



Geena Davis

Can a Woman
Be President?

Confidence
**Get It,
Use It**

**HEART
HEALTH**
Wakeup Call

Money
When It Comes
Between You

February 2006 \$2.99
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The New Game Killing Kids

Reader's Digest

NEW RESEARCH

What Your
Dreams
Really Mean



Party On with Prilosec OTC[®]

and Host the Ultimate In-Home Bunco Party!

If frequent heartburn is keeping you from hosting a great Bunco party, take control with Prilosec OTC!

Check out our planning tips for you to tackle during the days leading up to your Bunco party!

- **Day 2:** Take it easy and brainstorm—pick a party theme such as a 70's night or black-tie Bunco, a wild Hawaiian luau or a charity night. Visit www.prilosecOTC.com to send customized invites and for more planning ideas.
- **Day 5:** It's time to plan the menu—gather recipes that reflect your Bunco theme.
- **Day 7:** Move furniture, set the food table, set up your Bunco area and begin decorating. Once everything is done, get ready for a full evening of Bunco fun thanks to Prilosec OTC.



It's possible with Prilosec OTC.

You can enjoy days without heartburn with Prilosec OTC.

If you have frequent

heartburn, don't roll the dice with anything else.

Party On with Prilosec OTC!



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

ENTER TO WIN THE Party On with Prilosec OTC[®] SWEEPSTAKES!



We'll throw you and your friends the ultimate Bunco Bash, including a Bunco game set, catering, favors and décor!

Enter for a chance to win and check out more details online at www.rd.com/rdconnection. **Three lucky winners will get the perfect party in the comfort of their own home!**

See official rules at www.rdconnection.com. No purchase or online entry necessary. Purchase will not improve your chances of winning. Sweepstakes is open to legal residents, age 21 and older, of the U.S., its territories and possessions. Sweepstakes closes 6/15/06.



Another day without heartburn.

Frequent heartburn used to hit me late in the day. But here it is 7 pm. No heartburn again this evening. It's possible with Prilosec OTC.


What day are you on?

Use as directed for 14 days for treating frequent heartburn.



Reader's Digest

AMERICA IN YOUR POCKET ★



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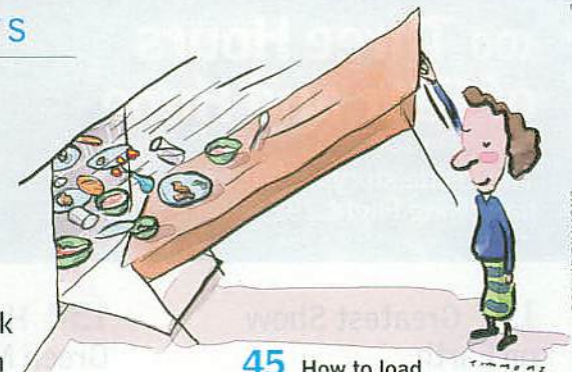
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RD Presents

Give Us Your Best

It's that time of year again! Our third annual Best of America issue (May 2006) is well underway, and we'd love to know what's tops by you. We're especially looking

for the best sandwich in the country. Got a great one? If so, rush your recipe to **boa06@rd.com** by

February 20, 2006,

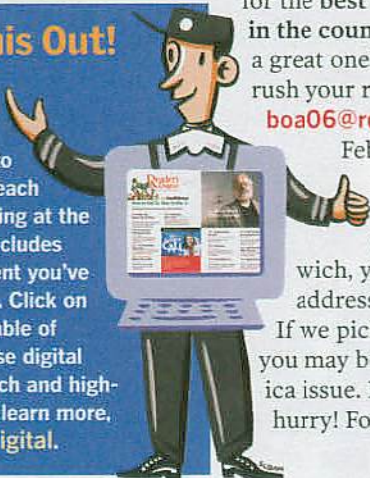
along with a picture of your sandwich, your name, address and phone.

If we pick your recipe, you may be featured in our Best of America issue. It's a tantalizing prospect—so hurry! For details, go to **rd.com/boa06**.



Check This Out!

Have you seen our digital edition yet? It's delivered right to your computer each month—no waiting at the mailbox—and includes all the RD content you've come to rely on. Click on a hyperlinked table of contents, and use digital features to search and highlight stories. To learn more, go to **rd.com/digital**.



Winning With WORDS

Join the Reader's Digest National Word Power Challenge—a program dedicated to building vocabulary skills for kids in grades 4-8. Students are competing now for the titles of state champ and all-expense-paid trips with their teacher-escorts to the national competition this spring. Contestants will be guests at the Portofino Bay Hotel at Universal Orlando®, A Loews Hotel and sponsor of the program. The top three winners earn a total of \$50,000 in college scholarships.

To register for the 2006-07 program, call 866-523-6388 or visit **wordpowerchallenge.com**.



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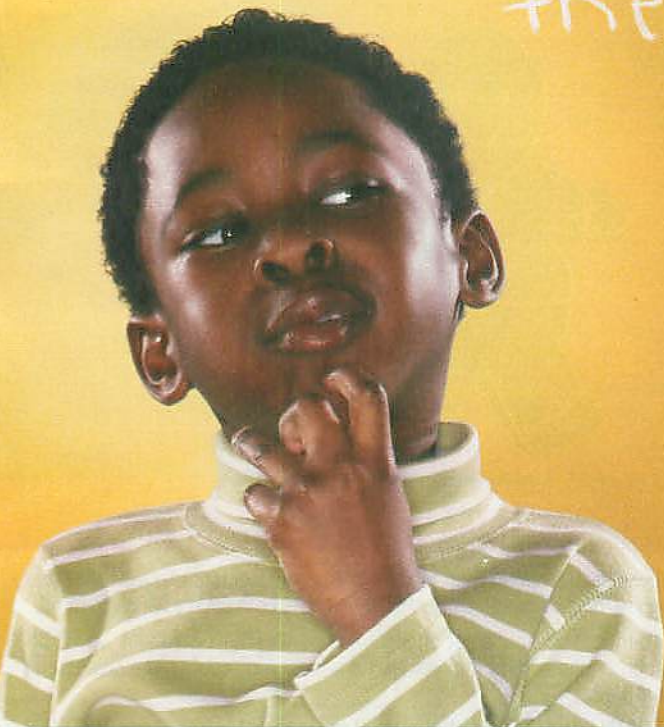
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- Go to rd.com to submit original material (Click on "Submit a Joke")
- To enclose funny items clipped from other sources, mail to: Humor, Reader's Digest, Box 100, Pleasantville, New York 10572-0100

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i can't catch a ball
but i catched
the flu.



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2 sources of



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treats the cholesterol.



FAMILY

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

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Silent Epidemic

DAN FERBER'S article, "The Checkup That Can Save Your Life," compellingly reinforces dentistry's long-held tenet that the mouth is the window to the body. Ongoing scientific study is adding rapidly to our knowledge base on possible associations between oral health and systemic health issues such as cardiovascular diseases, diabetes and premature births.

The American Dental Association and its more than 152,000 members salute Dan Ferber for bringing this important aspect of oral health into focus, and unveiling why "the dentist may be the most important doctor you see this year."

ROBERT M. BRANDJORD, DDS.
President, American Dental Association, Chicago, Illinois

The example of Ken Michener's life-threatening dental infection was eye-opening because he suffered unnecessarily. I had already planned to become a dentist, and this article just confirmed that decision. I want the chance to save even one person's life.

DAVID PAINTER, Forsyth, Illinois

Now everyone go floss!

ANGIE ENGLISH, R.D.H., Idaho Falls, Idaho



should I get a research job making \$40,000 to \$50,000? No decision to be made there!

KIMBERLY ENGEL, Batavia, Ohio

Let the market work. If there is truly a shortage, then the invisible hand of the market will bring companies to offer rewards and opportunity that will draw talented people into the field.

CARL MALLY, Cedar Rapids, Iowa

We will continue to have a hard time inspiring more kids to pursue the sciences until a top science student is awarded a multimillion-dollar contract just like the one that the D-average standout athlete next to him in class will get.

DAVE OBERG, Anchorage, Alaska

Pay Day

HAVING WORKED in human resources in both the private and public sectors, I, too, was concerned about government workers who save unused sick days and cash out at retirement (That's Outrageous! "Just Sick of It"). Most good companies today provide some form of sick days for "an unexpected flu and nothing more."

If it were a program designed to reward employees who were well and able to work, it would have been called a "wellness bonus" or "attendance reward." It was never intended to be an "entitlement program," or outright gift, that you can bank or cash in later.

To pay employees extra for com-

RD Giving to the Gulf

Regina Benjamin, MD, our "Everyday Hero" in January 2003, runs a nonprofit clinic in Bayou La Batre, Alabama, where seafood is the main source of income. She takes care of everybody, regardless of their ability to pay. So when Katrina hit the Gulf Coast, we wanted to know how she made out.

Turns out the clinic was destroyed and most residents were out of work. Contributing editor Lynn Rosellini caught up with Dr. B as she struggled to rebuild. See our story on page 144.

Reader's Digest also reached out in a very personal way to the hard-hit region. Employees donated more than \$50,000 to the American Red Cross and the Salvation Army, and every dollar was matched by the company. In addition, The Reader's Digest Foundation gave \$50,000 to Boys & Girls Clubs of America to assist in reopening clubs along the coast, and \$75,000 to Operation Comeback of the Preservation Alliance of New Orleans. And we sent Dr. B \$25,000 to help restore her clinic. For more information, go to rd.com/hurricanehelp.



Dr. B, in front of her clinic. It will be bigger and better.



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combinations...

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ing to work is not only illogical but very costly. It becomes a form of "double dipping."

ROBERT G. HANSON, Surprise, Arizona

I am a private-school teacher and my husband is a firefighter. When we are absent from work, our "companies" must hire substitutes. In my husband's case it is usually a costly "callback," which means another firefighter is paid time and a half to work his shift. In my case, a substitute must have the required education and must be fingerprinted, a costly and time-consuming endeavor. Both of these scenarios cost more than paying our earned sick days. You may have reached an erroneous conclusion about the real cost of sick days.

BRENDA DESCALSO, Carmichael, California

We shouldn't have to watch our hard-earned money go to someone else's luxuries. The bottom line? If you need the sick day, take it. But if you don't, we're not rewarding you for it.

BILL WILLNER, Brooklyn, New York

A Great Save

SO MANY PEOPLE see bad things happen and turn their heads. Some are afraid, but many don't care enough to get involved. When Monique Williams saw a man order ten-year-old Chiara Rufus into his car, she reacted instinctively (Everyday Heroes: "Get Out of That Car!"). Not only did she save Chiara, she

caught the disgusting perpetrator in the process. What an amazing woman!

PAM FALLER, Celina, Ohio

Hold That Line!

JEANNE MARIE LASKAS invited readers to share any effective zingers for express-line check-out hogs ("Ask Laskas"). I tell them, "Pardon me, but are you a math major who never learned to read, or an English major who never learned to count?" They get the message!

KEN DIXON, Escondido, California

**Reader's
Digest**

HOW TO REACH US

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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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Cupid Narrows His Aim Online

WE'RE IN THE mood for love. And, from what we've heard, it's out there on the Internet. At least that's what the 40 million Americans who've tried online dating would have us believe.

They may be right. Using the Internet to find that perfect someone does open up a vast field of options. And you can evaluate the prospects while in your pajamas.

But too much choice may not be ideal. In 2003, revenue at online-dating sites rose by 77 percent. By 2005, though, traffic at top sites like **Match.com** had slowed.

Happily, Cupid hasn't quit the Web. He's just gotten choosier. Now, what's hot are niche sites that link the like-minded: **FarmersOnly.com**, **DatingforSmokers.com**, even

TheAtlasphere.com (for single fans of writer Ayn Rand).

Still, looking for love this way doesn't ensure happiness. "It lures you into believing that you can customize a partner the way you can a car," says Jillian Straus, author of the new *Unhooked Generation: The Truth About Why We're Still Single*. Online or off, it takes more than one shared interest for a couple to click.

47% of U.S. small-business owners say they'd keep working even if they won **\$10 million** in the lottery. SOURCE: Gallup



Bull Rides vs. Bull's-Eyes

The next big sport? We pit an All-American entry (rodeo) against a UK import (darts). Let the games begin.



	RODEO	DARTS
Origins	Historians point to an 1864 gathering in Deer Trail, Colorado, where cowboys competed at horse breaking and other ranching chores.	With roots in archery, the game (also called "arrows") emerged in British pubs post-World War I. First major competition: 1928.
Ratings Winner?	Peak television audience to date for a Professional Rodeo Cowboys Association event: 10 million ESPN viewers for December '05 Wrangler National Finals Rodeo (NFR).	ESPN set to air new <i>World Series of Darts</i> this summer. Peak audience to date: 2.2 million viewers for match featuring 12-time champ Phil Taylor on Britain's Sky Sports.
Big Bucks	Wrangler NFR purse: \$5.3 million.	World Series prize: up to \$1 million.
Bump & Bruise Potential	High. Justin Sportsmedicine Team treats 6,000 rodeo injuries (concussions, rib damage) a year. Bull-riding events account for half.	Limited. Shoulder and wrist injuries do occur. Also, a mental condition called "dartitis" in which player is suddenly unable to throw.
Could Attract	Those who tune in to NASCAR, whether for the fast action or to see a car crash.	TV poker fans, says booster—and <i>Who Wants To Be A Millionaire</i> creator—Michael Davies.
Bonus Pt.	One sport to give clowns a big role.	Goes well with an adult beverage.

(FAR LEFT) HUGH BEEBOWER/CORBIS

Eat This and Give Me 20

MILITARY FOOD isn't known to be tasty. Neither are the sports and nutrition bars. Yet the HOOAH! bar—a Defense Department-developed snack named

for the military rallying cry and now available to civilians—isn't bad. In our test, the "Chocolate Crisp" version resembled a 100 Grand candy bar in consistency and taste. But can it help get you into fighting shape? One study found that soldiers who ate the bars showed a 19 percent increase in ability to do pull-ups before and after a march. That's good. With 280 calories in each HOOAH!, you'll need to do lots of marching and plenty of pull-ups.



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THE BIG IDEA

Wired by the Sun

As an Air Force engineer, Ben Adams always played the bad guy in military war games. Sometimes, this bad guy had to send e-mail from remote areas. Finding the power to do that could be tough. Once, in the Nevada desert, he used a rental-car cigarette lighter. There must be a better way, he recalls thinking.

That inspired Adams when, after leaving the service in 2002, he co-founded Lumin Innovative Products, a Colorado-based company that uses solar technology to power wireless networks. The firm's first big success—Boulder's Pearl Street Mall, an open-air downtown shopping zone—went online last summer. Suitcase-sized rooftop panels collect the sun's rays (even on cloudy days) to charge batteries. The batteries, in turn, power a wireless (Wi-Fi) network that shoppers can tap into. The cost to set up this six-block network: \$10,000, half of what rival bidders wanted for installing a conventional network. Operating costs are limited to the \$100-per-unit charge for replacing each battery every 3-5 years.

Costs notwithstanding, Adams says solar-powered networks are best suited to areas where there's no existing electrical or phone lines.

After all, he notes, the sun works everywhere. Might as well plug in.

Lumin IP's Zak Adams and Sally Lyon with one of the panels that feed Boulder's solar-powered Wi-Fi network.



COURTESY U.S. MINT

A Money Makeover, Completed

THE humble nickel is getting lots of attention these days. That's because it's being used to mark the Louisiana Purchase and the Lewis and Clark bicentennials. Now—after four new takes on the “tails” side since 2004—comes the version shown above. It's just the second update of Thomas Jefferson's image in 68 years—and the first time any U.S. President has faced forward on a coin. Those are two reasons to hold onto it. Another? A nickel just doesn't buy that much anymore.

COURTESY GERALD COTE/DOWNTOWN BOULDER BUSINESS IMPROVEMENT

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HEATWRAPS



www.thermacare.com



When You've Got to Go

Good news for anyone who's been away from home and searched unsuccessfully for a clean public bathroom: More and more U.S. cities are heeding nature's call. Boston recently installed several self-cleaning toilets. Atlanta's subway system is adding more loos. Washington, D.C., is testing a New Zealand model. Even potty-poor New York City—where security fears now keep many buildings, and their restrooms, off-limits to the public—is bringing in a batch. And with public toilets now rated on **TheBathroomDiaries.com** (over 8,000 reviewed) and in *Arthur Frommer's Where to Stop & Where to Go*, travelers now have a shot at finding relief just around the corner.

COOPERPHOTO/CORBIS

RD INDEX

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

YEA

Heritage Preservation For reporting on the decaying state of 190 million books, photos and other items in institutions across America. By publicizing the problem, the conservation group took a key step toward fixing it.

IBM For vowing not to use genetic data in decisions on hiring or benefits. The tech giant's move is reassuring to those who see gene tests as a boon to medicine, but want to protect privacy.

Random 1 For being a reality-TV program that actually reflects reality. The show, which tracks two do-gooders who help needy folks, doesn't pretend that all's fine when its hour is up.

NAY

Congressman Joe Barton For holding a hearing on college football's method of picking a national champ. Doesn't the Texas Republican have better ways to spend time and taxpayer money than this grandstand play?

Verizon For freezing the pension plans of 50,000 managers. The firm is just one of the latest to scale back retirement benefits, but this grim move could well lead others to follow.

Kurt Busch For being cited for reckless driving in Arizona. While officers said the NASCAR star smelled of booze, he passed a sobriety test. He still got a two-race suspension—a smart pit stop.



There's a name for why
millions can't relax tonight.

RESTLESS LEGS SYNDROME

Now, for many
there's relief.

Restless Legs Syndrome (RLS) is a recognized medical condition.

One that's shared by nearly 1 in 10 US adults. Most people experience its symptoms in the evening:

- The compelling urge to move
- Disturbing sensations in the legs
- Moving offers temporary relief
- Trouble resting or falling asleep

People who suffer from RLS often describe their leg sensations as creepy, crawly, tingling, or tightening. Getting up and moving their legs offers some relief, but the symptoms always come back. Only a doctor can determine if you have Restless Legs Syndrome.

Requip is the first and only FDA-approved treatment for RLS. Taken daily, non-habit-forming prescription Requip helps relieve the symptoms of **moderate-to-severe primary Restless Legs Syndrome (15 or more episodes monthly).** So you may finally be able to relax.

Important Safety Information:

Prescription Requip is not for everyone. **Requip Tablets may cause you to fall asleep or feel very sleepy during normal activities such as driving;** or to faint or feel dizzy, nauseated, or sweaty when you stand up. Tell your doctor if you experience these problems or if you drink alcohol or are taking other medicines that make you drowsy. Side effects include nausea, drowsiness, vomiting, and dizziness. Most patients were not bothered enough to stop taking Requip. Requip should be taken once daily 1-3 hours before bedtime. See important patient information on the next page.

visit www.requip.com or call 1-877-REQUIP4

Help put RLS to rest.

Requip®
(ropinirole HCl)

For moderate-to-severe
primary Restless Legs Syndrome

Ask your doctor if
Requip is right for you.



PATIENT INFORMATION
REQUIP® (ropinirole hydrochloride) Tablets

**For Restless Legs Syndrome (RLS),
Also Known as Ekbom Syndrome**

Read this information completely before you start taking REQUIP. Read the information each time you get more medicine. There may be new information. This leaflet provides a summary about REQUIP. It does not include everything there is to know about your medicine. This information should not take the place of discussions with your doctor about your medical condition or REQUIP.

What is REQUIP?

REQUIP is a prescription medicine to treat moderate-to-severe primary Restless Legs Syndrome. It is sometimes used to treat Parkinson's disease. Having one of these conditions does not mean you have or will develop the other.

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

- Patients with RLS should take REQUIP differently than patients with Parkinson's disease (see **How should I take REQUIP for RLS?** for the recommended dosing for RLS). A lower dose of REQUIP is generally needed for patients with RLS, and is taken once daily before bedtime.
- There are known side effects of REQUIP. If you fall asleep or feel very sleepy while doing normal activities such as driving, faint, feel dizzy, nauseated, or sweaty when you stand up from sitting or lying down, you should talk with your doctor (see **What are the possible side effects of REQUIP?**).
- Before starting REQUIP, be sure to tell your doctor if you are taking any medicines that make you drowsy.

Who should not take REQUIP?

You should not take REQUIP if you are allergic to the active ingredient ropinirole or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I tell my doctor?

Be sure to tell your doctor if:

- you are pregnant or plan to become pregnant.
- you are breast-feeding.
- you have daytime sleepiness from a sleep disorder other than RLS or have unexpected sleepiness or periods of sleep while taking REQUIP.
- you are taking any other prescription or over-the-counter medicines. Some of these medicines may increase your chances of getting side effects while taking REQUIP.
- you start or stop taking other medicines while you are taking REQUIP. This may increase your chances of getting side effects.
- you start or stop smoking while you are taking REQUIP. Smoking may decrease the treatment effect of REQUIP.
- you feel dizzy, nauseated, sweaty, or faint when you stand up from sitting or lying down.
- you drink alcoholic beverages. This may increase your chances of becoming drowsy or sleepy while taking REQUIP.

How should I take REQUIP for RLS?

- Be sure to take REQUIP exactly as directed by your doctor or healthcare provider.
- The usual way to take REQUIP is once in the evening, 1 to 3 hours before bedtime.
- Your doctor will start you on a low dose of REQUIP. Your doctor may change the dose until you are taking the amount of medicine that is right for you to control your symptoms.
- You may receive a starting kit with doses marked by day. The pills in this kit slowly increase your daily dose over time so that you and your doctor may determine what the best dose is for you. Different people respond differently to this medicine. You may not need the highest dose pill in this kit or you may need an even higher dose to relieve your symptoms. You should carefully follow your doctor's advice on the use of this kit.
- **If you miss your dose, do not double your next dose.** Take only your usual dose 1 to 3 hours before your next bedtime.
- Contact your doctor, if you stop taking REQUIP for any reason. Do not restart without consulting your doctor.
- You can take REQUIP with or without food. Taking REQUIP with food may decrease the chances of feeling nauseated.

What are the possible side effects of REQUIP?

- Most people who take REQUIP tolerate it well. The most commonly reported side effects in people taking REQUIP for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP affects your ability to remain alert while doing normal daily activities, and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks, or using hazardous machinery while taking REQUIP. Your chances of falling asleep while doing normal activities while taking REQUIP are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint, when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP. These were uncommon in patients taking REQUIP for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP with L-dopa, or taking higher doses of REQUIP than recommended for RLS.

This is not a complete list of side effects and should not take the place of discussions with your healthcare providers. Your doctor or pharmacist can give you a more complete list of possible side effects. Talk to your doctor about any side effects or problems you may have.

Other Information about REQUIP

Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. REQUIP is one of the medicines used to treat Parkinson's disease, therefore, patients being treated with REQUIP should have periodic skin examinations.

A small number of patients taking medicines to treat Parkinson's disease, including REQUIP, have developed a problem with gambling. It is not known if this problem is directly related to the medicines or is due to other reasons. If you or your family notices that you have an unusual urge to gamble, talk to your doctor.

- Take REQUIP exactly as your doctor prescribes it.
- Do not share REQUIP with other people, even if they have the same symptoms you have.
- Keep REQUIP out of the reach of children.
- Store REQUIP at room temperature out of direct sunlight.
- Keep REQUIP in a tightly closed container.

This leaflet summarizes important information about REQUIP. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP that is written for healthcare professionals.



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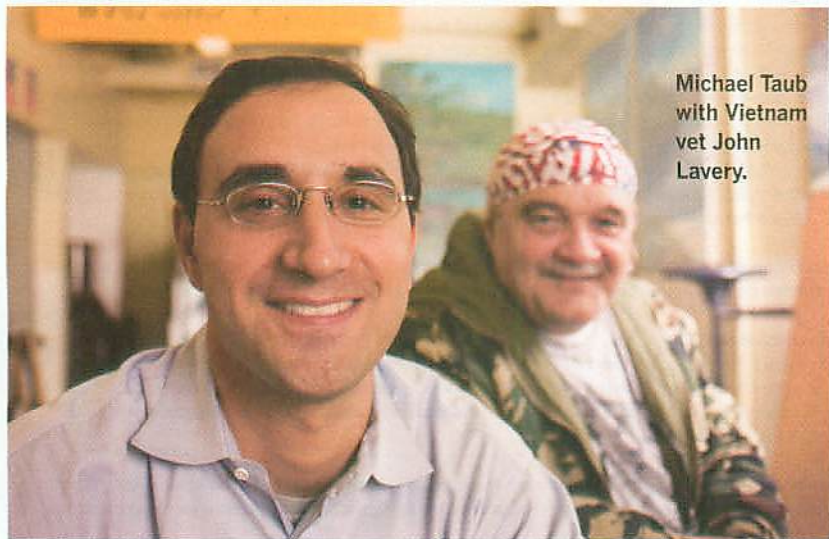
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July 2005

RQ-L12



Michael Taub
with Vietnam
vet John
Lavery.

On the Front Lines

BY WILLIAM M. HENDRYX

WALKING TO his office one day in Philadelphia's historic downtown, Michael Taub saw a disheveled panhandler in a wheelchair, parked under the awning of an old movie theater. The heavyset man had only one leg. He clutched a worn cardboard sign reading "Vietnam Veteran."

Rather than avoid eye contact, as so many would, Taub walked right up to him and smiled. "Thank you for having served," he said, pressing

a business card into the man's hand. "Stop by my office. Maybe I can help."

Several weeks later, the vet wheeled into the headquarters of the Homeless Advocacy Project. Taub works there as a staff attorney specializing in disability benefits for homeless veterans.

"Looks like you're wearing your Sunday best," Taub said, noting the man's neatly pressed clothes. "You don't have to do that for me."

Taub escorted the man, who in-

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. © 2008 Bayer Healthcare LLC

GOOD NEWS IS GOOD FOR YOU

A recent survey conducted for Aleve found that not only do Americans want more Good News, but hearing these stories can have a positive impact on their daily life.

Dr. David Bersoff, a known authority on the attitudes, values and behaviors of American consumers says, "When people hear good news, they feel better and feel good about the future. Americans not only crave a better balance in news with more positive, uplifting stories, but they need it. Reading and hearing about good news has a positive influence on human behavior, reinforcing the need for us all to pay attention and to share good news with others."

According to the survey:

- **94%** say they want to hear more good news.
- **77%** say the media do not give good news enough coverage.
- Good news motivates and inspires **77%** of respondents and puts **84%** in a good mood.
- When they hear good news, **67%** of respondents report it makes them more patient with others, **52%** are more productive at work and **78%** feel generally happier.

Aleve is not only committed to bringing good news to people with arthritis: Good news is something from which we all can benefit.

Share your good news at **AleveGoodNews.com**

troduced himself as Kertis Daniels, to his cramped office, pushing aside stacks of case files—some 18 inches thick—so that Daniels could wheel himself in.

The handouts weren't for him, Daniels explained. He was pan-handling to help his daughter Robin with college. The \$845 from the VA every month just didn't go far enough. Daniels lived in a second-floor apartment. Because the building had no elevator or handicap access, he was forced to go through an alley to get inside and leave his wheelchair near the back door. Then he had to hop up the stairs to get to his apartment.

By the end of their meeting, Taub had added another case to his docket. In a typical year he works on about 80 benefits claims to the Department of Veterans Affairs—all at no charge to the vets. If they qualify for additional benefits, Taub makes sure they get what they're entitled to.

Today Kertis Daniels lives in a basement apartment with handicap access. He also receives an additional \$250 a month in dependency benefits for Robin, who is a senior at Edinboro University of Pennsylvania, majoring in criminal justice.

Since he was in elementary school, Michael Taub has wanted to help people who couldn't help themselves. A class assignment at Villanova University School of Law cemented his resolve to fight injustice. Assigned to represent a mi-

grant worker who'd fallen from some scaffolding, Taub fought to get the man the workers' compensation he deserved, even though his boss initially refused to pay.

"The man spoke no English and felt helpless against the system, as do many of our veterans today," explains Taub. "I knew then that my law degree would be used to improve the lives of others, though I wasn't sure how."

THE "HOW" appeared a few months after graduation, when Taub learned of an opening at the Homeless Advocacy Project. It felt right, like he'd found his calling. He agonized briefly over taking a huge pay cut—\$65,000—from the job he'd lined up with a private law firm.

But even though he owed \$75,000 in student loans, drove an old Subaru with 114,000 miles on it and lived in a tiny one-bedroom apartment with his fiancée, ultimately, the decision was easy.

"It's enough," Taub said of his new, smaller salary. "I use money for things that are important to me, and those aren't material things."

Taub's clients mostly come from a day shelter for homeless vets (estimated to number more than 2,000 in the Philadelphia area). The facility is known as the Perimeter, a military term that suggests protection from the outside, a safe place.

At 33, Taub is young enough to be

a son to most of these men. On one of his recent trips, he sat with about 20 vets, listening to their stories one by one. By the end of the day, he had six new cases.

Among Taub's most dramatic success stories is John Lavery, a 56-year-old veteran who'd been turned

Deemed 100 percent disabled, Lavery was awarded \$40,000 in back benefits.

down for disability four times, dating back to 1977. Subject to fits of violent rage due to undiagnosed bipolar disorder, Lavery had been all but banned from the Perimeter except to pick up his meds and mail.

For 30 years, he'd been sleeping in doorways, hospital emergency rooms and abandoned cars. He ate from trash bins and smoked butts he found on the street. Plagued by depression, the decorated former Army specialist had attempted suicide eight times. In his initial meeting with Michael Taub, Lavery found hope for the first time in decades.

"When you look into Michael's eyes and hear the sincerity in his voice," says Lavery, "you know he's for real."

Taub spent months trying to sort out the troubled man's jagged life. At home in the evenings, he spent

time in Vietnam Vet chat rooms, eventually tracking down men who had served with Lavery and could help verify his story.

Deemed 100 percent disabled, Lavery was awarded \$40,000 in back benefits, plus a monthly stipend. He now lives with dignity in his own apartment and volunteers every day at a shelter for recovering alcoholics and addicts.

"Michael wouldn't take any credit. He said I earned it," explains Lavery, who regularly sends other veterans Taub's way. "He's very humble."

In typically modest fashion, Taub downplays his success. "We rarely win that big, and we certainly don't win every claim," he elaborates. "But these men come out ahead even when losing, because we give them something they've not experienced in a long while—fair treatment, kindness and some closure to a difficult chapter in their lives. They leave here each feeling like a person of value."

There is, however, a catch. Funding for Taub's \$40,000 salary has vanished. If new underwriting is not found by June 2006, the man John Lavery calls "my knight in shining armor" may be looking for a new job.

Still, Michael Taub is optimistic. "Surely, the community will respond to these men who sacrificed so much." ■

FORMULA 410 SEEMED LIKE
**A GOOD IDEA,
BUT YELLING
"TAKE COVER"
WITH EACH SPRAY
GOT ANNOYING.**



Step into a fresher house.



Tan-talizing As a girl, Amy Tan recalls her father making RD's Word Power quiz seem like "the most fun a body could have." So to help celebrate her birthday (February 19), we used words from her current novel, *Saving Fish From Dying*. Dad would surely be proud. Answers on the next page.

1. grotto *n.*—A: frightening statue. B: cave or cavern. C: neighborhood. D: type of moth.

7. abhor *v.*—A: to haunt. B: detest. C: plant. D: steal.

2. fabulist *n.*—one who
A: tells lies.
B: takes notes.
C: makes clothing.
D: is conceited.



3. sonorous *adj.*—
A: dreamy. B: bright.
C: loud. D: indulgent.

4. serigraph *n.*—A: short poem. B: earthquake measurement. C: angel. D: silkscreen print.

5. solicitously *adv.*—
A: with concern or anxiety. B: persuasively. C: in an alluring way. D: with a menacing tone.

6. idyllic *adj.*—A: showing devotion. B: overly positive. C: peaceful. D: charmingly simple.

8. cheroot *n.*—A: kind of quartz. B: cigar. C: chubby child. D: herb of the parsley family.

9. quash *v.*—A: to suppress. B: destroy. C: clean thoroughly. D: divide up.

10. morose *adj.*—A: stagnant. B: overly talkative. C: embarrassing. D: expressing gloom.

11. lagniappe *n.*—A: rope trick. B: small gift. C: complicated story. D: lengthy delay.

12. fetter *v.*—A: to restrain. B: rot. C: make bitter. D: enable to fly.

13. keloid *n.*—A: scar. B: unit of energy. C: developed film. D: seaweed.

14. proletarian *adj.*—
A: abundant.
B: of the working class.
C: introductory.
D: snobbish.

15. wield *v.*—A: to back down. B: use or exercise. C: fuse together. D: criticize.

16. megalomaniac *n.*—
one who A: loves shopping. B: fears big cities. C: exaggerates his importance. D: compliments others.

Author! Author!

It may be the shortest month, but February marks the birth of many well-known writers. Unscramble some names below (places of birth as clues). Answers on next page.

MEAJYS YOCEJ (Ireland)
HOJN IENTSCCKBE (California)
AURAL GNALSLI DLIREW (Wisconsin)
SAJEM CREENIMH (NYC)
CTOVIR OHUG (France)
CLSIARIN SWLEI (Minnesota)

ANSWERS

1. grotto—[B] Cave or cavern; recessed structure. We toured the countryside and found a number of shrines that were housed in *grottoes*.

8. cheroot—[B] A cigar with open, untapered ends. The villagers leaned in doorways, talking to one another and smoking their *cheroots*.

2. fabulist—[A] One who tells lies or invents fables. The reporter was more of a *fabulist* than a newsman.



3. sonorous—[C] Loud; resonating with sound. The room was *sonorous* with the echoes of his snoring.

4. serigraph—[D] A print made by the silkscreen process. The little shop boasted limited-edition *serigraphs* by a local artist.

5. solicitously—[A] With concern or anxiety. My aunt *solicitously* asked all about my love life.

6. idyllic—[D] Charmingly simple or rustic. Our neighbors love weekends in the city, but we prefer our *idyllic* mountain cabin.

7. abhor—[B] To detest; regard with aversion. I *abhor* my friend's habit of arriving late.

9. quash—[A] To suppress or put down. The zoning committee *quashed* plans for a new mall.

10. morose—[D] Expressing gloom; ill-humored. My colleague's *morose* nature was hard on the rest of us.

11. lagniappe (*lan YAP*)—[B] Small gift given by a merchant to a customer for making a purchase; a tip, gratuity. He opened a shipment of bookmarks, *lagniappes* for shoppers who spent more than \$50.

12. fetter—[A] To restrain; confine with chains or shackles. Her husband was *fettered* by the tasks necessitated by his duty to care for his ailing mother.

13. keloid—[A] A proliferation of scar tissue, especially at the site of a surgical incision. Fearing that her *keloid* would be too visible, my cousin opted not to wear a strapless dress.

14. proletarian—[B] Of the working class, especially wage earners who lack capital or property. Thanks to his *proletarian* roots, the mayoral candidate won the endorsement of nearly every labor union in the city.

15. wield—[B] To use (as a weapon) effectively; exercise power or influence. In her vivid nightmare, the professor saw the shadow of the Grim Reaper *wielding* a scythe.

16. megalomaniac—[C] One who exaggerates his own importance, or who is obsessed with grand things. It wasn't long before the film's cast and crew realized that a *megalomaniac* was sitting in the director's chair.

VOCABULARY RATINGS

8-10 Good **11-13** Excellent

14-16 Exceptional

Author! Author! Answers:
James Joyce, John Steinbeck, Laura Ingalls Wilder, James Michener, Victor Hugo, Sinclair Lewis

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Foods containing at least 0.4 grams per serving of plant sterols, consumed twice a day with meals (for a daily total intake of at least 0.8 grams), as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. An 8 fl. oz. serving of Minute-Maid Premium Heart Wise contains 1.0 gram of plant sterols.



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THAT'S OUTRAGEOUS!®

MICHAEL CROWLEY

Anger for Hire

You can't always believe what you see—especially if you're looking at political protests

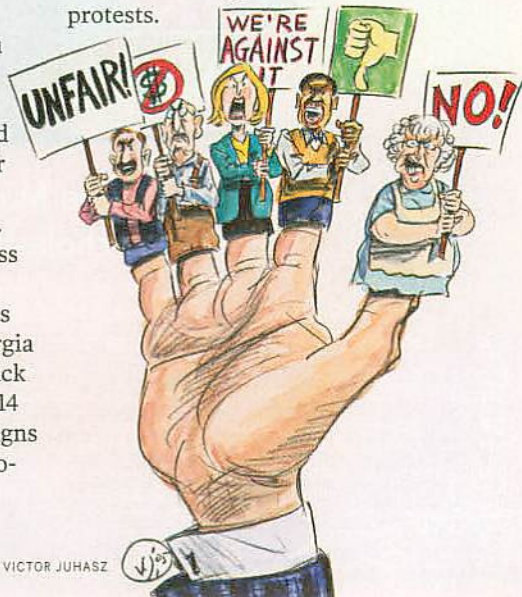
IT'S HARD TO KNOW who to trust these days. When we see people staging protests we think, Wow! These folks are passionate about their cause—otherwise, why would they stand in the rain for hours? But sometimes it's a sham: You and even your Congressman may have been set up by manipulative marketers who pay serious money to hire protesters.

It's a sneaky trick. Let's say you want to stage a political rally, but you just can't find enough people for a good turnout. What you need are folks with lots of time on their hands, who can be persuaded to make a fuss over almost anything. Solution: Head down to a homeless shelter and dole out cash.

No joke—hiring the homeless is catching on. Last October, a Georgia activist pushing a state law to crack down on illegal immigrants paid 14 homeless men \$10 each to hold signs and march around. It worked. Peo-

ple thought the rally was genuine—a local radio station even broadcast it live. But listeners had no idea this was just a crowd for hire.

Near Washington, D.C., a local carpenters union has hired around 100 homeless men, according to union official George Eisner. The men, paid \$8 per hour, are “another source” of manpower for rallies and protests.



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

The scheme is so effective that unions across the country are getting in on the act too.

Pay for rage works—the homeless get a little income and the lobbying group gets a crowd. The only losers are citizens and the media, who think the whole show is legit. After a Phoenix TV station recently noticed rallies featuring the homeless, they asked some of the protesters, who were holding signs about a local labor dispute, what they were so upset about. Many had no idea. “All we do is stand out here and hold the signs,” said one.

THESE ARE small examples of what’s happening at every level of society. In business, “stealth marketers” are paying people to casually talk up their products to friends and co-workers and get word-of-mouth buzz going. And in politics, the biggest special-interest racket is so-called “Astroturf” lobbying.

If you want to create the illusion of grass-roots support to help sway Congress, you might have to pay. “Contrived and organized, it’s known as Astroturf lobbying,” says Jeffrey Birnbaum, a *Washington Post* reporter and lobbying expert. Special interests spend millions on Astroturf campaigns in which they set up front groups, gather signatures, and hire telemarketers without disclosing their real agendas.

And you could become an unwitting tool of these special interests.

Say you get a call from someone who says he’s with a citizens’ group that’s fighting a bill to raise taxes. He may offer to connect you directly to your Congressman’s office so you can express your outrage. You may never know you’ve been duped—a pawn of a tobacco industry front group battling a cigarette-tax hike.

Astroturf lobbyists have even been known to “borrow” people’s names. In one case a few years ago, members of Congress were swamped with telegrams about a telecom bill. But some constituents were confused when they got phone calls from their concerned Congressmen—because they’d never written in to begin with. It turned out that thousands of the telegrams were faked by a telecom-industry PR firm. And guess what? No aspect of this campaign appears to have violated Postal Service regulations. That means *your* name could be used next in support of a corporate cause you’ve never heard of.

All of this amounts to a corruption of our democratic system: You can’t trust someone who’s calling you about a political issue, and if you write to your Congressman, he might not trust that you haven’t been manipulated.

Maybe the solution starts with unmasking all those protest rallies that are just outrage-for-hire purchased down at the local shelter. ■

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

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Dishing Dirt

"IT IS NOT necessary to rinse dishes before putting them into the dishwasher." This is line one, page five of our dishwasher's instruction manual. I recited these words to my husband, Ed, last week, so he would understand that it is not just me that holds this opinion, it is also the authors of the Frigidaire Dishwasher Use and Care Manual, and if anyone should have the last word on rinsing, it is these fine people.

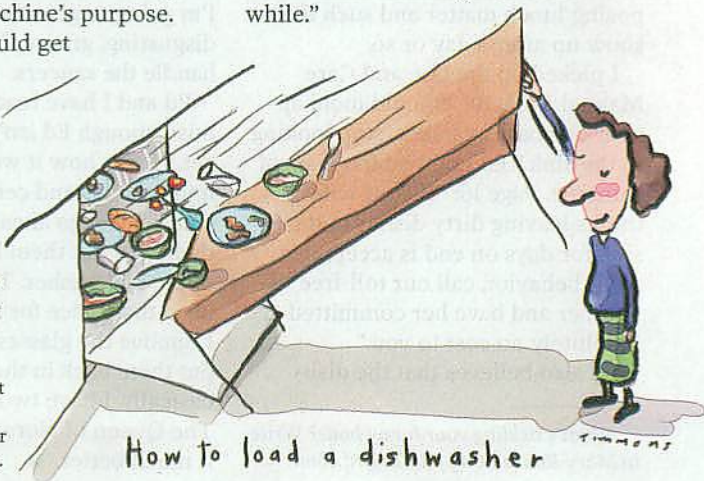
And Ed doesn't merely rinse the dishes before putting them in. He all-out washes them—thereby defeating the machine's purpose. If I'd known I could get my husband to wash dishes for me, I wouldn't have insisted we buy a dishwasher. This is a device that washes dishes so that people don't have to, so they

have time to go off and pursue their dreams, so they can write the Great American Novel, or the great American Dishwasher Use and Care Manual or whatever it is they dream of writing.

I believe prewashing is demeaning to the dishwasher. If people wash the dishes first, the dishwasher is reduced to a sort of unneeded front-loading autoclave. Imagine the scorn of the other large appliances.

REFRIGERATOR: "So, what do you do around here?"

DISHWASHER: "I make perfectly clean dishes scalding hot for a while."



Mary Roach's latest bestseller is *Spook*, published last October by W.W. Norton & Co.

REFRIGERATOR: "Why on earth would you do that?"

DISHWASHER: "No reason. Utterly pointless. I'm so depressed."

Ed says he rinses the dishes before putting them in because if you don't, they dry out while you wait for a full load to accrue, and then lit-

The dishwasher was supposed to free us to write **the Great American Novel.**

tle bits of cereal and egg fuse to the surfaces. True enough. So you don't put the dishes in until you've got a full load; you leave them stacked in the sink with water in them. I acknowledge that there are drawbacks to this method, such as the floating communities of mold and decomposing lunch matter and such that show up after a day or so.

I picked up the Use and Care Manual. Page 10: "Should mold appear on soaking dishes, stop looking in the sink." Ed grabbed the manual from me. Page 16: "If your wife thinks leaving dirty dishes in the sink for days on end is acceptable adult behavior, call our toll-free number and have her committed at absolutely no cost to you."

Ed also believes that the dish-

washer is for washing dishes, not pots and pans. He pointed out the drawing in the manual of a properly loaded top rack. In the drawing, the area where I typically wedge frying pans and macaroni dishes is filled with neat rows of dessert plates, cups and saucers. In other words, the entire top half of your dishwasher is reserved for those evenings when the Queen of Norway and her entourage drop in for dinner. Outside of the mold community, we don't get many visitors. Or not the saucer type, anyway. At our house, coffee goes in mugs, and dessert is

eaten out of the carton or, in the case of cookies, held in the hand. If the Queen of Norway makes a stink, you serve her her Nutter Butters on a paper towel.

There will be no saucers in my top rack. If I'm going to have a machine help with the dishwashing, I'm going to give the machine all the disgusting, greasy things, and I'll handle the saucers.

Ed and I have reached a compromise, though Ed isn't aware of it yet. Here's how it works. When Ed finds glasses and cereal bowls in the sink, he can go ahead and prewash them and put them in the top rack of the dishwasher. Then, when I need that space for the lasagna pan, I remove the glasses and bowls and put them back in the cupboard. So basically, I have two dishwashers. The Queen of Norway couldn't have it much better. ■

What's tickling your funny bone? Write to Mary Roach at myplanet@rd.com.

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Headache? Check Your Blood Pressure

DOES HIGH blood pressure cause headaches? It may, say British researchers, because blood pressure-lowering drugs seem to prevent them. In a review of 94 studies of people using thiazides, beta blockers, ACE inhibitors or angiotensin II receptor antagonists to treat hypertension, those who took



the drugs were less likely to have headaches than those who didn't. And the more patients' blood pressure was lowered, the more likely they were to eradicate their headaches.

Other ways of lowering blood pressure, such as eating a healthy diet and exercising, might have the same effect.

45% of heart patients use alternative therapies such as herbal supplements, but only 56% of their cardiologists know about it.

SOURCE: University of Toronto

The Truth About Statins

Read the news, and it seems we should all be taking statins. They lower cholesterol and they've also shown promise in preventing Alzheimer's and cancer. Now, research finds one more way the drugs may help us—and one they may not.

It's been suggested that

statins prevent some skin cancers. But in a review of 13 studies, scientists at the Denver VA Medical Center didn't find a significant decrease in melanoma, the deadliest form of skin cancer, in people taking statins. Until the results are confirmed, avoiding the midday sun is your best protection against skin cancer.

Okay, so statins won't save our skin. But can

they help our brains? UCLA doctors say they may reverse certain learning disabilities. In tests on mice with attention deficits and learning and motor-coordination problems, UCLA researcher Alcino Silva found that injecting them daily with a statin decreased harmful brain activity and reversed learning impairments. Next up: testing statins in humans with these disabilities.

Safe Pain Relief

WHEN JADA OWEN, 37, of Charleston, South Carolina, developed osteoarthritis of the foot, the avid hiker took a glucosamine/chondroitin supplement. In weeks, she was back on the trails.

Now a study funded by the National Institutes of Health says these natural substances may really help—for those with the most pain. Some 1,600 people with knee osteo-



arthritis took glucosamine, chondroitin, both supplements, Celebrex or a placebo. Six months later, about three-quarters of

those with moderate to severe pain who took glucosamine and chondroitin together or Celebrex had pain relief, versus only half of people on a placebo. Those suffering the most fared best, likely because the more pain you have, the easier it is to see a response, says researcher Daniel Furst.

The study used a formulation of glucosamine and chondroitin not found in stores. Don't let that stop you from trying it, says Furst, but check with your doctor first.

Going forward, researchers will be looking at X-rays to determine if glucosamine and chondroitin actually slow cartilage damage.

Hope or Hype?

By Dr. Roizen
& Dr. Oz



J. MICHELLE WASHBURN

Q Are there any health benefits to love and sex?

A Greeting card companies and tattoo artists aren't the only ones capitalizing on love. You can, too: Strong intimate relationships can benefit your health as well as any drug. Let us, as the sonnet says, count the ways:

At a romantic dinner Red wine contains resveratrol, an antioxidant that increases HDL cholesterol, and flavonoids that reduce damage to arteries. Real cocoa-based chocolate also contains healthy flavonoids.

Every day Studies suggest married men are less likely to have heart disease than single men; happily married women are less likely to develop heart disease than their unhappily wed peers.

In bed A study found that men who had sex at least twice a week were half as likely to die over a ten-year period as men who had sex less than once a month. For women, better—not more—sex is the key. Though it's unclear how sex might improve health, it's likely the therapeutic value: Quality sex decreases stress, promotes companionship and increases emotional satisfaction.

Mehmet Oz, MD, and Michael Roizen, MD, are authors of the bestseller *You: The Owner's Manual*.

The Last Chapter

Their marriage was no fairy tale

BY ELIZABETH LIVINGSTON

FROM NEWSWEEK

"I LOVE YOU, Bob."
 "I love you, too, Nancy."
 It was 2 a.m. and I was hearing my parents' voices through the thin wall separating my bedroom from theirs. Their loving reassurances were sweet, touching—and surprising.

My parents married on September 14, 1940, after a brief courtship. She was nearing 30 and knew it was time to start a family. The handsome, well-educated man who came by the office where she worked looked like a good bet. He was captivated by her figure, her blue eyes. The romance didn't last long.

Seeds of difference sprouted almost immediately. She liked to travel; he hated the thought. He loved golf; she did not. He was a



Republican, she an ardent Democrat. They fought at the bridge table, at the dinner table, over money, over the perceived failings of their respective in-laws. To make matters worse, they owned a business together, and the everyday frustrations of life at the office came to roost at home.

There was a hope that they would change once they retired, and the furious winds did calm somewhat, but what remained steeled itself into bright, hard bitterness. "I always thought we'd ..." my mother would begin, before launching into

a precise listing of my father's faults. The litany was recited so often, I can reel it off by heart today. As he listened, my father would mutter angry threats and curses. It was a miserable duet.

It wasn't the happiest marriage, but as their 60th anniversary approached, my sister and I decided to throw a party. Sixty years was a long time, after all; why not try to make the best of things? We'd provide the cake, the balloons, the toasts, and they'd abide by one rule: no fighting.

The truce was honored. We had a wonderful day. In hindsight it was an important celebration, because

soon after, things began to change for my parents. As debilitating dementia settled in, their marriage was about the only thing they wouldn't lose.

It began when their memories started to fade. Added to the frequent house-wide hunts for glasses and car keys were the groceries left behind on the counter, notices of bills left unpaid. Soon my parents couldn't remember names of friends, then of their grandchildren. Finally they didn't remember that they had grandchildren.

These crises would have at one time set them at each other's throats, but now they acted as a

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team, helping each other with searches, consoling each other with "Everyone does that" or "It's nothing; you're just tired." They found new roles—bolstering each other against the fear of loss.

Financial control was the next thing to go. For all of their marriage, my parents stubbornly kept separate accounts. Sharing being unthinkable, they'd devised financial arrangements so elaborate they could trigger war at any time. He, for example, was to pay for everything outside the house, she for whatever went on inside. The who-pays dilemma was so complex for one trip that they finally gave up traveling entirely.

I took over the books. Now no

one knew how things got paid; no one saw how the columns that spelled their fortunes compared. Next I hired a housekeeper. Cooking and cleaning, chores my mother had long complained about, were suddenly gone. Finally—on doctors' orders—we cleared the house of alcohol, the fuel that turned more than one quarrel into a raging fire.

You could say my parents' lives had been whittled away, that they could no longer engage in the business of living. But at the same time, something that had been buried deep was coming up and taking shape. I saw it when my father came home after a brief hospital stay.

We'd tried to explain my father's

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absence to my mother, but because of her memory, she could not keep it in her head why he had disappeared. She asked again and again where he was, and again and again we told her. And each day her anxiety grew.

When I finally brought him home, we opened the front door to see my mother sitting on the sofa. As he stepped in the room, she rose with a cry. I stayed back as he slowly walked toward her and she toward him. As they approached each other on legs rickety with age, her hands fluttered over his face. "Oh, there you are," she said. "There you are."

I don't doubt that if my mother

and father magically regained their old vigor, they'd be back fighting. But I now see that something came of all those years of shared days—days of sitting at the same table, waking to the same sun, working and raising children together. Even the very fury they lavished on each other was a brick in this unseen creation, a structure that reveals itself increasingly as the world around them falls apart.

In the early morning I once again heard the voices through the wall. "Where are we?" my father asked. "I don't know," my mother replied softly.

How lucky they are, I thought, to have each other.

MODEL BEHAVIOR

Linda Evangelista insists that simply because she's a model doesn't mean she's one-dimensional. "I can do anything you want me to do, so long as I don't have to speak."



Model Beverly Johnson is aghast that some Americans are doing without, insisting, "Everyone should have enough money to get plastic surgery."

Pamela Anderson can't get enough of her new shoe line. "I always feel taller when I swim with my shoes on."

From *In Touch Weekly*, submitted by CHRISTINE SEXTON

On the reality TV show *America's Next Top Model*, when the girls went out for pizza, Elyse ordered oatmeal. This horrified fellow model Giselle, who voiced concern that her friend might have an eating disorder. Although annoyed, Elyse decided not to be rude, saying, "I'm not willing to alienate Giselle, because she's the only one with a straightening iron."

From *The Tribe Has Spoken* by DAVID VOLK (Andrews McMeel)

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Barbara Samson, Delaware
Cooking Consultant

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



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Married, With Money

You fight over finances, right? Here's how to keep the cash—and the passion.

BRIAN GREENBERG is a college financial planner, but on a recent morning he felt more like a marriage counselor.

The couple sitting in his office, near Cherry Hill, New Jersey, was seeking advice about applying for financial aid for the man's son from a previous marriage. "When they walked in," Greenberg recalls, "I could feel the hostility."

The income from the wife's business, which she had started before they married, was modest, but it was just enough to limit the amount of aid the son could receive. The husband wanted her to incorporate to reduce their income, thereby allowing the son to qualify for more aid. She didn't want to go through the

complicated incorporation process, but felt pressured by her husband.

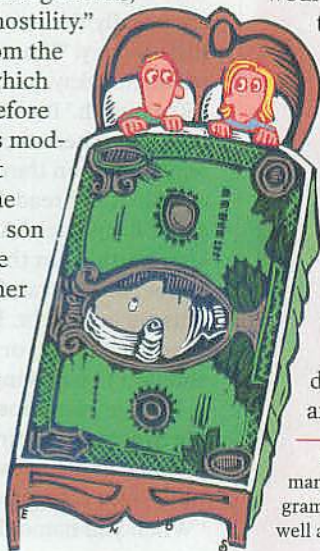
"He was saying, 'I'm entitled to do what I want because I'm making the money that pays the bills,'" recalls Greenberg. "That kind of thinking undermines a relationship."

Much of this type of animosity can be avoided if only couples would talk about money *before*

they get married, says Mary Claire Allvine, a certified financial planner in Chicago and Atlanta and co-author of *The 7 Most Important Money Decisions You'll Ever Make*. Without this talk, it's unlikely that couples have an actual plan for their lives together.

Studies have shown that disagreements over money are the No. 1 cause of friction

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*.



in a marriage. And for some, they're the No. 1 reason for divorce.

So why can some couples weather financial ups and downs while others split over a household budget? The key to success is to find the common ground—the shared values about how, as partners, you want to live your lives together. Here are some tips for executing a money plan without losing the passion.

Think big and put it in buckets. After couples have paid their fixed expenses, they often find themselves disagreeing over how to spend what's left—pay off the credit cards or get that HDTV one of them has been craving.

To avoid such clashes, talk about your dreams. Allvine's research says couples who don't get bogged down with *day-to-day* budgeting details are usually the most successful with their money. "You can't say to the spender, 'Okay, you can only spend \$50 a month.' It's like putting people on a diet where they can last for a while but then they just binge and eat a loaf of bread. The spender will say, 'I'll cut back.' And then they start cutting out the extra cup of coffee. But it's rarely the coffee that puts them in debt. It's the home they can't afford or the car they shouldn't be driving."

Allvine recommends sorting your big dreams—starting a business, owning a home, saving for a vacation—into categories, or buckets. "When you name the bucket, you



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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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know what that money is for, and you won't use it for anything else. That's how couples get to their goals—they pay themselves first for the big things."

Everyone needs the prenup talk.

As today's couples marry later, or remarry, they face big challenges combining resources. One spouse may bring children from a previous marriage; another might be caring for elderly parents. The new-think says, rich or not, you may need a prenuptial agreement. "It makes sense to think things through early on," says Melody Hobson, president of Ariel Capital Management in Chicago.

But Carrie Schwab-Pomerantz, co-author, with her father, Charles Schwab, of *It Pays to Talk*, has a different take: "Not everyone needs to sign a prenup document—but everyone should have the prenup conversation."

The point, says Schwab-Pomerantz, is to get an idea of each other's money personality. "If someone has a lot of debt, that can reflect some personality issues that his or her partner needs to know about. How you deal with money is a reflection of who you are as a person."

Put your goals on paper. "When a couple can agree on their spending," says nationally syndicated radio talk-show host Dave Ramsey, "then they have agreed on their fears, and their goals. We don't really fight about money. We are fighting about

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priorities, fears and power. A plan on paper brings a level of promise and cooperation and unity."

Ramsey also recommends scheduling regular money meetings to talk about expenses. "It's all about being open and on the same page. There are no secret credit cards, no secret debt, no secret student loans. No deception. It's a matter of understanding what the expenses are. How much do we have to spend on birthdays? What about the groceries and cable bills, the soccer expenses? Life starts to show up in a real way when you talk about it in a meeting and put it on paper."

Take a hike. How and where you discuss your finances is critical to keeping the peace, says Schwab-Pomerantz. "You want to make sure both parties are in a comfortable, neutral place. It's also important to know ahead of time what you're going to talk about."

Schwab-Pomerantz and her husband hike every weekend in the mountains near their home in the San Francisco Bay area. "We're away from our kids. We're not sitting there facing each other, which can

become confrontational. We can't get mad and walk to another room. It's just the two of us, and we get a lot of conversation in there about our goals and our priorities in life."

Get it together. Financial independence is empowering, but many counselors say that living separate financial lives imperils a marriage. "Having his and her money is a recipe for disaster," advises Greenberg. "That says one person is taking care only of herself or himself."

The joint account sends a powerful message that your marriage matters. The account should be for joint goals: building a reserve fund, saving for college. A shared account, however, shouldn't cancel out individual accounts.

Managing your money together may not seem like a romantic venture, says Greenberg. "But if there is a good financial foundation, there are a lot fewer issues for strife."

As for the couple seeking financial-aid advice from Greenberg, they left his office, smiling, after he proposed a novel solution. The path to financial happiness is clear: communicate and plan together.

YOU WON'T HAVE THESE PROBLEMS PLAYING GO FISH

Smoke billowed out of the slot machine in the casino we were visiting. As a fireman extinguished the flames, we got a clear view of the machine's name: Money to Burn.

FLORI SEEGER



ALL IN A DAY'S WORK®

AFTER A hard day at work, the last thing my husband wanted was to get stuck in line at the grocery store. But stuck he was when the cans of tuna belonging to the woman in front of him would not scan. Off toddled the clerk to check the price herself.

"I can't believe this," the annoyed customer growled to Derek. "I'm the one this always happens to!"

"And I," Derek said, sighing, "am always standing behind you."

BEVERLY O'BRIEN

"I NEED TO revise the death certificate I just handed you," my fellow doctor said to a nurse I was working with.

"What's wrong?" she asked.

"It's a little embarrassing," he said. Then, pulling her aside, he whispered, "I was in a hurry when I signed it and, well, I accidentally wrote my name under 'Cause of Death.'"

LAUREANO AGBISIT, JR.



FLOSSING MY TEETH is a giant pain. But my dentist insists upon it. "It's just so hard to reach some of my teeth," I complained.

"All right, let's compromise," he finally offered. "Just floss the teeth you want to keep."

DENISE MCCONKEY

The flight I was piloting to Cleveland was overbooked. So the gate agent came aboard with an offer. In exchange for deplaning, two volunteers would get free hotel rooms, meal vouchers and tickets on the next morning's flight. When nobody volunteered, I decided to try a little levity.

"Ladies and gentlemen," I said over the PA, "if it helps, I'm not a very good pilot."

A loud voice from the back yelled, "Then YOU get off!"

QUINCY NELSON

It seems the manager of the

vegetable department at my grocery store doesn't tolerate picky customers. He posted this sign: "Notice! Take lettuce from top of stack, or heads will roll!"

RICK PARKER

THE COMPANY I work for encourages its employees to quit smoking by making a number of in-house smoking-cessation programs available to us. I was looking at one of the brochures when a co-worker, an avid smoker, walked by.

"I'm not interested in any of that," she said. "I'm trying hypnosis instead."

"Think that'll work?" I asked.

"It should," she said, as she headed out the door for a smoke. "It worked the first time."

GARY ALMQUIST

On her first full day working at a discount store, my niece encountered her first cranky customer. The man had brought over mouse poison and demanded to know why it cost so much. "What's in there?" he said sarcastically. "Steak?"

"Well, sir," said my niece, "it is their last meal."

BELINDA ANDERSON

NEWSPAPER editors have tough jobs. After all, it's not always easy finding just the right words. Take these headlines, for example.

- "Health Department Wants Mayor's Ear"—*Deseret Morning News* (Salt Lake City)

- "Death Doesn't Deter Students From Drinking"—*The Roanoke* (Virginia) *Times*

- "Conceiving a Way to Get More Babies"—*The Sydney Morning Herald*

- "Brain Removal Study Finds Few Volunteers"—*Kenosha* (Wisconsin) *News*

Submitted by RONALD A. YOUNG
AND TIM BOWERS

MY FATHER was a guard at San Quentin, and we lived on the prison grounds. Occasionally, inmates came by and helped with yard work. One day, Mom lost

the keys to the shed. A man who was mowing the lawn offered to help. Picking up a hammer, he gave the lock two sharp taps, and it magically opened. "Wow," said Mom. "How did you do that so quickly?"

Handing back the hammer, the prisoner said, "Ma'am, I'm not in this place for nothing."

LANE BECKER

AS LUCK WOULD have it, I drew the name of my principal at our school's Secret Santa Christmas party. A first-year teacher, I had no clue what to get her. I threw out a few ideas to some colleagues, but they always responded the same: "She already has one."

Desperate, I asked a doctor friend, "What do you give to a woman who has everything?"

He thought a moment before telling me what he gives in such situations: "Penicillin."

DALE DAVIS

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The better egg.

FEELING thoroughly sorry for myself after being transferred clear across the continent to Spokane, Washington, I reached out to the one person I knew would sympathize: my mother.

"Dear Mom," I wrote, "I have no money and no friends."

"Dear Bill," she wrote back. "Make friends."

WILLIAM SOLOMON

My daughter recently returned from Iraq

on a civilian airplane. Before boarding, she and her squad went through the metal detectors. She'd forgotten she had her Swiss army knife in her pocket, and it was confiscated. Upset, she joined the other soldiers as they boarded the plane, carrying their M16 rifles.

MICHAEL DELUCA



WHEN I WAS STATIONED at Tinker Air Force Base in Oklahoma, we had a sergeant who made sure everyone knew who was boss.

"You have one stripe on your arm, and I have four," he yelled in the face of one airman third class. "That makes you nothing! So when I bark, I expect you to move. Because I'm in charge!"

"Big deal," said the unimpressed airman. "A sergeant in charge of nothing."

MARVIN WARD

BEFORE WE could go on leave, my division had to endure a safety briefing from the base commander. As you can imagine, the Army is very thorough, and she left nothing to chance.

"If you find that you are going to be delayed," said the commander, "you need to call 555-1234. If you are arrested, call 555-1235. And finally, call 555-1236 if you are a fatality."

SGT. SHAWN BOIKO

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**You didn't learn to hit a bull's eye on your first try.
Quitting smoking takes practice too.**

The Commit[®] stop-smoking lozenge is clinically proven to help you quit smoking, even if you've tried before. **The 4 mg lozenge actually doubles your chances of quitting*.** It works fast to help keep your cravings under control. And, it keeps working to help protect you from cravings even after the lozenge is gone.

www.commitlozenge.com



REAL HELP. REAL HOPE.

*Vs. placebo. Use as directed, take one lozenge every 1-2 hours. Individual results may vary. Support program improves chances of success.
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heart ♥ smart

Your Guide to a Heart-Healthy Lifestyle

Heart disease is largely preventable. Although you can't change some risk factors, such as age and heredity, you can reduce or control others by making wise choices.

First, if you smoke, quit. The foods you eat, how much physical activity you get, your weight and your cholesterol levels also play a role. Here's how to stack the odds in your favor.

American Heart
Association®



Learn and Live™

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heart♥smart

Warning Signs

Some heart attacks are sudden and intense—the “movie heart attack,” where no one doubts what’s happening. But most heart attacks start slowly, with mild pain or discomfort.

Often people affected aren’t sure what’s wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

♥ Chest discomfort

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.



♥ Discomfort in other areas of the upper body

Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

♥ Shortness of breath

May occur with or without chest discomfort.

Other signs may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women’s most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than

men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.



Cholesterol Low Down

Cholesterol is essential for life. Among its other tasks, cholesterol helps build cells, certain hormones and nerve sheaths. Some cholesterol comes from the food you eat; the rest is made in your body. If you have a family history of high LDL cholesterol, your doctor may recommend medication in addition to prudent food choices. If you don’t have a family history of high cholesterol, go easy on foods high in saturated fat and trans fats, which raise LDL cholesterol.

To learn more, become a member of the American Heart Association’s FREE Cholesterol Low Down program. You’ll receive a health-risk checklist, a cookbook and a newsletter. Call 1-800-242-8721 or visit www.americanheart.org/cld.

American Heart Association
Learn and Live.



Cholesterol's Nemesis.



Here's how he does it.

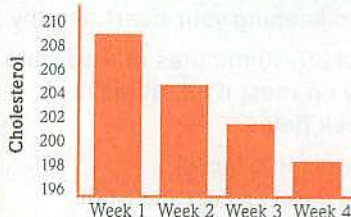
Quaker Oatmeal isn't just a cholesterol-free food...it's a unique whole grain food that goes in and actually soaks up excess cholesterol and removes it from your body. So basically, you sit and enjoy a tasty bowl of oatmeal while it does its thing. Not a bad deal, right?

It's hardworking.

Quaker Oatmeal contains soluble fiber that actively finds the excess cholesterol, which can clog arteries and lead to heart disease, and binds with it. Your bloodstream can't absorb the cholesterol, so it's removed from

your body. This means you could see a drop in your overall number.

Representative Cholesterol Point Drop



Need more proof?

Visit www.quakeroatmeal.com or call 1-800-770-4091.



Something to smile about.

©2005 QOC

3g of soluble fiber daily from oatmeal in a low saturated fat, low cholesterol diet may reduce heart disease risk. Quaker Instant Apples & Cinnamon and Regular flavors provide 1g per serving. Look for all of our flavors with the "Oatmeal Helps Remove Cholesterol" banner.

Get Physical

It's never too late to start getting fit. Your body and your heart will love you for it.

Physical activity comes in two forms— aerobic exercise and strength training—and both are important. Strength training increases muscle strength and endurance. Aerobic exercise is basic to keeping your heart healthy. At least 30–60 minutes of moderate activity on most if not all days of the week helps:

- ♥ Increase HDL (good) cholesterol and decrease LDL (bad) cholesterol
- ♥ Lower blood pressure
- ♥ Maintain a healthy weight
- ♥ Reduce the risk of developing diabetes
- ♥ Make you feel better, fitter and more energetic

Can't find a free half hour? Take three 10-minute breaks instead. Need motivation? Find a yoga or pilates class or check out the local gym and ask an instructor to tailor a program for you.



Go Red for Women

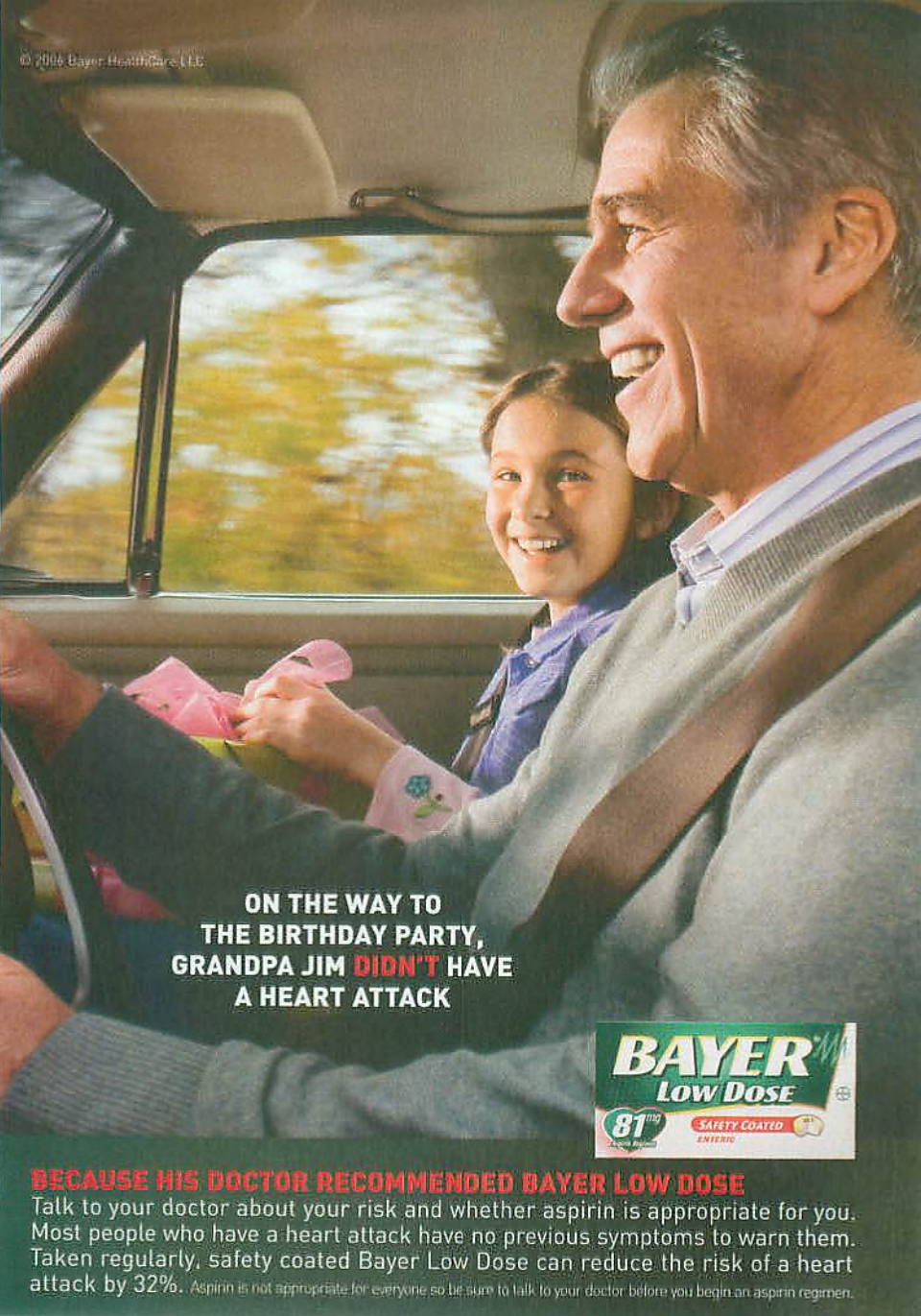
The American Heart Association's Go Red campaign encourages women to take a moment daily and love their heart. Place your hand over your heart, breathe deeply, think about your heartbeat. By loving your heart, you can save it.

Keep your heart healthy:

- ♥ Know your numbers. Keep your blood pressure, cholesterol, glucose and weight in a healthy range.
- ♥ Incorporate physical activity into your daily routine.
- ♥ Learn how to eat wisely.
- ♥ Schedule a doctor's appointment each year around your birthday.

For more information, call 1-888-694-3278 or visit www.americanheart.org and click on "Go Red for Women."





ON THE WAY TO
THE BIRTHDAY PARTY,
GRANDPA JIM **DIDN'T** HAVE
A HEART ATTACK



BECAUSE HIS DOCTOR RECOMMENDED BAYER LOW DOSE

Talk to your doctor about your risk and whether aspirin is appropriate for you. Most people who have a heart attack have no previous symptoms to warn them. Taken regularly, safety coated Bayer Low Dose can reduce the risk of a heart attack by 32%. Aspirin is not appropriate for everyone so be sure to talk to your doctor before you begin an aspirin regimen.

**When it comes
to bad
cholesterol—
Ask your
doctor
if lower
is better**

**Getting high cholesterol down
is important.**

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

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

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

Aim lower.

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

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

Is CRESTOR right for you?

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

Get more information about CRESTOR.

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

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

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart

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

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

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

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



CRESTOR[®]
rosuvastatin calcium

AstraZeneca 

CRESTOR®

rosuvastatin calcium

BRIEF SUMMARY: For full Prescribing Information, see package insert. **INDICATIONS AND USAGE:** CRESTOR is indicated: 1. as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, nonHDL-C, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Type IIa and IIb); 2. as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV); 3. to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. **CONTRAINDICATIONS:** CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product. Rosuvastatin is contraindicated in patients with active liver disease or with unexplained persistent elevations of serum transaminases (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation:** Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus. **WARNINGS: Liver Enzymes:** HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. The incidence of persistent elevations (>3 times the upper limit of normal [ULN]) occurring on 2 or more consecutive occasions in serum transaminases in fixed dose studies was 0.4, 0.0, 0.0, and 0.1% in patients who received rosuvastatin 5, 10, 20, and 40 mg, respectively. In most cases, the elevations were transient and resolved or improved on continued therapy or after a brief interruption in therapy. There were two cases of jaundice, for which a relationship to rosuvastatin therapy could not be determined, which resolved after discontinuation of therapy. There were no cases of liver failure or irreversible liver disease in these trials. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease (see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency). Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Myopathy/Rhabdomyolysis:** Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class. Uncomplicated myalgia has been reported in rosuvastatin-treated patients (see ADVERSE REACTIONS). Creatine kinase (CK) elevations >10 times upper limit of normal occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in conjunction with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. In clinical trials, the incidence of myopathy and rhabdomyolysis increased at doses of rosuvastatin above the recommended dosage range (5 to 40 mg). In postmarketing experience, effects on skeletal muscle, e.g., uncomplicated myalgia, myopathy and, rarely, rhabdomyolysis have been reported in patients treated with HMG-CoA reductase inhibitors including rosuvastatin. As with other HMG-CoA reductase inhibitors, reports of rhabdomyolysis with rosuvastatin are rare, but higher at the highest marketed dose (40 mg). Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (>65 years), hypothyroidism, and renal insufficiency. Consequently, 1. Rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy, such as, renal impairment (see DOSAGE AND ADMINISTRATION), advanced age, and inadequately treated hypothyroidism. 2. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. 3. The 40 mg dose of rosuvastatin is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of rosuvastatin once daily (see DOSAGE AND ADMINISTRATION). 4. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapies or cyclosporine (see CLINICAL PHARMACOLOGY, Drug Interactions,

PRECAUTIONS: Drug Interactions, and DOSAGE AND ADMINISTRATION). The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions). 5. The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). 6. Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures). **PRECAUTIONS: General:** Before instituting therapy with rosuvastatin, an attempt should be made to control hypercholesterolemia with appropriate diet and exercise, weight reduction in obese patients, and treatment of underlying medical problems (see INDICATIONS AND USAGE). Administration of rosuvastatin 20 mg to patients with severe renal impairment ($CL_{CR} < 30 \text{ mL/min/1.73 m}^2$) resulted in a 2-fold increase in plasma concentrations of rosuvastatin compared with healthy volunteers (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). The result of a large pharmacokinetic study conducted in the US demonstrated an approximate 2-fold elevation in mean exposure in Asian subjects (having either Filipino, Chinese, Japanese, Korean, Vietnamese or Asian-Indian origin) compared with a Caucasian control group. This increase should be considered when making rosuvastatin dosing decisions for Asian patients. (See WARNINGS, Myopathy/Rhabdomyolysis; CLINICAL PHARMACOLOGY, Special Populations, Race, and DOSAGE AND ADMINISTRATION). **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. When taking rosuvastatin with an aluminum and magnesium hydroxide combination antacid, the antacid should be taken at least 2 hours after rosuvastatin administration (see CLINICAL PHARMACOLOGY, Drug Interactions). **Laboratory Tests:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator studies; though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, a dose reduction should be considered for patients on rosuvastatin 40 mg therapy with unexplained persistent proteinuria during routine urinalysis testing. **Drug Interactions: Cyclosporine:** When rosuvastatin 10 mg was coadministered with cyclosporine in cardiac transplant patients, rosuvastatin mean C_{max} and mean AUC were increased 11-fold and 7-fold, respectively, compared with healthy volunteers. These increases are considered to be clinically significant and require special consideration in the dosing of rosuvastatin to patients taking concomitant cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis, and DOSAGE AND ADMINISTRATION). **Warfarin:** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4 baseline 2-3). In patients taking coumatin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR has been documented, INR can be monitored at the intervals usually recommended for patients on coumatin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold, respectively, increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function:** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketconazole, spironolactone, and cimetidine. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallenberg degeneration of retinogeniculate fibers) in dogs, at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC). Doses ≤ 30 mg/kg/day (systemic exposures ≤ 60 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year, did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 80 mg/kg/day by oral gavage, the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at systemic exposure 20 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An

increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosomal aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). In testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month, spermatogenic giant cells were seen. Spermatogenic giant cells were observed in monkeys after 6-month treatment at 30 mg/kg/day in addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy**

Pregnancy Category X See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to a fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 post-coitus results in decreased fetal body weight (female pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 30 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day, systemic exposures ≥ 12 times human exposure at 40 mg/day based on body surface area comparisons. In pregnant rabbits given oral gavage doses of 0.3, 1, 3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤ 25 mg/kg/day or in rabbits at ≤ 3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface comparison, respectively).

Nursing Mothers It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin taking into account the importance of the drug to the lactating woman. **Pediatric Use**

The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriatric Use** Of the 10,275 patients in clinical studies with rosuvastatin, 3,159 (31%) were 65 years and older, and 698 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. (See WARNINGS, Myopathy/Rhabdomyolysis.) The efficacy of rosuvastatin in the geriatric population (≥ 65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.7% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinical Adverse Experiences** Adverse experiences, regardless of causality assessment, reported in $\geq 2\%$ of patients in placebo-controlled clinical studies of rosuvastatin are shown in Table 1; discontinued due to adverse events in these studies of up to 12 weeks duration occurred in 3% of patients on rosuvastatin and 5% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

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

In addition, the following adverse events were reported, regardless of causality assessment, in $\geq 1\%$ of 10,275 patients treated with rosuvastatin in clinical studies. The events in *italics* occurred in $\geq 2\%$ of these patients. **Body as a Whole:** Abdominal pain, accidental injury, chest pain, infection, pain, pelvic pain, and neck pain. **Cardiovascular System:** Hypertension, angina pectoris, vasodilation, and palpitation. **Digestive System:** Constipation, gastroenteritis, vomiting, flatulence, peridontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and ecchymosis. **Metabolic and Nutritional Disorders:** Peripheral edema. **Musculoskeletal System:** Arthritis, arthralgia, and pathological fracture. **Nervous System:** Dizziness, insomnia, hyper-

tonia, paresthesia, depression, anxiety, vertigo, and neuralgia. **Respiratory System:** Bronchitis, cough increased, dyspnea, pneumonia, and asthma. **Skin and Appendages:** Rash and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutamyl transaminase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Post-marketing Experience** In addition to the events reported above, as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSE AND ADMINISTRATION** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However, initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy, and as noted below for special populations such as patients taking cyclosporine, Asian patients, and patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal Insufficiency, and Drug Interactions). For patients with marked hypercholesterolemia (LDL-C ≥ 190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20-mg dose of CRESTOR once daily (see WARNINGS, Myopathy/Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and only then titrated according to the patient's individualized goal of therapy. **Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis LDL-C levels. **Dosage in Asian Patients** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose in cases where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily. (See WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, Race, and PRECAUTIONS, General.) **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine, therapy should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment ($CL_{CR} < 30$ mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

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

For only

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Wilmington, DE 19850

By: IPR Pharmaceuticals, Inc.

Carolina, PR 00984

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Eat Wisely & Well

Eating heart-smart is easier than you think. No longer do you have to try to guess the number of calories in each bite. The emphasis has shifted from scrutinizing every forkful to monitoring overall eating patterns.

You'll do your heart a favor if you:

- ♥ Choose meals that highlight whole grains, deeply hued fruits and vegetables, low-fat dairy products, and lean meat, poultry and fish.
- ♥ Use olive oil or canola oil in place of butter.
- ♥ Opt for foods low in saturated fat and trans fat to keep your LDL cholesterol level in check.
- ♥ Go easy on the amount of salt you use in cooking or sprinkle on your food.

Also, if you drink, have only one alcoholic drink a day if you're a woman and two if you're a man.



Healthy Living

Fad diets come and go, just like the weight loss they promise. In order to lose weight, there is one simple formula to consider: You need to burn more calories than you consume.

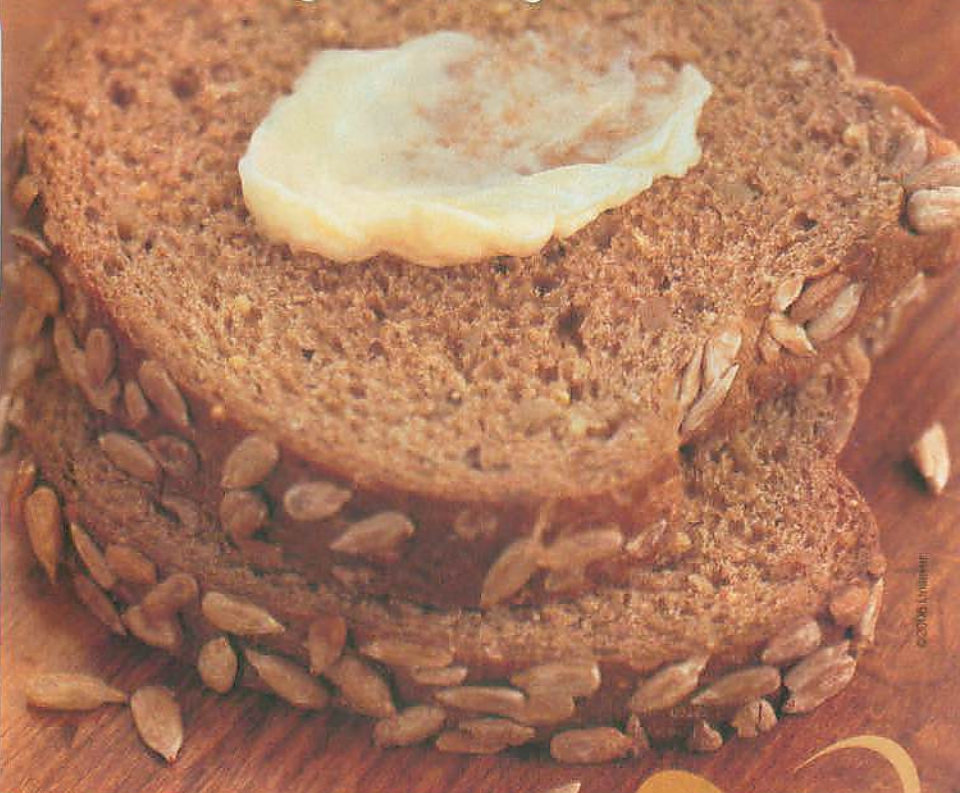
That's the bottom-line, no-nonsense message of the first weight-loss book from the American Heart Association. The book allows readers to design their own plan based on three strategies.

- **SWITCH AND SWAP:** Substitute lower-calorie foods for higher-calorie foods.
- **THE 75% SOLUTION:** Eat three-quarters of the amount of food you eat now.
- **THE AMERICAN HEART ASSOCIATION MENU PLAN:** Learn how to plan meals around 1,200-, 1,600-, and 2,000-calorie menus.



The No-Fad Diet Book is published by Clarkson Potter and is available in bookstores.

Promise[®] is high in Omega 3 and has no trans fat.
Isn't that the greatest thing since sliced bread?



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Promise Buttery Spread has Heart Health Essentials,[™] no trans fat,* no hydrogenated oil, and less saturated fat per serving than butter or margarine. Now that's good news you can take to heart.
www.promisehealthyheart.com

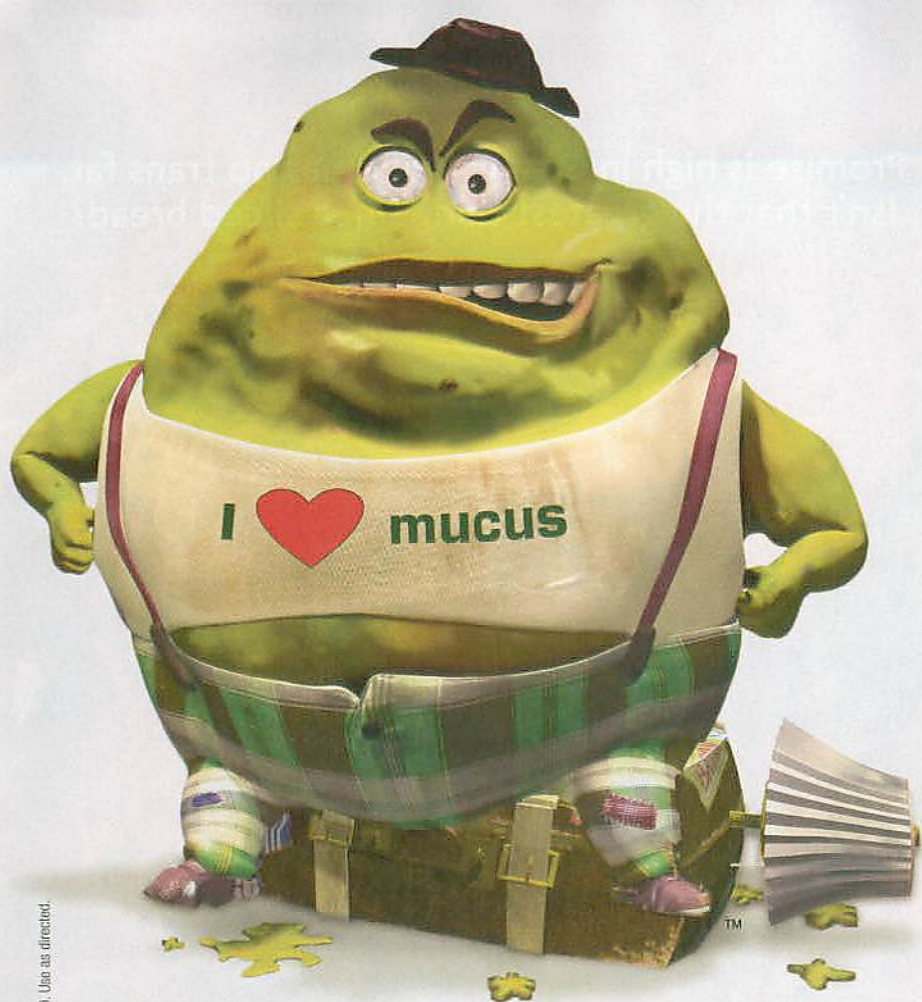


Contains Omega 3
Vitamins B6, B12
No Trans Fat



*No trans fat per serving. Contains 8g fat, 1.5g sat. fat per serving. Promise helps maintain a healthy heart when substituted for butter or margarine as part of a healthy diet.

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Mucinex[®] hates mucus.

When you're congested, mucus loves to get into your chest and stay there. But you can send it packing with Mucinex. Only Mucinex has a dual-release formula that is specially made to loosen, thin out and break up the mucus that causes congestion. Just one pill lasts up to 12 hours—that's much longer than those messy, sticky syrups. So the next time mucus moves in, throw it out with Mucinex.

Mucinex[®]
Mucinex in. Mucus out.



Visit www.mucinex.com

The Two of Us

I asked her out, and she said no. So I kept at it. That was so unlike me.

BY JEFF BRIDGES

I DON'T KNOW how it is for women or for other guys, but when I was young and in my 20s, I had a fear of marriage. I thought it was a giant step toward death. So I did everything in my power to resist it—the idea was frightening to me, man. Then I met Susan Geston in 1974 while I was shooting the film *Rancho Deluxe* in Montana, up in Paradise Valley at Chico Hot Springs, and I thought, Now, this is interesting.

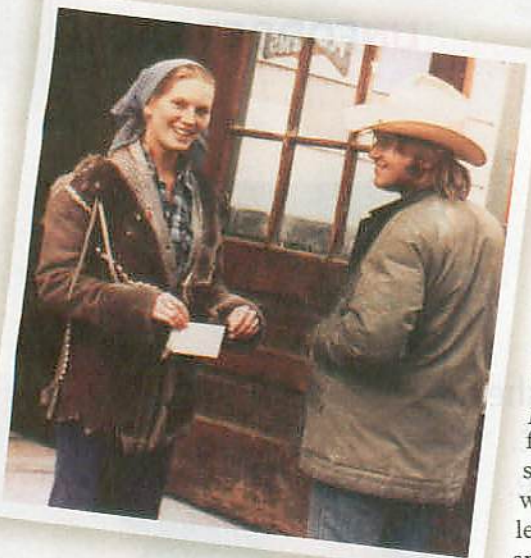
Susan, who was from Fargo, North Dakota, the daughter of a professional couple (an architect and a university professor), was waitressing at the time. She was doing whatever needed to be done at the ranch, and I noticed her right away. Not only was she beautiful, she had a broken nose and two black eyes. I



Susan and Jeff Bridges, now married 28 years, at the Oscars, March 2000.

had this fantasy that she'd been beaten up by a boyfriend and that I was going to save her. Actually she had been in a car accident a few days earlier. I did what lots of guys do when they see a girl but don't want her to see them: I held up a magazine, looked over the edge, and then ducked back behind it when she walked by. It took me all day to finally get up the nerve to ask her out. And she said no.

Just then the makeup man on the film snapped a photo of the two of us. About 15 years ago the guy sent



In 1974, Bridges asked his wife out for a date. She said no—the first time.

it to me, saying, “Here you are asking a local girl for a date.” He didn’t know that that “local girl” became my wife. I still carry that photo around today. It’s one of my most prized possessions.

After she turned me down, I ran into Sue again at the film’s wrap party, and I asked her to dance. We danced together, and then I asked her to go look at some property with me. We drove to Yellowstone Ranch, and as I was looking at the land and looking back at Sue, I started thinking that I was looking at my wife-to-be. She was so relaxed and easy to be with. She had a fun attitude, and I had a feeling of being at home—a soothing feeling of being where I belonged.

When I got back to Los Angeles, I realized I had fallen in love with her in that week. It was shocking.

I HATCHED A PLAN that involved renting a motor home and enlisting the help of my best friend, David Greenwalt, who became the producer of the TV series *Buffy the Vampire Slayer*. The two of us drove from Los Angeles to Montana so I could “kidnap” the girl I was in love with. Sue agreed to leave the ranch to be with me, and eventually she came to live with me in L.A.

After a few years, she was ready to get married. When I mentioned my “marital death” theory, she laughed at me at first. Then she realized I wasn’t kidding. Sue wanted to move along in her life, make a commitment, have children. I wasn’t ready. So we ended up living apart for six months, though we still saw each other. Then, when Sue got a job offer in Montana, it struck me that she was really leaving.

She actually talked to my mother about what she should do; they’d become the best of friends. And my mom, Dorothy—my own, wonderful, loving mother—counseled Sue to leave, forcing me to make a decision. My mother said, “Don’t stay with him.”

The pressure was on! Finally I came to my senses. I thought, If I



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let this girl go, I will always know she was the one. So I got down on my knees and asked Sue to marry me. She said, "Yes. When do you want to do it?" And I said, "This week." Five days after I proposed, we tied the knot, on June 5, 1977.

Sue's always given me room to be myself. Still, the first few years of our marriage were a challenge for me. There were some bumps, which we got through together. Then we had our first beautiful surprise when our oldest daughter, Isabelle, was born in 1981. You always hear people say that having kids changes everything, but you can't fully realize it until you have children yourself.

This is when Sue showed how truly incredible she is. Isabelle became sick with a swelling of her brain when she was four years old. I was off doing *8 Million Ways to Die* at the time, while my family was in Montana. Sue handled everything herself up to this critical point. When Isabelle was diagnosed with encephalitis, a viral brain infection, we didn't know whether she was going to live or die. By then we also

had our two-year-old toddler, Jessie, and Sue was seven months pregnant with our third daughter, Haley.

Even when Haley was born and Sue had an infant to care for on top of everything else, she pulled us all through the crisis. She drove back and forth to the hospital, and then to rehab with Isabelle, to take care of everyone and everything. She had enormous strength and focus, and was such a natural caregiver. I just looked at her in awe.

It took Isabelle a year and a half to recover. She had to learn to sit up, crawl and walk all over again, and Sue helped her, without complaint, every day. When times are tough like this, that's when you gain strength and wisdom for life.

In the 28 years we've been married, we've done 50 movies together. I say "we" because Sue deserves a credit too. I'm the guy who makes the buck, but she's the one who takes care of everything else. I really am more in love with her than ever.

As told to N.F. MENDOZA

Artist and actor Jeff Bridges stars in the upcoming Disney comedy *"Stick It."*

THE LIFE OF THE PARTY

When my quiet grandfather, Jack, passed away, my family gathered at the funeral parlor to pay their respects.

Since family members from across the country were getting together for the first time in years, the atmosphere quickly became festive.

My grandmother, ever the party girl, commented: "Well, isn't this just like old times. We're all here having a great time, and there's Jack in the corner not saying a word!"

DARREN WHITE



THE MOLD KILLER.™

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Get your free Personal RA Profile now.

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

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

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HUMIRA®
adalimumab

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

your hand.



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

 **ABBOTT
LABORATORIES**

Please see adjacent page for product brief summary.

HUMIRA® (adalimumab)

Patient Information

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

What is HUMIRA?

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

How does HUMIRA work?

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

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

Who should not take HUMIRA?

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

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

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

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

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

What important information do I need to know about side effects with HUMIRA?

Any medicine can have side effects. Like all medicines that affect your immune system, HUMIRA can cause serious side effects. The possible serious side effects include:

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

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

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

Lupus-like symptoms: Some patients have developed lupus-like symptoms that got better after their treatment was stopped. If you have chest pains that do not go away, shortness of breath, joint pain or a rash on your cheeks or

arms that is sensitive to the sun, call your doctor right away. Your doctor may decide to stop your treatment.

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

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

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

What are the other more common side effects with HUMIRA?

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

Can I take HUMIRA if I am pregnant or breast-feeding?

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

Can I take HUMIRA if I am taking other medicines for my RA, PsA or other conditions?

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

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

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

How do I take HUMIRA?

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

What should I do if I miss a dose of HUMIRA?

If you forget to take HUMIRA when you are supposed to, inject the next dose right away. Then, take your next dose when your next scheduled dose is due. This will put you back on schedule.

Is one time better than another for taking HUMIRA?

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

HOW DO I STORE HUMIRA?

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

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

Reference: 03-5434-R7

Revised: October, 2005

051-64C-K984-3 MASTER

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

050-64P-J140-2
Printed in U.S.A.

Q I was in a bad marriage for ten years. My best friend was with me the whole way.

When the marriage ended, I began to date her brother. And the friendship screeched to a halt. She said she wanted more for her brother than a ready-made family. (I have a son, age five.) I love both brother and sister. What can I do?



CAUGHT BETWEEN

A Dear Caught,
Some people can be friends only with the miserable. Heroic when times are bad, but when good times start to roll, they lose interest and move on. Or even do hideous things like saying you're "not good enough for my brother"! A person who needs to feel superior to a friend is not a friend—and you don't need her approval to love her brother.

Q My wife and I have been trying to have a child for almost three years. After countless IVF doctors, ovulation kits and more, we're out of money. I've accepted that we might not have kids. My wife won't. She gets upset when friends become pregnant and is obsessed with all things "baby." Now, her denial is affecting our intimate relations. What can I do?

HOPEFUL HUSBAND

A Dear Hopeful,
Your wife is in despair, not denial. She's aching to be a mother—and that's a real ache. Counseling is a good step. And also consider adoption. Meet people who, like my husband and me, have built their families in this way. There are tens of thousands of children in the world who need moms as badly as your wife needs to be a mom. I can assure you that the instant you and your wife hold your baby, the importance of the manner in which the child was delivered will dissolve in tears of joy.

Q I checked myself out on a site about personality disorders. I'm an "avoidant personality." I duck out of social situations for fear of humiliation, and appear unfriendly or shy to others. I create fantasy worlds to escape to. Any sugges-

tions about how to win friends and encounter people?

TOO TIMID

A Dear Timid,
Holding up a mirror is the first step toward change, but there comes a time to put it down. You may be so preoccupied with yourself that you have little room in your world for others. Join a volunteer organization that helps people in need, get out and do for someone else, and watch your world become so enriched you'll forget about the mirror.

Q An etiquette question: Should a person polish her toenails in the office? Our office is very public. Don't you think this sort of thing should be done at home?

MS. PRIM

A Dear Ms. Prim,
I do. I believe all forms of personal hygiene and grooming should be performed in private. Not in cubicles, on public transportation or on reality TV. Benighted millions, however, seem to disagree with us.

Q My beloved wife is a nonstop talker. I call her ramblings the 3-Ds because she goes on and on about her Darlin's (grandchildren), her D--- job, and her Drugs (all legal prescriptions). She thinks aloud all the time. I ignore her, but every half-hour or so she wants me to respond, and when I can't, she hits me with the classic "You never listen to me." How can I get her to hush for five minutes?

STRONG SILENT TYPE

A Dear Silent,
Try the truth. People over-endowed with the gift of gab are usually unaware of how painfully annoying they have become to others. Chances are, she's pushing away her friends and those darlin' grandkids too. As the spouse, you are in the unique and dutiful position to help. Do her a favor. Say, "Honey, you just talk too much." Say, "Honey, you need to dial back the blabbing." Say, "Honey, I love you, and that's why I'm telling you this."

Question of the Month

Q We live in a rural area where folks burn trash in their yards. Not just leaves—tires, plastics, fabrics. Our kids have had bad reactions to the fumes. I'm very worried about my four-year-old, but I'm also worried about the social repercussions of confronting neighbors about this. Any ideas?

TOXIC AVENGER

A Dear Avenger,
If your children's health is in danger, it's not an etiquette issue. Burning trash is illegal in many states because it spews dioxins into the air. Be bold. Talk to your neighbors. Toxins stink, but your approach doesn't have to. Most people will respond with feeling for kids, and find another means of disposal.

QUESTIONS ABOUT LOVE OR LIFE?

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



**Your eyes are naturally
protected by a layer of tears.**

**If you must use eye drops several times a day to make your eyes
stay comfortably moist, you may have Chronic Dry Eye.**

If you need over-the-counter eye drops
to moisten your eyes, you may have Chronic
Dry Eye. It's a medical condition where your eyes
don't make enough tears. Artificial tears and other
over-the-counter drops simply can't increase
tear production.

Your eye doctor can tell you. Ask your doctor
about RESTASIS®. It's the only eye drop that
actually helps your eyes increase tear production
with continued use.

Only an eye doctor can determine whether you
have Chronic Dry Eye. That's why you should
make an appointment to ask your eye doctor if
RESTASIS® is right for you.

**RESTASIS®: one drop, twice a day, with
continued use, can help you make more of
your own tears.**

Your own tears. Who wouldn't want that?

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Restasis®
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Increases tear production with continued use

**RESTASIS® helps increase your eyes' natural ability to produce tears which may be suppressed by inflammation due to
Chronic Dry Eye. Increased tear production was not seen in patients using topical steroid drops or tear duct plugs.**

Important Safety Information:

**RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in
patients with a history of herpes viral infections of the eye. The most common side effect is a burning sensation. Other side
effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging and blurred vision.**

Please see next page for important safety information.

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RESTASIS®

(cyclosporine ophthalmic emulsion) 0.05%

Sterile, Preservative-Free

INDICATIONS AND USAGE

RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS

RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING

RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS

General: For ophthalmic use only.

Information for Patients:

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects:

Pregnancy category C.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:

The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS® was ocular burning (17%).

Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

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QUOTABLE QUOTES



There are a lot of things happening that show us that this, right now, is a time to love.

STEVIE WONDER in *People*

You know how they say we only use 10 percent of our brains? I think we only use 10 percent of our hearts.

OWEN WILSON in *Wedding Crashers*

One of the few articles of clothing that a man won't try to remove from a woman is an apron.

MARILYN VOS SAVANT in *Parade*

There's no one way to dance. And that's kind of my philosophy about everything.

ELLEN DEGENERES in *People*

Who said it?

My real-life wife wouldn't be with me for more than two days if I acted the way I do on TV.

- a) KEVIN JAMES
- b) JIM BELUSHI
- c) LARRY DAVID

FOR ANSWER, SEE BELOW

It's useless to hold a person to anything he says **when he's in love, drunk or running for office.**

SHIRLEY MACLAINE

Sometimes when almost everything is wrong, one thing is so right you would do it all again.

ALICE RANDALL in *Elle*

I know love at first sight can work. It happened to my parents.

GEORGE CLOONEY on contactmusic.com

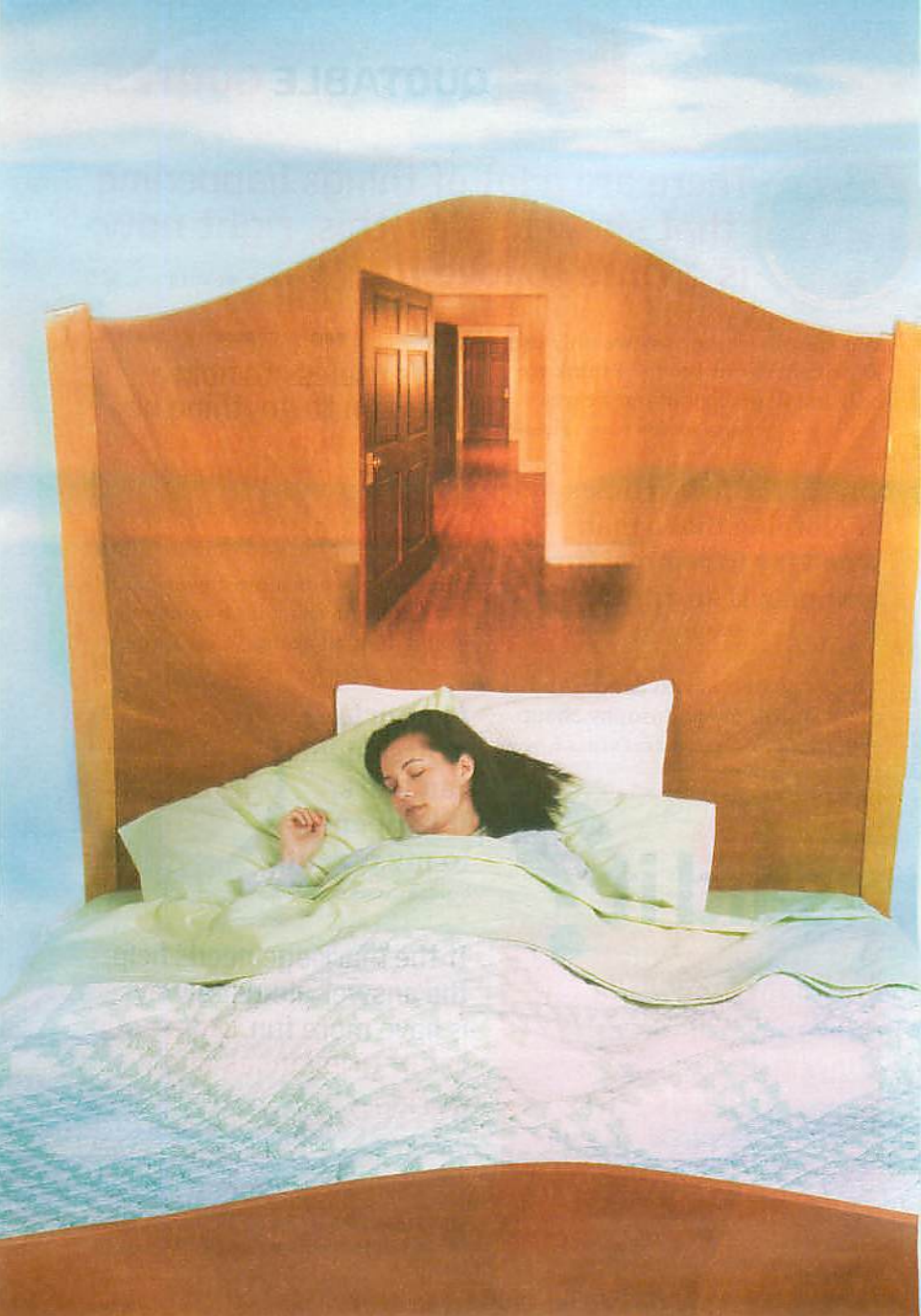


If the marriage needs help, the answer almost always is have more fun. **Drop your list of grievances and go ride a roller coaster.**

GARRISON KEILLOR on salon.com



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



Dare to Dream

What happens in your head at night, new science reveals, is more important than you think | BY MICHAEL J. WEISS

OUR DREAMS MAY AFFECT OUR LIVES (and vice versa) more than we ever realized, says groundbreaking new research. For 11 years, a 58-year-old anthropologist kept a journal of nearly 5,000 dreams. By analyzing color patterns in the dreams, Arizona-based researcher Robert Hoss could accurately predict certain things about the man's emotional state. Hoss correctly identified two separate years when the man experienced crises in his life. The anthropologist confirmed that in 1997 he had clashed with a colleague

over a management issue, and in 2003 he'd had a falling out with a friend that left deep emotional scars.

How was Hoss able to gauge the dreamer's turmoil? "The clues were in the colors," he says. The anthropologist's dominant dream hues were reds and blacks, which spiked during

a presentation at work or playing sports, can enhance your performance. And cognitive neuroscientists have discovered that dreams and the rapid eye movement (REM) that happens while you're dreaming are linked to our ability to learn and remember.

Dreaming is a "mood regulatory

Dreams help people work through the day's emotional quandaries. It's like having a built-in therapist.

difficult times. "Even without knowing the events in his life," Hoss observes, "we accurately determined the emotional states based on those colors in his dreams."

Hoss is among a growing group of researchers who, thanks to cutting-edge medical technology and innovative psychological research, are beginning to decipher the secrets hidden in our dreams and the role dreaming plays in our lives. A look at some of their latest discoveries can give us new insights into the language of dreams and help us make the most of our time asleep.

Why Do We Dream?

Dreams are a way for the subconscious to communicate with the conscious mind. Dreaming of something you're worried about, researchers say, is the brain's way of helping you rehearse for a disaster in case it occurs. Dreaming of a challenge, like giving

system," says Rosalind Cartwright, PhD, chairman of the psychology department at Rush University Medical Center in Chicago. She's found that dreams help people work through the day's emotional quandaries. "It's like having a built-in therapist," says Cartwright. While we sleep, dreams compare new emotional experience to old memories, creating plaid-like patterns of old images laid on top of new ones. As she puts it, "You may wake up and think, What was Uncle Harry doing in my dream? I haven't seen him for 50 years. But the old and new images are emotionally related." It's the job of the conscious mind to figure out the relationship.

In fact, dream emotions can help real therapists treat patients undergoing traumatic life events. In a new study of 30 recently divorced adults, Cartwright tracked their dreams over a five-month period, measuring their feelings toward their ex-spouses. She

discovered that those who were angriest at the spouse while dreaming had the best chance of successfully coping with divorce. "If their dreams were bland," Cartwright says, "they hadn't started to work through their emotions and deal with the divorce." For therapists, this finding will help determine whether divorced men or women need counseling or have already dreamed their troubles away.

One Interpretation Doesn't Fit All

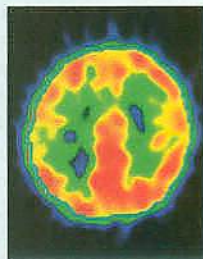
No device lets researchers probe the content of dreams while we sleep, but scientists are finding new ways to interpret dreams once we've awakened.

Forget Freud's notion that dreams contain images with universal meanings (e.g., cigar-penis). A new generation of psychologists insists that dream symbols differ depending on the dreamer. In a recent study, University of Ottawa psychology professor Joseph De Koninck asked 13 volunteers to make two lists: one of details recalled from recent dreams, and another of recent events in their waking lives. When analysts were asked to match which volunteer experienced which dream, they failed. De Koninck's conclusion: Each person understands his or her dreams better than anyone else—including traditional psychoanalysts. In a dream, sometimes a cigar is just a cigar—or almost anything else.

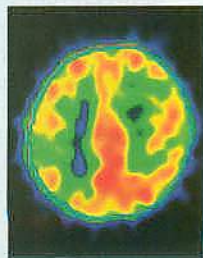
Your Brain on Dreams

A CENTURY AFTER Sigmund Freud pioneered the field of dream analysis, scientists are only now decoding the biology of how we manufacture dreams. At the Sleep Neuroimaging Research Program at the University of Pittsburgh Medical Center, researcher Eric Nofzinger, MD, delves into the brains of sleeping subjects using PET scans normally employed to detect cancer and other diseases. (The orange color, right, signals brain activity in the cortex.) By injecting subjects with mildly radioactive glucose, he's traced the source of dreams to the limbic system, a primitive part of the brain that controls emotions. During dreaming, the limbic system explodes like fireworks with neural activity, suffusing our dreams with drama.

"That's why so many dreams are emotional events," says Nofzinger, "where we're running from danger or facing an anxious situation. The part of the brain that controls dreams also orchestrates our instincts, drives, sexual behavior and fight-or-flight response." Meanwhile, the frontal lobes of the brain that govern logic disengage, explaining why dreams are often bizarre combinations of events and people.



Awake state



REM sleep

"There's just no evidence of universal dream symbols," says De Koninck. "My advice is to throw away your dream dictionary if you really want to interpret your dreams."

Decoding the Meanings

Today, psychologists are applying modern technology to probe the con-

tent of dreams. Hoss uses a computer-based approach called content analysis to interpret the colors in dreams. More than 80 percent of people dream in color, he says, though only a quarter of them recall the shades the next morning. To collect data, he analyzed nearly 24,000 dreams, catalogued in two databases at the University of California, Santa Cruz, and Bridgewater State College in Massa-

Upgrade Your Dreams

WHAT CAN YOU DO to recall your dreams more often and interpret them more clearly? The experts offer these tips:

Incubate an idea. Before you go to sleep, consciously think about a topic or a person you'd like to dream about. Pose a question that's troubling you and see how your dream responds to it.

Keep track. Next to your bed, place a pad and pen, or a tape recorder or laptop, to record your dreams as soon as you wake up.

Try to awaken naturally, without the help of an alarm clock or barking dog that can disrupt your dream cycle. If your schedule doesn't allow you to sleep in during the week, begin your dream journal on a weekend or during a vacation.

Wake up slowly. For the first moment after you awaken, lie still and keep your eyes closed, because your dream may be connected to your body position while you slept. Try to recollect the dream and then store it in your memory by giving it a name like "Late for an Exam" or "My Date with Ashley Judd." When you rise, immediately write down as many images, feelings and impressions as you can.

Connect the dots. To better interpret your dreams, try to make connections between your recalled dreams and recent events. Do you recognize people from the present or past? Can you detect any themes from the dream? Look for patterns over several dreams that might help explain an individual dream.

Change the outcome. If you have recurring nightmares that make it difficult to sleep, try to change the endings. Once you awaken from a bad dream, visualize a change in the action to create a more positive outcome. If you are trapped, try to fly. In your dream, you can do what you want!

Be patient. It may take days or weeks before you're able to recall your dreams in detail, but the experts advise to keep practicing. Dream memories are fragile, and trying to recall all the plot twists and turns on consecutive nights seems to have a cumulative effect.

chusetts. His study suggested that specific colors represent particular emotions (for example, red means action, excitement and desire; blue equals calmness, tranquility and harmony; black connotes fear, anxiety and intimidation).

But, as with symbols and action, one

Delaney tells of one client who dreamed of her new boyfriend swimming in the ocean. Above the water, he looked like an adorable seal, but below the water he was a vicious shark. When asked about her boyfriend's personality, the woman conceded that he had a violent

More than 80% of people dream in color, and specific colors may represent particular emotions.

size doesn't fit all when it comes to interpretation. Every dreamer draws on a different palette to reflect personal associations. "Using color is your brain's way of painting your dreams with your emotion," says Hoss, who just published his results in *Dream Language* (Innersource, 2005).

Some researchers scoff at the need for computers or even therapists to interpret dreams. Psychologist Gayle Delaney, PhD, founding president of the International Association for the Study of Dreams, believes that dreamers themselves are the best interpreters of their time in dreamland. She supports a "dream interview" technique, which asks people to answer a series of straightforward questions in order to gain insights into their recollections. From her office in San Francisco, Delaney uses this process to help single people analyze and better understand their romantic relationships through their dreams.

streak—a fact she consciously tried to ignore. "It was clear that this woman had misgivings about a darker side to her boyfriend," says Delaney. "The dreaming mind is more insightful about the people in your life than your waking mind." The woman broke up with her boyfriend soon afterward.

What Dreams Can Do for You

Psychologists have long known that people can solve their problems at work and home by "sleeping on it." The challenge has always been to train yourself to dream up the solutions. Deirdre Barrett, PhD, an assistant psychology professor at Harvard Medical School and editor of the journal *Dreaming*, advises individuals to ponder questions just before falling asleep (Should I take this job? Should I marry that guy?) and then let the subconscious provide the answers. "I've

known artists looking for inspiration who simply dream up a future show of their art and wake up with plenty of new painting ideas," says Barrett. "More and more people are learning these techniques to control their dreams."

Some researchers believe that you can guide your dreams while you're sleeping. In recent years, Stephen LaBerge, PhD, has pioneered a way of directing the sleeping mind through "lucid dreaming," in which a sleeping person realizes he or she is dreaming *while it is happening*. Lucid dreamers can experience fantasy adventures—like flying to the moon, traveling through time or making love on a beach—while being fully aware that they're dreaming. "It's like a poor

man's Tahiti," says LaBerge, a psychophysiologist who directs the Lucidity Institute in Palo Alto, California. "Just being in a lucid dream is a turn-on for people."

According to LaBerge, lucid dreamers can use the experience for a variety of purposes: problem solving, developing creative ideas and healing. Patricia Keelin, a 55-year-old graphic cartographer from northern California, has used lucid dreaming for everything from talking to her long-dead father to gorging on sweets. "Chocolate always tastes better in a lucid dream because you don't have to worry about the calories," she says. A weak swimmer in her waking life, she often likes to go skin diving when she realizes she's having a lucid

Making Peace With Grief

OUR DREAMS CAN HELP US untangle our emotions about people who are no longer with us, according to psychologist Patricia Garfield, PhD, who's written nine books on dreams. After her husband of 33 years died in 2002, Garfield developed a theory that grieving people experience "dream seasons" while mourning the loss of loved ones.

During the first season, akin to the traditional period of grief, people dream destructive images. "I dreamed of sweeping up shattered glass, like the shattering of a life," Garfield recalls. Later, in the second dream season, people experience chaotic dreams filled with swirling emotions of sadness and guilt. "People feel isolated in this season," she says. "Older women get depressed and the suicide rate among older men shoots up."

Finally, in the third dream season, individuals transfer their recollections to precious memories, and their dream images turn positive with new life. "I dreamed of babies, reflecting the length of time since my husband died," says Garfield, who's interviewing other widows about their dreams for a forthcoming book on the subject. "After three months, I dreamed of looking at an infant in a baby carriage. After six months, I dreamed of an adorable baby sitting up and laughing. Dreams have a special power to help us let go of someone we love."

dream, diving to the bottom of the dream ocean without worrying about breathing (or her swimming skills). "It's exhilarating," she says. "Lucid dreaming is great because it's free and available to everybody."

Well, not entirely free. Although everyone has the potential to dream lucidly, it rarely happens routinely without special training or temperament. The Lucidity Institute operates instructional workshops and retreats to spread the gospel. LaBerge has even developed a \$500 device—called the NovaDreamer (novadreamer.com)—which helps individuals become participants in their dreams. Once the sleep-mask-like device recognizes the

wearer is experiencing REM sleep characteristic of dreaming, it emits a flashing red light that is designed to seep into the person's dream. "It's like being at the opera and realizing the flashing lights at intermission mean the opera is about to start again," says LaBerge. "The cue says that you're dreaming so you can open yourself up to any kind of experience you want. After all, it's your dream."

Indeed, your dreams are like private movies where you are the star, director and writer all at once. And as the latest research indicates, you are also the most insightful movie critic—without the need of a couch. The best interpreter of your dreams is you.

IT'S ACADEMIC

There was a time when college courses had titles like Math 101, English Literature and Introduction to Modern History. Not anymore. Here's the new curriculum.

In **Philosophy and Star Trek**, Georgetown University students can figure out the trouble with Tribbles as they discuss time travel, whether computers can think, and philosophical dilemmas facing the crew of the starship *Enterprise*.

Discover how Brick really felt when Opal left him for his neighbor's best friend's sister in the University of Wisconsin course **Daytime Serials: Family and Social Roles**. Students analyze themes and characters and their impact on men's and women's roles in real life.

Kaplan Test Prep and Admissions

So you thought there was nothing more to drinking beer than opening your mouth and guzzling it down? Guess again, says SFGate.com. In **Introduction to Beer and Brewing**, taught at the University of California, Davis, you'll learn the art of making your own brew. The term is capped by a beer tasting.





Three Hours of Fear and Hope

The inside story of Flight 292

BY KENNETH MILLER

ZACHARY MASTOON THOUGHT he was finished with his fear of death. In the past few years, he had lost his mother to cancer and a friend to suicide. He'd been traveling in Thailand in December 2004 when a tsunami claimed more than 200,000 lives across South Asia; by chance, he was in another part of the country when the big waves hit. He believed that when his time came, he would take it calmly. But as he watched the news reports about JetBlue Flight 292, his eyes filled with anxious tears. "Some of the experts were saying there could be a loud crash, a large fire," he

recalls. "Others were saying it's not a big deal at all." For the 27-year-old electronic musician, the debate held more than academic significance: Zachary Mastoon was *aboard* the crippled plane, hoping he would make it home to Brooklyn, and the odds-makers were squabbling on his seat-back screen.

On September 21, a mechanical glitch on a medium-sized airliner seized the attention of millions around the world. Among them were the plane's passengers, who followed the live coverage via satellite TV being fed to the cabin. Hurtling toward an emergency landing would be harrowing enough, even without the added stress of starring in a bizarre reality show. But that was where Zachary Mastoon and 139 others found themselves on an otherwise ordinary Wednesday afternoon.

Almost every air traveler has at some point wondered: What would I do if my plane ran into serious trouble? How would my fellow passengers behave? The ticket-holders on the 3:17 p.m. flight from Burbank to New York City, and their loved ones on the ground, had three long hours to grapple with such questions—and their very real fear.

Experts say that when disaster threatens, about 50 percent of people manage to hold themselves together and function well; 25 percent go into shock and become withdrawn,

and another 25 percent become hysterical. "For someone with a pre-existing issue—a divorce or another difficulty—this could be a trigger for a significant reaction," says psychologist Robert Scott, the chief trauma specialist for the Los Angeles Fire Department. In general, however, says Dr. Don Nance, director of the Counseling and Testing Center at Wichita State University, "you cannot predict who is going to freak in those situations."

THE FIRST SIGNAL that something was amiss occurred about 15 minutes after takeoff, when the pilot—a calm-voiced North Carolinian named Scott Burke—came on the intercom. "For those of you who may have noticed," he said,

Zachary Mastoon switched off the news on his seatback screen and instead watched Comedy Central.





Christiana Lund comforted a passenger sitting in front of her on the disabled JetBlue aircraft.

"we are flying in circles." The plane's front landing gear had failed to retract, Burke explained, and he would keep everyone posted as he investigated the problem. Few worried until he performed a low flyby of the Long Beach Airport air traffic control tower so that observers with binoculars could get a close look. Fire trucks and ambulances were lined up below, clearly visible from the aircraft's windows.

Moments later, a woman sitting toward the rear of the cabin yelled, "Hey, we're on TV!" While waiting for the pilot to report on the Long Beach tower's diagnosis, passengers began flipping between the all-news channels. That's how many first heard that the nose-gear wheels were skewed at a 90-degree angle, and that there was

a chance the plane could spin right off the runway when it tried to land. Some wept or prayed. And many began reaching out to one another.

For Mastoon, hunkered in the rearmost row, help came in the form of a large plastic seltzer bottle. "Take a swig of this," offered his seatmate, a 40-something real estate broker. "It's leaded." The man had smuggled aboard a liter of vodka and tonic, and as Mastoon drank, his courage returned. There's two ways you can react to this situation, he

admonished himself. You can be really negative and freak out, or you can say, This is completely out of my control. If I'm going to die, I don't want to spend my last two hours biting my nails and watching MSNBC. Mastoon took out his camera and snapped some digital photos of the televised image of the plane. Then he switched to Comedy Central, and spent the next two hours laughing at Jon Stewart.

At the front of the cabin, Lisa Schiff was floundering in the negative. An L.A. gallery owner with clients on both coasts, Schiff, 34, had never been a nervous flyer. But when the captain confirmed the wheel trouble and said the plane would have to make an emergency landing, she says, "I started to fall apart pretty quickly." Panicking, she tried to call her mother on her cell phone, but couldn't get a signal. "I was aching to hear her voice," Schiff recalls. "I wrote her a text mes-

sage saying not to worry—if something happened, I would be watching over her and my father and my brother.” She typed messages to other family members, to friends and business partners, to her boyfriend and an ex, even though there was no signal to send them with. She couldn’t stop crying. The seat beside her was empty, and she felt utterly alone.

Suddenly, a hand touched her shoulder. A dark-haired young woman named Christiana Lund was smiling at Schiff over the headrest. “It’s going to be all right,” said Lund, 25, an aspiring singer who had recently moved from Los Angeles to New York and was flying back with her cat. “Do you really think so?” Schiff asked. “Or are you just saying that to make me feel better?” Lund insisted that she meant it. Says Schiff: “She just reached around and held me for a while. It was the most comforting thing.”

Lund, in fact, was less tranquil than she appeared. “I was in denial, really,” she says. She tried to believe the pilot’s assurances that there was little danger, and to disregard the worst-case scenarios on TV. Still, she would soon type a text message on her phone to her younger sister, saying, “Pray for me.” Although she hungered for information, she couldn’t watch the news shows for long without needing to get up and walk off her nerves. On one such stroll, she ran into a flight attendant, who saw the tension in her face and gave her a warm hug. So did Taryn Manning, who co-stars in the film *Hustle & Flow*, and Manning’s

publicist. Lund returned to her seat, feeling ready to contend with whatever lay ahead.

In row 22, Sam and Janel Meza were talking about their past. Married for 35 years and the parents of three grown children, the Mezas, both 56, are pastors of the Living Hope Community Church in Mission Hills, California. “If there’s anything I’ve ever done that you haven’t forgiven me for,” said Sam, “I ask you to forgive me today.” Janel couldn’t think of a thing. “Sam,” she said, “there’s no one I’d rather enter into eternity with than you.” The couple sang Psalm 34, with its line, “The angel of the Lord encamps around those who fear him.” Beside them, a hip New Yorker grimly clutched his water bottle. “Look out the window,” Janel told him. “Do you see the angels?” The young man looked. “I see them,” he whispered.

IN TRUTH, the angels who most impressed the Mezas—and many other passengers—were the six members of the flight crew. As the plane circled low over the Pacific Ocean, burning off heavy fuel to make a controlled landing somewhat easier, attendants circulated in the cabin. They were generous with jokes, reassuring words, and pats on the shoulder. When they began to redistribute the plane’s weight, passing carry-on luggage to the rear in a kind of bucket brigade, Janel was again moved to prayer. “I said, ‘Lord, that’s how I want to be, fulfilling our purpose. If you give us an



The stuck nose gear sparked and smoked during the terrifying landing.

AP/WIDE WORLD PHOTOS

opportunity to land, that's how we want to live.' ”

The flight attendants soon moved some passengers rearward too. Lisa Schiff found herself beside a woman her age, who was as distraught as Schiff had been not long before. To calm her new seatmate, Schiff spoke of a psychic reading she'd once had. “I said, ‘Don’t worry, I’m going to live to be 84, so we’re all good.’ ” She held the woman’s hand for the rest of the flight.

Christiana Lund wound up next to an elderly couple who’d been through an emergency landing 44 years before. “They said, ‘If we survived that, I’m sure we can survive this,’ ” she recalls. But far below, on a Los Angeles freeway, her father was wrestling with a darker memory: an Alaska Airlines flight that crashed in January 2000, killing all aboard, while attempting an emergency landing at LAX.

Richard Lund, 54, a background

photographer for TV and films (he shot the Manhattan skyline that hangs behind Jay Leno on *The Tonight Show*), was driving to a set when he heard on the car radio that his daughter’s plane was in trouble. “I thought, Whatever’s going to happen, I’ve got to be there,” he says. He sped to Costa Mesa, told his producer he couldn’t work, and then headed north toward LAX, where newscasters said Flight 292 would be arriving within the hour.

Richard sobbed as he weaved through heavy traffic, thinking about what life would be like without Christiana. The previous night, she’d come home late from a friend’s TV shoot, and he had gone to work early that morning, without saying goodbye. In desperation, he now called his daughter’s cell phone and left a message: “Chrissy, I don’t know if you’ll ever hear this, but I just wanted to tell you that I love you.” Then he barreled down an exit ramp near the airport,



Richard Lund stands near Los Angeles Airport, where he raced to meet his daughter's plane. In the moments before the landing, he feared the worst.

hoping to find a vantage point where he could witness either his worst nightmare or his greatest reprieve.

On the plane, the crew had given passengers their final instructions for the emergency landing. To avoid injury if escape slides were deployed, women wearing high heels were asked to remove them. Those carrying ID cards in their hand baggage were advised to place them in their pockets. (The attendants didn't mention that this would make it easier for bodies to be identified, but many people figured it out for themselves.) As the descent began, everyone assumed the emergency position: feet flat on the floor, head between legs and arms

wrapped around the knees. Flight attendants began chanting, "Brace! Brace! Brace!" and the passengers repeated the mantra, drowning out the engines.

Parked on an industrial street, Richard watched the jet roar overhead; then he lost sight of it behind a warehouse. For agonizing minutes, he listened to the radio for news of a crash. But the JetBlue pilot knew precisely what he was doing. At 6:19 p.m., Scott Burke brought Flight 292 down on its rear wheels, and then settled the nose as gently as a mother laying her newborn in a bassinet. Twenty ambulances were standing by on the scene, along with 24 fire trucks; many of

them chased the plane along the 11,000-foot runway. The front tires burned away, filling the air with acrid smoke, but the landing gear held firm. When the craft coasted to a stop, near the end of the tarmac, there was a deep silence on board.

Finally, Burke announced, "There is no fire," and the cabin exploded in cheers. Christiana wept for the first time that day. She called her father's cell phone, told him she was safe. She phoned her mother, who was at a wedding in Minnesota. Last, she checked her voice mail, listened to her dad's farewell message, and could barely breathe for bawling.

Father and daughter found each other in the baggage-claim area, and clung together for a while. Then they joined several other passengers near the entrance to the terminal, where a horde of reporters and cameramen jostled for a sound bite. The next few days were crazy for the "survivors," as some news outlets took to calling them. There were interviews and limousines and JetBlue freebies, and for

many of them a nerve-racking but uneventful flight to JFK. At last, though, life returned to something like normal. Mastoon went back to his sampling equipment and turntables, Schiff to her gallery, the Mezas to their church, Christiana to her songwriting—and to her night job as a cocktail waitress.

By then, the investigation of the near-disaster on Flight 292 had uncovered some startling news: At least seven other Airbus A320s had suffered similar malfunctions in recent years, though all had touched down safely.

Still, no one on board Flight 292 walked away unaltered. "There's something really great about flirting with death," observes Schiff, "... if you don't die."

As Christiana Lund puts it: "I'm more focused now. I want the people in my life to know I care about them. And I don't want to waste any more time messing around. I want to take advantage of every day."

rd.com For more, and to watch the harrowing footage of this landing, go to rd.com/jetblue.

YES, BUT ...

My family has a combustible relationship. Nevertheless, as my mom's 80th birthday approached, one of my brothers suggested throwing a surprise party. It would just be the six of us: Mom and her five kids. Knowing my mom, I thought I'd run the plan by her. "That's not a bad idea," she said. "As long as you don't all come at once." ALICE S. POTTER

If nothing else, the one thing I'll take away from my high school chemistry class is to beware what type of salt I pour on my eggs.

"Can you eat sodium sulfate?" a friend asked our teacher.

"Once," she replied.

TALI MARGULIS



RD Face to Face

In Command

Playing the first female President, Geena Davis is winning the popular vote

BY SARA DAVIDSON

FOR ONCE, the President of the United States is speechless. Can't say a word, can't utter a peep. No, we didn't ask an outrageous question, or spill coffee on the Oval Office rug. It's just that Geena Davis, who plays the first American woman to run the White House on the ABC breakout hit *Commander in Chief*, has a node, or growth, on a vocal cord. Her doctor has advised her not even to whisper for two weeks or risk permanent damage to her voice. But the show—and the interview—must go on. So we ask questions, and she pecks out answers on a laptop.

Davis slides into a booth at the Polo Lounge of the Beverly Hills Hotel. When the waiter asks what she'd like, she pulls out a white marking board with a blue erasable pen and writes, "Hot water with honey and lemon." For the next two and a half hours, we carry on a strange conversation—the questioner speaking and laughing aloud as Davis types her responses and silently giggles. The Hollywood regulars in the surrounding booths gawk and wonder.

Surprising onlookers is nothing new for Davis. Growing up in a small town in Massachusetts, she was the first in her family to enter show business.

At 26, she made a splashy big-screen debut in *Tootsie*, with Dustin Hoffman. She went on to play some quirky characters, including a ghost in *Beetle Juice* and a reporter in *The Fly*. Her ability to render strong women won her roles like Thelma in *Thelma & Louise*, and the dog trainer in *The Accidental Tourist*, for which she received an Oscar.

Last year, Davis, 50, leapt at the chance to play President Mackenzie Allen, in part because she knew the role would provoke conversation and debate. And she senses that the show, which attracted nearly 17 million viewers when it debuted, is triggering a powerful response. "Today, a couple of women I met in the store said, 'Thank you for what you're doing,'"



Davis won Best Supporting Actress for *The Accidental Tourist* in 1989, and co-starred with Susan Sarandon in *Thelma & Louise*.

says Davis. "That's just different than, 'I liked you in *Beetle Juice*.'"

RD: I've heard that your character was modeled on Hillary Clinton or Condoleezza Rice or former ABC Entertainment president Susan Lyne, who now runs Martha Stewart's company. Any of that true?

Davis: The creator of the show, Rod Lurie, did have Susan Lyne in mind when he thought of the character. There is really nothing drawn from anyone else, including Senator Clinton or Ms. Rice. This is a pretty unique individual. First and foremost, she is an Independent, which neither of them are.

RD: She's a fantasy, then.

Davis: She is, yes, a sort of fantasy President. I mean, we wish our Presidents would make decisions based on what they think is right for the American people rather than to please the party or for political gain.

RD: How much is Mackenzie Allen like you?

Davis: I have learned to trust my instincts, which is something I have in common with Mac. However, she always knows what to say at the time, which I am not blessed with.

RD: The politics on this show are ugly. You have to smile and keep working with somebody who's knifing you in the back. Are you able to do that in your own life?

Davis: No, I'm not that tough. I have

learned to be quite strong and to stand up for myself, but to remain that cool is very hard. One of the great things about playing Mac is being able to look people in the eye and let them know that I know what we're really talking about. I get the hidden code.

RD: Mackenzie is a force for good. She's against torture, she's for better education, but she's not afraid to bomb other countries.

Davis: In the first five episodes she whipped out the military three times. I think this is part of what we would want a President to be like, and perhaps why male viewers are enjoying the character as much as women. We feel we can trust someone who is not afraid to back up what she says.

RD: I haven't seen her blow up at her kids, either. You've got three little ones. Are you this way?

Davis: I can be rattled, but I never have lost my temper or raised my voice. Ever. Maybe this comes from having spilt my milk too many times as a kid and hearing about it. I'm just not into yelling or shaming.

RD: You had your children in your late 40s. Why did you wait so long?

Davis: I knew I would have kids, but waiting is not exactly the wisest course. Still, I believe it worked this way because that's how it was supposed to work. I am a much better mother now than I would have been. I think the way I am able to be an integrated person is a better role model.

RD: Your two most beloved roles—Thelma in *Thelma & Louise* and now Mackenzie—have been women who break tradition.

Davis: I look for roles that break the mold, both because I want to do the fun stuff and because I want to play roles women can enjoy and feel good about.

RD: Watching your movies, I never realized you were six feet tall. Did you ever have a complex about that?

Davis: Oh, God, yes. I was always not just the tallest girl, but the tallest kid, in the class. Even in the kindergarten graduation picture, there's me in the back—huge. And when other kids were having boyfriends, I was a lot of people's funny friend, but nobody's

dream date. I was so happy when I stopped growing.

RD: Surely you didn't really suffer from a lack of dates?

Davis: I had one date in high school, and he didn't ask again. Then I went off to Sweden for my senior year, and suddenly I had a fresh start. They didn't think of me as the really tall girl there!

RD: How do you manage a high-pressure job, a marriage—to a plastic surgeon no less—and kids?

Davis: The job is just a killer. Hour-long TV dramas are the hardest job in the business. But frankly I am able to make it work because actors have it easier than your average bear. We



Davis took up archery, and in 1999 made the Olympic trials. She and hubby Reza Jarrahy (below) have a daughter, three, and twin boys, age one.



get indulged, no question. My kids come to the set every day, trash the Oval Office, whatever ... Someone who has a demanding job as head of a corporation can't have the kids underfoot in the boardroom. My husband is in surgical training. We never thought it could happen that I would work more, but he finishes work and comes to the set too.

RD: Your husband, Reza, is from Iran, right?

Davis: No, he's from Queens, New York. His folks came over from Iran a few years before he was born.

RD: How did you meet?

Davis: My dog bit him.

RD: You're kidding. Where?

Davis: Do you mean "in a parking lot" or "on the ass"? [Silently laughs.] Actually, it was in a friend's house. I had stashed my dog in my friend's house, a neighbor of Reza's, and Reza dropped over to say hi. No one was there but this unfamiliar dog, who decided she should protect the house. She bit him on the butt—broke the skin but nothing lethal—as he jumped the fence to get away. When we met, I thought, Who is this cute guy who's going to sue me? I knew we were both attracted. He was very sweet.

RD: He's 34. Was he bothered by your age difference?

Davis: No, not really. And now it doesn't even cross our minds. We are very much in sync.

RD: How does he handle being Mr. Geena Davis?

Davis: I've always been more well known than him; that was always part of the deal. And I think younger men are just more comfortable with a disparity like that—age or income or status. They are more likely to have been raised by a woman who thinks differently about women's roles and such. Or maybe their fathers are cooler. And Reza has tremendous self-confidence. He's not judging his worth compared to me.

RD: Is part of the strength of the marriage that he's a "civilian," meaning not in show business?

Davis: It makes it interesting that we have jobs the other knows nothing about, and can amuse each other that way. But it's his character and personality that make the difference—his ability to not only accept but embrace the things I do. He jokes about it. "How am I going to compete with an actress who almost made it to the Olympics?" I don't have to pretend to be "less" to get approval.

RD: Tell us about archery. How did you choose that sport?

Davis: I had learned so many sports for my roles in the '90s—baseball, pistol shooting, fencing, tae kwon do, horseback riding—and I finally realized I had untapped athletic ability. My shooting coach said I had such a natural ability that I could compete, and I thought, How fun! But, guns? You can't exactly practice in your yard.



Then I saw archery on TV at the Atlanta Olympics and was taken by how beautiful and dramatic it is. I found a coach. It turned out I was good at it, worked really hard, and was at the Olympic trials two and a half years later.

RD: How did it compare to acting?

Davis: There are no opinions involved, nothing but your actual skill. It was such a difference from my day job. And that is why I would never do skating or gymnastics. There are JUDGES!!

RD: What's the most fun about playing Mackenzie Allen?

Davis: I am ashamed to admit I love all the trappings—saluting the generals, stepping off Air Force One, all that

Davis as President Mackenzie Allen in *Commander in Chief*, with Kyle Secor, who plays her husband.

cool stuff. People announcing you whenever you enter the room.

RD: How is it to walk into the Oval Office, or are you used to it now?

Davis: Of course we're talking about a model of the Oval Office, with no ceiling, but I do get a sense of history when I'm there. When we shot the scene in the first episode where she enters the Oval as the President for the first time, I actually had goose bumps—as myself and the character. I couldn't help thinking that one day, this exact thing will happen to a woman, and she will feel the sense of history that I am feeling now.

RD: Do you think the show is paving the way for a woman President?

Davis: We all know how much media images affect us. Now, to be clear, that's not the intention of the show and not why ABC bought the pilot! So many people ask me that, and you've got to figure that the folks at ABC have other things on their minds than sending covert political messages. How about ratings? Making money?

RD: At the beginning of the women's movement, we thought that if women had power they would lead differently. They would be more compassionate, inclusive and sensitive. And yet MacKenzie is tough.

Davis: First, about the idea from the women's movement that we need women because they will be different, I've come to feel differently about that over the years. If the argument is

that we should put women in these important positions because of some special "woman-ness" they will bring, we are putting aside the more relevant notion that women should be in half of these positions because they make up half the human race! Equal rights shouldn't be based on deservedness or specialness.

RD: Are you a feminist?

Davis: Yes. And I am always happy to be asked that question because I like to show I won't suddenly immolate if I use the word. Women have been taught to be afraid of the term, that it means all kinds of things it really doesn't, like "against men" or "unattractive, strident." Feminism simply means a belief in women having social and political rights equal to men. I know. I looked it up. [Laughs silently.]

YOU LOOK MAH-VELOUS



I was in New York's Grand Central Terminal on my way to visit friends in Connecticut. I had never taken the trip before and was wondering if I needed to switch trains in Stamford. Walking to the train, I saw a conductor and asked, "Do I need to change?"

"No," he replied immediately. "You're fine the way you are. Your bag matches your shoes and your earrings are the same color as your outfit. Very coordinated." **JOAN MENSCHENFREUR** from *The New York Times*

Scene: East Side coffee shop.

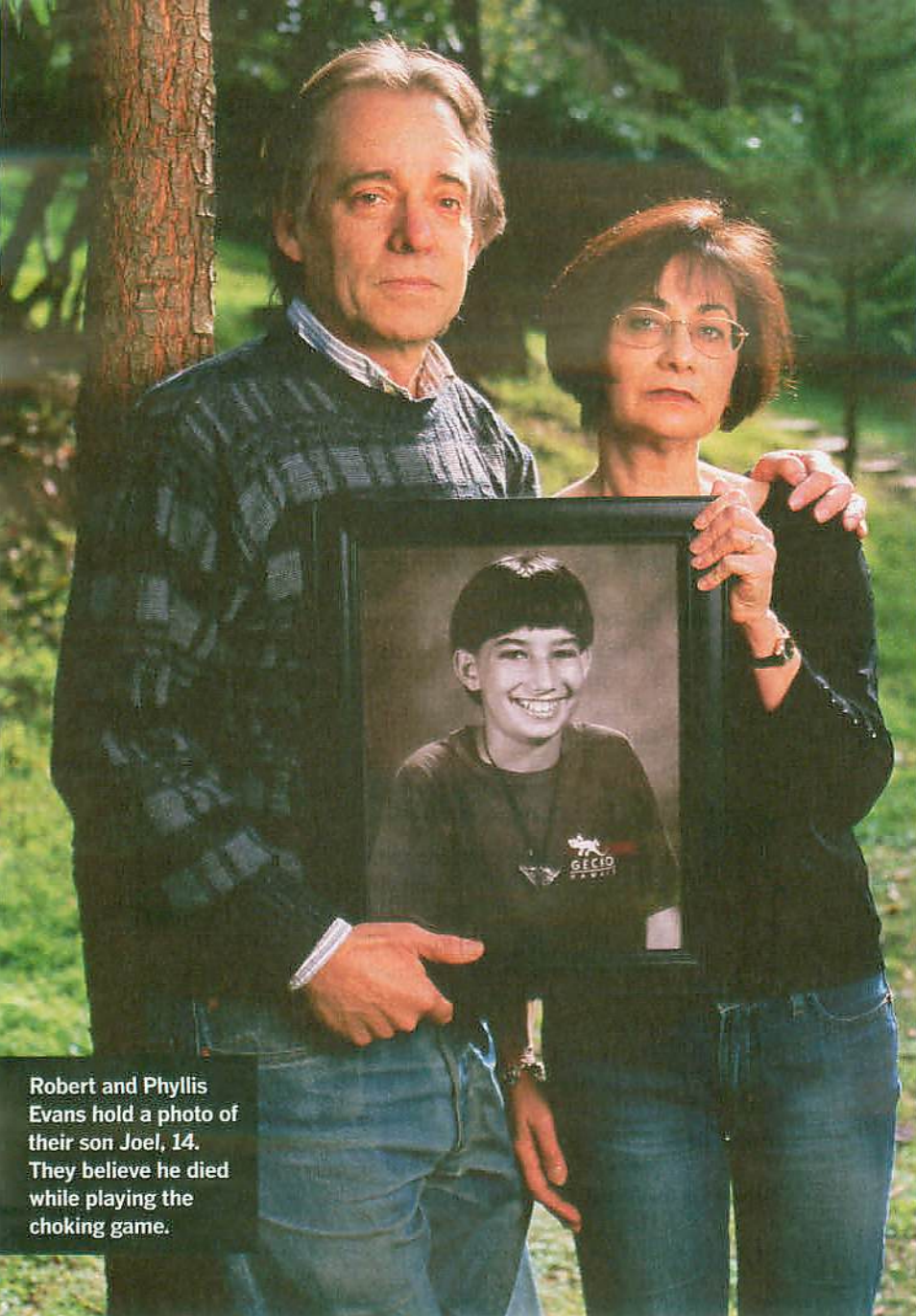
Dramatis personae: Two women, both 50-ish.

First Woman: "What did you do to your hair? It looks like a wig."

Second woman: "It is a wig."

First woman: "You'd never know it."

BOB LEVOY from *The New York Times*



Robert and Phyllis Evans hold a photo of their son Joel, 14. They believe he died while playing the choking game.



Kids are taking risks in dangerous new ways

Thrills That KILL

BY MARY A. FISCHER

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

One evening in November 1999, the Evanses became concerned when they noticed a red, indented mark on their son Joel's neck. It looked like the 14-year-old high school student had pulled his T-shirt tight around his throat. Or maybe someone at school had been rough with him, his father thought. "What happened to your neck?" his mother asked.

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

Joel was not a kid you had to worry about, so his parents let it go. He wasn't wild, and he didn't take drugs or drink. He was smart, responsible, even "a little nerdy," by his mother's estimation. He hadn't developed an interest in girls yet; he'd rather spend time on

his computer and with his pet rabbit, Fafner. He didn't care that his jeans were too short, or that his straight bangs made him look like a little boy.

His older brother, Daniel, 16, was the risk-taker. He'd recently been sneaking out of the house late at night to meet with friends. Joel, on the other hand, was a more cautious type. Or so his parents thought until March 2000, some months after noticing the mark on his neck, when they came home one afternoon and couldn't find him. Thinking he was playing a favorite game—hiding so he could pop out and surprise them—they continued looking. Phyllis Evans surveyed her son's bedroom a second time and in the dark she saw a shadow by the window. "That's when I found him," she says, her voice trembling. "He had the cord from the mini-blind wrapped around his neck, and he was just hanging there. It was such a nightmare. You just can't believe something like this can happen."

Robert Evans immediately called 911. He cut down his son, laid him on the bed and administered CPR—but it was too late. The coroner ruled the death a suicide, but in part because of Joel's young age, questioned whether it was intentional. None of it made any sense to his parents. This wasn't a troubled kid, or a kid who suffered from depression.

Recently, after seeing TV reports about a disturbing trend popular among teens that goes by various names—pass out, space monkey and the choking game—the Evanses

believe they finally know what happened. The red mark on Joel's neck was evidence, they contend, that he had been experimenting with the risky suffocation game in which kids cut off oxygen to their brains momentarily to achieve a euphoric drug-like high. Tragically, it appears that Joel, like some 1,000 youths each year, accidentally strangled himself while playing around with the cord. As for how he learned about the bizarre practice, the Evanses are convinced it was from friends and the Internet.

ELSEWHERE in California, in the southern coastal town of Palos Verdes, 14-year-old Caitlin Scafati retreated after dinner most evenings and spent two hours glued to her computer. Nothing unusual about that, her parents thought. That's what kids do these days; they instant message their friends and "chat" for hours at a time. Only Caitlin had other reasons for going online.

A high school freshman, she had trouble adjusting to her school's social cliques and their emphasis on being thin and fashionable. Overweight much of her life and struggling with depression, she felt like an outcast when she became the target of cruel teasing by some of her classmates. "Are you really going to eat that?" a boy once asked Caitlin when he saw her nibbling on a donut. In swim class, a girl took a picture of Caitlin in her swimsuit and posted it

in the locker room. "I ripped it up, threw it away and cried most of the night," she says.

In the privacy of her room, Caitlin would log onto the Internet and type in the search words "anorexia" and "cutting." Instantly, dozens of websites appeared that discussed and even promoted the behaviors. Caitlin had turned to both as a way of dealing with her painful emotions and feeling of worthlessness. When she cut her arms and legs, "It made me feel better," Caitlin explains. "I hurt so much inside that this was a way of shifting my pain to the outside."

What Caitlin found online was what she thought she never could in real life—acceptance and understanding from others, many of whom were participating in the same self-destructive behaviors that she was. Instantly available to her were anonymous website contributors who posted comments like: "The thinner I got, the happier I felt," or "I cannot change certain circumstances in my life, but at least I have the power to control what I do and do not eat." On a cutting website were tips such as, "Cut on a full stomach," and, re-

Caitlin Scafati, now 23, began cutting and starving herself at the age of 14 and found acceptance for the behaviors online.



ferring to the direction of the incision, "Always down the road, not across the street."

Unfortunately, experts say, the stories of Joel and Caitlin are not uncommon and represent a growing, destructive trend among kids across the United States and around the world. "These practices are spreading like wildfire because of the Internet," says Dr. Thomas Andrew, a pediatrician who, in his position as New Hampshire's chief medical examiner, has seen several accidental suffocation deaths among teens in the last few years. According to a 2005 Pew Internet research project, 21 mil-

lion—or 87 percent of American youth (ranging in age from 12 to 17)—use the Internet as a source of information; 22 percent of them go online to learn more about hard-to-discuss topics like drug use, sexual health or depression.

Psychologists, pediatricians and youth counselors contend that under the radar, hundreds of websites and chat rooms are fueling an explosion of self-destructive practices considered in vogue by a surprising number

sites provided motivational messages: “Say it now and say it loud: I’m anorexic and I’m proud.” Still others bombarded her with color photos of Kate Moss, Calista Flockhart and other thin, beautiful actresses and models to “inspire” her to avoid food.

In May, the first study that examined the impact of eating-disorder websites confirmed their destructive influence. Researchers at Lucile Packard Children’s Hospital at Stan-

Many kids play these games alone, think of where it can lead. Death

of kids. They swap techniques about how to injure themselves—and, like Joel and Caitlin, keep it all hidden from their parents.

“Clearly, the Internet is a major tool for good,” says Ken Mueller, co-director of CPYU.org, an informational website about youth culture. “But as we’re seeing now, it can also lead to great harm. Kids become addicted to these sites, and suddenly behaviors that used to be considered taboo are no longer hidden, which makes them seem more acceptable—even cool.”

On the Internet, Caitlin found “pro-ana” (short for pro-anorexia) websites that view anorexia nervosa in a positive light—a lifestyle choice rather than a psychological disorder. Suffering from the illness, and losing so much weight that she fainted, the last thing Caitlin needed were tips on how to avoid consuming food—“drink lots and lots of water” or “adopt a dog and feed him your food.” Some pro-ana

ford University in Palo Alto, California, found that 40 percent of adolescents who had been hospitalized for eating disorders had spent time on pro-ana websites.

When Caitlin clicked on cutting websites, she found short bios of famous self-injurers, including Princess Diana and singer Fiona Apple, which, she says, “made it seem cool and okay.” She even discovered sites that gave her tips on how to hide her wounds. On one discussion board, a cutter suggested, “Depending on wear [sic] the cuts are ... sweatbands will work very well.”

“I was amazed to find so many other people with my same problems,” Caitlin says. “I felt so isolated, but online I found solidarity from strangers who I felt some connection to.”

Though not as common as anorexia—approximately 7 million females and 1 million males suffer from eating disorders—cutting is a grow-

ing epidemic among teenage girls. Experts who study self-injury estimate that as many as one out of every 200 teen girls hurt themselves, resulting in 2 million reported cases per year. "Because of the awareness created by these websites," says CPYU.org's Mueller, "cutting has gone from being a way to cope to the hip thing to do."

In fact, studies suggest that there are 3 million self-injurers in the United States. Two million of them cut or

and holding your breath—have been around for decades. One version, autoerotic asphyxia, is used by some older boys and men as a way of intensifying sexual climax. The choking game, done mostly for thrills and often in groups, does not derive from the darker psychological motives behind anorexia and self-injury, but the Internet is fueling more extreme methods.

Google certain keywords and with

which is so dangerous. They don't is not on their radar screens.

burn themselves, while the other million hit, brand, scar, or excessively pierce themselves. "People who cut themselves believe they are horribly flawed in some way," says Wendy Lader, PhD, clinical director of S.A.F.E. Alternatives, a referral and treatment program for self-injurers. "It makes them feel strong. They think, I'm not like the rest of you. I'm tough. I can tolerate pain or starvation better than you. But no matter how much they cut or starve themselves, they're not dealing with the real issue—their out-of-control emotions."

ROBERT EVANS now believes that for his son Joel, the pass-out game "was something that he thought he could control—something that was secret from us. He didn't have the intent to hurt himself." Asphyxia games—hyperventilating

a few clicks on the right links you'll be connected to a spirited discussion about the choking game. One teen calls it "overrated," while another provides directions about how to play it, including the recommendation: "Have your friend or 'spotter' use his inner wrist to apply pressure to the jugular vein NOT THE WINDPIPE!!!"

"It's about pushing the envelope farther to have an extreme experience," says pediatrician Thomas Andrew, who points to popular television programs like *Fear Factor* to further explain the growing popularity of the choking trend. "We're living in an 'I dare you' culture." Andrew says that kids are adding ropes, belts and plastic bags to the game. "And many are playing alone, which is so dangerous. They don't think of where it can lead. Death is not on their radar screen."

For several years, Yahoo and AOL have been shutting down self-injury sites on their servers. But this kind of

information is still available in online chat rooms, which are much harder to police. And short of violating the First Amendment's guaranteed right to free speech, there is frankly no way to eliminate these sites altogether.

What parents need to do, say child-care professionals, is to pay more attention. "There are usually signs, some very obvious, to watch out for," says Lynn Grefe, CEO of the National Eating Disorders Association. Excessive exercise regimens and developing rituals around eating are anorexia tip-offs. A rash of cuts on the body are signs of self-injury. Bloodshot eyes, dizziness and red marks on a child's neck are indications of the choking game.

In 1998, when Caitlin Scafati was 15, she finally decided to talk to her parents about her cutting habits. They helped her to begin getting the coun-

seling she needed. Now 23, recovered from her disorders and hoping to become a social worker, Caitlin says she had to scar her body and lose an unhealthy amount of weight before she recognized the danger of the sites she was visiting. She has never accessed them again.

Last April, Joel Evans would have turned 20. It was around that time that his father, Robert, having learned more about the choking game, felt a sense of relief. He could in some way finally understand how his son's death came about.

"We initially had so many questions," says Phyllis Evans, "and doubts." The memory of finding her son that March night will never leave her. But, she says, "five years later, your heart heals a little. The pain is a little less intense."

rd.com Learn more about protecting your kids. Go to rd.com/protectkids.

IT'S NOT WHETHER YOU WIN OR LOSE, IT'S HOW LOUD YOU YELL AT THE TV SET

Dad loves football, but he can't stand losing. Unfortunately, his teams all stink.

One Sunday afternoon, my mother and I endured his cursing the television from the safety of the kitchen. Then everything went silent.

Positive he'd given himself a heart attack, Mom flew into the den. There, she found Dad quietly watching a World War II movie.

"I just switched over to something that I knew our side would win," he explained.

becquet.com



Better Than a Pill?

More and more medicines come in a patch. Are they right for you?

BY NEENA SAMUEL

IT ALL STARTED with a motion-sickness patch in 1981. Today, you can slap on a patch to avoid pregnancy, stop smoking or treat pain. Soon, you may see patches for Alzheimer's, depression, ADHD and diabetes.

What's the point? "A patch is more convenient, so you're more likely to follow through on using it," says Larry S. Fields, MD, president of the American Academy of Family Physicians. Instead of remembering several pills a day, you can just stick a patch on your arm, belly or butt—sometimes as infrequently as once a week—and you're done. You get the same drug, through a different delivery system. And in certain cases, there are even fewer side effects. Here's what's available now:



Better Than a Pill?

Patch	What it does	How it compares to other options
PAIN RELIEF Duragesic (fentanyl), Lidoderm (lidocaine)	Prescription-only Duragesic relieves constant pain, like that of cancer patients. Prescription-only Lidoderm is for localized pain, such as shingles or osteoarthritis (OA).	A 72-hour Duragesic patch was as effective as IV morphine in one study. It causes less constipation and may be less sedating. Lidoderm can be as effective as certain NSAIDs for OA, without the increased heart risks.
BIRTH CONTROL Ortho Evra (norelgestromin/ethinyl estradiol)	Prevents pregnancy in 99% of cases when used correctly. It delivers the hormones estrogen and progestin, preventing ovulation.	It's as effective as the Pill, but its maker recently disclosed that the patch exposes women to 60% more estrogen than the Pill, increasing the risk of side effects. Both forms may cause blood clots and hypertension.
NICOTINE REPLACEMENT NicoDerm CQ, Habitrol (nicotine)	Delivers nicotine to help reduce withdrawal symptoms when quitting smoking.	Since you may chew up to 24 pieces of NR gum per day, a patch is easier on your jaw—and stomach. Zyban, a pill that's been proven helpful, has been linked to depression and suicidal thoughts. The patch has not.
CHEST PAIN Nitro-Dur (nitroglycerin)	Relaxes blood vessels, increasing oxygen and blood flow to the heart.	It's as effective as a long-acting pill in preventing angina, but neither will help in an acute attack. Your MD may also prescribe short-acting pills to treat sudden attacks.
MENOPAUSE Alora ETS, Climara, Estraderm, Vivelle (estradiol)	These estrogen-only patches relieve hot flashes. They may also prevent osteoporosis.	The patch is easier on the liver than the pill. A combination estrogen/progestin patch is also available, and is best for women who have not had a hysterectomy.
HIGH BLOOD PRESSURE Catapres-TTS (clonidine)	Relaxes blood vessels so the heart doesn't need to work as hard to pump blood; may also help smokers fight cravings.	It seems to be as effective as the pill form, which is taken 2-3 times a day; the patch is applied once a week.



Who should avoid?

Those with a history of depression or drug or alcohol abuse should avoid Duragesic. Lidoderm appears to be safe for most people.

Smokers, especially those over 35, and those with a history of blood clots, severe migraines or very high blood pressure.

Pregnant or breast-feeding women; people with heart disease (unless you have a doctor's okay).

People with low blood pressure; men on erectile dysfunction drugs; anyone taking long-acting nitroglycerin.

Women with a history of breast cancer or blood clots. Those who have not had a hysterectomy should avoid estrogen-only patches, which can increase their risk of endometrial cancer.

People who are prone to sudden drops in blood pressure. Those on drugs that may affect blood pressure should talk to their MDs.

Side effects/warnings*

As with most patches, mild tingling, burning or redness may occur at the patch site, and if you're allergic to the pill form of a drug, you'll be allergic to the patch form too. The FDA is investigating reports of deaths related to Duragesic, possibly due to unintentional overdose.

Skin irritation, headache, bloating, cramps. Talk to your MD if you're taking drugs for heart conditions or blood pressure. Antibiotics and herbs may interfere with effectiveness.

Smoking while on the patch can cause increased heart rate, irritability, nightmares, headaches, dizziness, upset stomach and more. Tell your MD if you use caffeine, acetaminophen or vitamins, or if you've had heart, thyroid or skin problems.

Headache, lightheadedness. Inform your MD about any drugs you're taking, especially aspirin, beta blockers or calcium-channel blockers.

Breakthrough bleeding, breast tenderness, nausea, swelling, vision problems. Smokers over 35 are at increased risk of blood clots. Many drugs, alcohol, caffeine, vitamin C and herbal products can affect how the patch works, so tell your MD if you use them.

Dry mouth, drowsiness, headache, decreased sexual ability, fatigue. Inform your doctor about your alcohol intake and any drugs you use, and tell her if you faint, have swollen feet or notice changes in heartbeat.



*Additional side effects may occur. Consult your doctor and the package insert for more information.



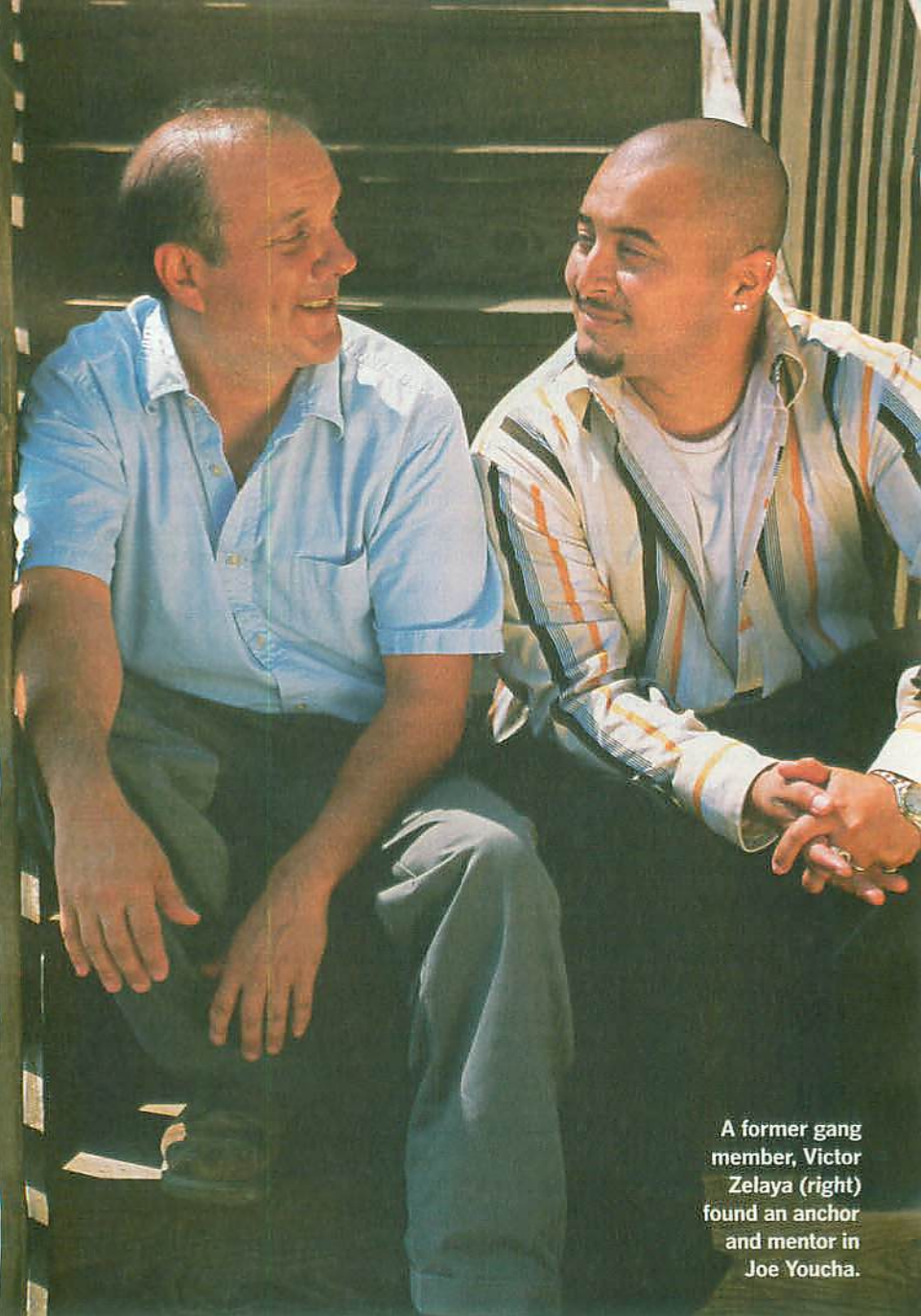
Charting a New Course

In a boat-building shop
on the Potomac River, teens in
deep trouble launch new lives

BY LAWRENCE ELLIOTT

VICTOR ZELAYA HAD THE LOOK of someone who wished he was almost anywhere else. He stood with his probation officer in front of a small building that looked like a seaside cottage, two stories with dormer windows. Except that it was a boat-building shop, floating on the gentle waters of the Potomac River.

Walking inside, Zelaya was enveloped by the shriek of power saws and the stinging smell of varnish and fresh-cut lumber. Poker-faced youths hov-



A former gang member, Victor Zelaya (right) found an anchor and mentor in Joe Youcha.

ered over wood and canvas, giving shape to a mini-flotilla of new boats.

The 16-year-old was taken over to a middle-aged man who stood chatting with a young worker. Joe Youcha glanced up and took in this newest arrival: a husky kid with his pants slung low, his arms splashed with tattoos, and a face boiling with anger.

Youcha was used to it. So many apprentices were like this, at first. That's why they came to his workshop in Alexandria, Virginia. It was a chance to turn things around—for some, probably a last chance.

On that spring morning in 2000, Vick Zelaya was getting his shot at a new life after serving 18 months in the state reformatory. Over the clatter and banging, Youcha told him the way it works: "You start at \$6.50 an hour and go up 50 cents for every two weeks of perfect attendance. If you're absent or late, you're docked. If you miss two days, you're out."

Zelaya merely shrugged. Youcha's eyes remained locked on his, as if challenging the young man to prove everyone wrong.

YOUCHA'S LEIFWORK is built around a simple fact: He has a rare knack for connecting with kids in trouble. Which is remarkable because Youcha doesn't come from their world. He was raised in a comfortable, close-knit family in Rockland County, New York, and graduated from Columbia University. But for 13 years he has spearheaded the Alexan-

dria Seaport Foundation (ASF), an apprentice boat-building program that steers young outcasts onto the straight and narrow.

Coming out of college, Youcha had tried other jobs, including writing technical manuals for a company in Colorado. But the inspiration of his father, a tough street kid from New York City who "could have gotten in trouble but went to college instead to become a social worker," kept tugging him toward helping kids who were falling through the cracks. Youcha found a perfect way to combine this goal with a lifelong love of boats when, in 1992, he signed on with ASF as a volunteer instructor.

Almost immediately, Youcha was put in charge. He and the volunteers who worked for him—many retired from the military—also served as surrogate guardians to the youths.

It wasn't enough for Youcha, though. He wanted to reach the truly hardcore—the kids who'd been expelled from school, plea-bargained out of court, bailed out of jail. Gang members, drug dealers, thieves. So he went to probation officers and juvenile court judges to get their advice. And his idea became a plan. His program would take in kids already in deep trouble, pay them above minimum wage to build boats, give them an education leading to a high school general equivalency diploma (GED), and help them find a job.

Youcha drummed up funding from corporations, foundations and individuals. The biggest break came after



Joe Youcha (right) instructs a new apprentice, 19-year-old Eder Romero.

he made his pitch to Doug McCarron, president of the United Brotherhood of Carpenters. "Tell me what you need," McCarron said.

"Jobs for my kids."

McCarron delivered. Those who graduated from the program with a GED and professional level skills were guaranteed a four-year apprenticeship with the carpenters union.

With that, Youcha could offer his students a tangible future.

VICK ZELAYA WAS AN INFANT when his mother, an immigrant housemaid, sent him to El Salvador to live with relatives. She didn't come get him until he was five. He grew up just outside of Washington, D.C.—fatherless, his mother always working, mocked at school for his floundering English.

At 12 he joined a gang and roamed

the night streets with them, coming home after drinking, and reeking of marijuana. At 14, after he was expelled from school, his mother begged him to quit hanging out with thugs. "The gang is my family," Vick said to her, and he left home.

Soon he had become the keeper of the gang's weapons. One night, Zelaya was told that gang members were going to "take care" of some people; he produced a pistol and a sawed-off shotgun. But he refused to go along on the mission, saying, "I can't shoot a guy for nothing."

The police swiftly rounded up the triggermen and traced the weapons to Zelaya. He spent the next year and a half in a state reformatory, mulling over the dead end he'd reached at 15. In the reformatory school, he completed the 7th and 8th grades in one year and came out wanting to get his life on track.

Shortly after his release, his gang

"family," convinced that he had betrayed them, cornered him on the street and beat him bloody before police intervened. Zelaya didn't know where to go now, or what to do. But his probation officer thought of something. "I know a program that takes guys in situations like yours," he told Vick. "I could call down there." That's when Joe Youcha entered Zelaya's life.

BY THE TIME Vick arrived at ASF, Youcha had built things up to the point where he'd graduated 120 apprentices. Today, Youcha can count at least 230 kids who've been through his program. Paid instructors, as well as volunteers, see to it that the youths earn their GED on-site. Experienced teachers handle courses like English and history, while math is incorporated into the workshop regimen.

Each instructor works with no more than six apprentices. A plan, tailored for each individual, includes counseling, continuing education, and help with such needs as drug treatment.

Those qualifying for the apprenticeship with the carpenters union are given a tool set and a starting salary of \$28,000 a year, plus benefits. After that, the future is theirs to claim or forfeit.

Given their backgrounds, it's not an easy path for most of the kids. Alfredo* has to pay restitution for wrecking a mall shop; his instructor, Steve Hernandez, helps him set up a bank account that automatically sends \$50

a month to the shopkeeper. At 19, Benis left to raise his infant daughter alone when the mother "took a walk"; ASF works with him to find a permanent caregiver.

One in three youths fall out of the program. Among those whom Youcha failed to help was an 18-year-old apprentice who got in a fight outside school, fled prosecution, and was finally jailed for two years. Another kid graduated from ASF, only to slide back into the street life and die of a bullet to the head during a drug transaction.

FOR MANY WEEKS, Youcha couldn't tell how Vick Zelaya would fare. On his first day on the job, Youcha gave him some sandpaper and a strip of plywood and told him to go with the grain. Then he walked away.

He thinks I'm just another piece of dirt from the street, Zelaya thought to himself: That's the last I'll see of the big boss.

Ten minutes later, Youcha was back to take a look and assured Zelaya he was doing okay. And thereafter Youcha was rarely more than a raised hand away, telling the boy things he needed to know—like there were 12 inches in a foot. "He told it to me as though he was sharing a secret," Zelaya says. "I didn't feel ashamed."

Still, Vick resisted the discipline that ASF demands. It was "do this, do that, study, work," he recalls. He snuck out at night, against Youcha's rules, to go drinking with buddies. Less than a year into the program, he suddenly quit and took a job at a local seafood

*Some names have been changed to protect privacy.

restaurant. It was near ASF, and Vick kept running into Joe, who would urge him to return to his apprenticeship. Within a few weeks, Zelaya was back.

Even then, he balked at taking academic classes. "I've had enough school," he would say. "I'll learn what I need to know [on the shop floor]."

"You'll learn enough to earn minimum wage here," said Youcha. "You can be better. You are better. This is only a launching pad, Vick."

Over time, Youcha got through to Zelaya. No one told Vick to buy a belt and hoist his pants up to his waist, but he did, and he began wearing a long-sleeved shirt to cover his tattoos. When an older trainee spit on the floor one day, Zelaya said to him, "Hey, man, that's not professional; this is our workplace." The youth was feeling an unfamiliar emotion—pride.

"I couldn't see into this future they kept telling me about," he says. "That was too far away. But I could see the boat I was working on take shape, and I could see my new life."

AFTER THE devastating tsunami in the Indian Ocean, Youcha's boys made the

news in an unexpected way. Joe set all hands working on a model of an Indonesian crab boat, thousands of which had been destroyed in the disaster. It became the most compelling display in a fund-raising tour to replace the lost crabbers. In one swing around the country, it helped raise enough to build 80 boats, sending hundreds of beached fisherman back to sea. A local television station named Youcha a "Hometown Hero" for initiating the idea.

Victor Zelaya has his own success story at last. He stayed on at ASF for three years, and has volunteered since then as an instructor. In 2003, he set out with his GED and a van the foundation helped him buy—and Youcha taught him to drive. Now Zelaya has a wife, a baby son and a home.

With his new skills, he's had no trouble finding rewarding work, but he hasn't yet joined the carpenters union. When Youcha asked him why, Vick said, "I was afraid I'd goof and make you look bad."

"You, goof?" said Joe. "Never. You're the reason I'm in this business."

It's something that Youcha says to all his kids. And it's always true.



GENDER BENDER

Asked on NPR how she went from writing romance novels to mysteries, author Janet Evanovich answered, "I hit menopause and began to have more thoughts of murder than romance."

Submitted by JO CARR



Greatest Show on EARTH

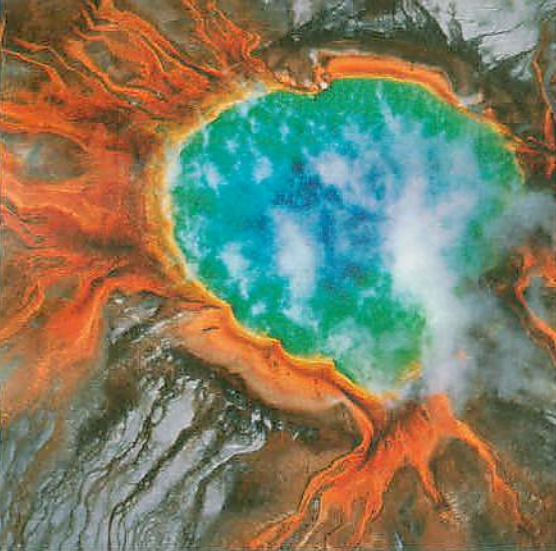
Natural wonders as you've
never seen them

PHOTOGRAPHS BY BERNHARD EDMAYER
FROM "EARTHSONG"

An aerial photograph of the Gorner Glacier in the Valais region of Switzerland. The image shows a vast expanse of ice with deep, winding channels carved into its surface by meltwater runoff. The colors range from pale blue to deep teal, highlighting the textures and depths of the glacier. The perspective is from above, looking down at the glacier's surface.

In the Groove

Aerial photographs of Earth in all its startling, untouched beauty are the specialty of Bernhard Edmaier, who is also a geologist. On this page is the Gorner Glacier in the Valais region of Switzerland. When the surface thaws, the water runoff creates deep channels in the ice that form in a temporary lake. Edmaier, known for photographing from unusual perspectives, took this shot near the glacier's northern edge.



Hot Rocks

Yellowstone's Grand Prismatic Spring (above) gets its hue from microscopic creatures that thrive in scalding water.

Free Flow

One small, solitary island (below) rises out of a desert-like sweep of sea in the Bahamas.



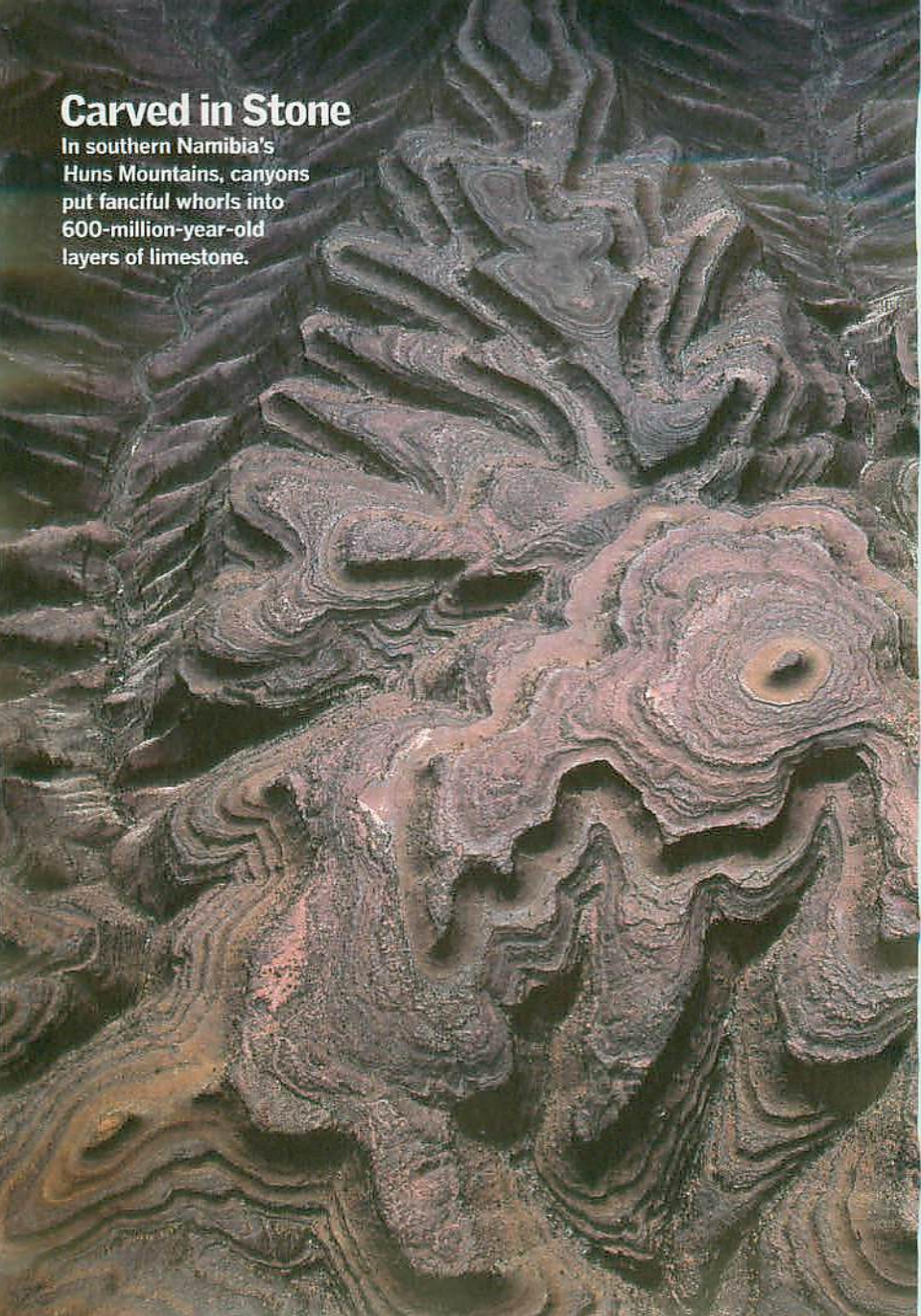
Bloom, Baby, Bloom!

Is it a field of vivid flowers studded with pools of water? Guess again. It's actually the surface of a hot spring at Dallol in northern Ethiopia, where salts and minerals have dried to a gorgeous crust.



Carved in Stone

In southern Namibia's
Huns Mountains, canyons
put fanciful whorls into
600-million-year-old
layers of limestone.



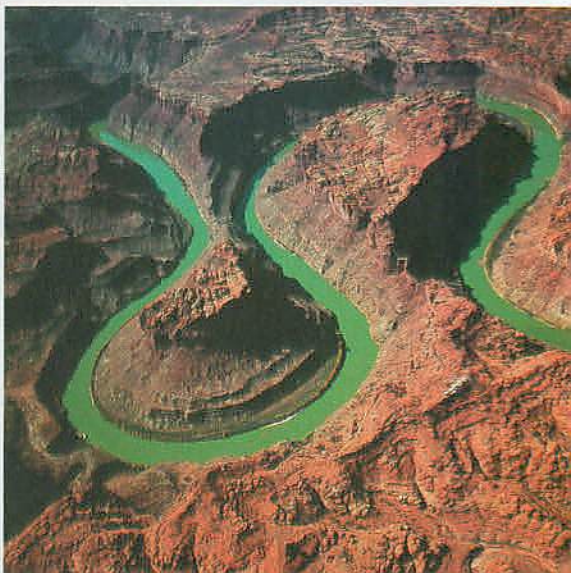


How Vein!

New land (above) forms from silt deposited by the Tiroler Achen River into the Chiemsee, a lake southeast of Munich, Germany.

It's a Wrap

Utah's Green River (below) cuts through the Colorado Plateau, gathering minerals that give it vivid color.





KNOCK

OUT

The prize fight lasted only 2 minutes, but it stayed with me for a lifetime

BY DAVID MARGOLICK FROM "BEYOND GLORY"

AS A KID growing up in the small mill town of Putnam, Connecticut, I listened, transfixed, to a recording my father, Moses, brought home called *I Can Hear It Now*. Narrated by Edward R. Murrow, the record contained vivid snippets of history, including FDR's fireside chats and the eerie sounds of Pearl Harbor being bombed. But the standout moment for me was Clem McCarthy's call of the great 1938 boxing match between Joe Louis and Max Schmeling.

Louis was 24 years old, a black American and the world heavyweight champion. Schmeling, a German nine years older, was the only man ever to have beaten Louis in his pro career (which he did two years earlier, in one of the greatest upsets in sports his-

tory). No single sporting event had ever borne such worldwide impact as the second bout. It implicated the future of race relations and the prestige of two powerful nations—which, only three years later, would be at war.

One Boston sportswriter, using the lingo of the day, wrote, "Louis represents democracy in its purest form: The Negro boy who would be permitted to become a world champion without regard for race, creed or color, [while] Schmeling represents a country which does not recognize this idea and ideal." The country was Hitler's Nazi Germany, with which Schmeling had become increasingly entangled.

Sitting in our den, listening to that clip, I was brought ringside to Yankee Stadium, along with some 70,000 other fans and the tens of millions of people—the largest radio audience at

that time—listening worldwide. So embedded did McCarthy's gruff voice become in my consciousness that 35 years later I began writing a book about the second Louis-Schmeling fight. After seven years, I finished it.

Seven years to write about two minutes and four seconds: It hardly makes sense until you realize how pregnant those 124 seconds were.

"THE EYES of the world will be focused on a two-man battle in a ribbon of light stabbing the darkness of Yankee Stadium," said the *New York Mirror* on the morning of June 22, 1938. Just after ten o'clock that night, ring announcer Harry Balogh introduced the principals: "This is the featured attraction, 15 rounds, for the world's heavyweight championship. Weighing 193, wearing purple trunks, outstanding contender for heavyweight honors, the former heavyweight titleholder, Max ... Schmeling."

The dark-haired German rose from his stool, took a few steps, and bowed in courtly European fashion to two sides of Yankee Stadium. As the crowd roared, Schmeling smiled.

The bell sounded two more times. "Weighing 198 and three-quarters," Balogh intoned, "wearing black trunks, the famous Detroit Brown Bomber, world heavyweight champion, Joe Louis." Idolized in black America as no man before him, Louis rose, skipped a few steps, and turned

around. There were lots of cheers, but boos too—some undoubtedly racial, some from Schmeling supporters.

Then, over millions of radios, came the voice of Clem McCarthy, the announcer who had honed his reputation covering horse races. He growled, "Aaaaand, boxing fans, Arthur Donovan [the referee] has the two principals in the ring." Shortly afterward, McCarthy croaked, "The old slogan of boxing, 'May the best man win,' and she's about to start, with this Yankee Stadium packed to the doors!"

The two boxers retreated.

For a few seconds the only noises came from the crowd. "Unchain them!" someone shouted. In the distant seats, fans struggled to see. Joe Louis continued to dance about. He "had the look of a murderer in his eye," one eyewitness said. To Ernest Hemingway, also in attendance, Louis seemed "nervous and jumpy as a doped racehorse." Max Schmeling stood still, waiting.

"They're ready with the bell just about to ring," McCarthy said. Ring it did, at 10:08 p.m. "And there it is," McCarthy declared.

"The gong!" added Arno Hellmis, a sports reporter for a leading Nazi newspaper.

As many times as I've listened to McCarthy's call of the fight, it still gives me goose bumps. Baseball had its innings; football, hockey, soccer, and basketball had their clocks. All had teams, and all lasted a couple of hours, come what may. Here, two men

were squaring off in something that could end at any time.

SCHMELING WALKED OUT of his corner, while Louis bounded out of his. The two feinted for just seven seconds before Louis hit, and hurt, Schmeling with a left jab. Two more jabs snapped Schmeling's head back. Next came a left hook to the body, and the men fell into a clinch.

Louis's fans, burned by the last time the two men fought, took nothing for granted. "Look out, Joe!" they shouted.

Then, suddenly, Louis had Schmeling against the ropes, connecting with a series of devastating blows to the head. The crowd roared. "Louis hooks a left to Max's head!" McCarthy declared. "And shoots over a hard right to Max's head! Louis, a left to Max's jaw! A right to his head! Louis with the old one-two! First the left and then the right! He's landed more blows in this one round than he landed in any five rounds of the other fight!"

Referee Donovan had never seen anything like it. After that first left to the head, Schmeling's face seemed to swell and turn a faint bluish green. Then came the right. It was so hard that Schmeling's head seemed to spin, then "bobbed up and down like a Halloween apple in a tub," wrote a reporter for the *New York Mirror*. The contest was not yet 30 seconds old.

Nearly a minute in, Louis chased Schmeling back toward the ropes.



The program from the 1938 boxing match between Louis and Schmeling—the fight heard 'round the world.

They fell into another clinch. Coming out of it, Louis hit Schmeling. He followed with two more lefts to the face and a right to the temple before they clinched once more.

Louis stalked Schmeling, searching for an opening. Back to the ropes, he missed a roundhouse left. Next he delivered a right uppercut, a left, and a devastating right to Schmeling's face. Schmeling staggered back.

Louis, his gloves now a brownish blur, then landed a series of body punches—to the side, to the stomach, to the left kidney. "The Negro swung, hooked, swung and hooked at him as though he were the big bag," Heming-

way wrote. Even in the press box, where partisan cheering was forbidden, there were cries of excitement, astonishment and horror.

Schmeling grimaced, letting out a high-pitched cry that echoed throughout the stadium. Some heard, "Oh! Oh!" To others, it was "Genug! Genug!"—Enough! Enough! Many people, Louis among them, thought the scream came not from Schmeling but from a woman at ringside.

Immobilized, Schmeling then absorbed five colossal punches to his face. Louis concluded the fusillade with two mighty rights. Schmeling sank, his knees collapsing halfway to the canvas. "Schmeling is going down!" McCarthy shrieked. "But he's held to his feet, held to the ropes, looked to his corner in helplessness!"

A minute and a half had passed. "Hitler's wilted pet looked like a soft piece of molasses candy left out in the sun," the famous African American author Richard Wright later wrote.

DONOVAN RUSHED to the two boxers. Though Schmeling remained on his feet, only the ropes were keeping him upright. To the referee it was a knockdown; for one thing, he feared that another blow from Louis at that moment might kill Schmeling. Donovan shooed Louis away and, arms raised, began a count. He had only reached one when Schmeling righted himself.

Donovan gestured for the fight to continue, and Schmeling moved for-

ward tentatively. Louis resumed work. He stung Schmeling with another vicious right that sent him sprawling and then rolling over. The knockdown timekeeper fumbled for his mallet. This time Schmeling was up at four.

Two years earlier Schmeling had pooh-poohed Louis for failing to take a count: a sure sign of his inexperience, he sniffed. Now, befuddled, he had done the same thing.

"Louis attacks again!" Hellmis shrieked. "Why, this is madness!"

"And Schmeling ... is ... down! Schmeling is down!" McCarthy exclaimed. "The count is four. It's ..."

"Get up, Max! Max!" pleaded Hellmis. "No, he is down for good—No, he gets up!"

Schmeling was up again, but only for an instant. Another powerful combo sent him to his knees. He got up quickly once more, and then a horrified Hellmis declared, "Joe Louis throws himself again at him."

Clem McCarthy rattled off the punches. "Right and left to the head! A left to the jaw! A right to the head! And Donovan is watching carefully! Louis measures him. Right to the body! A left hook to the jaw! And Schmeling is down!" For the third time, Schmeling was on the canvas, trying desperately to get back up.

With a final right to the face, Louis "abandoned all science and new-fangled lessons," wrote Caswell Adams of the *New York Herald Tribune*. "Schmeling was no longer a man," author Paul Gallico stated.

Donovan counted to five; then, as

Schmeling's trainer rushed into the ring, the referee declared the fight over. McCarthy exclaimed, "The count is five. Five! Six! Seven! Eight! The men are in the ring! The fight is over, on a technical knockout! Max Schmeling is beaten in one round!"

IN THE STANDS there was bedlam. Actress Tallulah Bankhead sprang to her feet and screamed to the Schmeling fans behind her, "I told you so, you S.O.B.'s!" Whites were hugging blacks. "The happiest people I saw at this fight were not the Negroes but the Jews," a black writer observed. For them, Joe Louis seemed to be the only man standing up to Hitler. In one round, freedom had defeated fascism.

Elsewhere, people leaped out of their chairs. In Hollywood, Bette Davis celebrated; she had won \$66 in the Warner Bros. fight pool. "Everybody danced and sang," Woody Guthrie wrote from Santa Fe. "I heard 'Hooray for Joe Louis!' and 'To hell with Max Schmeling!' in Indian, Mexican, Spanish, all kinds of tongues."

Miles across the country, the black field hands who had listened to the

fight on peanut farmer Earl Carter's radio thanked him for the privilege. "Then," President Jimmy Carter later wrote, "our visitors walked silently out of the yard, crossed the road and the railroad tracks, entered the tenant house, and closed the door. Then all hell broke loose."

In the ring, the bruised and battered Schmeling threw his arm around Louis's shoulders. "Joe, you are a real champion," he said. He went back to his corner and began to cry.

Louis, meantime, headed to his dressing room to celebrate. "I got what folks call revenge, and how," he told the gathered newspapermen.

The boxers, their entourages, and all but a handful of the 70,000 spectators that night are gone. So, too, are nearly all the people who covered the fight. But their reports live on. As does McCarthy's. Two-thirds of a century after it was first uttered and 40 years after I first heard it, it helped me re-create what is, to me, still the most unforgettable moment in the history of sports.

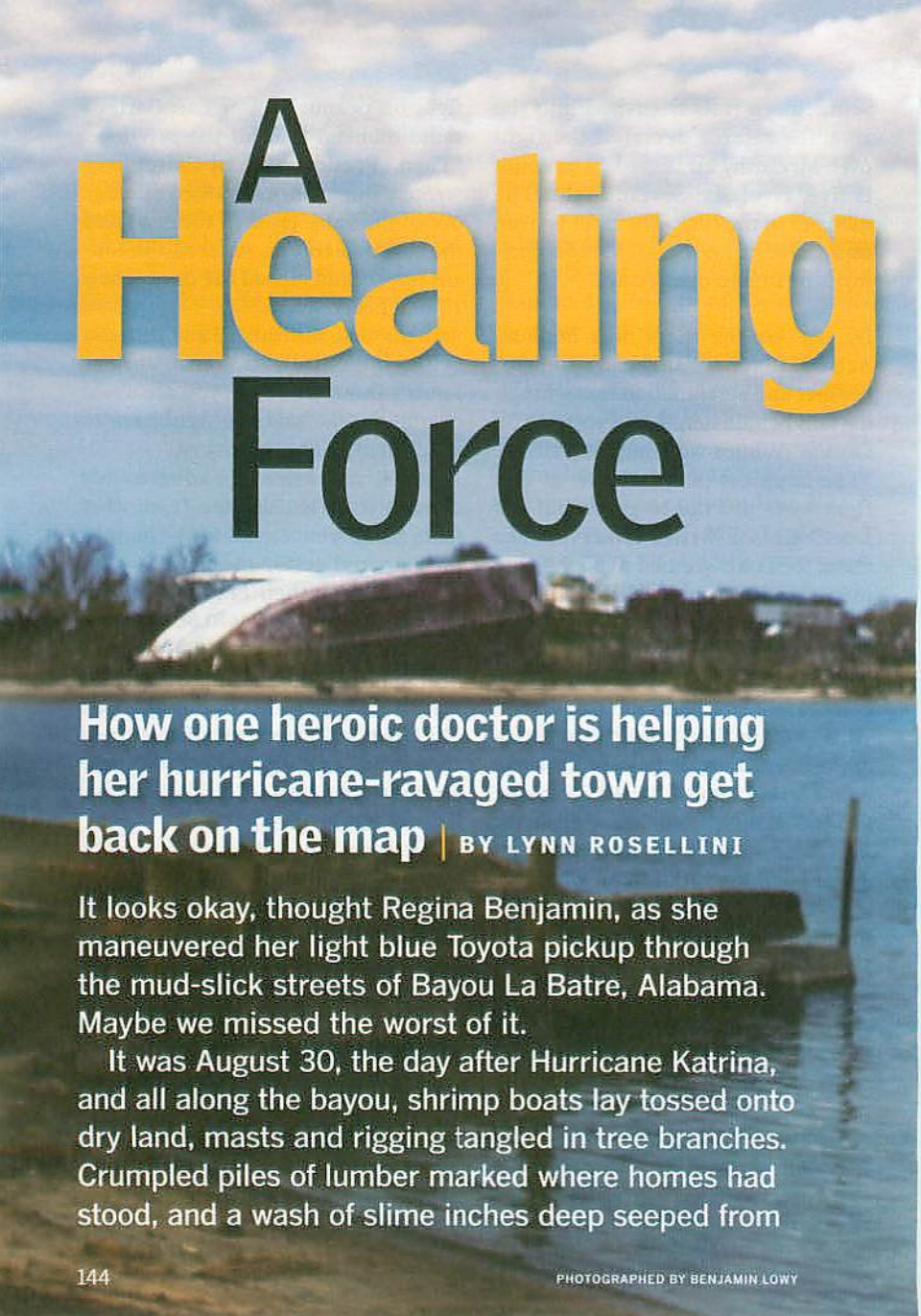


MR. FIX-IT



I took a favorite necklace to the jewelry store to have a broken clasp fixed. It was one I always wore on Valentine's Day, and I made the jeweler promise it would be ready by February 14. Before leaving, I studied the receipt. He had indeed understood my urgency. Beneath the description he'd written, "Repair a broken heart."

CELIA BOON



A Healing Force

How one heroic doctor is helping her hurricane-ravaged town get back on the map | BY LYNN ROSELLINI

It looks okay, thought Regina Benjamin, as she maneuvered her light blue Toyota pickup through the mud-slick streets of Bayou La Batre, Alabama. Maybe we missed the worst of it.

It was August 30, the day after Hurricane Katrina, and all along the bayou, shrimp boats lay tossed onto dry land, masts and rigging tangled in tree branches. Crumpled piles of lumber marked where homes had stood, and a wash of slime inches deep seeped from



Dr. Regina Benjamin stands on the banks of the bayou that rose 13 feet during Hurricane Katrina's onslaught.

the open doors of shops and restaurants. Benjamin pulled up to her medical clinic. The tidy gray building looked unscathed.

But when she opened the door, the stench was almost enough to make her sit down. Seawater, old fish and dead crabs mingled with raw sewage. Chairs and tables were tossed about as if they'd been in a washing machine.

Dr. Regina Benjamin, 49, had laid out \$800 to open her family-practice clinic in this impoverished community in 1990, and many thousands more to keep it going. If people couldn't pay—and many couldn't—she treated them for free. Clearly, she wasn't in it for the money. But now her head swirled as she stared into the ruins of her life's dream. Then she steeled herself: I can be sad and depressed later.

BAYOU LA BATRE is a hapless little village tucked along a waterway that reaches like a long blue-black finger from the Gulf of Mexico several miles into the pine-dotted Alabama interior. Seafood is the town's main livelihood, but foreign imports and rising fuel costs have driven the industry into decline. One-third of the population is from Vietnam, Cambodia and Laos, and more than one in five families live below poverty level.

When the hurricane sent a 13-foot tidal surge sweeping through, it submerged shipyards, flooded seven feet up the walls of First Oriental Market, and lapped up State Highway 188 a full two miles north of the gulf. By



Every day Dr. Benjamin drives the back roads around town, making house calls. Even months after the hurricane, the cleanup effort continues.

midmorning, as waters rose rapidly around them, terror-stricken residents climbed onto rooftops and into trees. Out on the gulf, beachfront homes built on eight-foot pilings vanished into the 100 mph winds. Days later, fishermen trawling 20 miles offshore found doors, paneling and furniture.

Though there were no fatalities, 2,000 of the town's 2,300 residents were left homeless. Few had insurance on their homes or their boats.

AS BENJAMIN SURVEYED the damage, Nell Bosarge Stoddard, 75, whom locals call "Granny," pulled up in her Ford. "Oh, my goodness," said Benjamin's longtime nurse, her voice catching. "Here we go again."

Stoddard had been with Benjamin when Hurricane Georges ripped through the clinic in 1998. Together, the two women had carefully placed



patient files out in the sun to dry. Then Benjamin rebuilt farther inland, jacking the structure up onto four-foot stilts. She still owed \$170,000 on the new building. But now it had been destroyed too.

It was hot and humid—90 degrees—but the two women put on rubber gloves and set to stripping the reeking clinic. If they didn't get it dried out quickly, mold and bacteria would render the building useless—even hazardous.

As Benjamin dragged out dripping chairs, lamps and carpet, she made a plan. She had grown up in nearby Daphne and learned early on the importance of doing for others. During the Depression, her grandmother, a matriarch of the rural community, left lemonade and sandwiches for the hobos who hitchhiked along the highway. Her mother was always available to feed a crowd or sign a

bail bond if someone was in trouble.

So Regina, after finishing with med school, ignored lucrative job offers elsewhere and returned to the region, laboring at the clinic from 7 a.m. until past midnight. On weekends, she traveled across three states to work as an itinerant emergency room physician to pay the bills.

There was never any question that she would rebuild. Again, the question was "How?"

"BILL ME." BENJAMIN, in a white lab coat with a stethoscope around her neck, was on the phone with the pharmacist at CVS. The week after Katrina, she had begun treating patients at the community center, where 240 cots were set up for homeless townspeople. Benjamin's "office" was now the stage of the auditorium. She conducted examinations right there, without even a curtain for privacy. The

nearest bathroom was downstairs.

People arrived with ugly gashes from clearing debris, infections from the foul water, and allergies from the mold. All Benjamin could do was ask them about their medical history; she had no records to consult. Patients' lifesaving medications for diabetes, asthma and blood pressure had been washed away in the storm. Benjamin treated them all at no charge.

Before Katrina, the clinic had just begun to pay its own bills, even if the doctor still couldn't pay herself a salary. But now, with expenses mounting, she mortgaged her house for \$210,000 and maxed out her credit cards—\$60,000 in debt. It would cost \$300,000 to start over. Meanwhile, how could she continue treating people here?

One day, gazing across the cacophonous scene at the community center, she had a sudden thought: A trailer would be good.

STAN WRIGHT, a tobacco-chewing oysterman serving his second term as mayor of Bayou La Batre, got the call on his cell phone. On the morning of the hurricane, with 100 mph winds still blowing, Wright had launched his 18-foot fishing skiff into the roiling waters that lapped up Highway 188. Using the police radio in his Ford pickup, he dispatched his son-in-law, a cousin and a good friend to rescue survivors by boat, while he stood at the water line, shuttling each load to the safety of a nearby church.

For hours, the tiny crew plucked people from the water: an amputee with one leg, clinging to a mattress; a man and woman floating in a children's wading pool; another terrified couple in a tree.

Since then, Wright had barely slept or seen his wife. He had 30 people staying at his home. At the community center, he supervised the feeding of 17,000 evacuees from across the county, as well as a drive-through supply center. But for Regina Benjamin, he always made time. Benjamin, he felt, had about the biggest heart of anyone in town. "She's always been there for people," he says. In fact, she was the mayor's personal physician.

"Stan. This is Regina. Think you could get us a trailer?" The mayor, wearing his customary blue work shirt and ball cap, didn't even hesitate. "Yah, babe," he said. "Whatever you want."

In ensuing days, county officials took on the job of locating a mobile medical trailer. Meanwhile, a bunch of students from Iowa's Vennard College showed up in T-shirts and boots to chain-saw the pecan and oak trees behind Benjamin's clinic, making room for temporary quarters.

Four weeks after the mayor's call, two halves of a double-wide trailer rumbled down Bayou La Batre Irvington Highway from Mississippi. After the long trip, the trailer was infested with bugs and caked with dirt. But another contingent of volunteers—this one from Mercy Ships—was ready to fumigate and scrub.

A nun from St. Vincent's Hospital



With the arrival of a temporary trailer, things got closer to normal for Dr. B and her nurse, "Granny."

in Birmingham drove down in a rental truck loaded with burgundy armchairs and framed prints for the waiting room. A relief organization from the West Coast supplied worn wooden examining tables and cartons of antibiotics, insulin and other drugs. Benjamin paid for \$1,200 worth of gravel to put on the muddy field, then hired a plumber and electrician for another \$3,000.

On October 17, seven weeks after the disaster, the clinic reopened.

With scarred walls, cracked linoleum, and a hallway so narrow that two people could barely pass, the trailer hardly seemed a symbol of modern medical care. But to Benjamin, it was beautiful.

By now, FEMA had begun to deposit

tiny white trailer homes next to the rubble of destroyed houses and in neat rows in a local park. Life in Bayou La Batre began to resume. Except for one thing. "People were starting to understand the severity of their situation," Benjamin said. "They wouldn't have jobs for a long time, and [they had] no houses."

Now, she expanded her mission to provide more than just medical care. In the late afternoons, she climbed into her pickup. Cell phone to her ear and eating cashews from a plastic jar, she rumbled down the dirt roads making house calls.

"How you doin', Miz Lee?" she called one day in November to Mary Alice Lee, 77, a short, white-haired woman with diabetes, who poked her head out the doorway of her FEMA trailer. Behind it lay the ruins of her three-bedroom house. A colossal black pig rooted in the dust.



"I miss my home," said the frail woman, stepping onto the porch with the aid of a three-pronged cane. "This is a little too small."

Benjamin was her friend, Lee said. "I rely on her. She takes everyone in."

The doctor continued down the road, stopping at a small white frame house across from the bayou. There, another family greeted her warmly. "She came by to check on us after the storm," said Jody Schultz, a lanky boat builder whose home was inundated with seven feet of water. "She does that from time to time. Just like a neighbor."

An inspector had slated the Schultz family home for demolition. The young couple desperately wanted to keep it, but didn't know how to navigate the government bureaucracy. Benjamin did. Back at the office, she telephoned one of the clinic's board members, Joseph Mitchell, who is an

With the good doctor's help, the Schultz family was able to move back into their house.

Alabama state legislator. Within a day, the Schultzes got a permit to rebuild. "It was my grandmother's house," said Jody Schultz. "She helped save it."

BACK AT THE CLINIC these days, conditions have begun to improve. Workers from a Mobile construction company tore up the old wood floor of the original 2,000-square-foot structure, ripped out wiring and insulation, and bleached the walls. Volunteers from Clark Construction in Bethesda, Maryland, are rebuilding the interior.

Benjamin, meanwhile, collected \$73,000 from her insurance company. She doesn't worry so much anymore about paying the bills. "I figure I'll find a way," she says, adding that she's currently bringing in some extra money

the investigation, reassured the Scovilles. "It's just a matter of time before we find him."

Police questioned Patty's roommate, Neil Hillmer and everyone in her wider circle of friends. They all had alibis. The police combed through Patty's address books, checked out old boyfriends, acquaintances, landlords and even former employers. They asked prime suspects for their DNA and most complied. Psychics called in with tips. Disturbed people came

Merriam, suggesting it might be the same killer. He investigated, but again, there was no link.

The Scovilles felt impotent. And frightened. When a strange car pulled up in front of their house in the middle of the night, Ann panicked. She peeked through the bedroom blinds. Could someone be stalking them? Now she locked car doors as soon as she got in. And she and David never let one another out of their sight. Crime shows on TV were so disturb-

THE KILLER WAS NEARBY, BUT HE'D MADE HIMSELF INVISIBLE.

forward and confessed, falsely, to the killing. There was no DNA match. Police tracked down hundreds of leads but came up empty. Patty's killer was likely still nearby. But he had made himself invisible.

Conventional wisdom says a case is best solved in 72 hours; it becomes less likely as time passes and leads dry up. With Patty's murder, nothing panned out.

BY THE FIRST ANNIVERSARY of their daughter's murder, the Scovilles had grown increasingly frustrated about the lack of progress. Why hadn't police caught the killer, and why didn't they demand that every adult male within 100 miles of Stowe give his DNA?

The couple prodded the police relentlessly. Hearing about the murder of a girl in Massachusetts approximately Patty's age, Ann called Bruce

ing that they stopped watching them.

Another year passed. On each anniversary of their daughter's murder, the Scovilles made the painful 350-mile journey to Stowe to plant a tree, donate a bench or do something to keep her case in the public eye. Friends and family increased the reward for information leading to the arrest of her killer to \$15,000. Nothing worked, and as the fifth anniversary approached, David and Ann were deeply disillusioned.

At a meeting with Bruce Merriam in the tiny air-conditioned reception room at the Stowe police office, they asked again and again what more they could do. Together the three of them began to formulate a new strategy. The Scovilles would move from hovering on the sidelines of the investigation, and commit themselves to advocacy.

Vermont and nearby Rhode Island, along with six other states, had yet to pass laws requiring violent criminals to give DNA samples. And neither had established a DNA databank. If those two things were put into place, Merriam told them, they had a better chance to catch the killer.

A DUSTING OF SNOW blew across the New York State Thruway in January 1997 as David and Ann Scoville headed toward Montpelier, Vermont. They

likely suspects were often serial offenders, already in prison for horribly similar crimes. And in interview after interview, they told reporters: "Patty's murderer may already be in jail somewhere, but without a DNA record, how do we know?"

Seven years after Patty's murder, thanks to the Scovilles and the work of others who joined the cause, Vermont and Rhode Island passed laws setting up DNA registries and requiring violent criminals to give DNA samples.

HER KILLER MAY BE IN JAIL. WITHOUT DNA WE'LL NEVER KNOW.

had driven the route many times, but this would be the first time they'd tell Vermont legislators the story of losing Patty—with the hope they'd pass a bill establishing a DNA databank.

It was wrenching to describe their daughter's death over and over, but sitting at a long oak table in front of the Vermont House Judiciary Committee inside the gold-domed state capitol in Montpelier, they replayed it all one more time. Holding her type-written script, flanked by two pictures of Patty, Ann took a deep breath and began. Slowly, with great self-control, she gave her testimony to the legislators. She did not cry.

Hard as it was, David and Ann never turned down a chance to advocate for change. They wanted to encourage every state to establish a DNA registry, because in their crusade for Patty, they had come to realize that the most

There was no breakthrough for the Scovilles, however. The process of collecting and profiling DNA records would take years.

IN MARCH 2005, David and Ann were vacationing in Florida. They'd spent a lazy day on a golden Gulf Coast beach, reading and lying in the sun. Returning to their seaside hotel room, they checked their messages at home. One was from Kenneth Kaplan, now Stowe's chief of police.

They called back immediately.

"I need to tell you something," he began, "but you have to keep this strictly confidential. We had a hit—a DNA match." In a scenario much like one David had predicted, a man who'd once been in prison in Vermont, but was paroled and presently out free, had tested as a strong suspect.

In 1997 Howard G. Godfrey had

been convicted of aggravated assault. He had hit a woman on the back of her head with a wooden mallet, then shoved a shotgun in her abdomen and threatened to shoot her. She was about Patty's age. At the time of Patricia's murder, Godfrey had lived only six miles from Moss Glen Falls.

Godfrey had been there all along, but undetectable until the Scovilles pushed, prodded and helped move the state of Vermont to require violent criminals to give their DNA for an offenders' databank. It was this law that finally drew Howard Godfrey into the light. Thirteen torturous years after Patty was killed, the Scovilles had their breakthrough.

In September 2004, DNA samples taken from violent criminals, including Godfrey's, were sent to a private lab for profiling. The lab's results were loaded into the FBI's national database

in February 2005 to compare with DNA from unsolved crimes. Within days, the FBI notified Vermont authorities that they had matched a sample from "Convicted Offender ID# 2000-0043" with that from Patty's case. It was Howard Godfrey's DNA.

ON MARCH 31, Ann and David sat in the Vermont District Court in Hyde Park and listened to Godfrey, 58, plead not guilty to the aggravated murder of their daughter. Now being held without bail, Godfrey is expected to go on trial in 2006 or 2007.

"At the end of TV crime shows, the case is always closed," the Scovilles explain. "When you lose a child, the case is never closed. We worked for DNA legislation so Patty would not be forgotten, and in the hope that new laws would help other victims and their families find peace and justice."

A CHUCKLE OF JOKES

A pride of lions? A crash of rhinos? What were the wordsmiths drinking when they came up with those terms? Sounds like anyone can write these things. And at OjoHaven.com they did. Witty readers suggested their own words that describe groups. Here are a few:

An absence of waiters
 An attitude of teenagers
 A brace of orthodontists
 A clutch of auto mechanics
 A drove of cabbies
 A fidget of altar boys
 A flood of plumbers
 A giggle of little girls
 A quarrel of lawyers
 A groan of puns



Submitted by JOHN CHANESKI

Buff Your Shoes With a

Banana

... and 17 other extraordinary uses
for ordinary things

BY ANDY SIMMONS

M

Y PARENTS dropped by to help with a project I'd put off—cleaning the house.

Now, Mom and Dad are—hmm, how do I put this delicately?—cheap! So when I offered to pick up cleaning supplies, they said, "Never mind. We have everything we need right here in the house. Where's the vinegar?"

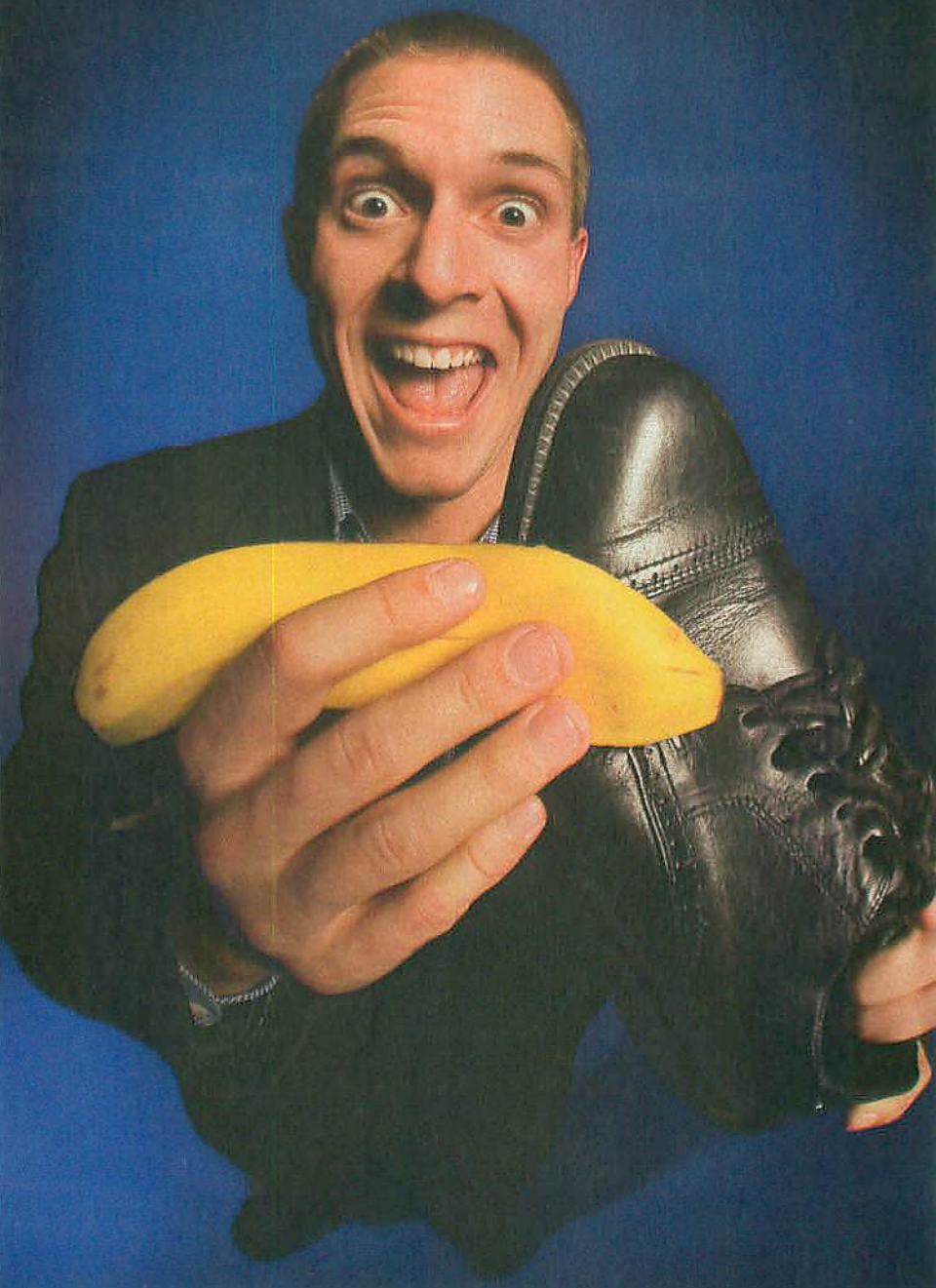
"Here," I said, bringing out the 12-year-old balsamic. Mom pushed past me and found the distilled white vinegar. She instructed me to make a sandwich and get out of her way.

As I ate my ham on white, I watched

her tackle a carpet stain with the vinegar. I thought it a bit odd, but less so than her sniffing my bookshelf. When one book caused her nose to wrinkle, she walked it over to the kitchen and deposited it into the freezer.

"That'll get rid of that stale odor for a while," she said. I nodded in agreement, although I wasn't sure what I was agreeing to. "Hey, there's broken glass here. Did you do it?"

I shrugged. Grabbing the sandwich out of my hand, Mom threw the ham to the dog, wiped the mayo across my scalp, and carefully mopped up the glass shards with the fresh bread.



From the Pantry to Your **Body**

Remove makeup:

Bear with us on this one, but if you're all out of makeup remover, a dab of shortening will do the trick.

Get chewing gum out of your hair:

Somehow, Junior's bubblegum ended up stuck in your hair. No problem. Apply peanut butter, and rub the gum till it comes out.

Facial: Don't waste mustard on a hot dog—spread it on your face instead! Use a mild yellow brand to soothe and stimulate your skin. But keep away from your eyes and test on a small area first to make sure it doesn't irritate you.

Smelly armpits: Not only will splashing a little vinegar under your arms reduce B.O., this method also does away with deodorant stains on your blouse or shirt.

Emergency shaving cream: Out of shaving cream? Take the butter from your toast and slather it onto your wet skin for a smooth shave.

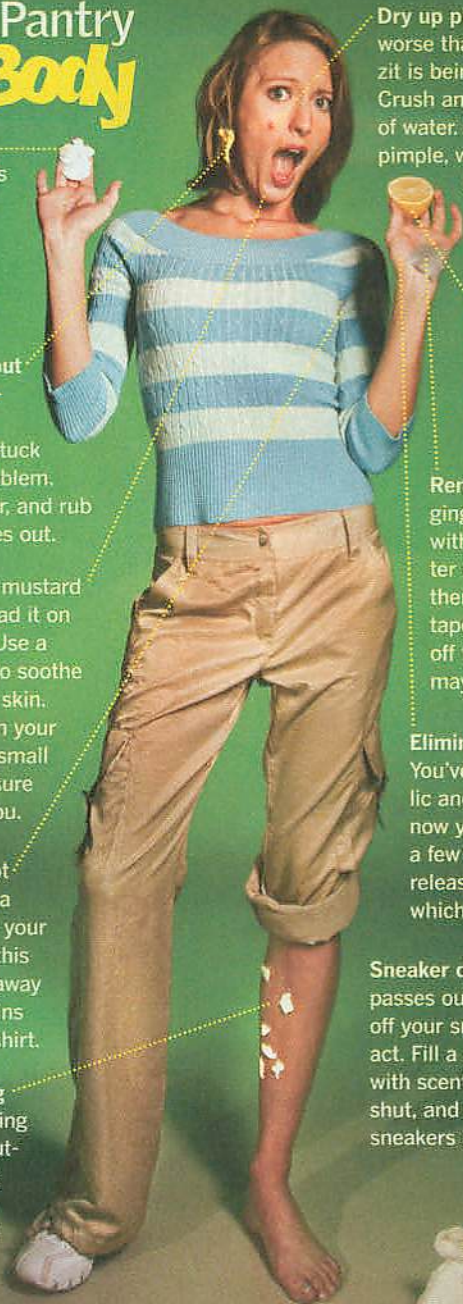
Dry up pimples: The only thing worse than being a teen with a zit is being an adult with one. Crush an aspirin and add a bit of water. Apply the paste to the pimple, wait a few minutes, and then wash off. It will reduce the redness and relieve the sting.

Soften dry, scaly elbows: Suffer from dinosaur elbows? Treat them with a lemon juice/baking soda paste.

Remove a splinter: If digging around your finger with a needle to get a splinter doesn't appeal to you, then cover the wound with tape. After three days, pull off the tape and the splinter may come with it.

Eliminate odors from hands: You've made shrimp with garlic and Limburger cheese, and now your hands stink. Rubbing a few coffee beans together releases oil from the beans, which absorbs the smell.

Sneaker deodorizer: If the cat passes out every time you take off your sneakers, it's time to act. Fill a couple of old socks with scented cat litter, tie them shut, and stuff them in your sneakers overnight.



"Hey!" I protested.

"Mayonnaise is a hair conditioner," she said. "And picking up tiny slivers of glass is easy with white bread."

Mom had lost her marbles, and I thought it only fitting that her husband should know. I found Dad in the yard mixing an ounce of vodka, some liquid dish soap, and two cups of water in a spray bottle.

"I'm hunting weeds," he said, seeing my puzzled expression.

"With vodka?"

"Apply this mixture on a sunny day." Spritz. "It won't kill the weeds." Spritz. "But the alcohol does dry 'em up." Spritz, spritz.

"You do realize that's the Grey Goose?" He didn't care.

Is everyone crazy? I thought as I walked back into the house, where Mom was buffing my shoes with banana peels.

"Mom, what are you ..." BAM! I slipped on a banana peel. "Ooh, my back ..."

"Don't move," she yelled. "I'll get the meat tenderizer!"

But first she pulled off my shoe, grabbed a sock and disappeared into the kitchen. I tried to run for my life, but Mom was quick. She returned with a paste made from meat tenderizer and water, and rubbed it on the small of my back. She then placed my sock—which she'd filled with dried kidney beans and microwaved for thirty seconds—over the paste.

Before I had a chance to call 911, a curious thing happened—my back began to feel better! The enzymes in the meat tenderizer were soothing my aching muscles. And the beanbag sock worked like a heating pad.

Suddenly, I saw things anew. My shoes *were* clean. And though the carpet smelled like salad dressing, the stain was gone. Out in the yard stood Dad, sipping his weed killer and admiring his handiwork: shriveled weeds.

As crazy as it sounds, my parents were right. We don't always have to buy specialized cleaners or expensive chemical-filled concoctions. We already own many of the things we need to clean a house, mend a household item, or soothe a bruised back.

To celebrate my clean house, I invited them to stay for dinner. They declined. They had company coming over and had to make a big salad.

"First," said Mom, "I have to throw the lettuce into the washing machine." Huh?*

This practical wisdom is as much art as it is science. So whether the solutions work for you in all situations isn't guaranteed. In other words, your mileage may vary.

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*Place a pillowcase inside another; fill with rinsed lettuce leaves; tie both pillowcases with string and throw into the washing machine with a towel for balance. Run the spin cycle, and you've turned your washer into a giant salad spinner.



giving speeches to health care groups.

Unlike many New Orleans residents, most townspeople of Bayou La Batre plan to stay put, despite their losses. *Benjamin* has applied for grants to get a part-time psychiatrist to help patients handle the hardship. At press time, she hoped the clinic would reopen shortly after the first of the year.

"There's a lot of anxiety and depression now," she says. "People who worked all their lives and never asked for anything are having to ask for everything."

The seafood industry in the gulf region is not expected to recover. Prices in the past year—before the hurricane—were among the lowest in history, with cheaper farm-raised foreign imports accounting for 90 percent of U.S. shrimp consumption. Many of the shrimp processing plants wiped out by Katrina won't be rebuilt. Most shrimpers who lost their boats had neither insurance nor money in the

bank. Many will have to find other livelihoods.

As for the town, a real estate developer plans to build an upscale tourist resort, complete with high-rise condominiums and a marina. The project may eventually create hundreds of jobs for local residents.

For the short term, though, Bayou La Batre remains a melancholy place. Pine trees, usually green all year, are windburned and brown. Mounds of refuse still line the streets, and blue tarps cover damaged roofs. But every evening, as daylight wanes, there are two reminders that life holds hope. One is the glorious, orange-hued sky as the sun slips silently into the Gulf of Mexico. The other beacon is the light blue pickup with the white-coated doctor at the wheel, rumbling across piny back roads toward the lonely lights of another distant trailer.

rd.com Want to help hurricane victims? Get involved. Go to rd.com/hurricanehelp.

COME AGAIN?

When the Hecker Pass, in Gilroy, California, had to be closed last summer to widen the shoulder, no one really knew how bad the situation was. That is, until the local paper announced on its front page, "Major route will close for 40 days in August."

Submitted by MARILYN J. MITRI

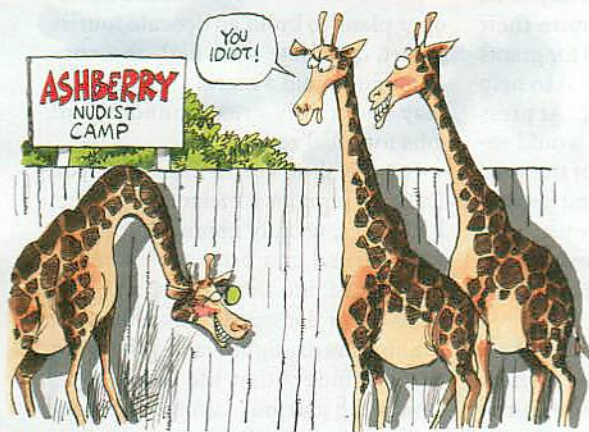
It's *Night of the Living Dead* all over again! *The State* (Columbia, South Carolina) reported, "The funeral business has launched a national effort to boost repeat business."

Submitted by J. FREEMAN

Not crazy about a word? Change the meaning. That's what the Acupuncture Board of California is doing. Its recent policy statement review stated, "The board proposes to amend Section 1399.480 to change the definition of one hour."

Submitted by TERRI BEALS

LAUGHTER, THE BEST MEDICINE



Love Is in the Air

Funny

Did you hear about the nearsighted porcupine? He fell in love with a pincushion.

Funnier

Why did the cannibal break up with his girl? She didn't suit his taste.

Funniest

Why didn't Cupid shoot his arrow at the lawyer's heart? Are you kidding? Even Cupid can't hit a target that small.

A COUPLE'S MEAL had just arrived in a cast-iron pot when the top lifted. Spotting two beady little eyes, the woman gasped and the lid slammed down.

"Did you see that?" she asked her husband.

"See what?"

Just then, the top rose, again revealing two eyes. "Waiter!" the man called. "There's something strange in that pot."

"What did you order?"

"The chicken surprise," the man said.

"Oh, I apologize, sir," the waiter replied. "This is the peeking duck."

Submitted by MIKE PILOTTI

TWO SNOWMEN are standing in a field when one says to the other, "Do you smell carrots?"

Submitted by
RYAN PATRICK HIGGINS

BUFFALO WERE roaming the range when a tourist passed by.

"Those are the mangiest-looking beasts I've ever seen!" he exclaimed.

One buffalo turned to another and said, "I think I just heard a discouraging word."

Submitted by JONATHAN BELL

I ASKED my banker for a statement, and he said, "Get a better job."

BUZZ NUTLEY

Q: What would you call an instruction manual for ventriloquists?
A: Dummies for Dummies. Submitted by MICHAEL DOOLEY

Did you hear they arrested the devil? Yeah, they got him on possession. GREGG SIEGEL

AN AMERICAN history professor was lecturing his freshman class on the Puritans. "Does anybody know what type of people were punished in the stocks?" he asked.

A kid near the door yelled, "Small investors?"

IN A RECENT POLL, one in four people said they'd donate a kidney to a complete stranger. Yeah, sure. Ninety percent won't even let a stranger merge in traffic.

JAY LENO The Tonight Show (NBC)

HOW MANY college students does it take to screw in a light bulb?

One, but he waits until the last minute to cram it in. Submitted by GREG MADDEN

Your favorite new joke or one-liner might be worth \$\$\$\$. Click on "Submit a Joke" at rd.com or see page 10 for details.

Three guys were fishing when one of them hooked a mermaid. She promised to grant each of them a wish if they'd let her go.

"Deal," the first fisherman said. "I'd like you to double my intelligence." Immediately, he began to recite Shakespeare's *Macbeth*.

"Wow!" the second guy exclaimed. "Could you triple my intelligence?" He'd no sooner made the request than he started spouting Ein-

stein's equations on the theory of relativity.

"That's amazing!" the third fisherman yelled. "Quintuple my intelligence."

"Are you sure?" the mermaid asked. "You might not like the outcome."

"I'm sure. Just do it," the guy said.

He closed his eyes to wait for the wish to be granted and—poof!—he became a woman.

Submitted by
DANNY HOCHSTETLER

Finish This Joke

Johnny swallowed a quarter. A man walking by turned Johnny upside down and patted his back with great precision. The quarter popped out.

"You must be a quarterback. Thank you!" said Johnny's mom.

Submitted by STEVEN SHWE

What did the man say to the grateful mom? You tell us! E-mail your funniest original punch line to us at comedy@rd.com, subject: February, and if it's the best (and the first of its kind), you'll win fame and riches. Well, not really, but you'll get a cool \$100.

So what's black and white and purple all over? A nun with a grape jelly habit. December's winning punch line came from Jimmy Polhamus of Ellsworth, Wisconsin.

HUNT FOR GREEN THE MOUNTAIN MOUNTAIN KILLER

For 13 years, Ann and David Scoville made it their mission to solve their daughter's murder

BY ROBERT KIENER

WHEN PATRICIA SCOVILLE LEFT BOSTON for the picturesque town of Stowe, Vermont, her parents were relieved that she would be in a safer place. Small-town folks themselves, they were concerned about their daughter living in the big city. So when their phone calls went unanswered not long after Patty moved in, Ann and David were not unduly alarmed.

An outgoing girl, a former cheerleader and the president of her sorority at Cornell, 28-year-old Patty had always been a trusting, caring child. The oldest of three children, she was a responsible kid, one who made good decisions. A biker, hiker and skier, she'd fallen in love with the village tucked into the Green Mountains where her friend Neil Hillmer's family had a vacation home. She answered an ad, found a roommate and moved in.

After three days of unreturned calls, David and Ann became apprehensive. That night in October 1991, they stood together in the kitchen and Ann called again. Patty's roommate, Annette

(PATTY SCOVILLE) COURTESY SCOVILLE FAMILY; (ANN & DAVID SCOVILLE) GLEN CALLAHAN/STOWE REPORTER



Dickinson, answered. She explained that Patty had gone to stay for the weekend at the Hillmers' house, but was due back by now. And she'd missed several appointments. Anyone who knew Patty knew she didn't behave like that. After talking with the Scovilles, Annette called the police.

David then called Neil Hillmer's home, and a Stowe police officer answered. He told David that someone would call him right back. In the meantime, he said they'd be putting out a missing person's report on the Burlington TV station at 11 o'clock that night.

It was just after midnight when the chief of police called. In response to the news report, he told them, a tip had come in. Someone had seen Patty's green Fuji 10-speed bike at Moss Glen Falls, four miles north of Stowe, earlier that day. "I think you better come up here," he told David. After a long pause he added, "Bring her dental records if you have them, just in case."

SCORES OF POLICE OFFICERS, search personnel, spotter planes, rescue dogs, volunteers and hunters familiar with the rugged area surrounding Moss Glen Falls joined the search. On the sixth day, Tuesday, October 29, as the weary and frightened Scovilles waited in their motel room, Stowe police Capt. Kenneth Kaplan came to the door.

He was sorry, he said, but they'd found Patricia. Her body had been discovered covered with twigs, pine boughs and branches just 200 feet or

so from the top of 150-foot-high Moss Glen Falls. The stunningly beautiful, crystal-clear drop of water was an incongruous backdrop to the horror



that had taken place there. Patty had been hit on the back of her head, raped, strangled.

MURDER WAS A RARITY in this safe little corner of the country—Patty's was only the third in 22 years. "We've got this guy's DNA," Bruce Merriam, the 28-year-old Stowe detective heading

were less ill but still unconscious, not one reported an NDE. "That was our most important finding," Morse says. "Only those who are actually near death have near-death experiences, suggesting that these are not psychological or physiological events." Nor, it would seem, are they tied to anesthesia, medication or pain itself.

In addition, Morse stumbled upon one more twist. While Moody suggests that those crossing into another realm share similar experiences (e.g., serenity, separation from the body, going to the light), Morse found that NDEs were, in fact, quite idiosyncratic.

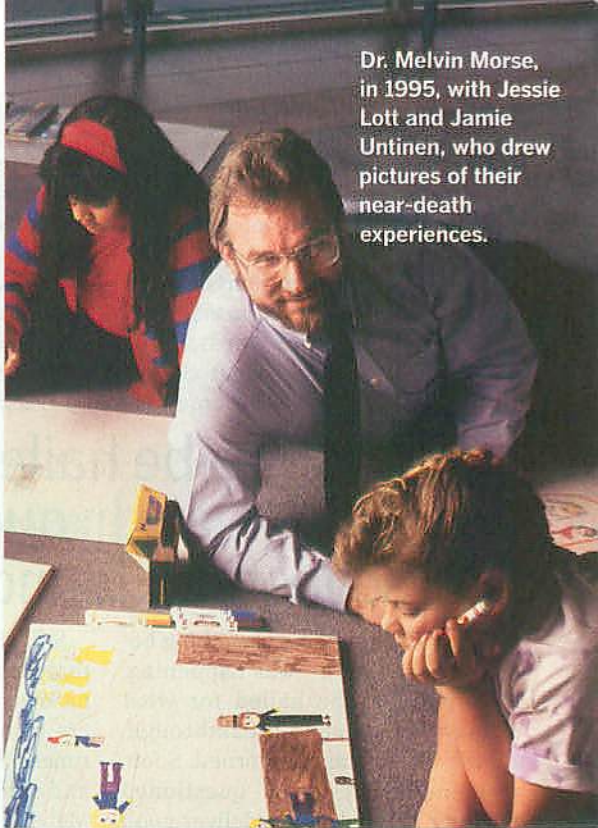
Eight-year-old Chris Eggleston, who had been trapped inside his family's car when it plunged into a river, recalled going into a "huge noodle" and entering an "animal tunnel," where a bee gave him honey and took him to heaven. Michelle Wilson emerged from a diabetic coma to describe finding herself aboard a rowdy school bus where two tall doctors showed her a green button she could push to wake up. Seven-year-old Chris Davis, who was rescued from a collapsed tunnel on a beach, reported that a "wizard all dressed in white came to me and said, 'Struggle, and you shall live.'"

As powerfully as such stories moved

him, Morse says he was determined to "produce a study that would hold up under the most stringent peer review." To that end, he pored over the medical records of each patient, documenting the drugs they took, the anesthesia used on them and the level of oxygen in their blood. His team of med students combed the literature in search of reports of drug use, psychological states or oxygen deprivation that might have produced hallucinations similar to near-death experiences.

By the time he published his results in the *American Journal of Diseases of Children*, Morse felt he was on solid

Dr. Melvin Morse, in 1995, with Jessie Lott and Jamie Untinen, who drew pictures of their near-death experiences.



ground in asserting near-death experiences are not the result of drugs or sleep deprivation, nor are they merely bad dreams. And as provocative as the experiences he'd documented were, he was careful to stay on firm scientific ground, labeling them "natural psychological processes associated with dying." In other words, while he could not explain what caused NDEs, he could prove that something

Perhaps the most original theory was suggested by Carl Sagan, the renowned astronomer, who proposed that these events are actually psychological replays of being born—traveling through a tunnel (the birth canal) toward a lighted environment. But, says Morse, many of the children who were close to dying and had reported passing through a tunnel were born by C-section.

Prepared to be hailed for a major breakthrough, Melvin Morse instead found scorn.

consistently strange—something beyond explanation—was happening.

Prepared to be hailed for what he saw as a major breakthrough, Morse found himself scorned. Soon, prominent physicians questioned whether he could even deliver good patient care.

SKEPTICS HAVE ADVANCED a number of theories to explain the visions of dying patients. Some doctors attribute them to "anesthetic agents" administered in the hospital, even though Morse found that many of these same people were dying far from a hospital setting. Others consider the visions to be hallucinations produced by narcotics, endorphins or profound oxygen deprivation—none of which, insists Morse, have been shown to correlate with the near-death experiences he documented.

Still, there are few scientific studies that Melvin Morse can cite to bolster his own case. And even some admirers of his work say that he sometimes blurs the line between science and spirituality. "I look on some of Melvin's ideas not as established facts, but rather as provocative proposals that stimulate others to gather the data required to test them," explains Bruce Greyson, the Carlson Professor of Psychiatry at the University of Virginia.

MORSE BELIEVES that the medical community rejects his conclusions for a variety of reasons—one being his willingness to talk about death as a positive experience.

"There's a feeling that people come to doctors to keep living," he says, "that if death is treated as a result that isn't necessarily negative, then we

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may not do all we can to avoid it."

Consider the case of Jessie Lott. She was nine years old when her heart stopped. She later told Morse she'd seen her dead grandmother. Now in her mid-20s, Lott hasn't forgotten a single detail of that encounter, including what it felt like. "I was never more alive than when I was dead," she says. "I still feel that way, and I refuse to be ashamed of it."

Are such visions real? "I don't know," says Morse. "I don't think we're supposed to know." What he does know is that they offer his young patients tremendous peace and the courage to face their illnesses.

MORSE HIMSELF WONDERS more and more about where exactly the boundaries of his inquiry lie. "I admit that the older I get, the more important the spiritual dimension of this is to me," he observes. "But I'm deliberately holding back from dealing with it. Because I know that once I cross

that line, I'm no longer a scientist."

And it is because he is a scientist that Morse despairs of ever adequately explaining near-death experiences. He recalls a conversation he had with Ian Stevenson, a University of Virginia research professor best known for his studies of children from India who recall past lives.

"Okay, Ian. What's the bottom line?" Morse said. "Is reincarnation real or not? You've studied it for 25 years now. What conclusion have you reached?"

"It's a gray area," Stevenson replied.

That answer stuck with Morse. "I've started to wonder if that's the best answer any of us in this field will ever be able to give."

Morse takes a deep breath. At times, it seems as if the universe itself is preventing him from finding the answers he seeks.

"I tell you, there's a mind at work here," he says. "One that is perversely skewed toward keeping us from ever proving its existence."

CUPID, DRAW BACK YOUR BEAU



"Eeww!" That's the reaction most women have to the average pickup line. Seeing as how Valentine's Day is nigh, we thought we'd unveil some "romantic don'ts."

- Are you a parking ticket? 'Cause you've got *fine* written all over you.
- Do you believe in the hereafter? Well, then I guess you know what I'm here after.
- Do you have a Band-Aid?

Because I just scraped my knee falling for you.

- Do you have any raisins? No? How 'bout a date?

pickuphelp.com

Just be glad we don't make toilet paper.



A super scrubby head for a super clean toilet.

Surprising Secrets to Unshakeable Confidence

Get the high-performance
payoff that gives you
an edge |

BY SALLY KOSLOW



IMAGINE TWO PEOPLE of equal skill applying for a job. Would you pick the person who is less confident? *Ever?* Quite simply, a positive sense of self can transform your life.

Rosabeth Moss Kanter, PhD and author of the bestselling book *Confidence: How Winning Streaks and Losing Streaks Begin and End*, has honed the definition down to its essence: "Confidence is the expectation of a positive outcome," says Kanter. A professor at Harvard Business School, Kanter helps translate textbook concepts about success and attitude into practical results. "The fact is," she says, "confidence makes you willing to try harder and attracts the kind of support from others that makes 'winning' possible."

In marriage, it makes you more capable of hearing the feelings and criticisms your partner really needs

you to hear. In the business world, confidence bridges the chasm between the person who'll ask for and receive a raise, and the employee who accepts the status quo; between the salesperson who gets bummed out by rejection and stops cold-calling, and the one who forges ahead and scores the mega sale.

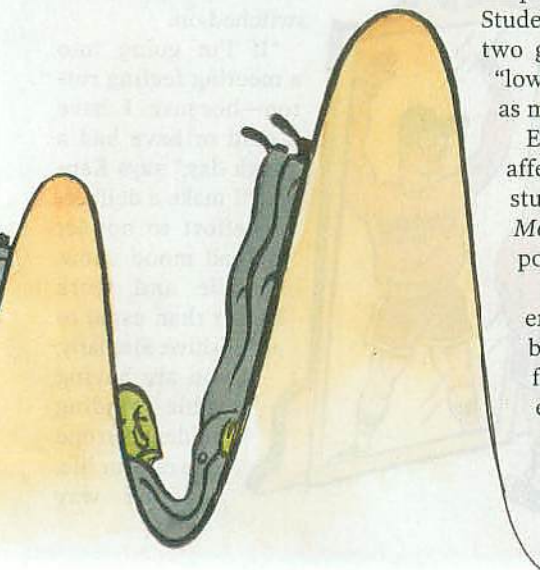
If, like most people, your confidence could use a boost, here are strategies on how to develop it quickly—and keep it working for you the rest of your life.

I The toes and shoulders test

Remember how Eliza Doolittle was transformed from a lowly flower seller into a confident grande dame in *My Fair Lady*? In the 1960s, Harvard researcher Robert Rosenthal studied how you can make people succeed simply by labeling them "successful." Students were randomly assigned to two groups, "high-potentials" and "low-potentials." Those singled out as more successful ... were.

Even a hint of praise or scorn can affect our performance. A recent study, published in *Perceptual and Motor Skills*, demonstrated how powerful a few words can be.

Forty competitive tennis players were shown digital images of balls coming their way. Just before each ball appeared, the players saw or heard comments like "Good shot" or "Bad shot." The reaction times of players hearing negative remarks were



measurably slower. And these were athletes who trained frequently to play a consistent game and not make unforced errors.

What's the explanation? Negative feedback undermines *anyone's* belief in his or her ability to succeed. But if you can hold on to a winning attitude, you'll make a greater effort and also create positive momentum. Confident people inspire others; opportunities seem to come their way more often. They become magnets for success.

At the most basic level of daily activity, confidence shows itself in body language, demeanor and in one's surroundings. Chris Wallace, general manager of the Boston Celtics, used the "toes and shoulders test" to see if pro basketball players were likely to win. He looked at whether players were sticking close to the ground or were up on their toes; whether their shoulders were sagging or they were standing tall—all to determine if they were really fully focused on the game.

Your body language and attitude send signals. Often the first thing Kanter suggests executives do to boost morale in a business that's failing is to refurbish the workplace. It's one more way of labeling yourself successful. Harvard Business School, where Kanter teaches, is

not beautiful by accident: "The surroundings inspire people to live up to high standards," she says. "And don't assume that treating yourself to a good haircut or a stylish suit is frivolous, either," Kanter adds. "You don't do those things to dazzle someone, but to build confidence in advance of victory."

2 How to get to Carnegie Hall

"Learn the importance of giving yourself pep talks, and keep the voice in your head positive," says Kanter. "I've observed this in athletes, who talk to themselves before and during competition. The best athletes' success is rarely due to raw talent alone. It's because they're simply better prepared." They stay focused, they're willing to work as hard as they need

to, and they keep the positive voice in their heads switched on.

"If I'm going into a meeting feeling rotten—because I have a cold or have had a tough day," says Kanter, "I make a deliberate effort to not let my bad mood show. I smile and work harder than usual to act positive. Similarly, if you are having trouble finding confidence in one area of your life, another way



to 'coach' yourself is to create confidence in a different area and leverage it. If you walk into a situation smiling because of satisfaction you've gotten elsewhere—even something that's as simple as a book club you've joined—you are more likely to provoke a positive response," Kanter comments. "There's evidence that these feelings are contagious."

Perhaps the most important aspect of being your own coach is to do what any outside adviser—or a good parent, for that matter—would preach: practice, practice, practice. Even though Kanter has been a top-gun consultant for years, she admits that she still "almost always over-prepares for lectures," and suggests that others do the same. Recently she traveled to India to consult with a group of executives. "I had to leave two days early in order to arrive on time," she says. "Practically all I did for those two days was rehearse. When the flight attendants on the plane spoke to me, I literally didn't hear them. Whenever I travel for business, I work on the plane, and try to avoid chatting with those around me."

3 Flying without spoons

Avoid individuals who suck your energy and diminish your confidence. You know who they are: Steer clear of them. Hang out with the people



who see you at your best, and remind you about it every so often. Pessimists drag you down, as do whiners and critics.

At work especially, stay away from gripe sessions. "If there are legitimate concerns, you should express them, but make it a rule not to complain unless you all agree to try to solve problems," says Kanter. "Confident people have the sense that they are in control, and can take action that will make things happen.

"I love a story from Continental Airlines," Kanter adds, "where the boss wanted each employee to help reach the goal of making sure the planes took off on time. One day a flight attendant noticed that they were delayed because the catering department hadn't provided spoons. She took it upon herself to say, 'Okay, we're going to fly anyway, and I'll explain it to the passengers.' It's a small thing that was big: She showed she had the confidence to be in charge because she knew she was surrounded by people who would support her."

4 The angry e-mail file

If there's one winning behavior that people building confidence should model, Kanter emphasizes, it's the willingness to get back into the game after a setback. "Don't whine or nurse your wounds," she says. Yes, you've heard it before, and, yes, you need to get in there and try again.

There are, however, important caveats. Panicking can compound a small misstep by causing you to lose your head and forget to think clearly. "If you suffer a terrible loss, give yourself time to absorb the blow," Kanter stresses. "Don't deny the hurt or try to solve the problem immediately. Gather your support system around you and simply get nurtured. This is what I did when I lost both of my parents within a few years of one another. We were very close, and I missed them terribly. I made a point of reaching out to friends—I called people and asked if we could go for a walk, or if I could come to dinner. Sitting around and thinking about your loss is the worst thing you can do to solve your problem."

Panic following a stressful situation may cause you to seek an instant—and often wrong—solution. "Write the angry e-mail—but don't send it in the cold light of day," says Kanter. "If you are feeling panicked, it is not the moment to spring into action, because you'll be too emotional.

I've seen this in sports, where athletes forget to do what they know well and start making stupid mistakes." Your basic rule of thumb: Panic makes a small fumble worse.

5 Let the Confidence Games begin

When Kanter advises executives, she stresses the importance of recognition and praise: "Bosses who have both big plans and the human touch, who walk through corridors acknowledging and complimenting people, can make a huge difference in the confidence level—and in the success of their companies."

The recognition itself does not need to be a big deal, but it does need to be genuine. When Tom McCraw coached for the Houston Astros, he offered a

\$100 reward to the player who drove in the winning run. "Guys making million-dollar salaries chased me around after the game for that money," he said. The cash itself wasn't the point: It was the recognition of the contribution. Continental Airlines found success with the same practice. One year, they offered a \$65 bonus to all employees if Continental managed to score in the top four airlines in on-time arrivals. The results speak for themselves. The airline's performance went from seventh place to first—and some \$2.5 million in bonus



Confidence Jump-Starters

• **Keep trying.** "I always hoped I'd get confidence for Hanukkah," admits actor, producer and director Henry Winkler, 60, who spent years auditioning or doing commercials before his big break, *The Fonz*. Winkler, a dyslexic, has said that reading lines cold was "out of the question." Now he's added writing to his career. Winkler's books encourage kids with learning challenges to be more confident. His latest is *Hank Zipzer: The Secret Life of a Ping Pong Wizard*.

• **Keep talking.** "When I

feel I must speak up, I literally rehearse," says Betsy Teutsch, 52, a Philadelphia artist. "I often do this when walking. I used to be uncomfortable wandering around my neighborhood talking to myself, but since everyone started using headphones, I figure people will presume I'm talking to someone else!"

• **Give yourself a break.** At 29, with three small children, Barbara Bartocci of Kansas City was widowed. "I felt I was drowning without a husband to say, 'I love you,'" she recalls. "Although I

went on to grad school and moved my kids cross country, it took years, and therapy, to see myself as someone who could really manage on my own. My emotional self-assurance led to confidence.

"Later, my confidence ebbed as I stayed in a second marriage longer than I should have because I was afraid of loneliness. When I finally divorced, it was like seeing the sunlight after a dark night, and my self-confidence returned. I was surprised to realize I'd been lonely in my marriage."

checks were distributed to Continental employees.

"Find the strength in somebody else, and tell them how you feel about them," says Kanter. "Be specific in sharing with people what they've done that pleases you. Even in marriage, husbands and wives often don't know what their partner really likes about them. My husband is extremely cheerful, especially in the morning. I tell him how much it means to me that he wakes up happy, when I may not feel that way. It's a small thing, but after 33 years we have a very close, solid marriage."

Unfortunately, in the workplace es-

pecially, not everyone gets the praise they need to feel confident. Kanter suggests the reason may be that your boss is getting no recognition from his or her boss: "People who don't have anything to feel good about can become petty simply to prove how important they are.

"If you get stuck working for someone like this, it can sap your confidence. You may start thinking you're a loser. If that happens, find a situation in which you can win. Look for another job, get together with co-workers to try to change things, or put your efforts into something outside of work."

6 Remember Kanter's Law: Everything can look like a failure in the middle.

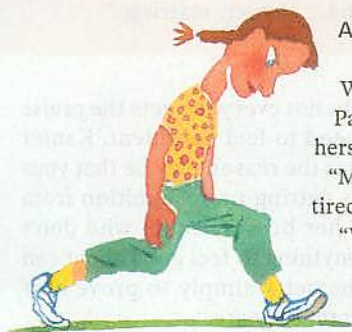
Winning is often the result of persistence, of not giving up when your goal appears to be in jeopardy. "When you adopt the attitude that if you do something it will make a difference, that's confidence," she says. "Look at your situation and think of yourself as being in the middle of it. The story is rarely over, even when the great majority think it is—something every sports fans knows."

Kicker Adam Vinatieri helped the New England Patriots defeat the Miami Dolphins 27-24 on December 29, 2002, when he kicked a 42-yard field

goal in the final seconds, after many spectators had already gotten up from their seats to make their way out of the stadium. This event got fans saying, "It's not over until Vinatieri kicks." Sure enough, in the 2004 Super Bowl, Vinatieri kicked the game-winning points for the Pats in the final few seconds.

CERTAINLY, there will still be moments and situations that just aren't going to go your way, and this is the time when confidence needs to be tempered by realism. If you believe in yourself so strongly that you act rashly, confidence can actually make you "stupid."

So handle it with care—and use your new confidence wisely.



A FULL-BODIED WHINE

While sitting in New York City's Central Park, I watched a little girl as she dragged herself up a path behind her mother.

"Mommy," she griped loudly, "my feet are so tired."

"Well, of course your feet are tired," said the intrepid mother, still charging ahead.

"They're only five years old. You've got to break them in."

KARI MORRIS

Our newborn son, Noah, was resting comfortably in my father's arms when our minister stopped by one day. Suddenly, Noah burst into tears.

"That's odd," the pastor observed. "He should be used to my voice. He's been hearing my sermons every Sunday for nine months."

"Yeah," Dad said, "but this is the first chance he's had to comment on them."

TARA RUEL

If You Purchased Invisible or Transparent Tape, A Class Settlement May Affect Your Rights.

You may be affected by a proposed settlement of a class action lawsuit about 3M invisible and transparent tape. The United States District Court for the Northern District of California authorized this Notice. To learn about the Settlement and if you are affected, please read this notice carefully. More information about the Settlement is in a detailed notice available by visiting the website or calling the toll-free number below.

Are You Included in This Settlement?

You are a member of the Class that is included in the Settlement if you purchased 3M invisible and/or transparent tape for home or office use from January 1, 1993, to August 5, 2005. You are not included if you purchased tape for resale. The tape products involved in the Settlement include Scotch® Magic™ Tape, Scotch® transparent tape, Highland™ tapes and other invisible and/or transparent tape made by 3M. If you wish to remain in the Class, you need not do anything in response to this notice.

What Is the Lawsuit About?

The Settlement resolves a class action lawsuit in federal court and similar lawsuits in state courts. Plaintiffs in the lawsuits claim that 3M rebate programs and other sales practices caused retailers to charge too much for 3M tape. 3M denies that its sales practices led to higher prices. The courts have not made a final decision about the issues in the lawsuits.

What Are the Terms of the Settlement?

If the Settlement is approved, 3M will donate \$41 million worth of tape and other home and office products to charities throughout the United States. The charities will use the products in carrying out their charitable work or distribute them to other organizations that also serve the needy. Products will not otherwise be distributed to the Class. 3M will also pay the expenses of the litigation and settlement, including amounts the Court may award as fees and expenses to the lawyers who represent the Plaintiffs. The Court will decide what amount to award, but will not award more than \$7.5 million. Plaintiffs' Counsel will also request incentive awards for some of the Plaintiffs who filed the lawsuits, up to a total of \$15,000. These fees and expenses will not reduce the amount of products 3M will provide to charities. In return, the lawsuits will be dismissed, and the Class Members will give up their right to sue, or continue to sue, 3M and those who purchased invisible or transparent tape from 3M for resale over any claim that a Class Member paid too much for 3M invisible or trans-

parent tape, or was otherwise injured by such a tape purchase, because of any 3M rebate program or other sales practice involving invisible or transparent tape that was in effect from January 1, 1993 to August 5, 2005. 3M has reached an agreement with certain class members who filed cases in state courts shortly after the parties reached agreement on the terms of this Settlement, but before the written Settlement Agreement was signed. The agreement provides for dismissal of those cases, subject to state court approval if required, following the effective date of this Settlement, at which time counsel for those class members will apply separately in state court for approval of legal fees and expenses.

What Are Your Legal Rights?

You can decide whether to stay in the Class or not. You may seek advice and guidance from your own private attorney, at your own expense, but you are not required to do so.

- **If you stay in the Class**, you will give up the right to sue, or continue to sue, 3M or those who purchased invisible and transparent tape from 3M for resale, and you will be bound by the Court's decisions that require that. To stay in the Class, you don't need to do anything. The Court has appointed Plaintiffs' Counsel to represent the Class. You don't have to pay Plaintiffs' Counsel.
- **If you stay in the Class**, you can tell the Court if you object to the Settlement or any part of it or to the requested award of attorneys' fees and expenses. You can also file a notice of appearance and take part in the Court's hearing on the Settlement. Your written objection or notice of appearance must be postmarked by March 28, 2006.
- **If you don't want to stay in the Class**, you can "opt out" by asking the Court to exclude you from the Settlement. Your request for exclusion must be postmarked by March 28, 2006.

Approving the Settlement

The Court will hold a hearing in this case (*Conroy et al. v. 3M Corporation et al.*, C-00-2810 CW) on April 21, 2006, at 10:00 a.m. The hearing will be held in the United States Courthouse, Courtroom 2, at 1301 Clay Street, Oakland, California. The Court will decide whether to approve the Settlement as fair and reasonable and whether to award fees and expenses and incentive awards.

For details on how to exclude yourself, file an objection, or appear at the hearing, please visit the website or call the toll-free number listed below.

**For complete information, you can call toll-free: 1-800-393-2786
or visit: www.InvisibleTapeSettlement.com**

BOOK BONUS

MY WAKEUP CALL

**EVERY ONE OF MY PATIENTS
WAS A HEART ATTACK WAITING
TO HAPPEN. TURNS OUT
I WAS TOO.**

BY MIMI GUARNERI, MD

FROM "THE HEART SPEAKS"





1 **WHENEVER I'M ASKED WHETHER STRESS CAN ACTUALLY CAUSE** a heart attack, I think of Paul Ross. When he became my patient, I had already finished my cardiac fellowship at Bellevue Hospital in New York and moved to San Diego, not for the beaches but for the cardiac catheterization lab at Scripps Clinic in La Jolla, where the coronary stent was pioneered. Most patients didn't walk into my office but were ushered in, ashen and terrified, having glimpsed their own mortality.

Some 335,000 people succumb each year to coronary heart disease, most from sudden death. Paul could have been one of them. In his late 40s, burly and bearded, this CEO of an alternative health care company was a classic workaholic who oversaw everything from profit margins to product placement. He was the type of guy who talked on the phone, perused *The New York Times*, and kept an eye on CNN while jogging on a treadmill. Except he'd omitted the treadmill lately. Having recently hiked to 10,000 feet in the Swiss Alps and fathered a baby daughter, he felt not only at the apex of his life but invincible. He reminded me of the guy who said, "I thought death might make an exception with me."

In 2002, Paul's company had fallen into financial trouble. Standing at the podium during a tense shareholders' meeting, he felt a pressure in his chest and a massive wave of nausea. He tried to ignore it.

"As you can see, the dip in our valuation is a result of the nationwide equity slump," Paul explained, delivering his PowerPoint presentation.

As angry questions came at him, Paul began to sweat profusely. He continued to feel discomfort in his chest—classic signs of a heart attack. Paul was, in fact, harboring blockages in three major arteries. Fatty deposits called plaque had been forming for years, caused by a rich diet, genetics, inactivity and chronic stress. Over time, the deposits had narrowed Paul's arteries and reduced blood flow to his heart. Now, under pressure, he began to produce stress hormones, which caused his blood pressure and heart rate to increase and his arteries to grow even narrower.

A blockage caused by plaque is like a pimple in the arterial wall. As Paul grew more stressed, the cap on one of these pimples ruptured, the blood became exposed to the sticky material in the plaque, platelets began to stick, and a clot formed, closing off an artery. It wasn't until Paul became light-headed and developed shortness of breath that he understood he was in trouble. "I need to be excused," he blurted, staggering offstage. He lay down on the floor in an anteroom, and a colleague found him and called 911.

2 **AS A CHILD GROWING UP IN BENSONHURST, BROOKLYN,** I was fascinated with hearts. In science class I studied the red anatomical model that showed mysterious chambers, vessels and valves. Sometimes I pressed my hand over my heart, amazed that I could actually feel it, a perpetual drumbeat that kept me alive.

Nothing, though, prepared me for the demise of my vivacious mother, Sarah, when I was eight years old. One night, saying she had pain in her chest, she climbed into bed and promptly died of a heart attack. She was just 40 years old. It was a defining event for me, the shock of my young life. Nearly a decade later, my father, Joseph, died from heart disease, too, at age 50. I became a cardiologist partly to overcome the powerlessness I felt as a girl, trying in some symbolic way to heal the hearts of my family.

Now Paul Ross, with chest tightness, sweating and shortness of breath, would become my patient. EMTs had taken him to the ER, calling out, "White male, MI, BP 190 over 100, pulse 130." Seeing the test results, the attending physician muttered, "It's the widow-maker," referring to a particular

All patients' names have been changed to protect privacy.

'PAUL, YOU'RE ON THE TRACKS AND THE TRAIN'S COMING. YOU CAN STAND THERE, OR YOU CAN GET OFF. IT'S YOUR CHOICE.'

blockage in one of the main blood vessels—the left anterior descending.

An emergency angioplasty was done. A catheter with a small balloon at the tip was threaded into Paul's blocked artery and inflated to stretch it and flatten the plaque. In 48 hours, he was released from the hospital. That's when the heavy lifting began. He arrived in my office a week later, pale and shaken, flanked by his slender wife, Julie, and his infant daughter, Aimee.

For me, working with a heart patient is a collaboration. For lasting change to occur, I can't just be a mechanic, unblocking an artery or fixing a leaking valve; a patient has to be involved in his or her own healing. I drew a picture for Paul of his blocked arteries, outlining a treatment plan.

Paul had many key risk factors. He carried his weight in the midline. He had high blood pressure and low HDL, or "good" cholesterol. He had high triglycerides. He was underexercised. The only things he didn't have against him were diabetes and cigarette smoking. His blood tests, though, revealed



Spirited Away

Kids near death report surprisingly similar experiences. What can we learn from them?

BY RANDALL SULLIVAN FROM ROLLING STONE

WHEN SHE ARRIVED AT THE HOSPITAL in Pocatello, Idaho, in the spring of 1982, seven-year-old Kristle Merzlock was in a coma after spending 20 minutes at the bottom of a swimming pool. Bill Longhurst, the lanky physician who received Kristle in the emergency room, quickly summoned pediatric intern Melvin Morse, then 27, the only doctor at the hospital who had performed a significant number of resuscitations. But even Morse, with all his experience, and his outstanding academic credentials—a medical degree from The George Washington University and a research fellowship funded by the National Cancer Institute—was not prepared for what was about to happen.

Kristle's pupils were fixed and dilated, Morse recalls, and she had no gag reflex. A CAT scan showed massive swelling of her brain. A machine was doing her breathing, and her blood pH was extremely acidotic, a clear indication of imminent death. "There was little we could do at that point," Morse says.

So when Kristle survived, emerging from her coma three days later with full brain function, Morse was amazed. More extraordinary still, his worldview was profoundly altered when Kristle recognized him. "That's the one with the beard," she told her mother. "First there was this tall doctor who didn't have a beard, and then he came in." That was true. Morse sported a beard, while Dr. Longhurst was clean-shaven.

Kristle then described the emer-

MORSE WAS ENTERING a field that had not existed a decade earlier. The first public consideration of "near-death experience" came in 1975, when medical student Raymond Moody published a bestselling book titled *Life After Life*. Based on his interviews of resuscitated patients, Moody described the elements found to be common in such experiences: a sensation of serenity, separation from the body, entrance into a dark tunnel, a vision of light, and the appearance

She described details of the ER, even though she'd been comatose the whole time.

gency room with astonishing accuracy. "She had the right equipment, the right number of people—everything was just as it had been that day," Morse explains. She even correctly recited the procedures that had been performed on her. "Even though her eyes had been closed and she had been profoundly comatose during the entire experience, she still 'saw' what was going on."

Suddenly, everything Morse had been working on previously struck him as being "quite boring." He teamed up with Kimberly Clark Sharp, a clinical social worker in Seattle, to begin researching near-death experiences (NDEs) in children. Their work would come to be known as The Seattle Study.

of family members who offer help.

Seven years later, The Seattle Study focused on 147 critically ill kids—26 of whom came close to dying—at Children's Hospital in Seattle. Their ages ranged from 3 to 17. Working with kids had clear advantages. "The adult near-death experience is cluttered by cultural references and contaminated by the need for validation," explains Morse. "But in kids, it's pure. Kids don't repress the memory or fear the ridicule that might come from talking about it."

Over the course of the study's 10-year span, Morse discovered that of the 26 children who came close to dying, all but two reported NDEs that were eerily similar to what Moody had described. Yet of the 121 patients who

that he had metabolic syndrome, which predisposed him to diabetes mellitus. "First, we'll tackle your diet," I told him. "Triglycerides come from simple carbohydrates and sugar."

"I don't eat any of that," he insisted.

Then I began to recite a list of common high-glycemic-index foods—honey, bagels, pretzels, white rice, white bread, potatoes, alcohol, cookies, cake, candy, popcorn. I could tell Paul hadn't realized how many foods were included. "From now on, eat only low-glycemic-index foods that won't increase your insulin level or create weight around the midline," I said. "Have plenty of green vegetables and omega-3 fatty acids, such as in wild salmon and trout." Instead of fruit juices, I steered Paul toward water and herbal teas. Instead of tropical fruits such as pineapple and mango, I recommended low-sugar fruits like apples, berries, pears, peaches and plums.

Finally I showed him the results of the Lyon Diet Heart Study, one of the best nutritional studies in cardiology. Published in 1999, it was a four-year follow-up of more than 600 men and women in France who had experienced a first heart attack, which put them at risk for a second. Nearly half the participants were advised to eat a Mediterranean-style diet rich in fruits, vegetables, fish, olive oil, and beans. The data showed a marked decrease in cardiovascular events, including death, in randomized participants.

But Paul still had stress. He jiggled his leg and fumbled with a cell phone, his anxiety apparent. "How could this have happened? I'm not even 50!" he exclaimed. His wife replied softly, "You're a work junkie, Paul."

3 **I'M ALWAYS AWARE THAT IT ISN'T A DISEASE SITTING ACROSS** from me but a person with a complex history. Paul had shown me what lurked beneath his sweet-faced demeanor: fidgety legs, red face, anxious manner. His wife and I were silent as he got up and paced the room. Then, when he sat down, I said, "Paul, you're on the tracks and the train's coming. You can stand there, or you can get off. It's your choice."

He looked at his daughter, who, on cue, began to cry. "She's getting a tooth. God, I hadn't even noticed," he said. Then his own face collapsed; he bowed his head. "I want off the tracks," he finally said. "Help me. Please."

Athletes, actors, and currency traders all thrive on adrenaline. They take advantage of a spike in stress hormones during the day for performance

and allow the levels to drop back to normal at night. But most of us register stress much more deeply. An alarm startles us from sleep, beginning a flow of stress hormones throughout the day. Honking horns, looming deadlines, ringing phones shift our heart into high gear. As blood pounds with extra force, it's as if our body is screaming, "Fire!" Chronic activation of this stress response harms our cardiovascular system, causing high blood pressure, inflammation and blood-vessel damage.

How could Paul minimize his risk of stress? One way was to identify and avoid personal triggers—situations like getting stuck in a bank line that sent him through the roof. He could also learn techniques that allowed him to control anxious sensations. Research has shown that stress reducers such as visualization, hypnosis, deep breathing, meditation and yoga have measurable effects on cardiac risk, helping to relax arteries and reduce levels of stress hormones. But what if your whole life is stressful?

In Paul, I recognized a set of behaviors and beliefs that were all faintly familiar. Overbooked, overworked and full of denial. Smart, strong-willed and yet almost blind to certain aspects of life. Who exactly did he remind me of? One night, looking in the mirror, I got it. It had been me.

4

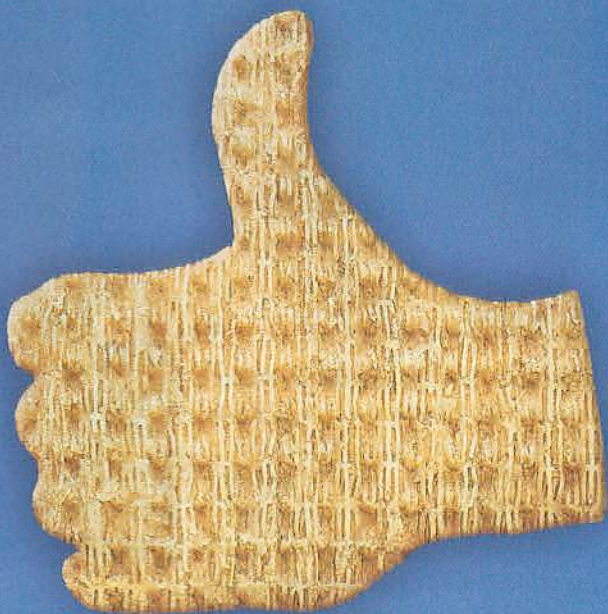
IN MY 30S, I WAS A CLASSIC TYPE A OVERACHIEVER, STRESSED

out, underexercised, with my own complicated heart and history. For years I'd led a typical doctor's lifestyle, working long hours and grabbing pizza and cookies at the nurses station. My prime exercise was walking across the parking lot to my car.

The single-mindedness that had gotten me out of Bensonhurst and through medical school had started showing. My cholesterol level was higher than that of some of my sickest patients—over 300 at one count. Heart disease ran like a river on both sides of my family; those waters formed a tributary in me.

On the other hand, I knew that I wasn't simply my genes. I'd spent my life proving how different I was from the girls I'd grown up with in the tight-knit world of Brooklyn in the '60s. I was independent, free and educated, beholden to no one. I was an expert, a doctor. I had answers; I knew the latest techniques. Nothing could be wrong with my heart. Right?

But I was perpetually on call, juggling patients, obligations, meetings. Often a patient was waiting for me while I was in the middle of a catheter-



0 grams of trans fat. The reviews are in.



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**A healing team:
nurse Rauni King
(left) and Dr. Mimi
Guarneri, in
December 2005.**

ization on someone else. I knew the research: Stress was comparable to hypertension as a risk factor for heart disease; the American Institute of Stress reported that 75-90 percent of all visits to health care practitioners were due to stress-related disorders; and Mayo Clinic studies had shown that psychological stress was a strong predictor of future cardiac events in patients with established cardiac disease. Job stresses with time pressure, repetitive assembly-line work, overwork and increased responsibility all raised serum cholesterol.

Even so, I felt apart from, even above, my patients and illness. Then, as I continued my work at Scripps in 1995, I began to have a series of realizations. One was an awareness that my medical practice was making me less a doctor than a high-tech plumber, trained to sit and wait for someone to have a heart attack rather than to prevent it from happening.

When I'd first arrived in 1994, I'd been so excited about my work that I didn't question why a guy who'd had bypass surgery was back to see me with reclogged arteries five years later. I stented him and moved on. As time passed, I began to feel that someone had installed a revolving door in the cardiac catheterization lab. My schedule resembled an alumni gathering; I liked my patients, but I was getting together with them too often.

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The admitting clerk shrugged when I seemed alarmed, as if to say “Be grateful. We’re busy.” It was true: This was our business, treating sick people. Who was going to pay us if everyone was well?

But it also became clear that stenting arteries was creating a new problem. In some patients the artery reacted as if it had been injured and began repairing itself. And we found ourselves with restenosis, the formation of scar tissue inside the artery. It occurred about 20 percent of the time.

5

ONE WAY TO HALT THIS PROCESS, WE FOUND, WAS BY PLACING

gamma radiation, iridium 192, inside the artery. In 1995 this was a major advance in interventional cardiology, pioneered by Dr. Paul Teirstein. With intracoronary radiation, about 70 percent of those who formed scar tissue never formed it again. Today we have new stents, coated with antibiotics and chemotherapeutic agents, and capable of blocking scar tissue from forming about 90 percent of the time. Still, I felt something profound was being hinted at. Suppressing natural healing, while beneficial for stent success, seemed like progress in the wrong direction. We were blocking the heart’s healing power, not learning how to harness it.

And despite all our interventions—despite over a million open-heart or bypass surgeries in 2002 and 500,000 stents—cardiovascular disease was still America’s biggest killer. The public was spending billions of dollars on cutting and pasting, yet after we mopped up the mess and sent our patients to intensive care, I’d see them sitting up in bed happily eating roast-beef sandwiches slathered with mayo. They were already in the process of reclosing the arteries I had just opened.

My patients were also starting to come to me with new questions. One afternoon, while stopped at a light in downtown San Diego, I saw a patient of mine, Roger, emerge from a storefront. I looked up at the sign, but it was written in Chinese. My first thought was that he’d just visited a massage parlor. As the light changed, he saw me and waved jauntily as I sped past.

At our next appointment, he told me, “I saw you when I was coming out of my treatment.”

“Treatment?”

“I’ve been going for acupuncture, and I really think it’s helping. Dr. Yee was a medical doctor in Beijing before moving here. He does energy work.

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WALK-IN TUBS

'I'M COMPLETELY TRAUMATIZED,' SAID MY PATIENT. 'DO YOU HAVE A SUPPORT GROUP? I NEED TO TALK TO SOMEONE.'

He says stress was showing up in my upper body. He's working to balance my *chi*—he said something about meridians."

Standing in my sparkling clean office, I had the typical Westerner's blend of cynicism and condescension about these treatments. But when I looked at the data, I learned that nearly half of all Americans used mind-body interventions, from deep breathing and progressive muscle relaxation to hypnosis, guided imagery and meditation. I knew that traditional medicine was good at many things. We excelled at acute care and trauma. If you have a heart attack, you need an ER in a conventional medical facility.

Then another event caught my attention. I'd inserted a stent into a 54-year-old man, Joe, who'd had a recent heart attack—a procedure I'd done a thousand times. After he got home, he called my office, frantic.

"Last week, I thought I was healthy," he told my secretary. "Now I'm on six medications and there's a metal sleeve in my artery. I'm completely traumatized. Do you have a support group? I need to talk to someone."

I dismissed the notion: We didn't have a stent support group. But later that day, while at my local car dealership, I watched a technician stand over the hood of a patron's car, explaining his transmission problem and all the options he had. It dawned on me that the technician was spending more time with this guy's car than I'd spent with my stent patient's heart.

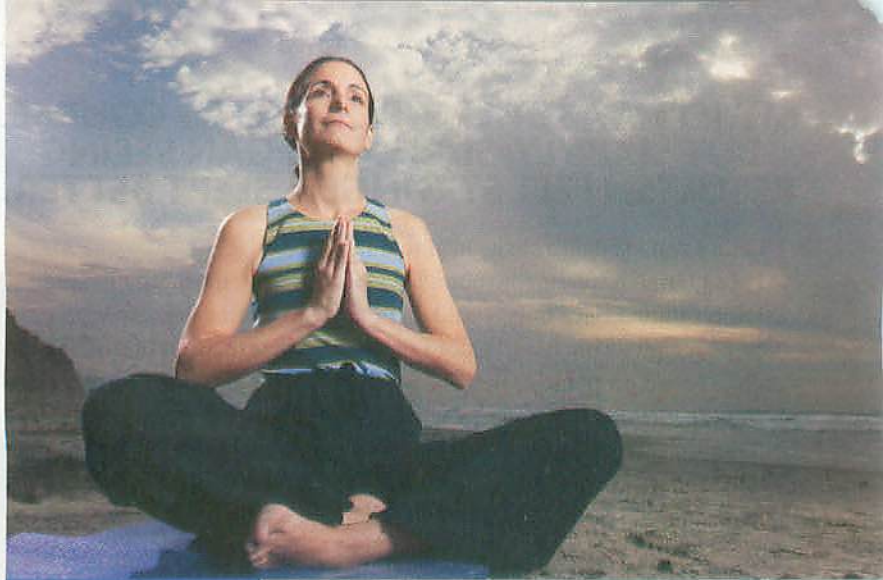
6

I COULDN'T STOP THINKING ABOUT MY PATIENT'S CALL FOR

help. Around this time, in 1995, I was approached by Dean Ornish and asked if I'd take part in his research. Ornish was a physician well known for showing that coronary disease could be reversed without surgery by using diet, exercise, yoga, meditation and group support.

I still had difficulty accepting that my heart patients would benefit from these interventions instead of hardware and medication. But I knew there was a paradigm shift going on, and that it was coming from patients. I agreed that Scripps Clinic would be part of the Multicenter Lifestyle Heart Trial.

When we started the project, we needed a nurse, and Rauni King came



The author, on the beach in Del Mar, California, now practices yoga regularly. “I do it for me,” she says.

in for an interview. A certified holistic nurse with 20 years’ experience in intensive care, she was involved in energy healing based on Eastern models. She described using healing touch with ICU patients, but when the talk shifted to auras and chakras, my attention wandered. Half of me was still rooted in the old scientific world—the other half tilted toward this alternative one.

On my skeptical side, a hectoring voice felt like screaming out, “Meridians! Energy tracts! *What are you talking about?*”

Rauni was serene and self-assured, and we hired her, though I wasn’t totally convinced. And then I caught a viral infection from a patient.

A naturally hardy person, I was proud of my constitution and ability to ward off viruses and bugs. But suddenly I was transformed into a pale, weak and listless body draped over the bed. My lymph nodes were swollen, and I had sores in my mouth and throat. Like Paul, it wasn’t until I was literally knocked off my feet that I was able to see what I couldn’t discern when I was up on my physician’s pedestal—that being ill challenged your whole sense of self. It was a chastening thought.

After a week of being unable to move, I pulled myself up to attend an important meeting at work. I ran into Rauni. “You really look sick,” she said.

MY JOB WAS STILL STRESSFUL, OF COURSE. BUT SLOWLY, SURELY, I BEGAN SEEING RESULTS. I FELT STRONGER, SLEPT BETTER.

"I am. I can't seem to shake it," I told her.

"Let's go into a treatment room. I want to check your energy field."

"I don't think I have one," I said, but I staggered after her anyway.

Rauni scanned "my field." Later I discovered that the practice of healing touch is based on the idea that the body, mind and emotions form a complex energy field. Practitioners believe that in a healthy person, the energy field is patterned and ordered—and that illness occurs when it's disrupted. I decided that I shouldn't ask my patients to try anything that I wasn't willing to do myself. So I changed my life right alongside them.

7 I SAT IN SUPPORT GROUPS, LISTENING TO HOW TERRIFYING it was to be told your heart was ailing. I made an abrupt about-face, gave up my slices of pizza and became vegetarian. I sat in yoga, struggling to empty my mind of a clutter of worries. I mimicked the woman beside me, a survivor of two heart attacks, who was meditating, her face serene. It was the patients who were teaching me.

I told my secretary, Cynthia, "One thing at a time from now on; don't overbook me. I'm taking a lunch break starting this week." I began emerging from the windowless cath lab to inhale the brilliant salt and spume of ocean air. I took a full breath from deep in my abdomen as they taught me in yoga, not the little hyperventilating breaths I usually took. It was liberating to make these changes; I felt them in the core of my body.

My job was still stressful, of course, but slowly, surely, I began seeing results. I found myself feeling stronger, sleeping better. Eventually my cholesterol numbers lowered, without medication, from 320 to 99.

Rauni and I began wondering if we could bring these two worlds together—combine the best of both. This resulted in the formation of the Scripps Center for Integrative Medicine, where modern high technology, nutrition and exercise meet evidence-based alternative therapies such as acupuncture, meditation, healing touch and yoga. So when I suggested to Paul Ross that he needed to make drastic changes in order to live, I felt cer-



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tain of what I was saying. Because, by then, I was living proof myself.

Luckily, for many of Paul's specific problems, there were fairly straightforward answers. To change his sedentary lifestyle, he hired a personal trainer. To lose weight, he radically altered his diet.

But there's no way I could have written a prescription for the profound advice he eventually decided to follow. As the poet Rilke wrote, "There is no place that does not see you. You must change your life." For the last piece of the puzzle—Paul's very stressful lifestyle—he decided to step away from the daily operations of his business and let others handle it. He remained chairman and CEO, but he moved out of the hot seat.

This was huge. Ultimately, Paul and his family left California and moved to a farm on the East Coast, where he rekindled an old passion, playing the cello, and concentrated on appreciating his family. For patients like him, heart attacks are often wakeup calls. The drastic upheaval of illness throws into stark relief how cut off from meaning their lives have become. Paul now says that the day of his heart attack was the best day of his life. As the months passed, he realized that he was receiving a gift—a chance to hang up the phone, log off the computer and embrace life.

Paul and I have this gift in common. Because the other person I think of when I'm asked whether stress can cause a heart attack is that earlier, harried version of myself, the hunted creature I used to be, trying to outpace the fate of her own complex heart.



THE SOUND AND THE FURRY



From the News of Record department of *The* (Sonora, California) *Union Democrat*: "A woman on the 500 block of Gold Oak Road said she needed the fire department because her cat was stuck in a high tree. When the caller was told the fire department would not respond for a cat in a tree, the caller said that her mother was also stuck in the tree." Submitted by TERRIE CHASE

Protecting ball fields is priority No. 1 in Lancaster, Massachusetts. According to *The Lancaster Times & Clinton Courier*, "Thayer Field has been posted 'No dogs allowed.' Any dog found on the playing field, leashed or unleashed, will be fined." Submitted by ROGER O. LEONARD

Think of them as little life preservers.

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

So include it 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.



LEGAL NOTICE

If you were a Time Warner Cable subscriber any time between January, 1994 and December, 1998, you may be eligible for free cable services from a class action settlement.

Please read this Notice. Your legal rights may be affected.

A settlement has been proposed in a class action lawsuit which claimed that Time Warner Cable sold its subscribers' personal information to other companies for marketing purposes. The settlement will provide free Time Warner Cable services to anyone who subscribed to Time Warner Cable at any time between January 1, 1994 and December 31, 1998, and was on a list of subscribers whose information may have been sold. If you qualify, you may send in a claim form to get free cable services, or you can exclude yourself from the settlement, or object to it.

The U.S. District Court for the Eastern District of New York authorized this notice. Before any free services are given, the Court will have a hearing to decide whether to approve the settlement.

Who's Included?

You are a Class Member if you were a Time Warner Cable subscriber any time between January 1, 1994 and December 31, 1998, except if you are a Time Warner Cable employee, officer, director, or counsel. Only subscribers who were on a list of subscribers whose personal information may have been sold qualify to get free services. To find out if you qualify, call the toll-free number below.

What's This About?

The lawsuit claimed that Time Warner Cable sold personal information about its subscribers to other companies, without first making the required disclosures of its practices to subscribers. As a result, the lawsuit asserted violations of applicable law relating to Time Warner Cable's privacy notice and disclosure practices from 1994-1998. Time Warner Cable denies it did anything wrong and does not admit any wrongdoing by this settlement. The Court did not decide which side was right. But both sides agreed to the settlement to resolve the case.

What Does the Settlement Provide?

If you qualify, here is what you can get:

Current Subscribers: If you are a Time Warner Cable subscriber now, and your information had been available for sale, you can pick either: (1) one free month of any additional Time Warner Cable service that you don't already have, or (2) two free Movies On Demand.

Former Subscribers: If you are not a Time Warner Cable subscriber now, and your information had been available for sale, you can pick either: (1) one free month of any Time Warner Cable service with free installation, or (2) you can give your settlement benefit to someone else. If you pick HBO or Cinemax, you also can get a free month of The Movie Channel or Showtime.

Your Free Service May Double: Depending on how many people claim the free services, you may get double free services. If you claim a free service, you will be told later if it has doubled. You can find out more about the settlement benefits at the number or website below.

How Do I Ask for the Free Services?

The detailed notice and claim form package have everything you need. Just call or visit the website below to get them. To qualify for a free Time Warner Cable service, you must send in a claim form. **Claim forms must be postmarked by July 24, 2006.** Once this settlement is final and becomes effective, you will be contacted regarding your claim for free service and be able to make your selection at that time.

What Are My Other Options?

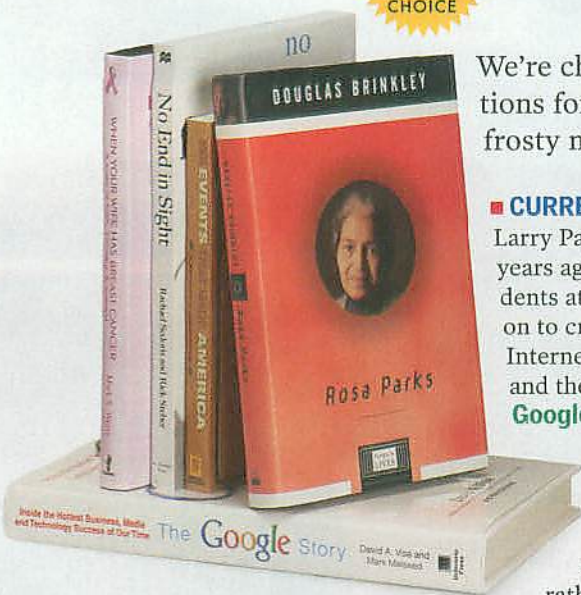
If you don't want to be legally bound by the settlement, you must exclude yourself by **March 24, 2006**, or you won't be able to sue Time Warner Cable about the legal claims in this case. If you exclude yourself, you won't get any free services from this case. If you stay in the settlement, you may object to it by **May 4, 2006**. The detailed notice explains how to exclude yourself or object.

The Court will hold a hearing in this case (*Parker v. Time Warner Ent. Co.*, Case No. CV 98-4265), on **May 19, 2006 at 10:00 a.m.**, before the Honorable I. Leo Glasser at the U.S. District Court for the Eastern District of New York, 225 Cadman Plaza East, Brooklyn, New York, Courtroom 5, to decide whether to approve the settlement. Time Warner Cable also has agreed to pay the four law firms representing all Class Members \$5,000,000 in attorneys' fees and costs, for investigating the facts, litigating the case since 1998, and negotiating the settlement. The Court also will consider whether to approve this payment at the hearing. You may appear at the hearing.

Please do not contact the Court



EDITORS' CHOICE



We're chock-full of suggestions for good reads this frosty month of February:

■ **CURRENTS** Sergey Brin and Larry Page met a little over ten years ago, when they were students at Stanford. They went on to create one of the biggest Internet successes of our time—and they're not done yet. **The Google Story** by David A. Vise and Mark Malseed shares their intriguing tale.

In **Talk to the Hand**, Lynne Truss sounds off about manners today—or, rather, a scary lack of them.

And Rachael Scodris, with Rick Steber, offers a dramatic account of competing in the Iditarod sled dog race in **No End in Sight**.

■ **HISTORY** Which President soaked his feet in cold water to ward off germs? (Thomas Jefferson.) Which man started the baseball tradition of throwing out the “first pitch”? (William Howard Taft.) These and other fun factoids are compiled in **The Essential Book of Presidential Trivia** by Noah McCullough. And Alan Axelrod's **1001 Events That Made America** offers an entertaining, lively chronology.

■ **HEART** “After thirteen years of marriage, our life had certain rhythms,” writes Mark S. Weiss in **When Your Wife Has Breast Cancer**. The sudden diagnosis of his wife, Cathy, in 2002, was definitely not part of those rhythms. This moving chronicle of crisis and recovery tells an intimate story, and includes insight and advice for others.

NOTEWORTHY

For a compelling look at the life of an African American heroine, check out the biography **Rosa Parks** by historian Douglas Brinkley.

rd.com To see past recommendations, discuss books, and post your own favorites, go to rd.com/editorschoice.

IF YOUR KID CAN'T LEAVE
THE TABLE UNTIL HE EATS IT
IT PROBABLY NEEDS SOME RANCH



THE WAY RANCH IS SUPPOSED TO TASTE

RDLIVING

HEALTH ■ FOOD ■ PETS ■ CARS ■ HOME ■ YOU

Sweet Eats 205

These unique chocolates will make your Valentine melt

Joe Montana's Health Score 202

Dog Flu Alert 208

NASCAR Gal's Gutsy Win 210

Light Up Your Living Room 212

New Skin Soothers 214

A Hero With High Blood Pressure

FOOTBALL STAR Joe Montana thought he'd be the last person to have high blood pressure. "I'm an athlete," says Montana, 49. "I'd been working out all my life, so I thought, It won't affect me." But it did. Montana, whose blood pressure had always been normal, retired at age 39. He felt fine, but a family history of the condition, combined with his love of salty foods, burgers and steaks and the fact that he'd taken a break from exercise, took their toll.

At age 46, at a physical that his wife urged him to get, his blood pressure was sky high. His doctor sent him straight to a cardiologist, who found a clot forming in one of Montana's arteries and started him on medication.

But it didn't work. So, with the help of his family, he

made some changes. "Instead of the 18-ounce porterhouse steak, we'll make the 6-ounce filet," he says. His kids keep the saltshaker away from him. At fast food restaurants, they tell him: "You don't need a cheeseburger, Dad," or "You don't want to finish that, Dad. I'll do it."

Montana is back on the treadmill or StairMaster every day, tosses the ball with his

kids, and simply keeps moving. And he found a drug that works for him. Now his reading is a healthy 117/80.

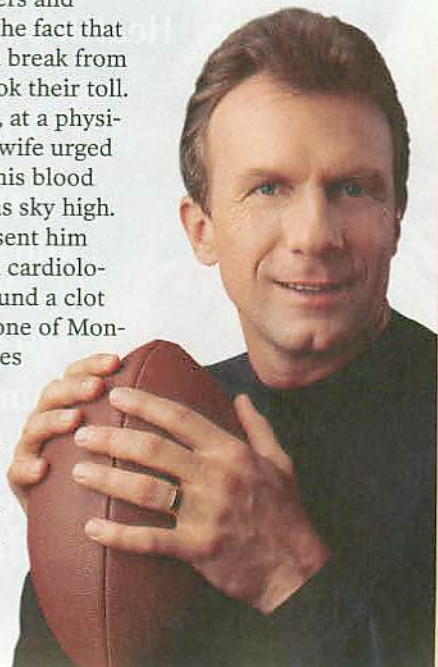
For tips on how you can follow Joe Montana's lead, visit getbpdn.com.

CYNTHIA DERMODY



DO YOU KNOW CPR?

When 24-year-old Corey Blow's heart stopped beating, a co-worker helped save his life with CPR. Could you do the same? If not, it's time to relearn this technique. The American Heart Association's CPR Anytime for Family and Friends Personal Learning Program includes an inflatable mini-dummy, instructional DVD and booklet. Learn—and practice—the basics at home, on your schedule. The kit will be updated to include new CPR guidelines in March. Get the kit for \$29.95 and more details at americanheart.org.





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For tips on getting more fiber into your diet, visit www.fiberseekers.com.

*half-cup serving.



Go for the Gold!

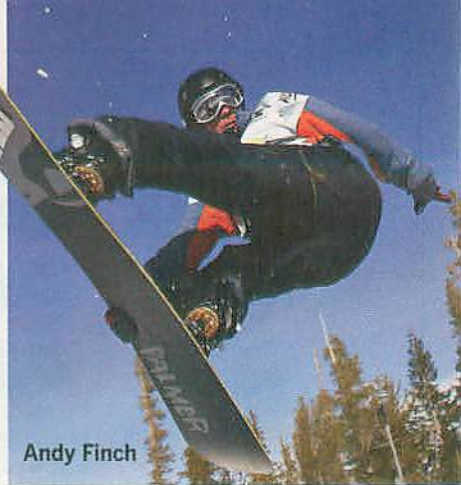
SNOWBOARDING will be hot at this month's XX Olympic Winter Games. Olympic hopeful Andy Finch talks about how he stays in shape to flip, twist and corkscrew his way to victory:

How do you get a good night's sleep before you hit the slopes?

AF: I put my headphones on and listen to mellow music to fall asleep.

What do you eat to perform those amazing moves?

AF: I eat fresh foods and not too many processed foods. I'm always up in the air, which means you've got to come down sometime. The more you weigh, the harder you hit.



Andy Finch

What's your good luck charm or ritual before a competition?

AF: I have this thing for my red socks. When I put them on, I feel I'm going to ride better. I also pray right before I do something gnarly.

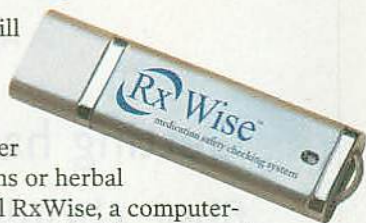
JED JACOBSON/BETTY IMAGES

HOW'S YOUR HEART?

You can find everything from clothes to food to tools at Wal-Mart. And this month, you can even get a free health check. Hit any Wal-Mart or Sam's Club on Saturday, February 18, and get a free cholesterol and blood pressure screening. You can also pick up free samples of heart-healthy products. Visit walmart.com for more information.

Lifesaving Gadget

YOUR DOCTOR will tell you if the drug he's just prescribed will interact with your other medications, vitamins or herbal supplements. So will RxWise, a computer-based medication-safety checking system. For PCs only, it's available online or as a portable USB drive. Simply input all drugs you take, plus your medical conditions and allergies. The system culls a variety of sources, including drug manufacturers and medical journals, and develops a report about potential problems.



The RxWise portable USB drive is \$40; the Web version is \$24. After the first year, updates are \$19 annually. It's available now at rxwise.com, but may soon be in drugstores too.

LISA MILLER FIELDS

Treats for Your Sweet

It was tough, but we did it. *Reader's Digest* staffers tried hundreds of chocolates to bring you the very best edible Valentines. How dedicated! Our favorites:



1. Chocolove

Eight unique bars, in flavors such as ginger, orange peel and extra-strong dark. Each bar lists the cocoa content and includes a love poem (chocolove.com; \$23).

2. Michel Cluizel

These sophisticated Parisian sweets have a manly feel—all the way down to the cocoa-colored box (chocolatmichelcluizel.com; \$65 per pound).

3. Anna Shea

Each hand-painted, filled chocolate is almost too beautiful to eat. Created by an artist turned chocolatier (annasheachocolates.com; \$19 for 12).

4. Jacques Torres; Recchiuti

Hot chocolate! Torres's is spiced powder; Recchiuti's has chocolate chunks (RecchiutiConfections.com; \$20; MrChocolate.com; \$16).

5. Shari's Berries

Your sweetheart will think she's opening a box of roses, but inside it's even better: a dozen delectably dipped strawberries (Shari'sBerries.com; \$85).

6. SweetBliss

Treats from the Moo Collection call to mind Mallomars, in yummy flavors such as banana, peanut butter and marshmallow (sweet bliss.com; \$45 for 6).

Eat Your Heart Out

WHEN YOU think about a healthy dessert, fresh fruit probably comes to mind. And yes, that's a good choice, if a little boring. But you can have a chocolatey, chewy, nutty indulgence—and boost your heart health.

This treat, adapted from one we discovered with the Recipe Finder at rd.com, is loaded with dark chocolate, walnuts and oats—all good for your heart!

rd.com Ready to get healthy? Check out changeonediet/newyearoffer.



Dark Chocolate Granola Bars

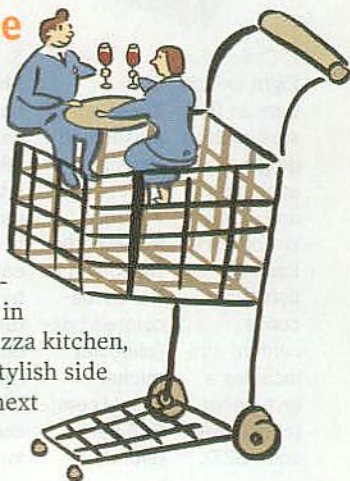
- 1/4 cup sugar
- 1/4 cup maple syrup
- 1/4 cup honey
- 2 tbsp. reduced-fat peanut butter
- 1 egg white
- 1 tbsp. fat-free evaporated milk
- 1 tsp. vanilla extract
- 1 cup whole wheat flour
- 1/2 tsp. baking soda
- 1/2 tsp. ground cinnamon
- 1/4 tsp. ground allspice
- 2 cups old-fashioned oats
- 1 1/2 cups crisp rice cereal
- 1/3 cup dark chocolate chips
- 1/4 cup dried cranberries
- 1/4 cup chopped walnuts

Combine first 7 ingredients. Combine next 4 ingredients; add to sugar mixture. Add remaining ingredients. Press into 13-in. x 9-in. baking pan coated with cooking spray. Bake at 350° for 18-20 minutes. Score surface with shallow cuts to make bars. Cool on wire rack.

PER SERVING: 110 CALORIES; 3 G FAT; 1 G SATURATED FAT; 2 G FIBER; 2 G PROTEIN; 21 G CARBOHYDRATE. ADAPTED FROM LIGHT & TASTY

Dinner for Two—in Aisle Three

PAN-SEARED SNAPPER with shrimp sauce and pork loin with braised fennel are just two specialties of Culinary Institute of America-trained chef Chuck Berardi. You'll find his dishes not in a trendy downtown restaurant, but in the Downingtown, Pennsylvania, Wegmans. He's one of over 100 CIA graduates working in supermarkets. That's right, supermarkets. Today's grocers are offering upscale dishes in chic dining areas. Many Safeway stores have a pizza kitchen, sushi bar or Starbucks counter. They also offer stylish side dishes, such as orzo salad and couscous. So the next time you don't feel like cooking, skip the drive-through and hit your grocer's express lane. c.d.



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way to be good to your heart.



Diets low in saturated fat and cholesterol may reduce the risk of heart disease. Bisquick Heart Smart® baking mix is low in fat, low in saturated fat and naturally cholesterol free.

Doggie Got the Flu?

CANINE FLU has spread through kennels, clinics and shelters nationwide. But you can protect your four-legged pal from the highly contagious condition, says Margaret L. Casal of the University of Pennsylvania School of Veterinary Medicine.

Keep a watchful eye The flu is marked by a drop in energy, and by fever, wheezing, coughing or nasal discharge. There's no cure for this flu, but a vet can prescribe antibi-

otics to treat the symptoms. Avoid other pets with these telltale signs.

Groom and board carefully Infection is more likely to spread in dirty facilities. Ask if brushes are cleaned after each grooming, and check that kennels disinfect daily.

Keep her healthy Make sure your dog gets her regular shots, and don't neglect flea and tick control. A healthy dog can better fight the flu.

The good news: A vaccine is in the works, and there's no evidence that this flu can spread to humans.

LUCIA RAATMA



Scratch Those Allergies



Does cuddling your kitty make you sneeze? No need to get rid of her, says allergist Clifford Bassett, MD. Take steps to ease symptoms:

- Ban pets from the bedroom, and get a HEPA air purifier.
- No pet is completely hypoallergenic, but those that shed more trigger

more symptoms, says Shirlee Kalstone, author of *Allergic to Pets?*

- Vacuum and dust often to eliminate sneeze-inducing dander and fur.
- Bathe and brush your pet often, especially if he sheds. If your symptoms are severe, have someone else do it for you.
- Getting a new cat? Consider a light-colored female. One study found that dark male cats create more allergic reactions.

NANCY COVENEY



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there's a Purina® Cat Chow.®
brand Cat Food

Essential nutrition for each life stage and lifestyle, and access to
behaviorists, nutritionists and veterinarians at CatChow.com



Physical. Emotional. Complete.® That's the Purina® Cat Chow® Way of Life.®

IT'S MY
DRIVEBorn to
RACE

BY KELLY SUTTON

NASCAR has always been in my blood. I was raised in a racing family and I've been competing myself for 14 of my 34 years. I love getting behind the wheel and being in control of something on the verge of being out of control.

It's a challenge that's a lot like living with multiple sclerosis. I was diagnosed at 16. My gait was off, I had overwhelming fatigue—I thought my dreams of being a race-car driver were over. Then one day my dad asked me if I still wanted to drive. I said, "Yeah, but how can I?" He said I was a fighter, not a quitter. So I went on steroids and grew strong enough to start racing at 19.

It hasn't always been a clear course. At 24, a car accident spurred an attack that made me so weak I needed help taking showers and getting into bed—no way could I have gotten in a race car. So one day Dad showed up at my house with a training car without wheels. He told me when I could do 100 laps in that, we were going racing again. That gave me the extra kick in the butt to work with my doctor and find a new drug that really helped.



I've been going strong ever since.

It's like when we were running 13th in the Goody's Dash Series, in 2001. We had two laps to go and my Pontiac Sunfire conked out. I drifted into our pit and they started working on it. We finally got it fired up, and I took off. I could have just ridden into the pits, got out of my car and quit, but I didn't. I came in 21st—a great finish for my first time at Daytona.

With MS, sometimes you have to make a pit stop because you're not feeling good, but you never give up the race.

As told to CYNTHIA DERMODY

A Son's Courage. A Father's Love.

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TAKES HIS NEXT STEP
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HOME ENTERTAINMENT

Winter Is the Perfect Time to ...



... Get More Light

DEBORAH BURNETT of the American Association of Interior Designers, who has seasonal affective disorder, shares tips to brighten rooms and lift spirits:

Use halogens They keep the light bright, white and crisp till they die; standard bulbs grow dim and yellow.

Make mirror magic Display an 8" x 11" framed mirror on a tabletop easel (\$6 at craft stores) behind a green plant to reflect light and lend a springtime feel to the room.

Plug in accent lights Also called "uplights." Use with warm white compact fluorescents on the floor of dark corners. Under \$10 at home stores.

... Redo a Room (on No Budget!)

FIXES FOR common decorating problems that can really transform your family room, from HGTV's *FreeStyle* host Aaron Foster:

Photographs everywhere Mat them and use similar frames. Consolidate in one or two spots, say, atop the TV cabinet and a table, or on a wall.

Furniture pushed against walls This gives you *less* space, not more, says Foster. Floating the couch and chairs and facing them together makes a room more inviting. Many people have one or two more pieces of furniture than they need. Remove a few to see if they're missed.

Cluttered mantels This space should showcase what's important to you—but not everything at once. Hang art or a painting over the fireplace, and place just three or four pieces on the mantel that highlight it.



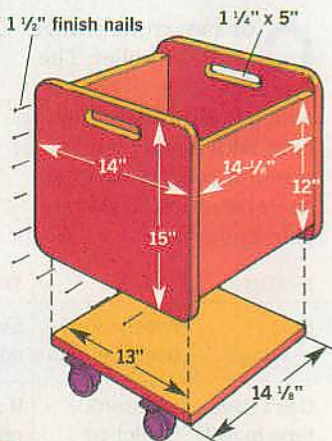
... Make STACKING TOTES

THE LESS CLUTTER lying around, the better your home will look. These stacking totes from the *Complete Do-It-Yourself Manual* store everything from toys to tools, magazines to mittens—and you can make four from just one 4 ft. x 8 ft. sheet of half-inch plywood. You'll also need a hammer, nail set, screwdriver, wood glue, straightedge guide, circular saw and jigsaw (borrow or rent the last two tools if you don't own them).

1. Cut the eight smaller square-cornered side panels and the four bottom panels for the totes with the circular saw. Cut the contoured side panels to size. You'll need eight of these, but make one finished piece first and use it to mark the others for cutting.

2. Use a jigsaw to cut the rounded corners and the handle slots. Then lay this pattern on top of each of the other blanks and trace the outline. You can cut the other panels freehand with the jigsaw.

3. Glue and nail the parts together as shown. Use the nail set to sink the nailheads below the plywood's surface, fill the holes with a dab of wood putty and paint the boxes. If you like, add casters.



Buy the *Reader's Digest Complete Do-It-Yourself Manual* (\$29 plus S&H) at familyhandyman.com.

Body Lotions With a Twist

GOT DRY, ITCHY winter skin? Get relief: The new crop of creams, which multi-task brilliantly, have added ingredients that promise everything from sun protection to skin repair. Eight to try:



IF YOU ...	TRY	WHY
Hate shaving	Aveeno Positively Smooth	Soy and skin conditioners make leg hair softer and less noticeable, so you can go longer between shaves. (\$7.99)
Don't have time to wait	Johnson's Softlotion Light Care	It smells great and absorbs quickly without leaving a residue or greasy feel, so you can get dressed pronto without stains. (\$5.25)
Like to multi-task	Olay Moisturise	You use this lotion in the shower. The warmth and humidity help it to penetrate the skin. (\$3.99)
Want to wake up softer	Dove Regenerating Night Lotion	Skin repairs itself best overnight, and micro-pearls of shea butter are designed to boost this process. (\$5.99)
Get outside a lot	Lubriderm UV SPF 15	You use sunblock on your face every day. Why not protect the rest of your body from the sun's harmful wrinkle- and cancer-causing rays? (\$8.99)
Don't get outside a lot	Jergens Natural Glow	A moisturizer and self-tanner in one that really works! It darkens skin in just a few days—with only a mild odor and no orange coloration or streaks. (\$5.99)
Need some dazzle	Nivea Silky Shimmer	No more dull skin! Natural light-reflecting pigments induce a subtle shimmer. (\$6.79)
Feel like sandpaper	Gold Bond Ultimate Healing	It penetrates fast, but still soothes dry, cracked or irritated skin—for up to 24 hours after you apply it. (\$7.04)

CYNTHIA DERMODY



Ask your doctor about Boniva The first and only **once-monthly** tablet for **osteoporosis**

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

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

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*Subject to eligibility.

Please read the Patient Information on the next page.



Pharmaceuticals



BON279R0

Patient Information

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

Rx only

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

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

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

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

What is BONIVA?

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

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

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

Who should not take BONIVA?

Do not take BONIVA if you:

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

Tell your health care provider before using BONIVA:

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

How should I take BONIVA?

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

- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
 - Lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
 - Eating or drinking anything except for plain water.
 - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

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

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "How should I take BONIVA?"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- Do not take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

Schedule for taking BONIVA 2.5 mg once daily:

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

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, do not take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. Do not take two tablets on the same day.
- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

What should I avoid while taking BONIVA?

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

What are the possible side effects of BONIVA?

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

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

BONIVA MAY CAUSE:

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

Common side effects with BONIVA are:

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

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

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

What is osteoporosis?

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

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

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

Who is at risk for osteoporosis?

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

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

Women who:

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

People who:

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

General information about BONIVA

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

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

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

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

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

What are the ingredients of BONIVA?

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

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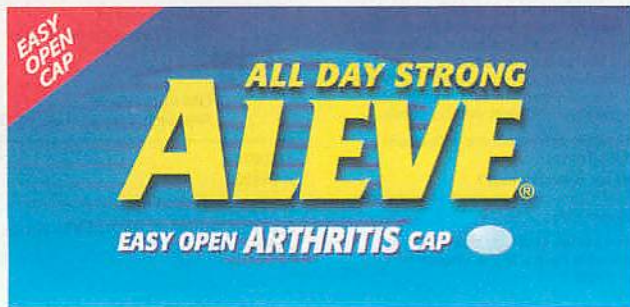
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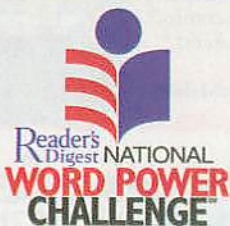
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OUR EXTENDED family traveled to Chicago for a relative's wedding. While the rest of us waited in the car, my grandfather went to check us in.

"Do you have a reservation for a group of Hicks from Kalamazoo?" he asked the desk clerk.

"I'll check, sir," the man replied smoothly. "What's your name?"

ROBERT HICKS,
Grand Rapids, Michigan

Returning home

from dinner out one night, I started feeling sick. Suspecting food poisoning, I called the restaurant's manager.

"I cannot believe that happened," the woman said. She sounded genuinely shocked. "What did you order?"

"I had the stuffing."

"That's weird," she observed. "Usually it's the meat loaf."

JANCY QUINN, Denver, Colorado



MY BROTHER-IN-LAW was a lay minister, so when his sister wanted a small, casual wedding, she asked him to officiate. He had never performed a marriage ceremony before, so he decided to ask his pastor for advice.

"My sister has asked me to marry her," he began, "and I'm not sure what to do."

The minister answered, "Try telling her you just want to be friends." HEIDI MORTON, Belle Fourche, South Dakota

THE LOCAL MARKET has a bin where employees keep returned items. The bin is labeled "Spoils." I never thought much about it until one afternoon I heard an announcement over the loudspeaker: "Victor to the spoils. Thank you."

CHRIS DEJONG, San Francisco, California

My mom drove cross-country to visit me in college. Heading south from Tucson, we were on our way to spend the day in Mexico when a state trooper pulled us over. "What seems to be the problem?" Mom asked.

"Drug smugglers use this road a lot," he explained, "and a suspicious-acting Buick with Pennsylvania plates has been spotted going up and down it."

"I just got in yesterday," Mom said. "And I'm hardly a smuggler. Just a teacher on sabbatical."

The patrolman eyed her suspiciously. "Do you have a prescription for that?"

JOSEPH BLUMBERG, North Brunswick, New Jersey

AS SUPER BOWL WEEK neared, the supervisor for the contractor I work for posted an intimidating memo reminding the day shift that betting on the game was verboten. "9 to 5 employees caught participating in Super Bowl pools will be severely reprimanded."

An inveterate gambler from the night shift added his own postscript: "7 to 1 says they won't."

LESLIE MATTESON, Long Beach, California

BILLY GRAHAM TELLS the story of a time early in his career when he arrived in a small town and asked a boy where the post office was. When the boy told him, Billy invited him to come to the meeting that evening. "You can hear me telling everyone how to get to heaven."

"I don't think so," the boy said. "You don't even know your way to the post office."

TALK ABOUT a freak accident. My uncle was driving to a hockey game with his two sons when their car hit a low-flying duck.

After absorbing the shock of what just happened, Uncle Mike broke the silence with, "There's a bird that didn't live up to his name."

JASON BULBUK, Novi, Michigan

Even though my wife is in her 20s, her mind is sometimes stuck in the '80s. Watching a movie promo for the remake of *King Kong*, she gasped, "I can't believe it."

"What?" I asked.

"They made a movie out of *Donkey Kong*."

NAZEER KHALELUDDIN,
Plano, Texas

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

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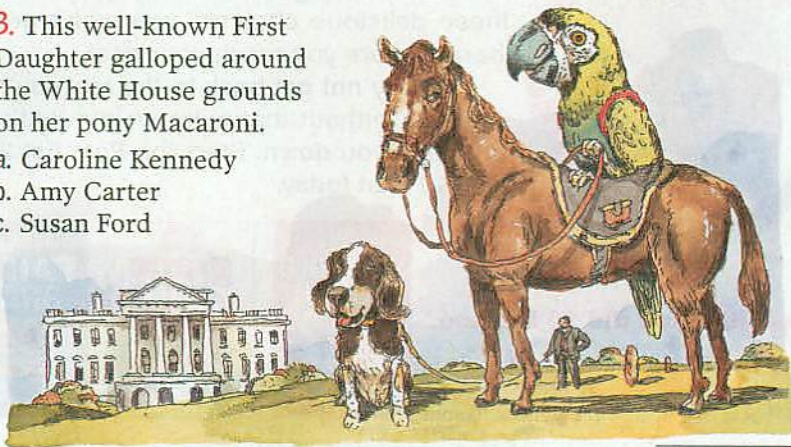
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*Results from a study by a leading cardiologist; 50% of subjects lost 10 or more lbs. Average weight loss 11 lbs. Consult your physician before starting any diet or exercise program. Results may vary. © 2006 KF Holdings.

Who loves political animals? Plenty of First Families, as it turns out. See how much you know about these pets who have called the White House home.

1. George W. Bush's dog, Barney, is a Scottish Terrier, just like the famous pet of a family who preceded Bush in the White House.
 - a. Fala (Franklin Roosevelt)
 - b. Checkers (Richard Nixon)
 - c. Buddy (Bill Clinton)
2. The son of this President owned a macaw, which he named Eli Yale—even though his dad went to Harvard.
 - a. John Kennedy
 - b. Theodore Roosevelt
 - c. John Adams
3. This well-known First Daughter galloped around the White House grounds on her pony Macaroni.
 - a. Caroline Kennedy
 - b. Amy Carter
 - c. Susan Ford
4. Before he went to Washington, Abe Lincoln had an adoring mutt who followed him everywhere. What was his name?
 - a. Liberty
 - b. Lucky
 - c. Fido
5. Benjamin Harrison once chased this ornery pet down Pennsylvania Avenue, where it had run off with the grandkids.
 - a. A pig named Congress
 - b. A goat dubbed His Whiskers
 - c. A cow called Mr. President



Answers: 1. (a) 2. (b) 3. (a) 4. (c) 5. (b)

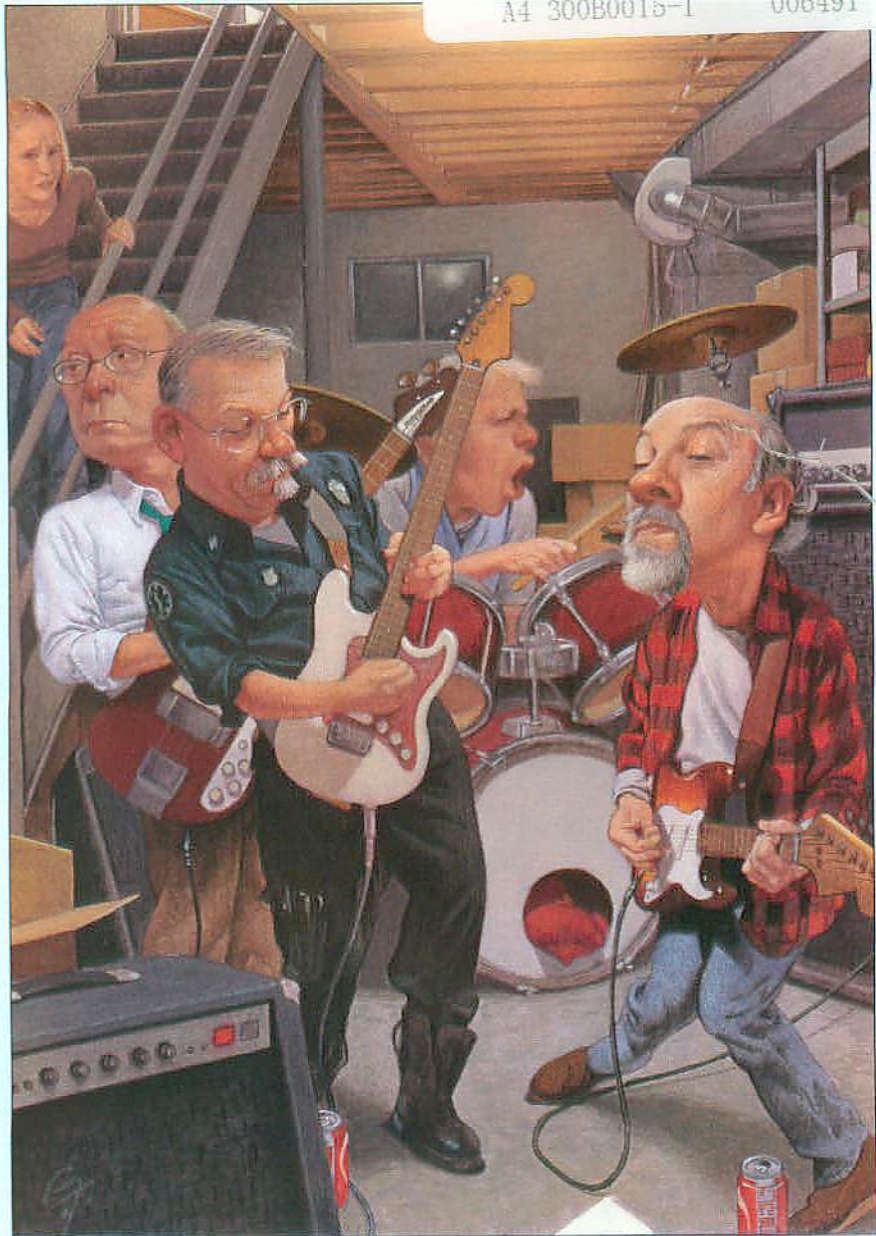


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