

Answered! Life's 25 Toughest Questions

What Your
Doctor
Won't
Tell You



Hostage Mom
**I STARED
DOWN
DEATH'**

How to
Win in Iraq
by Biden
& McCain

March 2006
\$2.99
rd.com

Reader's Digest

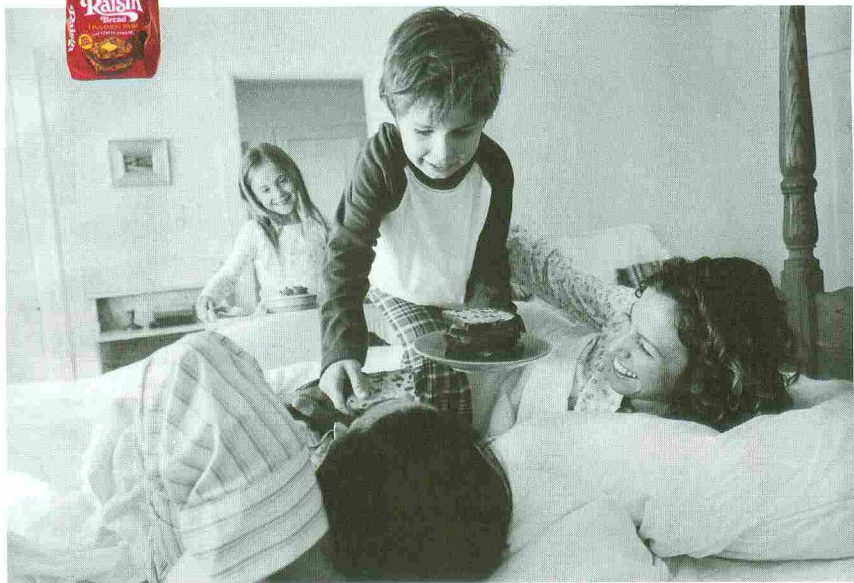
MONEY ALERT

10 **NEW**
SCAMS
TO AVOID





Put *good* into good morning.



Fantastic French Toast!

Start the New Year with a delicious French toast breakfast, made with bananas and **Sun-Maid® Raisin Bread**. A perfect way for you and your family to greet the morning.



Banana French Toast

Prep/Cook Time: 60 Minutes

Makes 8 servings

- 8 slices of **Sun-Maid® Raisin Bread**
- 2 medium bananas, cut in $\frac{1}{4}$ " slices
- 1 cup milk
- 4 oz. cream cheese, softened
- 3 eggs
- $\frac{1}{3}$ cup sugar
- 3 Tbs. flour
- 2 tsp. vanilla
- powdered sugar (optional)

[1] Heat oven to 350° if preparing the same day. [2] Place four slices of raisin bread in a single layer in a buttered 9-inch square baking dish. [3] Top with bananas and four slices of raisin bread. [4] Blend milk, cream cheese, eggs, sugar, flour and vanilla in a blender or food processor until smooth. [5] Pour over raisin bread. [6] Let stand 5 minutes or refrigerate overnight. [7] Bake 40-45 minutes (50-55 minutes if refrigerated) until set and top is toasted. Let stand 10 minutes. [8] Cut French toast into diagonal halves and remove with spatula. [9] Dust servings with powdered sugar if desired.

SUN-MAID®

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Reader's Digest

MARCH
2006

★ AMERICA IN YOUR POCKET ★

FEATURES

* **Answered!** Life's 25 Toughest Questions 146

JEANNE MARIE LASKAS

Is love ever forever? When do kids become adults? Why is the line you're in always the slowest? Mysteries of the universe—solved.

* **82** 10 New Money Rip-Offs

MAX ALEXANDER

Beware the latest scams: Hidden cameras at ATMs. Bait-and-switch websites. Even ID theft of children.

98 Excuses, Excuses

FRANK MCCOURT

My students forged the notes. I turned them into a lesson plan.

102 How to Win in Iraq

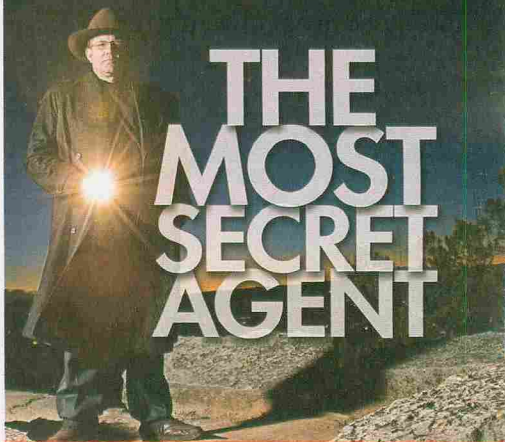
Senators John McCain and Joseph Biden give their plans for victory.

* **110** What Your Doctor Won't Tell You

MICHAEL F. ROIZEN, MD,
& MEHMET C. OZ, MD

An insider's guide to getting the best treatment.

* **BOOK BONUS**



170 PAUL H. SMITH

This spy used his psychic power to “see” behind enemy lines.

ILLUSTRATED BY ISTVAN BANYAI

PHOTOGRAPHED BY MICHAEL O'BRIEN

90

* 'I Stared Down Death'

CHRISTOPHER W. DAVIS

Her quick stop at the convenience store turned into a 20-hour hostage ordeal.



PHOTOGRAPHED BY KEVIN HORAN

116 Sister's Keeper

CATHY FREE

Jeff and Molly Daly were separated as children when she was sent away. Fifty years later, they're making up for lost time.

122 'But Everybody Cheats!'

GAY JERVEY

An alarming number of students will do anything to make the grade. What's behind this epidemic?

128 Lord of the Dance

ANDY SIMMONS

From fear of flailing to steppin' out with my baby in ten not-so-easy lessons.

134 Operation Heartbeat

DEREK BURNETT

After the earthquake devastated Pakistan, a group of American medics dropped everything to help save lives.

154 Neil Young Gone and Back

ALANNA NASH

After a near-fatal aneurysm, the singer-songwriter proves he's the ultimate rock'n'roll survivor.

128 Health Heroines

DIANNE HALES

These women (and 161,000 others) may have saved your life.

167 Tech-ed Off!

DAVE BARRY

A Boomer's ultimate fantasy of a really helpful help desk.

MARCH
2006

Reader's Digest

COLUMNS

- 39** That's Outrageous! MICHAEL CROWLEY
47 My Planet MARY ROACH
53 Money Makers MARIA BARTIROMO
73 Ask Laskas JEANNE MARIE LASKAS
208 RD Challenge WILL SHORTZ

DEPARTMENTS

- 17** You Said It
23 Only in America
33 Everyday Heroes
49 Word Power
59 Medical Update
61 All in a Day's Work
64 Humor in Uniform
69 Unforgettable
81 Quotable Quotes
143 Laughter, the Best Medicine
205 Life in These United States

187 RDLIVING



New ways to ...
clean your car,
fight diabetes,
keep your pets
entertained,
get where you're
going, and even
benefit from beer. Cheers!

- 189** Health
192 Travel
193 Food
200 Cars
202 Pets



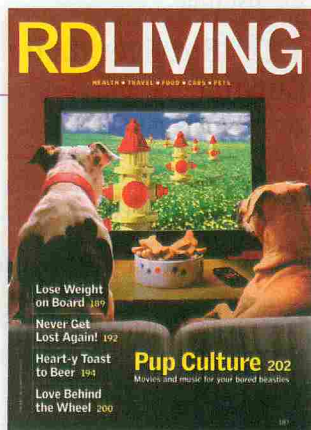
53 In her new column, Maria Bartiromo talks about choices that change lives.

FRANK VERONSKY



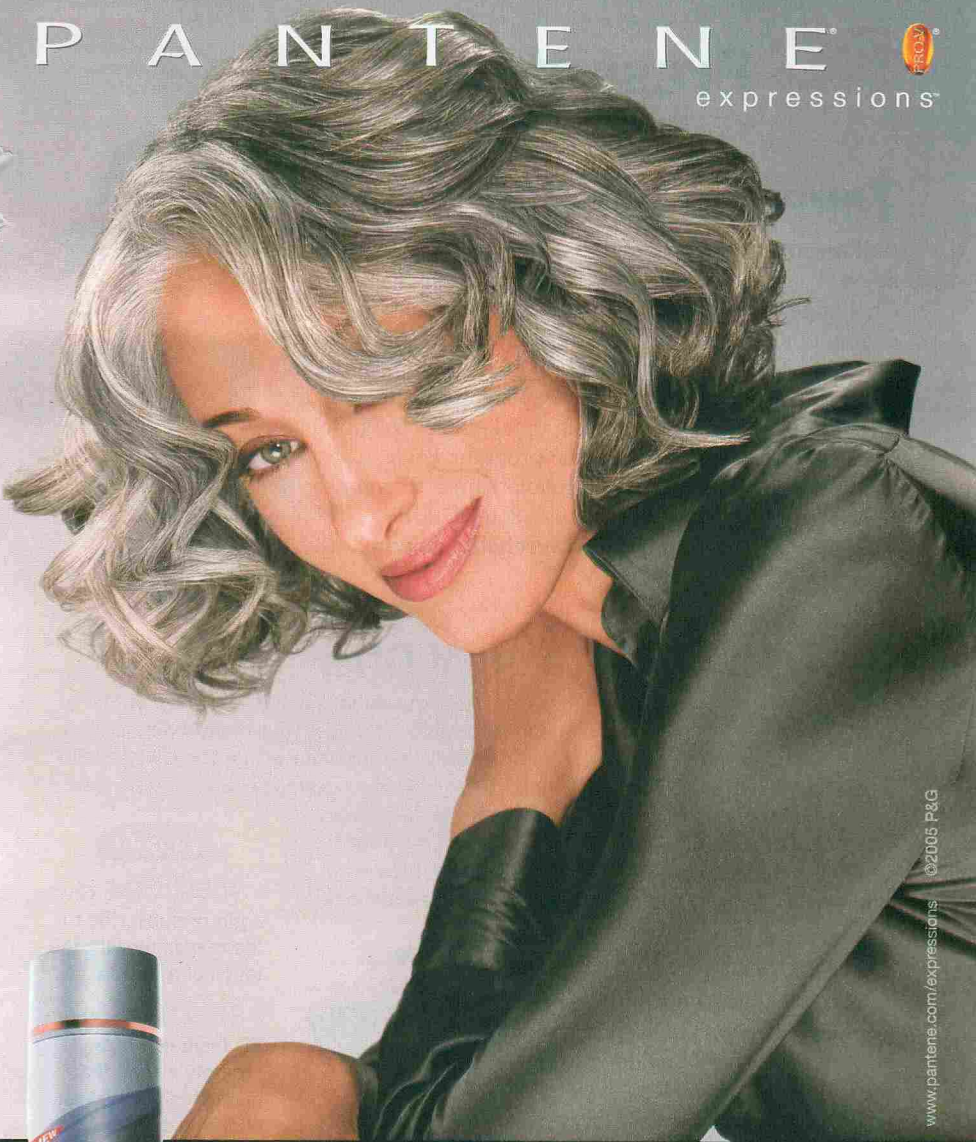
ZACH TRENHOLM

81 Movie star mystique



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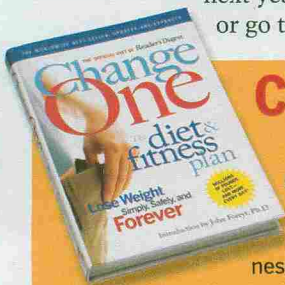
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Change Your Life— With a Great Offer

How are those New Year's resolutions coming? If you'd vowed to lose weight and get in shape, but lost your motivation, here's a great solution. The newly revised *ChangeOne: The Diet and Fitness Plan*, with a list of weight loss "superfoods" and an expanded

exercise section, offers simple ways to meet your goals. For only \$22.95 (that's a \$5 savings for RD readers), this book gives you everything you need to make real, long-lasting changes. To order, visit rd.com/changeonebook.

Games"Я" Us

Dive in! Splash, one of the most popular games on the Web, can be yours—for free! Just download the full version from RealArcade, a \$19.99 value, at rd.com/splash and own it forever. Don't be a fish out of water; this exclusive offer ends March 31, 2006.



Do you have the power? We mean Super Word Power, a downloadable game from RealArcade that features Quizzler (word meanings) and Twizzler (scrambled words). Visit rd.com/word to try it for free.

rd.com

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**"I'm a type 2 diabetic so I watch
what I eat and exercise more"**

**"But his blood sugar
is still too high"**



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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. 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. If you are taking *Avandia* with a sulfonylurea or insulin, you may be at increased risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea or insulin dose. 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. Your doctor should check your eyes regularly. Very rarely, some people have experienced vision changes due to swelling in the back of the eye while taking *Avandia*.

Please see Patient Information for *Avandia* on adjacent page.

*Individual results may vary.

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



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 a type of diabetic eye disease called macular edema (swelling of the back of the eye).
- 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.
- Your doctor should check your eyes regularly. Very rarely, some patients have experienced vision changes due to swelling in the back of the eye while taking 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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The Digest is published in 48 editions in 19 languages, in Braille, on cassette, and in large print

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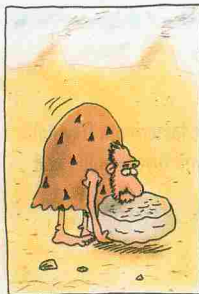
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- Go to rd.com to submit original material (Click on "Submit a Joke")
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So Sassy!

DOLLY PARTON'S energy and zest for taking life as it comes are such great lessons for all of us ("Face to Face with Dolly Parton"). I think people take themselves way too seriously.

We are losing our ability to laugh at ourselves and be real. In this age of superficiality, young girls need a role model like Dolly. She portrays the most important quality a young girl can learn: loving yourself for who you are.

CARLA WOOTEN, Bossier City, Louisiana

Wow! Smart, honest, beautiful and hysterically funny. Dolly Parton has it all. "Tennessee trailer trash" she's not!

SUZANNE MAXWELL, Chattanooga, Tennessee

No Shame

THANK YOU, Michael Crowley, for pointing out that too often our charity dollars went to crooks instead of the victims of Hurricane Katrina (That's Outrageous: "The Lowest of the Low"). As envoys with the Salvation Army, my husband and I unfortunately learned the hard way that these people work their scams all year long, not just after disasters.

PHOTOGRAPHED BY LORI STOLL



They canvas the food banks, shelters and free clothing centers looking for handouts. We found people who signed in under four different names, who gave two or more addresses in different states, who borrowed kids from a friend or neighbor, who even carried a walletful of Social Security numbers to verify members "in the family."

With all that we witnessed, however, we would not want America to abandon the cultural values of charitable giving and love.

N.B., via Internet

Instant RD

IHAVE BEEN a loyal reader of your magazine for years, but it hasn't always been easy to obtain it in Tripoli, Libya. So, the moment it was available digitally, I subscribed. An hour later I was reading it. Magic!

S.G., via Internet

Under Attack

PETER SCOBLIC's premise—that only a nuclear blast could wipe out huge swaths of our nation—is indeed frightening (“Mr. President, We Need to Talk”). I have worked on the San Francisco/Oakland waterfront for 21 years in occupational safety and cargo security. The possibilities for terrorists to attack us through our seaports are many and varied. A “rent-a-cop” in a pickup parked in the mooring area doesn’t give me much comfort.

BRUCE ELERICK, Alameda, California

While 9/11 was a tragic and disturbing day, I vividly remember telling my wife right afterward that we were fortunate the terrorists only got their hands on a few airliners. Airport and other homeland security measures are important, but it is critical that we employ more resources to prevent a nuclear attack in the United States—immediately.

THOMAS HAGGERTY, Woodside, New York

Dr. Benjamin: Update

LAST MONTH we featured a story about Dr. Regina Benjamin, whose nonprofit medical clinic in Bayou La Batre, Alabama, was destroyed by Hurricane Katrina (“A Healing Force”). With donations and months of work by volunteers, Benjamin was set to reopen January 2. But at 6 a.m. New Year’s Day, she learned from police that the building

was on fire. By the time Benjamin arrived, it was gutted. The cause of the blaze, the state fire marshal says, is “undetermined but not suspicious.”

It was the third time in eight years that the rural clinic has been destroyed, but Benjamin will rebuild again. “The patients keep me going,” she says. One disabled woman, with little money to spare, brought Benjamin a card with nearly \$200 tucked inside. “Maybe I can help,” an elderly man offered. “I got a hammer.” For updates or to lend a hand, go to rd.com/hurricanehelp.

Reader's Digest

HOW TO REACH US

Letters to the Editor

- 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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For short humor items, please see page 14. We regret that we cannot accept or acknowledge unsolicited artwork, photographs or article-length manuscripts.

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Important Information: Side effects are generally mild and vary by age, and may include headache, ear infection, sore throat, and upper respiratory infection. Side effects generally did not stop patients from taking SINGULAIR.

Please see the Patient Product Information on the adjacent page and discuss it with your doctor. For more information about SINGULAIR, please visit singulair.com or call 1-888-MERCK-95.

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Patient Information
SINGULAIR® (SING-u-lair) Tablets, Chewable Tablets, and Oral Granules
Generic name: montelukast (mon-te-LOO-kast) sodium

Read this information before you start taking SINGULAIR®. Also, read the leaflet you get each time you refill SINGULAIR, since there may be new information in the leaflet since the last time you saw it. This leaflet does not take the place of talking with your doctor about your medical condition and/or your treatment.

What is SINGULAIR®?

- SINGULAIR is a medicine called a leukotriene receptor antagonist. It works by blocking substances in the body called leukotrienes. SINGULAIR is not a steroid. Blocking leukotrienes improves asthma and allergic rhinitis. (See the end of this leaflet for more information about asthma and allergic rhinitis.)

SINGULAIR is prescribed for the treatment of asthma and allergic rhinitis:

1. Asthma.

SINGULAIR should be used for the long-term management of asthma in adults and children ages 12 months and older.

Do not take SINGULAIR for the immediate relief of an asthma attack. If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.

2. Allergic Rhinitis.

SINGULAIR is used to help control the symptoms of allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the nose). SINGULAIR is used to treat seasonal allergic rhinitis (outdoor allergies that happen part of the year) in adults and children ages 2 years and older, and perennial allergic rhinitis (indoor allergies that happen all year) in adults and children ages 6 months and older.

(See end of this leaflet for more information about allergic rhinitis)

Who should not take SINGULAIR?

Do not take SINGULAIR if you are allergic to SINGULAIR or any of its ingredients.

The active ingredient in SINGULAIR is montelukast sodium.

See the end of this leaflet for a list of all the ingredients in SINGULAIR.

What should I tell my doctor before I start taking SINGULAIR?

Tell your doctor about:

- **Pregnancy:** If you are pregnant or plan to become pregnant, SINGULAIR may not be right for you.
- **Breast-feeding:** If you are breast-feeding, SINGULAIR may be passed in your milk to your baby. You should consult your doctor before taking SINGULAIR if you are breast-feeding or intend to breast-feed.
- **Medical Problems or Allergies:** Talk about any medical problems or allergies you have now or had in the past.
- **Other Medicines:** Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, and herbal supplements. Some medicines may affect how SINGULAIR works, or SINGULAIR may affect how your other medicines work.

How should I take SINGULAIR?

For adults and children 12 months of age and older with asthma:

- Take SINGULAIR once a day in the evening.
- Take SINGULAIR every day for as long as your doctor prescribes it, even if you have no asthma symptoms.
- You may take SINGULAIR with food or without food.
- If your asthma symptoms get worse, or if you need to increase the use of your inhaled rescue medicine for asthma attacks, call your doctor right away.
- **Do not take SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.
- Always have your inhaled rescue medicine for asthma attacks with you.
- Do not stop taking or lower the dose of your other asthma medicines unless your doctor tells you to.
- If your doctor has prescribed a medicine for you to use before exercise, keep using that medicine unless your doctor tells you not to.

For adults and children 2 years of age and older with seasonal allergic rhinitis, or for adults and children 6 months of age and older with perennial allergic rhinitis:

- Take SINGULAIR once a day, at about the same time each day.
- Take SINGULAIR every day for as long as your doctor prescribes it.
- You may take SINGULAIR with food or without food.

How should I give SINGULAIR oral granules to my child?

Do not open the packet until ready to use.

SINGULAIR 4-mg oral granules can be given:

- directly in the mouth;
- dissolved in 1 teaspoonful (5 mL) of cold or room temperature baby formula or breast milk;
- mixed with a spoonful of one of the following soft foods at cold or room temperature: applesauce, mashed carrots, rice, or ice cream.

Be sure that the entire dose is mixed with the food, baby formula, or breast milk and that the child is given the entire spoonful of the food, baby formula, or breast milk mixture right away (within 15 minutes).

IMPORTANT: Never store any oral granules mixed with food, baby formula, or breast milk for use at a later time. Throw away any unused portion.

Do not put SINGULAIR oral granules in any liquid drink other than baby formula or breast milk.

However, your child may drink liquids after swallowing the SINGULAIR oral granules.

What is the daily dose of SINGULAIR for asthma or allergic rhinitis?

For Asthma (Take in the evening):

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 12 to 23 months of age.

For Allergic Rhinitis (Take at about the same time each day):

- One 10-mg tablet for adults and adolescents 15 years of age and older,

- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 2 to 5 years of age with seasonal allergic rhinitis, or for children 6 months to 5 years of age with perennial allergic rhinitis.

What should I avoid while taking SINGULAIR® (montelukast sodium)?

If you have asthma and if your asthma is made worse by aspirin, continue to avoid aspirin or other medicines called non-steroidal anti-inflammatory drugs while taking SINGULAIR.

What are the possible side effects of SINGULAIR?

The side effects of SINGULAIR are usually mild, and generally did not cause patients to stop taking their medicine. The side effects in patients treated with SINGULAIR were similar in type and frequency to side effects in patients who were given a placebo (a pill containing no medicine).

The most common side effects with SINGULAIR include:

- stomach pain
- stomach or intestinal upset
- heartburn
- tiredness
- fever
- stuffy nose
- cough
- flu
- upper respiratory infection
- dizziness
- headache
- rash

Less common side effects that have happened with SINGULAIR include (listed alphabetically):

- agitation including aggressive behavior, allergic reactions (including swelling of the face, lips, tongue, and/or throat, which may cause trouble breathing or swallowing), hives, and itching, bad/vivid dreams, increased bleeding tendency, bruising, diarrhea, drowsiness, hallucinations (seeing things that are not there), hepatitis, indigestion, inflammation of the pancreas, irritability, joint pain, muscle aches and muscle cramps, nausea, palpitations, pins and needles/ numbness, restlessness, seizures (convulsions or fits), swelling, trouble sleeping, and vomiting.

Rarely, asthmatic patients taking SINGULAIR have experienced a condition that includes certain symptoms that do not go away or that get worse. These occur usually, but not always, in patients who were taking steroid pills by mouth for asthma and those steroids were being slowly lowered or stopped. Although SINGULAIR has not been shown to cause this condition, **you must tell your doctor right away if you get one or more of these symptoms:**

- a feeling of pins and needles or numbness of arms or legs
- a flu-like illness
- rash
- severe inflammation (pain and swelling) of the sinuses (sinusitis)

These are not all the possible side effects of SINGULAIR. For more information ask your doctor or pharmacist.

Talk to your doctor if you think you have side effects from taking SINGULAIR.

General Information about the safe and effective use of SINGULAIR® (montelukast sodium)

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SINGULAIR for a condition for which it was not prescribed. Do not give SINGULAIR to other people even if they have the same symptoms you have. It may harm them. **Keep SINGULAIR and all medicines out of the reach of children.**

Store SINGULAIR at 25°C (77°F). Protect from moisture and light. Store in original package.

This leaflet summarizes information about SINGULAIR. If you would like more information, talk to your doctor. You can ask your pharmacist or doctor for information about SINGULAIR that is written for health professionals.

What are the ingredients in SINGULAIR?

Active ingredient: montelukast sodium

SINGULAIR chewable tablets contain aspartame, a source of phenylalanine.

Phenylketonurics: SINGULAIR 4-mg and 5-mg chewable tablets contain 0.674 and 0.842 mg phenylalanine, respectively.

Inactive ingredients:

- **4-mg oral granules:** mannitol, hydroxypropyl cellulose, and magnesium stearate.
- **4-mg and 5-mg chewable tablets:** mannitol, microcrystalline cellulose, hydroxypropyl cellulose, red ferric oxide, croscarmellose sodium, cherry flavor, aspartame, and magnesium stearate.
- **10-mg tablet:** microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, hydroxypropyl cellulose, magnesium stearate, hydroxypropyl methylcellulose, titanium dioxide, red ferric oxide, yellow ferric oxide, and carnauba wax.

What is asthma?

Asthma is a continuing (chronic) inflammation of the bronchial passageways which are the tubes that carry air from outside the body to the lungs.

Symptoms of asthma include:

- coughing
- wheezing
- chest tightness
- shortness of breath

What is allergic rhinitis?

- Seasonal allergic rhinitis, also known as hay fever, is triggered by outdoor allergens such as pollens from trees, grasses, and weeds.
- Perennial allergic rhinitis may occur year-round and is generally triggered by indoor allergens such as dust mites, animal dander, and/or mold spores.
- Symptoms of allergic rhinitis may include:
 - stuffy, runny, and/or itchy nose
 - sneezing

Rx only

Issued July 2005

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Whitehouse Station, NJ 08889, USA
20551418(2)(218)-SNG-CON

NABISCO

"Who said 100% whole grain snacks
have to taste like 100% whole grain?"

—The Snack Fairy



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Now some of your favorite Nabisco snacks are baked
with delicious, 100% whole grain. There's even a new Chips Ahoy!

www.SnackHappy.com

Snack
Happy™



ONLY IN America

IDEAS, TIPS, AND TRICKS FOR GETTING BITS FROM ALL OVER

Aged to Perfection

THE FIRST WAVE of the country's 78 million baby boomers hit the big 60 this year, and it's clear they're as influential as ever. Need a band to play at the Super Bowl? Book The Rolling Stones. Need a big name to help sell your financial-planning advice? Paul McCartney's your man. And if it's the travel business you're in, try catering to boomers' often conflicting urges by packaging comfort *and* adventure (think luxury tents in Bhutan).



Yes, this generation is doing what it's always done—using its sheer size to shape the society in which we all live. Says Brent Green, author of *Marketing to Leading-Edge Baby Boomers*: "Their identity, their self-image is not wrapped up in 'I'm old now; I better act my age.'" Instead, they're challenging stereotypes, like the one about how older folks are fiber fanatics. Okay, bad example: With 650 new whole-grain products hitting store shelves last year, boomers apparently *are* obsessed with fiber. And why not? Probably a good idea to eat right while you're out there changing the world. (For another take on older boomers, see "Tech-ed Off," page 167.)

\$889.6 million
Estimated value of time U.S. workers spent following NCAA basketball tournament games online last year.

SOURCE: Challenger, Gray & Christmas

Fresh New Flesh

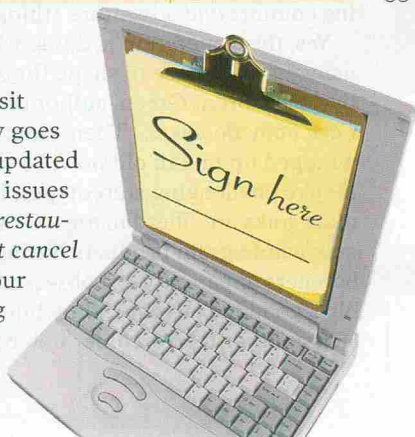
Three years ago, most of us couldn't spell "pomegranate." Now, thanks to its antioxidant properties and aggressive marketing—and despite its high price—the juice of this fruit is a big seller. Which exotic produce will storm the U.S. market next? Here, a few contenders.

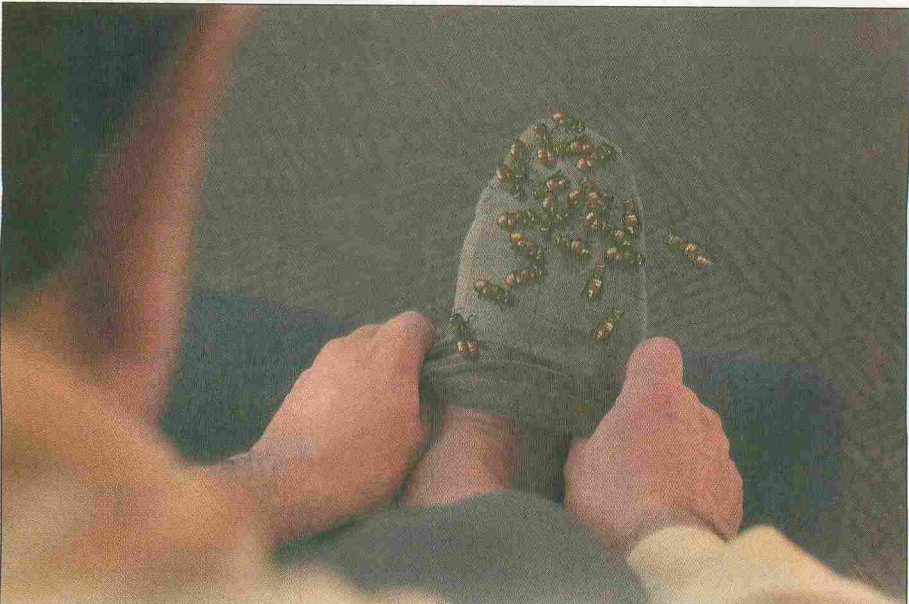
FRUIT	VITAL DATA	AVAILABLE IN ...	SUPPOSED TO ...
 <p>Noni</p>	Found mainly in the South Pacific. Spud-sized, with knotty, yellow-green rind and white, smelly flesh	Puna Noni Juice; (\$15/32 oz.)	Cure everything from high blood pressure to poor digestion
 <p>Açaí</p>	Native to Brazil, this purple berry has a slight chocolate taste	Zola Açaí Power Juice; (\$2.50/11 oz.)	Be a "superfood" rich in antioxidants and omega fatty acids
 <p>Guarana</p>	This South American berry contains guaranine, chemically akin to caffeine	New Tree Vigor Chocolate Bar; (\$4.80/bar)	Act as a natural stimulant and raise energy levels
 <p>Mangosteen</p>	From an evergreen tree native to Southeast Asia, this fruit has a red-brown rind and juicy, sweet pulp	XanGo Juice; (\$40/750 ml.)	Boost immunities with its antioxidants
 <p>Wild Blueberries</p>	Not exactly exotic, but demand, sellers say, is surging	Eat 'em by the handful or in Mom's home-baked pie; (\$2-\$4/pint)	Protect the heart with antioxidants (again) and pterostilbene

(NONI) ENRIQUE DE LA OSA/EPA/CORBIS; (AÇAÍ) WWW.ZOLAÇAÍ.COM; (GUARANA) COLLART HERVE/CORBIS SYGMA; (MANGOSTEEN) TEUBNER/STOCKFOOD/GETTY IMAGES; (BLUEBERRIES) CHARLES KREBS/CORBIS

We, the E-Undersigned ...

For a daily peek at hot cultural topics, visit **PetitionOnline.com**, where democracy goes digital. The free site offers a regularly updated "Top 25" of its most popular petitions, with issues ranging from meaty (*Congress should force restaurants to list nutritional info!*) to trivial (*Don't cancel that great TV show!*). If you want to start your own global grass-roots push, it beats setting up a card table outside the supermarket.





For millions with diabetes, this feeling is all too real.

Diabetic neuropathy is a serious complication of diabetes. One in two people with diabetes has it.

Damaged nerves can cause stinging or burning sensations, tingling, pain, numbness or weakness in your feet and

hands. You can be very sensitive to touch. And everyday activities can cause extreme pain.

But it's not too late. Contact the American Diabetes Association. Or talk to your doctor about your symptoms.

1-800-DIABETES
www.diabetes.org/neuropathy

 **American
Diabetes
Association®**
Cure • Care • Commitment®

THE BIG IDEA

Dorry Segev
(left) and
Sommer
Gentry



The Right Match

AT ANY TIME, 60,000 people in the United States need a kidney transplant. Relatives usually make the best donors but, for a variety of reasons, aren't always compatible. In such cases, patients can wait

years for a cadaver kidney, and some end up dying before a healthy organ arrives.

Hoping to shorten those waiting times, Johns Hopkins University surgeon Dorry Segev teamed with his wife, U.S. Naval Academy mathematician Sommer Gentry, to marry math and medicine in an important new way.

Segev and Gentry concocted an algorithm that, simply put, expands the universe of potential organ donors for patients without a compatible family member. Call it a lifesaving match game. Patients and donors who don't match are linked to those in similar straits who do—courtesy of modern mathematics.

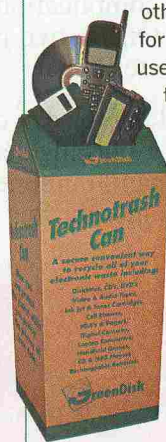
The couple's formula was published in April 2005 in the *Journal of the American Medical Association*. If used nationally, it could lead to as many as 2,500 more transplants a year. And that adds up to good news for kidney patients.

21st-Century Trash

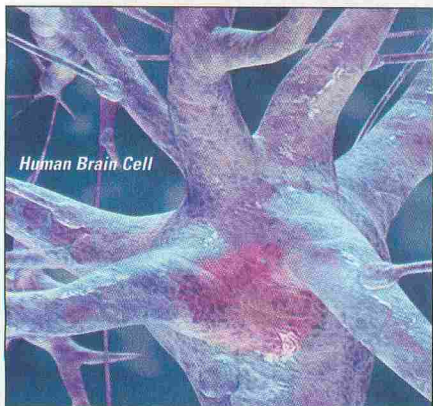
Americans toss 2 million tons of digital hardware (computers, cell phones, printers) a year. Most of it isn't recycled; it just goes to the dump or maybe the garage. Now, for \$29.95, GreenDisk of Issaquah, Washington, offers its Technotrash Can for all your wired (and wireless) waste. When the 70-pound-capacity box (shown below) is full, download postage from the GreenDisk website and ship it back. The junk goes to ten workshops for the disabled around the country. Tech-savvy workers erase data, refurbish computers and reclaim

other items for office use. A 2005

test run reaped 15 tons of trash. The firm's 2006 goal: 2,000 tons. Hey, it's a start.



HEALTHY CELLS. HEALTHY AGING.



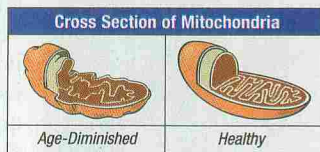
The Science of Aging.

FOR YEARS, SCIENTISTS HAVE BEEN INVESTIGATING THE SECRETS OF AGING. Dr. Bruce Ames, a renowned geneticist, leading biochemist and University Professor, has studied the relationship between diet, maintaining healthy cells, and the aging process. His research focuses on the links between aging and tiny structures inside cells called mitochondria.

Mitochondria are the powerhouses of our cells, the biological engines that convert carbohydrates, fats and proteins into the energy used by the entire body. Aging mitochondria are less efficient at converting fuel to energy, and they produce more toxic oxidants.

Healthy mitochondria keep our cells healthy. Healthy cells provide energy, help keep the mind sharp and the memory clear, and provide a sense of overall well-being.

AT THE UNIVERSITY OF CALIFORNIA, BERKELEY, DR. AMES AND AN AWARD-WINNING TEAM of scientists discovered in pre-clinical tests that by using the right combination of a natural, energy-boosting component (acetyl L-carnitine) and a powerful antioxidant (alpha lipoic acid) they could slow the cell aging process. The result is Juvenon™, a cellular health supplement patented by the University.



Taken regularly like vitamins, Juvenon™ works on the mitochondria to improve cellular health and maintain it over the years. The result is healthy aging.

- *Sustains Energy Level*
- *Promotes Brain Cell Function*
- *Powerful Antioxidant*

Order Juvenon Today and Save \$5

Promotional Code: RD603

www.juvenon.com

1-800-JUVENON

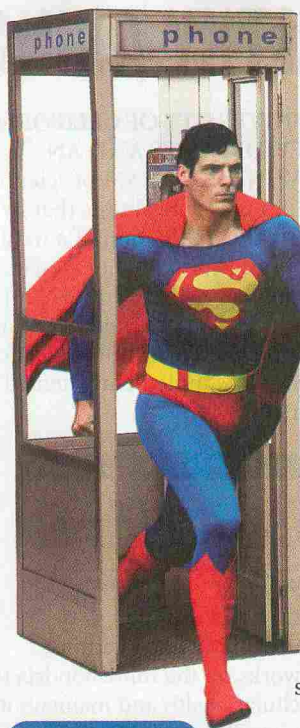
(1-800-588-3666)

100% Satisfaction Guarantee!

Not available in stores.



The statements made here have not been evaluated by the Food and Drug Administration. The product featured is not intended to diagnose, treat, cure, or prevent any disease. For medical advice, please consult a healthcare professional. ©2006 Juvenon.



Will the Pay Phone Go the Way of the 10-Cent Call?

AS THE NUMBER of cell phone subscribers in the United States soars (to about 160 million by the end of 2005), the number of pay phones has fallen sharply. It peaked at 2.5 million in the late 1990s and is now down to 1.5 million. Citing public safety, some states have even adopted programs aimed at preserving the ones that remain. But don't bury call boxes just yet. Americans still make some 3 billion pay phone calls a year, with the 7.5 million households that lack land lines or cell phones among the major users. Pay phones are also ideal in remote areas, where wireless networks are weak or nonexistent, or when the airwaves are jammed. Oh, and one more reason the phone booth will always be with us: Where else can a superhero get a little privacy?

RD INDEX

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

YEA

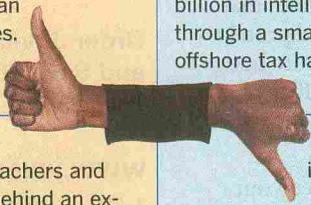
Westin Hotels For banning smoking in all rooms, restaurants, bars and public areas in its U.S., Canadian and Caribbean properties. At last, a totally smoke-free stop on the road.

Carol Christen For rallying parents, students, teachers and others in New Orleans behind an extraordinary push to reopen Benjamin Franklin High School—where she is principal—for this year's second semester. A bright spot amid the ruins.

NAY

Microsoft For cutting \$500 million from its annual U.S. tax bill by funneling \$16 billion in intellectual-property assets through a small Irish subsidiary. Using offshore tax havens isn't new, but that doesn't make it right.

Bode Miller For saying in the run-up to the Winter Olympics that it isn't easy "to ski when you're wasted." (His subsequent apology fell short.) He may be a great skier, but he's not a great role model. Plus, he could get hurt.



Number of other leading cold cereals clinically proven to help lower cholesterol



Cheerios is still the only leading cold cereal clinically proven to help lower cholesterol.

So include Cheerios as part of a heart-healthy diet.
Cheerios. The one and only.

 **American Heart Association**
Meets American Heart Association food
criteria for saturated fat and cholesterol
for healthy people over age 2.

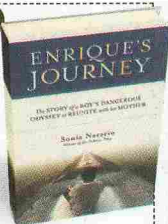


5 THINGS We Don't Want You to Miss

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

BOOK

How far would you go to find a parent who left you? In *Enrique's*



Journey: The Story of a Boy's Dangerous Odyssey to Reunite with His Mother (Random House), Sonia Nazario tells the gripping tale of a Honduran boy who heads for the United States in search of his mom, who left to find work when he was just five. Based on a Pulitzer Prize-winning *Los Angeles Times* series, the book captures

both a son's courage and a mother's heartache.



On sale 2/28

GAME

Tap your inner rock star with "Guitar Hero." This new PlayStation 2 game gives you a virtual six-string to "play." The goal: Go note-for-note on 30 (mostly classic rock) songs while jamming with an animated band on the TV screen. It's karaoke for guitar.



DVD

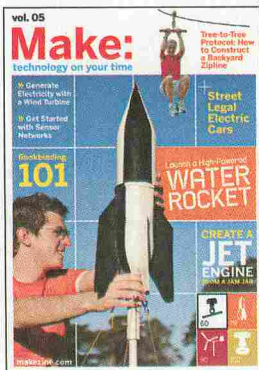
Dick Cavett's late-night run never rivaled Johnny's, but his talk show had plenty of sharp wit. A new DVD, *The Dick Cavett Show: Comic Legends*, col-

lects 12 episodes that feature him chatting up funny-men from Groucho to Cosby. Our favorite bit: Cavett and Woody Allen do push-ups. On sale 2/21

MAGAZINE

Some mags really jump out at us. *MAKE*®, a new quarterly alive with the spirit of invention, is one. Great for tech-minded tinkerers, but its cool how-tos may wow even non-geeks. Find it at makezine.com.

Volume 5 on sale 2/20



CD

On *The Believer*, Rhett Miller mixes up musical styles—rock, pop, country—like a blender, and pours them out in 12 heart-felt tunes. Crank it up in the car.

On sale 2/28



GOT A FEW
QUESTIONS ABOUT
**THE NEW
MEDICARE**
PRESCRIPTION DRUG
BENEFIT?

**Wal-Mart, SAM'S CLUB and Humana would be
delighted to offer you some clear answers.**

Medicare is changing. The program has expanded prescription drug coverage, potentially saving you hundreds, even thousands of dollars on your medications. That's why Wal-Mart and SAM'S CLUB have teamed up with Humana, a health benefits company with 20 years of experience in Medicare, to provide all the information you need to take advantage of the new Medicare Prescription Drug Benefit.

Sign up today. Enrollment ends May 15, 2006. Find out more by logging on to www.walmart.com/medicare or talking with your friendly Wal-Mart Pharmacist or Humana Sales Representative.

Wal-Mart and SAM'S CLUB Pharmacies accept all Medicare Prescription Drug Benefit Plans.

WAL-MART[®]
PHARMACY



Humana is an MA organization with a Medicare contract. Plans are available to anyone enrolled in Part B and entitled to Part A of Medicare through age or disability. Copayment, service area, and benefit limitations may apply.

Just be glad we don't make toilet paper.



A super scrubby head for a super clean toilet.

Buddy System

His son went missing in these woods. Maybe he could help find another lost boy.

BY CATHY FREE

THE SUN was peeking over the Wasatch Mountains in Salem, Utah, last June when Kevin Bardsley's phone rang, jarring the morning silence. Up early making preparations for his daughter's wedding in just six days, he quickly picked up the phone.

"Kevin? This is the Summit County Sheriff's Office," said the dispatcher. "Another Scout is missing in the Uintas. Any chance you can get up here?"

Bardsley, 47, couldn't believe what he was hearing. Breathing deeply, he sat down. "Another Scout? I'll be right there," he said.

An hour later, he was headed to Utah's remote high country with his friend Gary Hansen, hauling a trailer filled with camping gear and

Kevin Bardsley
near the foothills
of the Uinta
Mountains.

a computer, maps and GPS satellite equipment. During the two-hour drive Bardsley cried, remembering when he'd made the same trip up the winding Mirror Lake Scenic Byway 10 months ago. His 12-year-old son, Garrett, had been along on that ride. They were both excited

"Go home," Toby Hawkins urged. "You don't need to relive this."

about an overnight hike with Garrett's Boy Scout troop.

Now Garrett's body was lost in the Uinta Mountains. He'd taken a wrong turn back to camp to change his shoes after an early-morning fishing trip. Bardsley felt sick when he recalled their last conversation: "Son, are you sure you know where you're going?" "Yes, Dad, I'm sure."

For 11 days, Bardsley searched. Hundreds of volunteers helped, but they found no trace of Garrett. Bardsley couldn't bear to think of another boy meeting the same fate. He'd set up a foundation in Garrett's name to buy GPS tracking equipment, and established a large pool of trained volunteers who could be ready to go out on a search in minutes.

"There has to be a different outcome this time," he told Hansen.

Pulling into the Bear River Scout Camp—not 20 miles from where Garrett disappeared—Bardsley hurried to be briefed by Capt. Alan Sid-

doway. Eleven-year-old Brennan Hawkins had taken the wrong path to dinner the night before. He'd been climbing at the camp's rock wall with another Scout.

"Supertime!" his friend hollered. "I'll meet you there." Brennan removed his climbing harness and raced after him. He never made it the half-mile to the mess tent.

Bardsley remembered the anguish of calling his wife, Heidi, to tell her Garrett was missing. The sleepless nights on the mountain, hating the moon because it meant Garrett was alone in the dark, cold and afraid.

He had the same fears for Brennan. Using satellite maps of the Uintas, Bardsley sent volunteers out in teams to search the dense woods in 500-meter grids. He called everyone he could think of with horses or ATVs. Search-and-rescue workers were convinced that Brennan couldn't have gone far, but Bardsley's own instincts told him it was critical to scour outlying areas too. With another night approaching, there was no time to waste. Bardsley closed his eyes and prayed: "Where are you, Brennan?"

Back at camp, he tearfully embraced Brennan's father, Toby Hawkins. "Go home," Hawkins urged. "You don't need to relive this."

"No," said Bardsley, "this is where I'm meant to be." He suggested Toby and his wife, Jody, call a press conference. Bardsley always wondered

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

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

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



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



Share your good news at AleveGoodNews.com

Use as directed for minor arthritis pain. © 2004 Bayer HealthCare LLC

if he'd talked to the media on the first day, would more volunteers have turned out? Maybe Garrett would have been found. Hawkins's plea worked: The next morning, Father's Day, 3,000 more volunteers showed up. After just a few hours of sleep, Bardsley sent them out to search new terrain.

CUPPING HIS HANDS to drink from a creek, Brennan Hawkins was famished and exhausted. He had been lost for three days. He'd tried to eat lamb's ears, a plant he recognized from his Scout training as safe, but the leaves tasted so terrible he spit them out.

When darkness came, Brennan curled up into what he called "midget mode"—pulling his sweatshirt down over his knees to stay warm. Fortunately, temperatures had dipped only into the low 50s the past few nights. But the woods were pitch-black, and he was scared. Bears lived in the upper elevations—though Brennan didn't know that. He'd only seen squirrels so far.

During the day, Brennan prayed for directions. He thought of the Pokémon trading cards he'd ordered with his allowance. They should be arriving any day. "I'm going to get those cards," Brennan told himself. He kept walking.

Back at camp, Kevin Bardsley was preparing to turn over the search to Toby and Jody's extended families. Bardsley knew it was important that

they feel in charge. After briefing the sheriff, he drove to Salem to spend a night at home.

"If Brennan isn't found by tomorrow, I'll be back," he promised Toby.

It was 11:30 the next morning when Forrest Nunley, a Salt Lake City painter who'd come up to search on his ATV, drove up a trail by Lily Lake and saw a skinny boy in a muddy sweatshirt standing alone. His sunburned legs were covered with scratches and mosquito bites.

"Are you Brennan Hawkins?" asked Nunley. The boy nodded.

"Boy, am I glad to see you," said Nunley. He gave Brennan a warm shirt, a snack and some water, and then dialed 911.

Brennan had defied logic and, just as Bardsley had considered, ended up much farther away than anyone else expected. He'd walked almost four miles up and over the mountain, instead of trekking the more predictable path downhill, in search of the river or a road.

Rather than rushing back to camp, Bardsley knew where he was needed—home, curled up next to Heidi. "I know my son saved Brennan's life," he says today. "Without the knowledge we gained searching for Garrett, we probably wouldn't have found Brennan."

Says a grateful Toby Hawkins, "Kevin Bardsley put aside his own pain and risked his emotional well-being to be there for us on that mountain—a family he didn't even know." ■

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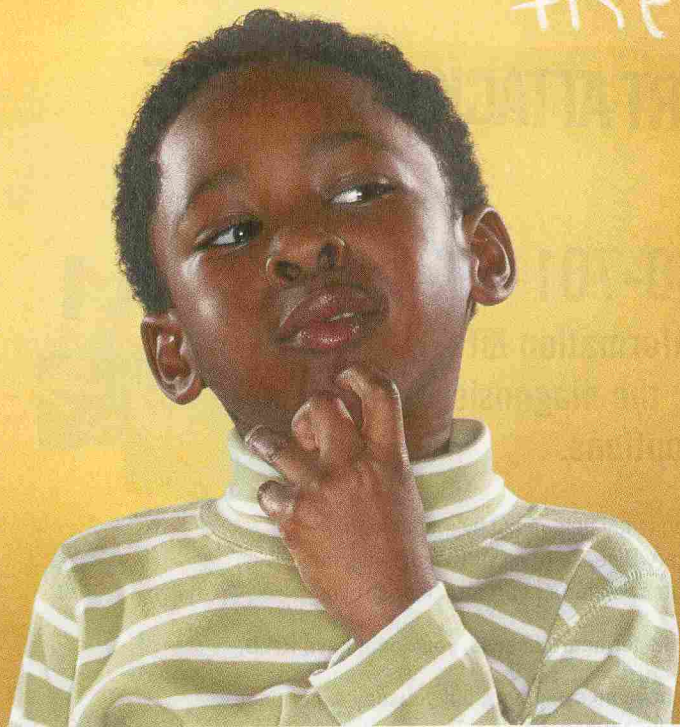


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MICHAEL CROWLEY



See You in Court, Pops

To cut benefits costs, companies are waging war on their retirees

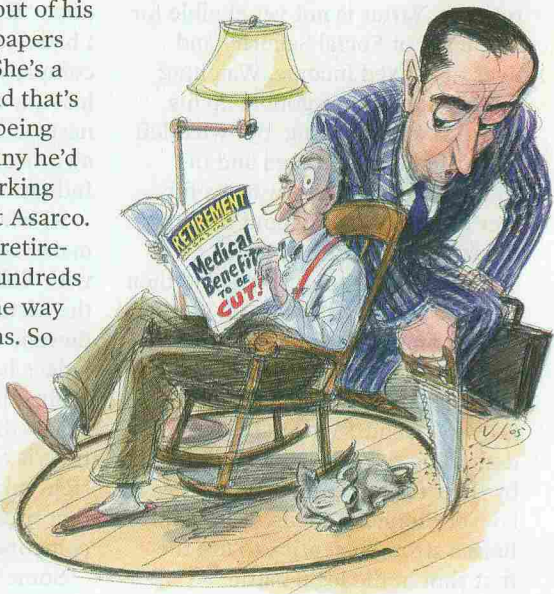
AFTER HIS RETIREMENT from a Tucson-based copper company, Chuck Yarter thought he'd settled into a quiet life in the Arizona desert. Then one day in July 2003, the 60-year-old was sitting on his porch when a man showed up to inform Yarter that he was being sued. Since Yarter's dog, Lady, wouldn't let the man out of his car, he served Yarter court papers through the car window. ("She's a smart dog," Yarter says.) And that's how Yarter learned he was being taken to court by the company he'd spent 34 years of his life working for: the copper-mining giant Asarco.

His crime? Collecting his retirement benefits. Yarter, like hundreds of others, was standing in the way of Asarco's cost-cutting plans. So the company used a legal assault tactic—a preemptive lawsuit—that would save it millions. Here's how it works:

First, a company will

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

slash benefits unilaterally—in many cases, with no warning and no effort to negotiate with representatives of the retirees. Then, assuming legal challenges will ensue, company lawyers strike first by filing a “complaint for declaratory judgment” in a jurisdiction known to be sympathetic to their argument. So they



target a former employee who has the bad luck of living in a jurisdiction that is likely to favor the company. "They want to pick where the case is litigated," says John Stember, an employment lawyer in Pittsburgh.

The Asarco case is still pending,

Some companies add fine print to the benefit plans that **never appears in employee brochures.**

but in the meantime Chuck Yarter's monthly premiums shot up from \$7 to \$280, and he's now stuck with "an expensive and complicated set of deductibles," he says. Like so many retirees, Yarter is not yet eligible for Medicare or Social Security and lives on a fixed income. Watching the new premiums gobble up his pension was shocking. But what left Yarter feeling "betrayed and insulted" was the slimy way his former employer went about making the switch.

Hand them a gold watch, and then slap them with a lawsuit—it's a new tactic companies are using to get legal cover for changing health benefits for retirees. And it's a fast-growing trend. "We are increasingly defending retirees in cases brought by their former employers," says lawyer Stephen Pincus. "Companies have a strong incentive to fire the first shot in the legal battle."

To be sure, some companies are facing a financial crisis over benefits negotiated years ago. Asarco itself filed for bankruptcy protection last August. Even retirees understand that companies in dire straits need to make changes. So why not negotiate new terms, or at least give re-

tirees a voice before their expenses change radically? Why sue them? Because it's a profitable strategy, so long as things like loyalty and respect don't mean much.

George Kneifel, retired from the beverage-can maker Rexam, knows all too well what that's like. Three years ago, while Kneifel was sitting at home with his wife, a sheriff's deputy knocked on the door. "He handed me a paper saying I had to appear in court because the company was suing me." And not just any court. "It was in Minnesota," Kneifel says—400 miles away from his home in Union Mills, Indiana. "That's a long haul."

So what case do the companies make? Many contend that a contract with "lifetime" benefits only means the lifetime of the contract—not the lifetime of the employee. While judges have ruled both for and against the companies, Stember thinks the original intent of the contract is clear: "No union in their right mind would negotiate a benefit that could be changed as soon as someone retired."

Some companies also invoke

clauses to contracts, to the bafflement of retirees. George Kneifel's former employer added fine print to a health-benefits plan that said the plan could be changed at any time—but the company never put that language into the brochures given to workers, according to Pincus. "Companies will change the document that's in their file drawer, then send out materials to their retirees that don't include the new language," Pincus says.

So the retirees become pawns in a game that can be worth millions to a company's bottom line. What's really ingenious about the strategy is that by slashing benefits before they sue, companies have nothing to lose, and a lot to gain. If a company settles or loses in court, it often doesn't have to pay penalties or repay the benefits retirees lost during a legal process that can go on for years. Companies also save big money as retirees age into Medicare, give up and seek cheaper health coverage elsewhere, or die

off. Winning a lawsuit doesn't help much if you're six feet under.

And while the retirees are spending long hours with lawyers and traveling hundreds of miles to court, they are also dealing with a drastic change in their budgets. Earl Simpson of Middle River, Maryland, who spent 27 years working for Crown Cork and Seal, says he watched his deductible jump from \$100 per year to \$2,000 per year. If it hadn't been for veterans' coverage, the 76-year-old wheelchair-bound diabetic says he "would've lost my home and been out on the street."

The way the companies see it, something has to be done about escalating health care costs. But suing their retired employees? "Rexam is looking for confirmation for what it feels its rights are," says Rexam spokesman Greg Brooke. I guess dragging retirees to court hundreds of miles away from home gives companies that confirmation. As Chuck Yarter learned the hard way, if it's loyalty you're looking for, get a dog.

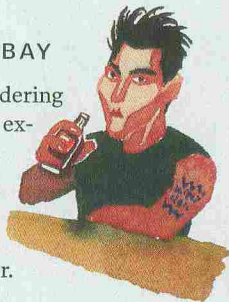
DOCKED IN SOT'S BAY

The last thing my friend remembered was ordering a drink at the bar. After that, it was all a blur, except for the nagging feeling that people were staring at him. The next day, he couldn't find his hat. Figuring he'd left it at the bar, he took a walk over.

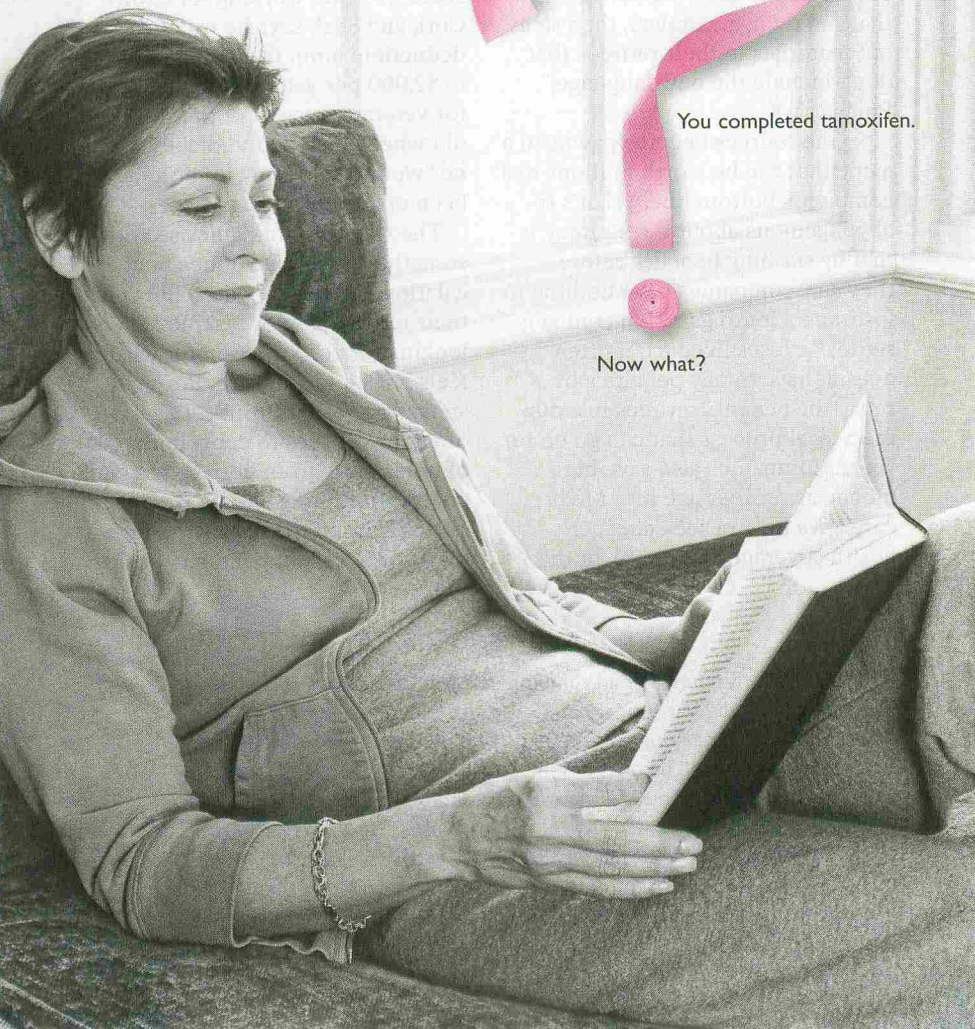
"Looking for your hat?" asked the bartender.

"Yes," said my friend.

As the bartender handed it over, he added, "And would you like your pants too?"



ALASTAIR MACKINNON



You had early stage breast cancer.

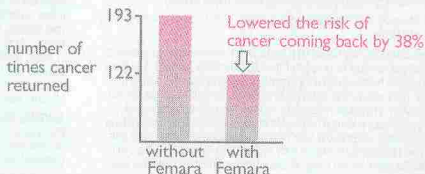
You completed tamoxifen.

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 C-FEM-1059

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 abscess and shortening of renal pelvis, 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/cervicentrum 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 1/100,000 and 1/10,000 the daily maximum recommended human dose on a mg/m² basis, respectively). Fetal anomalies included incomplete ossification of the skull, sternbrae, 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 decrease 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 >5 times the upper limit of normal (ULN) and of bilirubin ≥1.5 times the ULN were not more 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 aminoglutethimide 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 hip BMD in Femara patients was 3% vs. 0.4% for placebo (P=0.048). The mean decrease from baseline 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 trial 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 *DOSEAGE 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 0.6, 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 1/3 of the patients were ≥70 years old. In the first-line study, patients ≥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 based 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	Letrozole N=2563	Placebo N=2573
Any Adverse Event	2232 (87.1)	2174 (84.5)	419 (16.3)	399 (15.5)
Vascular Disorders	1375 (53.6)	1230 (47.8)	59 (2.3)	74 (2.9)
Flushing	1273 (49.7)	1114 (43.3)	9 (0.1)	0 (0)
General Disorders	1154 (45.0)	1090 (42.4)	30 (1.2)	28 (1.1)
Asthenia	862 (33.6)	826 (32.1)	16 (0.6)	7 (0.3)
Edema NOS	471 (18.4)	416 (16.2)	4 (0.2)	3 (0.1)
Musculoskeletal				
Disorders	978 (38.2)	836 (32.5)	71 (2.8)	50 (1.9)
Arthralgia	565 (22.0)	465 (18.1)	25 (1.0)	20 (0.8)
Arthritis NOS	173 (6.7)	124 (4.8)	10 (0.4)	5 (0.2)
Myalgia	171 (6.7)	122 (4.7)	8 (0.3)	6 (0.2)
Back Pain	129 (5.0)	112 (4.4)	8 (0.3)	7 (0.3)
Nervous System				
Disorders	863 (33.7)	819 (31.8)	65 (2.5)	58 (2.3)
Headache	516 (20.1)	508 (19.7)	18 (0.7)	17 (0.7)
Dizziness	363 (14.2)	342 (13.3)	9 (0.4)	6 (0.2)
Skin Disorders	830 (32.4)	787 (30.6)	17 (0.7)	16 (0.6)
Sweating Increased	619 (24.2)	577 (22.4)	1 (0.1)	0 (0)
Gastrointestinal				
Disorders	725 (28.3)	731 (28.4)	43 (1.7)	42 (1.6)
Constipation	290 (11.3)	304 (11.8)	6 (0.2)	2 (0.1)
Nausea	221 (8.6)	212 (8.2)	3 (0.1)	10 (0.4)
Diarrhea NOS	128 (5.0)	143 (5.6)	12 (0.5)	8 (0.3)
Metabolic Disorders	551 (21.5)	537 (20.9)	24 (0.9)	32 (1.2)
Hypercholesterolemia	401 (15.6)	398 (15.5)	2 (<0.1)	5 (0.2)
Reproductive Disorders	303 (11.8)	357 (13.9)	9 (0.4)	8 (0.3)
Vaginal Hemorrhage	123 (4.8)	171 (6.6)	2 (<0.1)	5 (0.2)
Vulvovaginal Dryness	327 (12.5)	327 (12.7)	0 (0)	0 (0)
Psychiatric Disorders	320 (12.5)	276 (10.7)	21 (0.8)	16 (0.6)
Insomnia	149 (5.8)	120 (4.7)	2 (<0.1)	2 (<0.1)
Respiratory Disorders	279 (10.9)	260 (10.1)	30 (1.2)	28 (1.1)
Dyspnea	140 (5.5)	137 (5.3)	21 (0.8)	18 (0.7)
Investigations	184 (7.2)	147 (5.7)	13 (0.5)	13 (0.5)
Infections and				
Infestations	166 (6.5)	163 (6.3)	40 (1.6)	33 (1.3)
Renal Disorders	130 (5.1)	100 (3.9)	12 (0.5)	6 (0.2)

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 5.3% (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 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 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 sub-study 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		
Edema	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 ($\leq 2\%$) 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 included 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=109) %	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	6
Digestive System				
Nausea	13	15	9	14
Vomiting	7	7	5	9
Constipation	6	7	9	7
Diarrhea	6	5	3	4
Pain-Abdominal	6	5	9	8
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, psoriasiform 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.

DOSEAGE 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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Suite Dreams

I RECENTLY SPENT a month on a book tour, living out of hotels. Ed, who joined me for a few days, couldn't understand why I'd complain about this. The best thing that could happen to Ed is that each day someone would come to tidy his room and pick the towels up off the floor and change the sheets. You might think that Ed, being married, could count upon his wife for this. Unfortunately for Ed, his wife changes sheets the way other people change the oil. I've got a sticker on the headboard to remind me when four months have gone by. Shortly after Ed and I met, he told me he could see a faint Mary-shaped outline on my bedsheet.

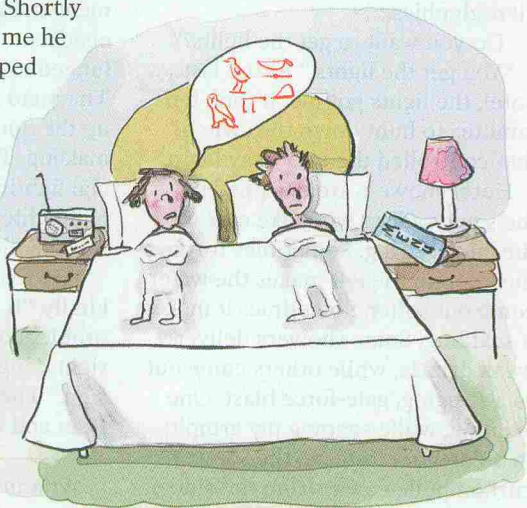
"It's a miracle," I said. "Call the Church! Call the newspapers!"

"Not *that* Mary," said Ed.

Suffice to say, I would not last long as a maid at the Marriott. The chain's founder, J.W. Marriott, believed cleanliness was next to godliness, which

possibly explains why there was a copy of his biography alongside the Bible in the bedside-table drawer in my room at the Anchorage Marriott. The book said J.W. would "run his index finger over the furniture, doorsills, and venetian blinds" of his son and daughter-in-law's home. The biographer doesn't mention how long the son and daughter-in-law's marriage lasted, but I'd wager not so very long—two, maybe three changes of the sheets at our house.

Why do I complain about staying in hotels? After all, these were nice



Mary Roach's latest best-seller is *Spook*.

hotels, hotels with down comforters and \$7 bowls of Cheerios. I guess because it's not home. Nobody's home has a stranger downstairs who calls to wake you each morning even though you always hang up on him. Nobody's home has a wall-mounted hair dryer so loud as to damage your hearing and yet simultaneously so

the tub and began billowing like a wet ghost. I'd push it down against the porcelain, and it would pull away again. Water poured onto the floor. Miniature shampoo bottles bobbed in the surf. Suddenly I heard knocking, and a voice I couldn't make out. No doubt the guy from The Weather Channel. "Go away," I said. "No interviews today!" It was the maid. I had to stop her. She would see what I'd done, and punish me by setting the clock radio to go off at two a.m.

They do that, you know.

They're aware that no one, not even someone with advanced degrees in hotel management such as J.W. Marriott, knows how to work a hotel-room clock radio. You will be forced to yank it from its socket in the middle of the night and hurl it across the room, incurring replacement charges and shame upon checkout. I pushed Casper aside, lunged to the door and locked it. The maid retreated. Then I mopped up the floodwaters and put on my makeup. The hotel had installed special lighting over the mirror that highlighted my eyebags and made me look like Jimmy Carter.

"My fellow Americans," I said kindly. "It is time to address the problem of inconsistent and downright dangerous shower-fixture design." Then I had a \$7 bowl of Raisin Bran and went out to flog my book. ■

Only hotels tuck sheets so tight you sleep like the ancient Egyptians.

weak as to have no effect on your hair. Nobody's home has a bed with the sheets tucked so tightly that your feet are pressed flat out to the side. Who sleeps like that?

"The ancient Egyptians," said Ed, as he slid in beside me. We lay on our backs, saying unknown things in hieroglyphics.

"Do you want to get the lights?"

"You get the lights." At the last hotel, the lights got me. It took ten minutes to hunt down the switch that controlled the entryway lamp.

Hotel showers are designed by the same sadists who take care of the lamp wiring. Sometimes turning the knob to the left makes the water come out softer. Sometimes it makes it scalding. Some showers deliver a weak drizzle, while others come out as a stinging, gale-force blast. One evening, while soaping my armpits in a Category 3 storm, the shower curtain pulled away from the side of

Write to Mary at myplanet@rd.com.

Ringin' Tru Philip Seymour Hoffman earned raves for his turn as Truman Capote in the biopic *Capote*. While wondering how the film will fare on Oscar night (March 5), we culled these quiz words from the author's *In Cold Blood*. See you on the red carpet. Answers on the next page.

1. evocative

adj.—A: highly controversial.
B: typical.
C: drawing forth.
D: suffocating.

2. hassock

n.—A: rope swing.
B: cushion.
C: gown. D: narcotic plant.

3. effeminate

adj.—A: flowering.
B: having feminine qualities.
C: artificial.
D: bringing about change.

4. ostensibly

adv.—A: with a professed appearance.
B: in an expected manner.
C: in an excluding way.
D: with a strained demeanor.

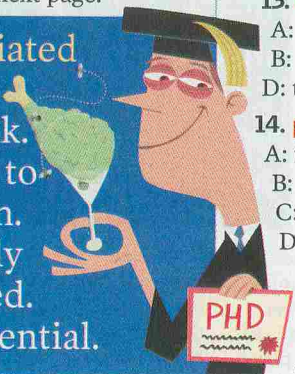
5. substantiate

v.—A: to make up a tale.
B: affirm.
C: conspire against.
D: replace.

6. flaxen adj.—A: made of cloth.
B: pale yellow.
C: rough.
D: imperfect.

7. inebriated

adj.—A: drunk.
B: unfit to be eaten.
C: highly educated.
D: influential.



8. edifice n.—A: large building.
B: moral fortitude.
C: religious offering.
D: rare flower.

9. impish adj.—A: mischievous.
B: cowardly.
C: like a snake.
D: snobbish.

10. stevedore

n.—A: restaurant host.
B: garage attendant.
C: unloader of cargo.
D: travel organizer.

11. pathological

adj.—A: having a specific order.
B: displaying an unhealthy obsession.
C: asking for sympathy.
D: contagious.

12. cannonade

n.—A: continuous attack.
B: shrub-lined walkway.
C: alcoholic beverage.
D: storage jar.

13. garrote

n.—A: prison guard.
B: shotgun.
C: jail.
D: type of execution.

14. prevaricate

v.—A: to come first.
B: be accepted.
C: cause a fight.
D: speak falsely.

15. cortege

n.—A: small bouquet.
B: group of attendants.

C: procession.
D: party.

16. trousseau

n.—A: pantsuit.
B: hair-piece.
C: brothel owner.
D: bridal package.

Envelope, Please

In Cold Blood hit the silver screen in 1967, but missed at the Academy Awards. However, these book-based movies went on to be named Best Picture. Fill in the blanks (years of release are clues). Answers on next page.

F--- --r- -- E---ni-- (1953)
T-- -ren-- C-----ct--- (1971)
T-- --df---er (1972)
-er-- -- E-d-r--- (1983)
T-- -il--c- -- t-- -am-- (1991)

ANSWERS

1. evocative—[C] Drawing forth; tending to evoke. The rich smell of cigar smoke was *evocative* of childhood vacations at my grandfather's house.

2. hassock—[B] Thick cushion; ottoman. Her den was so cluttered that I tripped over a *hassock* on my way out.

3. effeminate—[B] Having traits, habits and tastes traditionally considered feminine. As a young boy he was rather *effeminate*, and suffered taunting from playground bullies.

4. ostensibly—[A] With a professed appearance. He approached the beautiful woman, *ostensibly* to ask the time, but he really wanted her phone number as well.

5. substantiate—[B] Affirm or establish by proof. The detective's detailed report *substantiated* the body of evidence against the defendant.

6. flaxen—[B] Pale yellow; the color of flax or straw. My daughter's *flaxen* hair glistened in the sunshine.

7. inebriated—[A] Drunk; intoxicated. Staggering in, her husband was too *inebriated* to even apologize for being late.



8. edifice—[A] Large or imposing building. The old mental hospital was a dark *edifice* that seemed to belong in a horror movie.

9. impish—[A] Pertaining to an imp—a mischievous child or demon. Though a grown man, he had an *impish* way about him and a wicked sense of humor.

10. stevedore—[C] A person or company responsible for unloading a ship's cargo. Before joining the military, her uncle worked as a *stevedore* in ports all over the world.

11. pathological—[B] Displaying an unhealthy obsession or compulsion. The psychiatrist explained that the young man was a *pathological* liar.

12. cannonade—[A] An attack, as of continuous cannon fire. During the debate, he unleashed a *cannonade* of criticism against his rival.

13. garrote—[D] Execution by strangling; collar worn for such an execution. He was rescued just as his kidnappers placed the *garrote* around his neck.

14. prevaricate—[D] To speak falsely, as to avoid the truth. Embarrassed by his error, he *prevaricated* about it, blaming a co-worker.

15. cortege (kor TEZH)—[C] A procession, especially for a ceremony. The funeral *cortege* made its way down the main street to the local cemetery.

16. trousseau—(troo SO) [D] A collection of linen and clothing collected for a bride. My grandmother's handmade quilt was once part of her *trousseau*.

VOCABULARY RATINGS

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

The Silence of the Lambs.
father; Terms of Endearment;
French Connection; The God-
From Here to Eternity; The
Envelope, Please Answers:

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STOP. THINK.



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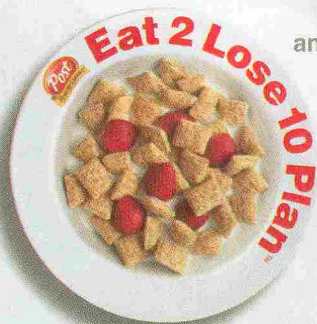
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*Results from a study by a leading cardiologist; 50% of subjects lost 10 or more lbs. Average weight loss 11 lbs. Consult your physician before starting any diet or exercise program. Results may vary. © 2006 KF Holdings.

A photograph of Maria Bartiromo standing in a busy trading floor, likely the New York Stock Exchange. She is wearing a grey blazer over a white collared shirt and a dark top. The background is filled with many computer monitors displaying various data and charts, and other people are visible working in the background.

MONEY MAKERS

MARIA BARTIROMO

Maria, back at the New York Stock Exchange.

Courage Under Ire

I had a choice—
cave in to the bully or
do what I loved

ONE OF THE MOST important character traits anyone can have is courage: the courage to find your hidden strength and let it lead you, to make difficult choices and see them through.

There are countless stories of ordinary people who had the courage to change the course of their lives. I think immediately of

my grandmother Rosalia Maria Morreale, who left behind everything that was familiar in her native Italy to start a new life in America. There's Andy Grove, who at age 20 escaped from Hungary in the wake of the 1956 revolution and went on to co-found Intel Corporation. Or Francis Ford Coppola, who had a grand vision to produce movies but was broke, so he mortgaged everything on a dream.

In my new column, I'll bring you the stories of both famous and not-so-famous people who found themselves at a crossroads, with a choice to make—and the courage to make it. We often hear that the cards are

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

stacked against ordinary people in a rich man's world. But we all have the power to win.

I have a story, too, only mine is about taking a stand.

Some of the brokers would **physically bump into me** while I was on-camera.

By the time I was 23, I had been working at CNN Business News for five years. I was producing a live show, and I had one of the greatest Rolodexes on Wall Street. But I missed being at the scene, getting to the people who made the headlines

and knowing how they did it.

I put together a tape of myself reporting on-camera, shopped it around to the major news organizations—and began broadcasting in 1993 at CNBC. Two years later, we were starting a new show and I went to Dick Grasso, then head of the New York Stock Exchange, to ask if we could do something never done before—report, live, right there on the trading floor.

Grasso liked the idea and gave us the go-ahead. We worked out the challenges of filming in such a tight space, with traders running around and shouting orders.

It turned out that the NYSE was very much an old boys club. And the

Wow, look what happens when you put patients first.

Preventing disease.

Thanks to Merck scientists, many childhood diseases are uncommon today. Merck is one of the few drug companies still working to develop new vaccines. One day, vaccines may be able to prevent tough diseases like cancer.

boys didn't want a female broadcaster elbowing into the huddle with a camera.

No question, it was an intimidating experience. Some brokers would physically bump into me while I was on-camera. I tried to keep my cool—and my balance—as I was literally getting run down.

But I loved it because I was delivering news in its purest, most immediate form. I used to stand in front of IBM's trading post, so I was there the day in 2000 after IBM reported its third-quarter earnings. IBM management had made cautious comments about the business, and its shares had fallen before the market opened. IBM is an industry leader and a component of the Dow Jones Industrial

Average, so I knew the market was going to be down big on this news.

The opening bell rang, and the Dow dropped 200 points. I was reporting this news live when one of the brokers next to me got on the phone and yelled, "Hold it up! I've got a half-million more shares for sale!" Within a nanosecond, the Dow was down over 400 points. It doesn't get much more exciting than that.

But those early days were uncomfortable—and there were *many* of them. Every day, I needed to shore up my confidence to hold my ground in this mass of suits. Every day I had to be sure I knew my stuff because you couldn't fool these guys. Every day I had to fight for respect.

I will always remember the time

Fighting disease.

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Providing information.

The *Merck Manual* is the world's best-selling health guide. It's free online at merck.com. For more information on Merck, call 1-800-9MERCK7.

Jack Welch, then CEO of General Electric, which owned CNBC, was set to visit the floor of the stock exchange. The day before his visit, I walked over to the GE trading post to ask George, GE's head specialist, if it would be okay to bring Jack by the next day. Some 20 brokers were standing around the post and another 50 were within earshot when one of the traders yelled, "Get away from here now! This is *not* your business. You will not discuss *any* of this on television!"

Here he was, a grown man, dressed in suit and tie, red in the face and trying to get in mine. I must admit, he scared me. And I was embarrassed. Everyone was staring. My stomach tied itself into a giant knot, and my brain went blank. I knew it wouldn't be wise to yell back. That would create an even bigger scene. But I also knew I couldn't just run away. Why should I?

Luckily, none of this was caught on-camera, but still, the moment seemed to last forever. Finally, I managed to say very calmly, "Do not ever speak to me that way." And I turned and walked away.

The next day George showed Jack how stocks were traded. He loved it!

Grasso set up a meeting for me and the guy who had given me such a hard time, hoping we'd agree to disagree. But it was clear the trader didn't want the media on the floor, and he treated me rudely for years. I stayed tough, though. I wasn't going to stop doing what I loved.

I reported from the floor of the NYSE for a decade. I went from being called "Hey, you" to "the Money Honey." Instead of trying to interrupt my broadcast, traders passed me notes to alert me to breaking news at their posts. The only time I came close to losing my composure on air was when a jokester gave me a note that said, "Nice shoes!"

I now host *Closing Bell* on CNBC every afternoon, and a syndicated weekend show, *The Wall Street Journal Report*, on which I interview some of the most powerful, successful people in business. I may run into more bullies, but I'm clear about my responsibility to my viewers—to ask the tough questions and push for honest answers. I had the courage to take a stand *because* I knew my stuff.

MARIA'S PICKS

- At womensmedia.com, learn to boost your self-confidence, explore conflict strategies and succeed in male-dominated professions.
- Author Mark Goulston, MD, shows you how to conquer 40 self-defeating behaviors, including fear of confrontation, in *Get Out of Your Own Way at Work ... and Help Others Do the Same*.
- Gini Graham Scott offers advice for handling difficult people in *A Survival Guide for Working With Bad Bosses: Dealing With Bullies, Idiots, Back-Stabbers, and Other Managers From Hell*.

YOU'RE STILL WORKING.

IS YOUR RETIREMENT ACCOUNT?

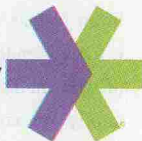
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Heart disease affects three kinds of people.



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Marital Spats Make You Sick

LAST NIGHT'S TIFF could do more than make you glare at each other over your morning cornflakes. Bickering raises stress so much that it delays your body's ability to heal, say husband and wife researchers Ronald Glaser and Janice Kiecolt-Glaser at Ohio State University. They inflicted 42 couples with blisters. At the first visit, the twosomes discussed topics that encouraged support from each other; next time, they were asked to resolve a disagreement. After each session, the Glasers took samples of the blisters and measured levels of



cytokines, messengers that summon healing cells to the wound. Cytokines were lower after the conflicts than after the supportive talks, and the most hostile pairs took two days longer to heal, on average, than the least hostile.

Earlier, Easier Diagnosis

Near the top of the list of diseases that are tricky to catch early: lung cancer and rheumatoid arthritis (RA). So doctors are working on better screening tools. New tests on the horizon:

Lung cancer Researcher Bojana Turic is developing a test that uses scrapings from the inside of the cheek to detect markers of early lung cancer in

smokers and nonsmokers. The test will spot subtle changes in cheek cells, which result from the presence of cancer in the lungs. The ultimate goal is to have the test incorporated into regular dental checkups or physicals.

Rheumatoid arthritis In people with RA, the synovium, a thin tissue layer that surrounds the joints and tendons, begins

expanding and then erodes bones, causing damage and pain. An experimental new test using noninvasive microscopic MR imaging may detect thickening of the synovium and bone erosions, possible signs of the debilitating condition in its beginning stages. Early, aggressive medical treatment can lessen the effects of the disease.

An Alternative to Allergy Shots

YOU'RE ALLERGIC to ragweed, peanuts or your pet, so you see the doctor for regular shots. Over time, she injects larger doses of the allergen, so you become less sensitive to it, easing symptoms. What a pain! Soon you may be able to treat yourself at home, needle-free.

For more than a decade, many Europeans have been skipping shots and taking allergens by mouth, where they're absorbed in the bloodstream. It's convenient and painless, so patients are more likely to seek treatment. But a panel of U.S. doctors reviewed 100 mostly European studies on the subject, and these experts aren't

recommending the oral method here just yet. "In some studies, very high doses had no efficacy over the long term, while others

using a lower dose seemed to have benefits over a short time," says

task force co-chair

Linda Cox. "There's some work that needs to be done to understand the mechanism."

Scientists at Greer Laboratories are doing that

work. Once they determine optimal dosages, they hope to begin seeking FDA approval for the technique by next year.



Are Women Tougher Than Men?

When men get sick, they act like babies, say women. But maybe the fairer sex should take a cue from these guys—it could save their lives, say researchers at the University of Michigan. When women have a heart attack, they're more likely to put off seeking help than men, and after an attack, they're less likely to take steps to improve their health. The reason? Women are too tough; they think their heart problems are simply not a big deal. When Steven Erickson and colleagues asked 348 men and 142 women who had been admitted to the hospital for a heart attack about their symptoms and medication, they found that even though the women had more symptoms and were taking more medication, they rated their disease as being no more severe than the men did. For more on women and heart disease, go to www.americanheart.org.

People who sleep less than seven hours per night are **more likely to be obese** than those who sleep seven or more hours.

SOURCE: Sleep

THE teenage boy seemed placid as I approached his hospital bed to give him a psychiatric evaluation. His mother was seated nearby, immersed in her knitting.

I walked over and introduced myself to the boy. He looked right through me and started screaming: "I can't see! I can't see!"

I had never witnessed such a dramatic example of hysterical blindness. "How long has this been going on?" I asked his mother.

Without looking up she replied, "Ever since you stepped in front of his television."

ISAAC STEVEN HERSCHKOPF, MD, in *The New York Times*

VOICE MAIL is my sworn enemy—I have never understood how it works. Finally, I broke down and called the office operator to walk me through it.

"I can send you an instruction sheet," she said.

"Great, fax it over."

"Sure," she said. "But fax it right back. It's my only copy."

ROBERT BALK



"I'm happy to report our use of air-sickness bags has declined sharply since we quit serving meals."

JUST AFTER Hurricane Katrina hit, I watched an interview with a New Orleans businessman who kept his bar open by candlelight when the electricity failed. Okay, so he had light. But, wondered

the reporter, "You have no running water. How can you stay open?"

"Sir," said the bar owner in a lazy drawl, "folks don't come to New Orleans to drink the water."

JOANNE DE VRIES

Recently, I went to use the ladies room in the office building where I work. I beat a hasty retreat, however, after seeing this sign inside: "Toilet out of order—please use floor below."

CLAIRE ROSKIND

PART OF MY JOB at the District Attorney's office is to send letters to people accused of crimes, informing them when a court date is scheduled. One such notice was returned, clearly by a criminal mastermind, with this jotted on the envelope: "I DO NOT LIVE HERE."

CASSIE GALINDO

BEHIND EVERY new technology is a researcher with a passion. Some more noble than others, as evidenced by these winners of the Ig Nobel Prize, awarded this past year by the editors of the *Annals of Improbable Research* magazine:

Winner of the Ig Nobel Prize for Physics:

To scientists at The University of Queensland in Australia. Since 1927, researchers there have been tracking a glob of congealed black tar as it drips through a funnel at a rate of about one drop every nine years.

Winner of the Ig Nobel Prize for Biology:

To Benjamin Smith, Craig Williams, Michael Tyler and Yoji Hayasaka for smelling and cataloging the peculiar odors produced by 131 different species of frogs when they were feeling stressed.

Winner of the Ig Nobel Prize for Economics: To Gauri Nanda, for inventing an alarm clock that runs away and hides, thus ensuring that people do get out of bed.

I heard the dog barking before he and his owner actually barreled into our vet practice. Spotting a training video we sell, the owner wisely decided to buy one.

"How does this work?" she asked, handing me a check. "Do I just have him watch this?"

BRANDI CHYTKA

I WENT TO A STORE to buy some insecticide. "Is this good for beetles?" I asked a clerk.

"No," he replied. "It'll kill them."

RASHADA AHMAD

S POTTING ONE of his customers wandering the aisles of his specialty food shop, my boss approached.

"We're having a sale on tongue," he said. "Would you like some?"

"Eeww!" shuddered the woman. "I would never eat anything from an animal's mouth!"

"In that case," my boss said, "how about a dozen eggs?"

TERRY STROBAUGH

AFTER BEING elected to the city council, I was happy to see my photo on the local news. But the glow faded when I wondered if that station had endorsed my opponent. The tip-off? The station's choice of background music: Cher's "Gypsies, Tramps & Thieves."

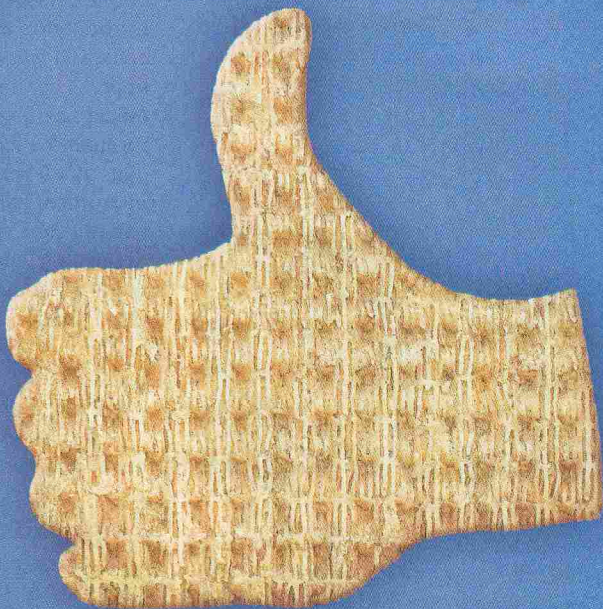
DEB SOFIELD

I was on line in the cafeteria of the hospital where I work when I overheard a doctor ask an anesthesiologist how his day was.

"Good," came the response. "Everyone's woken up so far."

JENNA GALAZEN

You could earn \$300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 14 for details.

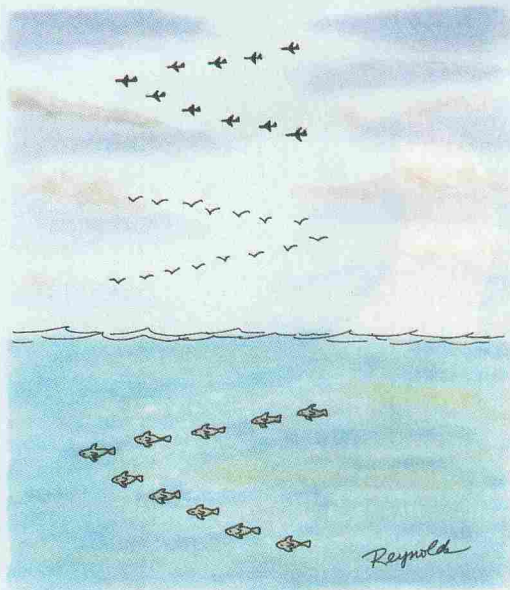


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JOINING THE Air Force was a dream come true. And when I sat in the co-pilot's seat during an introduction to the cockpit, I was eager to impress my instructor. I quickly made my way through the maze of dials and levers on the instrument panel, naming each one and describing what they did in great detail. Until, that is, I came to one with a bunch of numbers.

"What's this?" I asked.

"The clock," he answered. FAISAL MASOODI

OUR BOMB SQUAD commander at Fort Lewis, Washington, was testifying in court about a traffic accident.

When the prosecutor began questioning her, the captain sud-

denly lost her voice.

"I'm sorry," she said to the judge. "I guess I'm nervous."

"You're nervous?" laughed the judge. "And what exactly is it you do again?" LT. DIANA MANCIA

THE MILITARY is known for two things: secrets and acronyms. When my husband's public-affairs unit was reorganized, these office names were proposed—News Operations, News Operations Technology, and News Operation Web. Or, in military acronym-speak, "NO, NOT, NOW." MONICA YACENDA

You could earn \$300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 14 for details.

During the Cold War, I was an interpreter in the Air Force. We were testing a computer that purportedly could translate Russian into English, and vice versa. We began by uttering this English phrase, "The spirit is willing, but the flesh is weak."

The Russian translation came out, "Vodka horosho, no myaca slabie." Or, in English, "The alcohol is good, but the meat is poor."

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Discover Lunesta,[™] a sleep aid that can change your nights.

Even when your restless mind keeps you awake, Lunesta can give your body and mind the soothing sleep you need. Lunesta not only helps most people fall asleep fast, it helps you sleep all through the night. Peacefully, uninterrupted. Lunesta works quickly, so you should only take it right before bed. And prescription Lunesta is non-narcotic, and approved for long-term use. Of course, do not use sleep medicines for extended periods without first talking to your doctor.

Now's the time to catch the sleep you need. If you've been hesitant to take a prescription sleep aid, be sure to ask your doctor about Lunesta.

How are your sleeping habits? There are many changes you can make in your lifestyle to improve your sleep. To find out more go to www.lunesta.com

Important Safety Information: Be sure you have at least eight hours to devote to sleep before becoming active. Until you know how you'll react to Lunesta, you should not drive or operate machinery. Do not use alcohol while taking Lunesta. Most sleep medicines carry some risk of dependency. Side effects may include unpleasant taste, headache, drowsiness and dizziness.

See important patient information on the next page.

Leave the rest to Lunesta



Please read this summary of information about LUNESTA before you talk to your doctor or start using LUNESTA. It is not meant to take the place of your doctor's instructions. If you have any questions about LUNESTA tablets, be sure to ask your doctor or pharmacist.

LUNESTA is used to treat different types of sleep problems, such as difficulty in falling asleep, difficulty in maintaining sleep during the night, and waking up too early in the morning. Most people with insomnia have more than one of these problems. You should take LUNESTA immediately before going to bed because of the risk of falling.

LUNESTA belongs to a group of medicines known as "hypnotics" or, simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Insomnia is often transient and intermittent. It usually requires treatment for only a short time, usually 7 to 10 days up to 2 weeks. If your insomnia does not improve after 7 to 10 days of treatment, see your doctor, because it may be a sign of an underlying condition. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

Side Effects

All medicines have side effects. The most common side effects of sleep medicines are:

- Drowsiness
- Dizziness
- Lightheadedness
- Difficulty with coordination

Sleep medicines can make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of LUNESTA that is best for you. Some people taking LUNESTA have reported next-day sleepiness.

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

- When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- Do not drink alcohol when you are taking LUNESTA or any sleep medicine. Alcohol can increase the side effects of LUNESTA or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy

without a prescription. Some medicines can cause drowsiness and are best avoided while taking LUNESTA.

- Always take the exact dose of LUNESTA prescribed by your doctor. Never change your dose without talking to your doctor first.

Special Concerns

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

Memory Problems

Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine. Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia." Memory problems have been reported rarely by patients taking LUNESTA in clinical studies. In most cases, memory problems can be avoided if you take LUNESTA only when you are able to get a full night of sleep before you need to be active again. Be sure to talk to your doctor if you think you are having memory problems.

Tolerance

When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness in helping you sleep. This is known as "tolerance." Development of tolerance to LUNESTA was not observed in a clinical study of 6 months' duration. Insomnia is often transient and intermittent, and prolonged use of sleep medicines is generally not necessary. Some people, though, have chronic sleep problems that may require more prolonged use of sleep medicine. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence

Sleep medicines can cause dependence in some people, especially when these medicines are used regularly for longer than a few weeks or at high doses. Dependence is the need to continue taking a medicine because stopping it is unpleasant.

When people develop dependence, stopping the medicine suddenly may cause unpleasant symptoms (see *Withdrawal* below). They may find they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks. If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting LUNESTA or any sleep medicine.

Withdrawal

Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In

some cases, these symptoms can occur even if the medicine has been used for only a week or two. In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and, rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon. Although withdrawal symptoms have not been observed in the relatively limited controlled trials experience with LUNESTA, there is, nevertheless, the risk of such events in association with the use of any sleep medicine.

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

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

Changes In Behavior And Thinking

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

- More outgoing or aggressive behavior than normal
- Confusion
- Strange behavior
- Agitation
- Hallucinations
- Worsening of depression
- Suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used. Clinical experience with LUNESTA suggests that it is rarely associated with these behavior changes.

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

Pregnancy And Breastfeeding

Sleep medicines may cause sedation or other potential effects in the unborn baby when used during the last weeks of pregnancy. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking LUNESTA.

In addition, a very small amount of LUNESTA may be present in breast milk after use of the medication. The effects of very small amounts of LUNESTA on an infant are not known; therefore, as with all other prescription sleep medicines, it is recommended that you not take LUNESTA if you are breastfeeding a baby.

Safe Use Of Sleep Medicines

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

1. LUNESTA is a prescription medicine and should be used **ONLY** as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take LUNESTA.
2. Never use LUNESTA or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with LUNESTA or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription and herbal preparations. You should also tell your doctor if you drink alcohol. **DO NOT** use alcohol while taking LUNESTA or any other sleep medicine.
5. Do not take LUNESTA unless you are able to get 8 or more hours of sleep before you must be active again.
6. Do not increase the prescribed dose of LUNESTA or any other sleep medicine unless instructed by your doctor.
7. When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night or two after stopping any sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, if you become pregnant, or if you are breastfeeding a baby while taking LUNESTA.
10. As with all prescription medicines, never share LUNESTA or any other sleep medicine with anyone else. Always store LUNESTA or any other sleep medicine in the original container and out of reach of children.
11. Be sure to tell your doctor if you suffer from depression.
12. LUNESTA works very quickly. You should only take LUNESTA immediately before going to bed.
13. For LUNESTA to work best, you should not take it with or immediately after a high-fat, heavy meal.
14. Some people, such as older adults (i.e., ages 65 and over) and people with liver disease, should start with the lower dose (1 mg) of LUNESTA. Your doctor may choose to start therapy at 2 mg. In general, adults under age 65 should be treated with 2 or 3 mg.
15. Each tablet is a single dose; do not crush or break the tablet.

Note: This summary provides important information about LUNESTA. If you would like more information, ask your doctor or pharmacist to let you read the Prescribing Information and then discuss it with him or her.

Rx only





COVER IT IN RANCH DRESSING
AND PRETEND IT'S
A BUFFALO WING



THE WAY RANCH IS SUPPOSED TO TASTE

Hands-On Help

While others look away from trouble, this lady digs in and gets to work

BY KARENNA GORE SCHIFF

I REMEMBER the first time I saw Gretchen Buchenholz doing what she does best. It was the fall of 2002, and she was standing at the door of a New York day-care center she'd started for disadvantaged and special-needs children. A stream of little kids were entering the building, some using their walkers, some with other physical challenges. Gretchen knelt down beside each child, greeting each by name and saying something personal. The kids grinned and giggled shyly; every one of their little faces lit up.

A few weeks later, Gretchen told me that one of the boys who had



Gretchen Buchenholz, left, with Karenna Gore Schiff in New York City, December 2005.

come through the door that morning and every other morning for the past several years had died from his terminal illness. "He was a beautiful, happy boy," Gretchen said, in tears. I later learned that she often served



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*Scientific evidence suggests, but does not prove, that eating 1.5 ounces per day of most nuts, such as peanuts, as part of a diet low in saturated fat and cholesterol and not resulting in increased caloric intake, may reduce the risk of coronary heart disease.

1.5 ounces of peanuts equals 1-1/2 servings, which provides 260 calories and 21 grams of total fat (3g saturated, 10g monounsaturated, 7g polyunsaturated, 0g trans-fat).

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as a support system for families who had endured crushing losses like this one. I was struck by how nurturing Gretchen was, how out of the way she went for the children and their families. Around this time, I decided to change jobs. I'd been working as an attorney, but for the next two years I decided to serve as director of community affairs for the Association to Benefit Children (ABC), the nonprofit group Gretchen founded some 20 years ago.

Growing up as the daughter of Al and Tipper Gore, I'd always known my work would involve helping others in some way. When I was 11, my mom, sisters and I were walking in downtown Washington, D.C., when we passed a group of homeless people in tattered overcoats, sleeping on grates. My sisters and I asked my mom why people were out on the street like that. She replied, "Actually, we should try to help them," and then marched us over to a nearby soup kitchen to volunteer. The idea of becoming part of the solution to a problem stuck with me.

After I married and moved to New York, I began hearing about Gretchen Buchenholz. People told me how this native New Yorker and mother of six had worked on behalf of needy and marginalized families for years in the city, and how she was a hands-on, skilled advocate. She did everything from buy groceries for homeless families to start schools for children. In 1974 she founded Merricat's Castle, a nursery

school that opened its doors to kids of all racial and economic backgrounds, the able-bodied as well as those with disabilities or terminal illnesses. (It's still going strong.) She also ran a soup kitchen for the homeless and worked on behalf of children born with HIV, helping to get the care they needed from the moment they tested positive.

I thought, I want to meet this person. Still, I felt a little intimidated. What would she be like? She was a pioneer, after all. And what had I really done in my own life to compare?

I met her in a Manhattan diner and was instantly charmed by her warmth and salt-of-the-earth qualities. She has little time for superficialities or small talk. Instead she's diligent about defending those who need someone in their corner and getting the best outcome for them, regardless of their situation.

The story of how she started ABC is pretty amazing. In 1984 she was on her way to a government office to get a day-care permit when, by accident, she entered a room where homeless families were waiting to be placed in a "welfare hotel." She saw three bare cribs with babies lying in them. The children wore no diapers (their parents couldn't afford them), and the room was filthy. After talking to the parents and learning they and their children were hungry, Gretchen marched out and bought bread, peanut butter, apple juice and diapers. Then she

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*Scientific evidence suggests, but does not prove, that eating 1.5 ounces per day of most nuts, such as peanuts, almonds, pistachios, pecans, hazelnuts and walnuts, as part of a diet low in saturated fat and cholesterol and not resulting in increased caloric intake, may reduce the risk of coronary heart disease.

1.5 ounces of Heart Healthy Mix equals 1-1/2 servings, which provides 260 calories and 24 grams total fat (2.5g saturated, 12g monounsaturated, 8g polyunsaturated, 0g trans fat). Contains 50% less sodium than Planters' Regular Mixed Nuts.



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started making phone calls. She dialed the American Red Cross, City Hall and *The New York Times*. Ultimately, she helped set up transi-

Gretchen has made me **see that these kids** are no different from my own.

tional housing for them and other homeless families like them.

It's been an inspiration to me to get to know some of the kids she's helped and to realize they are the same as my own two children in terms of vulnerability, potential and joy. The big difference is that, after day care or nursery school, most of the children Gretchen works with go home to temporary housing, where there's minimal food, clothing and money. Gretchen has made me see that we need to recognize these children are no different from our own, and we need to pitch in and help. Too often, people look

away from suffering. But I think when you face the harsh, heart-breaking aspects of life, you gain strength to do something about it. I want to give my own children a full picture of those living with poverty and loss, and inspire them to help others. It's the example that Gretchen lives.

A year or so ago I went to a graduation ceremony at one of Gretchen's preschools. I was so moved by the pride and joy the families showed in seeing their little ones honored. Some of the children in these programs have terminal illnesses, but the ceremonies are always about life's moments of joy.

I'm sure there have been times when I've looked in the rearview mirror too much, or gotten caught up in something that really didn't matter. Gretchen celebrates other people's ability to thrive. I wish there were more people like her.

As told to LAURA YORKE

Karenna Gore Schiff is the author of the just published "Lighting the Way: Nine Women Who Changed Modern America."

JOB INSECURITY

Looking for work? Look no further than the newspaper headlines.

"Police Seek Vandals for Graffiti Work"

Fairborn (Ohio) Daily Herald, submitted by DON SKINN

"Volunteers Needed for Suicide Program"

The Oklahoman, submitted by DONALD L. WIARD

"Analyst's Couch Maker Finds a Niche in Shrinking Market"

The Wall Street Journal, submitted by LAKSHMI MANI

Q I'm 34, married with two kids. My problem is computer gaming. I do it day and night, averaging four hours of sleep. Sometimes I play all night, figuring it's better to stay up than be loopy on just an hour. I can't get control of this, and I don't know where to go for help. Do you? PLAYER

A Dear Player,
You have an addiction. For some people, playing video games releases dopamine, a powerful brain chemical that makes you feel good. How to kick the habit? Get rid of the dangerous object. Lock the computer, and give the key to your wife. You'd toss your cigarettes if you were ready to quit, right? Separate yourself from the screen before you ruin your family life, your career and your health. If you can't do it on your own, get help from a mental health professional. And don't look for help online; that would be like an alcoholic going to a bar for advice.

Q My brother's wife just had triplets. This is such a joy! Yet every time I share the news with friends or co-workers, they ask me if she was on fertility pills. I think this is nosy and rude—or has society

just become so talk-show numbed that you can ask anyone anything?

NO SHOW HOST

A Dear Host,
Yes, it's inappropriate. And yes, our society has become increasingly intrusive and disrespectful of privacy. But don't blame it all on the talk shows—if we weren't so interested in other people's business, those crude shows wouldn't be as successful. Continue to celebrate and spread the news of your brother and sister-in-law's happiness. And greet unwelcome and impolite questions with stony silence and a shrug. Their fertility history is nobody's business but their own.

Q I'm a family joke. The joke is that I have a crush on a guy across the road. I don't. My family

Jeanne Marie Laskas's new book, *Growing Girls*, will be published in May by Bantam.



all think it's hilarious and refer to it all the time. I've asked them to stop, but then they double the teasing. I'm a mature 17, not a giddy kid. What am I supposed to do?

FUNNY GIRL

A Dear Funny,
Many families think teasing is funny. But when it hurts, it's wrong. Now go look in the mirror. Say, "I am not a joke and neither is my heart." Say this many times until you own it. Then go on out there and say it to your family as many times as necessary until they back off. And if they don't, just keep on saying it to yourself and walk away.

Q My wife never gets rid of anything. You can barely walk through any room in our house. My son separated from his wife, and now we have all his stuff too. Every table has a pile of junk on it. I'm afraid the whole house is a fire hazard. What can I do to get her to throw things out?

TRASHMAN

A Dear Trashman,
Live up to your name! Do the throwing. Take charge of a task that she clearly is no good at. Put some things in storage or call a clutter expert to take charge.

Q My stepson's wife sometimes leaves their eight-year-old home alone for "a short run to the store." That may be an hour or so. I believe by law we should report it. What do you think?

THE IN-LAWS

A Dear Laws,
I don't know what the child-protection laws in your state are, but I do know that children need care and attention. This child may be able and unafraid, but kids aren't always careful. It also sounds like there is strain in your family relationship. One thing you can do to help the situation and protect your grandchild is offer to baby-sit when Mom needs to step out.

Question of the Month

Q I work at an amusement park, and my manager steals supplies. She has a catering business on the side, and we've seen her load up her van at the back gates. The big bosses think she is the best thing since buttered bread, and we're all afraid that if we say anything, we'll lose our jobs. What can we do?

RIGHTEOUS

A Dear Righteous,
By saying nothing, you become an accomplice to the crime. Be sure you're right. Check the inventory. You must have evidence, not speculation, about what and why things are going out the back gates. Once you know for certain, it's time to go to the bosses and report what you have seen.

QUESTIONS ABOUT PARENTS, PARTNERS OR OFFICE POLITICS?

E-mail Jeanne Marie Laskas at advice@rd.com. Sending gives us permission to edit and publish.

**Overseeing 4000 students and staff,
Janice is a formidable woman.**

**But she was no match for something
smaller than the point of a pencil.**

A CLOT.

Clots are the number one cause of heart attack and stroke, but you can help reduce your risk.

This is important information if you've been hospitalized with heart-related chest pain or a certain type of heart attack.

That's because these conditions, known as Acute Coronary



Syndrome — or ACS — are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.

PLAVIX, in combination with aspirin, helps provide greater protection against a future heart attack or stroke than aspirin alone.

PLAVIX, taken with aspirin, plays its own role in helping reduce your risk of heart attack and stroke. That's because, unlike your cholesterol and blood pressure medications, prescription PLAVIX works directly to help keep blood platelets from sticking together and forming clots.




IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with PLAVIX. Additional rare but serious side effects could occur.

Talk to your doctor today to learn more about PLAVIX.

Or visit www.plavix.com or call 1.800.470.4098.

See important product information on the following pages.

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Brief Summary of Prescribing Information Rev. May 2005

INDICATIONS AND USAGE

PLAVIX (clopidogrel bisulfate) is indicated for the reduction of atherothrombotic events as follows:

- **Recent MI, Recent Stroke or Established Peripheral Arterial Disease**
For patients with a history of recent myocardial infarction (MI), recent stroke, or established peripheral arterial disease, PLAVIX has been shown to reduce the rate of a combined endpoint of new ischemic stroke (fatal or not), new MI (fatal or not), and other vascular death.
- **Acute Coronary Syndrome**
For patients with acute coronary syndrome (unstable angina/non-Q-wave MI) including patients who are to be managed medically and those who are to be managed with percutaneous coronary intervention (with or without stent) or CABG, PLAVIX has been shown to decrease the rate of a combined endpoint of cardiovascular death, MI, or stroke as well as the rate of a combined endpoint of cardiovascular death, MI, stroke, or refractory ischemia.

CONTRAINDICATIONS

The use of PLAVIX is contraindicated in the following conditions:

- Hypersensitivity to the drug substance or any component of the product.
- Active pathological bleeding such as peptic ulcer or intracranial hemorrhage.

WARNINGS

Thrombotic thrombocytopenic purpura (TTP): TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition and requires urgent referral to a hematologist for prompt treatment. It is characterized by thrombocytopenia, microangiopathic hemolytic anemia (schistocytes [fragmented RBCs] seen on peripheral smear), neurological findings, renal dysfunction, and fever. TTP was not seen during clopidogrel's clinical trials, which included over 17,500 clopidogrel-treated patients. In world-wide postmarketing experience, however, TTP has been reported at a rate of about four cases per million patients exposed, or about 11 cases per million patient-years. The background rate is thought to be about four cases per million person-years. (See **ADVERSE REACTIONS**.)

PRECAUTIONS

General

PLAVIX prolongs the bleeding time and therefore should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or other pathological conditions (particularly gastrointestinal and intraocular). If a patient is to undergo elective surgery and an antiplatelet effect is not desired, PLAVIX should be discontinued 5 days prior to surgery.

Due to the risk of bleeding and undesirable hematological effects, blood cell count determination and/or other appropriate testing should be promptly considered, whenever such suspected clinical symptoms arise during the course of treatment (see **ADVERSE REACTIONS**).

In patients with recent TIA or stroke who are at high risk for recurrent ischemic events, the combination of aspirin and PLAVIX has not been shown to be more effective than PLAVIX alone, but the combination has been shown to increase major bleeding.

GI Bleeding: In CAPRIE, PLAVIX was associated with a rate of gastrointestinal bleeding of 2.0% vs. 2.7% on aspirin. In CURE, the incidence of major gastrointestinal bleeding was 1.3% vs. 0.7% (PLAVIX + aspirin vs. placebo + aspirin, respectively). PLAVIX should be used with caution in patients who have lesions with a propensity to bleed (such as ulcers). Drugs that might induce such lesions should be used with caution in patients taking PLAVIX.

Use in Hepatically Impaired Patients: Experience is limited in patients with severe hepatic disease, who may have bleeding diatheses. PLAVIX should be used with caution in this population.

Use in Renally-impaired Patients: Experience is limited in patients with severe renal impairment. PLAVIX should be used with caution in this population.

Information for Patients

Patients should be told that they may bleed more easily and they may take them longer than usual to stop bleeding when they take PLAVIX or PLAVIX combined with aspirin, and that they should report any unusual bleeding to their physician. Patients should inform physicians and dentists that they are taking PLAVIX and/or any other product known to affect bleeding before any surgery is scheduled and before any new drug is taken.

Drug Interactions

Study of specific drug interactions yielded the following results:

Aspirin: Aspirin did not modify the clopidogrel-mediated inhibition of ADP-induced platelet aggregation. Concomitant administration of 500 mg of aspirin twice a day for 1 day did not significantly increase the prolongation of bleeding time induced by PLAVIX. PLAVIX potentiated the effect of aspirin on collagen-induced platelet aggregation. PLAVIX and aspirin have been administered together for up to one year.

Heparin: In a study in healthy volunteers, PLAVIX did not necessitate modification of the heparin dose or alter the effect of heparin on coagulation. Coadministration of heparin had no effect on inhibition of platelet aggregation induced by PLAVIX.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): In healthy volunteers receiving naproxen, concomitant administration of PLAVIX was associated with increased occult gastrointestinal blood loss. NSAIDs and PLAVIX should be coadministered with caution.

Warfarin: Because of the increased risk of bleeding, the concomitant administration of warfarin with PLAVIX should be undertaken with caution. (See **PRECAUTIONS - General**.)

Other Concomitant Therapy: No clinically significant pharmacodynamic interactions were observed when PLAVIX was coadministered with **atenolol**, **nifedipine**, or both **atenolol** and **nifedipine**. The pharmacodynamic activity of PLAVIX was also not significantly influenced by the coadministration of **phenobarbital**, **cimetidine**, or **estrogen**.

The pharmacokinetics of **digoxin** or **theophylline** were not modified by the coadministration of PLAVIX (clopidogrel bisulfate).

At high concentrations *in vitro*, clopidogrel inhibits P₄₅₀ (2C9). Accordingly, PLAVIX may interfere with the metabolism of **phenytoin**, **tamoxifen**, **tolbutamide**, **warfarin**, **torsemide**, **fluvastatin**, and many **non-steroidal anti-inflammatory agents**, but there are no data with which to predict the magnitude of these interactions. Caution should be used when any of these drugs is coadministered with PLAVIX.

In addition to the above specific interaction studies, patients entered into clinical trials with PLAVIX received a variety of concomitant medications including **diuretics**, **beta-blocking agents**, **angiotensin converting enzyme inhibitors**, **calcium antagonists**, **cholesterol lowering agents**, **coronary vasodilators**, **antidiabetic agents** (including **insulin**), **antiepileptic agents**, **hormone replacement therapy**, **heparins** (unfractionated and LMWH) and **GP1Ib/IIa antagonists** without evidence of clinically significant adverse interactions. The use of oral anticoagulants, non-study anti-platelet drug and chronic NSAIDs was not allowed in CURE and there are no data on their concomitant use with clopidogrel.

Drug/Laboratory Test Interactions

None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

There was no evidence of tumorigenicity when clopidogrel was administered for 78 weeks to mice and 104 weeks to rats at dosages up to 77 mg/kg per day, which afforded plasma exposure >25 times that in humans at the recommended daily dose of 75 mg.

Clopidogrel was not genotoxic in four *in vitro* tests (Ames test, DNA-repair test in rat hepatocytes, gene mutation assay in Chinese hamster fibroblasts, and metaphase chromosome analysis of human lymphocytes) and in one *in vivo* test (micronucleus test by oral route in mice).

Clopidogrel was found to have no effect on fertility of male and female rats at oral doses up to 400 mg/kg per day (52 times the recommended human dose on a mg/m² basis).

Pregnancy

Pregnancy Category B. Reproduction studies in rats and rabbits at doses up to 500 and 300 mg/kg/day (respectively, 65 and 78 times the recommended daily human dose on a mg/m² basis), revealed no evidence of impaired fertility or fetotoxicity due to clopidogrel. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of a human response, PLAVIX should be used during pregnancy only if clearly needed.

Nursing Mothers

Studies in rats have shown that clopidogrel and/or its metabolites are excreted in the milk. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the nursing woman.

Pediatric Use

Safety and effectiveness in the pediatric population have not been established.

Geriatric Use

Of the total number of subjects in controlled clinical studies, approximately 50% of patients treated with PLAVIX were 65 years of age and over. Approximately 16% of patients treated with PLAVIX were 75 years of age and over.

The observed difference in risk of thrombotic events with clopidogrel plus aspirin versus placebo plus aspirin by age category is provided in Figure 3 (see **CLINICAL STUDIES**). The observed difference in risk of bleeding events with clopidogrel plus aspirin versus placebo plus aspirin by age category is provided in Table 3 (see **ADVERSE REACTIONS**).

ADVERSE REACTIONS

PLAVIX has been evaluated for safety in more than 17,500 patients, including over 9,000 patients treated for 1 year or more. The overall tolerability of PLAVIX in CAPRIE was similar to that of aspirin regardless of age, gender and race, with an approximately equal incidence (13%) of patients withdrawing from treatment because of adverse reactions. The clinically important adverse events observed in CAPRIE and CURE are discussed below.

Hemorrhagic: In CAPRIE patients receiving PLAVIX, gastrointestinal hemorrhage occurred at a rate of 2.0%, and required hospitalization in 0.7%. In patients receiving aspirin, the corresponding rates were 2.7% and 1.1%, respectively. The incidence of intracranial hemorrhage was 0.4% for PLAVIX compared to 0.5% for aspirin.

In CURE, PLAVIX use with aspirin was associated with an increase in bleeding compared to placebo with aspirin (see Table 3). There was an excess in major bleeding in patients receiving PLAVIX plus aspirin compared with placebo plus aspirin, primarily gastrointestinal and at puncture sites. The incidence of intracranial hemorrhage (0.1%), and fatal bleeding (0.2%), were the same in both groups.

The overall incidence of bleeding is described in Table 3 for patients receiving both PLAVIX and aspirin in CURE.

Table 3: CURE Incidence of bleeding complications (% patients)

Event	PLAVIX (+ aspirin)* (n=6259)	Placebo (+ aspirin)* (n=6303)	P-value
Major bleeding †	3.7 ‡	2.7 §	0.001
Life-threatening bleeding	2.2	1.8	0.13
Fatal	0.2	0.2	
5 g/dL hemoglobin drop	0.9	0.9	
Requiring surgical intervention	0.7	0.7	
Hemorrhagic strokes	0.1	0.1	
Requiring intropes	0.5	0.5	
Requiring transfusion (≥4 units)	1.2	1.0	
Other major bleeding	1.6	1.0	0.005
Significantly disabling	0.4	0.3	
Intraocular bleeding with significant loss of vision	0.05	0.03	
Requiring 2-3 units of blood	1.3	0.9	
Minor bleeding †	5.1	2.4	<0.001

* Other standard therapies were used as appropriate.

† Life threatening and other major bleeding.

‡ Major bleeding event rate for PLAVIX + aspirin was dose-dependent on aspirin: <100 mg=2.6%; 100-200 mg=3.5%; >200 mg=4.9%

§ Major bleeding event rates for PLAVIX + aspirin by age were: <65 years=2.5%; ≥65 to <75 years=4.1%; ≥75 years=5.9%

¶ Major bleeding event rate for placebo + aspirin was dose-dependent on aspirin: <100 mg=2.0%; 100-200 mg=2.3%; >200 mg=4.0%

Major bleeding event rates for placebo + aspirin by age were: <65 years=2.1%; ≥65 to <75 years=3.1%; ≥75 years=3.6%

¶ Led to interruption of study medication.

Ninety-two percent (92%) of the patients in the CURE study received heparin/LMWH, and the rate of bleeding in these patients was similar to the overall results.

There was no excess in major bleeds within seven days after coronary bypass graft surgery in patients who stopped therapy more than five days prior to surgery (event rate 4.4% PLAVIX + aspirin; 5.3% placebo + aspirin). In patients who remained on therapy within five days of bypass graft surgery, the event rate was 9.6% for PLAVIX + aspirin, and 6.3% for placebo + aspirin.

Neutropenia/agranulocytosis: Ticlopidine, a drug chemically similar to PLAVIX, is associated with a 0.8% rate of severe neutropenia (less than 450 neutrophils/ μ L). In CAPRIE severe neutropenia was observed in six patients, four on PLAVIX and two on aspirin. Two of the 9599 patients who received PLAVIX and none of the 9586 patients who received aspirin had neutrophil counts of zero. One of the four PLAVIX patients in CAPRIE was receiving cytotoxic chemotherapy, and another recovered and returned to the trial after only temporarily interrupting treatment with PLAVIX (clopidogrel bisulfate). In CURE, the numbers of patients with thrombocytopenia (19 PLAVIX + aspirin vs. 24 placebo + aspirin) or neutropenia (3 vs. 3) were similar.

Although the risk of myelotoxicity with PLAVIX (clopidogrel bisulfate) thus appears to be quite low, this possibility should be considered when a patient receiving PLAVIX demonstrates fever or other sign of infection.

Gastrointestinal: Overall, the incidence of gastrointestinal events (e.g. abdominal pain, dyspepsia, gastritis and constipation) in patients receiving PLAVIX (clopidogrel bisulfate) was 27.1%, compared to 29.8% in those receiving aspirin

in the CAPRIE trial. In the CURE trial the incidence of these gastrointestinal events for patients receiving PLAVIX + aspirin was 11.7% compared to 12.5% for those receiving placebo + aspirin.

In the CAPRIE trial, the incidence of peptic, gastric or duodenal ulcers was 0.7% for PLAVIX (clopidogrel bisulfate) and 1.2% for aspirin. In the CURE trial the incidence of peptic, gastric or duodenal ulcers was 0.4% for PLAVIX + aspirin and 0.3% for placebo + aspirin.

Cases of diarrhea were reported in the CAPRIE trial in 4.5% of patients in the PLAVIX group compared to 3.4% in the aspirin group. However, these were rarely severe (PLAVIX=0.2% and aspirin=0.1%). In the CURE trial, the incidence of diarrhea for patients receiving PLAVIX + aspirin was 2.1% compared to 2.2% for those receiving placebo + aspirin.

In the CAPRIE trial, the incidence of patients withdrawing from treatment because of gastrointestinal adverse reactions was 3.2% for PLAVIX and 4.0% for aspirin. In the CURE trial, the incidence of patients withdrawing from treatment because of gastrointestinal adverse reactions was 0.9% for PLAVIX + aspirin compared with 0.8% for placebo + aspirin.

Rash and Other Skin Disorders: In the CAPRIE trial, the incidence of skin and appendage disorders in patients receiving PLAVIX was 15.8% (0.7% serious); the corresponding rate in aspirin patients was 13.1% (0.5% serious). In the CURE trial the incidence of rash or other skin disorders in patients receiving PLAVIX + aspirin was 4.0% compared to 3.5% for those receiving placebo + aspirin.

In the CAPRIE trial, the overall incidence of patients withdrawing from treatment because of skin and appendage disorders adverse reactions was 1.5% for PLAVIX and 0.8% for aspirin. In the CURE trial, the incidence of patients withdrawing because of skin and appendage disorders adverse reactions was 0.7% for PLAVIX + aspirin compared with 0.3% for placebo + aspirin.

Adverse events occurring in ≥2.5% of patients on PLAVIX in the CAPRIE controlled clinical trial are shown below regardless of relationship to PLAVIX. The median duration of therapy was 20 months, with a maximum of 3 years.

Table 4: Adverse Events Occurring in ≥ 2.5% of PLAVIX Patients in CAPRIE

Body System Event	% Incidence (% Discontinuation)	
	PLAVIX (n=9599)	Aspirin (n=9586)
<i>Body as a Whole – general disorders</i>		
Chest Pain	8.3 (0.2)	8.3 (0.3)
Accidental/Inflicted Injury	7.9 (0.1)	7.3 (0.1)
Influenza-like symptoms	7.5 (<0.1)	7.0 (<0.1)
Pain	6.4 (0.1)	6.3 (0.1)
Fatigue	3.3 (0.1)	3.4 (0.1)
<i>Cardiovascular disorders, general</i>		
Edema	4.1 (<0.1)	4.5 (<0.1)
Hypertension	4.3 (<0.1)	5.1 (<0.1)
<i>Central & peripheral nervous system disorders</i>		
Headache	7.6 (0.3)	7.2 (0.2)
Dizziness	6.2 (0.2)	6.7 (0.3)
<i>Gastrointestinal system disorders</i>		
Abdominal pain	5.6 (0.7)	7.1 (1.0)
Dyspepsia	5.2 (0.6)	6.1 (0.7)
Diarrhea	4.5 (0.4)	3.4 (0.3)
Nausea	3.4 (0.5)	3.8 (0.4)
<i>Metabolic & nutritional disorders</i>		
Hypercholesterolemia	4.0 (0)	4.4 (<0.1)
<i>Musculo-skeletal system disorders</i>		
Arthralgia	6.3 (0.1)	6.2 (0.1)
Back Pain	5.8 (0.1)	5.3 (<0.1)
<i>Platelet, bleeding, & clotting disorders</i>		
Purpura/Bruise	5.3 (0.3)	3.7 (0.1)
Epistaxis	2.9 (0.2)	2.5 (0.1)
<i>Psychiatric disorders</i>		
Depression	3.6 (0.1)	3.9 (0.2)
<i>Respiratory system disorders</i>		
Upper resp tract infection	8.7 (<0.1)	8.3 (<0.1)
Dyspnea	4.5 (0.1)	4.7 (0.1)
Rhinitis	4.2 (0.1)	4.2 (<0.1)
Bronchitis	3.7 (0.1)	3.7 (0)
Coughing	3.1 (<0.1)	2.7 (<0.1)
<i>Skin & appendage disorders</i>		
Rash	4.2 (0.5)	3.5 (0.2)
Pruritus	3.3 (0.3)	1.6 (0.1)
<i>Urinary system disorders</i>		
Urinary tract infection	3.1 (0)	3.5 (0.1)

Incidence of discontinuation, regardless of relationship to therapy, is shown in parentheses.

Adverse events occurring in $\geq 2.0\%$ of patients on PLAVIX in the CURE controlled clinical trial are shown below regardless of relationship to PLAVIX.

Table 5: Adverse Events Occurring in $\geq 2.0\%$ of PLAVIX Patients in CURE

Body System	% Incidence (% Discontinuation)	
	PLAVIX (+ aspirin)* [n=6259]	Placebo (+ aspirin)* [n=6303]
Event		
<i>Body as a Whole—general disorders</i>		
Chest Pain	2.7 (<0.1)	2.8 (0.0)
<i>Central & peripheral nervous system disorders</i>		
Headache	3.1 (0.1)	3.2 (0.1)
Dizziness	2.4 (0.1)	2.0 (<0.1)
<i>Gastrointestinal system disorders</i>		
Abdominal pain	2.3 (0.3)	2.8 (0.3)
Dyspepsia	2.0 (0.1)	1.9 (<0.1)
Diarrhea	2.1 (0.1)	2.2 (0.1)

*Other standard therapies were used as appropriate.

Other adverse experiences of potential importance occurring in 1% to 2.5% of patients receiving PLAVIX (clopidogrel bisulfate) in the CAPRIE or CURE controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in CURE).

Autonomic Nervous System Disorders: Syncope, Palpitation. **Body as a Whole—general disorders:** Asthenia, Fever, Hernia. **Cardiovascular disorders:** Cardiac failure, Central and peripheral nervous system disorders: Cramps legs, Hypoaesthesia, Neuralgia, Paraesthesia, Vertigo. **Gastrointestinal system disorders:** Constipation, Vomiting. **Heart rate and rhythm disorders:** Fibrillation atrial. **Liver and biliary system disorders:** Hepatic enzymes increased. **Metabolic and nutritional disorders:** Gout, hyperuricemia, non-protein nitrogen (NPN) increased. **Musculo-skeletal system disorders:** Arthritis, Arthrosis. **Platelet, bleeding & clotting disorders:** GI hemorrhage, hematoma, platelets decreased. **Psychiatric disorders:** Anxiety, Insomnia. **Red blood cell disorders:** Anemia. **Respiratory system disorders:** Pneumonia, Sinusitis. **Skin and appendage disorders:** Eczema, Skin ulceration. **Urinary system disorders:** Cystitis. **Vision disorders:** Cataract, Conjunctivitis.

Other potentially serious adverse events which may be of clinical interest but were rarely reported (<1%) in patients who received PLAVIX in the CAPRIE or CURE controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in CURE).

Body as a whole: Allergic reaction, necrosis ischemic. **Cardiovascular disorders:** Edema generalized. **Gastrointestinal system disorders:** Gastric ulcer perforated, gastritis hemorrhagic, upper GI ulcer hemorrhagic. **Liver and Biliary system disorders:** Bilirubinemia, hepatitis infectious, liver fatty. **Platelet, bleeding and clotting disorders:** hemarthrosis, hematuria, hemoptysis, hemorrhage intracranial, hemorrhage retroperitoneal, hemorrhage of operative wound, ocular hemorrhage, pulmonary hemorrhage, purpura allergic, thrombocytopenia. **Red blood cell disorders:** Anemia aplastic, anemia hypochromic. **Reproductive disorders, female:** Menorrhagia. **Respiratory system disorders:** Hemothorax. **Skin and appendage disorders:** Bullous eruption, rash erythematous, rash maculopapular, urticaria. **Urinary system disorders:** Abnormal renal function, acute renal failure. **White cell and reticuloendothelial system disorders:** Agranulocytosis, granulocytopenia, leukemia, leukopenia, neutrophils decreased.

Postmarketing Experience

The following events have been reported spontaneously from worldwide post-marketing experience:

- **Body as a whole:**
 - hypersensitivity reactions, anaphylactoid reactions, serum sickness
- **Central and Peripheral Nervous System disorders:**
 - confusion, hallucinations, taste disorders
- **Hepato-biliary disorders:**
 - abnormal liver function test, hepatitis (non-infectious), acute liver failure

• Platelet, Bleeding and Clotting disorders:

- cases of bleeding with fatal outcome (especially intracranial, gastrointestinal and retroperitoneal hemorrhage)
- agranulocytosis, aplastic anemia/pancytopenia, thrombotic thrombocytopenic purpura (TTP) – some cases with fatal outcome: (see **WARNINGS**).
- conjunctival, ocular and retinal bleeding
- **Respiratory, thoracic and mediastinal disorders:**
 - bronchospasm, interstitial pneumonitis
- **Skin and subcutaneous tissue disorders:**
 - angioedema, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, lichen planus
- **Renal and urinary disorders:**
 - glomerulopathy, increased creatinine levels
- **Vascular disorders:**
 - vasculitis, hypotension
- **Gastrointestinal disorders:**
 - colitis (including ulcerative or lymphocytic colitis), pancreatitis, stomatitis
- **Musculoskeletal, connective tissue and bone disorders:**
 - myalgia

OVERDOSAGE

Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. A single oral dose of clopidogrel at 1500 or 2000 mg/kg was lethal to mice and to rats and at 3000 mg/kg to baboons. Symptoms of acute toxicity were vomiting (in baboons), prostration, difficult breathing, and gastrointestinal hemorrhage in all species.

Recommendations About Specific Treatment:

Based on biological plausibility, platelet transfusion may be appropriate to reverse the pharmacological effects of PLAVIX if quick reversal is required.

DOSAGE AND ADMINISTRATION

Recent MI, Recent Stroke, or Established Peripheral Arterial Disease

The recommended daily dose of PLAVIX is 75 mg once daily.

Acute Coronary Syndrome

For patients with acute coronary syndrome (unstable angina/non-Q-wave MI), PLAVIX should be initiated with a single 300 mg loading dose and then continued at 75 mg once daily. Aspirin (75 mg-325 mg once daily) should be initiated and continued in combination with PLAVIX. In CURE, most patients with Acute Coronary Syndrome also received heparin acutely (see **CLINICAL STUDIES**).

PLAVIX can be administered with or without food.

No dosage adjustment is necessary for elderly patients or patients with renal disease. (See **Clinical Pharmacology: Special Populations**.)

Distributed by:

Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership
New York, NY 10016

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Brief Summary of Prescribing Information May 2005

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No good movie is too long and no bad movie is short enough.

ROGER EBERT

I wanted to win an Oscar so that I'd get more scripts without other actors' coffee stains on them. MICHAEL CAINE

They say everybody gets 15 minutes. I hope I'm just inside the first minute and the next 14 go *really* slow.

TERRENCE HOWARD in USA Weekend

Making a movie is like moving a piano. You're gonna get banged up.

BILL MURRAY in The Dallas Morning News

Gossip is just news running ahead of itself in a red satin dress. LIZ SMITH

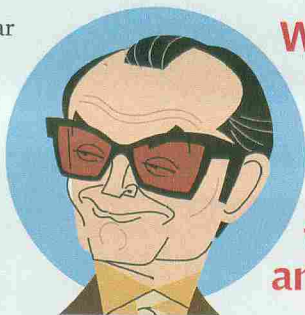
Who said it?

I always felt that if my name wasn't on any of my movies, they would have made more money.

- a) Woody Allen
- b) Wes Craven
- c) Sylvester Stallone

FOR ANSWER, SEE BELOW

a) Woody Allen



With my sunglasses on, I'm Jack Nicholson. Without them, I'm fat and 60.

JACK NICHOLSON

In Hollywood, an equitable divorce settlement means each party getting 50% of the publicity. LAUREN BACALL

A dramatist's job is to examine humanity. ANG LEE in Honolulu Star Bulletin

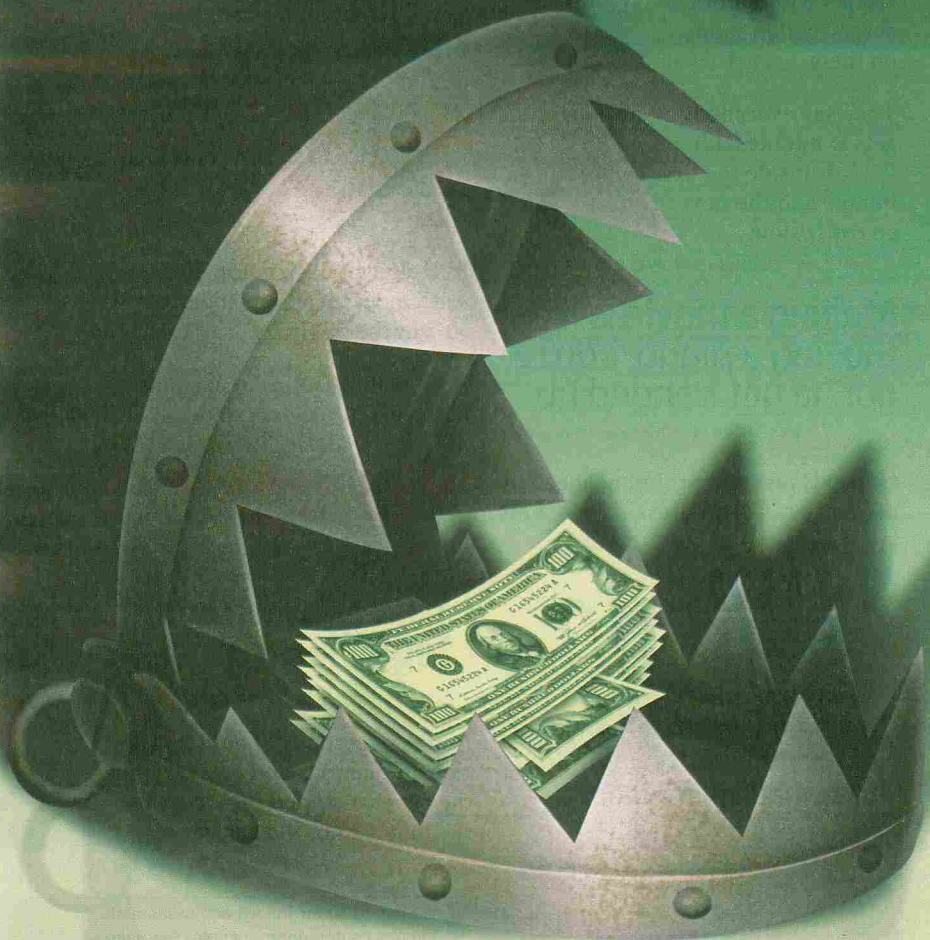
Life should be a little nuts; otherwise it's just a bunch of Thursdays strung together.

Quoted by KEVIN COSTNER in Rumor Has It

I think everybody should get rich and famous and do everything they ever dreamed of so they can see that it's not the answer.

JIM CARREY

\$ We pay \$100 for the wit and wisdom of famous contemporary people. See page 14.



From small change to big bucks,
beware these

10 **NEW** MONEY RIP-OFFS

BY MAX ALEXANDER

IT MAY BE TRUE THERE'S a sucker born every minute, but today's cons are more devious than ever. So if you think you've heard it all, beware—these 10 growing frauds might just surprise you.

Child identity theft

Seventeen-year-old Randy Waldron, Jr., was shocked when he applied for his first credit card and was denied. He was even more shocked by the reason: He was delinquent in repaying thousands of dollars in debt.

Waldron's identity had been stolen by his estranged father, who left when Randy was a toddler. From 1982 to 1999, Randy Waldron, Sr., used his son's Social Security number to obtain credit from various merchants and lenders, then racked up tens of thousands of dollars in debts. He declared bankruptcy in his son's name, which resulted in default

judgments against the younger Waldron. It has taken Randy Jr., now a 24-year-old flight attendant, years to untangle the mess.

Waldron isn't alone. Identity theft is this country's fastest-growing crime—and, increasingly, ID thieves are targeting children. Their clean credit and absence of criminal histories make them ideal victims.

Linda Foley, co-executive director of the Identity Theft Resource Center in San Diego, estimates that at least 400,000 children had their identities stolen in 2005, more than double the number in 2003. Waldron's case is typical: The resource center estimates that two-thirds of child ID thefts are perpetrated by family members.

Some crooks use children's names and Social Security numbers to ring up massive debts; others use children's identities in place of their own when caught committing other crimes; still others sell identification information on the black market to illegal immigrants, fellow criminals or



even terrorists. The ordeal inflicts enormous financial and emotional trauma on its victims, in part because the identity abuse often goes undetected for years.

Dealing with child identity theft after it happens is extremely difficult. Laws in many states are insufficient to handle the crime's complexity, and financial institutions are often less than helpful. Randy Waldron, Jr., has worked tirelessly for eight years to straighten out his credit record, and he continues to deal with the fallout. "It's been a very long and arduous battle," he says. "Recovering my identity was really the absolute hardest part. I think a lot of victims assume the problem will go away."

Keep your children's Social Security and other identification information in a locked file drawer, never in your wallet. If there's evidence that your kids might be the victims of identity theft, order credit reports on them from the three nationwide credit bureaus: Equifax, Experian and TransUnion. The credit search should come up empty. If it doesn't, contact local law enforcement immediately, and visit the Identity Theft Resource Center's website at idtheftcenter.org.

The latest work-at-home swindle

Posting your résumé on an online job-search site can be a great way to tap job opportunities. Be warned, however, that genuine employers aren't the only people trolling those sites—

they're also favorites of scammers operating work-at-home schemes.

The latest incarnation of this time-tested fraud begins when the crook gets your e-mail address and other personal information from a résumé you've posted online. He sends you a note in which he claims to represent a money-transfer company looking to hire you to test its money-wiring services. His firm will send you a check, he says, which you are to deposit in your bank account before wiring the money back—keeping a "commission" of 5 to 20 percent for yourself.

"The company's check is counterfeit, of course," explains Susan Grant, director of the National Fraud Information Center. "And you're stuck owing your bank all the money you've wired."

Grant advises job hunters to be wary of any too-good-to-be-true employment offers, especially one that involves wiring money.

Fake jury duty con

Jury duty may be a pain—but the new fake jury duty scam is worse. The con begins when you receive a phone call, supposedly from your local court. The caller says that a warrant has been issued for your arrest because you've failed to report for jury duty.

Flustered, you protest that you weren't notified—this must be a mistake! Not to worry, says the helpful caller; I'll just need your Social Security number and date of birth to check our records. You provide that information—and the scammer has



ask for your Social Security number when you're actually enrolling in their plan—but they'll only need credit card or bank account numbers if you're signing up for automatic payments.

Pretexting

Some ID thieves have figured out an easy way to get your personal financial information: They ask. They don't identify themselves as crooks, naturally.

In one common pretexting scheme, the caller claims to be conducting a survey on behalf of your bank or another financial institution, and asks questions designed to ferret out your account number, date of birth, Social Security number and so on. Once the con artist has that data, he can call your bank and pretend to be you—then bleed you dry. Never give out your personal information to an unsolicited caller.

what he needs to steal your identity.

Real courts usually correspond by mail, not the telephone. And they don't need your Social Security number—just your name and address should suffice.

Medicare fraud

As many seniors know, the Medicare prescription drug program that took effect on January 1 is nothing if not confusing. It also administers an awful lot of money—and the confluence of cash and confusion has drawn con artists like flies to you-know-what. Some fraudsters simply bilk seniors by selling phony plans, while others pose as insurers selling Medicare drug benefits in order to pilfer personal information.

No legitimate Medicare prescription drug plan will send salespeople to your door uninvited. Likewise, participating insurers are prohibited from asking for personal information as part of their marketing. Insurers may

"IRS" phishing scam

You're probably familiar with phishing, even if you don't recognize the name: A scammer sends an e-mail that appears to come from your bank, eBay or another real company and asks you for personal information such as credit card or Social Security numbers. Roughly a quarter of home computers receive at least one phishing e-mail each month, according to a re-

cent study by AOL and the National Cyber Security Alliance.

Those e-mails are annoying, but a new twist on the scam is downright scary: The messages appear to come from the IRS, and claim that you either are due a refund or have tax problems. You're asked to click on a link to a website where you can clear up the matter—and that's when the scam really kicks into gear. The link sends you to a page that appears to be on the IRS site (the URL even includes "www.irs.gov"), but in reality it is a fake site designed to collect your private financial information.

An e-mail that claims to be from the IRS probably isn't. "The IRS doesn't send unsolicited e-mail," says IRS spokesperson Michelle Lamishaw, who points out that the agency has no reason to ask for financial access information such as PINs, account passwords and credit card numbers. Never follow a hyperlink in an unsolicited e-mail, no matter who it's from. Type in the URL yourself.

If you think you may be due a tax refund, you can check by calling 800-829-1040 or by logging directly onto the IRS website at www.irs.gov and clicking on "Where's My Refund?"

Don't Be "Had"

IF YOU'VE BEEN VICTIMIZED by one of the latest scams, don't be embarrassed. Scammers work overtime at perfecting their trade. Compared to them, the rest of us are rank amateurs. So speak up! Start by contacting your local attorney general's office (in the phone book under government listings), the Federal Trade Commission (877-382-4357), or the National Fraud Information Center (fraud.org). Even if authorities can't get your money back, they can help prevent others from getting ripped off. Once scams get widely known, scammers are forced to move on. To stay clear of their latest tricks, heed these general tips:

- When you have to send money to make money, think about it: If someone really owed you thousands but needed you to pay some up-front fees, why wouldn't he just deduct the fees from your check?
- The only time it's ever acceptable to reveal personal information
- over the phone is if you initiate the call.
- A \$20 paper shredder is a great investment. Shredding everything from old checking statements to credit card offers can help prevent identity theft.
- Don't respond to any e-mails requesting personal information, no
- matter how official they look, and never click on a link from an e-mail sender you don't know.
- If it sounds too good to be true, it probably is. Some people do win grants they haven't applied for, but probably not you. Most wealth comes from hard work and saving, not get-rich-quick schemes.

Pharming

Phishing is bad enough, but get a load of this insidious new mutation. Pharming criminals hack into your computer and implant hidden software; when you try to log onto a legitimate e-commerce site, the software takes you instead to a copycat, where the crooks can gobble up your credit card numbers and other personal information.

You can stymie pharmerms by installing and maintaining computer security systems, including software such as Norton AntiVirus or McAfee VirusScan—which feature anti-virus and anti-spyware protections—and firewalls such as ZoneAlarm or Norton Personal Firewall. That's easy to do. Simply buy and install the software and sign up for automatic updates.

Internet telephony trickery

Consumers like Internet telephone service—called voice over Internet protocol (VoIP)—for lowering their phone bills. And scammers like to exploit the new software to nefarious ends. They have figured out how to use the technology to disguise their true locations—allowing them to hide overseas while appearing to operate in the United States. Such deception can be an effective tool for duping American citizens who have learned to be wary of offshore schemes.

The Federal Trade Commission recently brought charges against a Costa

Rica-based outfit that allegedly sold bogus franchises in a coffee display-rack business for investments ranging from \$18,000 to \$85,000. “The company used VoIP technology to appear as if it were operating from New Mexico, when it actually had no U.S. operations,” says FTC spokesperson Jacqueline Dizdul.

Warns Lydia Parnes, director of the FTC Bureau of Consumer Protection, “The days are gone when consumers could rely on a phone number to know where someone is located.”

High-tech ATM snooping

You can say this for con artists: They have a remarkable talent for exploiting the newest technologies.

One emerging scam capitalizes on the miracle of wireless digital cameras. The California Bankers Association reported in 2005 that criminals have taken to affixing wireless cameras to the front of ATMs, often cleverly disguised as part of the machine's card-scanning equipment. The camera then transmits a recording of the transaction—including the card number and PIN—to a device held by the scammer, who's waiting nearby.

A clever criminal can use that information in all sorts of ways, like stealing from your account and appropriating your identity.

Be suspicious of any devices attached to the front of an ATM or keypads missing their Braille markings,

and report any unusual-seeming electronics to the bank and police.

Scholarship and government grant flimflams

Everyone likes an unexpected windfall—no one more than cash-strapped college students and their cash-strapped parents. Crooks capitalize on that hope by claiming that you've qualified for a government grant or your child has won a scholarship, as long as you pay a processing fee or give your Social Security or credit card number to hold the award.

In the fall of 2005, Scott Holmblad of Cottage Grove, Minnesota, received a telephone call from a firm that claimed to specialize in obtaining government grants. The voice on the phone said the U.S. government had

hired the company to locate the 29-year-old business manager and inform him that he had won a \$5,000 grant. All Holmblad had to do, said the caller, was agree to have a \$275 processing fee withdrawn directly from his bank account. The caller offered to post-date the withdrawal for seven days, ostensibly to allow time for the paperwork to clear.

Holmblad sniffed out the scam, but played along—and when the firm attempted to withdraw the money just three days later, it found that he had closed his account. “I had a little fun at their expense,” Holmblad explains.

Government grant agencies and scholarship-awarding organizations typically won't initiate correspondence with you or require an up-front fee. Be wary of any offer that demands an immediate response or uses a P.O. box for a return address.

Additional reporting by NATE HARDCASTLE

WHAT'S THE 411 ON THOSE 411 CALLS?



A woman called the county office where I work and asked me to look up a “Mark Smith.”

“Is that ‘Mark’ with a ‘C’ or ‘K’?” I asked.

“That’s ‘Mark’ with an ‘M,’” she corrected.

AMY KEKAHUNA

I’m sure if the customer had taken two seconds, he probably would’ve come up with the answer to his question on his own.

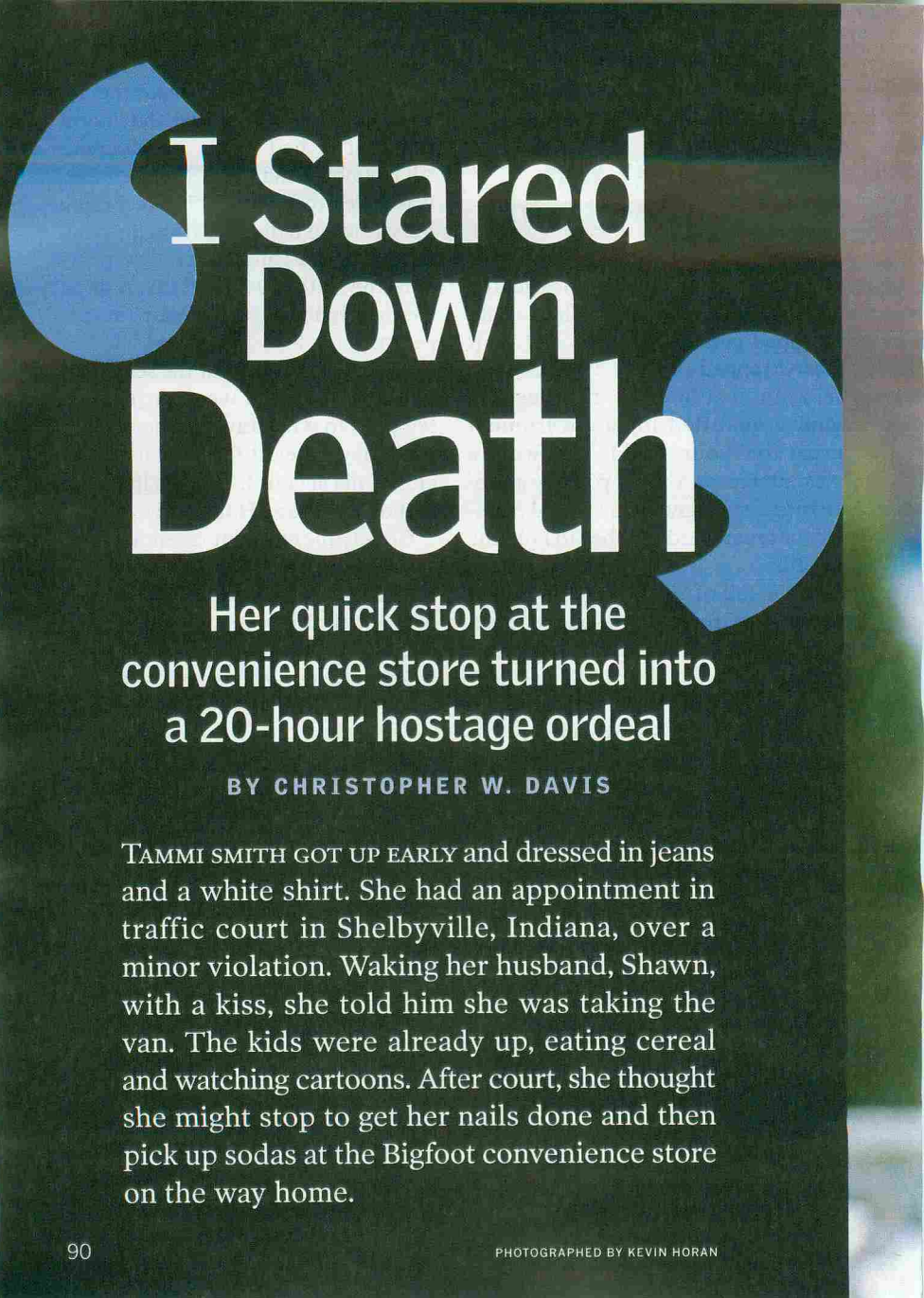
But instead he called information.

“I’m looking for the number of a business,” he said when I picked up his call.

“What’s the name of the business?” I asked.

“1-800-FLOWERS.”

CYNTHIA CRAFT



I Stared Down Death

Her quick stop at the
convenience store turned into
a 20-hour hostage ordeal

BY CHRISTOPHER W. DAVIS

TAMMI SMITH GOT UP EARLY and dressed in jeans and a white shirt. She had an appointment in traffic court in Shelbyville, Indiana, over a minor violation. Waking her husband, Shawn, with a kiss, she told him she was taking the van. The kids were already up, eating cereal and watching cartoons. After court, she thought she might stop to get her nails done and then pick up sodas at the Bigfoot convenience store on the way home.



Eighty miles down the interstate in Cincinnati, Ohio, Dennis McAninch and his friend Joseph G. Scalf also had appointments in court. On burglary charges. McAninch, a 34-year-old ex-con with multiple felony arrests and convictions, was currently out on parole after serving five years for burglary. But instead of showing for their court dates, the pair drove across the state line into Indiana in McAninch's 1999 white Ford compact.

In Batesville, an off-duty policeman noticed the car slowly cruising a neighborhood. There'd recently been a string of burglaries there—and this guy drove like someone casing houses. The officer called in a description of

AFTER LEAVING the manicurist, Tammi drove east on Route 44 to Bigfoot. She pulled up to the front door of the convenience store. Intending to dash in and pick up some sodas, she left her keys and cell phone on the seat.

IN HIS FRANTIC ATTEMPT to escape, McAninch finally crashed into another vehicle, damaging his Ford, which barely made it off the highway into the Bigfoot lot. He leaped out of the car and dashed for the store as police cars pulled in, in close pursuit. Scalf held his hands out of the passenger window and surrendered. McAninch kept running, firing twice at police.

"Please don't shoot me,"

the vehicle, and in minutes a police car was on the scene, lights flashing.

McAninch pulled over and lifted his shirt, showing Scalf the 9 mm semi-automatic in his belt. He kept the engine running. Then, as the officer approached, he gunned it and took off.

TAMMI'S TRAFFIC CASE was quickly resolved without a fine. Leaving the courthouse, she checked her watch. She still had time to get her nails done.

MCANINCH REACHED speeds of up to 120 mph on Interstate 74, swerving around stop sticks on the highway and throwing screwdrivers, bottles, anything he could put his hands on, out the window at police.

Tammi said. "I

TAMMI WAS AT THE REGISTER, holding a copy of *The Shelbyville News*, when a stocky man in a long-sleeved white shirt and jeans burst through the front door with a gun in his hand. "Everybody get out or I'm going to kill you!"

Two female employees rushed for the back door. McAninch leaped over the counter, cornering the clerk, a young man, at the register. Not knowing what to do, Tammi ducked behind a food rack at the back of the store.

But McAninch saw her. "You, get up here!" he shouted.

Okay, Tammi told herself, this is God's plan for me today. I might die.

Don't be afraid of dying. Everybody's got their time. This might be mine.

AS POLICE cars gathered in the parking lot, McAninch ordered the clerk to lock the front door. The young man eased around the counter, locked the door and pocketed the key. Then, seeing McAninch was focused on the police out front, he bolted for the back door.

Tammi was now alone with the gunman.

McAninch grabbed her by the hair, forced her up to the window and put his gun to her head—showing police he had a hostage.

"Please don't shoot me," Tammi said. She started to cry. "I have kids."

McAninch turned the gun away and

have kids."

instead fired a shot through the window at police. Then he dragged Tammi to the back of the store and into a windowless office, a cramped space with a desk, two chairs, a phone and two computer monitors, one that showed views from security cameras inside the store.

McAninch told Tammi to take a seat and then sat next to her. The wait began. Tammi knew her only chance was to stay calm, show no emotion and try to keep talking to this guy.

The office phone began to ring. One of the calls was from a reporter at Indianapolis radio station WIBC, who

had heard about the police chase and called for an eyewitness account. McAninch told her he was holding a hostage, and then asked the reporter to call a woman friend. The reporter linked them on a conference call and later broadcast portions of their conversation.

"What's up, baby?" asked McAninch.

"Nothing," the woman responded.

"What's wrong?"

"I'm in a gas station. There's about 50 police outside. I shot at them so ... they're probably going to end up killing me."

She tried to talk sense to him. "Can't you go out with your hands up?" she asked. "Figure another way out of this."

Nothing changed his mind. In the midst of the conversation, McAninch even put Tammi on the phone.

As time dragged on, Tammi asked him if she could go to the bathroom, but McAninch said, "Baby, I just can't let you go up there. They're liable to shoot through the windows." Eventually he allowed her to relieve herself in a trash can.

At long last, police took command of the phone line. They now controlled McAninch's access to the outside world through a police negotiator.

When he first called, the negotiator asked McAninch who he was holding hostage. Was she all right? Did he or Tammi need medical attention? Then the negotiator settled into a long conversation calculated to keep McAninch calm.

Tammi was working on the same

idea. When McAninch was off the phone, she took family photos out of her wallet. "Here's my daughter," she told him. "She's a cheerleader. She's ten. Isn't she beautiful?"

McAninch studied the photo. "Yeah, she's a beautiful girl."

"Do you have any kids?" Tammi asked.

Yes, he said, one, a 13-year-old daughter, but he had no pictures.

Tammi was trying to get to know him. Win his trust. It was already obvious to her that he wasn't expecting to get out alive. She had to find a way to convince him not to take her with him.

IN BETWEEN PHONE CALLS, McAninch checked the layout of the store. The back entrance was a thick cold-storage door with a large metal handle. McAninch braced a stepladder against the handle and built a barricade of food boxes.

All the while, Tammi kept McAninch talking, looking for anything to engage him. He had tattoos running up the right side of his neck—his birth sign, Virgo. And on his right arm were two women's names; one was his daughter's. On his left arm, there was a poem for his parents. Tammi could only make out the last line: "Let there be no more tears." She stored it all away.

"Your daughter needs you," she said. "You know that."

"Yeah, I know," McAninch said.

"You need to give up," she said, keeping her tone even, trying not to

sound bossy or pushy, more like a friend giving advice. She repeated what the police had earlier told him. "Give me the gun. Put it in a plastic bag. I'll carry it out." She kept talking. "Do your time, and you'll get out."

"I can't do that," he said.

THERE WAS MONEY everywhere. Tammi had never seen a room so disorganized. There was cash piled on the desk in the office. Checks written out to Bigfoot all over the place. Bunches of cash behind the chairs. McAninch stuffed over \$1,000 into his pockets. And handed Tammi \$350 out of the stack of cash on the table.

"I can't take that," she told him. "God's watching. I'm not a thief."

"Take it," he insisted. "Put it in your wallet—now!"

She tried to shake him off. "All I want is to go home and make dinner for my family."

"I can't let you go. You're my security blanket," McAninch told her. "You're what's keeping me alive."

EMERGENCY RESPONSE TEAMS (SWAT units) from state, county and city jurisdictions were now on the scene. Police put gunmen in place. A mobile command center had been set up some 500 yards from the store near the interstate overpass. The press corps had arrived en masse.

Alerted by the radio broadcast, Tammi's husband, Shawn, his parents and her mother and stepfather had



Dennis McAninch in an Ohio Department of Rehabilitation and Correction photo. McAninch's wrecked car in front of the Bigfoot store.



rushed to the scene. A state police chaplain was assigned to stay with the family. Police told them Tammi was not hurt—and, in a convenience store, not hungry. They said they would do anything to keep her safe. One officer told the press, “We are prepared to talk until the last Ho Ho is gone.”

FIFTEEN HOURS CREPT BY. McAninch sat thinking, tapping the gun against his head and making multiple demands of the police negotiator. He wanted to visit his mother’s grave before being locked up, he wanted his pal Joe Scalf set free, he wanted to talk to his daughter, he wanted a live television crew filming his surrender so there wouldn’t be any monkey business, and he wanted cold beer. “Of all places to hold up,” he said, “I chose one that doesn’t sell beer.”

Through it all, Tammi was close enough to him to grab his gun, but even if she could wrestle it from him, she knew she’d never be able to use it. She tried to maintain an appearance of calm.

“You’re a pretty cool hostage,” he

said, and told the police: “This bitch ain’t scared at all.”

Slowly McAninch began to talk to her. He confessed he was bipolar. That he used Valium. He had marijuana with him and started to smoke a joint, offering her a puff. She said no.

“At least I’m locked up in here with a beautiful girl and not some guy,” he said.

AROUND MIDNIGHT, Tammi told McAninch she was feeling sick. He let her go to the sink to throw up. Then he became concerned. “Are you all right? Can I get you some milk to settle your stomach?”

“Yes,” Tammi said.

He went into the store and brought her some. Then he started to pace. A few minutes later, he went to the sink and began to vomit himself. When he returned, Tammi saw panic in his eyes.

“Are you scared?” she asked.

He didn’t answer. But overhead they

Tammi Smith, at home with family after her release; mother Cindy Hadix is on her immediate right.

heard helicopters. Tammi pleaded again with McAninch to let her go. She was tired. She was sick.

"You're becoming a not-so-cool hostage," he told her.

AT AROUND 2 A.M., McAninch gathered flattened cardboard boxes and put them on the floor. Then he found some Big-foot employee uniform shirts in the back room and laid them on the cardboard to make a bed. As he stretched out, blocking the front doorway, gun in hand, he asked Tammi, "You want to do something?"

"What!" Tammi said, surprised and angry. McAninch lay there looking at her as the minutes ticked by, then said, "OK, I'm not even going to go there."

Tammi watched as he closed his eyes. All right, she thought. What if he goes to sleep? Should I run for it? In the end she decided not to. The doors were locked, and he still held the gun. And as far as she could tell, he never did drift off to sleep.

The negotiator called again, offering a cell phone to McAninch because the land line had become staticky. Send Tammi out for it; they'd leave it outside.

"I'm not sending her out there till you guys back off," McAninch said.

Taking a chance, Tammi walked to the front door, took the handle and



pulled. "The door's locked," she yelled to the police.

"Get back here," McAninch ordered.

"Let me go get that phone. I'll come back," she pleaded.

After more negotiation with her and the police, McAninch finally agreed. But he wanted to make sure his "protection" would come back.

He began rummaging around in the store, searching. Suddenly he picked up a vacuum cleaner, grabbed a screwdriver and took it apart. He ripped the electrical cord free, and came for Tammi. He tied the cord around her waist.

Holding her on a tether, he let Tammi out the front door. In the interim, working in the shadows, the police had unlocked it. Tammi moved forward, looked, but couldn't find the phone. Enraged, McAninch yanked her in.

Back on the static-filled land line, the police explained that a new cell phone had been attached to a pole just outside the door. But McAninch was in no mood to listen.

AS DAWN BROKE, police demolition experts rigged the heavy back door with explosive charges. A SWAT team was ready to blow it open and rush the store.

At the same time, around 6:30 a.m., McAninch changed his mind and decided to send Tammi out once more to get the phone. He played her out on the cord. She opened the door, stepped forward, saw the phone on the ground and reached for it.

Policemen hidden in the shadows grabbed her by the arm and tried to pull her free. For a moment Tammi was trapped in a tug of war. But McAninch reeled her back in.

"Get back!" he yelled at the police. "Get back!" He fired a shot.

Police returned fire. One SWAT unit blew open the back door. Another unit rushed the front.

"Stop shooting! Stop shooting!" Tammi yelled. "I'm right here! I'm right here!" She fell to the floor and grabbed a plastic soda tray to shield her head.

Suddenly it was silent. The shooting stopped. She looked at McAninch, who was lying motionless across her leg—bullet wounds in his arm, leg and chest.

Tammi didn't scream or cry. She didn't know whether to run or not. She thought McAninch might still be

able to shoot her. But he was dying. His mouth was open and there was a gaping hole under his chin pulsing out blood. He'd shot himself—he would never go back to prison.

The police moved to scoop her up, but she was still tethered to the bloody body. An officer cut the cord, and finally she was free.

OUTSIDE IT WAS RAINING. Her shoe had come off. Held between two policemen, Tammi hopped on one foot across the wet parking lot. They took her to the command trailer to recover and talk with negotiators. Amazingly, her only injury was to her morning manicure—a broken nail.

Her husband, Shawn, ran to the trailer to meet her. They hugged, unable to speak, and Shawn began to cry. But Tammi was too burned out for tears.

She didn't cry that day or night or the next day. It wasn't until around midnight of the second day that she began to weep uncontrollably.

From the time she was a child, Tammi Smith had nightmares that someone was lurking in the dark waiting to kill her with a knife or a gun. After Bigfoot, she doesn't have that dream anymore.

rd.com For more on this story and to view the rescue video, visit rd.com/hostage.

HAVE YOUR LAWYER CALL MY VERIZON DEALER

I figured out how to cure the high divorce rate in this country. Have cell phone companies write the marriage contracts; you'll never get out of it.

BUZZ NUTLEY



A good example
and after
become
for
a

Ellie
after
tuesday
cause
action.

Just the way the
you can see it
a good example
and after
become
for
a

Excuses, Excuses

My students forged the notes.
I turned them into a lesson plan.

BY FRANK MCCOURT FROM "TEACHER MAN"

I WAS IN MY THIRD year of teaching creative writing at Ralph McKee Vocational School in Staten Island, New York, when one of my students, 16-year-old Mikey, gave me a note from his mother. It explained his absence from class the day before:

"Dear Mr. McCort, Mikey's grandmother who is eighty years of age fell down the stairs from too much coffee and I kept Mikey at home to take care of her and his baby sister so I could go to my job at the ferry terminal. Please excuse Mikey and he'll do his best in the future. P.S. His grandmother is ok."

I had seen Mikey writing the note at his desk, using his left hand to disguise his handwriting. I said nothing.

Most parental-excuse notes I received back in those days were penned by my students. They'd been forging excuse notes since they learned to write, and if I were to confront each forger I'd be busy 24 hours a day.

I threw Mikey's note into a desk drawer along with dozens of other notes. While my classes took a test, I decided to read all the notes I'd only glanced at before. I made two piles, one for the genuine ones written by mothers, the other for forgeries. The second was the larger pile, with writing that ranged from imaginative to lunatic.

I was having an epiphany.

Isn't it remarkable, I thought, how the students whined and said it was

hard putting 200 words together on any subject? But when they forged excuse notes, they were brilliant. The notes I had could be turned into an anthology of Great American Excuses. They were samples of talent never mentioned in song, story or study.

How could I have ignored this treasure trove, these gems of fiction and fantasy? Here was American high school writing at its best—raw, real, urgent, lucid, brief, and lying. I read:

- The stove caught fire and the wallpaper went up and the fire department kept us out of the house all night.
- Arnold was getting off the train and the door closed on his school bag and the train took it away. He yelled to the conductor who said very vulgar things as the train drove away.
- His sister's dog ate his homework and I hope it chokes him.
- We were evicted from our apartment and the mean sheriff said if my son kept yelling for his notebook he'd have us all arrested.

The writers of these notes didn't realize that honest excuse notes were usually dull: "Peter was late because the alarm clock didn't go off."

One day I typed out a dozen excuse notes and distributed them to my senior classes. The students read them silently, intently. "Mr. McCourt, who wrote these?" asked one boy.

"You did," I said. "I omitted names to protect the guilty. They're supposed to be written by parents, but you and I know the real authors. Yes, Mikey?"

"So what are we supposed to do?"

"This is the first class to study the art of the excuse note—the first class, ever, to practice writing them. You're so lucky to have a teacher like me who has taken your best writing and turned it into a subject worthy of study."

Everyone smiled as I went on, "You didn't settle for the old alarm clock story. You used your imaginations. One day you might be writing excuses for your own children when they're late or absent or up to some devilment. So try it now. Imagine you have a 15-year-old who needs an excuse for falling behind in English. Let it rip."

THE STUDENTS produced a rhapsody of excuses, ranging from a 16-wheeler crashing into a house to a severe case of food poisoning blamed on the school cafeteria. They said, "More, more. Can we do more?"

So I said, "I'd like you to write—" And I finished, "'An Excuse Note from Adam to God' or 'An Excuse Note from Eve to God.'" Heads went down. Pens raced across paper.

Before long the bell rang. For the first time ever I saw students so immersed in their writing they had to be urged to go to lunch by their friends: "Yo, Lenny. Come on. Finish it later."

NEXT DAY everyone had excuse notes, not only from Adam and Eve but from God and Lucifer. One girl defended the seduction of Adam on the grounds that Eve was tired of lying around Paradise doing nothing, day in and day

out. She was also tired of God sticking his nose into their business.

Heated discussions followed about the relative guilt and sinfulness of Adam and Eve. No one said anything negative about God, though there were hints. He could have been more understanding of the plight of the first man and woman, said someone.

I asked the class to think about anyone in history who could use a good excuse note. I wrote suggestions on the board: Eva Braun, Hitler's girlfriend. Julius and Ethel Rosenberg, executed for treason. Judas. Attila the Hun. Lee Harvey Oswald. Al Capone.

"Yo, Mr. McCourt, could you put teachers up there?" said a student.

And then I heard, "Mr. McCourt, the principal is at the door."

My heart sank as the principal entered, along with the superintendent of schools. Neither acknowledged me. They walked up and down, peering at papers. The superintendent picked one up, showed it to the principal.

The superintendent frowned. The principal pursed his lips. On their way out, the principal said the superintendent would like to see me.

Here it comes, I thought. The reckoning. The principal was sitting at his desk; the superintendent was standing. "Come in," said the superintendent. "I just want to tell you that that lesson, that project, whatever the hell you were doing, was topnotch. Those kids were writing on the college level."

He turned to the principal and said, "That kid writing an excuse note for Judas. Brilliant. I just want to shake your hand," he said, turning back to me. "There might be a letter in your file attesting to your energetic and imaginative teaching. Thank you."

God in heaven. High praise from an important person. Should I dance down the hallway, or lift and fly? Next day in class, I just started singing.

The kids laughed. They said, "Man, school should be like this every day, us writing excuse notes and teachers singing all of a sudden." Sooner or later, I figured, everyone needed an excuse. Also, if we sang today we could sing tomorrow, and why not? You don't need an excuse for singing.



GRUMBLE, GRUMBLE

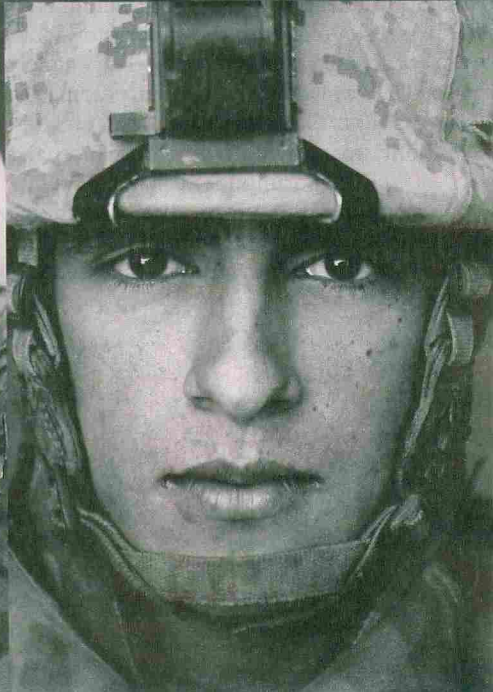


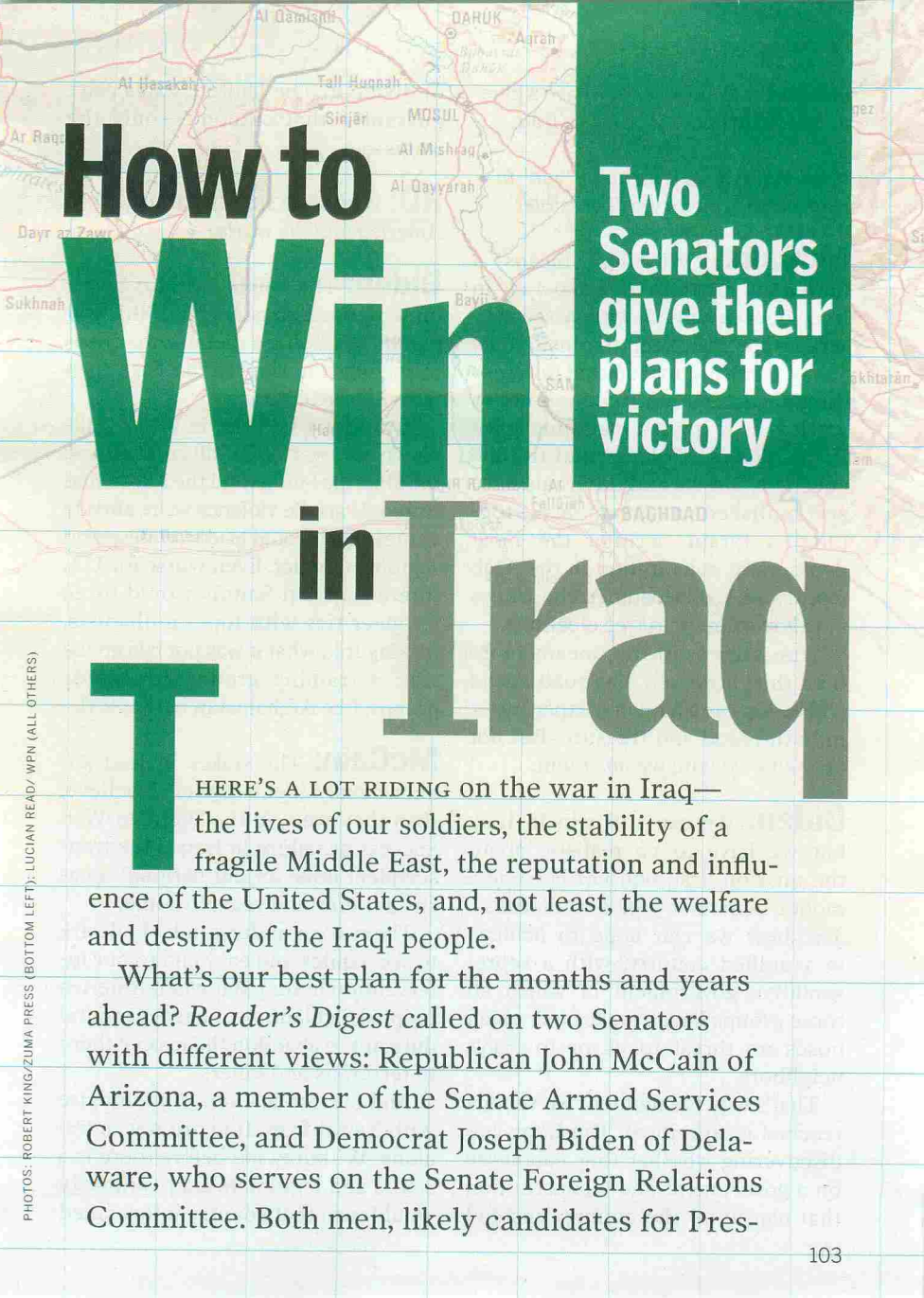
"Complaining is good for you as long as you're not complaining to the person you're complaining about."

LYNN JOHNSTON, *For Better or For Worse*

"Don't tell your problems to people: 80% don't care and the other 20% are glad you have them."

Former football coach LOU HOLTZ





How to Win in Iraq

Two Senators give their plans for victory

THERE'S A LOT RIDING on the war in Iraq—the lives of our soldiers, the stability of a fragile Middle East, the reputation and influence of the United States, and, not least, the welfare and destiny of the Iraqi people.

What's our best plan for the months and years ahead? *Reader's Digest* called on two Senators with different views: Republican John McCain of Arizona, a member of the Senate Armed Services Committee, and Democrat Joseph Biden of Delaware, who serves on the Senate Foreign Relations Committee. Both men, likely candidates for Pres-

ident in 2008, believe they have a blueprint for ultimate victory in Iraq.

RD: *What does it mean to “win” in Iraq—and is victory still possible?*

McCain: “Winning” means a flawed but functioning democracy in Iraq, one equipped with a security service that can keep the insurgents at bay. It means an Iraq that does not threaten other countries but is not so weak that it invites meddling from its neighbors. Violence and trouble continue, but we and the Iraqis have accomplished a great deal—toppling a tyrant, writing the most democratic constitution in the Arab world and, last December, choosing a new government in free elections.

True success in Iraq means more than this, however. The road ahead will be long and hard and expensive—in both blood and treasure. But not only *can* we win, we *must* win.

Biden: We can still win in Iraq, but we have to be realistic about the mission. Iraq will not become a model democracy in our lifetimes. The best we can hope to achieve is a unified country, with a representative government in which all three groups have a stake, and which poses no threat to us or to Iraq’s neighbors.

That’s why the moment we’ve now reached is so critical. The Iraqis are discovering whether they can agree on a government and a constitution that can unite the country instead

of divide it. The United States can’t guarantee that outcome—only the Iraqis can.

RD: *What is at stake for Iraq, America and the world?*

Biden: The whole world is better off with Saddam gone, but if this war results in trading a dictator for chaos in the heart of the Middle East, then we will have failed.

If we don’t succeed in Iraq, a full-blown civil war likely will erupt among the Shia, the Sunnis and the Kurds, and would dwarf the violence we’re already witnessing. It could lead to widespread regional conflict. Even worse for U.S. interests, Iraqi Sunnis would forge stronger ties with foreign jihadists, making Iraq what it was not before the war: a training ground for terror groups, like Afghanistan before 9/11.

McCain: The stakes in Iraq are enormously high—higher, I believe, than they were in the Vietnam War. Success or failure in Iraq is the transcendent issue for our national security, for now and years to come.

There is an understandable desire to see a quick and easy end to our intervention in Iraq. But when America toppled Saddam, we incurred a moral duty not to abandon the people there to terrorists and killers.

And the implications of premature withdrawal from Iraq are not moral alone. Withdrawing before there is a stable and legitimate Iraqi authority would turn that country into a failed



Can Three Become One?

IRAQ'S HOPES FOR UNITY hinge on whether several factions—split along religious and ethnic lines—can put aside centuries-old animosities and live together in peace:

Shi'ite Arabs 55-60% of population

Who Are They? The Shia arose from a 7th-century split within Islam over the rightful heirs to Muhammad. Many Shia disdain Sunnis for having followed “usurpers” not in the Prophet’s direct bloodline. The Shia approach to Islam is marked by religious rituals that honor the martyrs of their faith. Most Shia in Iraq are ethnic Arabs (unlike those in neighboring Iran, who are Persian).

What’s Their Grievance? Although in the majority, the Shia long suffered under Sunni rule in Iraq. Ongoing persecution escalated under Sunni dictator Saddam Hussein, who executed many Shi’ite clerics and brutally crushed Shia opposition after the first Gulf War. Almost inevitably, the Shia will emerge as the dominant force in a new Iraqi government.

Sunni Arabs 15-20% of population

Who Are They? Sunni Islam, shaped by scholars and jurists, has excelled in political rule. The Sunni governed the Ottoman Empire—which included present-day Iraq—from the 1500s through World War I. Their largely secular rule endured in Iraq until the toppling of Saddam Hussein and his Baath Party in 2003.

What’s Their Grievance? A Sunni-led insurgency hopes to expel American troops and re-establish Baathist rule. Many Sunnis resent and fear the new Shia-dominated police force and military. They also worry that the Shia and Kurds, who inhabit oil-rich regions, will keep most of the country’s wealth for themselves. The big question: Will the Sunnis accept or resist a diminished role?

Sunni Kurds 20% of population

Who Are They? Inhabiting a region that carves into Iraq, Iran, Turkey and Syria, the Kurds are a non-Arabic people with their own language and culture. Fairly liberal Muslims, the Kurds often wear Western-style clothes, and Kurdish women never hide their faces or wear head-to-toe chadors.

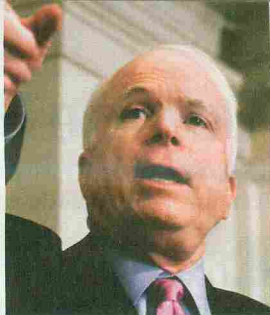
What’s Their Grievance? Atrocities under Saddam included the murder of thousands of Kurdish peasants when he used chemical weapons to punish their support of Iran in its war with Iraq in the 1980s. Forever under the thumb of others, the Kurds have long dreamed of an independent Kurdistan.

state in the heart of the Middle East. Instability in Iraq would invite further Syrian and Iranian interference, bolstering the influence of two terror-sponsoring states firmly opposed to American policy. Iraq's neighbors—from Saudi Arabia to Israel to Turkey—would feel their own security eroding, and might be induced to act. And jihadists would interpret our withdrawal as a great victory against our power. This uncertain swirl of events would damage our ability to promote positive change in the Middle East, to say the least.

Because we cannot pull out and simply hope for the best, because we cannot withdraw and somehow manage things from afar, because morality and our security compel it, we have to see this mission through to completion.

RD: *So what would be your plan for victory?*

McCain: For most of the occupation, our military strategy was built around trying to secure the entirety of Iraq at the same time. But the coalition never had enough troops to do this, and it led to a dead end: our forces mounting “search and



**Calls to
draw down
our forces
this year
are exactly
wrong.**

JOHN MCCAIN

destroy” operations to root out insurgent strongholds, with the aim of killing as many insurgents as possible. Since our troops could not hold the ground indefinitely, they have had to move on to fight other battles. When they do so, the insurgent ranks replenish and the strongholds fill again. Our troops then have to re-enter the same area and re-fight the same battle. This has meant seasonal offensives in places like Tal Afar, where our troops fought in September 2003, 2004 and 2005.

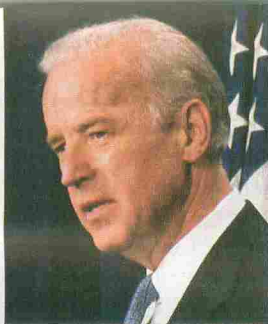
A better approach is the so-called “oil spot” strategy that draws upon successful counterinsurgency efforts in the past. Rather than focusing on killing and capturing insurgents, we should emphasize protecting the local population by creating secure areas where insurgents find it difficult to operate. Our forces begin by clearing areas, with heavy force if necessary, to establish a zone as free of insurgents as possible. The security forces then cordon off the zone, establish constant patrols, by American and Iraqi military and police, to protect the population from insurgents and common crime, and arrest remaining insurgents as they are found.

In this newly secure environment, many of the things critical to winning in Iraq can take place—things that are not happening today. Massive reconstruction can go forward without fear of attack and sabotage. Political meetings and campaigning can take place in the open. And civil society can emerge. As these elements reinforce each other, the security forces then expand the territory under their control.

This kind of counterinsurgency strategy must be coupled with other elements of a broader Iraq strategy: keeping senior military officers in place, rather than rotating them out of Iraq; building ethnically diverse military units; keeping the pressure on Syria and Iran to secure their borders; and speaking forthrightly about the stakes to the American people, as the President is doing. There is some indication that the Pentagon is moving to embrace an “oil spot” strategy, and that is to the good. But it will be difficult to do if calls for troop withdrawals are successful.

Biden: There are three main parts to my plan.

First—we need to build political consensus, starting with a constitu-



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JOSEPH BIDEN

HOW TO WIN IN IRAQ

tion all Iraqis can buy into. Sunnis must accept that they no longer rule Iraq. But unless Shi'ites and Kurds give them a stake in the new deal, they will continue to resist.

The United States shouldn't be the only nation striving for this: We need a regional strategy that persuades Iraq's neighbors to wield their influence with the Shi'ites, Sunnis and Kurds. No one but the terrorists wants Iraq descending into civil war.

From Europe to Asia, all the major international powers also have a stake in the outcome

in Iraq. They need to get over their bruised feelings at how we went into Iraq, and we need to get over our reluctance to fully involve them.

I'd like to see a “Contact Group” for Iraq led by these countries and institutions like NATO and the European Union that becomes Baghdad's main political partner. That would take some of the burden off us and maximize the pressure on Iraq's main groups to compromise.

Second—we must build Iraq's governing capacity and overhaul the reconstruction effort. Iraq's ministries are barely functional. We need a civilian commitment in Iraq equal to our military effort. Just as mili-

tary personnel are required to go to Iraq, the President should identify more skilled foreign service officers to help get the government up to speed.

And countries that have pledged aid must deliver it. As of the beginning of 2006, only \$3 billion of the \$13.5 billion in non-American assistance made it to Iraq. Meanwhile, our Arab allies in the Persian Gulf have reaped huge windfall oil profits. It is time they give back.

Third—we have to transfer authority to effective Iraqi security forces. In September 2005, Gen. George Casey acknowledged that only one Iraqi battalion—less than 1,000 troops—is capable of fighting without U.S. help. Another 40 or so could lead counterinsurgency operations with our support. The President must set a schedule for getting Iraqi forces trained to the point they can act on their own or take the lead.

We should take other countries up on their offers to do more training, especially of officers. We should focus on putting the sectarian militia out of business and building the security ministries. Even the best-trained troops will not succeed if the civilian government can't pay them, equip them, supply them and direct them.

And, ultimately, we must hope that Iraqis are developing a national identity and a vision for their country that will inspire their politics so they can set aside their sectarian, tribal and ethnic divisions.

RD: *When will our troops come home?*

Biden: I'm convinced that in 2006, American troops will begin to leave Iraq in large numbers—as many as 60,000. In 2007, a significant number of the remaining 100,000 American soldiers will follow. A small residual force, probably between 20,000 and 40,000, will stay behind—in Iraq or across the border—to strike at any concentration of terrorists, to keep Iraq's neighbors honest, and to continue training and equipping the Iraqi security forces.

We will not and should not pull out all our troops at once. Nor should we draw down based on an artificial deadline or timetable. But we simply cannot sustain 150,000 Americans in Iraq without extending deployment times, sending soldiers back for a fifth or sixth tour, pulling troops from other regions, or mobilizing the entire National Guard. That would severely damage our all-volunteer military.

Even if we could keep a larger force in Iraq, it no longer makes sense to do so. Our idea of liberation is increasingly felt as occupation. And we risk creating a culture of dependency, especially among Iraqi security forces.

The Bush Administration has made many mistakes and squandered endless opportunities in Iraq. But we still have a chance to succeed. If redeployment is accompanied by measurable progress in forging a political settlement, building real Iraqi governing capacity, and transferring control to

effective Iraqi security forces, we can start the journey home from Iraq with our vital interests intact.

McCain: To enhance our chances of success, and to enable our forces to hold as much territory as possible, we must maximize the total number of coalition and Iraqi troops. That's why I believe the current ideas to draw down our forces this year are exactly wrong. While the United States and its partners are training Iraqi security forces at a furious pace, these Iraqis should supplement, not substitute for, the coalition forces on the ground. Our decisions about troop levels should be tied to the success or failure of our mission in Iraq, not to the number of Iraqi troops trained and equipped, nor to arbitrary dead-

lines rooted in our domestic politics.

This may well mean we are in Iraq for years to come, and we should have no illusions about the difficulty of our road ahead. Implementing the steps I have outlined will take more time, more commitment, and more support, and more brave Americans will lose their lives in the service of this great cause. And despite all of America's cajoling and pleading, few other countries around the world will share much of our burden. Iraq is for us to do, for us to win or lose, for us to suffer the consequences or share in the benefits. There's only one United States of America, and it is to us that history will look for courage and commitment.

rd.com Where do you stand on Iraq? Join the discussion at rd.com/community.

COMING CLEAN

It amazes me just how much tidying-up customers of our cleaning service will do in order to make their homes presentable for our maids. I was compiling comment cards when I came upon one from an angry and confused customer. In it she fumed, "It seems like the more I clean before the maids come, the less they do when they're here!"

ROBERT SANDERS



A friend got into a hospital elevator with an orderly who was wheeling an elaborate machine. The device had several pipes, dials and gauges.

"Man, I'd hate to be connected to that machine."

"So would I," agreed the orderly. "It's a carpet shampooer."

CHARLES BARRON

SECRETS OF GREAT DOCTORS

An insider's guide to getting the best treatment

BY MICHAEL F. ROIZEN, MD, AND MEHMET C. OZ, MD

FROM "YOU: THE SMART PATIENT: AN INSIDER'S HANDBOOK FOR
GETTING THE BEST TREATMENT"

TO BE A SMART PATIENT, you can't be passive; you need to be a first-rate Sherlock Holmes. Like Holmes, smart patients ask intelligent questions and have the instincts (and guts) to politely challenge things they don't understand. They don't need to know the most esoteric medical details, but they need to put at least as much effort into finding out the basics about their health as they did in getting the driving directions to our office. Ultimately, you are the person most responsible for the success of your health. Here, what great doctors know that great patients can learn.



1 Get your stories straight

Bring your spouse or partner to your doctor's appointment when you're giving your health history or describing a problem; there are a lot of questions that only a partner can answer (such as how many times an hour you stop breathing while asleep). But beware the doc's sixth sense. When you tell us

that you rarely tear into the Pringles after 8 p.m., or that you've been taking your cholesterol-lowering drugs with the discipline of a Marine, your spouse will shoot you (or us) a look that says, "Are you kidding me?" We never miss it. And hey, sometimes your spouse wants to blow your cover. It's called love. But if you try to snow us, we might try to trip

you up. For example, we'll ask if you're fit enough to climb three flights of stairs. You'll say yes, unless you're over 85 or bedbound. Then we'll ask, "When was the last time you climbed three flights?" You'll say "Maybe a month ..." and your spouse will send a look that says, "You haven't climbed three flights of stairs since we voted for Ike."

2 Truth or consequences

We know you bend the truth a little when telling us the good and bad you do to yourself. That's why we at least double, up or down, the most fudged claims. For example:

Patient says:

*I have two drinks a day
I exercise about twice a week
I smoke a few cigarettes a day
My job is stressful
I get short of breath if I run
I eat about two hamburgers a week
I'll follow up with you—I won't forget*

Doctor hears:

*I might drink a case a week
I rarely exercise
I'm a pack-a-day
This job's going to give me a coronary
Five porch steps leave me gasping
I eat cheeseburgers most other days
I'll stop back when the kids are grown*

3 Nurses know it all

One way to find a great doctor is to grill the head ER or ICU nurse at the largest local hospital, preferably a teaching hospital. These nurses get a battlefield view of doctors at their best and worst. If you're visiting someone in the hospital, you may be able to swing into the unit. If all hell isn't breaking loose and the nurses have a few relatively quiet minutes, you'll have a chance to politely approach one and make your inquiry. A nurse may say, "Well, to be honest, Dr. Addison is a complete jerk and everybody hates him, but if you're in serious trouble, there's nobody better." Endorsements like this aren't unusual in medicine.

4 Get friendly with your pharmacist

Your pharmacist is the least expensive and most accessible health resource you have. While it might seem easier to forge a personal relationship with one pharmacist at a small mom-and-pop pill dispensary, smart patients can and do establish great relationships with superstore pharmacists too. You can see her anytime you want, without an appointment—all consultations free. In medicine, that's extraordinary. Your pharmacist has an amazing wealth of knowledge at her fingertips, which means at your fingertips. Many also have access to new technology that can answer questions (such as, Is it safe to take this brand-new medication with this even newer medication?) in a blink. What's more, they get a soldier's-eye view of patients with similar conditions using different medications every single day. They see who improves, and who complains about side effects. And they know which side effects could mean serious trouble. Why do so few people take advantage of this golden resource? It baffles us.

5 Learn the shorthand When your doctor hands you a script (that's doctorspeak for "prescription"), she knows you can't understand the arcane Latin-y squiggles and abbreviations. Doctors typically write the name of the medicine first, then the form (say, capsule or tablet), dosage, amount (say, 30 tablets), directions for taking it, and finally the number of refills. Here's the medical shorthand:

<i>ac</i>	before meals
<i>alt die</i>	alternate days
<i>bid</i>	twice a day
<i>c̄</i>	with
<i>dol urg</i>	when pain is severe
<i>hs</i>	at bedtime
<i>prn</i>	when needed
<i>sig</i>	write on label
<i>sos</i>	if necessary
<i>stat</i>	immediately
<i>tid</i>	three times a day
<i>2X</i>	refill two times

6 The waiting game

When you're anxious for test results, don't think, No news is good news. It's no news. Too many patients wait for the doctor to call them with results, or they figure that silence means everything's fine. Smart patients always ask when the results will likely be in, and they call the office that day. And the next day, and so on. It's an extra reminder for us to call the lab if it's running behind. A postcard from the lab may have been lost. And in a bustling office, records can sit for a day or two without us knowing. So be a nudge.

7 Get with the plan! If a doctor doesn't accept your insurance, but he is really your top choice, don't give up. Call the insurance company and ask if it would consider adding this doctor to the list. If it won't, ask why. Sometimes, if even just a few patients ask the insurer to add a doctor, and the physician approves, the company will agree. Likewise, ask your doctor if you could persuade him to begin accepting your insurer. And every year when you renew your health insurance (a lovely period, usually in the fall, called open enrollment), call your doctor's office and make sure it intends to keep accepting this insurance plan. When we're deciding which insurance carriers we'll work with, we can be swayed by just a few small factors—and if dropping a plan will create big problems for two or three regular (and well-liked) patients, that can carry weight. So speak up.

8 Learn from the past Consider having an autopsy performed on your parents when they pass away. Few are done today compared with decades ago, as it's rarely thought necessary when a cause of death is clear. Although it can be expensive, there's much value in knowing if your 82-year-old father has

undiagnosed prostate cancer that had been advancing since his 50s, or heart disease even though it was a stroke that did him in. This is especially useful if the death was due to an accident. Reassure your living parent this doesn't mean that foul play is suspected, there can't be an open case, or the body will be shipped to a *CSI* sound stage.

9 Need surgery? Hunt for the specialist's specialist. You don't just want a doctor who is comfortable with performing a particular surgery as part of a wide repertoire; you want the surgeon who is obsessively focused on the exact technique you need done. Today, one surgeon can gain so much experience with one very specific surgery that her patients have fewer complications than the national average. Aside from asking your regular doctor to point you to the maestro of your surgery, doing Internet research can help you locate such a hyper-specialized surgeon. You just have to hope that one works at your hospital (and takes your insurance plan), or a road trip might be in store. And make sure your hospital is Joint Commission accredited for quality and safety. Go to qualitycheck.org to find the best hospital for you.

10 Meet the doc behind the scenes If you're having surgery in a hospital, you need to meet the anesthesiologist face-to-face and give him some dirt on you, such as the last time you had general anesthesia, exactly how much you drink, what drugs you use and how often. People who recreate with substances can keep their habit hidden from lots of people, but they'd better be up-front with the anesthesiologist, since narcotics and other drugs can increase the amount of anesthesia needed, and you don't want to be wide-awake when the surgeon asks for the knife. The anesthesiologist also needs to know how physically fit you are, any allergies you have, and (for the umpteenth time of your hospital stay) every medication, herbal remedy and supplement you take. What about those nightmarish stories you've heard about patients waking up during surgery? It's rare, but it happens. Talk to your anesthesiologist about this, and ask if a medical device that monitors wakefulness is available and should be used.

11 Customize your living will The two words *living will* evoked about as much emotion as *life insurance* did not long ago. But that was before Terri Schiavo captured the country's attention in 2005. Living wills became a vogue subject, even among people under 40. Yet there's no one-size-fits-all living will. If things should take a particularly unhappy course and you can't speak up for yourself, you can tell hospital staffers ahead of time which measures you do or do not want to receive, such as:

Artificial breathing No, not via the services of one of the more attractive hospital staff members, we're afraid. Instead, you're placed on the machine called a ventilator, which pumps air into your lungs.

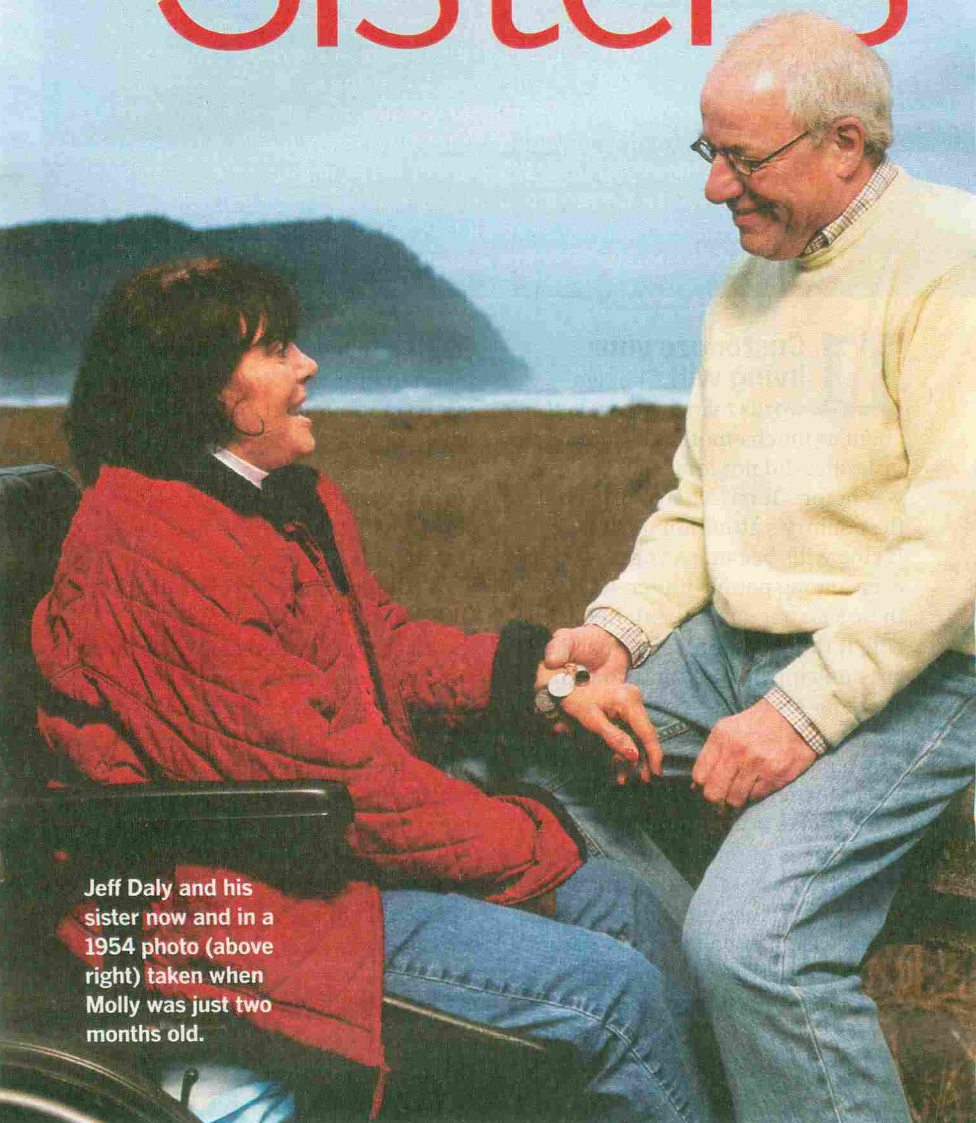
Artificial feeding If you're unable to eat, you can be given nutri-

ents through an IV or a tube that's inserted into your stomach. Some of our more industrious friends have asked if they could have this procedure done just as a matter of convenience, but we tell them to slow down, take a break and eat a real meal.

Cardiopulmonary resuscitation (CPR) You know, the organized theatrics you've seen in TV shows and movies, when a hospital team tries to revive you after your heart stops beating or you stop breathing—unless you request a do-not-resuscitate order (DNR). Unlike on television, however, there is not a 99.9% chance that you will be revived successfully and to full consciousness within five seconds by a tanned actor, but we'll try our best.



Sister's



Jeff Daly and his sister now and in a 1954 photo (above right) taken when Molly was just two months old.

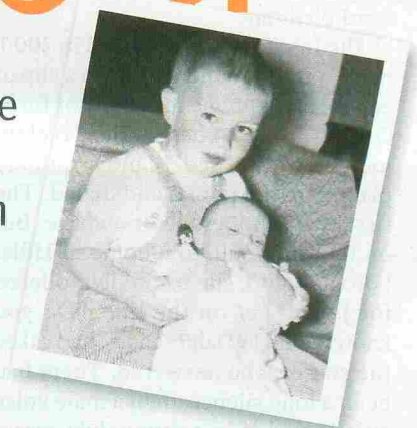
Keeper

Jeff and Molly Daly were separated as children when she was sent to an institution. Now, they're making up for lost time.

BY CATHY FREE

"**W**HERE'S MOLLY?" Jeff Daly asked his parents one gray spring afternoon in 1957. The six-year-old Jeff stood staring at the empty chair where his little sister usually sat. After a brief silence, Jeff's father answered, "Molly's not here anymore, but she's fine. It's nothing for you to worry about. Forget it and eat your supper."

Over the next several months, when Jeff persisted in asking, "Where's Molly?" he was sent to his room. "She lives somewhere else now and she's happy," his mother firmly told him. "You're not to talk about this anymore." Jeff eventually stopped asking about Molly, but deep down never forgot her.



Nearly five decades later, on January 21, 2004—three months after his mother died of cancer and less than a day after his father died of heart failure—Jeff came across his dad's wallet at his parents' home. Inside, he found a small laminated card printed with the name "Molly Jo Daly" and a Social Security number.

"My parents had told me to block her out of my mind," says Daly, now 54. "I assumed the card meant nothing." But Jeff's wife, Cindy, insisted that it was an important clue to Molly's whereabouts. "This is your chance to find her," she said.

That afternoon, Cindy and Jeff searched for more clues in Jack Daly's house. In a crawlspace by the water

heater, they found a cabinet crammed with old files. Tucked in the back was a folder labeled "Molly." Inside were a few records of Jeff's sister's life at the Fairview Hospital and Training Center in Salem, Oregon, where Molly had been taken nine days before her third birthday.

The institution had closed in 2000, but the Dalys found in the file a slip of paper listing phone numbers for three Oregon group homes for the developmentally disabled. Cindy quickly picked up the phone and dialed. The first two numbers led nowhere. But on the third call, to a home in Hillsboro, Oregon, she excitedly hollered for Jeff to get on the line. "Do you know Molly Jo Daly?" Cindy had asked the staffer who answered. There had been a long silence, then a male voice quietly said, "She's sitting right across from me."

For about three decades, beginning in the 1950s, there were thousands of "Mollys" growing up across the United States in state-funded institutions for the mildly to severely developmentally disabled. Although such institutions are becoming scarce, about 325,000 intellectually disabled adults—many sent away as children—are now living in small group homes or community residences. Those in their 40s and 50s in particular may have no knowledge that they have relatives of any kind, says University of Minnesota professor Charlie Lakin, who has studied demographics of the developmentally disabled. And now, with parents of these children dying without reveal-

ing any details, family contact may be cut off forever.

In the 1950s, many experts told parents that raising a child with a disability at home would be a burden to other children in the household, says Sue Swenson, executive director of the Arc (formerly known as the Association for Retarded Citizens) of the United States, an advocacy group. "Support systems didn't exist," she explains, "so most people felt they had no choice but to send the child away." Many of these "throwaway" children grew up without being touched except to have their diapers changed or to be fed, says Swenson. Now that sad chapter is finally coming to an end in Oregon, thanks to Jeff and Cindy Daly.

IT WAS FEBRUARY 4, 2004, when Jeff nervously rang the doorbell of the supervised group home where Molly, then 49, was living with four other adults like her. When he and Cindy walked into the living room, residents and staffers were sitting in a circle so everybody would have a ringside seat. Molly, who has the emotions and intellect of a young child, is blind in one eye and uses a wheelchair to get around, smiled and shyly turned her head as Jeff approached.

"Molly," Jeff said through tears, hugging his sister, "I'm your brother, Jeff. I'm so sorry that I haven't been a part of your life." Molly reached out and held his hand. Turning to Cindy, Jeff sobbed, "I remember Molly! Where have those memories been hiding?"

Suddenly, he recalled the close relationship he and Molly had before she was sent away—the times they played in the sand at the beach, the laughter they shared, the nights Jeff let her sleep in his bed so she'd stay warm.

IN THE WEEKS after the reunion, Jeff learned that his wife's brother-in-law, Layne DeLoff, also had a sister who was sent to Fairview in the early 1960s. All Layne knew was that her name was Sherry and she was about a year younger than he was when she "disappeared."

Layne and his wife, Claudia, spent weeks trying to find Sherry, but Ore-

gon officials told them it was against privacy laws to supply information without her consent. Finally, a sympathetic state worker risked her job and called the DeLoffs to say that Sherry was living at a group home in La Grande, Oregon. The Dalys couldn't believe that a search they did in a few hours took the DeLoffs almost two months and ended successfully only because somebody broke the law.

"Cindy and I decided right then to do whatever it took to get the law changed," says Jeff. He and his wife, a former lobbyist for the cell phone industry, pressured the Oregon State Legislature to make it easier for families of those with disabilities to reconnect, and Jeff, who works as a freelance cameraman, began film-

ing a documentary about Molly's life. State Sen. Peter Courtney sponsored "Molly's Bill" last year when he learned that most of the 20,000 children who were sent to Fairview never saw their families again. The first of its kind in the country, the law, signed in July 2005, requires that the Oregon Department of Human Services notify disabled people or their care providers when a relative wants to make contact. The Dalys are now working with the Arc to get similar legislation passed on a federal level. "We're not stopping until every state has this on the books," says Jeff. "Our

Many of these "throwaway" children grew up without being touched.

parents might have thought cutting off contact was the best thing to do, but why weren't we given a choice to know our siblings?"

Records of Molly's first few doctor visits as an infant show that she was "normal," though born with a club-foot and a lazy eye. But at 18 months, when Molly wasn't walking or talking, the pediatrician told Jack and Sue Daly that their daughter was "profoundly retarded" and recommended Fairview.

Through interviews with relatives and family friends, Jeff has learned that his mother agreed to send Molly away, "because a disabled child wasn't right for her perfect life." Jack Daly was an executive at Bumble Bee Seafoods, and he and his wife had to



Molly, nearly three (here in 1957), could barely walk or talk. Doctors recommended she be sent away.

do a great deal of business entertaining. "My mother was concerned about her image," says Jeff.

Fairview could house up to 2,700 children and adults, and was surrounded by 200 acres of lush gardens and stately pines. Molly spent her first year there in a room with 64 other children, most of them with Down syndrome. "There was only one caregiver for all of them," Cindy says.

Jeff has included in his documentary actual footage from a promotional film used by Fairview in the 1950s. The film shows infants and toddlers in a stark room filled with rows of cribs. Nurses in immaculate uniforms are praised for "touching" children three times daily. In an especially poignant scene, an enthusiastic little girl with short dark hair and sparkling eyes claps her hands on the hard floor in a room devoid of toys or comforts. "The first time I watched, I cried," says Jeff. "I knew instantly that she was Molly."

Jeff's father visited Molly early on at

Fairview, but was eventually told by nurses not to come anymore because Molly cried each time he left. "I think that must have been hard on him," says Jeff. In fact, Jeff has learned that his father, who was a member of a charity group that put on free clown shows around town, returned to Fairview at least once more, dressed as a clown.

Jeff also learned that Molly's only other visitor during her 35 years in the institution was her grandmother. Until her death in 1988, Marie Mercer secretly visited Molly each month, pushing her on the playground swings when she was a child, then wheeling her around the gardens in a wheelchair when her legs weakened in her teens from lack of use.

Molly, whose IQ scores were between 30 and 60 in tests done at Fairview, was seldom allowed to exercise in the institution and was often restrained in her bed when she misbehaved. Records show that she was very angry at times, spilling trays of food, hitting people and plugging toilets. "She was a rebel," says Cindy. "She acted up because she was bored. It was probably one of the few times she got extra attention." In 1993, when Molly was moved to the small group residence where she lives today, her behavior immediately improved.

Jeff, who recalls teaching his little sister to take a few steps and say her

first words, believes that the institution worsened his sister's problems. "She received no education there," he says. When Molly and Jeff reunited, she knew only about 130 words. Since then, he and Cindy have taught her 300 more, along with colors, numbers and nursery school songs. "All these years, nobody ever challenged Molly," says Cindy, who has also arranged for a physical therapist to visit Molly weekly to see if she can regain strength in her legs. "We see a lot of potential there."

IT HASN'T TAKEN long for Molly to warm up to Jeff, despite nearly 47 years apart. "Brother," she says slowly, every time she sees him. Jeff and Cindy regularly bring Molly to their Seaside beach house to show her the ocean and shorebirds. For her 50th birthday, they took her and her friends from the residence to the Oregon Zoo, and on the Fourth of July, Molly rode next to Jeff in Seaside's parade and waved from his '48 Mercury.

In the beginning, Molly was upset whenever the Dalys took her back to

the group home. "When you think about it, it makes sense," says Jeff. "She felt abandoned again." But because she is comfortable in Hillsboro, the Dalys don't plan to remove her from the group home (where her care is paid for by the state), and she has come to realize that Jeff will be a constant in her life.

On a gray, windy afternoon much like the day when Molly vanished, Jeff lifts Molly up the stairs of his Seaside cottage. "Wheeee!" Molly squeals, clapping her hands as they go one step at a time. After she's settled on the floor in front of a picture window with a view of the roaring surf, she goes to work making green squiggles with a crayon in her favorite coloring book. Sitting next to her, Jeff picks up a black-and-white snapshot of him and Molly hugging and laughing together just one day before she was taken away. There are almost 50 years of missing moments in his photo albums. But Jeff and Molly are slowly making up for lost time, day by day.

rd.com For more about the Dalys' story and to view Jeff's documentary, go to rd.com/molly.

IT'S LEGALESE, OL' BEAN

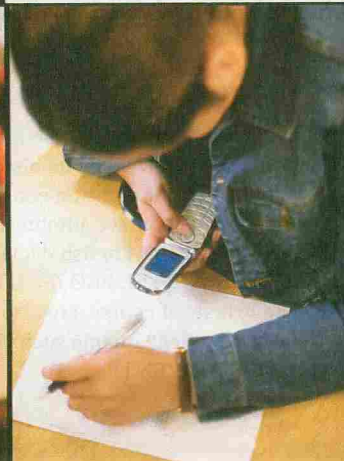
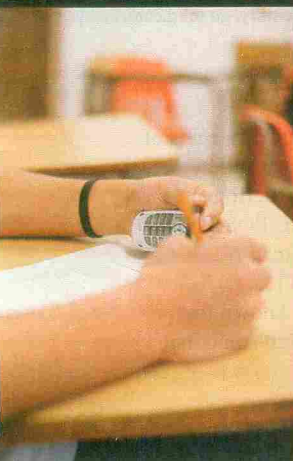
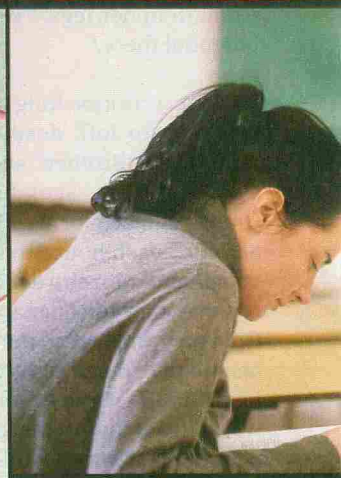
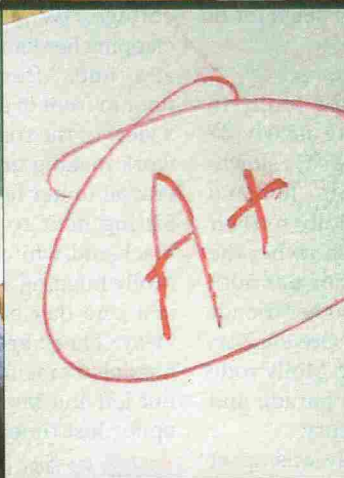
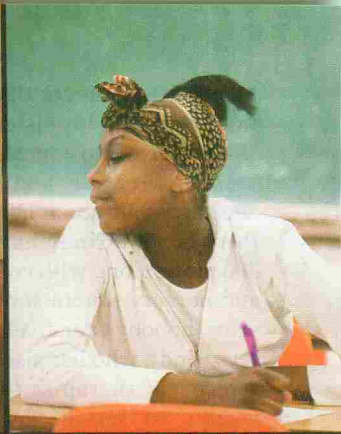
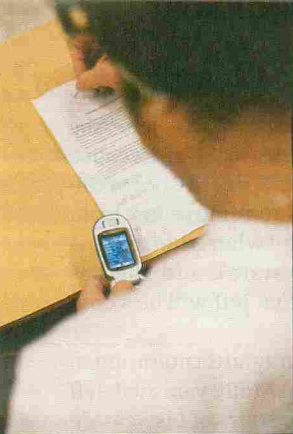


As my mother and I toured the historic streets of London, we were awed by its history and by something else: the signs on construction sites. Whereas back home we admonish "POST NO BILLS," the elegant English declare "BILL STICKERS WILL BE PROSECUTED."

The British, of course, are also known for their humor. Beneath one such sign someone

scrawled "BILL STICKERS IS INNOCENT!"

www.becquet.com



Cheating

"But everybody's doing it"

BY GAY JERVEY

THE KANSAS STATE UNIVERSITY JUNIOR was desperate. Already on academic probation after stumbling through a shaky sophomore year while battling a severe case of asthma, he was about to flunk political science for missing two exams. Another F could mean suspension, which would put at risk the college degree he'd always counted on. He couldn't take that chance. Instead, he took a different one.

Thanks to a part-time job in the university's information-technology department, the young man—a born-and-bred Midwesterner who loved reading and played trumpet in his high school band—had access to his professor's online grade book. With a few quick keystrokes, he was able to give himself passing scores for the tests he hadn't taken. He wasn't clever enough, though, to cover his tracks. He was soon caught and suspended—and has been racked with guilt ever since.

"There is no excuse or justification for my actions," he wrote to the university's Honor Council in the wake of the spring 2005 episode. (He prefers to remain anonymous.) The reason for his transgression, he added, was simple: "I did what I did out of panic."

While this student and his professors say the incident resulted from a momentary lapse in judgment, the sad fact is that, in a broader sense, it's hardly an isolated act. There's plenty to suggest that academic cheating is epidemic in the country's high schools and colleges. Consider a few examples: nine business students at the University of Maryland caught receiving text-messaged answers on their cell phones during an accounting exam; a Texas teen criminally charged for selling stolen test answers—allegedly swiped via a keystroke-decoding device affixed to a teacher's computer—to fellow students; seven Kansas State students in one class accused of plagiarizing papers off the Internet.

Beyond the anecdotes, experts point to a stream of data—much of it from students themselves—that indicates cheating is rampant. A report last June by Rutgers University professor Donald McCabe for The Center for Academic Integrity showed 70 percent of students at 60 colleges admitting to some cheating within the previous

year; one in four admitted to engaging in serious cheating (copying from another student, using *concealed* notes, or helping someone else cheat). McCabe's high school findings were similarly grim: Of 18,000 high school students surveyed across the country over the past four years, 70 percent of those in public schools admitted to at least one case of serious test cheat-

ing; about six in ten admitted to some form of plagiarism. Just under half of all private school students acknowledged similar lapses.

A recent Gallup survey reinforced those findings. Polling one group of 13- to 17-year-olds in 2003 and another in 2004, Gallup reported that 65 percent cite "a great deal"

or a "fair amount" of cheating in their schools. About half said they'd cheated on a test themselves at some point. Also in 2004, the Josephson Institute of Ethics—a Los Angeles nonprofit aimed at boosting personal and organizational ethics—released the results of a survey of 24,763 high school students; 62 percent admitted cheating on exams.

Cheating isn't new. As long as there have been rules, there have been people intent on breaking them. What's alarming now, says Institute founder Michael Josephson, is how widespread and blatant the practice has become.

"People who cheated were in the

70%
of public high
school
students
admit to
serious test
cheating

minority, and they kept it a secret, even from their friends,” he says. “Now they are the majority, and they are bold about it. Today, if you ask kids about cheating, you will get such cavalier attitudes that the statistics are almost secondary.”

Kansas State professor Phil Anderson agrees: “Many of our students have the attitude of ‘I’ll do whatever I have to do to get ahead.’ It’s endemic.”

Success at Any Cost

Josephson, Anderson and others grappling with the issue say two forces are behind the erosion in ethics. First, advances in technology—chiefly the Internet and portable digital devices—have made cheating easier. A bigger factor, though, is the way bad behavior across society—ballplayers popping steroids, business executives cooking corporate books, journalists fabricating quotes, even teachers faking test scores to make schools look good—signals that nothing is out of bounds when success is at stake.

Says David Callahan, author of *The Cheating Culture*: “It’s the normalization of cheating. Everybody’s doing it. And if you don’t, you feel like a chump.”

The pressure to succeed that drives some to cheat starts early, says Tomas Rua, a senior at Friends Seminary, a New York City private school.

“Everything that you do and work for is to maximize your potential,” he says. “And many people feel driven to use any recourse that they can to get that grade. There is a lot of hysteria

about college, and you start hearing about it in the middle school.”

Emily Broerman, a senior at North High School in Evansville, Indiana, echoes Rua’s comments: “I would say that I see cheating every day. You see a lot of ‘Succeed at any cost.’”

Daniel,* a student at Turlock High School in California’s Central Valley, certainly takes that attitude: “If I want to get the better grade, I’m going to cheat to get it. No question. Anyway, in the real world you do whatever you have to do to get the better job.”

Daniel says that, like many of his friends, he’s lifted material from the Internet and passed it off as his own, received test answers via text messages, and even brought old-fashioned crib sheets in to exams.

“I have cheated since the seventh grade,” he claims. “I am competitive, so I’m always trying to find a better way of cheating.”

Turlock principal Dana Trevethan says Daniel’s comments capture the brazen attitude of some students. “He’s a good kid, but he’s competitive,” she says. “And cutthroat should be his middle name.”

Digital Deception

It would be hard to understate technology’s role in the current wave of cheating. Students flock to online term-paper mills that sell reports on virtually any topic—often with bibliographies and appropriate formatting. They use camera phones to send and

*Some names have been changed.

transmit pictures of tests. Their MP3 players can hold digitized notes. Their graphing calculators can store formulas necessary to solve math problems.

"There is something about the anonymous quality of both the Internet and instant messaging," says Maria Fahey, who chairs the English department at Friends Seminary. "It's fast and quick and allows you to be in total denial about what you're doing."

Jason Stevens, an assistant professor of educational psychology at the University of Connecticut, links it to today's "grab-and-go" culture, "whether it's downloading music or papers, or cutting and pasting sentences and paragraphs."

For some, the line between right and wrong gets blurred. "I think technology in a way masks the factor of guilt," agrees Jonathan Cross, a senior at Robinson Secondary School in Fairfax County, Virginia. "It used to be that if someone were to cheat, there'd be two of us sitting next to each other passing a note, or me looking at someone else's sheet, very blatant and obvious—very clear and well-defined cheating. Now people try to hide that guilt by using different forms of technology."

Where Are the Parents?

Technological advances may explain the "how" behind today's cheating epidemic. As for the "why"?

"Education has become a commodity to help us gain the material wealth and status that is so prized and paraded in our culture," says Stevens. "The larger message for adolescents is that it's much more important and

valuable to be well-off financially than it is to be a moral person."

When that message takes hold, Michael Josephson says, the implications are dire.

"What we're doing is training the next generation of corporate pirates," he says. "If you think that what went on with Enron or WorldCom is bad, just

wait. What's missing is some of this righteous indignation and moral outrage, plus a little genuine fear."

What's also missing, say educators, are the voices of parents who can go overboard in providing homework help to their children, but fall short when it comes to clearly articulating the importance of following the rules.

"One of the really big changes that we've seen in the last 20 years is that in the past if students got caught cheating, they would be ashamed. And their parents would be really ticked off at them," says University of San Diego professor Larry Hinman. "Now the parents are, if anything, angry at the institution for doing something that might blot their kids' records."

Says Dana Trevethan: "I have never heard a parent of a student caught

60%
of public high
school
students
say they've
plagiarized
papers

cheating say, 'I am totally humiliated. We don't accept or condone this kind of behavior at home.'"

Author David Callahan says parents must be explicit in talking with kids about cheating: "A lot of parents don't do it because they are caught up in it themselves or just working too hard. We hear so often that we should talk to kids about sex, smoking, drunk driving, but do we ever hear about talking to kids about integrity?"

An Honest Effort

It's not all grim. Some schools have banned cell phones, cameras and other gadgets during school hours. Honor codes have been reinvigorated. And teachers are using technology to turn the tables on cheaters.

A number of institutions now rely on turnitin.com, a website that lets teachers check students' written work for signs of plagiarism. John Barrie, the site's founder, says the company gets more than 50,000 papers per day. About one-third aren't original.

Perhaps most encouraging is the way some kids are taking a stand

against cheaters. Megan Schisser, a senior at Robinson Secondary School, is one of them.

Last spring, after studying intensely for an advanced history final, she was pleased when she got an A. Unfortunately, some students in her class had copied down the questions and sent them to friends who were to take the test later. So everyone had to retake the exam. This time, Megan got a B. She and some friends were so upset, they decided to do something. "Our purpose was to say that there are those of us who are doing the best we can, and we're not cheating," she says. "And it is okay *not* to cheat."

The group formed an honor council, and in November introduced a series of video clips on the school's closed-circuit TV show. Using the Twisted Sister hit "We're Not Gonna Take It" as their theme, the spots discuss the importance of honor and end with a simple tagline, "Robinson Honor Council: Saving Robinson One Cheater At A Time."

It's a message that could play in classrooms across the country.

HELPING HANDS

On the last night of our cruise, we returned to our stateroom to pack. Along the way, we almost fell over a man sitting on the floor in the hallway.

"Are you all right?" my husband asked.

"Yes, I'm just helping," replied the man.

He noticed our puzzled look and elaborated, "My wife is in there packing, and I'm staying out of the way."

SHARRI COATES





Jen's not sure: Is
Andy one cool cat or
one clueless hooper?

Lord of the Dance

From fear of flailing to steppin' out with my baby in ten not-so-easy lessons | **BY ANDY SIMMONS**

AFTER ABOUT the 47th night in a row of sitting in front of the tube with my wife watching Home & Garden TV, I had a stunning revelation: "I gotta get out of this house!"

Ever since the birth of our daughter, Quinn, three years ago, Jennifer and I had become housebound. I missed our nights out together. Quinn was old enough now so that we should be able to venture out occasionally. The question was where? I didn't want to go to the theater to watch an Ang Lee film, and hanging around a bar pitching darts wasn't tops on Jen's list. Friends had taken dance classes and loved it. The last time I'd danced was years ago in college. And that was on top of a table gyrating to Blondie.

"Wanna take dance classes?" I asked.

After the initial guffaws, she actually considered it. We're not exactly the dancing type. Jennifer had sworn off anything physical after her days as a high school soccer player when she sat on the bench holding the other players' jewelry. But she, too, longed to get out. The problem was that she was busy with a big project at work, and she didn't want to be away from Quinn any more than she had to. We decided I'd stick my toe in the water, and if I liked it, she'd join later.

So, I tippety-tapped my way to Dance New York, Westchester, my local ballroom dance school. I signed up for the beginner's class, a set of five two-hour sessions, where I hoped to come away Phi Beta Kappa in the

fox trot, merengue, swing and salsa.

As my classmates and I waited to begin, some took off work shoes in favor of dance shoes. There was a nod, a quick "hi," but little mingling. We almost seemed embarrassed, we grownups, about going back to school.

MY CLASS of 30 ranged from recent college grads to card-carrying AARP members. Some could probably trace their ancestry to the *Mayflower*; for others English was a second language. There were people in good shape, and people without a shape. My class consisted mostly of couples, with a few single women. I was the lone male.

"All royt, boys on one side, guhls on the utha!!" That was Clive Phillips. He and his wife, Suzanne, were the owners of the studio and our teachers. Clive, a two-time national ballroom champ, is a lanky Aussie with an easy grin. Suzanne, a gorgeous redhead, was a featured dancer at Radio City Music Hall. At least I knew I was in capable hands.

I lined up with the boys on one side facing the "guhls." It was just like high school but with one big difference—here they had to dance with me.

"Let's fox trot!" yelled Clive. My life as a modern-day Fred Astaire was about to begin! All that was missing was Edward Everett Horton handing me my top hat and tails. Clive demonstrated the basic steps: "Slow, slow, quick-quick."

I was already lost.

He then added a promenade—make a V-shape with your partner, and then take a couple of forward steps, with an abrupt head-whipping turn to the left thrown in for good measure.

"Now you try," said Clive.

I followed suit, adding a few flourishes along the way: slow, slow, quick-quick-stumble, stumble-stumble, stop, look confused, step, watch, stop, quit.

With the possible exception of listening to an eight-year-old trying to tell a joke, there's nothing more excruciating than watching novices learn a dance. We're awkward, unsure of ourselves, and completely vulnerable.

"Grab a paht-nuh," yelled Clive. Husband and wives paired off. My partner is Gail, a gum-chewing boomer. I take her hand in mine and place my right hand on her shoulder. She places her left hand on my right arm and blows a bubble. It's show time!

"Slow, slow, quick-quick," intoned Clive as we followed his moves.

"You're doing it wrong," said Gail. She corrected the way I held her hand, where my other hand should be on her back, my footwork. I reminded her that as the male, I was the captain of our little ship and she should follow my lead, even if we were headed straight for an iceberg.

"Fix yer elbow," she said. We'd barely pulled up anchor and already my crew had mutinied and taken over.

"Change paht-nuhs!" Clive and Suzanne have us changing partners frequently so that everyone experiences different styles of dancing (read that to mean "suffers equally").

My next victim was Beth. She greeted me by admitting she had no clue what she was doing. Good! I was free to lead as I saw fit.

"Sorry," I said as I led her into a chair.

"Sorry," I said after I kneed her.

"Sorry," I said as I threw her into another couple.

"Dance is supposed to be fun!" yelled Clive, possibly working off my partner's concerned expression.

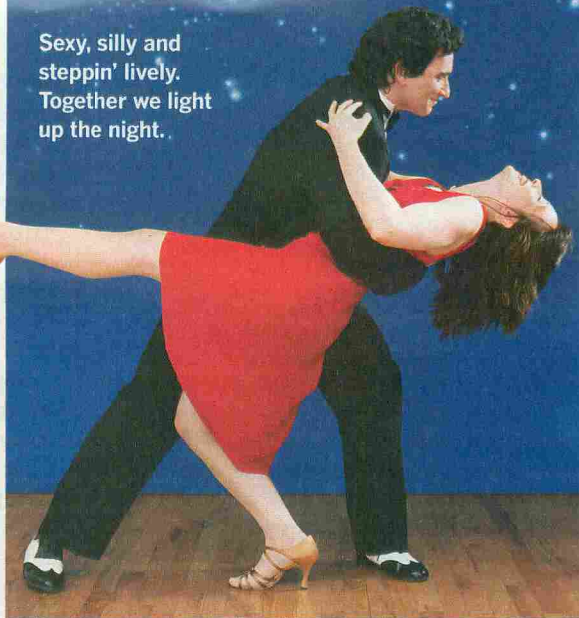
"I'm failing dance class," I told Jennifer when I got home. She sympathized for a bit, until Quinn came out to perform. Coincidentally, Quinn had begun dance classes that day too. She had poise and grace, and knew her choreography. How is it possible that my three-year-old daughter is doing better than I am?

"It's SALSA. It's supposed to be sexy!" yells Clive the following week.

Clive was on an impossible mission to get the rod out of our collective butts. *Salsa* means "spicy sauce," and as a Latin dance, it's just that. It oozes sensuality. Or at least it's supposed to.

To that end, Clive made us bend our knees, swivel our hips and punch out the driving beat of the music with the balls of our feet. With our bodies heaving, our necks bobbing and our legs undulating, we looked like a room full of barfing dogs. To my mind, ours was a group that looked better stiff.

Sexy, silly and
steppin' lively.
Together we light
up the night.



The fact is, at this stage in the dance game, sex is the last thing we beginners are worrying about. We've got a foot fetish going on—and with our own feet. Because that's all we're doing—staring at our feet and wondering why they haven't learned the steps. And yet the sexy stuff will come, Suzanne assures us, especially if we take our eyes off our feet.

It's a simple concept, and when Clive and Suzanne dance, I get it. During one of their biweekly parties, they stepped out on center stage and waltzed. And believe me, it wasn't the waltz that Cinderella and the prince danced. No, no. This was graceful and beautiful and, oh, so sensual. They were more than dance partners; they were lovers.

In watching them, we novices saw the possibilities.

Star Turns

DANCE TEACHER Pierre Dulaine got a crazy idea 11 years ago. Why not share his love of ballroom dance with New York City's inner-city students?

Today, Dulaine is the subject of an upcoming Antonio Banderas movie, *Take the Lead*, and his Dancing Classrooms program is hugely popular with some 12,000 students. It's not just about the steps. He wants to impart life lessons—civility, manners, teamwork. The toughest part, says Dulaine, is getting young kids to hold their partners' hands. Once they get over that, they're hooked!

I DON'T KNOW WHY I thought I could master ballroom dancing in just a few classes. But it didn't take long to discover it's really hard. I needed a sympathetic ear, and knew just whom to call.

"I know your pain. I know your pain," says John O'Hurley, after listening to my horror stories. If it weren't for the likes of O'Hurley, the champ of *Dancing With the Stars*, ballroom dancing would not have become the social monster it is.

"I grew up a little country club kid in Connecticut, so I had no cultural reference for it." He was talking about the challenge of learning the cha-cha. "My hips had never moved that way."

"But what can I do?" I pleaded. John gave me three tips.

"Ditch the Reebok Classics," was his first. I'd been wearing my favorite sneakers to class and he didn't ap-

prove. "Good dance shoes," he said, "are like a good pair of driving gloves." The shoes are highly flexible and the suede soles make it easier to glide across the floor.

"Move from the center of your body" was his second suggestion. John bemoaned the fact that most beginners are too busy concentrating on their legs. "Once you learn to relax your legs and move from the core of your abdomen, everything else becomes much simpler."

"What's the third suggestion?"

"Keep a long neck," he said. "It'll give you height, and your body will follow your head." Then he added, "If nothing else, at least it'll make you look like a dancer."

THE FOLLOWING CLASS, I did as John had instructed. I bought new shoes—black-and-white jobs that looked like high-end bowling shoes. They did make moving across the floor more pleasant, as I was no longer sticking to it. By concentrating on working from the core of my body, I didn't have quite the herky-jerky movement one gets when relying solely on the legs. And finally, I kept my neck long. So at least, I hoped, I looked the part.

It all helped.

"But it wasn't enough," I told Jennifer after she put Mini-Martha Graham to bed. All the other couples were laughing and having fun. My partners have been great—friendly, forgiving, supportive. But still, "I'm not enjoying it as much as everyone else. Something's missing."

Jennifer spotted the problem. "Want me to take the class with you?"

"What about your boss, and Quinn?"

She knew something I didn't: I needed her more than they did.

JENNIFER JUMPED into dance class with gusto. And as expected, she was just as bad as me. She had trouble with her basics, her promenades were anything but, and her turns were merely big veers. Our arms got tangled and our knees knocked. And strangely enough, we were laughing as hard as I could remember. But every so often, we even got a step right. We performed a near-perfect basic and promenade. And we beamed when Suzanne smiled and said, "You got it!"

We left class on a high, to Clive's declaration not to practice at home. "You'll just reinforce all your bad habits," he explained, bucking up my confidence.

At home, I put Quinn to bed, then came out to the living room.

"Let's practice," said Jennifer.

"Clive said we're not supposed to."

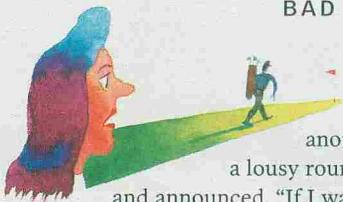
"Clive's not here," she said, assuming the dance position.

The fact is, I'll probably never get all the steps down or stop crashing my knees into those of my partner. But as I danced with Jennifer, I got to laugh with and hold the one person I most wanted to laugh with and hold.

Clive's mantra to "just have fun!" finally made sense. I was no longer a slave to my feet. They could do their own damn dance steps as far as I was concerned. If the right wanted to salsa while the left did the swing, so be it. I was now free to hold my wife in my arms—arguably for the first time since our daughter was born and our lives grew so hectic. It was sexy and exhilarating, silly and hilarious. Whether it's the fox trot, the tango or the funky chicken—and whether you're in it to raise your energy level or to play Fred and Ginger for one night a week—ultimately, dancing is about having fun.

And I was finally having fun.

BAD SPORTS

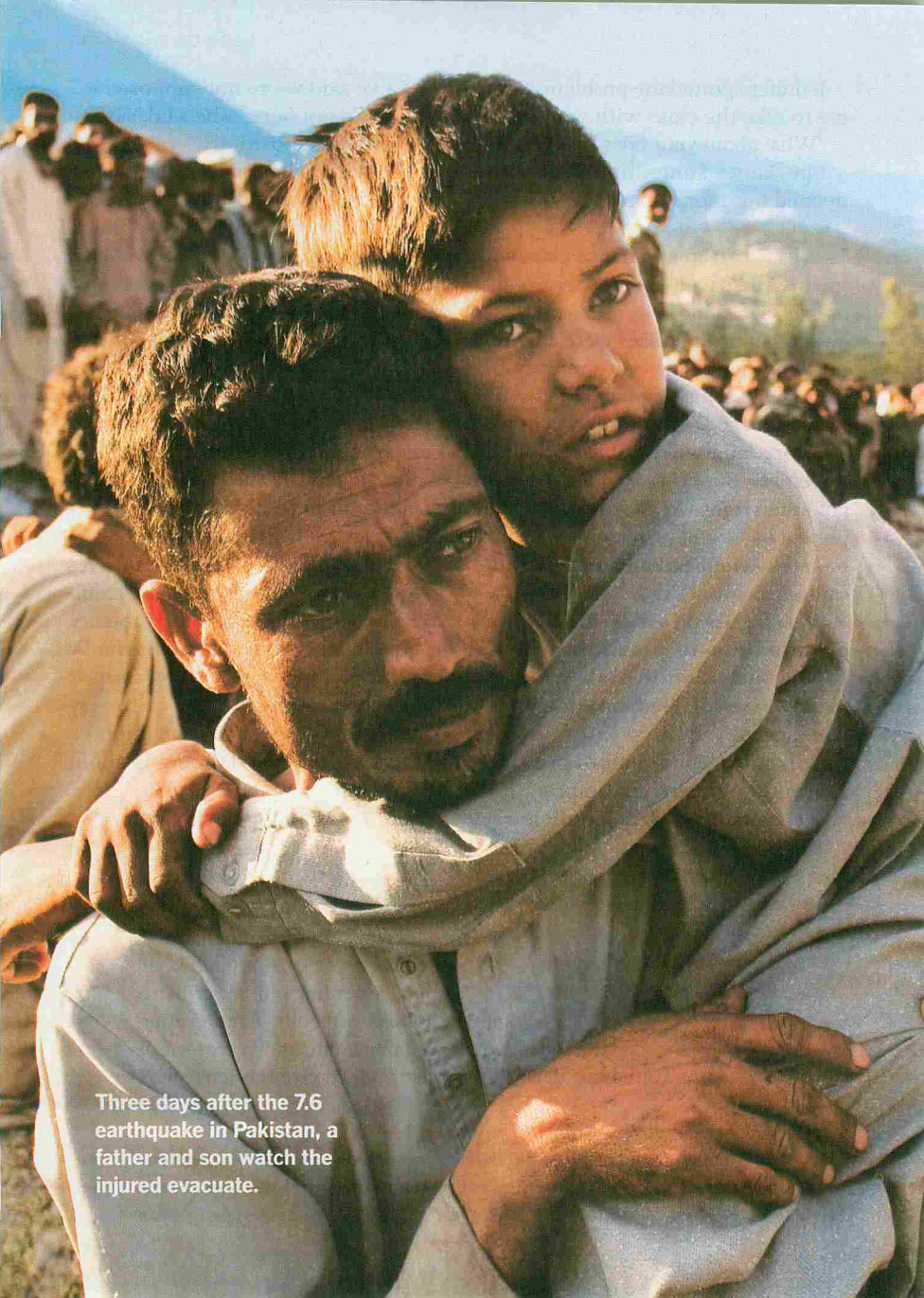


After playing 18 holes of golf, our foursome was sitting around in the clubhouse settling our bets when another golfer stormed in. Fuming after a lousy round, he slammed down his scorecard and announced, "If I wasn't married, I'd give this game up!"

OBER SIMON

Our local college takes the rules of basketball to heart. A sign posted on the gym door reads "Anyone caught swinging from the basketball nets will be suspended from the gym."

SHERRI-LYNN SNOOKS



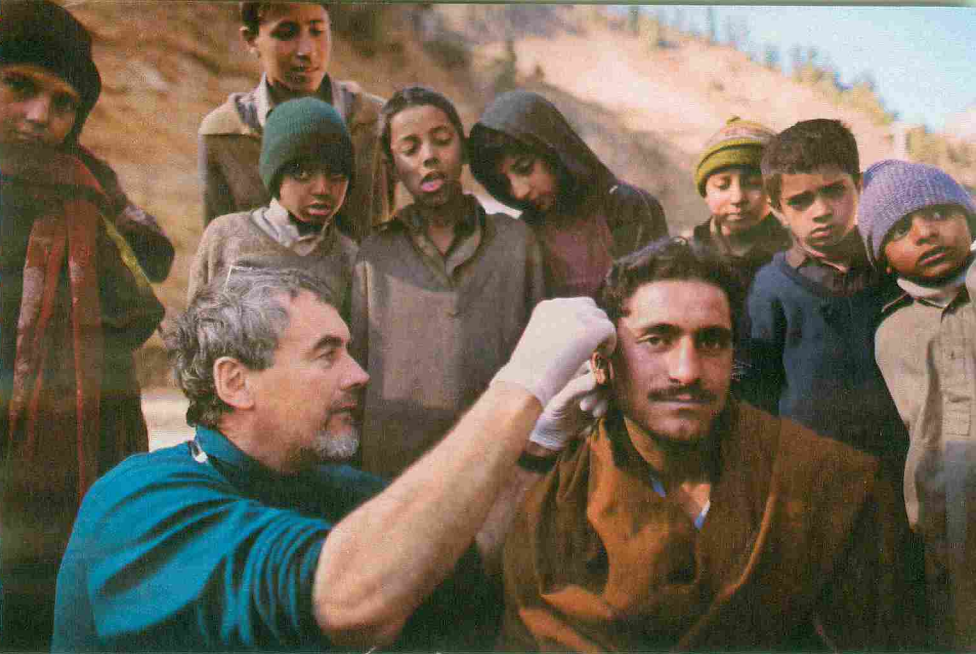
Three days after the 7.6 earthquake in Pakistan, a father and son watch the injured evacuate.



The
earthquake
that struck
last year left
Kashmir
looking like
Hiroshima
after the
bomb. Then a
team of U.S.
doctors came
to help.

BY DEREK BURNETT

PHOTOGRAPHED BY JAMES POMERANTZ



AN 11-YEAR-OLD girl whimpers softly as her father carries her into the blue insulated medical tent where Marc O'Regan has been working nonstop to treat the injured. More than six weeks have passed since the devastating earthquake in Pakistan, and the lesion the child sustained behind her left ear—most likely caused by a falling beam—has yet to be treated. The girl lays her head on her father's lap as O'Regan carefully cuts away some of her hair. He then cleanses the festering wound and dresses it.

As he works, he keeps up a steady patter of encouragement: "I know it hurts," he says. "We're going to make it better." He administers an injection of powerful antibiotics, then hands over a packet of pills. Through a pair

of soldiers who translate using rudimentary English, he tells his patient to come back to see him tomorrow. He wonders if she will.

A PHYSICIAN'S ASSISTANT from California, O'Regan is taking a month from his practice to volunteer with a medical-relief team called Operation Heartbeat in the demolished earthquake zone that spans Pakistani Kashmir, a region that has been at the center of a dispute between India and Pakistan for decades. Al Qaeda sympathizers reside in the area, and its mountains are a possible hiding place for Osama bin Laden.

The quake struck on October 8, 2005, and to a world already fatigued by a year of disasters, its magnitude and severity were overwhelming:



Operation Heartbeat volunteer Marc O'Regan (far left) uses acupuncture to treat post-traumatic stress in a Jehlum Valley village. Injuries range from headaches to amputations. A toddler needs stitches after being struck by a falling stone.

metal jugs on their heads. There, amid homes and little villages, pine trees and hazy sunlight made the air cooler. In the distance stood the majestic Himalayas.

IN THE AFTERMATH of the earthquake, which measured 7.6 on the Richter scale, Pakistan and the United Nations issued a plea for help, and volunteers began to arrive.

more than 80,000 people killed in a 12,000-square-mile region containing some of the steepest, most difficult terrain in the world. Nearly four million of the quake survivors, many of them seriously injured, had been left homeless, with winter coming soon. From the air, the place looked like Hiroshima after the bomb: Buildings were flattened like insects, debris was everywhere, including farm equipment and carcasses of animals that were the lifeblood of the region.

Before the quake, Kashmir was spectacularly beautiful, its mountain peaks stretching dramatically toward the sky. An emerald river rushed along glacier-smoothed stones at the valley floor; steep red-dirt bluffs a hundred feet high created the first band of narrow roadway. Then it was up, up, up, past terraced hillsides, where shaggy goats munched roadside flowers. Higher still, women carried water in

On the day O'Regan saw the girl with the head wound, he was performing a two-day drop-in mission for Operation Heartbeat, flying by helicopter from base camp into a remote valley called Gehl to care for the injured in three villages still inaccessible by road.

A lanky, athletic bachelor in his 50s, O'Regan is a former Navy SEAL who once served with Jesse Ventura. He joined the military as a young man "wanting to jump out of planes and blow things up without hurting anybody," and left, ultimately to pursue a career in health care. In the following years, he began to shape his life by serving others. "I know I'm not going to change the world," he says. "But this work feeds my soul."

Now here he is, sleeping and working in an eight-by-ten insulated royal blue tent donated by the Chinese government. Men wrapped in blanket-like shawls, women in colorful head

scarves, and children hugging themselves against the cold squat silently outside his tent, waiting to be treated for everything from minor cuts and bruises to life-threatening infections. After all this time, the injuries are still severe.

Today, a 60-year-old man is carried in with a crushed foot wrapped in filthy gauze, swollen to almost four times its normal size. O'Regan grimaces at the odor: gangrene. The patient has no illusions about his condition. "Please don't take my leg," he begs.

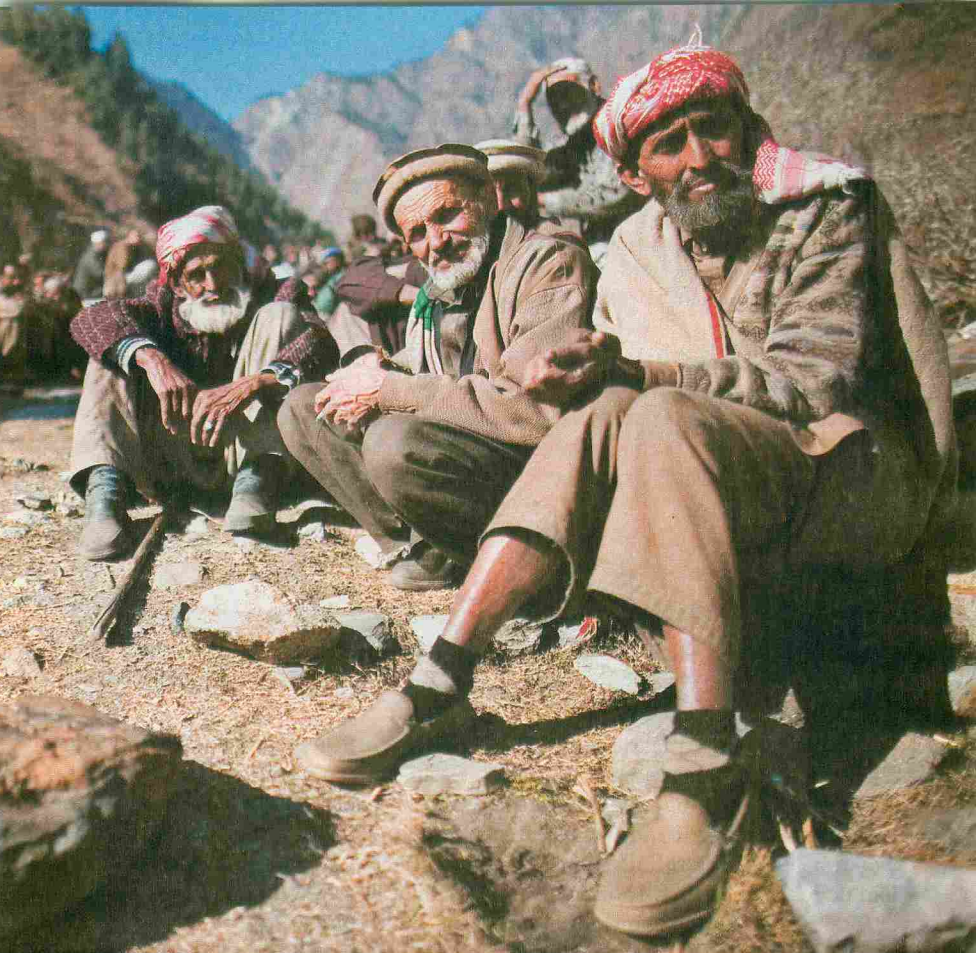
O'Regan's near-constant smile fades as he turns to the interpreter. "Tell him first we save his life; then we worry about his leg," he says. He unwraps the dressing, and one glance tells him there is nothing he can do. So O'Regan accompanies the man by helicopter to the city of Muzaffarabad, carries him half a mile through rubble-strewn streets, and leaves him with better-equipped doctors at a Red Cross field hospital. It is the last time he will see him.

Most cases are not so dramatic—after such a horrific cataclysm, some patients just need attention. One woman walks into the tent, slides into a chair and begins sobbing. Her home has been destroyed, and she is terrified of being alone in the world. O'Regan soothes and calms her. "It will be all right," he says.

OPERATION HEARTBEAT's earthquake response is seat-of-the-pants, conceived and spearheaded by a soft-



spoken Pakistani American physician named Farzad Najam, who is based at The George Washington University Medical Center in Washington, D.C. Najam's heart sank when he first heard news of the quake. "I knew we had to do something," he says. So he rounded up as many volunteers as he could and jumped on a plane to Kashmir, where a group of 20 doctors and nurses quickly set up a primitive triage cen-



Locals wait for donated supplies—tarps, blankets, oil stoves—from the Pakistani army. Their village was still inaccessible by road two months after the quake.

ter on the soccer field of a college in the small town of Garhi Dupatta.

IT WAS LIKE WALKING into hell. The other end of the field was being used as a helipad, and U.S. Army Chinooks were dropping in every 15 minutes.

The injuries initially were horrifying—sheared-off limbs, crushed skulls, compound fractures, internal bleeding. The doctors worked frantically, with limited medications and only the most basic tools. At first, they didn't even have a tent. They laid their



With 80,000 dead, the catastrophe will be felt for years to come. But the people of Kashmir are rebuilding their homes, their schools and their lives.

patients out on a plastic tarp and treated them in the open air.

Holding everything together was a logistician named Todd Shea. Shea was not a disaster-relief expert and had never been in charge of anything before. But he'd done some volunteer work, most recently in the aftermath of Hurricane Katrina—where he met O'Regan, who had also stepped up to help. After the quake, O'Regan contacted Shea to see if he could put him to use. "There was no question that Marc would be perfect for this work," says Shea.

Along with O'Regan, a steady stream of physicians from Canada, England, Pakistan and the United States came—mostly for one- or two-week stints—

to Operation Heartbeat's camp in Garhi Dupatta. Many of the Americans were of Pakistani descent, had grown up in the United States but never visited the country of their heritage.

Shea was deeply respectful of the medical teams. "These doctors are heroes," he said. "I'm only here so they can do their jobs." Still, he relished his role as organizer, supporter and scrounger. One of his first steps was to befriend members of the Pakistani army, which provided transportation and supplies to the remote valleys.

One nearly leveled village was Chikar, located about 18 miles from Garhi Dupatta and still unreachable because of damaged roadways. Abdul Majeed, a local, was standing in the

bazaar of this hilltop village when he heard a blast that sounded like tons of dynamite. A mountain about a mile away cracked open, plunging two villages into a tributary of the Jehlum River. The mountain buried hundreds of people in a 400-foot-high natural dam that created two new lakes, one nearly a half-mile long. The sky turned black as dust rose, blocking the sun. The terrified people of Chikar were certain a day of judgment had come.

In the darkness, graves burst open; homes built of stacked stone collapsed, their thick concrete-slab roofs pancaking and crushing inhabitants. Majeed's home was made of mud, not stone. Like many poor people, he had added layers to his house each spring, and over the years the walls and roof had grown to a thickness of nearly two feet. When the rumbling stopped, he ran from the bazaar to check on his family, but neither his wife nor two little grandchildren had survived when the thick earthen ceiling came crashing down.

In Chikar, Operation Heartbeat set up a second field hospital consisting of a few small tents. During its first seven weeks, a handful of exhausted volunteer doctors saw 30,000 patients. They worked without x-rays, labs and sophisticated surgical equipment. Because of language and cultural barriers, they often had to guess at what might be ailing a patient, handing over drugs in the hope that the instructions for taking them would be interpreted correctly—and then followed.

In nearby Gehl, Marc O'Regan is one day summoned to the hut of a woman who has just given birth. The baby is healthy, but the mother is in pain and bleeding heavily. O'Regan takes a deep breath and nods reassuringly toward the woman's husband, aware that females in this deeply religious region are not typically treated by male physicians. He carefully places his hands beneath the blanket and, palpating the woman's abdominal area, confirms that her uterus has failed to contract, prolonging postpartum bleeding. O'Regan massages her abdomen to stimulate uterine contractions, and soon the bleeding stops. He has probably just saved her life.

Later, reflecting on the incident, he will recall something a grateful Pakistani said to him a few days before: "Humanity is the religion now." It is not lost on O'Regan that the work of international volunteers is helping change attitudes. A young Kashmiri man working at the camp in Garhi Dupatta suddenly stopped O'Regan one day, placed his hands on the volunteer's shoulders and said, "I never met Americans before. I didn't know who you were." He looked O'Regan in the eye, and then made this simple pronouncement: "I like Americans."

THERE IS VIRTUALLY NO one in the region who didn't lose a loved one. Cemeteries abound with fresh graves, and piles of debris are everywhere. Yet life is returning with surprising speed, in part because of the Kashmiris' deeply held faith in

God's will. Volunteer groups and the Pakistani government are providing people with tents and other provisions to help the hardy natives weather the harsh winter. And amid the rubble, cricket matches are springing up. Kids play and giggle, standing on the broken roofs of collapsed buildings where their relatives died.

The sound of banging hammers now echoes in villages throughout Kashmir. Encouraged by a government outreach program, citizens, including Abdul Majeed, are rebuilding using wood, brick and corrugated iron sheets, which will be much more quakeproof than the fragile stone-and-concrete buildings that crushed so many people.

OPERATION HEARTBEAT will not be leaving anytime soon. There are plans to convert the Garhi Dupatta camp into a state-of-the-art medical center staffed by Pakistani doctors. "We're

going to be here for as long as it takes to get this place back on its feet," says Todd Shea.

Marc O'Regan returned to the United States late last December. Before he left Pakistan, the young girl with the infected head injury paid him a follow-up visit. He was happy to see that she was responding to the antibiotics.

During a final stop in the Gehl Valley, O'Regan opened his tent to find a woman in the doorway holding a ten-day-old baby. It was the same woman the physician's assistant had helped with the postpartum bleeding. O'Regan's face lit up. "Oh, good!" he exclaimed. "I was hoping I'd see you." Pausing amid the chaos around him, he took the baby girl in his arms and, grinning like a proud uncle, gazed down at this vulnerable but promising new life.

rd.com To view video coverage from reporter Derek Burnett, go to rd.com/earthquake.

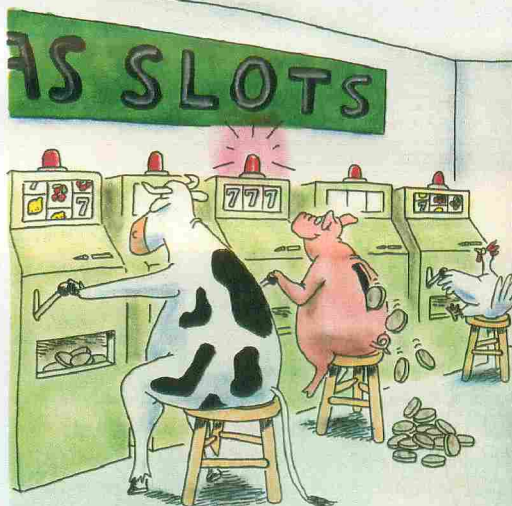
DIVORCE, INTERNATIONAL STYLE

The moral of this story is "Watch what you say over the airwaves." British deejay Tim Shaw didn't, and it cost him big. Hayley Shaw was listening to her husband's show one day when he joked that he would be willing to leave his family for another woman. That, reported the BBC, is when Hayley took action. She reportedly sold his car, a \$45,000 Lotus Esprit Turbo, for 92 cents on eBay.

A man in Italy who'd been sentenced to nine months' house arrest begged a judge to send him to prison instead. According to the international news site HindustanTimes.com, he could no longer bear his wife's nagging.

"I need some peace," pleaded Ahmed Salhi, who was arrested on immigration-related charges. He served the rest of his sentence in jail.

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Reynolds

A YOUNG American tourist goes on a guided tour of a creepy old castle in England. "How did you enjoy it?" the guide asked when it was over.

"It was great," the girl replied, "but I was afraid I was going to see a

ghost in some of those dark passageways."

"No need to worry," said the guide. "I've never seen a ghost in all the time I've been here."

"How long is that?" she asked.

"Oh, about 300 years."

Submitted by DONALD GEISER

THE ECONOMY is so bad, hot cakes aren't even selling like hot cakes anymore.

BUZZ NUTLEY

A REAL ESTATE AGENT quit his job and moved to a farm in the country. Admiring his bountiful crops, a neighbor asked, "What's your secret?"

"It's simple," the new farmer said. "Rotation, rotation, rotation."

Submitted by JOHN DRATWA

Jolly Old ... St. Patrick?

Funny

What's Irish and stays out all night?
Patty O' Furniture.

Funnier

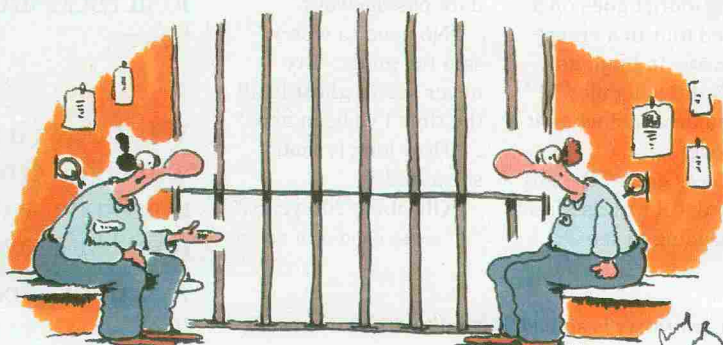
Why do people wear shamrocks on St. Patrick's Day?
Real rocks are too heavy.

Funniest

What do you get when you cross poison ivy with a four-leaf clover?
A rash of good luck.



"Guess again!"



"What I did in Vegas didn't stay in Vegas."

LATE one night Norm's doorbell rang. When he answered the door, he found a six-foot cockroach standing there. The bug grabbed Norm by the collar, punched him in the eye, threw him across the living room and then ran off.

The next day, Norm went to see his doctor to have his bruised eye examined.

"Ah, yes," the doctor said when Norm explained what had happened. "There's a nasty bug going around."

Submitted by D.G.

AN ATTORNEY specializing in personal injury decided to branch out, so he added libel claims to his practice. He wanted to add insult to injury.

Submitted by SHARON BERKEY

Did you hear about the man

who spent his life collecting memorabilia of Wonder Woman, Joan of Arc and Florence Nightingale? Apparently, he was a heroine addict.

Can You Top This?

Q: What has 40 feet and sings?

A: A school choir.

Here's your chance to show us how funny you are—we *know* you can do better on this one. E-mail your funniest original punch line to us at comedy@rd.com, subject: March, 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 how do you make a computer your best bud? January's winning punch line came from David E. Boelter of Clearfield, Utah: Buy it a nice bunch of software and get it loaded.

TWO BUDDIES were watching the game when one turned to his friend and said, "You won't believe it. All last night, I kept dreaming of a horse and the number five. So I went to the

track, put \$500 on the fifth horse in the fifth race, and you won't believe what happened."

"Did he win?"

"Nah," the guy said.

"He came in fifth."

Submitted by LUIS ANDRE

THE RABBI AND THE PRIEST met at the town's annual picnic. Old friends, they began their usual banter.

"This ham is really delicious," the priest teased the rabbi. "You really ought to try it. I know it's against your religion, but you just haven't lived until you've tried Mrs. Hall's prized Virginia Baked Ham. Tell me, when are you going to break down and have some?"

The rabbi looked at his friend with a big grin, and said, "At your wedding."

Submitted by ANDREA GERAGHTY

Your favorite new joke or one-liner might be worth \$\$\$\$. Click on "Submit a Joke" at rd.com or see page 14 for details.

ANSW

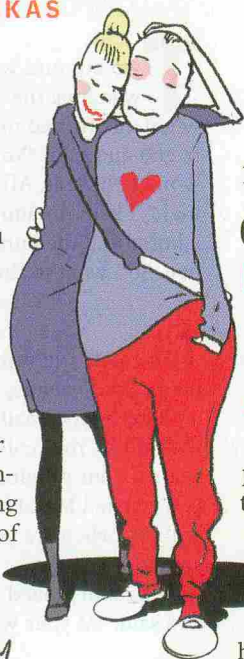
Life's 25 Tough

BY JEANNE MARIE LASKAS

Love & Marriage

Q. Can love really last a lifetime?

Absolutely—but only if you chuck the fairy tale of living happily ever after. A team of scientists recently found that romantic love involves chemical changes in the brain that last 12 to 18 months. After that, you and your partner are on your own. Relationships require maintenance. Pay a visit to a nursing home if you want to see proof of lasting love. Recently I spoke to a man whose wife of 60 years was suffering from advanced Alzheimer's disease. He came to sit with her every day and hold her hand. "She's been my best friend since high



school," he told me. "We made a promise to stick together." Now, that's a love story.

Q. Why do married folks begin to look like one another?

Watch any two people who like each other talking, and you'll see a lot of mirroring. One smiles, and so does the other.

One nods or raises her eyebrows, and so does the other. Faces are like melodies with a natural urge to stay in sync. Multiply those movements by several decades of marriage, all those years

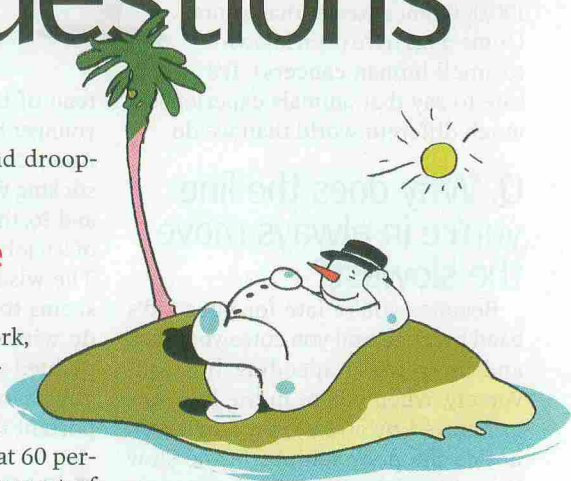
ERED!

est Questions

of simultaneous sagging and drooping, and it's no wonder!

Q. Can a marriage survive betrayal?

Yes. It takes time and work, but experts are pretty unanimous on this one. In her book *The Monogamy Myth*, Peggy Vaughan estimates that 60 percent of husbands and 40 percent of wives will have an affair at some point in their marriages. That's no advertisement for straying—but the news is good for couples hoping to recover from devastating breaches of trust. The offended partner needs to make the choice to forgive—and learn to live with a memory that can't simply be erased. Infidelity is never forgotten, but it can gradually fade into the murky background of a strong, mature marriage.



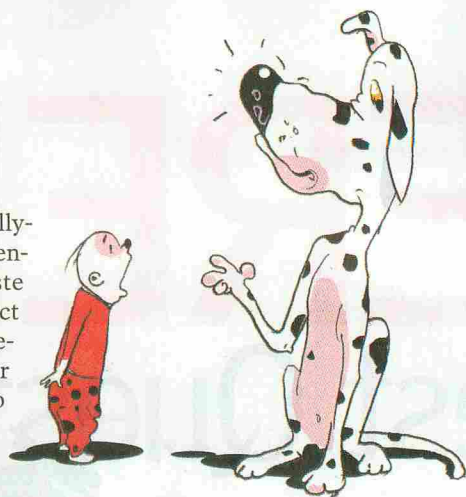
Cosmic Questions

Q. Why does summer zoom by and winter drag on forever?

Because context defines experience. As Albert Einstein once said: "When you are courting a nice girl, an hour seems like a second. When you sit on a red-hot cinder, a second seems like an hour."

Q. Do animals really have a sixth sense?

Or seventh or eighth! A box jellyfish has 24 eyes, an earthworm's entire body is covered with taste receptors, a cockroach can detect movement 2,000 times the diameter of a hydrogen atom—and your dog's sense of smell is up to 100,000 times greater than yours (some dogs have been known to smell human cancers). It's safe to say that animals experience a much different world than we do.



Q. Why does the line you're in always move the slowest?

Because you're late for your kid's band practice, and you curse your luck and envy those speeding by. Conversely, when you're in the fast line, unfettered by stress, you don't even notice the poor schlubs in the slow lane. Good luck rarely commands one's attention like bad luck. (See answer on buttered toast, page 152.)

Q. By what age should you know what you want to do with your life?

Any moment now. This used to be a question the young asked. Now it's a quandary for baby boomers. The Bu-

reau of Labor Statistics reports that younger boomers have abandoned the American ideal of picking a job and sticking with it. Between the ages of 18 and 36, these boomers held an average of 9.6 jobs. That's a lot of exploration. The wisdom of elders in all cultures seems to be this: There's nothing to do with a life but live it. As Gandhi pointed out, "Almost anything you do will be insignificant, but it is very important that you do it."

Q. Where do traffic jams come from?

Scientists are hard at work on this one, studying computer models of the physics of gridlock and inventing all new traffic-light algorithms. Some of them postulate that the rhythms of automobile traffic are influenced by the same cyclical forces that cause waves in the ocean. For the average commuter, though, it may be helpful to think of it this way: congestion. There

are just too many darn people trying to do the same thing at once. (Flush every toilet in a single office building simultaneously, and see what happens.) All of this by way of saying: Buy a newspaper, load up some favorite tunes on your MP3 player, and take the bus.

Working for the Man

Q. When is your future behind you?

When you stop chasing dreams. So don't stop!

Q. Do you have to love your job?

No. Love your children, your spouse and your country. Love your parents, your neighbor and your dog. Loving is too important an emotion to attach to the way you make a living. But it's OK to strive for satisfaction. According to a recent Harris Poll, across America 59% of workers say they are extremely, somewhat or slightly satisfied with their jobs, but a depressing 33% feel as if they've reached a career dead end. If you're among the latter and thinking about a new job, consider the fact that employees in small firms said they felt more engaged

in their work than did their corporate counterparts.

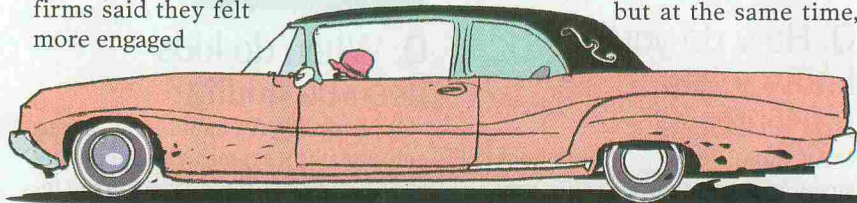
Families & Feuds

Q. Can a man and a woman ever just be friends?

For a short time perhaps. Making the friendship last requires that you find each other at least vaguely repulsive. Good luck!

Q. When do you take away Grandpa's car keys?

Twenty-two states currently require frequent testing for senior drivers. The American Medical Association and the AARP, however, say safe driving has more to do with functional ability than age. True, seniors are more at risk for reduced vision, hearing loss and impairments associated with arthritis—but all of these conditions depend on the individual. So when it seems to you that Pop is becoming a danger to himself and a danger to others, tell him straight. Point out that his reactions have slowed or his judgment is losing its edge. Suggest he not drive anymore. Be firm, but at the same time,



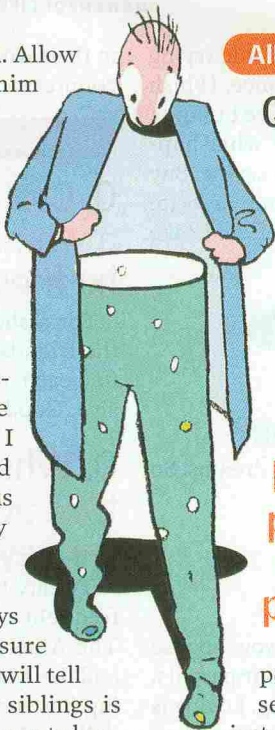
don't treat him like a child. Allow him his dignity. Offer him a ride.

Q. Do siblings who fight really end up liking each other?

I surveyed my older sisters, both of whom have vivid memories of how I tripped, pummeled, and whacked them with various large plastic dolls (hey, they started it—they teased me!), and both confirmed my suspicion that nowadays they like me just fine. I sure like them. All the experts will tell you that fighting among siblings is normal. The key is how parents handle it. Rule No 1: Don't take sides. Never get into a discussion of who started what or what is more fair. Stop fights with a time-out for all offenders. My mother would send us to separate rooms. So we invented string phones and a pulley system to transport necessary treats and toys. And whatever we were fighting about was forgotten.

Q. How do you know when to end a friendship?

As soon as you get that sneaking suspicion that it never really began.



All About You

Q. Why do we turn into our parents when we swore we wouldn't?

Because really, when all is said and done, we admire them.

Q. Can a half-empty person become a half-full person?

A current theory is that people have an "emotional set point." Some folks are just made happier than others. Pessimists will see this as bad news, believing it really doesn't matter what you do—they are never going to be any happier. But there is hope—as any optimist will see! Happiness has more to do with how you construe the events in your life than the actual events themselves.

Kids, No Kidding

Q. When do kids become adults?

Biologically, it's happening earlier; emotionally, it seems to be happening later. Nowadays puberty occurs in fe-

males between ages 8 and 14, between 9 and 15 in males. A generation ago, when you turned 18, you were out the door and on your own. Now we see kids in the Boomerang Generation coming home to Mom and Dad after college, hoping for a hand with bills, laundry, meals and other responsibilities of adulthood. It's cute for a while, less adorable the older the kid gets.

Q. Can a mother be friends with her teenage daughter?

No. Most teens aren't ready for anything close to a mature friendship. According to current research, the brain continues to develop into a person's 20s. Mothers often want to befriend their daughters; fathers, their sons. But this is not in anyone's best interest. Teenagers need to form identities distinct from their parents. That means: lots of privacy, even some secrets. It's usually easier for a teenage girl to befriend the friend of her mother, and it's usually best for the mother to leave it at that.

Money & Other Headaches

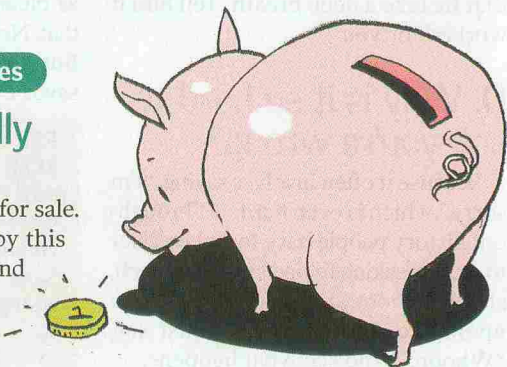
Q. Does money really buy happiness?

No. Because happiness isn't for sale. Many people get tripped up by this one, amassing wealth only to find themselves cycling into a bottomless pit of unsatisfiable yearning. Turns out, joy and

misery are not that far apart when it comes to very big wads of cash. Consider the case of a Kentucky couple who won \$34 million in 2000. Thrilled to be released from the demands of their boring old jobs, they frittered their fortune away on fancy cars, mansions, all the usual stuff—losing everything that mattered in the process. They divorced, he died of an alcohol-related illness, and she died alone in her new house just five years after cashing the winning ticket. When it comes to happiness, only people you love, and who love you, can bring it. If you have enough dough to buy yourself a luxurious yacht, but no real friends to sail with, you're sunk.

Q. Can spenders and savers stay married?

Sure—and they won't run out of things to talk about either. Disagreements over money are a leading cause of divorce, so experts advise lots of work around this issue if, financially speaking, you've found yourself mar-



ried to your opposite. Tip: Always talk in terms of “ours” instead of “mine” or “yours,” and work your strengths. The saver should be allowed to draft the budget; the spender gets to be in charge of vacations, celebrations and ordering extra toppings on the pizza.

Q. Is money the root of all evil?

No. Greed is. Elvis nailed this one when he said, “Sharing money is what gives it its value.”

Manners & Morals

Q. What do you do if you see a parent berating a child?

Cringe. Take a deep breath. If you truly believe you can help the situation, approach as someone showing sympathy—not as an accuser or member of the parent police. Empathize with the overstressed parent. Suggest that he take a deep breath. Tell him it worked for you.

Q. Why is it so hard to say you're wrong?

Because it often involves saying, “I’m sorry,” which is even harder. Throughout history people have found it easier to stop speaking to one another, punch, slander, shoot and bomb rather than apologize. Tip: Next time just say, “Whoops,” and see what happens.

Q. When should you reveal a secret you said you wouldn't?

It's a matter of damage control. Is the person who asked you to keep the secret in danger of hurting himself or others? If so, intervene. Otherwise, mum's the word.

The Ultimate Test

Q. Does the toast really always fall buttered-side down?

Scientists in the Ask Laskas Kitchen conducted a study for which they first toasted an entire loaf of bread, one slice at a time. They buttered each slice, and dropped it from a variety of heights ranging from tabletop to ceiling. Among their findings: A dropped piece of toast never lands on its edge; stomping your foot and yelling “Darn!” does not change a thing; and the floor in the Ask Laskas Kitchen is not nearly as clean as we'd like. Well, life's like that. Never as neat as you'd like it to be. But keep buttering your toast. And savor every slice you've been given.

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GONE AND



BACK

After a near-fatal aneurysm, **Neil Young** proves he's the ultimate rock'n'roll survivor

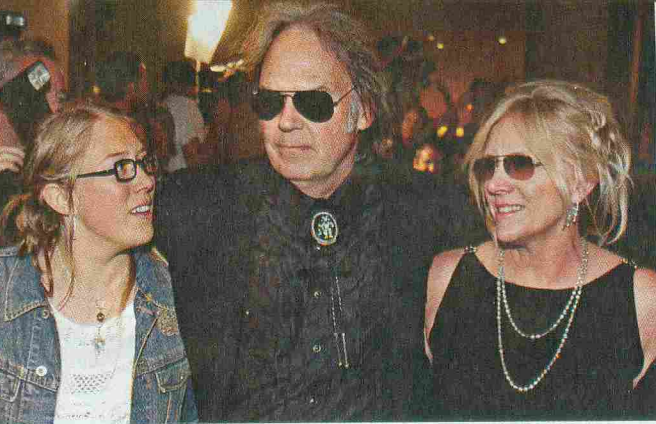
BY ALANNA NASH

MARCH 15, 2005, NEW YORK CITY: Neil Young is shaving in the bathroom of his hotel room when he notices something weird going on in his left eye. It's doubly odd because the revered singer and songwriter felt perfectly fine the night before, attending a raucous ceremony and inducting the Pretenders into the Rock and Roll Hall of Fame. But now little shapes—squiggles, spirals—float on the top half of his eye. He blinks. Same thing. Squiggles, spirals. Seconds later, Young realizes the shapes he is seeing look more like pieces of broken glass.

"I closed my eyes; then I opened one eye and pushed on it, but this thing stayed right where it was," Young recalls. "So I thought, Okay, this is not my eye. This is my brain."

At first, the musician didn't feel too concerned. That was before he stepped out of the bathroom to tell his college-age daughter, Amber, that maybe she should call a doctor. "By then, everything was like mercury," Young says. "I had to sit down





Young attended a 2005 awards ceremony, where he was honored for his songwriting, with his daughter, Amber (far left), 21, and wife of 27 years, Pegi.

CHRIS PIZZELLO/REUTERS/CORBIS

because the room wasn't easy to deal with. The left-hand side was getting bigger, the right-hand side was getting smaller, and I was not able to see much."

A bad case of eye floaters and a dizzy sensation weren't even the half of it. Before the next few weeks were over, Young would go through an emotional wringer, major surgery and

before, complaining that his foot felt numb. Positano had noted that his patient's ankles weren't the same size, a symptom that can indicate a blood pressure problem. Young knew he had high blood pressure but, like many people with the condition, he had never bothered to treat it.

Now, as the podiatrist heard about Young's blurred vision, he told the

**"I WAS TERRIFIED THAT
I MIGHT NOT BE THE SAME,
THAT THEY COULD SCREW UP."**

gruesome, life-threatening complications. Known for his high, otherworldly voice and songs embraced by generations of rock fans ("Heart of Gold," "Old Man"), Young took his pain and fear and used it to do what he knows best: make music. He conjured a Grammy-nominated new album and a musical documentary that, Young says, "will take you on a journey about yourself."

ON THAT LATE WINTER DAY a year ago, the first call went out to Rock Posi-

singer to come to his office right away. By the time he arrived, Young's eyes were fine. No squiggles, no broken glass, no wobbly room. Still, Positano insisted that his patient get further tests.

Dr. Dexter Sun, a neurologist, ordered an MRI and a brain study. When the results came back, Sun called Young and his wife, Pegi, into his office and closed the door. "Everything in the pictures looks good," he explained, in a classic physician's understatement, "except for one thing. You

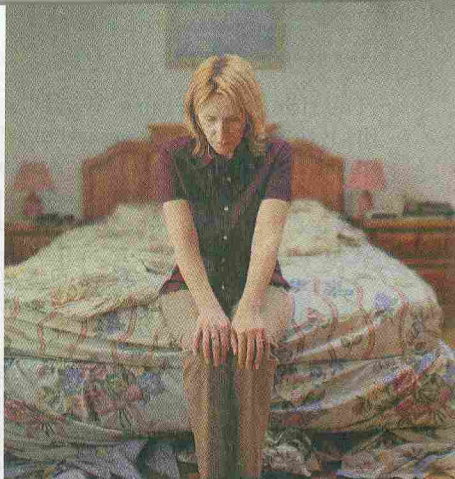
have an aneurysm in your brain.”

His was no mere bulge: Young had an eight-millimeter-long irregularly shaped bubble protruding from his carotid artery. From the images, Dr. Sun concluded the aneurysm had been there for some time, but it needed to be repaired—soon. “I wasn’t really thinking, Hey, I’m going to die,” Young comments, “but eventually if that goes unchecked, it explodes and that’s it. Curtains.”

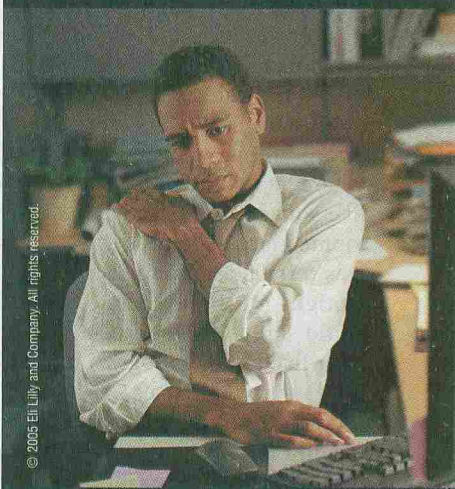
It was at this point that Neil Young, the patient, ran headlong into Neil Young, the artist. For decades, Young has planned his songwriting and recording around the phases of the moon and, aneurysm or not, the time was perfect for creating a new album. He’d written one song, “The Painter,” and had nine to go. In just days he planned to fly to Nashville to finish the project. Since surgery to repair the aneurysm wasn’t scheduled for a couple of weeks, Dr. Sun approved the musician’s trip, as long as he started taking blood pressure medication right away to prevent the bulge from rupturing.

In Nashville, Young worked like a man possessed. “I think of this album as his life flashing before his eyes,” says Pegi, Young’s wife and occasional backup singer. He began pouring out songs about the forces that shaped him—family, friends, faith, and his upbringing in the small Canadian town of Omemee, north of Toronto.

Sweet memories blow through the verses, but Young tempers them with the inevitability of death and dying.



Where does
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The title song, "Prairie Wind," with its lyrics—"Tryin' to remember what my daddy said/Before too much time took away his head"—is a reference to his father, Scott, who died last year. A sports journalist and author who suffered dementia for years, his father now visits him, Young says, in dreams.

WITH THREE SONGS RECORDED, Young returned to New York for an examination by his surgeon, Dr. Y. Pierre Gobin, who told him that he would repair Young's aneurysm by running

"NOW I KNOW HOW PEOPLE FEEL WHEN THEY GET SHOT. MY BODY WAS FREEZING."

a catheter through a femoral artery, located in the upper thigh, through his thorax and into his head. The bulge would be sealed with tiny coils.

With a week to go before the operation, Young returned to Nashville, where he wrote and recorded another five songs. But every day the surgery loomed larger—and so did his fear. "I was terrified," Young says, "knowing I might not be the same, that they could screw up—because Pegi and I have lived with people with brain injuries our whole lives."

And so he has. Zeke Young, now in his mid-30s, the singer's son with the late actress Carrie Snodgrass, was born with cerebral palsy. Six years later, Ben, Young's son with Pegi, was also born with cerebral palsy, so acute that he was rendered mute and quadriplegic. CP isn't considered a genetic

condition, and the Youngs regard themselves "chosen" by their sons.

Which means that for years they have thrown themselves into helping their boys. Pegi was one of the founders of The Bridge School in Hillsborough, California, near the couple's 900-acre ranch. The school's goal is to allow children with severe speech and physical challenges to interact and communicate, any way they can. High-tech, low-tech, whatever it takes, The Bridge helps its students break through. "I've had people tell me they

didn't realize that they could communicate with somebody who maybe looks different, and feels unapproachable," says Pegi. "And so we get by that, and it's just so cool."

The night before his operation Neil and Pegi gathered Zeke, Ben and Amber, reassuring them that the surgery wasn't a big deal, that it would be a complete success. Then, privately, the couple went through intensely emotional decisions about what to do if everything didn't go as planned.

In the end, everything turned out just fine in the OR, and Young quickly returned to his New York hotel to recuperate. Two days later, headed for a local restaurant on his first trip out after the surgery, Young managed half a block before hearing his foot make a strange sucking sound with each step. He looked down to see his leg

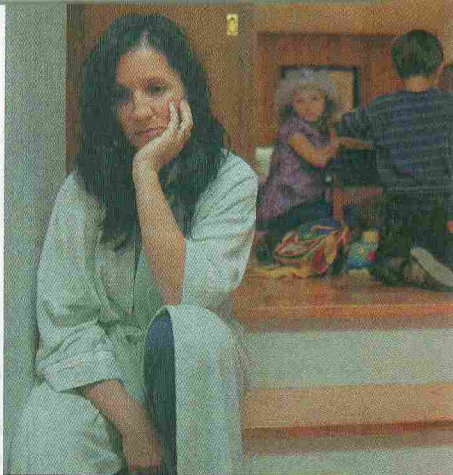
washed in blood. The point of entry for his aneurysm repair—his femoral artery—had suddenly reopened, a very rare condition that may not be preventable but is treatable.

Elliot Roberts, Young's manager, called frantically for an ambulance on his cell phone. Back at his hotel and feeling like he was about to faint, Young lay on the floor to get his head low. His body shaking, he placed his fingers on the opening to stop the bleeding. "Now I know how people feel when they get shot," he says.

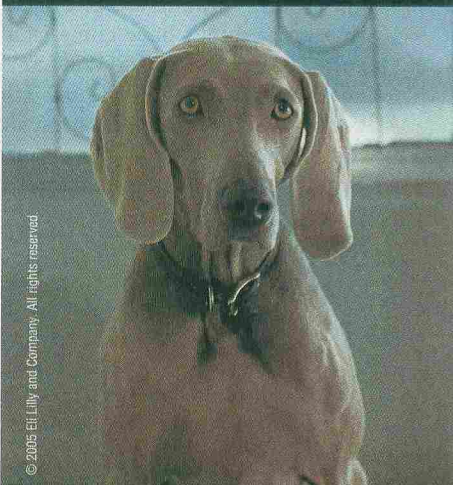
When the ambulance arrived, the paramedics put him on a stretcher. One of the EMS workers asked Young to cross his arms on his chest. "I don't like that position," he said, joking. "We're not going to lose you," the worker responded, even as Young's blood pressure plummeted and the paramedics worked to stabilize him.

At NewYork-Presbyterian, a member of Young's surgery team waited in the ER. He, too, promised the singer that they wouldn't lose him. Still, the doctor held the puncture site closed with his own hands for 30 minutes, and it eventually resealed itself without the need for additional procedures. Through it all, Young never lost consciousness.

When Young was finally moved to a room, he requested that someone from the hospital stay by his side. "I was kind of worried about what was going to happen next," he says. The hospital sent a volunteer, an elderly woman who assured him, "You came very close to leaving, but you're fine



Who does
depression hurt?



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Answers That Matter.

now. It's just going to get better." The two talked about religion, Young telling her his faith was based in nature, in the moon, the forest, trees and animals. The woman listened attentively, but reminded him not to forget to thank "the master."

"She shepherded me through, like an escort," Young says. The last song he wrote for his album was "When God Made Me," which harks back in tone to a 17th-century hymn. "All these words came flooding to me," he says. "I was thinking, Wow, I've never written anything like that before." Only later did Young learn that his Nashville recording studio had been a church in a prior incarnation.

Young wishes he'd never had his aneurysm, of course, but concedes that great things have come as a result. *Time* called *Prairie Wind* an "exceedingly personal album [that] contains some of the finest music of his legendary career." The Warner Bros. project was nominated for two

Grammy Awards: for best rock album and best solo rock vocal performance. And Young's friend, Academy Award-winning movie director Jonathan Demme, who first worked with him on *Philadelphia*, filmed two Young shows at Nashville's Ryman Auditorium last August for a powerful documentary called *Neil Young: Heart of Gold*, just released in theaters, and on DVD in May. "He's really a magician," Demme says. "I think of him as someone who responds creatively and emotionally to everything he comes in contact with."

Young knows that his lasting image is that of a rock'n'roller, but hopes the album and the film will show another side of him. "It's not about rebellion, but about life, and not just my own," he says. "Everybody has had their trials, and they teach you something, make you a better person. Mine just happen to have been extreme."

rd.com Listen to our interview with Neil Young at rd.com/neil.

POOR CONNECTIONS

Usually the secretary at my son's school answers when I call, but on this occasion I spoke to an unfamiliar voice. I mentioned this to my 11-year-old son and asked if he knew who it was.

"It could have been Mrs. Campbell," he answered after thinking it over. "Did it sound like she was wearing a blue coat?"

MANDY WILLIAMS



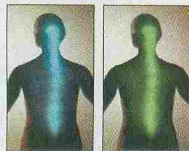
Driving along I-90, just west of Chicago, I passed a sign posted by the police department:

"Report drivers using a cell phone. Please call *99."

LANE MARTIN

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Health Heroines

These women (and 161,000 others) **may have saved your life** | BY DIANNE HALES

"THEY'VE GOT some nerve," Dolores Buckley of Worcester, Massachusetts, recalls thinking more than 15 years ago when she read about a study of breast cancer conducted solely on men. "When I saw a notice about a study only for women, I thought, That's for me."

She jumped at the chance to join more than 161,000 volunteers in the Women's Health Initiative (WHI), one of the largest-ever clinical studies of women's health. Buckley, 76, a social worker who's earned a master's degree in English since retiring, was one of the WHI's first volunteers. "I never missed a single meeting. I wanted to do everything I could."

The 15-year investigation of the major killers and cripplers of women "has changed the course of women's health," says Elizabeth Nabel, MD, director of the National Heart, Lung and Blood Institute, which funded the groundbreaking research. It is best known for its blockbuster findings on hormone

WHI volunteers (clockwise from front) Dolores Buckley, Marien Jones, Eunice Goyette and Jeanette Henderson formed the Number-One Low-Fat Red Hatters of Worcester, Massachusetts.

therapy. "It was the shock heard round the world," says Marcia Stefanick, PhD, head of the WHI's steering committee. "Hormones had been viewed as the fountain of youth, and our findings were very different from what everyone had been led to believe."

Lifestyle changes, the various WHI studies have shown, are the key to staying healthy as women age (see box, opposite, with the WHI's latest recommendations). Exercise, reports JoAnn Manson, MD, principal investigator at Brigham and Women's Hospital in Boston, lowers the risk of heart disease, diabetes and osteoporosis. Walking proved just as effective as more vigorous workouts. Now WHI is releasing the initial results of its clinical trials of a low-fat, high-fiber diet, and of calcium and vitamin D supplements. And dozens of other studies, including a five-year follow-up and analysis of DNA and blood samples from the volunteers, are underway.

"The WHI is proving to be far, far more valuable than we even anticipated," says Vivian Pinn, MD, director of the Office of Research on Women's Health, who describes its "real heroines" as the volunteers, the most diverse group of women ever studied. "The faces of the WHI are the faces of America. They are your neighbors, your mothers, your teachers, your grocery clerks. We all owe a debt to them for their courage and commitment."

The WHI offered women ages 50 to 79 a unique opportunity. "If women didn't want to keep getting the same

treatments as men, they had to step up and volunteer," says Timothy Johnson, MD, chair of obstetrics and gynecology at the University of Michigan. His mother joined the study.

To Norma Bowlin, 65, of Paragould, Arkansas, such intensive female-only research seemed long overdue. "I've been married to my husband for 47 years, and we don't even think alike, much less have the same type of bodies," the retired grandmother quips. "Why would anyone assume women are just like men?"

DOROTHY LATHAM, 77, of Milton, Massachusetts, feels healthier today than when she retired as an education specialist 13 years ago. "I want to live as long as possible, of course, and I volunteered for the WHI to learn the good things to do and the bad things not to do," she says. As one of the 48,000 women in WHI's low-fat diet study, she kept a daily food record, attended frequent nutrition seminars, cut back on fat, learned to read labels and ate more fruits, vegetables and whole grains.

"I used to buy and cook whatever I felt like without thinking," she says. "Now I look at food in a different way. I keep track of fat, cholesterol, sodium and sugar." She also exercises regularly, works part-time as an usher for the Boston Symphony Orchestra and is "always finding positive things to do. People say they'd never guess my age by looking at me, and I feel younger too."

The WHI Way to Women's Health

- **Know your numbers**, including BMI, blood pressure and cholesterol, and work with your doctor to create a plan to reduce your risks of a heart attack or stroke.

- **Get moving**. “Even moderate-intensity exercise, such as a brisk walk, 30 minutes a day for a total of three hours a week, produces a tremendous benefit and reduces risk of heart disease by 30 to 40 percent,” says JoAnn Manson, MD, principal investigator at Brigham and Women's Hospital in Boston.

- **Protect your bones**. To guard

against bone loss or fractures, women over 50 should take 1200-1500 mg of calcium and 400-800 IU of vitamin D daily.

- **Cut the fat**. Although the WHI's dietary trial focused on reducing total fat, saturated fat is considered the greatest health danger.

- **Don't take hormone therapy to prevent disease**. If you choose hormone therapy for moderate to severe menopausal symptoms, such as night sweats and hot flashes, take the lowest possible dose for the shortest possible time.

Latham personifies the WHI's single most important message to women: Take charge of your health. “You can't put your faith in a magic pill to keep you young and prevent disease,” explains Dr. Nabel. “The good news is that there's a great deal women can do to stay healthy. Whatever your age, lifestyle modification is the best investment you can make in your future health.”

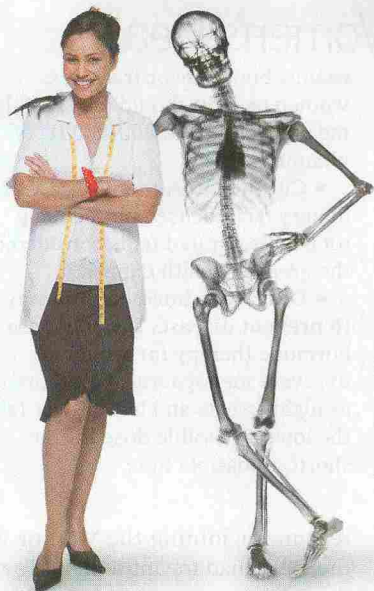
The fact that so many WHI volunteers, about 90 percent of those in the clinical trials, stuck with the study testifies to another powerful force: the support of other women. At many of the 40 centers around the country, volunteers formed enduring friendships. The Worcester group organized a chapter of the Red Hat Society (a national network of women celebrating life after 50) and dubbed themselves the Number-One Low-Fat Red Hatters. Others made quilts, with each contributing a block representing her

reason for joining the WHI or what the study had meant to her. (To view them, visit www.whi.org/quilts.)

“The theme for our quilt was, ‘You're a Star,’” says Elfrieda DeLany, 73, of Sacramento, a retired nurse and an accomplished quilter. “Most of us didn't volunteer for ourselves but for our children and grandchildren. It was our gift to the future.”

The study also infused volunteers with renewed zest for their own futures. “I don't see age as an impediment to doing what I want to do,” explains Gloria Grant, 61, of Washington, D.C., who enrolled in seminary at age 56 and became a minister at 59. “These days women in their 50s, 60s and 70s are leading exciting lives. Because of the WHI, we have more reason to celebrate, not just getting older but getting better every year.” And that's good news for women of all ages.

rd.com To find women's clinical trials across the country, go to rd.com/clinicaltrials.



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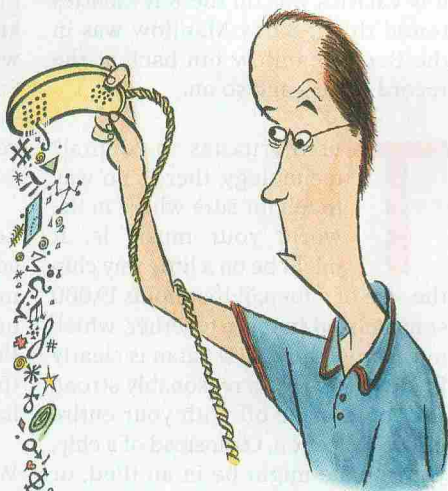
* These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

Tech-ed Off

Dave Barry's
ultimate fantasy
of a really helpful
help desk

BY DAVE BARRY

FROM "DAVE BARRY'S MONEY SECRETS"



THERE ARE millions of us Boomers, and we have money, and we are needy, needy, needy. For example, we were the first generation that needed to take 10 weeks of night classes to learn how to have babies, which humans had been doing for thousands of generations with no training whatsoever.

Now that we Boomers are getting older, we need more services than ever. One service business you could start is Technical Support for Boomers. We're having a lot of trouble with technology these days, particularly if the technology is "digital." Oh, we know that digital is good. We

know that sooner or later every electrical thing we own, including our toaster, will be digital. We just don't get how digital works.

This is particularly true of digital music. We Boomers come from a predigital era when all music came in a format known, technically, as the "round" format. First you had your records—your 78s, 45s, 33s—and then you had your CDs. But they all worked the same way: You had a round thing that had music on it, and you put this thing onto or into some kind of player that spun it around, and this caused the music to come out of speakers (also round).

We Boomers were comfortable

with this system, because you always knew exactly where your music was: It was on the round thing. And it did not get mixed up. The Beach Boys were on your Beach Boys round thing; Ray Charles was on the Ray Charles round thing; Barry Manilow was in the Barry Manilow bin back at the record store—and so on.

TODAY, THANKS to “digital” technology, there’s no way to tell for sure where in the world your music is. It might be on a little tiny chip the size of a toenail that holds 19,000 songs mixed in there together, which means two things: (1) Satan is clearly involved; and (2) a reasonably strong ant could make off with your entire music collection. Or, instead of a chip, your music might be in an iPod, or some other small, digital, extremely lose-able non-round thing.

Or maybe your music is on your computer. Or your cell phone. Or, if you have a new model, on your toaster. With digital technology, you’re never sure where your music is.

This is no problem for today’s young people, who emerge from the womb crying digital cries. But it’s extremely confusing for the rest of us. That’s where Technical Support for Boomers comes in. It’s a number you would call for technical support, but with a big difference:



The people answering the phone would be as old as the people calling.

Most “technical support” people are 24.3 years old, which means that, in order for you to understand what they’re telling you, you have to already know enough technical stuff that you would never need to call Technical Support in the first place. When I call Technical Support I always have conversations like this:

Support Person: Can I help you?

Me: OK, I have this Vortex Sound-Loin music player thingie my kids gave me for Father’s Day, and I’m trying to figure out how to play a song on it. I think I have it turned on, but I’m not sure. I definitely pushed all the buttons, but nothing seems to be happening. At least, I don’t ...

Support Person: (interrupting) What music format are we using?

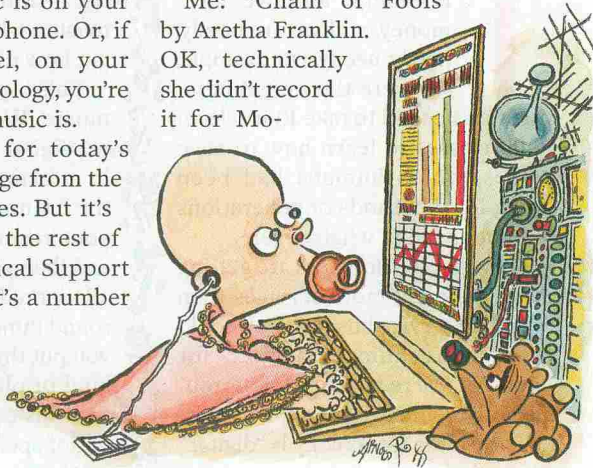
Me: Format? Oh. Motown.

Support Person: Excuse me?

Me: “Chain of Fools”

by Aretha Franklin.

OK, technically she didn’t record it for Mo-



town, but her genre definitely was ...

Support Person: (interrupting) No, I mean what digital format. MP3? WMA? WAV?

Me: (silence)

Support Person: Hello?

Me: (sheepishly) I don't know my format.

Support Person: (sighing) Tell me the serial number of the unit. It's a 63-digit number that should begin with either EX93857 or EX93957.

Me: (squinting) I don't see anything like that. You don't know where my reading glasses are, do you? Ha! Ha!

Support Person: (silence)

Me: OK, really, I can't find the serial number.

Support Person: It's on the bottom.

Me: (squinting again) Which side is the bottom?

Support Person: (sighing) The side where you insert batteries.

Me: It takes batteries?

SO I USUALLY come out of the Technical Support experience without a solution to my technical problem, and, as a bonus, I feel like a moron. This is why Technical Support for Boomers would be a terrific business. You would talk to a person your own age, someone sympathetic to your needs:

Support Person: Can I help you?

Me: OK, I have this Vortex Sound-Loin music player thingie, and I'm trying to play a song on it. It's turned on, but nothing's happening.

Support Person: I hate it when that happens! I think with these new music players, before you get the mu-

sic out, you have to put the music in.

Me: Really? How?

Support Person: Well, I can't say for sure without my reading glasses, but I think you have to use a computer.

Me: Oh, God.

Support Person: I know! It's crazy!

Me: All I want to do is listen to one song, "Chain of Fools."

Support Person: Aretha! I love that song! (singing) You told me to leave you alone ...

Me: (singing) My father said, Come on home ...

Support Person AND Me: (singing together) My doctor said, Take it eeeeeeeeeeeEEEEASY ...

Me: Damn, that woman can sing.

Support Person: I know. You hear singers today, like what'shername ...

Me: The one with the cleavage?

Support Person: Yes!

Me: She has no talent.

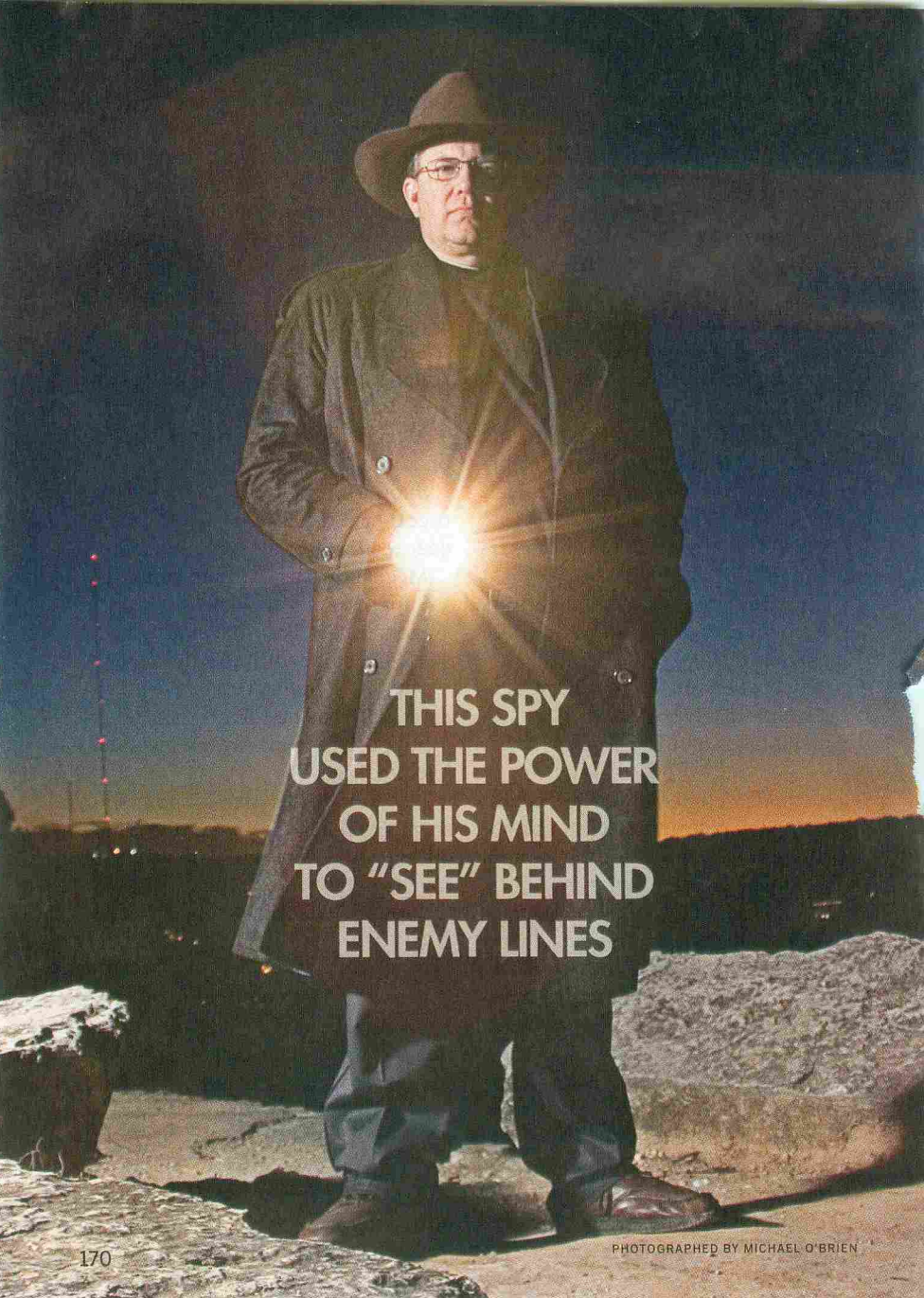
Support Person: Aretha has talent and cleavage.

Me: You could lose a backhoe in there. Well, listen, I'm sure you have other people waiting. Thanks so much for the help!

Support Person: It's why I'm here.

WOULDN'T THAT BE GREAT? Granted, you won't solve your technical problems, but let's face it, you'll never solve them anyway. The reason your kids gave you the music player in the first place was that they knew you'd give up on learning how to use it and give it to them.



A man wearing a brown fedora, glasses, and a dark trench coat stands on a rocky ledge at dusk. He holds a bright, glowing orb in his hands, which creates a large lens flare. The background shows a dark sky with a few distant lights and a horizon line.

**THIS SPY
USED THE POWER
OF HIS MIND
TO "SEE" BEHIND
ENEMY LINES**

BOOK BONUS

THE MOST SECRET AGENT

BY PAUL H. SMITH

FROM "READING THE ENEMY'S MIND"

WAS LYING ON A SOFT BED in a government office, headphones over my ears and the lights turned out. As I listened to hard-rock tunes that day, Friday, May 15, 1987, my mind grew active while my muscles relaxed. This taxpayer-funded ritual, what we government employees called cooling down, was a luxury I never took for granted.

Soon I heard a colleague, Ed Dames, enter the building. I rolled off the bed and followed him groggily to our grey workroom. The room was soundproof. There were no windows.

Ed and I sat at the table. "Are you set?" he asked.

I nodded and began jotting down my "personal inclemencies," things I had to mentally set aside. My wife, Betti, who I'd been married to for 11 years, had moved out, and I was playing Mr. Mom to my three children, ages 6 to 9. My car was acting up, and bills were due. At age 34, I'd been a government employee since 1976, but over the past few years my job had changed dramatically. I had joined the federal government's super-secret Star Gate program, hunting out American enemies by "remote viewing."

Ed stated the coordinates of a location, and soon I was mentally immersed. Images began coming to me in almost a dream state. I scribbled the words "land," "water," "structure" and "surfaces." I saw a lot of grey, some white. I heard a clanging sound and sniffed an odor of sautéed celery. I sensed something greasy, cold and wet, and wrote, "forbidding, taken aback."

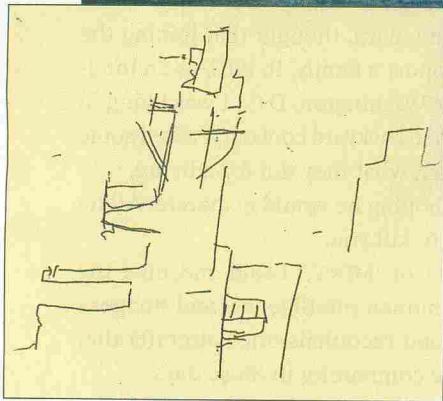
I also sketched a tall structure with angular projections. It was metal, cold and purely functional. Weaponry was associated with it, and it seemed to be moving. Soon I had the distinct impression that it was an American destroyer, a warship cruising in a body of water bordered by stretches of hot, flat, sandy terrain. It was night; many of the ship's crew were asleep.

Suddenly things took a wild turn. I sensed a glare and a noise I wrote down as "zzzzzzzztttt." A metal cylinder with something like wings on it was dropped and left. The people on the vessel milled around, unsure, confused.

Then the vessel shook. There was a clang, a metallic squeal, and there was smoke. People were lying amid metal debris, and I had an image of hoses snaking across flat surfaces. I heard raised, frantic voices. The vessel, I wrote, was now "crumpled or bent."

After about an hour, Ed looked disappointed. "We'd better stop, Paul," he said. "I guess you're just off today." Whatever I had tuned in to, it seemed,

COURTESY U.S. NAVY



The *USS Stark*, on fire, after an Iraqi attack in May 1987, and Smith's earlier drawing of it (left). "My description was precise," he says.

was not what he was looking for. So, as I mentally wound down, we returned to the headquarters building, and at the day's end I went home for the weekend.

On Monday morning my phone rang. "Paul, where's that session you did on Friday?" asked Fred Atwater, our operations officer. "We want a summary ASAP."

"What's all the excitement?" I asked him.

"Haven't you seen the paper yet? Go look at the front page."

Retrieving that day's *Washington Post*, I unfolded it and saw the headline: "Iraqi Missile Hits U.S. Frigate; At Least 3 Dead."

The *USS Stark*, patrolling in the Persian Gulf just after 9 p.m. Baghdad time on Sunday, May 17, had been struck by two missiles fired by an Iraqi fighter aircraft. I had described the attack on the *Stark* in detail 50 hours before it happened. I was dumbfounded. In my seven years of working as a remote viewer for the U.S. government, I had never had a session this compelling. Then again, I'd never dreamed of being a remote viewer in the first place.

COURTESY CIA'S STAR GATE ARCHIVE COLLECTION

★ Pushing the Boundaries ★

I'D BEEN FASCINATED by the military all my life. In school I drew pictures of tanks, planes and warships, and at the height of the Vietnam War I fell under the spell of the Special Forces. I was probably the only kid in the mostly antiwar student body of Boulder City High School in Boulder City, Nevada, to own a copy of Barry Sadler's album, *Ballads of the Green Berets*.

Science fiction fascinated me, too, and I read Heinlein, Asimov, Clarke, Ellison and Bradbury. With the huge popularity of James Bond, *The Man from U.N.C.L.E.*, and other fictional secret agents, I developed a hankering for the romance and adventure of espionage.

By 1976, when I'd finished college at Brigham Young University with a degree in Middle Eastern studies, my wife, Betti, thought that joining the Army would be a good way for me to support a family. In 1983, as an intelligence officer posted to Fort Meade near Washington, D.C., I was living in a townhouse along with other officers. At one backyard cookout, I asked some neighbors, Tom McNear and Fred Atwater, what they did for a living.

"I'm a spy," said Tom. I looked at him, hoping he would elaborate. All he added was, "Sorry. If I told you, I'd have to kill you."

"At least tell me if its SIGINT, HUMINT or IMINT," I said, meaning the three disciplines—signals intelligence, human intelligence, and imagery intelligence (involving satellite photos and reconnaissance aircraft) that categorized nearly the entire intelligence community in those days.

"Actually it's none of those," said Tom. "Look, I really can't say more."

Not long after, Tom asked if I was still interested in what he did. When I said yes, he asked if I might want to be evaluated for the secret program. Apparently my Army intelligence background combined with my right-brain activities—I wrote fiction, enjoyed art and music, and knew several languages—suggested I might be a good candidate. I agreed.

My job up to then had been with the U.S. Army Operations Group. American spies in foreign countries would ferret out anything that seemed valuable and write up reports. We'd read, analyze and match the reports to questions for which our "customers" in the U.S.-based intelligence community needed answers. Then we'd forward the information.

There was more going on at Ops Group headquarters, though. From the little I'd heard, it seemed a small team was combing through hypnosis,

biofeedback and other methods of boosting personal growth and organizational effectiveness. The project Tom was part of seemed to have to do with the powers of the human mind. I was enticed.

Tom soon gave me a set of tests. A staff psychologist for the U.S. Army Intelligence and Security Command (INSCOM) interviewed me, and a week later Tom called. "You made the cut," he said. "Friday we'll read you on"—indoctrinate me into the program—"assuming you're still willing."

I was. I followed his directions to a former mess hall in what had once been a World War II training battalion's quarters. I knocked on the door, and within moments a short, stocky woman swung it open.

"Tommy, your appointment's here," she said over her shoulder. I saw a row of about a dozen five-drawer safes lined up along one wall and, stretching along the opposite wall, a mural that depicted ... well, outer space.

As I sat at a wooden table across from Tom, he slid a sheet of paper toward me. It bore the heading "Project Center Lane Security Indoctrination and Briefing Statement." Looking at me, Tom said, "You have to sign this nondisclosure statement before I can tell you any more."

I scribbled down my name and the date.

Working on this project might not be in the best interests of my military career, Tom advised. It was unconventional and highly confidential; my attitudes and personality might change. "Still want to continue?" he asked.

I might as well go all the way, I thought. "I guess so," I said.

"Our mission is to collect intelligence against foreign threats using parapsychological phenomena," he said. "We use a skill called remote viewing. We want to know: Are you interested in becoming, basically, a psychic spy?"

This really was a new frontier. "When do I start?" I asked.

★ Tapping Into the Matrix ★

IN PREPARATION FOR MY TRANSFER to what was known as Center Lane, Fred Atwater assigned me various readings. I learned about the pioneers in remote viewing, physicists Harold (Hal) Puthoff and Russell Targ of SRI International (formerly the Stanford Research Institute) in Menlo Park, California, and a self-tutored student of parapsychology named Ingo Swann. In the early '70s Swann collaborated with Puthoff and Targ on successful psychic experiments, like mentally influencing the movement of a magnetometer, an instrument used to detect quarks (subatomic particles).

One day two dark-suited men appeared at Puthoff's door with a copy of the magnetometer report. "Did you write this?" they asked. The American intelligence community was worried about the USSR's investment in what the Soviets called psychoenergetics. Though most American scientists thought that psychic functioning was nonsense, reports from behind the Iron Curtain were alarming enough that the CIA wanted to learn what sort of threat Soviet psychoenergetics might pose. After talking with Puthoff, the CIA agents were sufficiently impressed to fund research.

Puthoff, Targ and Swann tried several experiments. The technique that seemed most successful, and most useful for the CIA, involved giving a person who had demonstrated psychic abilities the geographic coordinates of a site—or target—without identifying it. The person would then mentally "visit" it, sharing impressions.

In one session, the CIA gave Swann the coordinates of a wooded area in the hills of West Virginia, near a vacation cabin. Unknown to anyone else involved in the experiment, a secret underground technical facility used by the National Security Agency was a few miles away.

"There was nothing at that coordinate," Ingo



Some of those involved in remote viewing's early days (from left): Hal Puthoff, Russell Targ, Kit Green, Pat Price; the first "remote" HQ, Nathan Hale Hall at Fort Meade.

COURTESY RUSSELL TARG

COURTESY PAUL H. SMITH

SUMMARY NOTICE

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PLEASE READ THIS LEGAL NOTICE

This notice is to inform you of a proposed Settlement of Plaintiff's and Settlement Class Members' Claims in a lawsuit entitled *Turner, et al. v. General Electric Company ("Action")* brought by counsel for the Plaintiff Settlement Class. This Action, which is pending in the United States District Court for the Middle District of Florida, Ft. Myers Division, relates to certain GE and Hotpoint branded side-by-side refrigerator models sizes 20, 22, and 25 cubic feet, which were manufactured by General Electric Company ("GE") between January 1, 2001 and December 31, 2002 (the "Refrigerators").

What Is the Litigation About?

The Complaint in the Action alleges that the Refrigerators do not perform as expected because of moisture-related problems that may result in, among other things: formation of excessive moisture; wavering temperature controls; excessive frost; and related problems. (Please note that "Moisture-Related Problems" is a term defined in the Settlement Agreement. For a full and complete definition of "Moisture-Related Problems" and all other defined terms please see the Settlement Agreement or contact GE at the telephone number, website or mailing address listed below). These potential problems may have necessitated repairs of the Refrigerators. GE has denied these allegations.

Who Is a Member of the Settlement Class?

You are a Member of the Settlement Class and your rights against GE are affected if you are a Person who, as of January 13, 2006, purchased, owned, or currently owns one of the Refrigerators listed in Attachment A to the Notice.

What Are the Terms of the Settlement?

The proposed Settlement settles and resolves all of Plaintiff's and Settlement Class Members' claims against GE in the Action related to any Moisture-Related Problems. The Benefits program of the Settlement provides for three forms of possible Benefits to Settlement Class Members:

Additional Warranty Protection. One additional year of warranty protection through January 12, 2007 for Moisture-Related Problems. For those Settlement Class Members who have an existing service contract and who timely file a valid Claim for the Additional Warranty Protection, the Additional Warranty Protection will be provided for Moisture-Related Problems for a full year after the expiration of the existing service contract.

Refrigerator Exchange. A replacement refrigerator for any Refrigerator that has required three or more unsuccessful Moisture-Related Service Calls and that still has a Moisture-Related Problem.

Reimbursement. Reimbursement for Moisture-Related Service Calls (including parts and/or labor) reasonably incurred between the date the Refrigerator was purchased and January 13, 2006. In addition, Settlement Class Members whose Refrigerators required three or more unsuccessful Moisture-Related Service Calls between the date of purchase of the Refrigerators and December 9, 2005, and who have replaced their Refrigerators because of Moisture-Related Problems before December 9, 2005, are eligible to receive reimbursement for the reasonable cost of a replacement refrigerator up to the amount of the original Refrigerator's purchase price.

What Are My Legal Rights?

How to Remain in the Settlement Class

If you are in the Settlement Class, you do not need to take any action to remain a Settlement Class Member, although to obtain the Benefits provided under the Settlement, you must make a Claim by the applicable deadline. If the Court approves the Settlement, you will be eligible for Benefits, you will be bound by all Orders and Judgments of the Court, and your settled Claims against GE in this Action will be fully and finally resolved and released.

How to Be Excluded from or Object to the Settlement Class

If you do not wish to be a Member of the Settlement Class, you may exclude yourself by completing a Request for Exclusion and mailing it to the Claims Administrator as detailed in the Notice. Your request must be postmarked no later than midnight on the Opt Out Deadline (March 14, 2006).

If you remain a Settlement Class Member, you or your counsel have the right to appear before the Court and object to the Settlement. However, in order to object, you must file and serve a Notice of Intention to Appear and Object, as detailed in the Notice. Objections must be filed with the Court by the Objection Date (March 14, 2006). A copy of any objection must also be mailed to Scott Wm. Weinstein, WEINSTEIN BAVLY & MOON, P.A., 2400 First Street, Suite 303, Ft. Myers, FL 33901, and Edward M. Waller, Jr. and Charles Wachter, FOWLER WHITE BOGGS BANKER P.A., Post Office Box 1438, Tampa, FL 33601, postmarked by midnight on the Objection Date (March 14, 2006).

How To File a Claim

Settlement Class Members must submit a properly completed Claim Form by mail to GE at the address listed below. The Claim Form for the Additional Warranty Protection must be postmarked by midnight on April 13, 2006. For Moisture-Related Service Calls under the Additional Warranty Protection program, please call GE at 1-866-839-4463. The Claim Form for Reimbursement must be postmarked by midnight on April 13, 2006. The Claim Form for Refrigerator Exchange must be postmarked by midnight on January 12, 2007. (NOTE: for persons who have an existing service contract and who have timely made a valid Claim for Additional Warranty Protection, the Claim Deadline for Refrigerator Exchange is the final day of the period of their Additional Warranty Protection (one year from the expiration date of the service contract)). If you fail to properly and timely make your Claim, you will lose your right to receive Benefits.

When Will the Settlement Be Approved?

On April 27, 2006, at 10 a.m. at the United States District Court for the Middle District of Florida, Ft. Myers Division at 2110 First Street, Ft. Myers, Florida 33901, the Court will hold a Fairness Hearing to determine if the proposed Settlement is fair, reasonable, and adequate.

For information on the Settlement, your rights, and to obtain a copy of the Notice, Claim Form, or Settlement Agreement: Call: 1-866-839-4463 or visit the website at www.geappliances.com/classaction. Write: GE Moisture Class Settlement, 2670 Executive Drive Suite A, Indianapolis, IN, 46421. You may also write to Settlement Class Counsel at: Scott Wm. Weinstein, WEINSTEIN BAVLY & MOON, P.A. 2400 First Street, Suite 303, Ft. Myers, FL 33901.

Dated: 12/23/05 Ft. Myers, FL

BY ORDER OF THE COURT

Swann recalled, “so Hal [Puthoff] told me to look around: There must be *something*. I found this other place, not far away.” Swann sensed manicured lawns, reminding him of those around a military installation. He also reported a strong impression of something underground. The site seemed to him to be a missile base. He sketched out a detailed map of his impressions.

“Not only was Swann’s description accurate in every detail,” Puthoff and Targ wrote in their 1977 book, *Mind-Reach*, “but even the relative distances on the map were to scale.” The process came to be called remote viewing. Comparing responses from several viewers improved the data’s quality.

So where did the psychic phenomena come from? The likeliest theory was that they were transmitted, like radio signals, via the electromagnetic spectrum. Yet when viewers were sent down in a submarine, beneath the seawater, they still were able to describe remote targets. This had dramatic implications. There seemed to be no known physical way to shield targets from the prying “eyes” of a remote viewer.

There was also a downside. Most of mainstream science had no way of

HOW TO HONE YOUR PSYCHIC POWERS

Yes, the average person can learn to develop his or her psychic skills. While we often hear that people must be “gifted” to be psychic, nearly anyone who learns the right principles and works at it can develop this perceptual skill. Here, some basic advice:

- Use a proper protocol. The remote viewer, for example, shouldn’t be told what the “target” is until the session is over. Have a friend pick a simple but unique location for you and seal a photo of that location in an envelope. Try to describe the loca-

tion. Afterward, critique your results.

- Relax, and don’t be afraid to be wrong. Fear of failure may keep you from succeeding.

- Learn to tell the difference between the usual mental “noise” we all have, and new information coming into your mind. Practice will help.

- Describe, don’t name. If, for example, you get an impression of something red and round, don’t assume it’s a rubber ball. Stick with descriptions.

- Record your impressions as you get them, in

both words and sketches. Sketching impressions is particularly important.

- In evaluating your work, don’t try to justify “matches” that aren’t there between your impressions and the target. Be your own toughest critic: It will help you improve.

- Understand that like many other complex skills, this takes patience, practice and applying correct principles. For more information, check out irva.org, the website of the non-profit International Remote Viewing Association.

PAUL H. SMITH

understanding this process, and not surprisingly, tended to reject it. To this day, no one knows just how remote viewing works. One theory suggests there's a "matrix" (a term used in remote viewing long before the movie), a database of information within the universe. Somehow, remote viewers subconsciously access this data when they're perceiving a target.

The program had its skeptics among the military and the government. Still, Center Lane was going strong when I joined in 1983.

★ Target Practice ★

"HEY, PAUL. READY TO TRY A SESSION?" It was September 1983 and Fred was beside my desk at headquarters, wearing his usual poker face.

"Now?" I said, shocked. I'd been in the program just a short while.

"Tomorrow," he said. "Tom [McNear] and Charlene [Cavanaugh, a civilian colleague] will be outbounders. I'll monitor." In this method, an out-bounder team visited a location unknown to the remote viewer. At a prearranged time, the viewer tried to describe it while the outbounders acted as "beacons" to home in on.

That night, I felt anxious, unsettled. I thought of all the associations that being "psychic" had with other, darker rumors of the paranormal. What scary things about the universe or myself might be revealed?

The next morning Fred and I went into the battleship-grey viewing room. "Okay, Paul. Sit back and relax," he said soothingly. While he clipped a microphone to my shirt, he spoke into his own, stating the date, location and my name. Everything would be recorded.

"We'll begin," Fred intoned. "Paul, please describe carefully the place where Tom and Charlene are presently located."

A few seconds passed. I had some fuzzy sensations. "There's a room," I began. I described off-white, yellowish, pebbly-textured walls, and a window that wasn't really a window. It was more for display, with rows of little things behind it. "There seem to be a few tables and chairs," I said. "Reminds me of a restaurant, but it's not big enough."

About an hour passed, and we were back at headquarters by the time Tom and Charlene returned, carrying a box of donuts. Fred showed them my notes and sketches. "Well," said Charlene, "let's give you feedback."

The four of us piled into a car and drove for a while before pulling onto a gravel turnout. There stood a huge, blue-painted water tower. It looked

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In 1986 the author (far left) and other Center Lane colleagues earned meritorious service medals for their work. Fred Atwater (in plaid shirt) is in front.



COURTESY JEANNIE BETTERS

nothing like what I had perceived. I had blown it. No one commented as we began driving back. Then, looking out the car window, I noticed a little shop on the side of the road.

"Wait a minute," I said. "What's that?"

"Oh, that's where we bought the donuts," Tom answered.

"Let's check it out," I insisted. Walking in, I saw a counter with a window showing rows of donuts. There were two-place tables with spindly chairs; the walls were yellow-white with a pebbly texture. *This* was more like it.

"Sorry, it doesn't count," Fred said, anticipating me. "You didn't get the target. And if you didn't get it, it doesn't matter how well you got something else. You were supposed to describe where Tom and Charlene were during the appointed time, not where they stopped for donuts after."

Still, I'd proved I was capable of a psychic experience. It was a milestone.

★ We Unearth a CIA Mole ★

FOR THE NEXT TWO YEARS, several Center Lane colleagues and I underwent training, much of it from Hal Puthoff and Ingo Swann. We then embarked on our first project in February 1985.

Early that month, a federal Drug Enforcement Administration operative named Enrique Camarena was kidnapped from a parking lot in Guadalajara, Mexico, as he met his wife for lunch. Camarena had spent nearly four years working undercover in Guadalajara. One or more crooked cops were thought to be involved in betraying him to the kidnappers, or aiding them, or both. When it became clear that conventional means might not find Camarena, someone from the DEA contacted our office and asked for help.

Fred monitored the sessions. When it was my turn, I sketched a two-

story building. I had vague impressions of an arid, austere landscape. I had an odd feeling: not of fear, but something like it.

A few days later, the evening news brought feedback. Camarena and his former pilot had been found tortured and murdered. The house where he was held captive was shown on TV, and I saw the building I'd drawn. I was shocked at reports of the violent death of someone I'd tried to find.

One frustration of our work was that we often got no feedback on whether what we'd provided had been useful. Sometimes we did, though, years later. In June 1987, for instance, we were asked "to determine the existence of a foreign intelligence mole within the CIA." Four of us worked on this.

We described a middle-aged male executive who seemed stressed about things he was tangled up in, and an attractive, enigmatic, controlling woman. We sensed a close, perhaps sexual, connection between them. The woman was of Latin American origin, maybe Colombian. Other impressions: The man lived in "a fenced or wall-lined elegant home" in the D.C. suburbs. He drove a "grey-colored foreign luxury" car.

When CIA employee Aldrich Ames was arrested seven years after our sessions, along with his Colombian-born wife, Maria del Rosario Casas Ames, we learned that our description of her background and character had been on target. Dissatisfied by Ames's public-servant paycheck, she'd allegedly pressured him to make more money—partly why he spied for the KGB.

Ames was apprehended in his maroon Jaguar on his way to CIA headquarters (he'd reportedly owned a grey car during our sessions in 1987). His wife, meanwhile, was taken into custody in their palatial home in the Washington suburb of Arlington, Virginia.

★ Star Gate Implodes ★

IN 1990, MY MILITARY ASSIGNMENTS OFFICER called. I was being rushed to the 101st Airborne to serve as an intelligence officer for what became known as Operation Desert Storm. I experienced a few pangs as I bade Fort Meade and remote viewing goodbye. I felt I wouldn't do anything as unusual again.

It was painful to watch even from a distance as the program collapsed in 1995. By that time it had been renamed Star Gate and had been taken over by the CIA. An unexpected blessing came from the axing, however. Declassified, it no longer needed to be kept secret. So a program of great—if not yet fully realized—promise was sent sprawling into the full light

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The image shows a woman with dark hair and a white shirt sitting at a wooden desk. She is smiling and looking towards the camera while holding a pen over a notepad. On the desk is a computer monitor displaying a recipe for 'Strawberry Pie'. To the left of the monitor is a VideoEye magnification device, which is a black box with a flexible arm holding a magnifying glass over an open book. The recipe on the screen lists ingredients and instructions for making a strawberry pie.

Strawberry Pie
3 quarts fresh strawberries
1-1/2 cups sugar
6 tablespoons cornstarch
2/3 cup water
1 deep-dish pastry shell (10 inches)
1 cup heavy cream
1-1/2 tablespoons instant vanilla pudding mix

In a large bowl, mash enough berries to equal 3 cups. In a saucepan, combine the sugar and cornstarch. Stir in the

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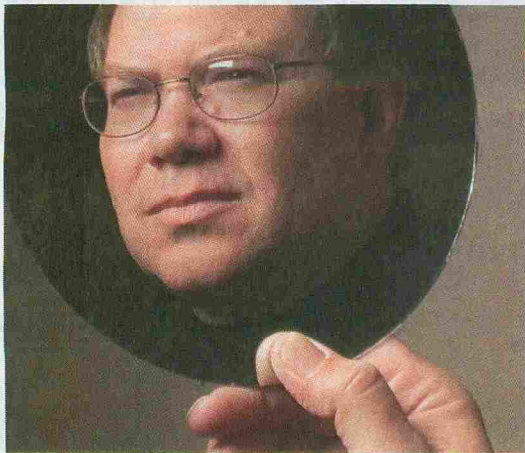
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Today Smith teaches remote viewing.

of day. A media outcry ensued.

After I retired from the Army in August 1996, I formed a company to teach others the psychic techniques I had learned. Though it took almost nine years before the CIA released most of the

documents about psychic espionage, I'm now mostly free to speak about some cases we worked on. I also enrolled in a PhD program in philosophy. On the personal side, I remarried and had my fourth child.

At Fort Meade, as we poked our minds through the basement walls of Soviet biowarfare labs, or "looked" for hostages in Lebanon, we learned that human consciousness isn't locked within the physical body. The mind can roam virtually at will across the face of the planet. The fact that science has been unable to explain exactly how remote viewing works may only mean that our understanding of the world is incomplete.

There is a real cause, a "bottom line," to remote viewing. We don't yet know what that is.



COURT OF LESS APPEAL

Sometimes, as this court transcript proves, it's best to just throw yourself on the mercy of the court.

DA: Trooper, when you stopped the defendant, were your red and blue lights flashing?

Trooper: Yes, sir.

DA: Did the defendant say anything when she got out of the car?

Trooper: Yes, sir—"What disco am I at?"

Shark Tales by RON LIEBMAN (Simon & Schuster)

Earlier today

YOUR HUSBAND WASN'T QUITE AS ACCURATE

as he likes to think he is.

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**Lose Weight
on Board** 189

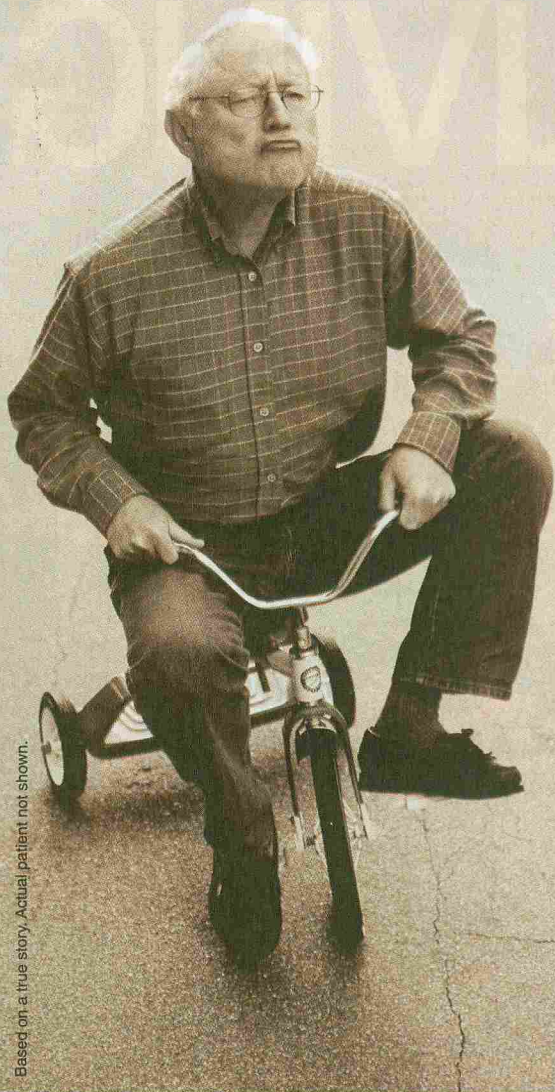
**Never Get
Lost Again!** 192

**Heart-y Toast
to Beer** 194

**Love Behind
the Wheel** 200

Pup Culture 202

Movies and music for your bored beasts

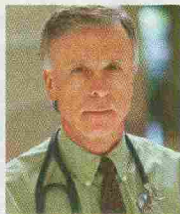


THANKS TO DR. JERMAN, THIS GRANDPA CAN STILL COME OUT TO PLAY.

He had his first heart attack at 79.
But thanks to Dr. Jerman, he's still
playing with his granddaughter at 92.

Although it's easy to attribute patient
longevity to advances in medical
science, those advances would be
nothing without Dr. Jerman's skill,
diligent observation and dedication to
his patients. In the care of Dr. Jerman,
this spry fellow has more time to play
expert bridge, more time to go bird
watching, and more time to goof around
with his granddaughter.

Dr. Jerman wouldn't consider himself a
hero. But to a certain three-year-old girl,
he definitely is.



Michael Jerman, MD
Cardiologist
AMA member



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who've been heroes in your life.

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Sopranos Star Whacks Diabetes

ON *The Sopranos* (the sixth season starts this month), Aida Turturro's character, Janice Soprano, deals with her problems head-on: When her lover slapped her, she shot him dead. But Turturro didn't act as quickly when she was diagnosed with type 2 diabetes. She explains, "I didn't understand that every day I wasn't controlling it, I was putting my health at risk."

Turturro started taking her diabetes seriously after her doctor finally

scared her into comprehending what could happen: blindness, amputation, heart disease. Here, her tips for anyone fighting diabetes:

Get support Find a good doctor you like, and enlist your friends. Ask a pal to take walks with you, or otherwise get moving.

Get smart See a dietitian to balance your diet. Keep a food journal until you get a handle on what you're really eating.

"You can't do it overnight—it's not like bing, bing, bing," says Turturro. "I'm still learning, and I battle every day." But this battle, unlike her televised fights, won't end with anyone hauled away in a body bag.

CYNTHIA DERMODY



TAKE THE BUS, LOSE WEIGHT?

They tell us to take public transportation to help the environment, and save money. Still, many of us stick to our cars. But would you change your ways if using mass transit could lead to weight loss? It just may.

We're all supposed to get at least 30 minutes of physical activity a day, but only about half of us do; many get far less. In a recent study, CDC scientists estimated that Americans who walk to and from public transportation log a healthy average of 25 minutes a day. For a 160-pound person, taking that daily walk, at a brisk pace, can burn over 100 calories. C.D.



When the Patient Has the **POWER**

She's sick, but her religious convictions are stronger than anything medicine can offer

SHE WALKED IN, youthful in her mid-40s. Her referring doctor had told her she had a lung tumor, yet she was calm.

A doctor's desk suggests the power of the physician. But when my patient spoke—"No blood; I am a Jehovah's Witness"—the balance of power shifted. Her beliefs were as strong as my convictions about the importance of surgery. I explained that the mass in her lung would likely require removing half of the organ.

She nodded. "Okay," she answered, "but no transfusions."

She wouldn't let me store her own blood, either. I had never given a transfusion for the procedure, but I always reserved blood. Still, I was young, brash, sure I could do it.

If she bled in surgery, could I keep my promise? Was my obligation to the morals of my profession—to save lives—or to her beliefs? What

would her life be like if I removed her cancer, but gave a transfusion?

Finally, I decided to proceed. During surgery, an artery split, spilling blood. Not much, but under

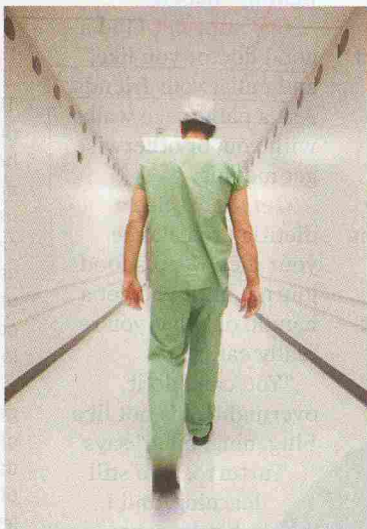
the circumstances, a tsunami. My finger closed the hole, giving me time to think. I applied a clamp and continued.

I felt like a pilot who had lost an engine and managed to land. She was okay, but the possibility of death had been present. I shudder still, thinking of it.

I inhaled, my assistant stopped sweating, and the

anesthesiologist sat down. It was okay. The three of us felt as if we needed the transfusion. The rest of the operation was normal.

We surgeons have advanced technology, instruments and medicines. We're competent. But patients continue to test us, to challenge our judgment as well as our skills.



RANDY FARIS/CORBIS

LARRY ZAROFF, MD, in The New York Times



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Laptop navigators With DeLorme's Earthmate GPS LT-20 (**DeLorme.com**; \$100), a talking feature tells you what exit to take. It even responds to your



voice. But your laptop may run out of juice before you reach your destination.

Portable GPS devices The full-color TomTom GO700 (**TomTom.com**; \$900) gives directions and functions as a speaker for Bluetooth-enabled phones. Magellan's RoadMate 760 North America (**Magellangps.com**; \$899), another full-color

option, steers you away from traffic jams, and a friendly voice tells you when to make turns. The black-and-white screen Garmin Street Pilot i2 has similar features for \$321 (**Garmin.com**).

NANCY KALISH



FLY ON TIME

Before your next trip, check **flightstats.com** to see how often a particular airline's weekday morning flight from your city to, say, Orlando is canceled, diverted or delayed, and the average delay time. Then make your decision and book a flight, fully informed.

Hassle-Free Airport Pickups

THERE'S NOTHING worse than getting off the plane and trying to flag down your ride who's doing laps around the terminal—unless you're the one driving around in circles. Today, about 25 airports have free cell-phone lots, where those on pickup duty can park until their friends deplane and call to say they'll meet them at the curb.

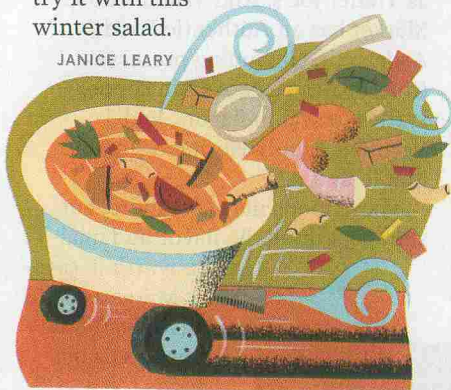
Among the international airports with lots: Los Angeles, Baltimore-Washington, San Diego, Philadelphia and Seattle-Tacoma. And the numbers are growing. To find out if your local airport has a cell-phone lot, check its website or call the general information line. CYNTHIA DERMODY

Souped-Up Soup

HANKERING FOR a steaming bowl? Soups are going gourmet at the grocery store, with new flavors and packaging in the canned aisle, and upscale offerings in the refrigerated section. Check out Campbell's Select in golden butter-nut squash or blended red pepper black bean. Harry's Fresh Foods sells exotic combos like organic tomato Gorgonzola, and crab and sweet corn chowder. And Fairfield Farm Kitchens' Moosewood line offers Savannah sweet potato bisque and Tibetan curried lentil.

But watch out for high sodium content. Look for products with no more than 500 mg, or add frozen veggies to cut the salt per serving. And if soup alone isn't meal enough, try it with this winter salad.

JANICE LEARY



Warm Winter Salad

- ½ lb. small red potatoes, quartered
- 10 oz. Brussels sprouts, quartered
- 1 red apple, cut into ½-inch chunks
- 2 stalks celery, thinly sliced
- 3 scallions, thinly sliced
- ½ cup apple juice
- ⅓ cup distilled white vinegar
- 2 tbs. flour
- 1 tbs. spicy brown mustard
- 1 tbs. drained white horseradish
- 1 tsp. olive oil
- ½ tsp. caraway seeds
- ½ tsp. salt

1. In boiling water, cook potatoes for 5 minutes. Add Brussels sprouts; cook 5-8 minutes. Drain and put in a bowl with apple, celery and scallions.
2. In small saucepan, whisk together remaining ingredients. Bring to a simmer, whisking, over moderate heat. Cook for 2 minutes. Pour hot dressing over vegetables, tossing to combine. Serve warm or at room temperature. Serves 4.

PER SERVING: 151 CALORIES; 2 G FAT; 0 G SATURATED FAT; 7 G FIBER; 4 G PROTEIN

From Eat Well, Stay Well © 1998 The Reader's Digest Association, Inc.

fastfact Chewing gum is the No. 1 **snack food** for American adults.

SOURCE: NPD Group's SnackTrack Study

Raise a Glass!

DOWNING a few beers on St. Patrick's Day may give you more than the luck of the Irish and a hang-over. Researchers at the University of Wisconsin School of Medicine say Guinness stout has more heart-healthy flavonoids and triggers more anti-clotting activity than light-colored beer. And beer hops contain xanthohu-

mol, a flavonoid that may help ward off some cancers, say Oregon State University researchers. Hops may

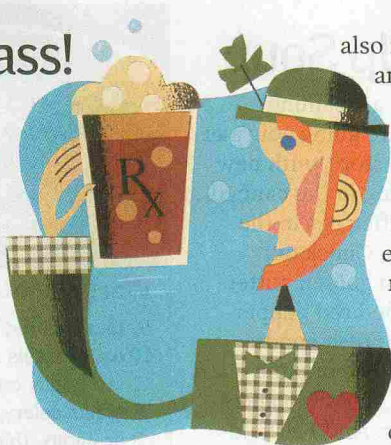
also fight hot flashes and osteoporosis.

But you'd have to drink a whole keg to get enough of the flavonoid to make a difference—and we don't recommend that!

Luckily, there may soon be a "health beer" with enhanced concentrations. For

now, porter, stout and ales have the highest levels. So raise a toast to the hearty hop.

LUCIA RAATMA



The Art of Making Food

KEEP AN EYE OUT for another term on food labels: artisanal. These foods are produced by small, family-run businesses the old-fashioned way—not on an assembly line. Look for cheese, produce and spices at farmers' markets and specialty stores such

as Trader Joe's. And Whole Foods Market has an Authentic Food Artisan line including preserves from Provence cooked in copper kettles to seal in flavors, and Vermont Family Heritage Organic Maple Syrup.

These foods may cost more, but shoppers think the flavor and quality are worth it, says Mary Margaret Graham of Whole Foods. "Artisanal foods tell a story about the people who made them."

CYNTHIA DERMODY



PHOTOGRAPHED BY CHRISTINE BRONICO

There's a name for why
millions can't relax tonight.

RESTLESS LEGS SYNDROME

And 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.



GlaxoSmithKline

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PATIENT INFORMATION
REQUIP® (ropinirole hydrochloride) Tablets

For Restless Legs Syndrome (RLS),
Also Known as Ekblom 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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Research Triangle Park, NC 27709

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July 2005

RQ:L12

"My new walk-in tub from Premier Bathrooms has made taking a bath a pleasure again. Thanks Premier!"



Easy Bathe

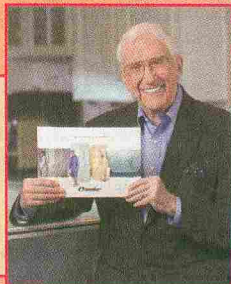
Does getting in or out of the tub worry you? Is taking a bath a struggle, not a pleasure?

Now there's an answer, it's the tub with the door; a walk-in bath from Premier.

Premier has helped thousands of people worldwide trade a struggle with their old bath tub for the safety and comfort of a walk-in bath. If getting in or out of the tub is difficult or uncomfortable call Premier today to find out more about our best-selling line of walk-in bath tubs.

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- Ed McMahon



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World's Best Hearing Value

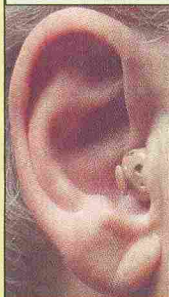
Easy to use... Low price... Rated #1!

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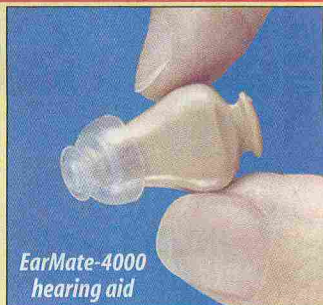
"Sound was crisp and clear." "With different tip sizes to choose from, this fit our ears the best, resulting in minimal feedback." "45-day money-back trial."

<http://webreprints.djreprints.com/1005421313607.html>



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N.H. - Chesnee, South Carolina

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J.C. - Andrews, Texas

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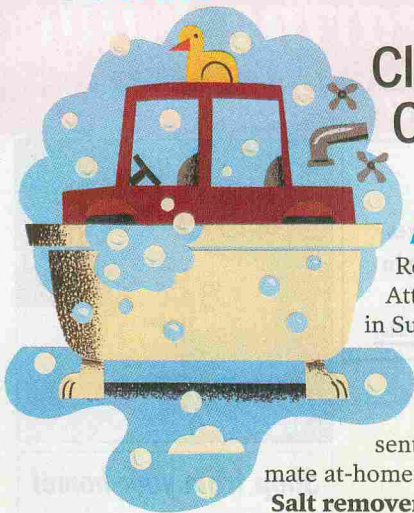
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Clean Your Coupe

A PRO detail can run you \$100.

Renny Doyle of Attention to Details in Sun Valley, Idaho, who works on Air Force One, shares his essentials for the ultimate at-home spring clean:

Salt remover (to tackle residues that collect in snowy climates) or a **degreaser** (to zap road grime that builds up in warm ones). Mix with water in a spray bottle, and hit the tricky spots, like the underside. Rinse.

Detailing clay Bug and tar remover gets most smudges, but try clay for those stubborn spots. Just lubricate the area, apply, then peel off; stains come with it (\$10-\$25 per bar at auto stores).

Microfiber towel Holds 7 times its weight in water; won't spread lint over the dash (\$3 and up).

Upholstery spot cleaner Doyle prefers Zep spot carpet cleaner because it also masks odors (The Home Depot; \$5).

CYNTHIA DERMODY

QUICK GAS-SAVING TRICKS

Diane MacEachern's *Beat High Gas Prices Now!* (Andrews McMeel; \$8.95) offers tactics to help you save \$20-\$50 at the pump each month:

Don't speed Every 5 mph you drive over 60 mph is like paying an extra 21 cents a gallon for gas.

Stop tailgating Frequent stops and starts cost you 1-2% in fuel efficiency.

Turn the radio off first And also the CD or AC. You'll minimize engine load the next time you start up.

Go online Visit gasbuddy.com or gaspricewatch.com to find the cheapest gas in your neighborhood.

LOVE IN THE CAR

58%

People who said the condition of their dates' cars affects their attraction to them

24%

Portion of men who chose kissing as their favorite car date activity

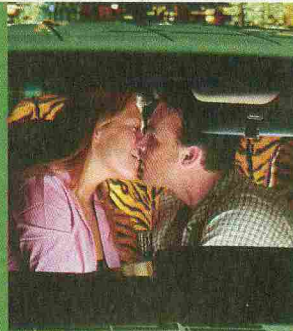
8%

Portion of women who chose kissing as their favorite car date activity

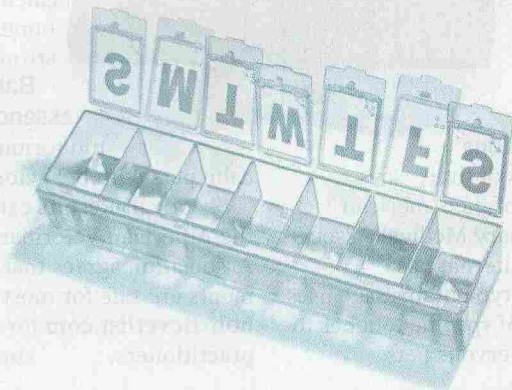
15%

Portion of daters who were asked if they'd spring for gas

SOURCE: Ford Motor Co.



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.



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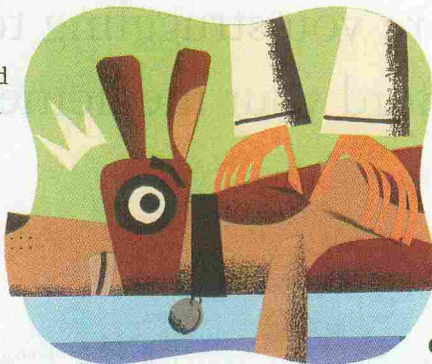
Call 1-866-GSK-FOR-U and let's talk.

Does Your Pet Need a Massage?

AND you thought you'd heard everything when it comes to pet pampering. Now we're signing up our furry friends for alternative therapies.

"Many people don't want their pets on medications for long periods of time," says Carvel Tiekert of the American Holistic Veterinary Medical Association. Popular alternatives:

TTouch This type of massage uses a combination of specific touches to calm hyper or nervous pets.



Acupuncture The ancient therapy could ease arthritis pain.

Supplements Chondroitin may relieve joint pain; calcium keeps bones and teeth strong.

Bach flower essences The liquid formulas can help calm pets with behavior problems.

Skeptical? Results can vary, but the American Veterinary Medical Association agrees that these treatments are safe for most pets. Visit holisticvetlist.com for a roster of practitioners.

AMELIA R. FARQUHAR



Home Alone, the Pet Version

Being by themselves all day can get pretty tedious for animals. To the rescue: new DVDs made just for kitties and canines. Some owners say their darlings get a kick out of the birds and bugs in the *Kitty Show* or the 100-dog romp in *Dog-On Television*. Pets can also tune in to DogCatRadio.com, a new Internet radio station just for animals.

"These may work for pets that are bored," says Suzanne Hetts of Animal Behavior Associates in Littleton, Colorado. "But leaving the TV on will not

address the panic some animals experience when left alone." (These critters may need individualized therapy from an animal behaviorist.)

Still, nearly half of dog owners say their pooches love to watch television. What's next? "American Idol, Pet Edition"?

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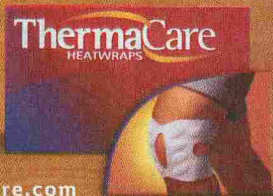
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SERVERS AT Disney World's Cinderella Castle treat you like royalty—literally. After lunch our waiter asked, "Is there anything else My Lord wishes?"

"Yes," I joked. "I'd like my wife to treat me like this at home."

He bowed to my wife, Donna. "My Lord desires to be treated like a king in his castle. May I suggest a reply?"

"Sure," my wife said. "Tell him he's spent a little too much time in Fantasyland."

TERRY GRAY, Henderson, Colorado

WE HAD a satellite dish installed on our roof and my 22-year-old son was trying to teach me how to operate the remote. Since I am not the most technologically savvy person, it was not going well.

After repeating the instructions for the umpteenth time, he sighed, "This would be a lot easier if you were 12." PAULA MAHARREY, Florence, Alabama

THE DAY BEFORE his wedding, I stopped in to visit my uncle. It was his second marriage and I knew he really wanted to make it work. "Are you nervous about the wedding?" I asked him.

"No way," he replied, trying to act nonchalant. "Cup of cake. Cup of cake."

ERICA DAVIS,
Pevely, Missouri

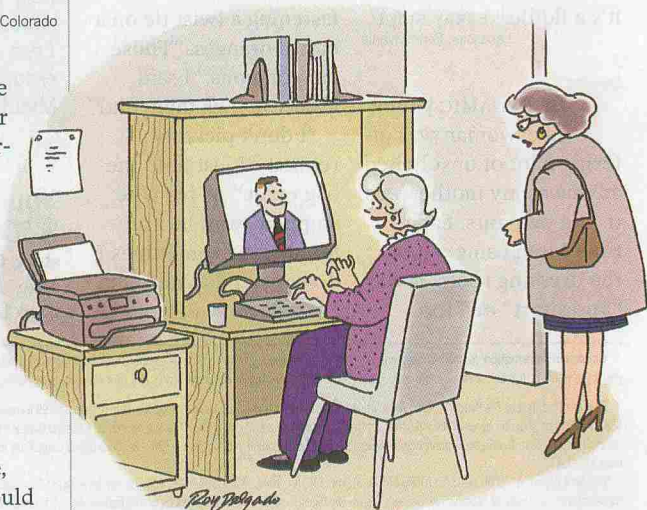
I LIVE NEXT TO a gas station in Manhattan and recently was delighted to notice new signs that said "Please do not Horn."

Apparently others in the neighborhood complained. Changes were made. The signs now say "Please do not Hork."

ERIC J. SCHOLL,
in The New York Times

No sooner had I plopped myself in the chair for my checkup when the dentist smirked, "Ready for your cavity search?"

THOMAS JANKOWSKI, Hamtramck, Michigan



"Glenn and I have been together for ten years, but we've never actually met."

It was no secret my wife and I were trying to start a family. One day I ran into a friend I hadn't seen in a while. "Got a bun in the oven yet?" she teased.

"Nope," I sighed. "We're still on preheat."

CHRIS MCCRELLIS-MITCHELL, Medford, Oregon

SINCE HE RUNS a pawnshop, I decided to ask a friend of mine to appraise my grandfather's violin. "Old fiddles aren't worth much, I'm afraid," he explained. "What makes it a fiddle and not a violin?" I asked.

"If you're buying it from me, it's a violin. If I'm buying it from you, it's a fiddle." LARRY BICKEL, Lancaster, Pennsylvania

THE DYNAMIC young saleswoman was offering a lot of unsolicited advice as my mother was trying on pants. Each time Mom came out of the dressing room, it was "Too short" or "Too

baggy" or "No, no, no. Wrong color."

It ended when my mother stepped out and heard, "Those are the worst yet."

"These," Mom said, "are mine." STACY BAUGH, Palm Beach Gardens, Florida

I WAS PASSING a couple in the produce aisle and noticed the man fastening a twist tie on a bag of oranges. "Those are gorgeous," I said. "Did you pick them out?"

"I don't pick," he replied. "I just hold the bag open." As his wife stepped away, he muttered, "And sometimes I don't even do that right."

DALE BOOTH, Sun City, California

WHILE I WAITED outside for my wife to finish her shopping, my energetic toddler was zooming back and forth on the sidewalk, abruptly turning, then stopping.

An older man who'd just dodged her said, "She's a cutie. How old?"

"Two," I replied.

"Just think!" he offered. "In 14 years she'll drive that way."

AARON SANDLIN, Carrollton, Texas

A rack of self-help audio books at my local copy center caught my eye. I picked one up: *How to Get Your Point Across in 30 Seconds or Less*. Flipping it over I read, "Listening time: 45 Minutes."

CHARLES O'MAHONY, Pittsburgh, Pennsylvania

You could earn \$300 for your own funny story. Click on "Submit a Joke" at rd.com or see page 14 for details.

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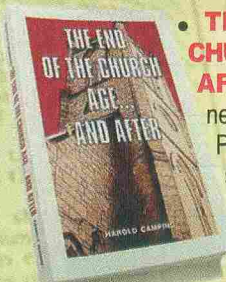
...freely ye have received, freely give.

Matthew 10:8

God's law book, the Bible, gives us many wonderful and awesome truths. However, it also commands us to freely give these truths to others. In obedience to that command, Family Radio (Family Stations, Inc.) is making available, FREE, all of the literature that it has developed, through very careful studies of the Bible.

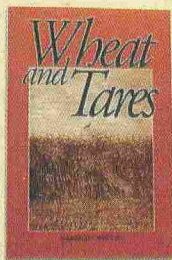
Some have been available at bookstores and on the Internet commercially, but are now offered without cost or obligation to anyone who wishes to know more about the important truths God teaches us in the Holy Book.

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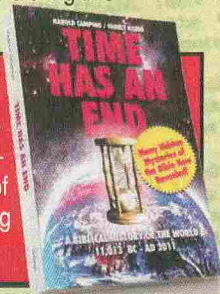
nation of Israel to the local congregations, which came into existence all over the world to be the representation of the kingdom of God in this world (the church age). However, the Bible teaches that God has now ended the church age, and is using individuals who are true believers to evangelize the world.



- **WHEAT AND TARES** (English, Chinese, Spanish, German, Portuguese) - A thorough study showing how God is preparing the churches and the world for the soon return of Christ, when He comes

to judge the unsaved and bring this world to an end.

- **TIME HAS AN END** (English) - An in-depth study of the history of the world, showing that the unfolding of history was not tied to the rise and fall of civilizations, but instead, to the unfolding of God's salvation plan.



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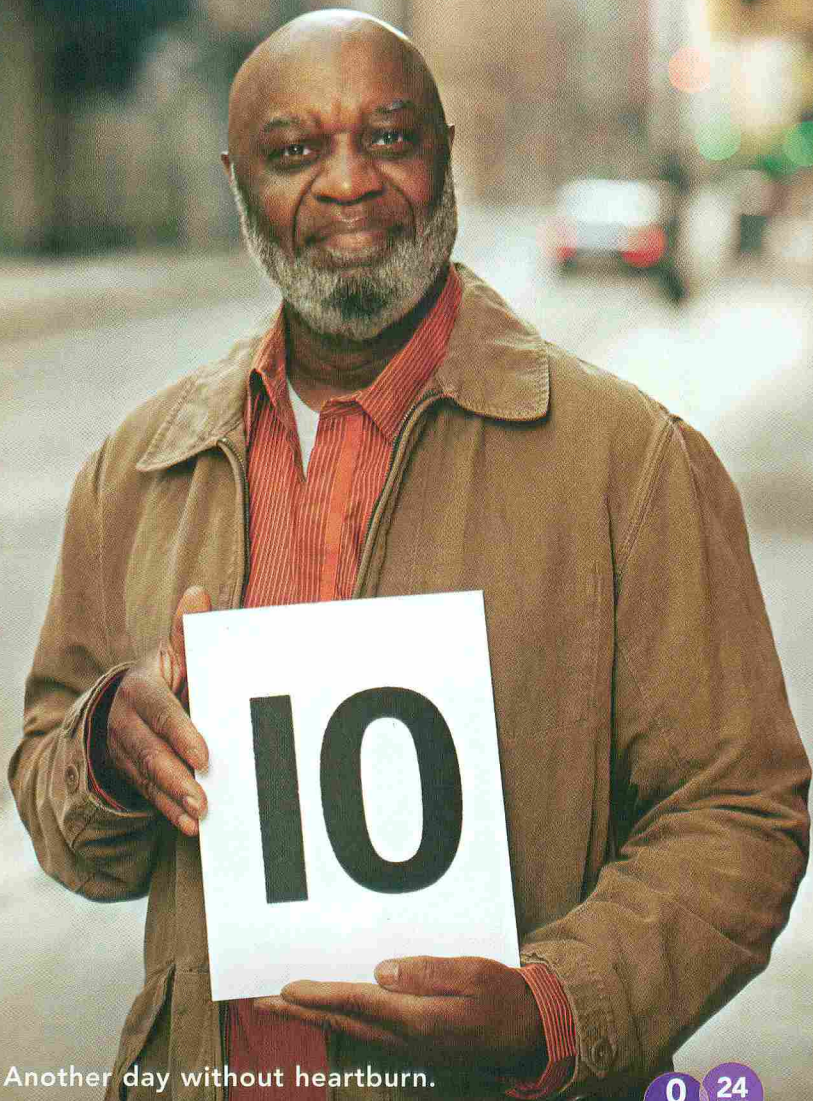
Your clues come in twos

in this month's puzzle. In each category below, the first two letters are the same as the first two letters of the answer. For example, "Planet in our solar system" (Answer: "Pluto"). Got it? Then go to it!



1. Automaker _____
2. Dog breed _____
3. Capital of a Western state _____
4. Brand of tire _____
5. City with a Major League baseball team _____
6. Province of Canada _____
7. Leader of the Soviet Union _____
8. Sandwich meat _____
9. Colony before the Revolutionary War _____
10. Cape in the United States _____
11. Elementary particle _____
12. Movie starring James Bond _____

Answers: 1. Audi; 2. Doberman pinscher; 3. Carson City; 4. Bridgestone; 5. Cincinnati; 6. Prince Edward Island; 7. Lenin; 8. Salami; 9. Connecticut; 10. Canaveral; 11. Electron; 12. Moonraker.



Another day without heartburn.

Day 2, I ate at my favorite restaurant. Days 4 & 6, I took long walks. Today, another great day without frequent heartburn. It's possible with Prilosec OTC®.

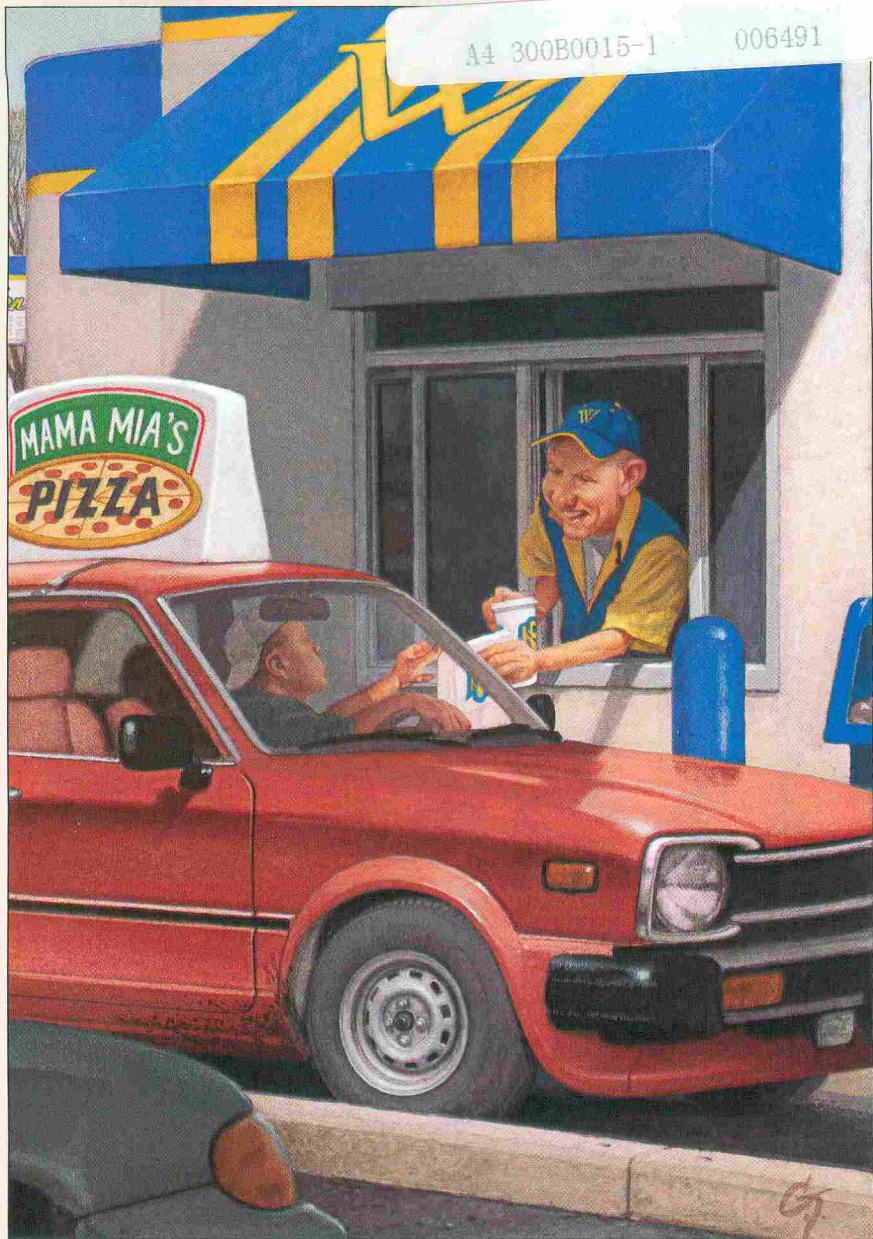
What day are you on?

Use as directed for 14 days for treating frequent heartburn.



A4 300B0015-1

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