tenacious life with diligent reporting and smooth writing.

NOTEWORTHY

Gail Sheehy's newest is *Sex and the Seasoned Woman*, an upbeat take on romance, relationships and following your dreams.





YOU DESERVE TO SLEEP BETTER

Frustrated by the quality of your sleep?

Do you toss and turn at night? Can't seem to find a comfortable position? Does your back ache when you awake? These are signs that your mattress may not be supporting you properly.

Innovative "Sleep On Air™" design lets you customize the firmness

Instead of hard metal coils, the SLEEP NUMBER® bed supports each of you on a cushion of air.

It's the perfect bed for couples

On a Sleep Number® bed, each of you can adjust the comfort and firmness to your exact preference—your Sleep Number®. Once you find your Sleep Number®, you can fall asleep faster, enjoy deeper sleep and wake up more refreshed.

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BED

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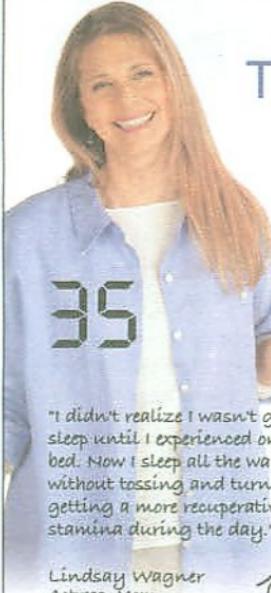
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On The Sleep Number Bed by Select Comfort™

you can adjust the comfort and firmness to your exact preference—your SLEEP NUMBER®. Once you find your Sleep Number®, you can fall asleep faster, enjoy deeper sleep and wake up more refreshed.

35

"I didn't realize I wasn't getting a good night's sleep until I experienced one on a Sleep Number bed. Now I sleep all the way through the night, without tossing and turning. And because I'm getting a more recuperative sleep, I have more stamina during the day."

Lindsay Wagner
Actress, Mom
Sleep Number® bed owner

Best of all, each side of the Sleep Number® bed adjusts independently with the touch of a button, making it the perfect bed for couples.

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SLEEP NUMBER
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This information kit will provide me with complete details on bed models and prices ... and how I can try a SLEEP NUMBER® bed in my own home RISK-FREE for 30 nights!

(Excludes return shipping.)

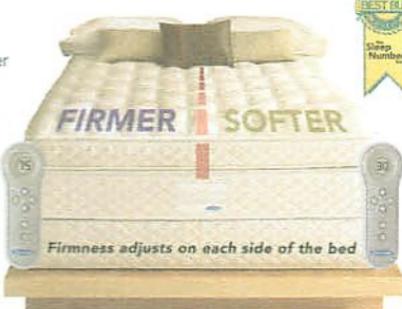
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Address _____

City _____

State _____

Zip _____ Phone _____



THE
SLEEP NUMBER
BED

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© 2003 Select Comfort Direct



RELIEF THAT KEEPS YOU GOING.



When you get a cold, you can't always slow down. But you can feel better faster with DayQuil each day and NyQuil each night. So you can leave the coughing, aching, and fever behind and

FEEL BETTER FASTER.*

Germ-Proof Your House

WANT to keep your home cold-free this season? "Send your kids to Grandma's," jokes University of Arizona microbiologist Charles Gerba.

"The best friend a germ ever had is a kid, because he brings his fingers to his nose and mouth up to 30 times a minute." Luckily,



you can cut your risk.

The two steps? Wash hands and disinfect key surfaces. Both cut colds and flu by up to 50%.

Gerba's research shows you'll find the most viruses on the phone. The remote control, kitchen faucet and refrigerator door handle aren't far behind.

Sick or not, use alcohol-based hand gels, and wipe down germy items every few days (do it twice a day when someone's ill). And don't forget the antiviral tissues, which kill germs you sneeze into the tissue.

An Herbal Essential?

PEOPLE TAKE GINSENG for its supposed effects on the immune system, and new research suggests it can help fight colds, but don't stock up just yet:

Doctors at the University of Alberta gave 130 people North American ginseng extract twice a day; another 149 took a placebo. After four months, those who used this root extract had fewer cold symptoms.

Sounds promising, but more research is needed to confirm the results. In any case, the product tested was an extract that isn't available in the United States. And don't expect the same results with all ginseng products, says Neil Schachter, MD. "I would not rush to advise my patients to use this treatment just yet."



Percentage of people who SAY they always wash their hands after:

91% Using a public rest room

83% Using the bathroom at home

77% Handling or eating food

73% Changing a diaper

42% Petting a cat or dog

32% Coughing or sneezing

21% Handling money

SURVIVE THE COLD & FLU SEASON

With the Vicks Family of Products

Chances are, you or someone in your family have been or will be sick this cough-and-cold season. When suffering from cold/flu symptoms, you probably wish there was an easy way to feel better.

Good news—Vicks products are what you and your family can depend on to relieve all of your cold symptoms.

The multi-symptom cold relief of **NyQuil** improves the quality of your sleep. **NyQuil Cough** provides all-night cough relief.

DayQuil and **DayQuil Sinus** non-drowsy formulas relieve cold and sinus symptoms and help you get back your energy when you need it most. The soothing medicated vapors in Vicks **VapoRub** will help relieve your cough so you can breathe easier.

When you and your family need effective relief, turn to the Vicks family of cold, cough and flu products.



THE VICKS FAMILY OF PRODUCTS SWEEPSTAKES

There's probably nowhere you'd rather be during cold and flu season than in the Sunshine State! Enter the **Vicks Family of Products Sweepstakes** and you could win the ultimate feel-good prize—a rejuvenating, restorative

3-day/2-night trip for 4 to Miami.

Visit rd.com/rdconnection for details.

TO ENTER ONLINE AND FOR OTHER DETAILS, SEE OFFICIAL RULES AT RDCONNECTION.COM. NO PURCHASE OR ONLINE ENTRY NECESSARY. PURCHASE WILL NOT IMPROVE YOUR CHANCES OF WINNING. SWEEPSTAKES IS OPEN TO LEGAL RESIDENTS, AGE 21 AND OLDER, OF THE U.S., ITS TERRITORIES AND POSSESSIONS. SWEEPSTAKES CLOSES ON 2/15/06.



**Great sleep with a cold,
courtesy of NyQuil.**

©2005 P&G.

Use as directed for cold/flu relief.

NyQuil's multi-symptom cold relief helps you sleep better
at night so you wake up feeling better. Sweet dreams.

Organic on Ice

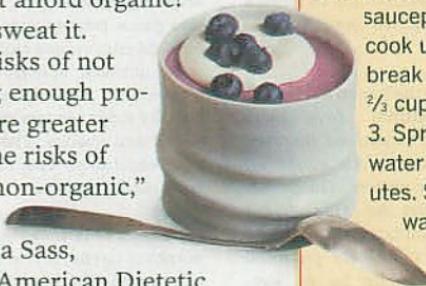
YOU DON'T HAVE to stop eating organic now that the harvest is long picked. Many supermarkets carry at least one line of organic frozen produce, but you may have to pay more for it.

Can't afford organic?

Don't sweat it.

"The risks of not getting enough produce are greater than the risks of using non-organic," says

Cynthia Sass, of the American Dietetic Association. As far as canned organic produce, it can be harder to find—and is often loaded with sodium. Ready to go organic? Start with the dessert here. —LAURA VANDERKAM



Blueberry Bavarian

1 cup 1% milk	1/2 cup plus 1 tbs.
1/4 cup fat-free	granulated sugar
dry milk	1 cup fat-free sour
24 oz. frozen blue-	cream
berries, thawed	1 packet unflavored
1/4 tsp. salt	gelatin

1. Combine milk and dry milk; whisk. Freeze for up to 30 minutes.
2. Mix berries, salt and 1/2 cup sugar in saucepan over low. Bring to a simmer; cook until sugar dissolves and berries break up (10 minutes). Cool. Add 2/3 cup sour cream.
3. Sprinkle gelatin over 1/4 cup cold water in heatproof cup. Let sit 5 minutes. Set cup in saucepan of simmering water; heat until gelatin melts. Cool.
4. Beat chilled milk until thick, soft peaks form. Add remaining sugar until stiff peaks form. Beat in gelatin mixture. Fold milk mixture into blueberry mixture. Spoon into 6 bowls. Chill. To serve, top with remaining sour cream.

PER SERVING: 202 CALORIES; 1 G FAT; 0.5 G SATURATED FAT; 3 G FIBER; 7 G PROTEIN

New Ways to Bring On the Flavor

CREATE FOUR-STAR TASTE in minutes with spicy new technology developed by celebrity chefs:

Get glazed Re-create Todd English's signature tastes, such as Toscana Garlic Rosemary and Pesto Genovese. Add Flavor Perfections glazes to pasta, meat or veggies (available soon at hsn.com).

Wrap it Slip David Burke's Flavor-Magic plastic sheets over any meat, let sit, and remove before cooking (realchef.com; \$6.50 for 8 sheets).

Spray it Try Burke's zero-calorie Flavor Sprays on meat, veggies or popcorn, in flavors such as Parmesan (flavorspraydiet.com; \$6).

PATRICIA CURTIS



healthy new year!



Instead of resolving to read more classics or lose those last 10 pounds, why not make a commitment to family health this January? With more than a third of American kids and teens overweight, and more than half of adults, there's never been a better time to make a pledge to improve your family's well-being.



"Education is the key to success of any new routine," says Jodie Shield, M.Ed., registered dietitian and co-author of *The American Dietetic Association Guide to Healthy Eating for Kids*. "Visit www.mypyramid.gov to calculate each family member's personal food plan—it might be an eye-opening experience."



According to Produce for Better Health Foundation, most Americans need to more than double the amount of fruits and vegetables they eat to meet the new food pyramid recommendations. Eating more fruits and vegetables can help you feel fit and may lower the risk of

heart disease, certain cancers and high blood pressure.

To help increase your child's vegetable intake, try serving veggies with varied dips, like ranch dressing or low-fat cheese sauce. At www.mypyramid.gov, an interactive game introducing MyPyramid for Kids encourages children to balance physical activity with food intake, and includes a variety of healthy foods players can select for meals and snacks. They can even pair vegetables like carrot sticks with ranch dressing.

Once you determine your family's nutrition needs, try to incorporate just one healthful change at a time. Switch from white bread to whole wheat or from 2% milk to 1% or fat-free. Committing to a daily family meal can also help encourage healthy habits. Continue making small steps and by next January, your family will be eating better, and those pesky 10 pounds might just take care of themselves.

eat your veggies

Moms, here are some tried and true tips to help get your kids on the right track:



Just the Right Size

Have cut-up fruit and vegetables set to go when kids arrive home from school hungry. Serve veggies with a side of Hidden Valley® Ranch dressing. More than half of kids recently surveyed said they think veggies taste best with ranch dressing.

Try Try Again

Remember, it takes up to 10 exposures to a new food before a child will consider trying it. So don't give up if your child doesn't like green beans on the first try! For kid-friendly vegetable recipes, visit www.5aday.org.

Favor Flavors

Cook vegetables in broth, fruit juice, with olive oil, or with a dash of fat-free butter spray or reduced-fat cheese sauce to enhance their flavor.



A VEGETABLE THIS UGLY
DESERVES TO BE
SMOTHERED



THE WAY RANCH IS SUPPOSED TO TASTE

Get-a-Grip Gadgets

Designers have cooked up some handy new kitchen helpers that also feel great in your hands. Here are our favorites.



1. Black & Decker Lids Off Open-It-All puts an end to struggling with stubborn lids. It opens most jars, cans or bottles, then collapses for storage (lidsoff.com; \$49.99).

2. Easi-Grip Spatula and Knife have handles that keep hand and wrist in a natural position, so even those with arthritis can work easily (www.easi-grip.com/usashop; \$11.95 each).

3. Form Fit gadgets make it a pleasure to peel, slice and zest, with ergonomic handles designed to fit any size hand and eliminate wrist strain (kitchenart.com; \$3.50-\$11).

4. arc42 cook-ware features angled, stay-cool silicone handles that make it easier to lift, while a built-in strainer lets you pour hot liquids safely (chefspalace.com; \$65-\$125).

5. Zyliss Pizza Wheel fits snugly into your palm, providing more control. Then it just snaps apart for easy cleaning (target.com; \$9.99).

NANCY KALISH



Fiberlutionary

Now almost anything can be a great source of fiber. Presenting all-natural Benefiber.™ Unlike Metamucil,™ Benefiber is clear, tasteless and dissolves completely in water. Not to mention coffee, tea, juice, milk, even yogurt and ice cream. So why force down a glass of that thick, gritty stuff? Add Benefiber to your favorite drink or food instead.

Makes taking fiber easier.

Use as directed. Metamucil is a registered trademark of P&G



Are you struggling to
afford your medicine?



GSK would like to help.

At GSK, we believe people in need should be able to get their medicine. So, we have created a toll-free number for you to call. You can talk to real people who can answer your questions and direct you to our drug savings programs for which you may qualify. Please call us; we'd really like to help.



GlaxoSmithKline

Call 1-866-GSK-FOR-U and let's talk.



High-Tech Winter Wear

KEPPING WARM has gone high-tech. How to layer:

- **Layer one** Wear a thin, moisture-wicking shirt. Fabrics such as polypropylene, Thermax and Capilene pull sweat from the body,

drawing it to the clothing's surface, where it evaporates, keeping you warm and dry.

- **Layers two and three** Next, a moisture-wicking sweatshirt, and top it off with a jacket that's waterproof,

windproof and breathable (such as Gore-Tex) and can push moisture to the surface.

- **Wear mittens over your gloves**

Mittens allow heat to escape around fingers and provide a warm pocket of air.

- **Don't forget a hat**

More than 50% of heat loss is from the head. Look for wool hats that are lined with polypropylene.

Find stay-warm clothes at duofold.com, coolmaxclothing.com or wickers.com.

KATHLEEN M. HEINS

Why we use health and beauty aids:

hygiene	96%	92%
healthy skin	90%	67%
feel good about self	85%	67%
look attractive	63%	52%
express individuality	64%	39%
look younger	38%	20%
it's expected	28%	35%

SOURCE: Roper

Rent Movies Your Way

You can plan ahead Use a service such as Netflix or Blockbuster.com. Choose DVDs online and get them by mail. Keep as long as you want; send back free (\$9.99-\$17.99 per month).

You crave hard-to-find films Try www.facets.org, the nation's largest mail source for classic, foreign, independent and documentary films (\$24 per month).

You're on a budget Many public libraries have large film collections on DVD and VHS. Best of all, they're free! For a flick you know you'll watch over and over, buy it! And eBay has thousands of movies at super-discount prices.

NANCY KALISH



With its swivel head design, nothing hugs corners or cleans them like Clorox® BathWand.



Our test track.

Charge It—and Save

SAVING money can be tough, so new credit cards are helping us do it while we spend.

With Bank of America's Keep the Change program, every time you use your debit card, the price is rounded up to the nearest dollar and your change is put in a savings account. Example: You charge a \$2.25 cup of coffee, your card gets charged \$3, and 75 cents goes to your savings. Repeat daily, and you'll save nearly \$300 by year's end. Bonus: For the first three months, the bank will match your



savings; after that, it's 5% a year.

Use the American Express One card, and 1% of your eligible purchases will be deposited into a savings account with a competitive interest rate.

So is this a good idea? If you use the card smartly. "These programs enable you to save when you otherwise might not," says Greg McBride of Bankrate.com. "If you're just making purchases that you'd make anyway, this will build some savings in the process."

PATRICIA CURTIS

Passwords That Protect You

NEARLY 2.5 MILLION Americans had an online bank account raided last year. Protect your cash with a clever password. Use at least 15 characters and a combination of numbers, letters and symbols, says Mark Burnett, author of *Password Roulette*. Foolproof ideas:

Fake your e-mail Try your name, age and name of your pet: John35@Fido.net.

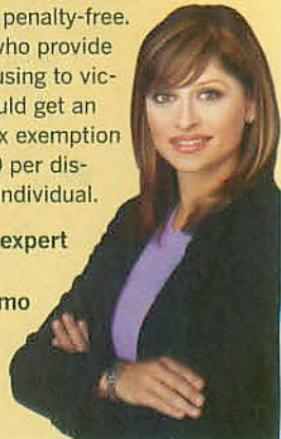
Mangle it Pick a song lyric, then change it slightly, such as how Elmer Fudd would say it: Singinginthe Wain.

Use spaces If your system allows it, add a space to your password; hacker's tools don't regularly check for them.

MARIA'S TOP TIP

Victims of Hurricane Katrina could get a break from the IRS. They may be able to borrow from retirement savings penalty-free. Those who provide free housing to victims could get an extra tax exemption of \$500 per displaced individual.

Money expert
Maria
Bartiromo



Brush Up!

YOUR pet's bad breath may be more than just an annoyance, warns Alexander Reiter, DVM, of the American Veterinary Dental College. "Ninety-five percent of the time, a dog's or cat's bad breath is due to periodontal disease." The condition can lead to tooth loss and has been linked to many diseases. Worried about your pet's breath?

Don't be fooled

Treats and rinses in pet



stores that claim to help bad breath seldom do. They just mask the symptoms. If your groomer offers dental services, make sure he uses a brush, not a sharp tool, to clean teeth. Only a vet should do dental surgery.

See your vet She may recommend a cleaning, under general

anesthesia, to remove tartar and plaque, and repair teeth.

Get out the brush Yes, you really need to brush your dog's or cat's teeth. Your vet can show you how. Don't use human toothpaste with baking soda or fluoride (swallowing these ingredients may be harmful).

Look for the seal

The Veterinary Oral Health Council approves some pet products. Use those with a VOHC seal. LUCIA RAATMA

BRINGING UP BABY

Are you prepared to bring your new pet home? Tips from the experts at Best Friends Animal Society in Utah:

- Get your puppy a crate for sleep, travel and housebreaking.
- Choose a vet immediately. Ask friends for recommendations.
- Bring a dog to obedience class right away.
- Introduce a puppy to lots of people and

animals early on, and get him used to sounds (vacuum cleaners) and experiences (car rides).

- Adopt two cats—if you can. They do well with a friend.
- If a kitty circles like she's looking for something, or races to a corner of the room, show her the litter box. She'll learn where it is fast.
- Keep an eye on kids and other pets until kitty adjusts.

NANCY COVENNEY

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Sell Your Ride 1-2-3

EBay and other online forums have taken the hassle out of selling your car—now all you need is a winning ad. Create it in three easy steps:

1. Hook 'em Use an eye-stopping headline, says Charlie Diederich of the Newspaper Association of America. Don't be clever; just express a buyer benefit, like "\$1,500 Under Blue Book."

2. 'Fess up The more info the better, even high miles or dents. But turn them into positives: "Car's not pretty, but that's why I'm asking only \$3,000."

3. Show it Use at least 10 to 12 photos, says Rob Chesney, senior director of eBay Motors. Sellers tend to shoot cars at a distance, but don't forget several closeups, especially of the paint job.

YOUR CAR MAY BE SPYING ON YOU ...

You've heard of black boxes in planes, but up to 90% of all 2005-06 cars now have them (your carmaker can tell you). The box, which is really silver, turns on in a crash and records info such as speed at impact and seat belt use. Cops and insurers may want the data, but privacy advocates say you should have to give them permission first.

Q Can I use regular gas even though my owner's manual recommends premium?

A Yes. Regular is actually fine for most cars on the road today, since only a small number (like Cadillac Escalades and Dodge Vipers) have high-compression engines that require premium. Still, as many as 30% of Americans spend an extra 15 to 20 cents a gallon (\$100 or more a year) for high octane. Sure, in cars where premium's "recommended," you may get slightly better performance, but the increase is usually too small to justify the higher cost at the pump. If your manual doesn't specify any type of gas, the car was made to run best on regular fuel, and premium won't boost performance one iota.

KARL BRAUER, editor-in-chief at Edmunds.com

MOST OF my fellow passengers were patient about the flight delay—except one obnoxious couple. The man was practically shouting at the gate agent.

Finally came the announcement: "We are ready to pre-board passengers needing special assistance, passengers with children, and passengers with husbands who act like children."

CHRISTIE LANSANG,
Pittsburgh, Pennsylvania

During the January playoffs, my husband lapses into a football-fan coma. Once, I left him to watch our 13-month-old daughter. "Honey, put Izabelle down for her nap," I said. "But not for more than an hour."

When I got back, he was watching a game and the baby was napping. "When did she go to sleep?" I asked.

Still staring at the screen, he mumbled, "Halfway through the third quarter."

NORA BRYSON, Austin, Texas

FIRST TO ARRIVE at the restaurant, I got a great table by the front window. Minutes later I saw my friend, an attractive woman, hurrying by. I rapped on the glass. She gave me a gorgeous smile and rushed inside.

A man at the next table leaned over. "Teach me how to do that."

DONALD KOBES, Fort Myers Beach, Florida

WHAT should have been a simple transaction was taking forever. A woman in front of me at the grocery store was renting a carpet cleaner. She kept grilling the clerk about how safe the chemicals were to use around her child and her dog.

Finally reassured there were no pollution hazards,

she asked, "And can I get a pack of cigarettes here as well?" JOSEPH MANLEY, Indianapolis, Indiana

SAY WHAT? I was phoning a specialist to make an appointment. A woman picked up and announced, "Urology. Can you please hold?"

FREDERICK KOENIG,
Aberdeen, Maryland



"It's a deal—two more years, then we let ourselves go."

A CHURCH sale gave my sister, Carole, and her husband an excuse to clean out their house. Carole realized they had two bathroom scales and planned to donate one.

"Keep the black one," Larry said. "I weigh two pounds less on it."

JOAN HELMS, Anaheim, California

OUR OLD HOUSE needed constant TLC. Fortunately my dad is handy and can do most of the work himself. One day he crawled under the foundation to prop up some sagging floorboards. Suddenly we heard a muffled yell, and Dad crawled out on his hands and

knees at a speed I hadn't thought possible.

"What's wrong?" my mother asked.

"I reached to pick up the crowbar," Dad gasped, "and it slithered out of my hand."

ROBERT SHELLEY,
Weatherford, Texas

THERE, in the reptiles section of our zoo, a male turtle was on top of a female behaving very, um, affectionately. My daughter was transfixed. She asked, "Mommy?"

Uh-oh, I thought. Here comes The Question. "Yes?" I said.

"Why doesn't he go around?"

DAWN HOISINGTON, Creston, Ohio

Getting braces as an adult was more complicated than my husband anticipated. For three years he had to make repeated visits to his orthodontist for minuscule readjustments.

"She is such a perfectionist," he complained one day. Then he smiled. "I guess you could say she's oral retentive."

MINDY CARR, Dublin, Ohio

I WAS a smart-mouth college freshman home for a visit and my father was a patient man—up to a point. He said something critical to me, and I lectured, "I learned in my communication class if you have something negative to say, you should use something called the 'feedback sandwich.'"

"What is that?"

"Say something positive, then something negative, and end with a positive. Understand?"

"I think so," he said. "How about this:

'I love you. Put a cork in it. I love you.'

GINA NAPOLI,
Harrisburg, Pennsylvania

You could earn \$300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 10 for details.

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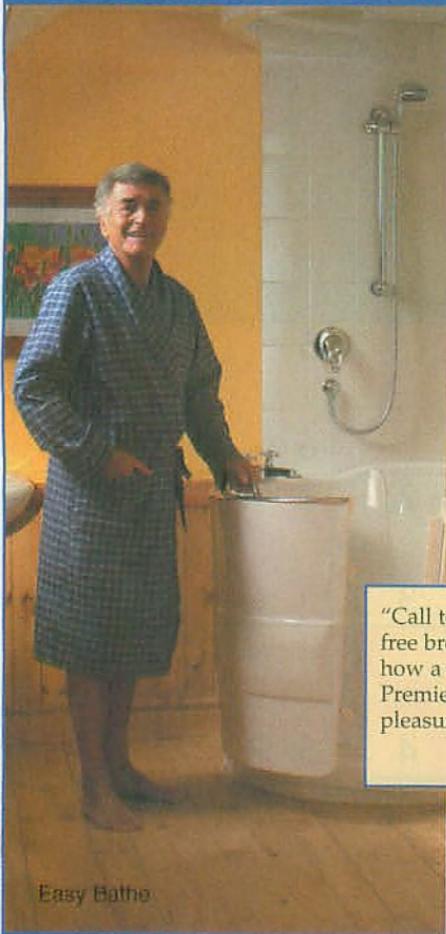
Published monthly by The Reader's Digest Association, Inc., 1 Reader's Digest Rd., Pleasantville, N.Y. 10570. Rates: \$2.99 a copy; \$27.98 per year in the U.S. and territories; \$38.95 (includes shipping by air where available) for the U.S. edition delivered outside the U.S. and territories. A special Reader's Digest Large Print for Easier Reading with selected articles from The Digest is published by Reader's Digest Large Edition, Inc. For details write: Reader's Digest Large Print for Easier Reading, P.O. Box 8177, Red Oak, Iowa 51591-1177.

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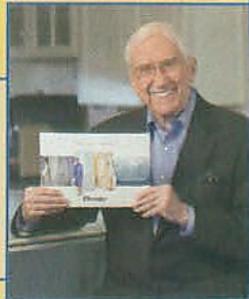
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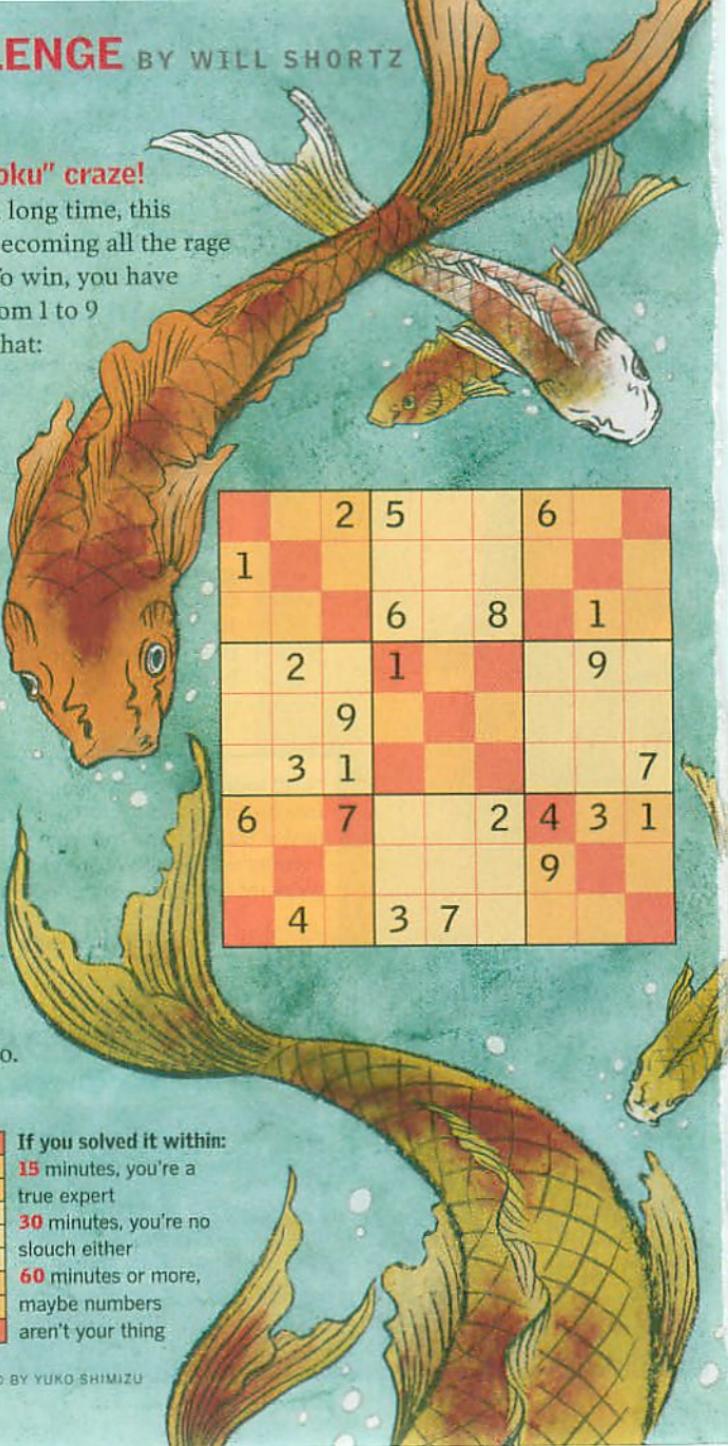
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Catch the "Sudoku" craze!

A hit in Japan for a long time, this numbers game is becoming all the rage here in America. To win, you have to put a number from 1 to 9 in each square so that:

- Every horizontal row and vertical column contains all nine numerals (1-9) without repeating any of them;
- Each of the 3x3 boxes has all nine numerals, none repeated;
- Both of the orange diagonals that form the X have all nine numerals, none repeated.

If you want even more of a challenge, try timing yourself too.



A 9x9 grid for the Sudoku puzzle. The grid is divided into 3x3 boxes. Some cells contain numbers. The grid is partially filled with the following numbers:

	2	5			6			
1				6	8	1		
	2		1				9	
			9					
	3	1						7
			6	7		2	4	3
							9	
	4		3	7				

9	4	8	3	7	1	5	2	6
2	1	3	4	6	5	9	7	8
6	5	7	9	8	2	4	3	1
5	3	1	8	4	9	2	6	7
8	6	9	7	2	3	1	4	5
7	2	4	1	5	6	8	9	3
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1	8	6	2	3	4	7	5	9
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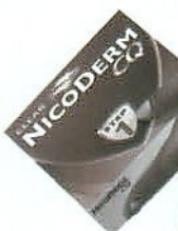
If you solved it within:

15 minutes, you're a true expert

30 minutes, you're no slouch either

60 minutes or more, maybe numbers aren't your thing

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