

Readers' Digest

10 Ideas
To Get Us
Back to
Work
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50 SECRETS **NURSES** **WON'T TELL YOU**

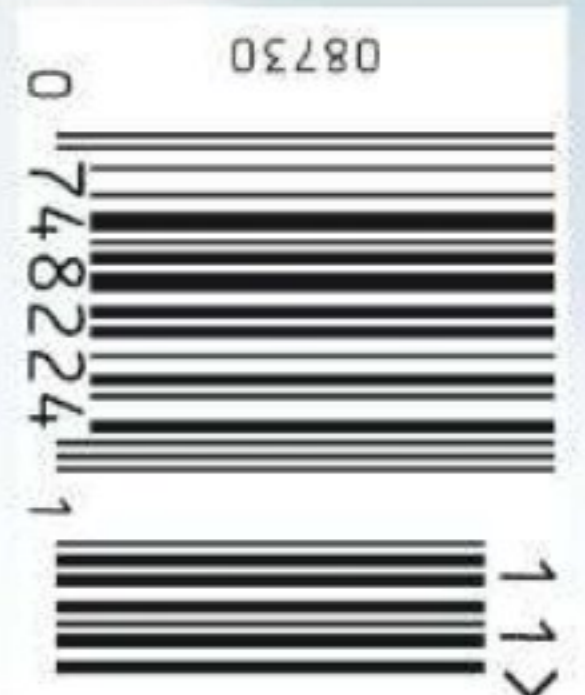
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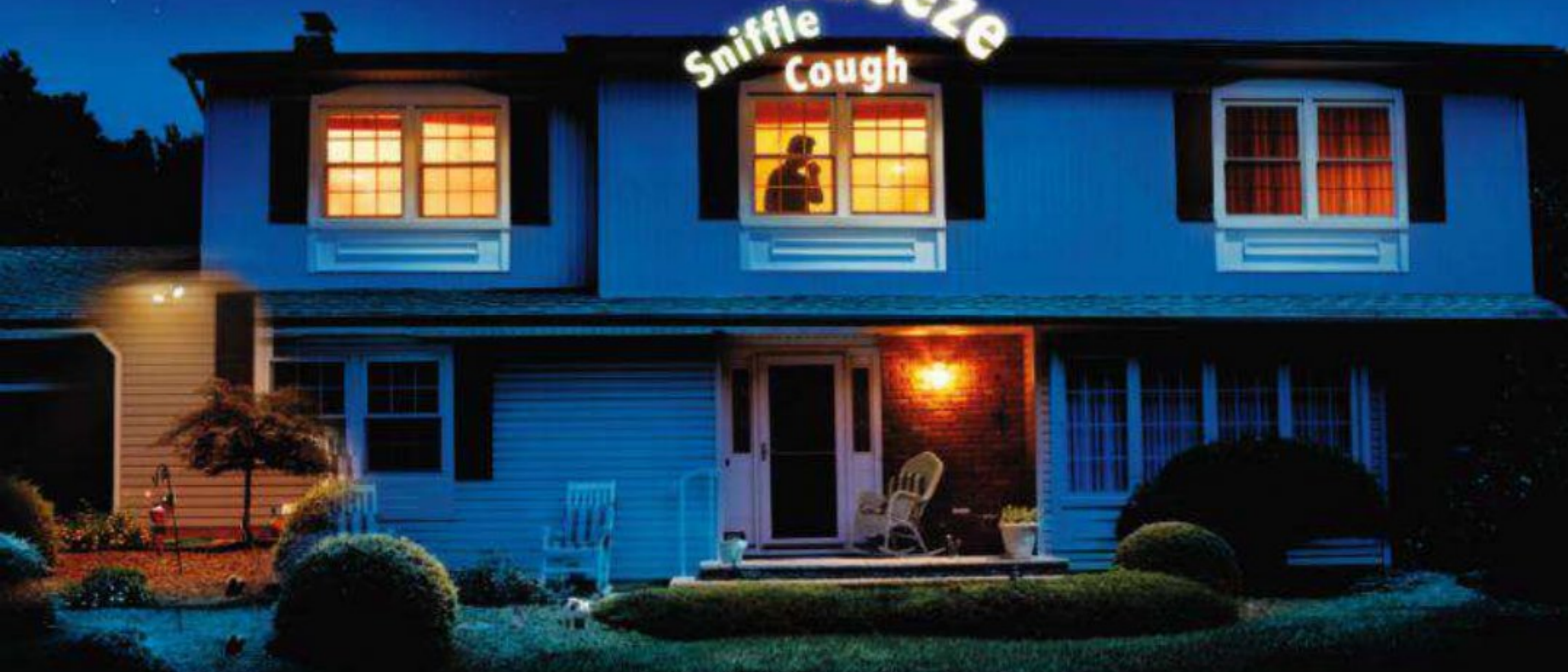
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Reader's Digest

NOVEMBER 2011



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Diana Nyad TODD PITOCK

Exclusive: At 61, she attempted to swim 103 miles against three-foot waves, the threat of sharks, and her own demons.

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PHOTOGRAPHED BY JEFFERY SALTER

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Reader's Digest

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82 Whitney Johnson
helps children with HIV
in South Africa



Use the broth cooks trust most.
Because this meal doesn't come with a do-over.

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MOIST AND SAVORY STUFFING


Prep: 10 min. Cook: 10 min. Bake: 30 min. Serves: 10

- 2½ cups Swanson® Chicken Broth (Regular, *Natural Goodness*® or Certified Organic)
- Generous dash ground black pepper
- 2 stalks celery, coarsely chopped
- 1 large onion, coarsely chopped
- 1 pkg. (14 oz.) *Pepperidge Farm*® Herb Seasoned Stuffing

1. Heat broth, black pepper, celery and onion in 3-qt. saucepan over medium-high heat to a boil. Reduce heat to low. Cover and cook 5 min. or until vegetables are tender. Add stuffing and mix lightly.
2. Spoon stuffing mixture into greased 3-qt. shallow baking dish. Cover baking dish.
3. Bake at 350° F. 30 min. or until stuffing mixture is hot.

Tip: For crunchier stuffing, bake stuffing uncovered.



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Fathers Respond

The letter by Lauren Charette, the young woman who lost her father on 9/11, was very moving (“Remember Me”). Please tell her I don’t have answers to most of the questions she posed nor would I feel entitled to answer them. But I have a daughter she reminds me of. She was just two months shy of her 14th birthday on that terrible day when Lauren’s dad and so many others were taken from us. One of Lauren’s questions, though, I can absolutely answer: She is, and always will be, his little girl.

Jesse Delaney, Woodstock, Maryland

I’m a big, bearded, burly truck driver who doesn’t take guff from anybody. Yet after reading Lauren’s letter to her father, I immediately did two things: 1) I got up and left the truck stop as quickly as possible so no one would see the tears rolling down my cheeks, and 2) I called my daughter to tell her I loved her and arranged to take her to dinner as soon as I got home.

Anonymous, Hutchinson, Kansas

Don’t Hang Up Yet

I can’t believe the majority of Americans agree with Pamela Paul (“Don’t



As a former Marine, I enjoyed Josh Rushing’s article about his experiences with Al Jazeera (“A Marine’s Arab Spring”). I am impressed that he followed his heart, even if it meant the loss of his first career. I could not be more proud to call him a brother in arms.

Christina Stopka Rinnert, Hammondsport, New York

Call Me”) on phone calls being rude, intrusive, and awkward. With caller ID available on landlines and cell phones, you can decide whether to answer a call or ignore it. I, for one, will not be giving up the phone call anytime soon. It’s comforting to hear the voices and laughter of family and friends on the other end.

Lea Ann Barnes, Clarksburg, West Virginia

While I resent telemarketing calls, there is a great pleasure in the unexpected phone call (not unlike the sweet surprise in receiving a

A SIMPLE WAY TO GIVE THANKS? ... THE READER'S DIGEST VERSION

We asked our Facebook followers to tell us the small ways in which they show their gratitude.

>> Send an actual note in the mail.

J. S., Mason, Ohio

>> Open my heart and respond with love, no matter what.

S. P., Tonawanda, New York

>> Share what you have with others.

H. K., Findlay, Ohio

>> Actually mean it when you say it!

P. P., Mumbai, India

>> Praise what the person did to everyone so he or she looks good.

N. A., Chesapeake, Virginia

>> Pay it forward with a kind deed.

B. M., New Braunfels, Texas

>> A small but thoughtful gift, or even something as simple as fresh flowers, can make a person's day.

E. S., Birmingham, Alabama

>> Convey it via Facebook!

A. K., New Delhi, India

>> Let your actions speak loudly.

J. M., Youngstown, Ohio

>> Volunteer! *S. G., Marshall, Michigan*

>> Give a sincere thank-you, a genuine smile, and a heartfelt hug.

S. S., Key Largo, Florida

>> Be kind to others and give a helping hand. *L. H., Cincinnati, Ohio*

>> Make a donation to a worthy cause in the person's name.

A. N., Plano, Texas

personal letter by mail). It's always delightful to get a call from a friend.

Valerie Smith, Old Saybrook, Connecticut

Thanks to text messaging and Facebook, the death of interruptions also means the death of interpersonal communication and human connections. I wish there were a way to shield my children from such disconnect without completely isolating them from their peers.

Maren Mellor, Cedar City, Utah

College Credit

In her article about higher education, Michelle Crouch left out a viable option—community colleges (“10 Things Every Parent Should Know About College”). Community colleges meet several of the criteria mentioned: small classes, instructors who focus on teaching over research, affordable tuition, and funding that is not wasted on “frills.” I am a proud alumna of the community college where I teach, and next year, I will complete my PhD in higher education.

Barbara B. Booker, Land O' Lakes, Florida

Caregiver Support

I read “The Quiet Crisis” on the day I brought my terminally ill husband home from another ICU visit. No one can imagine the stress of being in a hospital and not being able to step away from your husband of 41 years, afraid that you will miss the doctor making his or her rounds. The relief is immense when a

stranger shares some hard-earned insight or just explains a few basics.

Beth Sager, Monterey, Tennessee

After my ailing mother moved in with me, I found a colleague whose mother had been living with her for a couple of years. Her experience was invaluable to me. When my mother passed away last year, other office mates started to come forward and ask questions about taking care of their parents. The situations are different in every case, but being prepared helps.

Connie Burton, Magna, Utah

Cracked Comedians

This was such a funny and heartfelt issue! I have been an avid reader for years, but for some reason, this issue had me in stitches. Thank you for concisely capturing America!

Marie Derby, King of Prussia, Pennsylvania

Below the Tree Line

When I read the first item in “13 Things Your Arborist Won’t Tell You,” I immediately knew that the

advice was aimed at northern climate zones. In the South, palm trees must be trimmed regularly—not just every five years, as the article recommends. Failure to do so not only results in unhealthy and unsightly trees but can also be dangerous when hurricane winds blow those untrimmed palm fronds and coconuts into windows or cars.

Gene Mahoney, Fort Lauderdale, Florida

Pay Per View?

I was excited to find the link to geni.com, the “free” genealogy search site (“Life Stories”). When I went online, I could not get any search results without entering a credit card number and choosing a membership plan. I guess the only “free” part was an acknowledgment that my name was in a database.

Stella Stewart, Montgomery, Alabama

Editor’s note: Geni.com requests your credit card information before starting your 14-day free trial; two weeks of free searches of its database is a decent deal, in our view.

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The Digest

Simply put



War, Peace

As a boy, Jim Naughten enjoyed playing with toy soldiers. As an adult, the British photographer enjoyed arranging and shooting some of the life-size reenactors who dress up as soldiers and nurses from the First and Second World Wars. His work appears in *Afterwards: Contemporary Photography Confronting the Past*, by Nathalie Herschdorfer (Thames & Hudson, \$50).

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For a perfect, juicy turkey, use wine and butter to baste the bird.

HOW TO

Make Cooking Simpler

BASTE A TURKEY

Rather than basting your Thanksgiving bird with pan drippings, use melted butter and wine, suggests *Every Day with Rachael Ray*. This duo will add a buttery tang to the meat and help keep it juicy. For a bigger flavor boost, whisk in your favorite herbs, garlic, or other seasonings.

PEEL AN APPLE

Peeling a peck of apples for a pie can take less time with this trick: Peel around the top and bottom of an apple in a circle, leaving the center intact, says Amy Traverso, author of *The Apple Lover's Cookbook* (Norton, \$29.95). Then peel

the center in a top-to-bottom motion, turning the fruit as you go.

MAKE SMOOTH GRAVY

Getting gravy to the right consistency takes time and care—and a little savvy—says Paula Deen in *Paula Deen's Southern Cooking Bible* (Simon & Schuster, \$26.99). If it's too thick, mix in teaspoons of hot water until it's right. To avoid lumps, she suggests using Wondra, a flour that dissolves quickly.

BAKE A POTATO

For a perfect potato, bake it in a salt bed, says *Cook's Illustrated*. Spread a layer of

kosher salt in a baking dish and top with whole, unpeeled potatoes. Surround the potatoes with sprigs of rosemary and add an entire head of garlic with the top cut off. Cover with foil and bake for 1¼ hours at 450°F. Then remove the foil and garlic, brush oil on each potato, and bake uncovered at 500°F for an additional 15 minutes. To serve, top potatoes with the roasted garlic, butter, etc. The result: potatoes that are tender outside and fluffy inside.

SERVE ICE

Replace your ice bucket with a kitchen staple: a colander. *Real Simple* suggests placing an ice-filled colander in a bowl or vase. Water will drain as the ice melts, leaving only cubes for your guests to use in their drinks. Don't forget the tongs!

PRESS GARLIC

A traditional garlic press can create quite a mess—all those holes, all that tricky cleanup. *Men's Journal* suggests trading it for a more efficient model by Joseph Joseph. The Rocker (\$15; josephjoseph.com), a stainless steel press, uses a back-and-forth motion to mince garlic by forcing it through a series of holes. Rinse and rejoice.

DRESS UP MAYONNAISE

If plain old Hellmann's isn't doing your sandwich justice, give your mayo a makeover. Whisk in fresh basil or thyme, dried herb mixes like herbes de Provence, lemon or lime



juice, or condiments such as horseradish and hot sauce. Katie Sweeney of yumsugar.com likes to mix up a basil-garlic mayonnaise for a creamy, tangy spread, which also doubles as a dip.

SERVE APPETIZERS

Take the guesswork out of serving with Puzzle Party Platters (\$14.99 for two; totallybamboo.com), which link up like a jigsaw puzzle. *Good Housekeeping* praises their roomy surface and also recommends using them as

individual plates, "in which case, a glass of wine (of any size) can snuggle conveniently into the nook of the open end."

LABEL CONTAINERS

Marking your food-storage containers with painter's tape is an inexpensive way to keep your leftovers organized without defacing the containers, says *Cook's Illustrated*. Just apply the tape, write the contents and date on the label, and store in the refrigerator or freezer. This type of tape is easily removed and leaves no sticky residue to scrub off.

REHEAT PIZZA

Warming up last night's pizza in the microwave or oven can make for chewy and soggy slices. But the >>



Pork Roast with Sweet Potatoes, Pears & Rosemary

INGREDIENTS

- 3 1/2 lb. bone-in, center cut loin roast, excess fat trimmed
- 1 tbsp. olive oil
- 1 tbsp. chopped fresh rosemary, plus more for serving (or 1 tsp. dried rosemary)
- Salt and fresh ground black pepper
- 2 1/2 lbs. (6 medium) sweet potatoes, peeled, cut lengthwise into sixths
- 3 firm/ripe Bosc pears, cut lengthwise into quarters, cored
- 12 oz. bottle hard cider*

DIRECTIONS

Preheat oven to 450°F. Rub pork with oil. Mix rosemary, 3/4 tsp. salt and 1/2 tsp. pepper in bowl. Rub mixture over pork.

Place pork, bone side down, in large roasting pan. Roast 15 min. Reduce oven to 350°F. Roast 15 min. Add sweet potatoes and pears to pan, stir gently to coat with pan juices, spread evenly around roast. Season with salt and pepper. Roast, occasionally stirring sweet potato mixture, until thermometer inserted in center of roast reads 145°F and potatoes and pears are tender, about 1 hour. Transfer pork to carving board. Place sweet potato mixture in ovenproof bowl, tent with aluminum foil, and keep warm in turned-off oven. Let pork stand 10-15 min.

Heat roasting pan over high heat. Add cider, bring to boil, scrape up browned bits in pan with wooden spoon; boil until reduced to 3/4 c., about 5 min. Pour into sauceboat.

Carve pork. Transfer to serving platter, surround with sweet potato mixture, drizzle with 3 tbsp. cider sauce, sprinkle with rosemary. Serve with remaining sauce on the side.

*Substitute 1 c. apple juice and 1/2 c. dry vermouth for hard cider, or use all apple juice.

Serves 12



Be inspiredSM

PorkBeInspired.com



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experts at the Serious Eats blog know the right way to reheat: Put refrigerated slices on an unheated griddle or skillet, cover tightly with foil or a pot lid, place on the stove top, and *then* turn the heat on. Warm over low heat for about 30 minutes to ensure a crispy crust and gooey cheese.

MAKE A TOAST

A good toast is textbook: Say a few words, clink glasses, take a sip. But to make a good toast a great one, be sure to look family and friends in the



eye as you speak, says clinical psychologist Paula Ravets on huffingtonpost.com. “The looking—and seeing—is key,” she says. “And when I do it right, I feel great because someone is there on the other side of the glass looking back at me.”

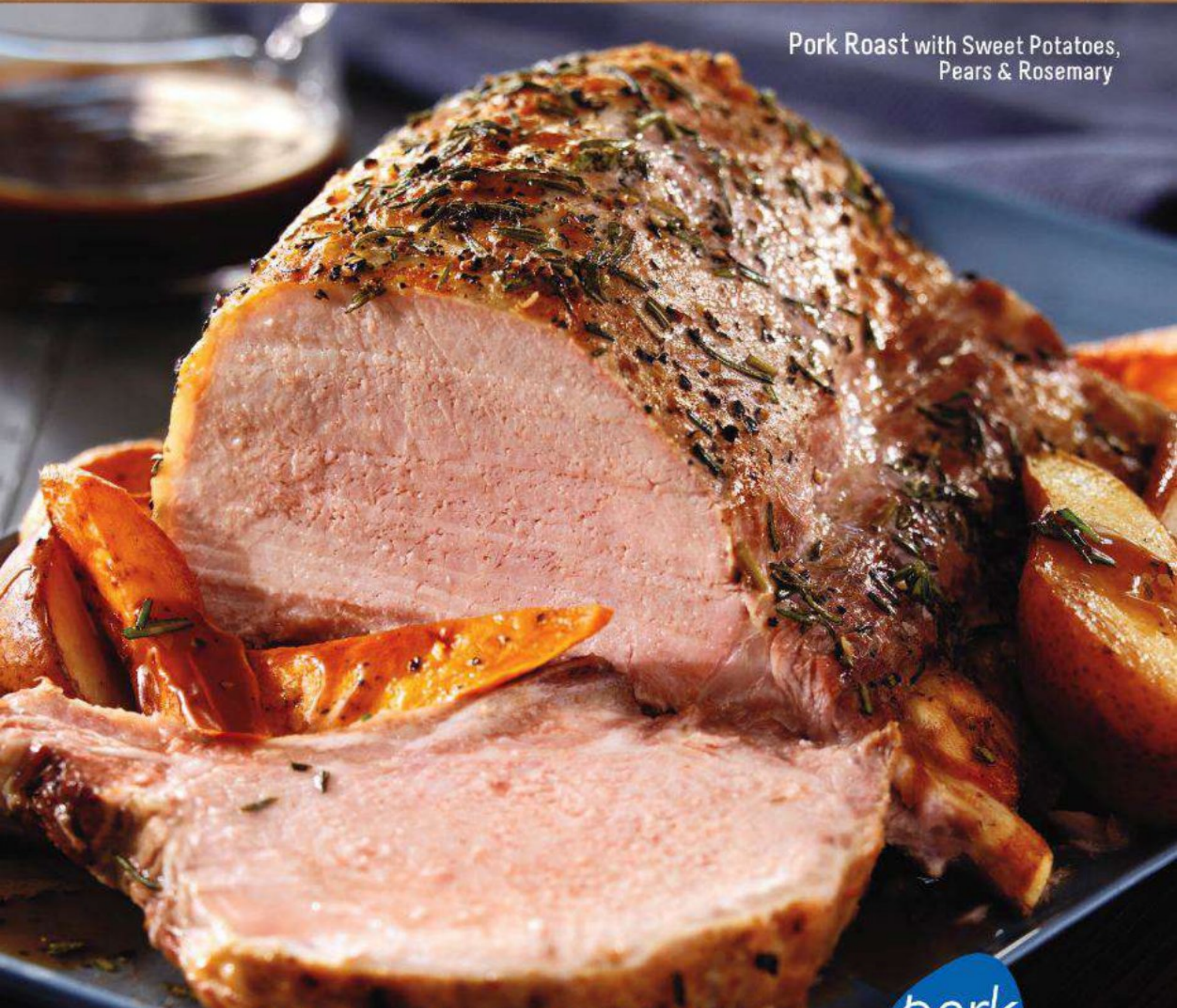
NOTABLE QUOTE

“Our diet is right up there with any other public responsibility you can name, from water treatment to mass transit.”

MARK BITTMAN, IN “BAD FOOD? TAX IT, AND SUBSIDIZE VEGETABLES,” FROM THE *NEW YORK TIMES*

Be inviting

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VISUAL FEAST

Don't Dunk That!

America's favorite cookie is also Judith Klausner's canvas. Using toothpicks and straight pins, the Somerville, Massachusetts, artist carves detailed portraits into the cream filling of the regular, mini, and golden varieties of Oreo cookies. Each cameo takes

Klausner two to six hours to finish and joins her Chex Mix cross-stitches and condiment wallpaper as part of her series "From Scratch"—inspired, says Yahoo News, by "the modern availability of ready-made food products" (jgklausner.com). Adds the artist, "I revel in minutiae."

STEVE POMEROY (4)

*warm up
your throat
before
you use it.*

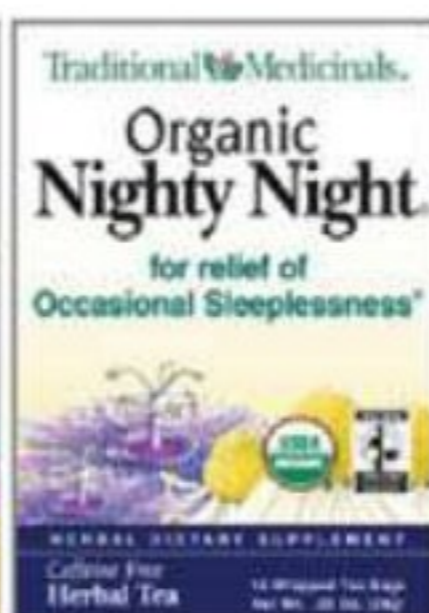


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THE GEAR

Where'd You Put the Bay Leaf?

Just in time for Thanksgiving, three ways to update your spice rack, from thekitchn.com



▼ OUT OF THE ORDINARY

Go magnetic to make use of limited space. The stylish set below by Spice Connection includes jars, a magnetic board, and spices (\$51.50 for ten; etsy.com). The Container Store's five-canister set includes tin tubs with clear tops on a magnetic back (\$14.99; containerstore.com).



▲ TRADITIONAL YET MODERN

Watchmaker's cases and Indian spice boxes have small tins nested within a larger case to keep your most-used spices in one place, sealed securely. Try Cost Plus World Market's stainless steel Indian-inspired box (above, \$9.99; worldmarket.com) or Lee Valley's watchmaker's tins (\$12.80 for a set of fifteen 53-millimeter tins; leevalley.com).


Avoid a last-minute spice hunt on the big day with the right storage system.



FROM TOP: COURTESY COST PLUS WORLD MARKET; COURTESY THE SPICE CONNECTION; COURTESY IKEA

EASILY CONCEALED ►

Opt for jars that fit in a drawer. "If you use fewer spices or don't need huge jars, a drawer can be a great way to keep seasonings handy yet organized," says Faith Durand of thekitchn.com. IKEA's Droppar spice jars are two inches high and will fit in most standard drawers (\$2.99 for two; ikea.com). Just add your own label.



THE DISH THAT PEOPLE GO
OVER THE RIVER
AND THROUGH THE WOODS FOR.

Green Bean Casserole

Prep: 10 min. Bake: 30 min. Makes: 12 servings

2 cans (10 $\frac{3}{4}$ oz. each) Campbell's® Condensed Cream of Mushroom Soup (Regular, 98% Fat Free or Healthy Request®)	2 tsp. soy sauce
1 cup milk	$\frac{1}{4}$ tsp. ground black pepper
	8 cups cooked cut green beans
	2 $\frac{3}{4}$ cups French's® French Fried Onions

1. Stir soup, milk, soy sauce, black pepper, beans and 1 $\frac{1}{3}$ cups onions in 3-qt. casserole.
2. Bake at 350°F. for 25 min. or until bean mixture is hot and bubbling.
Stir bean mixture. Sprinkle with remaining onions.
3. Bake 5 min. or until onions are golden brown.

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Ditch the casserole dish and use a baking sheet for macaroni and cheese.

RECIPE

Baking Sheet Macaroni and Cheese

BY AMANDA HESSER ● FROM food52.com

Amanda Hesser, cocreator of food52.com and coauthor of *The food52 Cookbook* (William Morrow, \$35), found the perfect balance between crispy and creamy macaroni and cheese. Her solution: Spread the mixture on a baking sheet rather than in a casserole dish. “If you want it cheesier, add more cheese!” she says. “And add whatever kind you like.”

Serves 6

Salt

- 1¼ lbs. pasta spirals (or small shells or fusilli)
- 3 cups heavy cream
- 1 cup grated fontina cheese
- 1½ cups grated Asiago cheese
- Freshly ground black pepper
- ½ cup grated Parmesan cheese

1. Heat oven to 500°F. Bring large pot of salted water to boil. Add pasta and cook 6 minutes. Drain.
2. Meanwhile, in large mixing bowl, combine cream, fontina, and Asiago.

Season generously with pepper. Add pasta and stir to combine. Spread mixture in 11-by-17-in. rimmed baking sheet, shaking pan to fill evenly. Sprinkle with Parmesan. Bake until browned and crisp on top, about 15 minutes.

GO FIGURE

40%

The percentage of children in the United States who don't eat breakfast daily

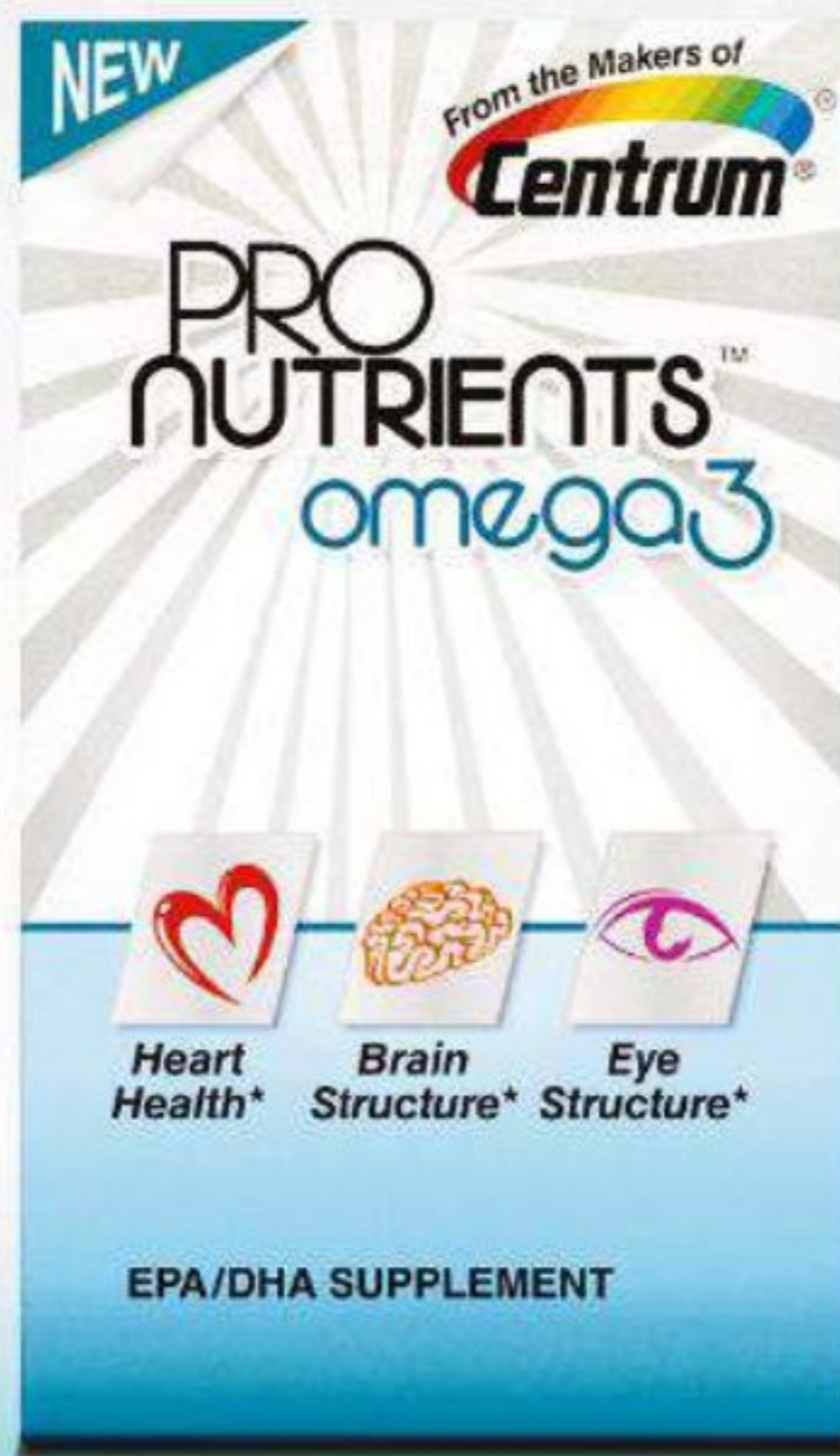
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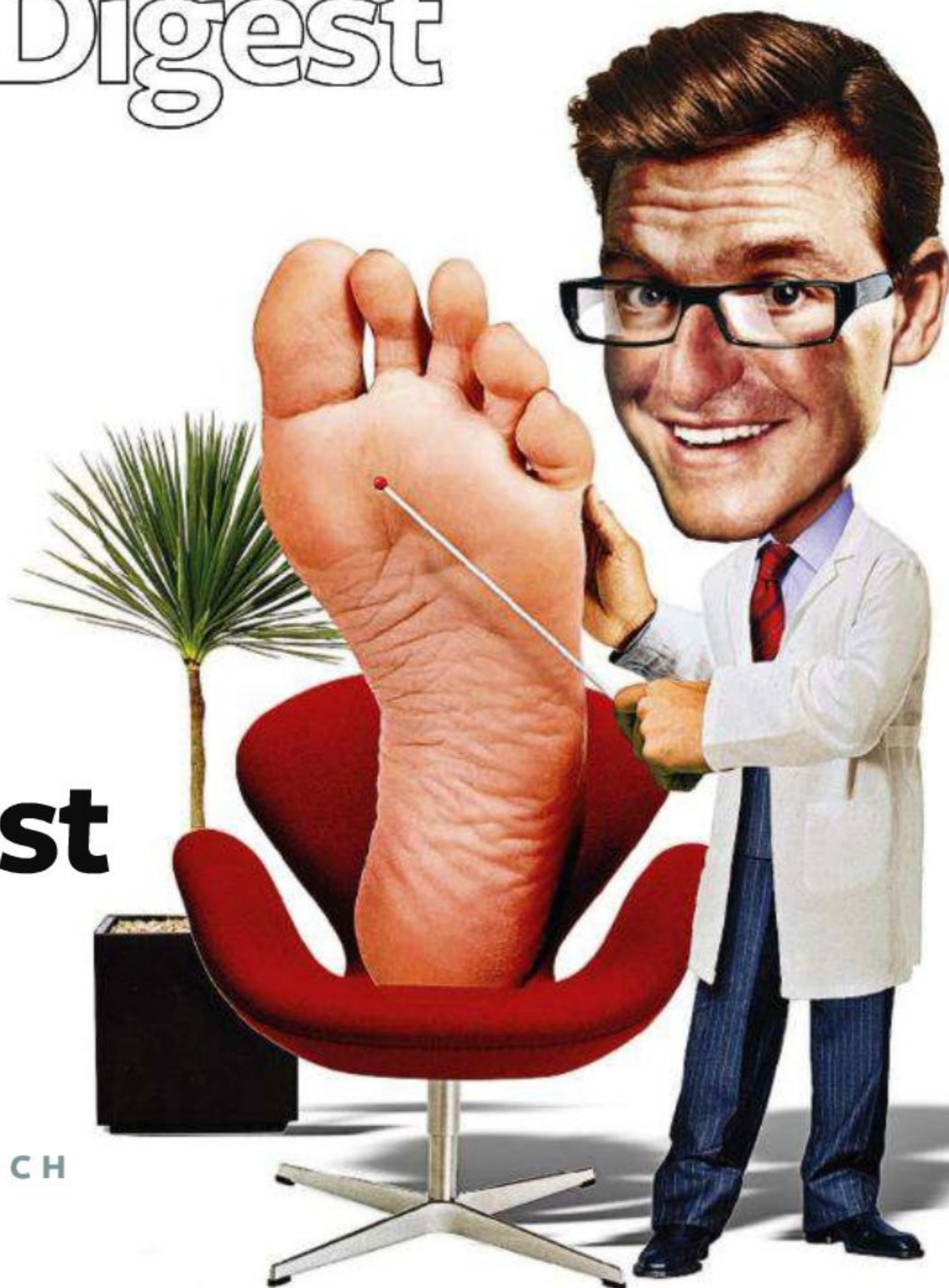
www.ProNutrients.com

ProNutrients Omega-3 MiniGels are smaller than most other Omega-3 softgels.

*This statement has not been evaluated by the Food and Drug Administration.
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13 Things Your Podiatrist Won't Tell You

BY MICHELLE CROUCH



1 When you go into a shoe store, **your salesperson should measure your feet.** A lot of you have been wearing the same-size shoe for the past 30 years because no one measures you anymore, but feet often get bigger as you age.

2 Your feet don't need to smell. You use antiperspirant on your armpits to keep them from getting stinky, don't you? The same stuff works on your feet. Try the spray kind. **Alternate your shoes so they have a chance to dry completely, and wear socks.** Otherwise, the sweat will promote the growth of bacteria that stay in your shoes.

3 Infections from nail salons keep us in business. If you want a pedicure, **book the first appointment of the day,** when the equipment is cleaner. Those footbaths can be especially germmy. Even if technicians spray the basin between customers, many of the tubs have drains and filters that don't get cleaned.

4 Toe separators, bunion splints, and "yoga toes" may help you feel better, but they aren't going to get rid of hammer-toes and bunions. You've got to come to me for that. If you have a structural problem, **a \$6 device isn't going to reverse anything.**

5 Some podiatrists will shorten toes or do injections so you can wear high heels more comfortably. But I don't believe in cosmetic surgery for feet. **You shouldn't have surgery if you're not in pain,** because you *will* have pain after surgery—that's a guarantee. It has to be worth it. Otherwise, you're asking for trouble.

6 **Buy shoes at a specialty running store, even if you just walk for exercise.** Well-trained staff will help you get the right athletic shoe—they can really analyze your foot and gait.

7 I've seen all sorts of things, including people who have shot their feet. You really shouldn't clean your loaded gun after you've had a couple of beers. **Another dumb move: mowing the lawn in flip-flops.** The first weekend of every spring, doctors see a lot of injuries.

8 **If you have dry, cracked feet, try AmLactin.** It's just an over-the-counter lotion, but it's like a miracle. Put it on a couple of times a week, and the calluses will just slough off.

9 Sometimes if a bunion is really bad, a patient will ask me to amputate her second toe. I won't do it, because it won't fix the problem. I tell those patients to tell their daughters: **Get your bunions taken care of now.** If you wait until they get really bad, they'll be much harder to fix.

10 I don't have a problem with people getting pedicures, but please **don't shave right before you go.** You might be embarrassed by your stubble, but it will be worse when bacteria and fungus enter the microscopic nicks on your ankle and give you an infection.

11 **Over-the-counter "custom-fit" orthotics are a bit of a gimmick.** They'll help if you just need some arch support and padding, but they're nothing like the orthotics I make after creating a mold of your feet in my office. Orthotics are like eyeglasses for the feet. They're made to correct the specific biomechanics of the way you walk.

12 A lot of you hurt your foot or ankle exercising and head straight to an orthopedic surgeon. But unless he or she is specifically trained in the foot and ankle, **coming to me is a better bet.**

13 **Please wash your feet before you come see me.** And change your socks—I can tell if you've worn the same ones for three days.

Sources: Jane Andersen, a podiatrist in Chapel Hill, North Carolina; Marlene Reid, a podiatrist in Naperville, Illinois; Carly Robbins, a podiatrist in Columbus, Ohio; Jacqueline Sutera, a podiatrist in New York, New York; Cary Zinkin, a podiatrist in Deerfield Beach, Florida.

For more things a podiatrist won't tell you, go to readersdigest.com/podiatrist.

NOTABLE QUOTE

“Curing loneliness is as good for your health as giving up smoking.”

JO MARCHANT, ON RESEARCH BY NEUROSCIENTIST JOHN CACIOPPO,
IN *NEW SCIENTIST*

REVERSE DIABETES

5 Moves for a Longer Life

These small changes can help you fend off diabetes—or shield you from its worst effects **BY SARA ALTSHUL**

Diabetes stats just keep spiking—a staggering 350 million people around the globe now have the disease, and the U.S. numbers are among the worst in the world. That means more heart attacks, more strokes, and a shorter life expectancy, even if you're otherwise healthy. *Eat right; exercise more*—the advice is simple but sometimes hard to follow. What do top experts suggest for closing that gap?

1) **Have a side salad**

When you're indulging in high-carb foods (pasta, potatoes, or rice, for example), serve salad, too—and make sure the dressing contains vinegar. Consuming one and a half tablespoons of vinegar can lower your blood sugar by 42 percent, a small study showed last year.

2) **Treat your pasta right**

Keeping your cells responsive to insulin is key to warding off diabetes because insulin is the hormone that sweeps sugar out of the blood. Here's an effective, tasty way to do that: Sauté your pasta in extra-virgin olive oil (and throw in some

vegetables for good measure). That approach substantially increased insulin sensitivity for overweight women in recent research. The researchers say that sautéing any carb-rich food in olive oil will help hold blood sugar steady.

3) **Move a little**

Just one session of moderate exercise improves your body's blood-sugar control, new research shows—and mini-bursts of activity seem to be as effective as continuous exercise. (In fact, sitting for hours at a time boosts your risk of a variety of diseases even if you're otherwise active.) Aim to move at least 30 to 45 minutes a day. What makes that goal less daunting: You can rack up some of those minutes during TV commercials or other bits of downtime as long as you move briskly.

4) **Enforce a blackout**

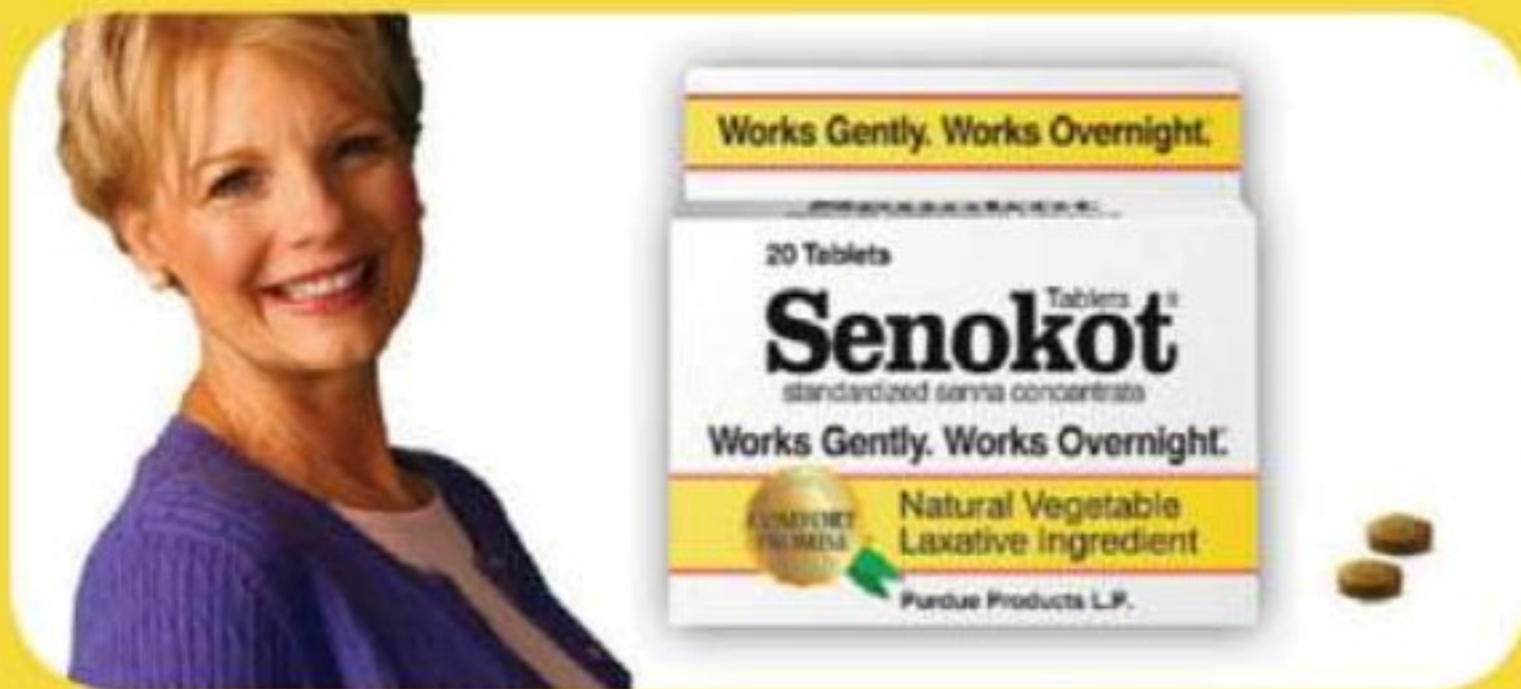
If you don't sleep seven or eight hours most nights, your risk of developing diabetes—or having it get worse—rises by 37 to 88 percent, says a recent study. To sleep longer and better, go dark because even a small amount of light during bedtime >>

GET UP AND MOVE
Too much sitting makes your blood sugar rise.



CONSTIPATED?

CHOOSE RELIEF THAT'S RIGHT FOR YOU.



For occasional constipation associated with travel, stress, or dietary changes, a natural choice for gentle, overnight relief is

SENOKOT® TABLETS.

For occasional constipation associated with certain medications, get relief with the leading brand that combines a natural vegetable laxative ingredient plus the comfort of a stool softener,

SENOKOT-S® TABLETS.



For occasional constipation that results in painful bowel movements, get predictable, convenient, overnight relief with

PERI-COLACE® TABLETS.



For occasional constipation associated with conditions such as IBS, hemorrhoids, surgery or post-childbirth*, get comfortable relief with the stimulant-free, #1 doctor and pharmacist recommended brand,

COLACE® CAPSULES.

*If pregnant or nursing please consult with your doctor before use.



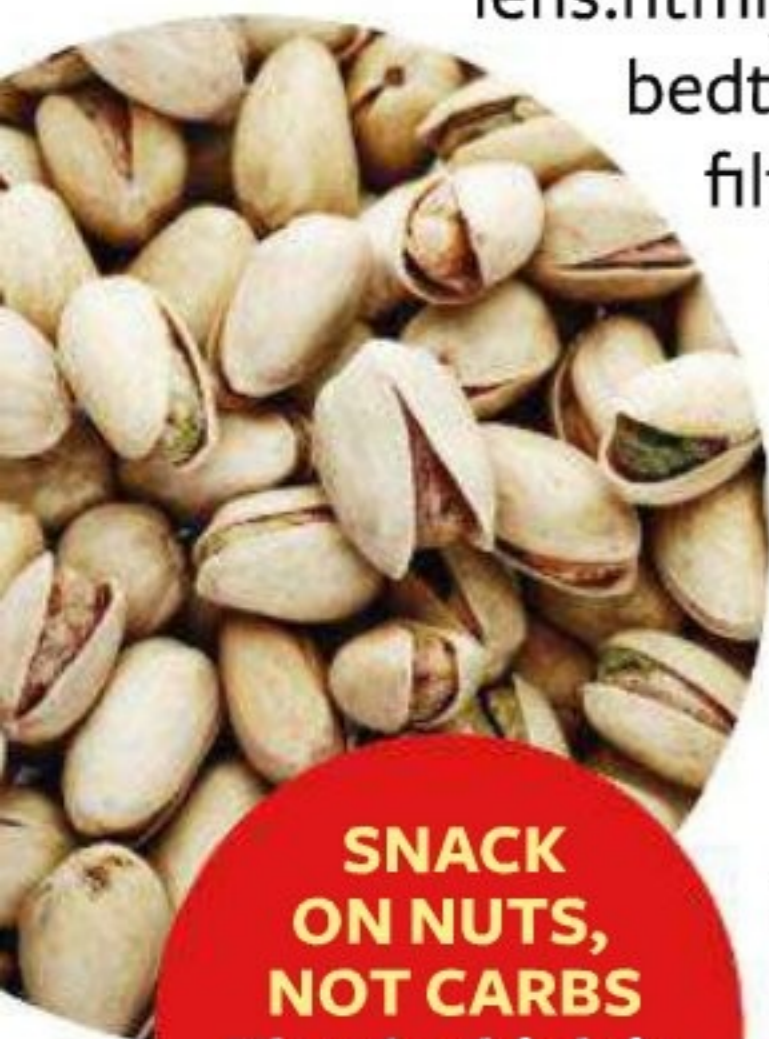
Senokot.com

COLACECAPSULES.COM

Please read full product label before use.

hours slows the production of melatonin, the hormone that makes you sleepy. Reading lights or glowing screens can be enough to rev your body. If you want to read in bed, try wearing an inexpensive pair of amber shades—they block blue light waves that are particularly disruptive for melatonin (safetyglassesusa.com/amberlens.html). Use a computer before

bedtime? Download free blue-filtering software, such as F.lux (stereopsis.com/flux).



SNACK ON NUTS, NOT CARBS
They're high in fat—but good for you.

5) **Substitute nuts for potatoes**

Potatoes deliver a dietary double whammy: They make your blood sugar rise and over the years are particularly likely to make you gain weight, a recent long-term study showed.

Nuts may be high in fat, but snacking on a handful instead of chips or fries will help you lose pounds, researchers say. And a number of recent studies have shown pistachios, almonds, and peanuts have surprising power to keep blood sugar even.

Sources: Sara Farnetti, MD, Catholic University of the Sacred Heart, Rome; Mickey Harpaz, PhD, author of *Menopause Reset!*; Cyril Kendall, PhD, University of Toronto; Stavros Liatis, MD, Athens University Medical School; Dariush Mozaffarian, MD, Harvard School of Public Health; Anoop Shankar, MD, West Virginia University School of Medicine; John Thyfault, PhD, University of Missouri.

GO FIGURE

10:1

The ratio of microbes to human cells in your body

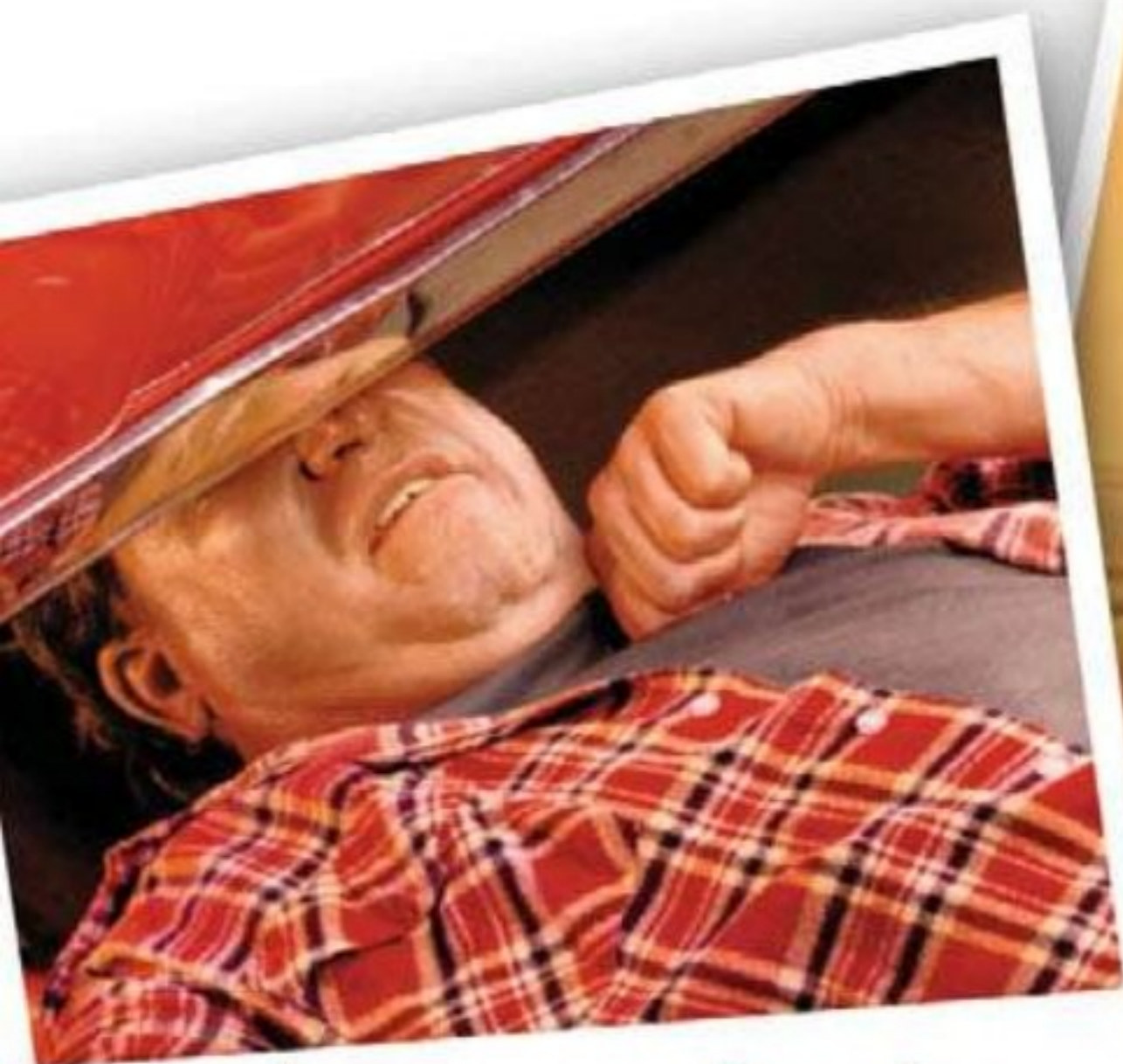
Source: the Human Microbiome Project, a National Institutes of Health program

KITCHEN CURES

What's Best for Bones

Talk about an image makeover. First prunes got a new name (they're dried plums, if you please), and now it seems they offer a previously unrecognized benefit: They're good for your bones. In fact, says nutrition researcher Bahram H. Arjmandi, RD, at Florida State University, midlife women who ate ten prunes daily for a year slowed their bone loss substantially. If ten sounds daunting, even three a day can make a difference, says Arjmandi, who adds that **prunes are the most bone-friendly fruit** he's seen in decades of study. Since women can lose up to 20 percent of their bone mass in the seven years after menopause, that's good news.

It's especially welcome because hopes for a different natural fix were recently dashed. **Soy supplements did nothing for bones** in menopausal women who took a hefty dose for two years. (The supplements didn't cool hot flashes either.) So eat tofu if you like it, but for your bones' sake, start snacking on prunes. Unless the thought makes you feel old. In that case, have some dried plums.



Burning



BAD TASTE
IN YOUR THROAT



belching

Important Safety Information

- Symptom relief does not rule out other serious stomach conditions.
- Serious allergic reactions may occur. Tell your doctor if you have a rash, face swelling, throat tightness, or difficulty breathing.
- People who are taking multiple daily doses of Proton Pump Inhibitor (PPI) medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.
- Low magnesium can happen in some people who take a PPI medicine for at least 3 months. Tell your doctor right away if you experience any of these symptoms: seizures, dizziness, abnormal or fast heartbeat, jitteriness, jerking movements or shaking (tremors), muscle weakness, spasms of the hands and feet, cramps or muscle aches, or spasm of the voice box.
- In adults, the most common side effects with ACIPHEX include pain, sore throat, gas, infection, and constipation.
- Before taking ACIPHEX, tell your doctor if you are taking any of these medicines: atazanavir, digoxin, iron salts, ketoconazole, or warfarin.

To learn more, talk to your doctor and read the patient information on the next page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Indication

In adults (≥18 years of age), one ACIPHEX 20 mg tablet daily is used for the treatment of daytime and nighttime heartburn and other symptoms associated with acid reflux disease.

Acid Reflux Disease

Face your acid reflux disease head-on with ACIPHEX.

Had enough of that burning in your chest, the bad taste in your throat, and the belching? If you have persistent heartburn 2 or more days a week, with or without other symptoms, despite treatment and diet change, it could be acid reflux disease. Talk to your doctor and ask about prescription ACIPHEX. You just may find yourself facing relief.

14
DAYS

Try ACIPHEX
FREE
for 2 weeks!*

*Restrictions apply.

Contact us today.

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AcipHex[®]
rabeprazole sodium

PATIENT INFORMATION

ACIPHEX (a-se-feks) (rabeprazole sodium) Delayed-Release Tablets

Read the Patient Information that comes with ACIPHEX before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is ACIPHEX?

ACIPHEX is a medicine called a proton pump inhibitor. ACIPHEX reduces the amount of acid in your stomach.

ACIPHEX is used in adults:

- for up to 8 weeks to heal acid-related damage to the lining of the esophagus (called erosive esophagitis or EE) and to relieve symptoms, such as heartburn pain. If needed, your doctor may prescribe an additional 8 weeks of ACIPHEX.
 - to maintain the healing of the esophagus and relief of symptoms related to EE. ACIPHEX has not been studied for treatment lasting longer than 12 months (1 year).
 - for 4 weeks for the treatment of daytime and nighttime heartburn and other symptoms that happen with Gastroesophageal Reflux Disease (GERD). If needed your doctor may prescribe an additional 4 weeks of ACIPHEX.
- GERD happens when acid in your stomach backs up into the tube (esophagus) that connects your mouth to your stomach. This may cause a burning feeling in your chest or throat, sour taste, or burping.
- for up to 4 weeks for the healing and relief of duodenal ulcers. The duodenal area is the area where food passes when it leaves the stomach.
 - with certain antibiotic medicines for the treatment of an infection caused by bacteria called *H. pylori*. Sometimes *H. pylori* bacteria can cause duodenal ulcers. The infection needs to be treated to prevent the ulcers from coming back.
 - for the long-term treatment of conditions where your stomach makes too much acid. This includes a rare condition called Zollinger-Ellison syndrome.

ACIPHEX is used in adolescents 12 years of age and above:

- for up to 8 weeks for the treatment of GERD.

It is not known if ACIPHEX is safe and effective in children under the age of 12.

ACIPHEX may help your acid-related symptoms, but you could still have serious stomach problems. Talk with your doctor.

Who should not take ACIPHEX?

Do not take ACIPHEX if you:

- are allergic to any of the ingredients in ACIPHEX. See the end of this leaflet for a complete list of ingredients in ACIPHEX.

- are allergic to any other Proton Pump Inhibitor (PPI) medicine.

What should I tell my doctor before taking ACIPHEX?

Before you take ACIPHEX tell your doctor about all of your medical conditions, including if you:

- have been told that you have low magnesium levels in your blood.
- have any liver problems.
- have any allergies.
- are pregnant or planning to become pregnant. It is not known if ACIPHEX can harm your unborn baby.
- are breastfeeding. It is not known if ACIPHEX passes into your breast milk or if it can harm your baby. You should choose to breastfeed or take ACIPHEX, but not both. Talk to your doctor about other ways to feed your baby while taking ACIPHEX.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. ACIPHEX and certain medicines can affect each other. This can cause serious side effects. Know the medicines that you take. Keep a list of them with you and show it to your doctor when you get a new medicine. Be sure to tell your doctor if you are taking:

- atazanavir (Reyataz)
- cyclosporine (Sandimmune, Neoral)
- digoxin (Lanoxin)
- ketoconazole (Nizoral)
- warfarin (Coumadin)
- theophylline (THEO-24 Thelair)
- diazepam (Valium)
- phenytoin (Dilantin)
- antibiotics

Ask your doctor or pharmacist if you are not sure if your medicine is listed above.

How should I take ACIPHEX?

- Take ACIPHEX exactly as prescribed. Your doctor will prescribe the dose that is right for you and your medical condition. Do not change your dose or stop taking ACIPHEX unless you talk to your doctor. Take ACIPHEX for as long as it is prescribed even if you feel better.
- ACIPHEX is usually taken once a day. Your doctor will tell you the time of day to take ACIPHEX, based on your medical condition.
- ACIPHEX can be taken with or without food. Your healthcare provider will tell you whether to take this medicine with or without food based on your medical condition.
- Swallow each ACIPHEX tablet whole with water. **Do not chew, crush, or split ACIPHEX tablets** because this will damage the tablet and the medicine will not work. Tell your doctor if you cannot swallow tablets whole. You may need a different medicine.
- **If you miss a dose of ACIPHEX, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your normal schedule. Do not take 2 doses at the same time.**

- If you take too much ACIPHEX, call your doctor or Poison Control Center right away, or go to the emergency department.
- Your doctor may prescribe antibiotic medicines with ACIPHEX to help treat a stomach infection and heal stomach-area (duodenal) ulcers that are caused by bacteria called *H. pylori*. Make sure you read the patient information that comes with an antibiotic before you start taking it.

What are the possible side effects of ACIPHEX?

ACIPHEX, like other proton pump inhibitors, may cause serious allergic reactions. See the end of this leaflet for a complete list of ingredients in ACIPHEX.

- **Serious allergic reactions.** Tell your doctor if you have any of the following symptoms with ACIPHEX.
 - rash
 - face swelling
 - throat tightness
 - difficulty breathing

Your doctor may stop ACIPHEX if these symptoms happen.

- **Low magnesium levels in your body.** This problem can be serious. Low magnesium can happen in some people who take a proton pump inhibitor medicine for at least 3 months. If low magnesium levels happen, it is usually after a year of treatment. You may or may not have symptoms of low magnesium.

Tell your doctor right away if you have any of these symptoms:

- o seizures
- o dizziness
- o abnormal or fast heart beat
- o jitteriness
- o jerking movements or shaking (tremors)
- o muscle weakness
- o spasms of the hands and feet
- o cramps or muscle aches
- o spasm of the voice box

Your doctor may check the level of magnesium in your body before you start taking ACIPHEX, during treatment, or if you will be taking ACIPHEX for a long period of time.

The most common side effects with ACIPHEX may include:

- headache
- pain
- sore throat
- gas
- infection
- constipation

People who are taking multiple daily doses of Proton Pump Inhibitor medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all the side effects of ACIPHEX. For more information, ask your doctor or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store ACIPHEX?

- Store ACIPHEX in a dry place at room temperature, 59°F to 86°F (15°C to 30°C).

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

General Information about ACIPHEX

Medicines are sometimes prescribed for conditions other than those described in patient information leaflets. Do not use ACIPHEX for any condition for which it was not prescribed by your doctor. Do not give ACIPHEX to other people, even if they have the same symptoms as you. It may harm them.

This leaflet summarizes the most important information about ACIPHEX. If you would like more information, talk to your doctor. You can also ask your doctor or pharmacist for information about ACIPHEX that is written for healthcare professionals. For full product information, visit the website at <http://www.aciphex.com/> or call the toll-free numbers 1-888-4-ACIPHEX or 1-800 JANSSEN.

What are the ingredients in ACIPHEX?

Active Ingredient: rabeprazole sodium

Inactive ingredients of the 20 mg tablet are carnauba wax, crospovidone, diacetylated monoglycerides, ethylcellulose, hydroxypropyl cellulose, hypromellose phthalate, magnesium stearate, mannitol, propylene glycol, sodium hydroxide, sodium stearyl fumarate, talc, and titanium dioxide. Iron oxide yellow is the coloring agent for the tablet coating. Iron oxide red is the ink pigment.

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For prescription only

Revised May 2011

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NJ 07677

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01AX2289P

WHAT WORKS

Flu Fighters and Cold Comforts

Questions and answers to help you stay well this winter

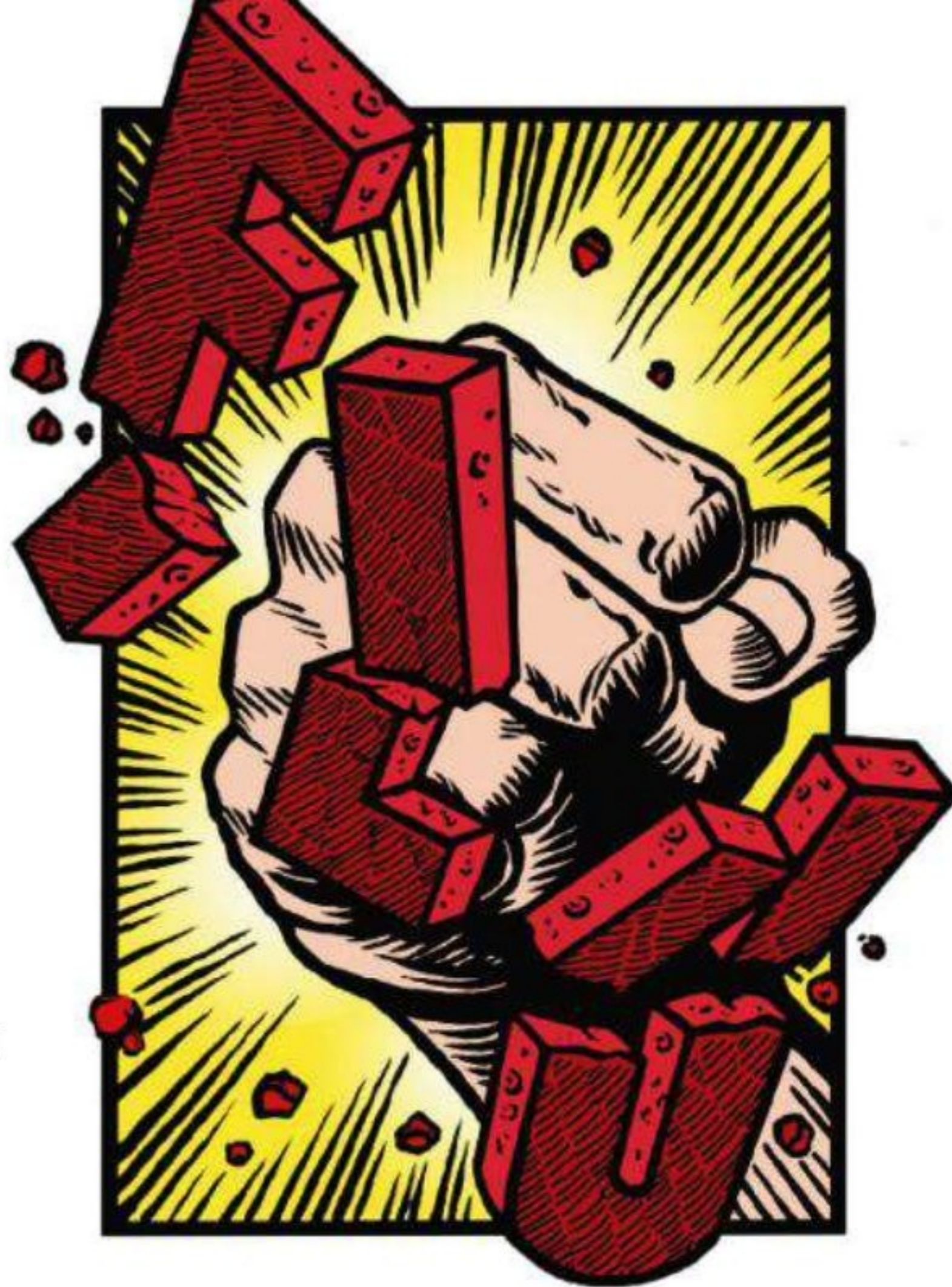
BY REGINA NUZZO

● I heard that I can skip the flu shot this year if I got one last year. True?

It's not a good idea. It's true that this year's flu strain is expected to be identical to last year's (a rare occurrence), so the shot isn't changing. But studies show that protection starts declining within a year after vaccination, says Ghinwa Dumyati, MD, a professor of infectious diseases at the University of Rochester—possibly sooner if you're older or have immune problems. So antibody levels from last year's shot may be too low to defend you. Why take the chance? If you hate needles (and are between the ages of two and 50), there's always the nasal spray vaccine.

● Can probiotic supplements help?

Some may make your colds shorter and milder. The ideal cold remedy would help your immune system work at full throttle to fight off the virus while sparing you the nasty side effects of an amped-up immune system (runny nose, headache, and so on). Some probiotics seem to have that golden touch, says Gary Huffnagle, PhD, immunology professor at the University of Michigan. In one recent study, a probiotic supplement taken daily reduced cold symptoms and shortened colds by an average of two days. The probiotic strains used in that research aren't yet



available in the United States, but keep an eye out for *Lactobacillus plantarum* HEAL9 and *Lactobacillus paracasei* 8700:2 from Probi. There's also some evidence that the probiotics in DanActive may shorten colds.

● If I get a cold, is zinc worth taking?

Maybe, but you have to act fast and be willing to put up with some side effects. People who took zinc within a day of the first hints of a cold developed milder symptoms and felt better faster than those who took a placebo, a recent review of studies found. Try a lozenge or syrup—the key is to get the zinc into direct contact with the cold virus in your throat, says Carol Haggans, RD, a nutritionist at the Office of Dietary Supplements at the National Institutes of Health. Studies suggest you need at least 75 mg daily to see an effect; that amount seems safe for short-term use. The downside for some volunteers: mild nausea and a bad taste in their mouth.

ILLUSTRATED BY MARK ZINGARELLI



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TRIED AND TRULY DELICIOUS.



The tastes you love. Vegetable Beef, Bean with Bacon, and more.

It's amazing what soup can do.®



Introducing your cold symptoms' worst nightmare.

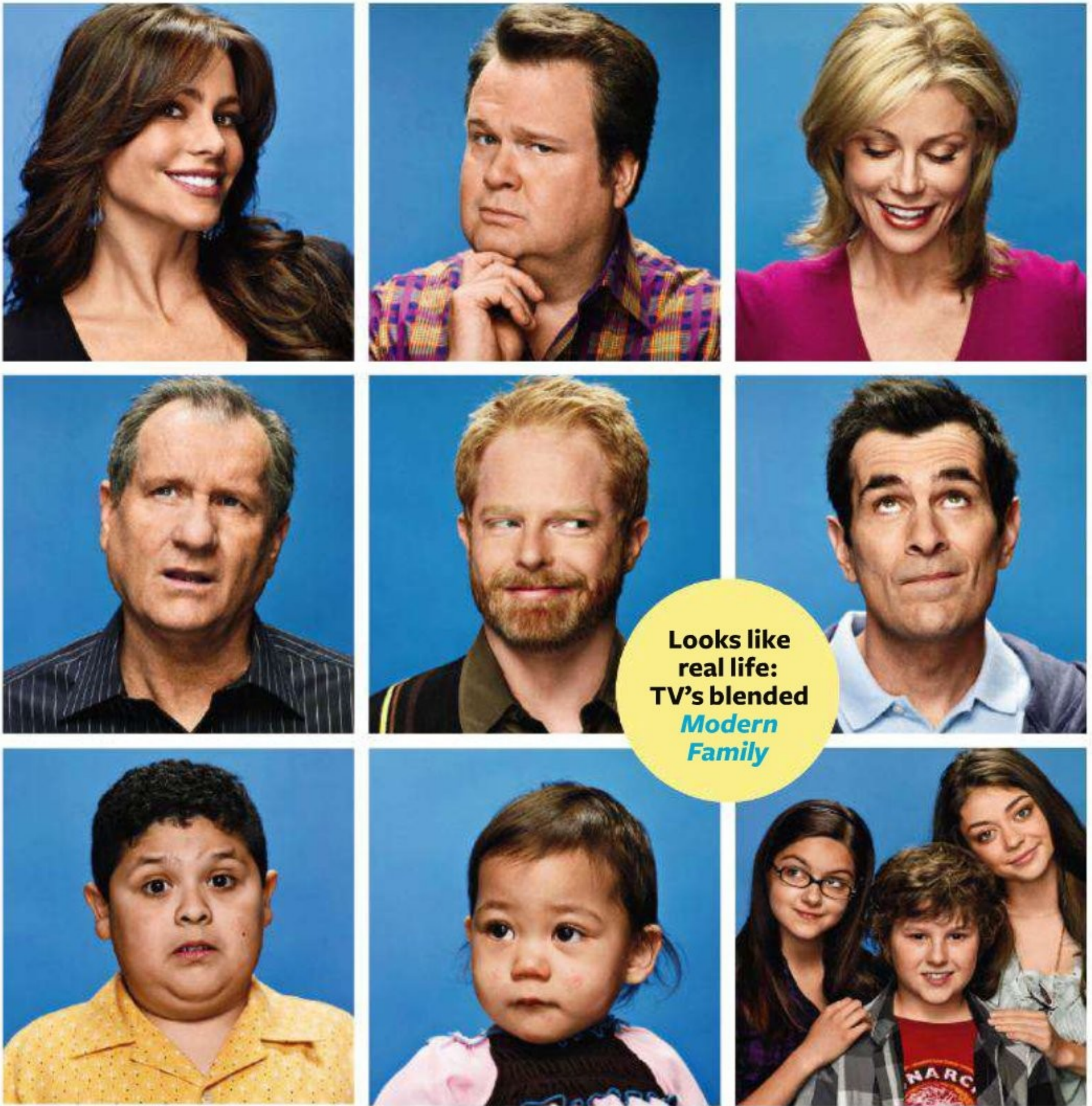


*per 4 hour dose.

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The New Normal

Seeing hidden strengths of stepfamilies

● FROM *Huffington Post*

Nearly six million families include a stepparent, according to the latest U.S. Census Bureau data—and that isn't necessarily a bad thing, says stepmother and author Janice Van Dyck. The positives of blended families? Read on. >>

Discover
the
chocolate
for caramel
lovers.



Werther's Original Caramel Specialties

The only chocolate filled with the smooth, creamy, comforting taste of real Werther's caramel.

What comfort tastes like.

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► **Stepkids tell the truth.** For better or worse, “stepkids are more likely to be honest about what’s wrong with your parenting style,” says Van Dyck. “If you listen to them, you might find they’re right about how you could be more effective.”

► **Marriage No. 2 can be a better model.** “Your kids have been through divorce, and you can be sure they learned something—not always positive—about intimate relationships,” she says. When parents are in a more positive marriage, they have “the energy to be better role models for negotiation, forgiveness, generosity, and love.”

► **Kids get a broader worldview.** Every kid’s upbringing seems normal to him or her; all families are different in how they function day to day. “It’s a shock when a kid goes off to college and finds out how other people live,” notes Van Dyck. “Stepfamilies can stretch a kid’s thinking and give him or her a stronger sense of self in the world.”

GO FIGURE

37%

Percentage of people who have never lived outside their hometown


Source: Pew Research Center



mmmmm.....it's caramel season.

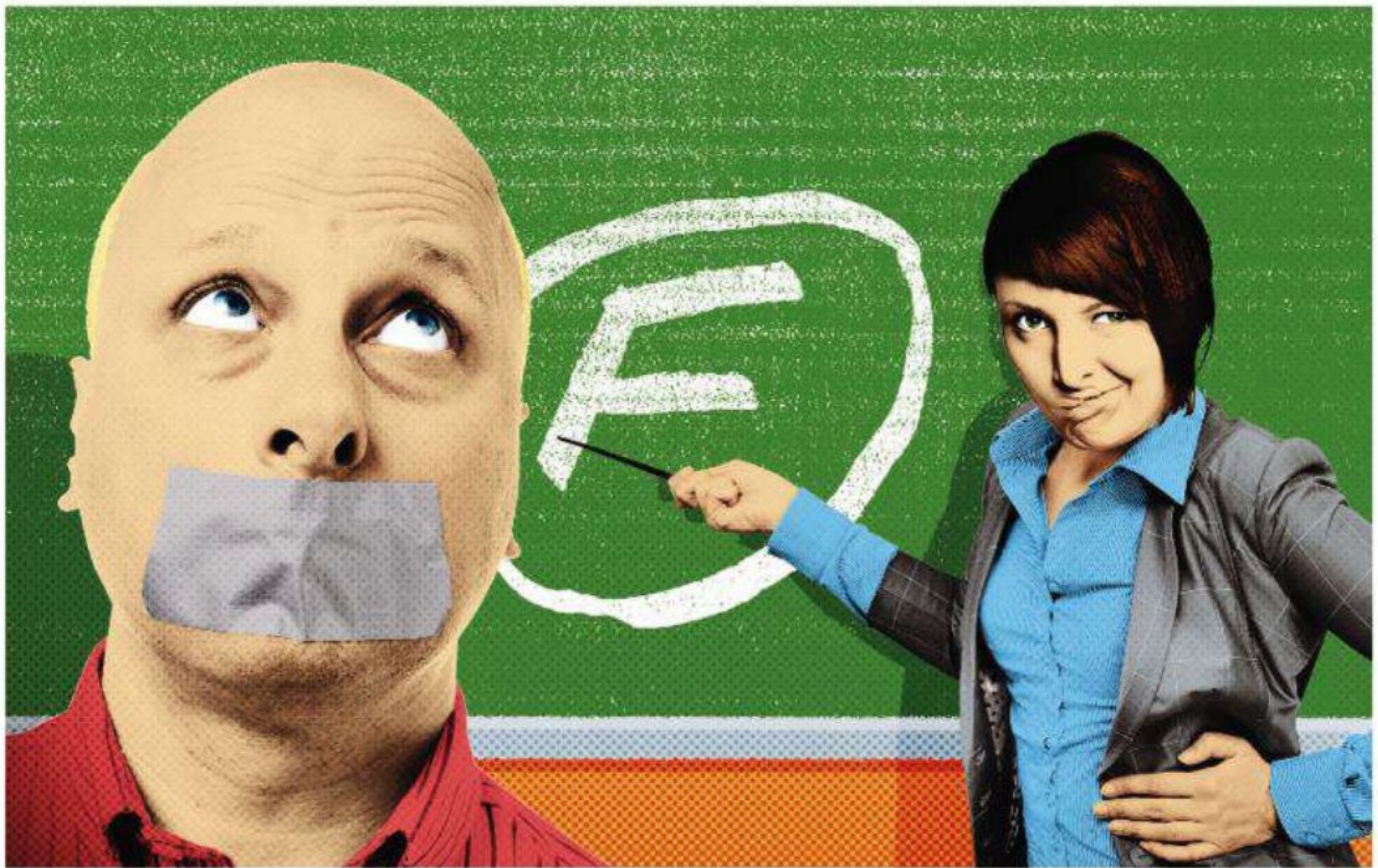


Nobody gives you more ways to satisfy your love for smooth, creamy, comforting caramel like Werther's Original. Find us on Facebook for amazing gourmet caramel apple recipes.

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Celebrate
CAMELFEST
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What comfort tastes like.



RANT

A Hard Lesson

Quit moaning about your kids' self-esteem, writes one professor, and let teachers do their jobs

BY KATHLEEN M. COMERFORD

FROM *Atlanta Journal-Constitution*

Lately I've been hearing more and more complaints about education and educators: Teachers are not teaching well. Students are failing. People graduate with less than the minimum skills needed to survive in the workforce. High school teaches nothing. College costs way too much. Professors are overpaid and lazy, and they indoctrinate students into

their liberal ideals. When they create new classes, they focus on worthless topics like popular literature or on ideological pet projects. Education gets a failing grade.

Success in school is determined by two factors: good home support for education and good schools. The first condition is being met: My generation, the original "helicopter parents," seem to be scrutinizing school curricula and college catalogs for their children. They're trying to ensure that their kids get a good education. So why is the problem getting worse?

In my opinion, the answer lies in the *kind* of interest that parents take in their children's education. Expecting or demanding good grades just because your child tries, or

shows up, is not concern for education: It's concern for the *degree*.

Education, like life, is about failure as well as success. Today's college students have experienced an education based on self-esteem, not achievement. They have plenty of self-esteem; they have few skills to handle failure.

Self-esteem education demands that everyone get a trophy, that no one lose. It insists that every child is exceptional, that no one can be criticized—which sends a very wrong message. There is no instant gratification in teaching or in learning. No one can expect to pick up calculus, French, or computer programming unless he or she spends a great deal of time and effort.

Many college students today do not know how to fail; they have no idea what to do when the trophy isn't handed to them. Educators know that real achievement comes from hard work over time and that real self-esteem is the result of achievement, not indulgence. They know what

works and what doesn't, because they have experience and expertise.

Why is no one asking teachers to head school boards, testify before congressional committees, work on education budgets?

As a professor at Georgia Southern University, I want to be treated like a *professional*. I will happily discuss teaching methods with other educational professionals, but why should

Teachers have been listening to parents complain for years. It's time for parents to listen.

I take direction from people with no experience in the field any more than a surgeon or accountant would?

Teachers have been listening to parents complain for decades. It's time for parents to listen to teachers and to treat them like professionals. Pretend that your child's teacher is as qualified in his or her field as your lawyer is in the law. When you treat teaching as a profession and educators as experienced professionals, you might learn something.

PHRASE OF THE MONTH

“Three-year glitch”

According to a British survey, the “seven-year itch” has company. Reuters reports that of 2,000 men and women polled, 67 percent said that relationship stress reaches a peak in the third year, when minor irritations such as weight gain and snoring may blossom into larger problems and weekly compliments drop from three to one. Now, that's what we—and they—call a three-year glitch!

DATING

The Cost of Current Courting

For all of you new to the dating pool—including those 50-to-60-year-olds who make up the fastest growing demographic on dating website match.com—a few stats to consider:



CHECK, PLEASE

MEN	WOMEN
37% think they should pay for the first date	87% say they would pick up the check in some cases
51% spend more than \$100 a month on dates	46% say it doesn't matter how much their date spends
29% spend more than \$150 a month on dates	66% spend less than \$50 a month on dates
\$103 average amount spent on Valentine's Day	\$51 average amount spent on Valentine's Day

HOW TO BE A CHEAP DATE

Keep the first date brief—meet for coffee or a drink instead of dinner, suggests Dale Koppel, author of *The Intelligent Woman's Guide to Online Dating*. You'll spend less and have an easy out if no sparks fly. When you work up to a table for two, order something moderately priced, don't complain about cost, and leave the leftovers behind, says etiquette expert Diane Gottsman.

Percentages and dollar amounts from surveys of single adults ages 21 to 65-plus



A BIG NIGHT OUT

What dinner for two, a bottle of red wine, and a movie cost across the country:

San Francisco	\$230	Columbus, Ohio	\$203
Atlanta	\$211	Kansas City, Missouri	\$193

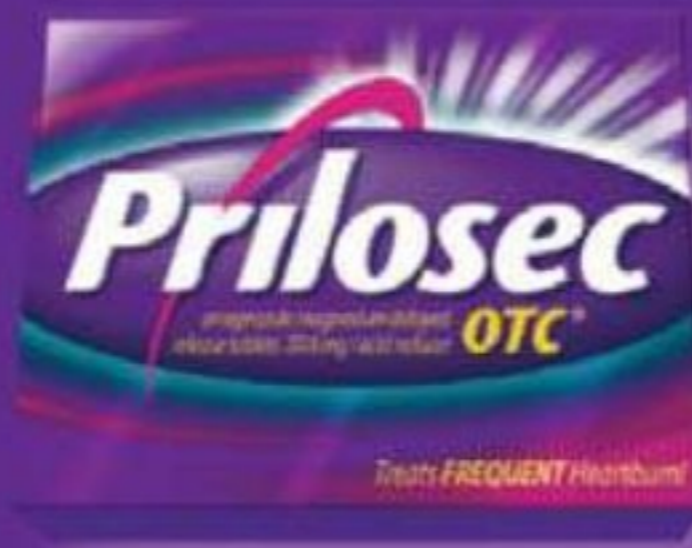
Sources: cnbc.com, brides.com, Rapaport, match.com, money.msn.com, mint.com



*I hate heartburn.
I hate thinking about
it almost as much.*

Jennifer – endures heartburn 3 or 4 days a week.

Stop the Madness.



ONE PILL A DAY.
24 HOURS.

ZERO HEARTBURN.*

*It's possible while taking Prilosec OTC. Use as directed for 14 days to treat frequent heartburn. Do not take for more than 14 days or more often than every 4 months unless directed by a doctor. Not for immediate relief.

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STELARA® is a prescription medicine approved to treat adults 18 years and older with moderate or severe plaque psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

IMPORTANT SAFETY INFORMATION

STELARA® is a prescription medicine that affects your immune system. STELARA® can increase your chance of having serious side effects including:

Serious Infections

STELARA® may lower your ability to fight infections and may increase your risk of infections. While taking STELARA®, some people have serious infections, which may require hospitalization, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses.

- Your doctor should check you for TB before starting STELARA® and watch you closely for signs and symptoms of TB during treatment with STELARA®.
- If your doctor feels that you are at risk for TB, you may be treated for TB before and during treatment with STELARA®.

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

Before starting STELARA®, tell your doctor if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

After starting STELARA®, call your doctor right away if you have any symptoms of an infection (see above).

STELARA® can make you more likely to get infections or make an infection that you have worse. People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections that can spread throughout the body and cause death. It is not known if people who take STELARA® will get any of these infections because of the effects of STELARA® on these proteins.

Cancer

STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancer. Tell your doctor if you have ever had any type of cancer.

Reversible posterior leukoencephalopathy syndrome (RPLS)

RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including: headache, seizures, confusion, and vision problems.

Serious Allergic Reactions

Serious allergic reactions can occur. Get medical help right away if you have any symptoms such as: feeling faint, swelling of your face, eyelids, tongue, or throat, trouble breathing, throat or chest tightness, or skin rash.

Before receiving STELARA®, tell your doctor if you:

- have any of the conditions or symptoms listed above for serious infections, cancer, or RPLS
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- are receiving or have received allergy shots, especially for serious allergic reactions
- ever had an allergic reaction to STELARA®
- receive phototherapy for your psoriasis
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if STELARA® will harm your unborn baby. You and your doctor should decide if you will take STELARA®
- are breast-feeding or plan to breast-feed. It is thought that STELARA® passes into your breast milk. You should not breast-feed while taking STELARA® without first talking to your doctor.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system
- certain medicines that can affect how your liver breaks down other medicines

Common side effects of STELARA® include: upper respiratory infections, headache, and tiredness.

These are not all of the side effects with STELARA®. Tell your doctor about any side effect that bothers you or does not go away. Ask your doctor or pharmacist for more information.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please read the Medication Guide for STELARA® and discuss any questions you have with your doctor.



Stelara[®]
(ustekinumab)



If you suffer from **moderate or severe plaque psoriasis...**
Imagine the possibilities of clearer skin

4 doses a year
after 2
starter doses

Discover a proven psoriasis therapy. In a medical study, 7 out of 10 STELARA[®] patients saw at least 75% clearer skin at 12 weeks, and 6 out of 10 patients had their plaque psoriasis rated as cleared or minimal at 12 weeks. *Individual results may vary.*

The safety and effectiveness of STELARA[®] have not been evaluated beyond two years.

Discover a convenient psoriasis therapy. STELARA[®] is an injection given under the skin by a healthcare provider as directed by your doctor at weeks 0, 4, and every 12 weeks thereafter. Each injection is given using a small needle. STELARA[®] is available in 45 mg or 90 mg doses; your doctor will choose the right dose for you. Make sure you keep all your scheduled follow-up appointments.

Ask your dermatologist about STELARA[®]

Please read the Important Safety Information on the adjacent page.



Learn more about STELARA[®]

Text STELARA to 80800,
call 1-866-709-1050,
or visit www.STELARAinfo.com

MEDICATION GUIDE FOR STELARA® INJECTION

Read this Medication Guide before you start taking STELARA® and each time before you get an injection. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment with STELARA®.

What is the most important information I should know about STELARA®?

STELARA® is a medicine that affects your immune system. STELARA® can increase your chances of having serious side effects, including:

Serious Infections: STELARA® may lower the ability of your immune system to fight infections and may increase your risk of infections. Some people have serious infections while taking STELARA®, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses. Some people have to be hospitalized for treatment of their infection.

- Your doctor should check you for TB before starting STELARA®.
- If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with STELARA® and during treatment with STELARA®.
- Your doctor should watch you closely for signs and symptoms of TB during treatment with STELARA®.

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

Before starting STELARA®, tell your doctor if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

After starting STELARA®, call your doctor right away if you have any symptoms of an infection (see above).

STELARA® can make you more likely to get infections or make an infection that you have worse.

People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections. These infections can spread throughout the body and cause death. It is not known

if people who take STELARA® will get any of these infections, because of the effects of STELARA® on these proteins in your body.

Cancers:

STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancers. Tell your doctor if you have ever had any type of cancer.

Reversible posterior leukoencephalopathy syndrome (RPLS):

RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including:

- headache
- seizures
- confusion
- vision problems

What is STELARA®?

STELARA® is a prescription medicine used to treat adults 18 years and older with moderate or severe psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

STELARA® may improve your psoriasis but may also lower the ability of your immune system to fight infections. This may also increase your risk for certain types of cancer.

It is not known if STELARA® is safe and effective in children. It is not known if taking STELARA® for more than two years is safe and effective.

What should I tell my doctor before receiving STELARA®?

Before you receive STELARA®, tell your doctor if you:

- have any of the conditions or symptoms listed in the section "What is the most important information I should know about STELARA®?"
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- are receiving or have received allergy shots, especially for serious allergic reactions. Allergy shots may not work as well for you during treatment with STELARA®. STELARA® may also increase your risk of having an allergic reaction to an allergy shot.
- receive phototherapy for your psoriasis.

- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if STELARA[®] will harm your unborn baby. You and your doctor should decide if you will take STELARA[®].
- are breast-feeding or plan to breast-feed. It is thought that STELARA[®] passes into your breast milk. You should not breast-feed while taking STELARA[®] without first talking with your doctor.
- ever had an allergic reaction to STELARA[®]. Ask your doctor if you are not sure.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system.
- certain medicines that can affect how your liver breaks down other medicines.

Ask your doctor or pharmacist if you are not sure if your medicine is one that is listed above.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How will I receive STELARA[®]?

- STELARA[®] is given by injection under the skin (subcutaneous injection).
- STELARA[®] should only be given by a healthcare provider as directed by your doctor.
- Your doctor will decide the right dose of STELARA[®] for you and how often you should receive it.
- Be sure to keep all of your scheduled follow-up appointments.

What should I avoid while receiving STELARA[®]?

You should not receive a live vaccine while taking STELARA[®]. See "What should I tell my doctor before taking STELARA[®]?"

What are the possible side effects of STELARA[®]?

STELARA[®] can increase your chances of having serious side effects.

- See "**What is the most important information I should know about STELARA[®]?**"
- **Serious Allergic Reactions.** Serious allergic reactions can occur with STELARA[®]. Get medical help right away if you have any of the following symptoms of a serious allergic reaction:
 - feeling faint
 - swelling of your face, eyelids, tongue, or throat
 - trouble breathing, throat tightness
 - chest tightness
 - skin rash

Common side effects of STELARA[®] include:

- upper respiratory infections
- headache
- tiredness

These are not all of the possible side effects of STELARA[®]. Tell your doctor about any side effect that bothers you or that does not go away. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088.

You may also report side effects to Centocor Ortho Biotech Inc. at 1-800-457-6399.

General information about STELARA[®]

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about STELARA[®]. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about STELARA[®] that was written for healthcare professionals.

What are the ingredients in STELARA[®]?

Active ingredient: ustekinumab

Inactive ingredients: L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, and sucrose.

Prefilled Syringe Manufactured by: Centocor Ortho Biotech Inc., Horsham, PA 19044, License No. 1821 at Baxter Pharmaceutical Solutions, Bloomington, IN 47403

Vial Manufactured by: Centocor Ortho Biotech Inc., Horsham, PA 19044, License No. 1821 at Cilag AG, Schaffhausen, Switzerland

Revised October 2010

This Medication Guide has been approved by the U.S. Food and Drug Administration.

U.S. License No. 1821

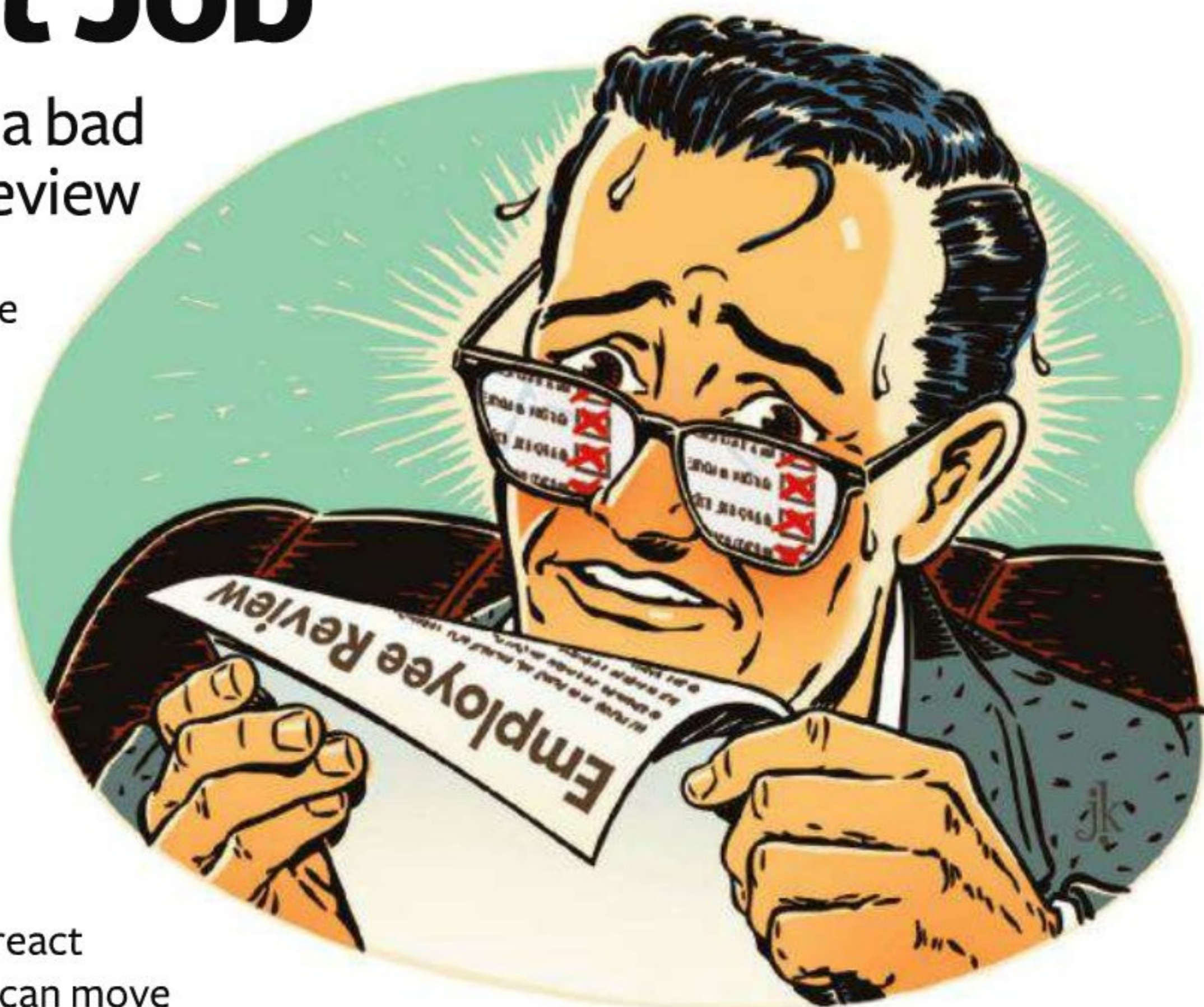
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25ST10222

“You’re **Not** Doing Such a Great Job”

How to survive a bad performance review

Getting a negative review from your boss is never pleasant. But stewing, complaining, or plotting revenge that involves blowfish poison and her morning coffee isn’t the answer—at least if you want to be around for next year’s review. Here’s how to react to the bad news so you can move onward and upward.



- **Take a deep breath.** While your instinct may be to cry or lash out, maintain your composure and your professionalism, at least until the review is over and you are outside the office. You can let your boss know you are surprised or disappointed, but don’t get emotional or defensive. Put yourself in your boss’s shoes, writes Jodi Glickman in *Great on the Job: What to Say, How to Say It. The Secrets of Getting Ahead* (Griffin, \$15.99). From her perspective, “the goal of the meeting is not to make you feel good. The goal is to make you better at your job.”

- **Ask for specific ways you can improve.** Consider saying more than “What can I do to boost my performance?” Glickman suggests, “I appreciate your candor. How would you recommend getting the R-and-D team on board earlier in the process next time?” If pressing for concrete information puts your boss on the spot, ask, “Is there someone here you think does a particularly good job at that? I’d love to get some ideas from him.”

- **Listen for feelings, not just words.** “People want to be heard and understood, not just logically but also emotionally,”

writes Rick Kirschner in *How to Click with People: The Secret to Better Relationships in Business and in Life* (Hyperion, \$24.99). When giving you the bad news, does your boss appear disappointed? Uncomfortable? Angry? Sympathetic? Bored? Take her mood as much as the content of the review into account.

● **Say “Thank you.”** Yes, really. If you don’t agree with her assessment, say, “Thanks so much for taking time to sit down with me. I really appreciate your willingness to share your thoughts,” writes Glickman. Or “I’m not sure I completely understand or agree with all of your points, but I do appreciate your taking the time to sit down with me.” If you think she’s made a good case, try “I absolutely understand your points, and I’m going to spend some time thinking about ways to improve in the areas you mentioned. Thank you.”

● **Ask to revisit the situation.** Glickman says you should always follow up—whether to ask for clarification, to argue your case, or to smooth over any disagreement. Before you leave, say something like “You’ve given me a lot to think about, and I’d like to continue the conversation after I have some more time to reflect on all of this.”

● **See this as the glass half full.** It may sound as corny as a needlepoint pillow emblazoned with “When life gives you lemons ...,” but according to Tali Sharot in *The Optimism Bias: A Tour of the Irrationally Positive Brain* (Pantheon,

\$25.95), perceiving setbacks as opportunities actually helps make them so. “Predictions not only alter our perceptions but also modify action,” writes Sharot. If you think of your boss’s assessment as a catalyst for positive change and not a kick in the teeth, you’ll more likely work toward that change.

● **Make new goals—and stick to them.** The key, write Roy F. Baumeister and John Tierney in *Willpower: Rediscovering the Greatest Human Strength* (Penguin

Think of your boss’s assessment as a catalyst for positive change and not a kick in the teeth.

Press, \$27.95), is to determine both a long-term objective (say, boost your sales by 20 percent) and intermediate goals (book lunches with five clients a month). “Have an idea of what you want to accomplish in a month and how you want to get there,” advise Baumeister, who directs the social psychology program at Florida State, and Tierney, a *New York Times* reporter. “Leave some flexibility and anticipate setbacks.” Baumeister’s research has shown that willpower is like a muscle: The more you use it, the stronger it gets. Start with small housekeeping tasks each day, advise the authors.

“You may not care about whether your bed is made or your desk is clean, but these environmental cues subtly influence your brain and your behavior, making it ultimately less of a strain to maintain self-discipline. Order seems to be contagious.”

GO FIGURE

4.8

Billions of hours wasted each year by Americans stuck in traffic

Source: *Men’s Journal*

SUCCESS STORY

WHO NEEDS COLLEGE?

BY JANE LEE AND HELEN A. COSTER ● FROM **forbes.com**

Be cool—stay in school, the saying goes. Recent reports show that a rising number of college graduates are topping off their résumés with \$135,000 law degrees in hopes of getting ahead in the postrecession economy. But one look at this *Forbes* list of billionaires who never graduated from high school will make you wonder: If you want to be rich, should you ditch?

► **Richard Branson** A dropout at 16, he founded a mail-order record retailer, which became the Virgin Records stores and music label. Today, his empire includes 200 companies—airlines, music festivals, mobile phones—in 30 countries. His estimated net worth: **\$6.8 billion.**

► **Carl Lindner, Jr.** This billionaire dropped out of high school to deliver milk for his family's dairy. In 1984, Lindner bought Chiquita Brands International (formerly United Fruit Company and United Brands Company) and ran it until 2001. Lindner's estimated net worth: **\$1.7 billion.**

Branson is worth an estimated \$6.8 billion.



► **François Pinault** It's hard to believe that the third-richest man in France—with holdings like Gucci, Christie's auctioneers, Samsonite, and Puma—quit high school in 1947 to work at his father's lumber mill.

Pinault has amassed an **\$8.7 billion** fortune.

► **Kirk Kerkorian** This megaresort tycoon, who dropped out to pursue amateur boxing in the eighth grade, is now worth **\$3.1 billion.**

► **Amancio Ortega** The founder of Inditex, a fashion empire that includes brands Zara and Massimo Dutti, ditched at age 14 to run errands for mom-and-pop shirt stores. Ortega, now the richest man in Spain, is worth **\$31 billion.**

NOTABLE QUOTE

“If a group includes more women, its collective intelligence rises.”

ANITA WOOLLEY AND THOMAS MALONE, *HARVARD BUSINESS REVIEW*



I'm a rock star
inside and out.

(Itching and scratching
just isn't good for my image.)

Introducing Iams Sensitive Naturals.™
Works inside for healthy skin and coat.

Itching and scratching could be a food problem. That's why Iams Sensitive Naturals has protein-rich ocean fish as its first ingredient and limits other ingredients that may cause problems with sensitive dogs. You'll like what's in it, and love what's not.



NO CHICKEN



NO CORN



NO WHEAT



NO SOY

**I am more than just a dog.
I am an Iams dog.**



BALANCE YOUR DIGESTIVE HEALTH, NATURALLY.

BALANCE MATTERS

Occasional constipation, diarrhea, gas and bloating can be signs that your digestive balance is off. Help balance your system naturally with Phillips'™ Colon Health® Probiotics, a daily dose of good bacteria to help your colon do its job.*

WHY TAKE PROBIOTICS?

Probiotics support overall digestive health and defend against occasional digestive issues by replenishing the good bacteria in your system. Phillips' Colon Health Probiotics is the only leading brand to contain three strains of the most commonly studied bacteria:*

- B. longum to support digestive and immune health.
- B. bifidum to help guard against intestinal disturbances.
- L. gasseri to support nutrient absorption and lactose digestion.

WHEN TO USE PROBIOTICS

Taken daily, Phillips' Colon Health Probiotics supports a healthy immune system and overall digestive health. It can also be used when traveling to help your digestive system stay in balance.*

PHILLIPS' dailydigest PROGRAM

Want to help maintain your own digestive balance? Join us on a 21-day journey to better digestive health with Phillips' Colon Health and the dailydigest program. This informative digital tool charts your digestive health progress and provides daily incentives along the way:

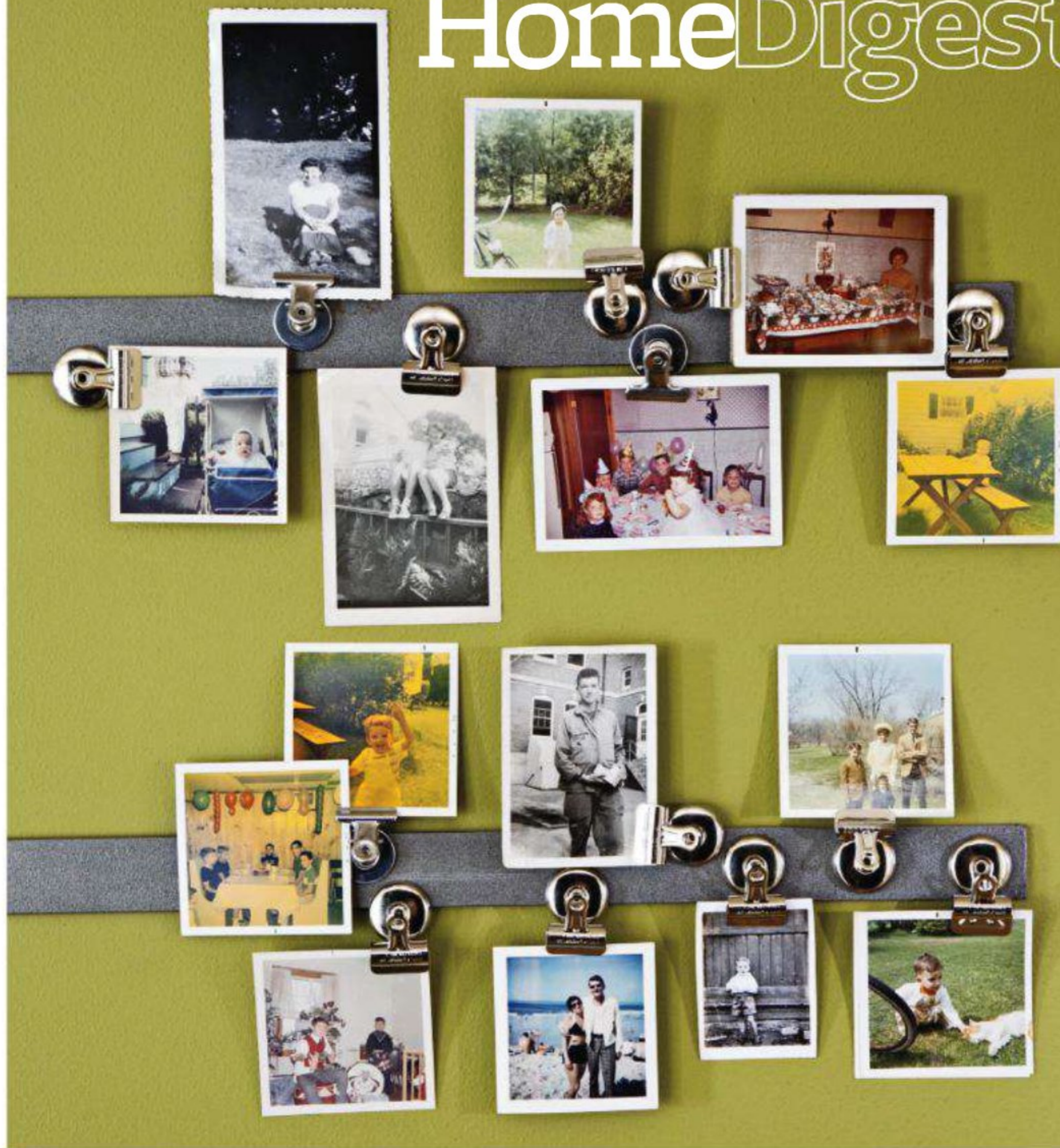
- Track your digestive health progress
- Get daily health tips, guidance and inspiration
- Keep your own video journal
- Earn valuable product rewards

Visit phillipsrelief.com to get started.



©2011 Bayer HealthCare LLC

*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



Put Yourself Out There

A little personality never hurt a room. Try these four inexpensive display ideas from a classic American designer.

BY ANNIE SELKE

● FROM *Fresh American Spaces* (Clarkson Potter, \$45)

Displaying photos, etc. The fun, fluid, and functional format above is as easy as mounting two metal bars (about \$8 each) on a wall or a door—or anywhere you have space—so you can display photos, postcards, or doodles. The best part is that the magnetic clips let you move the images around whenever you want.

▼ **Newspaper and shopping bag art.**

These two prints hang in southern artist Frank Faulkner's bathroom. The rhino was cut from an early Banana Republic shopping bag, and the ostrich skeleton was cut from the *New York Times*. The old, beat-up frames add character and an antiquarian flair.



► **Metal tools.** This arrangement of everyday metal objects from bygone eras is graphic and graceful, and it makes a huge impact on a stark white wall. The arrangement is interesting thanks to both the artful interplay between the unique outlines and the what-did-they-use-that-for? questions that the objects will elicit.



▲ **Fabric scraps on embroidery hoops.**

I saw this idea online and was blown away by what an easy and affordable way it is to display fabrics (wrapping paper and wall-paper work too). That it is a series of circles makes the grouping particularly appealing.

Annie Selke founded home-furnishings companies Pine Cone Hill, Dash & Albert Rug Company, and Annie Selke Home.



everyday items perfect for kitty care

Cats are independent animals and like to do their own thing, but they still require attention and need to be properly taken care of. With these easy tips and suggestions using common at-home items, you can quickly and inexpensively care for your cat.

you can use:

- **A mouse pad for your cat's bowl:** When you replace your computer mouse pad, use the old one as a place mat for your cat's food bowl to keep the bowl from skidding and for catching spills.
- **Mineral oil:** Lessen the frequency of hairballs with 1 teaspoon of mineral oil or petroleum jelly added to your cat's daily feedings. (Note: Vegetable oils and other oils won't work because your cat will absorb and digest them.) Also, give your cat a good brushing every day.
- **Panty hose on kitty's brush:** For easy brush cleanup, slip a small piece of panty hose over the head of the brush with the bristles poking through. Once grooming is over, remove the panty hose, which should now be laden with cat fur, and discard.
- **Eggs:** A weekly scrambled egg added to your cat's food helps to keep the coat shiny, and it's a healthy treat your pet will love. Raw eggs are off limits because of potential salmonella contamination.
- **Vinegar:** Deodorize your pet with a bath 50/50 white vinegar and warm water. Keep rinsing and washing until the odor is gone.
- **Foil:** Train your cat to stay off upholstered furniture by topping the cushions with aluminum foil. The crunching sound of foil under their paws will send them scurrying. Once your cat has learned to stay off the furniture, you can remove the foil.



QUICK FIX

Houseplants and Air Care

Yes, there are toxins in the air around us, but there's a simple way to cut down on them—without a HEPA filter. According to the *Wall Street Journal*, “a growing body of global research is showing plants can reduce dust particles and contaminants, such as formaldehyde and benzene, that come from cigarette smoke, paint, furniture, building materials, and other sources.” What's more, a recent study cited in the *London Daily Mail* found that potted plants in offices reduced fatigue, stress, dry throats, headaches, coughs, and dry skin among workers. Which plants are best for keeping you healthy? Here are a few good ones for both desks and bigger spaces—culled from the *Wall Street Journal* and easywaystogogreen.com, which recommends one or two small plants for roughly every 175 square feet. Go with leafy plants rather than flowering ones, says researcher Tina Bringslimark: “Large foliage surfaces produce the most oxygen,” she says.

● **Mother-in-Law's Tongue** Hardy with tall, blade-shaped leaves, it can tolerate low light and will survive irregular watering. Perfect for black-thumbed couch potatoes.



● **Peace Lily** An attractive option with a tropical look, it may droop in bright sun. It's mildly toxic when ingested; avoid it if you have curious pets or toddlers.

● **Janet Craig** Glossy, deep green foliage makes this bushy plant particularly appealing. Look for species from Hawaii, and don't be tempted to overwater, which can cause the leaves to develop brown and yellow spots.



FROM TOP: STEVEN NILSSON/GETTY IMAGES; GETTY IMAGES; COURTESY PLANT-CARE





● **Spider Plant**

An easy hanging plant to grow and maintain, this species is named for its long, thin leaves that resemble spider legs. Poisonous to cats.



● **Rubber Tree**

A spot near a sheer-curtained window with bright, indirect sunlight is ideal for this popular plant. Keep it moist in the growing season.



● **Fig Tree**

The ficus tree can survive for years. Keep it out of direct sunlight and cold drafts, water it, and mist its leaves. Repot every other year.



● **Boston Fern**

For maximum impact, set this long-fronded plant on a pedestal or in a hanging basket in bright, indirect sunlight.

CLOCKWISE FROM TOP LEFT: GETTY IMAGES (4) DEAGOSTINI; MATTHEW WARD; TOM DOBBIE; EMRAH TURUDU



noses of the world, rejoice!

NEW SCOOP AWAY® LITTER HAS AMMONIA SHIELD

Noses know — feline and human — that something wonderful has happened. Scoop Away® cat litter controls odors even better than before with a remarkable technology called Ammonia Shield. Ammonia, as you know, is a major source of bad odors in the litter box. Being able to shield it is cause for celebration. Your furry friend may even break his air of indifference and gush with gratitude. Rumor has it that extra purring, licking and snuggling are happening all across the country.

Scoop Away® litter has always been known for tight clumping, which makes cleaning the litter box refreshingly easy and prevents leaving behind stinky crumbles. So you can quickly go on to more important things ... like breaking out the cat toys.

For the whole scoop on
Scoop Away® Litter with
Ammonia Shield,
visit scoopaway.com.



JUST IN CASE

Out, Out, Damned Stains

What really works on clothes and carpets

For what you wear:

Among pretreatment stain removers, Resolve (\$3.29) came out on top in a recent *Consumer Reports* test. It “ably attacked coffee, blood, wine, sebum, grass, and motor oil,” says the magazine.

For what you walk on:

The new Stomp 'N Go pads from Bissell (\$4.99 for five) get a rave review from *Good Housekeeping*. Place one of the thin pads over a stain, stomp on it to release the stain-removing liquid, and let it sit. It removed red wine from a white carpet in two hours in the Good Housekeeping Research Institute test. Spaghetti sauce faded after 24 hours.



“The gossipy chairs could sense there was an eavesdropper afoot.”

VISUAL FEAST

THOROUGHLY MODERN, CHILLY

In the sometimes antiseptic world of modern design, clean lines and spare surfaces often denote personality-free zones. Molly Jane Quinn and Jenna Talbott—authors of *It's Lonely in the Modern World: The Essential Guide to Form, Function, and Ennui from the Creators of “Unhappy Hipsters”* (Chronicle, \$19.95)—might agree. Their practical handbook about design and construction also takes aim at all those unreal photographs of impossibly hip people in impossibly hip houses posing in impossibly improbable scenes (like the one above).

3:25 PM

My Bladder

Messages

Where are you?

My Bladder 1:15 PM

Did you go before you left?

My Bladder 1:45 PM

See a bathroom anywhere?

My Bladder 2:25 PM

Leave me alone!

Me 2:30 PM

Got a pad on just in case you don't think you're going to make it?

My Bladder 2:55 PM

I am SO tired of this!

Me 3:10 PM

Just keeping it real...

Send

Talk to your doctor about your overactive bladder symptoms.

Ask your doctor about prescription Toviaz® (fesoterodine fumarate). It's a once-daily pill that significantly reduces sudden urges and accidents over 24 hours.*

Plus, Toviaz comes with a plan, with tips on food and drink choices and exercises to help you train your bladder.

Toviaz treats the symptoms of overactive bladder (leaks, strong, sudden urges to go, going too often). Ask your doctor if Toviaz is right for you.

*Results may vary.

**Enough
already!**

Important Safety Information

If you have certain stomach problems, glaucoma, or cannot empty your bladder, you should not take Toviaz.

Toviaz may cause allergic reactions that may be serious. If you experience swelling of the face, lips, throat, or tongue, stop taking Toviaz and get emergency help.

Medicines like Toviaz can cause blurred vision, drowsiness, and

decreased sweating. Use caution when driving, doing unsafe tasks, or in especially hot environments, until you know how Toviaz affects you. Drinking alcohol while taking medicines such as Toviaz may cause increased drowsiness.

The most common side effects are dry mouth and constipation.

Toviaz has benefits and risks. There may be other options.

You're encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Ready to do something? Go to Toviaz.com or call 1-888-8-TOVIAZ



Toviaz®
fesoterodine fumarate
extended release tablets 4mg and 8mg



Please see Important Product Information on back.

FSD01007A/289321-01

IMPORTANT FACTS

Toviaz[®]
fesoterodine fumarate
extended release tablets 4mg and 8mg

(TOH-vee-as)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or when you don't want it to. You may have wetting accidents (urge urinary incontinence). You may have a strong need to urinate right away (urgency). You may also have to go too often (frequency).

WHO IS TOVIAZ FOR?

Who can take TOVIAZ?

Adults 18 years and older with symptoms of overactive bladder.
TOVIAZ has not been studied in children.

Who should not take TOVIAZ?

Do not take TOVIAZ if you:

- Are not able to empty your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- Have an eye problem called "uncontrolled narrow-angle glaucoma."
- Are allergic to TOVIAZ or any of its ingredients or to Detrol or Detrol LA.

BEFORE YOU START TOVIAZ

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems or problems with constipation.
- Problems emptying your bladder or if you have a weak urine stream.
- Treatment for an eye problem called narrow-angle glaucoma.
- Kidney or liver problems.
- A condition called myasthenia gravis.
- If you are pregnant or trying to become pregnant. It is not known if TOVIAZ can harm your unborn baby.
- If you are breastfeeding. It is not known if TOVIAZ passes into your breast milk or if it can harm your baby.

Before starting on TOVIAZ, tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products. TOVIAZ may affect the way other medicines work, and other medicines may affect how TOVIAZ works. Especially tell your doctor if you are taking antibiotics or antifungal medicines.

POSSIBLE SIDE EFFECTS OF TOVIAZ

TOVIAZ may cause allergic reactions that may be serious. Symptoms of a serious allergic reaction may include swelling of the face, lips, throat or tongue. If you experience these symptoms, you should stop taking TOVIAZ and get emergency medical help right away.

The most common side effects are:

- Dry mouth
- Constipation

TOVIAZ may cause other less common side effects, including:

- Dry eyes
- Trouble emptying the bladder

These are not all of the possible side effects of TOVIAZ.

For a complete list, ask your doctor or pharmacist.

HOW TO TAKE TOVIAZ

- Take TOVIAZ exactly as your doctor tells you.
- Your doctor may give you the lower 4 mg dose of TOVIAZ if you have certain medical conditions, such as severe kidney problems.
- Take TOVIAZ with liquid and swallow the tablet whole. Do not chew, divide or crush the tablet.
- You can take TOVIAZ with or without food.
- If you miss a dose of TOVIAZ, begin taking TOVIAZ again the next day. Do not take two doses of TOVIAZ in the same day.

Things you should keep in mind when taking TOVIAZ:

- Use caution in driving, operating machinery, or doing other dangerous activities until you know how TOVIAZ affects you. Blurred vision and drowsiness are possible side effects of medicines such as TOVIAZ.
- Use caution in hot environments. Decreased sweating and severe heat illness can occur when medicines such as TOVIAZ are used in a hot environment.
- Drinking alcohol while taking medicines such as TOVIAZ may cause increased drowsiness.

WHAT IS TOVIAZ?

TOVIAZ is a prescription medicine used in **adults** to treat symptoms of a condition called **overactive bladder**, including:

- Urge urinary incontinence—leaking or wetting accidents due to a strong need to urinate.
- Urinary urgency—having a strong need to urinate right away.
- Urinary frequency—having to urinate too often.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.Toviaz.com.
- Call **1-877-9-TOVIAZ**.



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Buy Smarter, Buy Less

How marketers twist your arm and wallop your wallet

BY HILARY STERNE

Remember “subliminal advertising”—those hidden messages supposedly used to sell us everything from cigarettes to soft drinks? It turns out we’re still being manipulated by marketers. What you should know about their tactics:

THE PRICING

● **Don’t fall for prices ending in 9, 99, or 95.** These so-called charm prices make us think they reflect good deals, author William

Poundstone tells Sonya Sobieski of *Psychology Today*. We also tend to round them down, reading a price like \$5.99 as \$5, a phenomenon known as the left-digit effect.

Poundstone, the author of *Priceless: The Myth of Fair Value (and How to Take Advantage of It)*, also notes that markdowns don’t often include these magic numbers. That’s because when the discount is easy to calculate, we think it’s a better bargain. Thus “Originally \$20, now \$15” works better than “Originally \$20,

now \$13.97.” You’ll be more tempted to go with the former, even though the latter saves you more.

- **Steer clear of 99-cent stores.**

Not only are they loaded with charm-priced items, obviously, but they have a profit margin twice that of Walmart, Poundstone reveals. One exception: if you live alone or have a small family, reports *shopsmartmag.org*. These stores often sell pint-size packages of food, allowing those who consume less to avoid waste.

- **You can expect to pay a premium if you’re a lazy shopper.** From Dairy Queen to Starbucks, many food retailers have begun selling mini-size treats at prices that hardly make them a good value, notes *USA Today*. They know that many people would rather be seen as virtuous—eating fewer calories than a normal portion contains—than thrifty and that they’re willing to spend more if they don’t have to actually dole out those portions themselves.

- **Note the missing dollar signs.** According to a Cornell University study quoted at *cbsmoneywatch.com*, diners spent much less when menus used the word *dollars* or the dollar sign than when only numerals were used to indicate price.

- **Know you’re being tracked.** If you use a store loyalty card, your buying habits are being recorded and often

used to lure you to buy more.

According to the *New York Times*, retailers these days are successfully tricking consumers into spending more by determining their spending “sweet spot,” based on previous purchases. So three 12-packs of Pepsi are marked at \$12.99 at Stop & Shop because the grocer knows you’ll buy at that price, even if you don’t need it.

THE SITUATION

- **Beware “bundled” services.**

Phone companies lump everything together for a single price—text, talk, web service—because they figure you won’t read the fine print and realize you’re paying more than you should for each, Poundstone says.

- **Beware new packaging.** Check the ounces on that newly packaged bottle of your shampoo, and >>

CHECK IT OUT

5 Things Your Library May Have for You

- Free passes to state parks
- Free passes to museums
- Language tapes and free online-course log-ins
- Notary public services
- Movies and CDs

Source: *brokeprofessionals.com*



you may find you're paying the same for less, says Poundstone. One way manufacturers hide this? A big dimple in the bottom of the container.

● **Watch out for bogus “bargains.”** If a retailer displays a cut-rate model that's clearly inferior to the one he wants you to buy, he's trying to influence you, says Poundstone.

Men shell out more if they hit the mall with a friend because they like to show off their knowledge.

● **Look at what's displayed with what.** Research has turned up some very specific data on product adjacency that retailers use to get you to buy more, writes Martin Lindstrom in his new book, *Brandwashed: Tricks Companies Use to Manipulate Our Minds and Persuade Us to Buy*. If you see prepaid calling cards set up next to the coconuts, assume it's for a reason. One grocery chain found that buyers of the former tended to buy the latter (because people who cook with coconuts tend to be from Asia or the Caribbean).

● **Don't try on clothes you don't need.** A shopper who stops to chat with a store employee and tries something on is twice as likely to buy as a shopper who does neither, Paco Underhill, author of *Why We Buy: The Science of Shopping*, tells time.com.

● **If you're a guy, shop alone.** According to a *Journal of Marketing Research* study reported by money.com, a full 56 percent of men shell out more if they hit the mall with a friend as compared with women, 4 percent of whom actually racked up bigger receipts when going solo. That's because when men shop, they like to show off their knowledge and status via their purchases.

● **If you're a boomer, realize you're often being played.** Aging consumers make up an ever-growing demographic, and marketers lure them with everything from bigger type on product labels to easy-to-reach displays on lower shelves, writes Ellen Byron in the *Wall Street Journal*. Euphemisms abound. Kohler sells its shower grab bars—a term the bath-fixture manufacturer found was a turnoff to the over-60 set—under the brand name Belay. The word is meant to suggest vigor by echoing a rock-climbing technique rather than shouting out “You're infirm!” >>

GO FIGURE

2027

The year stock prices will recover their 2010 highs, according to the Federal Reserve

In the middle of the hottest silver market in history, we found a small hoard.

One hundred years ago, you'd find these classic American Morgan Silver Dollars in the vest pockets and purses of riverboat gamblers, socialites, wealthy bankers and Southern Belles.

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Facts and figures were deemed accurate as of April 2011. ©GovMint.com, 2011

- **Skip the shopping basket or cart if you can manage.** “Baskets induce people to buy more,” says Underhill. If you’re running into the store for a loaf of bread and some cereal, carry them in your hands to the checkout.

THE TIMING

- **Understand how certain phrases are used by retailers.** “For a limited time only” creates a sense of urgency, Yale marketing professor Ravi Dhar tells [mainstreet.com](#). And retail ana-

lyst Amy Noblin theorizes in *USA Today* that the come-on “Buy one, get one 50 percent off” incites more people to buy than if the sign read simply “25 percent off everything.”

- **See per-customer limits for what they are: a ploy.** As Vicki Morwitz of New York University’s Stern School of Business explains to [cbsmoneywatch.com](#), “[People] think, ‘Oh, this is scarce, I should buy this,’ ” when it’s probably not.

How Four Big Companies Keep You Buying

AMAZON How does this e-tailer win us over? By becoming our default. According to Dan Ariely in *Wired*, we would rather shop at a place that has our address and credit card information on file than at one where we’d have to enter this information—even if it means paying more. As consumers, “we have a marked tendency to take the path of least resistance.”

NETFLIX Because the movie-rental giant charges no late fees and lets you create a queue of what you want to watch, writes Ariely, you’d assume customers are getting their money’s worth. This model actually exploits the gap between what people want to do in principle and what they want to do right now. Typically, you watch fewer movies for your monthly fee than you order.

GROUPON By making a limited number of coupons available, this free-subscription, deal-of-the-day website makes us feel we need to buy immediately, even if we may not use the discount. “These sites have everything an addictive game could want,” says Martin Lindstrom. “A prize. A ticking clock. A challenge. Other players. An ‘invitation only’ exclusivity. And *fun*.”

APPLE When you make an iTunes or App Store purchase, you don’t get a receipt right away, reducing what economists call “the pain of paying.” You get your purchase immediately, but you’re not reminded of what you paid until later. The retailer has successfully “decoupled payment from consumption,” writes Ariely, making you more likely to buy.



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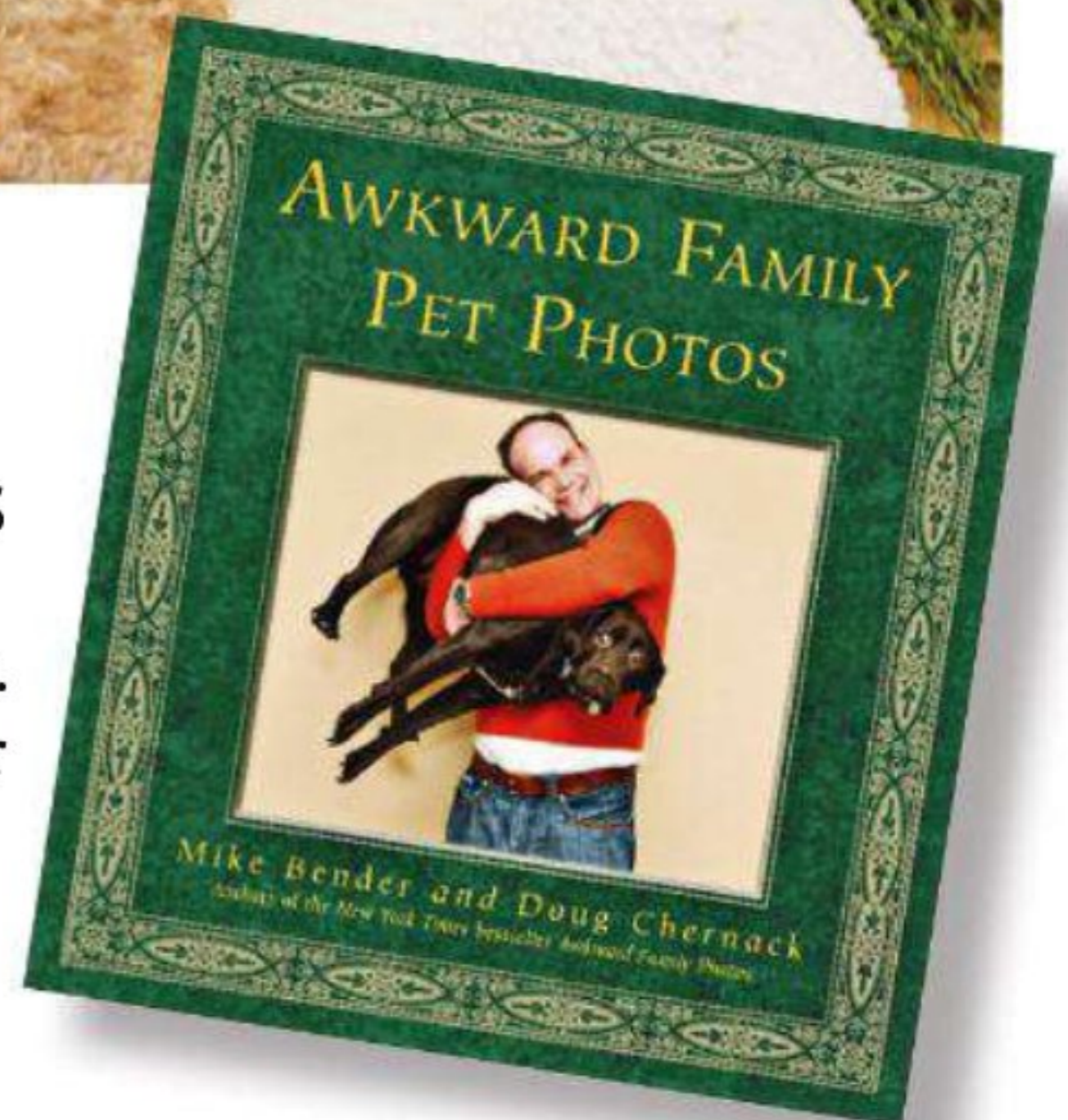


What happens when a guinea pig meets Barry Bonds's trainers.

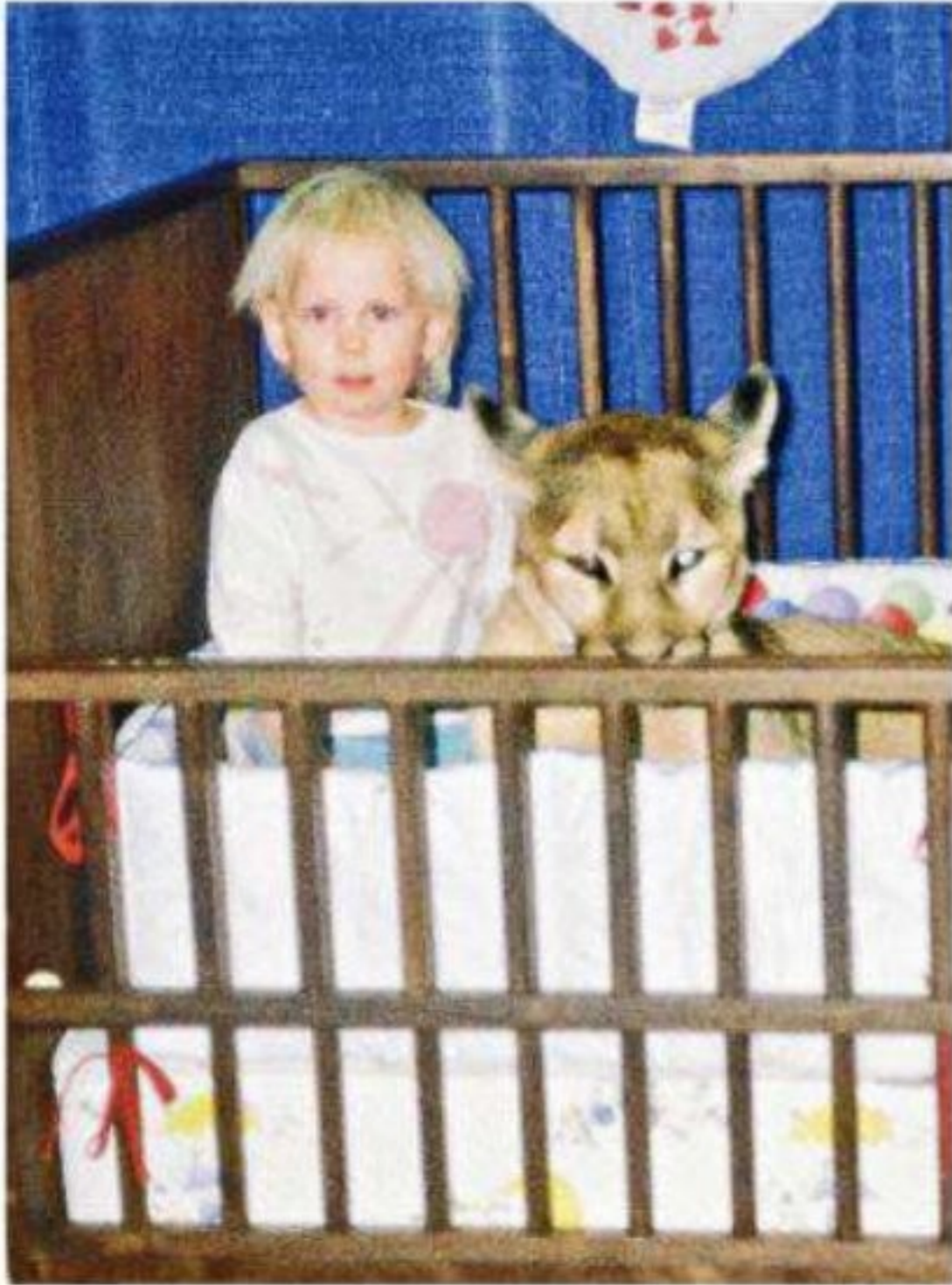
Animal House

Your choice of pets speaks volumes

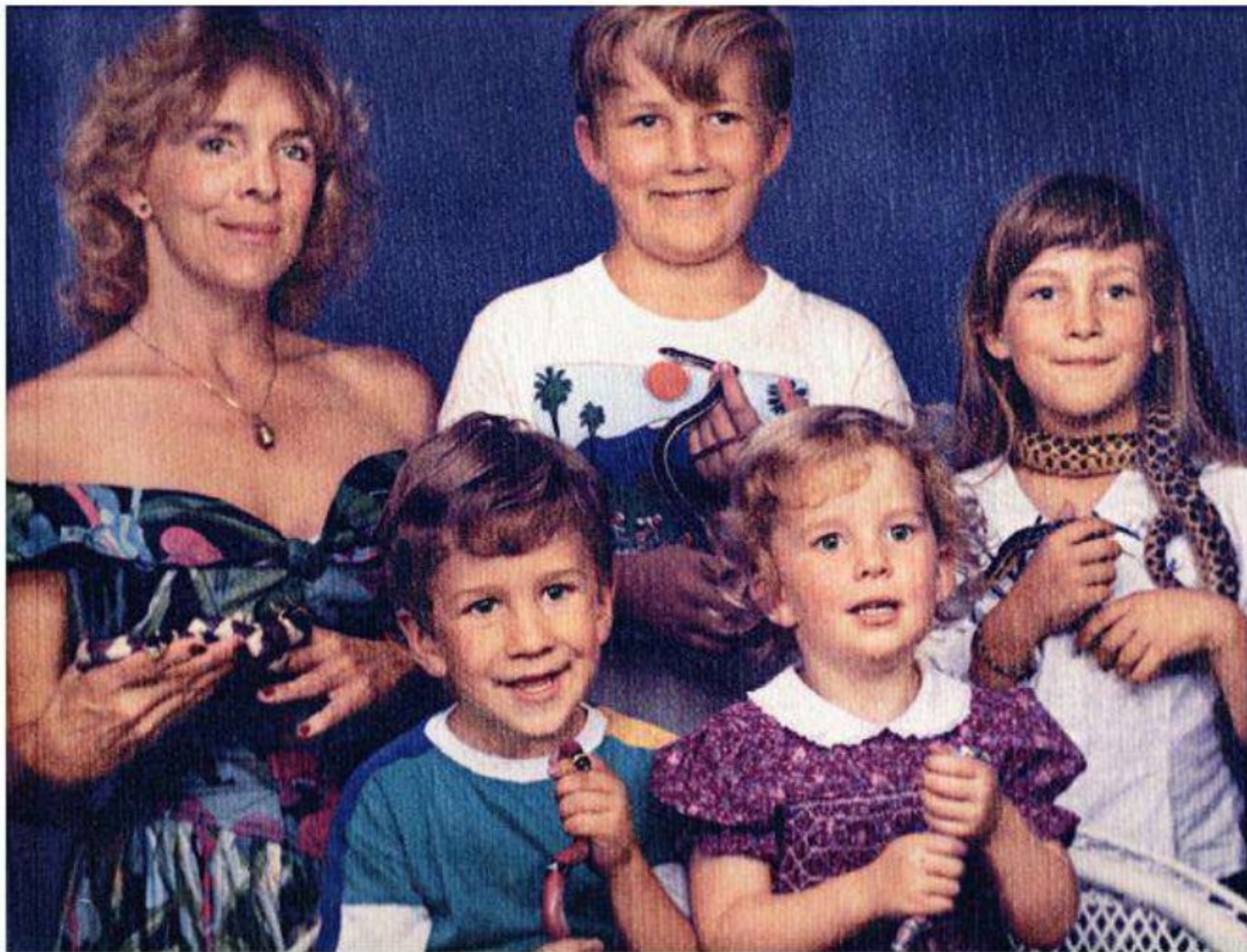
Pets can be smelly, slimy, even menacing. But usually they're just another member of the family, like these from *Awkward Family Pet Photos*, by Mike Bender and Doug Chernack (Three Rivers Press, \$15).



▼ Even though she was very tired, Martha didn't get much sleep the night her stuffed animal came to life.



COURTESY AWKWARD FAMILY PET PHOTOS BY MIKE BENDER AND DOUG CHERNACK; THREE RIVERS PRESS (4)



▲ The jig was up for Timmy when the ducks noticed he quacked with a Boston accent.

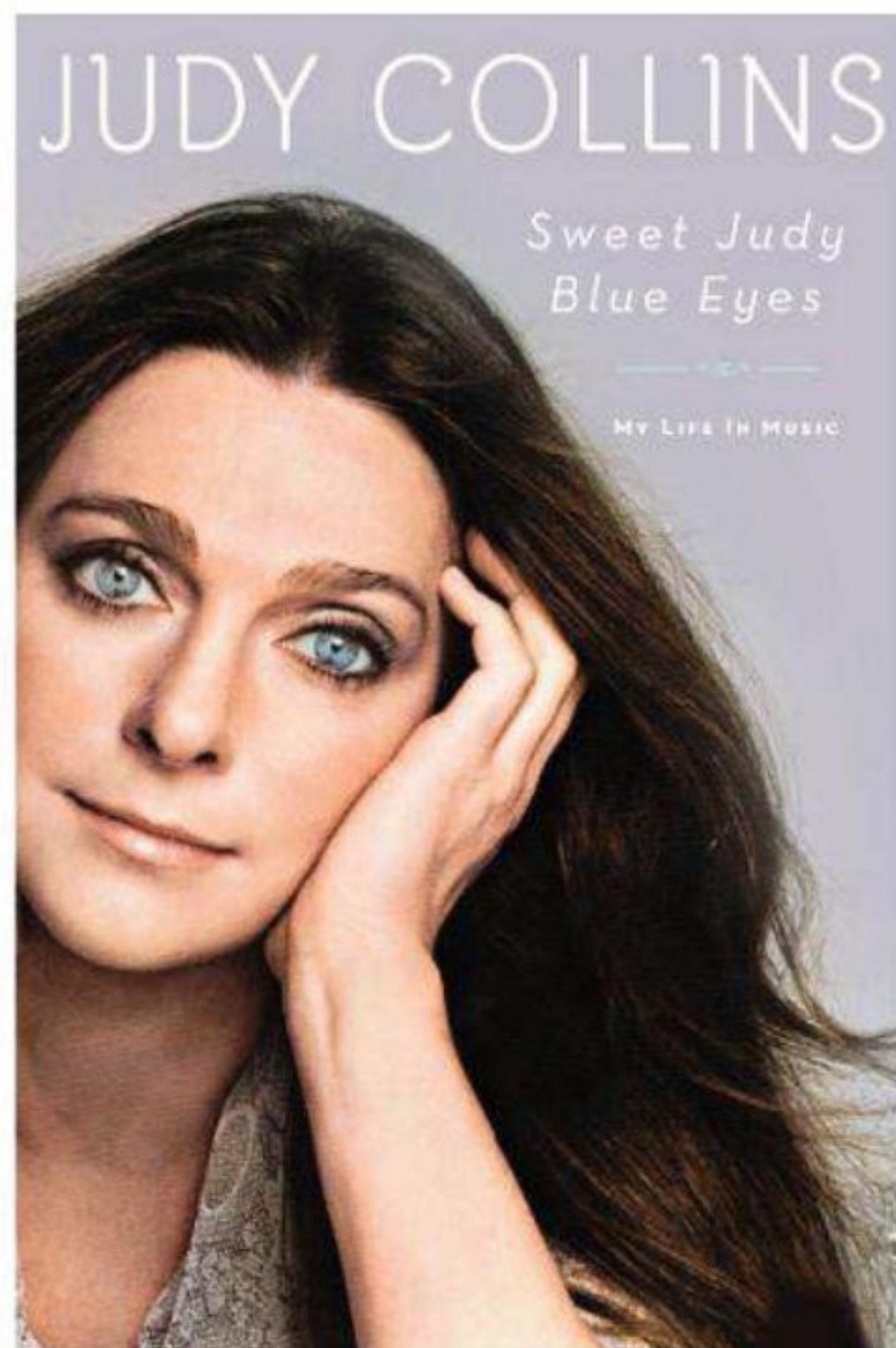
◀ Snakes on a shoot: They're like scarves, they're like bracelets, they're like family.

Mini Book Excerpts

Autobiography

Stephen [Stills] showed up at the Holiday Inn, where I was staying, with gifts: a Martin guitar that he had restored for me and the beautiful song he had written for me. I heard “Suite: Judy Blue Eyes” for the first time: the story of my life, of our relationship, of the ins and outs of my therapy, and our pain together, his and mine. The sweeping seven-minute song told everything one would have needed to feel the heart-break, to feel both our hearts break. It was magnificent, and we both wound up in tears.

Sweet Judy Blue Eyes: My Life in Music
by Judy Collins (Crown Archetype, \$26)



Memoir

I saw babies wherever I went. I followed their carriages on the street. I cut their pictures from magazines and tacked them on the wall next to my bed. I put myself to sleep by imagining them: imagining holding them, imagining the down on their heads, imagining the soft spots at their temples, imagining the way their eyes dilated when you looked at them.

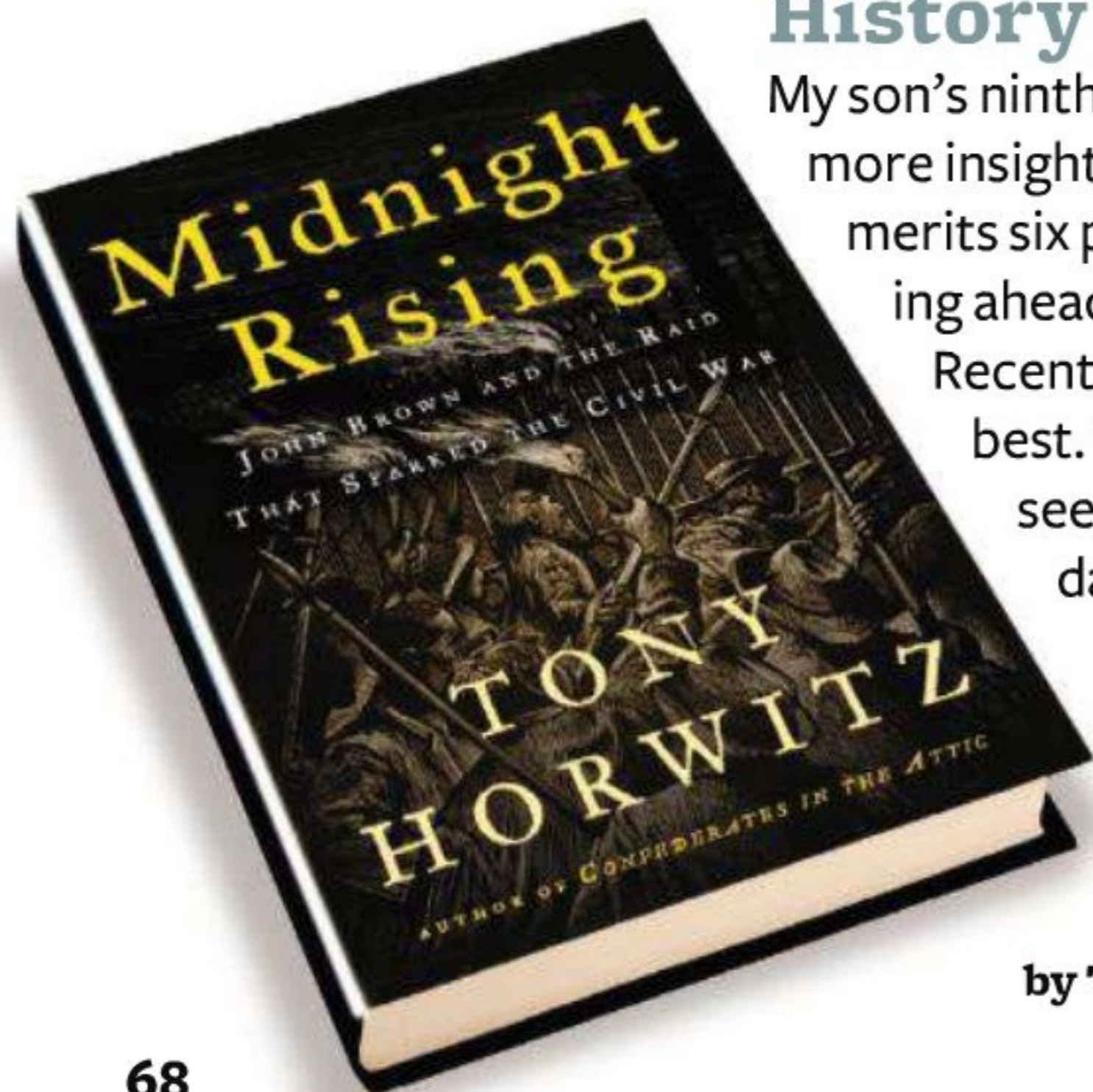
Blue Nights by Joan Didion (Alfred A. Knopf, \$25)

History

My son's ninth-grade American history textbook offers little more insight than mine did in the 1970s. Harpers Ferry merits six paragraphs—a speed bump for students racing ahead to Fort Sumter and the Gettysburg Address. Recent history also provides a simplistic guide at best. Viewed through the lens of 9/11, Harpers Ferry seems an al-Qaeda prequel: a long-bearded fundamentalist, consumed by hatred of the U.S. government, launches nineteen men in a suicidal strike on a symbol of American power. A shocked nation plunges into war.

Midnight Rising: John Brown and the Raid That Sparked the Civil War

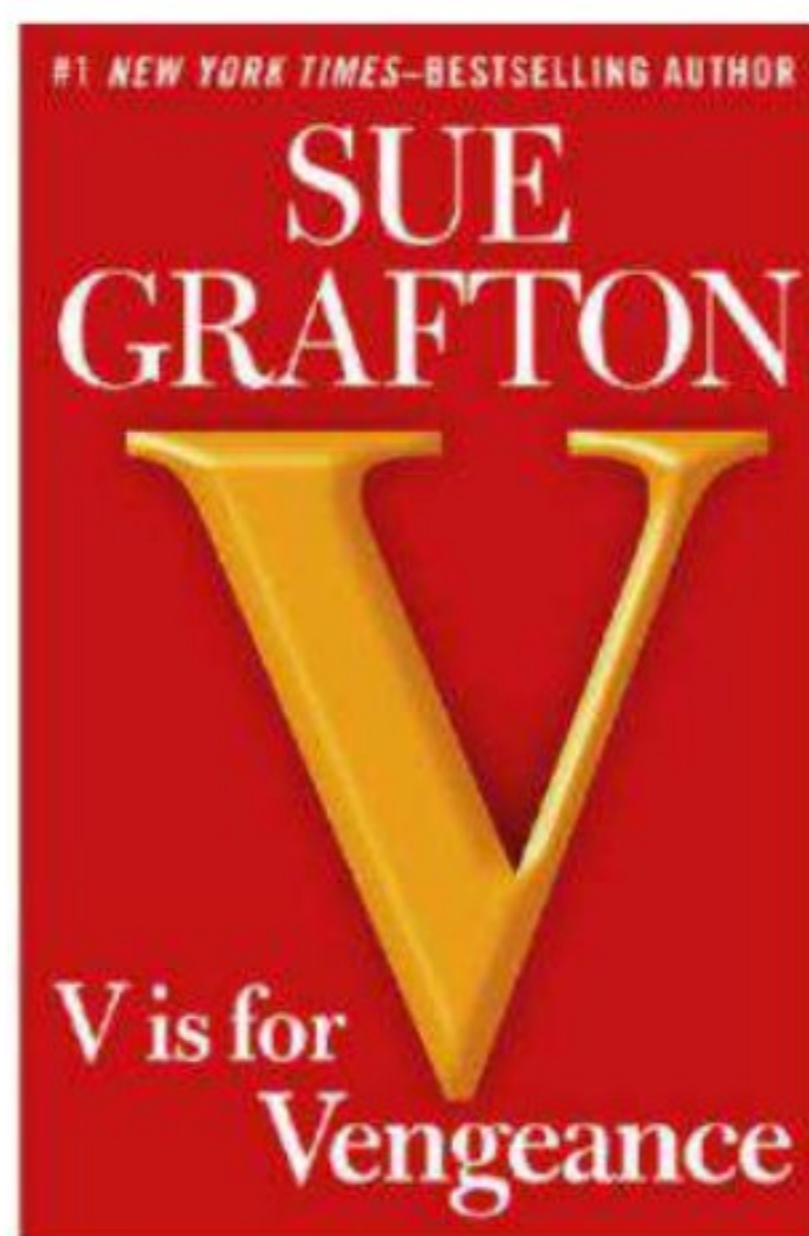
by Tony Horwitz (Henry Holt, \$29)



Detective Novel

Twenty feet away, I caught the wink of red taillights and a white flash of backup lights. A black Mercedes sedan accelerated out of the slot, swung sharply, and careened backward in my direction. The younger woman had an arm over the front seat, zeroing in on me, the car zigzagging as she corrected her aim. The rear of the Mercedes fishtailed and bore down on me with surprising speed.

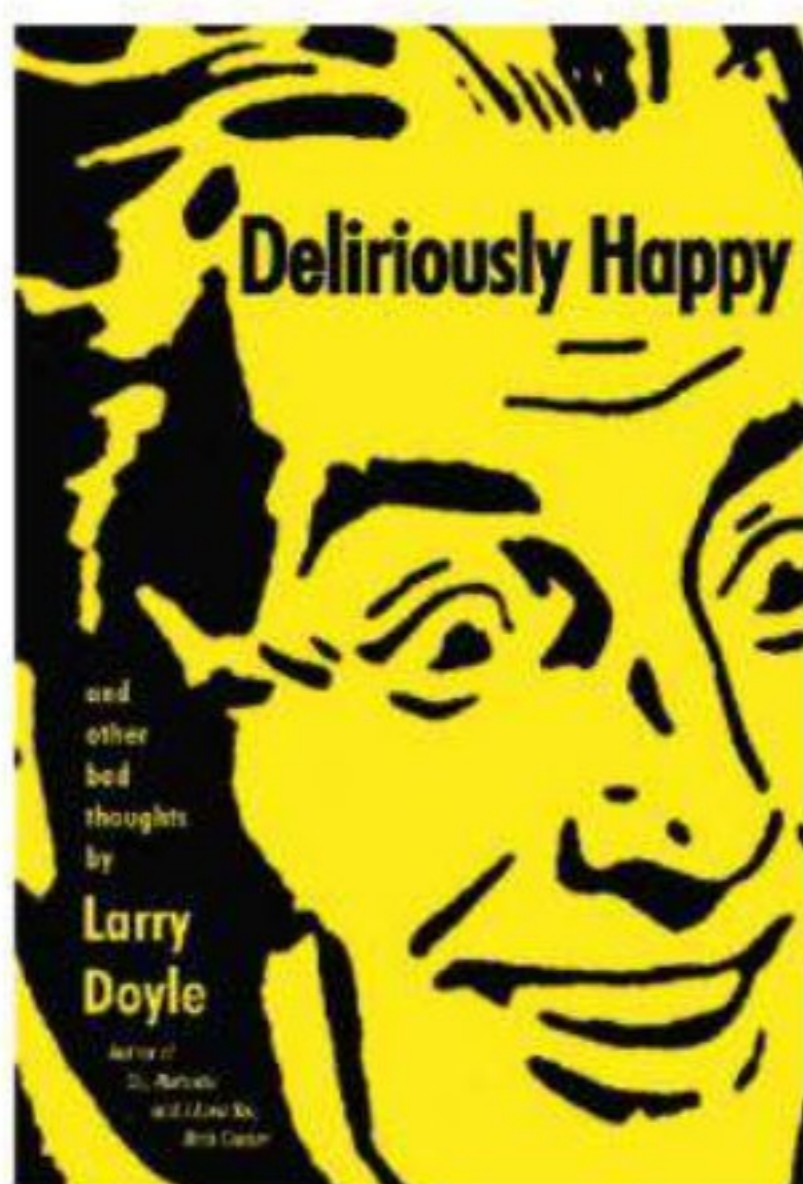
V Is for Vengeance by Sue Grafton (Putnam, \$27.95)



Novel

Scott Torres was upset because the lawn mower wouldn't start, because no matter how hard he pulled at the cord, it didn't begin to roar. His exertions produced only a brief flutter of the engine, like the cough of a sick child, and then an extended silence filled by the buzzing of two dragonflies doing figure eights over the uncut St. Augustine grass ... He gripped the cord's plastic handle, paused and leaned forward to gather breath and momentum, and tried again. The lawn mower roared for an instant, spit a clump of grass from its jutting black mouth, and stopped. Scott stepped back from the machine and gave it the angry everyman stare of fatherliness frustrated, of a handyman being unhandy.

The Barbarian Nurseries by Héctor Tobar (Farrar, Straus and Giroux, \$27)



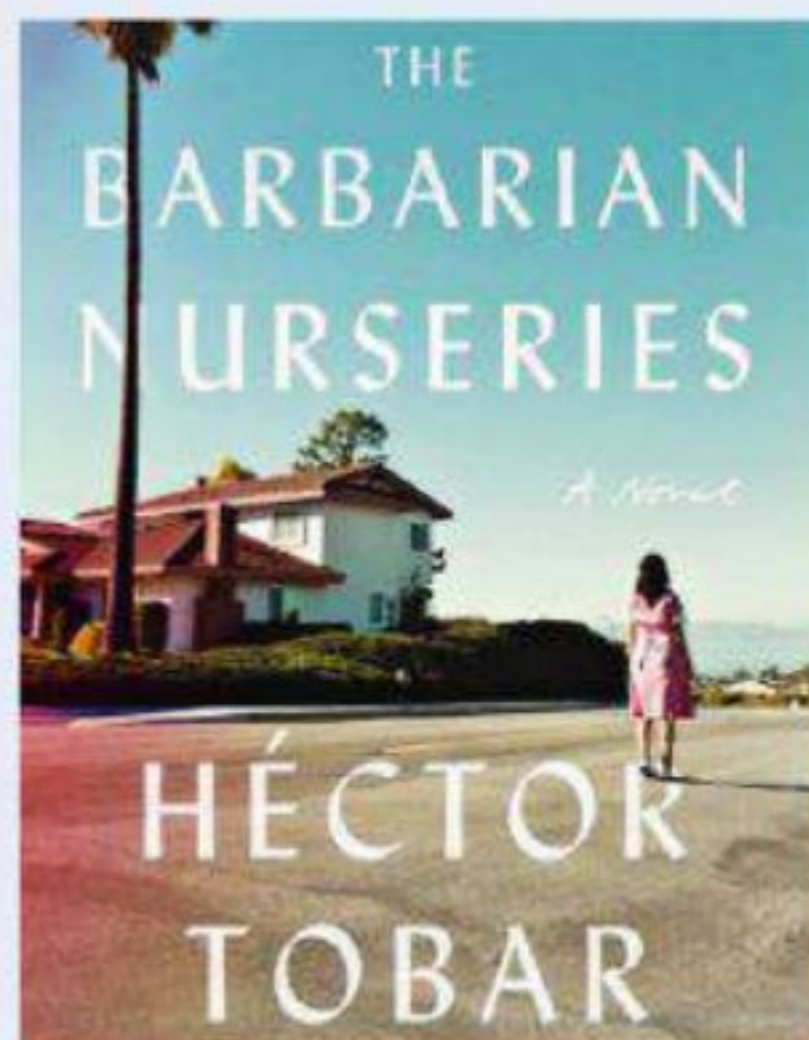
Humor

Do your kids like to have fun? Come to Fun Times! Do you like to watch your kids having fun? Bring 'em to Fun Times! Are your kids sullen, withdrawn, wearing a lot of black lately, and you, your life practically over, and for what? For gosh sakes, get the whole family down to Fun Times! Fun Times!'s

“fine amusement dining” is the most fun you can have, legally, in the United States right now. Why spend thousands of dollars flying to Disney World when you can spend less than half of that indoors and malaria-free, within a day's drive of most cities?

Deliriously Happy: And Other Bad Thoughts by Larry Doyle (Ecco, \$14.99)

IPAD EXTRA To read longer selections from the Judy Collins, Sue Grafton, and Héctor Tobar books, download the *Reader's Digest* magazine app from the iTunes Store.



CURATED AND
CONDENSED

Random Ideas from All Over

● A new way to meet and greet.

A Madrid-based company named mmmm installed its Meeting Bowl in Times Square earlier this year. “Designed to promote interaction by having those seated inside face one another,” the seating is more intimate than most benches. The bowl also rocks and rebalances when people enter and leave, making it “relaxing and fun, much like a swing.” (Source: *freshome.com*)

● **Hotel towels and toiletries that stay put.** Innkeepers may one day insert tracking chips into their towels and robes to manage inventory and keep them from disappearing—either at the laundry or into guests’ suitcases. Look, too, for larger, refillable shampoo and conditioner containers that will stay in the bathroom and not find their way into toiletry kits. (Source: *USA Today*)

● **History still hiding in tree trunks and underground.** A fallen oak tree in Gettysburg yielded two Civil War bullets when maintenance workers sawed into



A sedate version of Disney’s tea-cup ride, the Meeting Bowl unites strangers.

it. At the College of William & Mary in Williamsburg, Virginia, surveys conducted for utilities and for sidewalk-widening uncovered what is believed to be a 1750s slave quarters. (Source: *Washington Post*)

● **Plane boarding made easy—and more transparent travel.** A computer simulation by Jason Steffen of Fermilab reveals a way to board planes that takes half the time and saves airlines hundreds of million of dollars: Allow every other window seat on one side to board first, followed by the alternate window seats on the other side, then the remaining window seats, etc. This frees up aisles and overhead bins too. Coming in 2050: a jet with see-through walls that uses passengers’ body heat to power lights and entertainment displays. (Sources: *the Economist* and *Popular Mechanics*)



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WHAT I'M UP TO

Jill Abramson

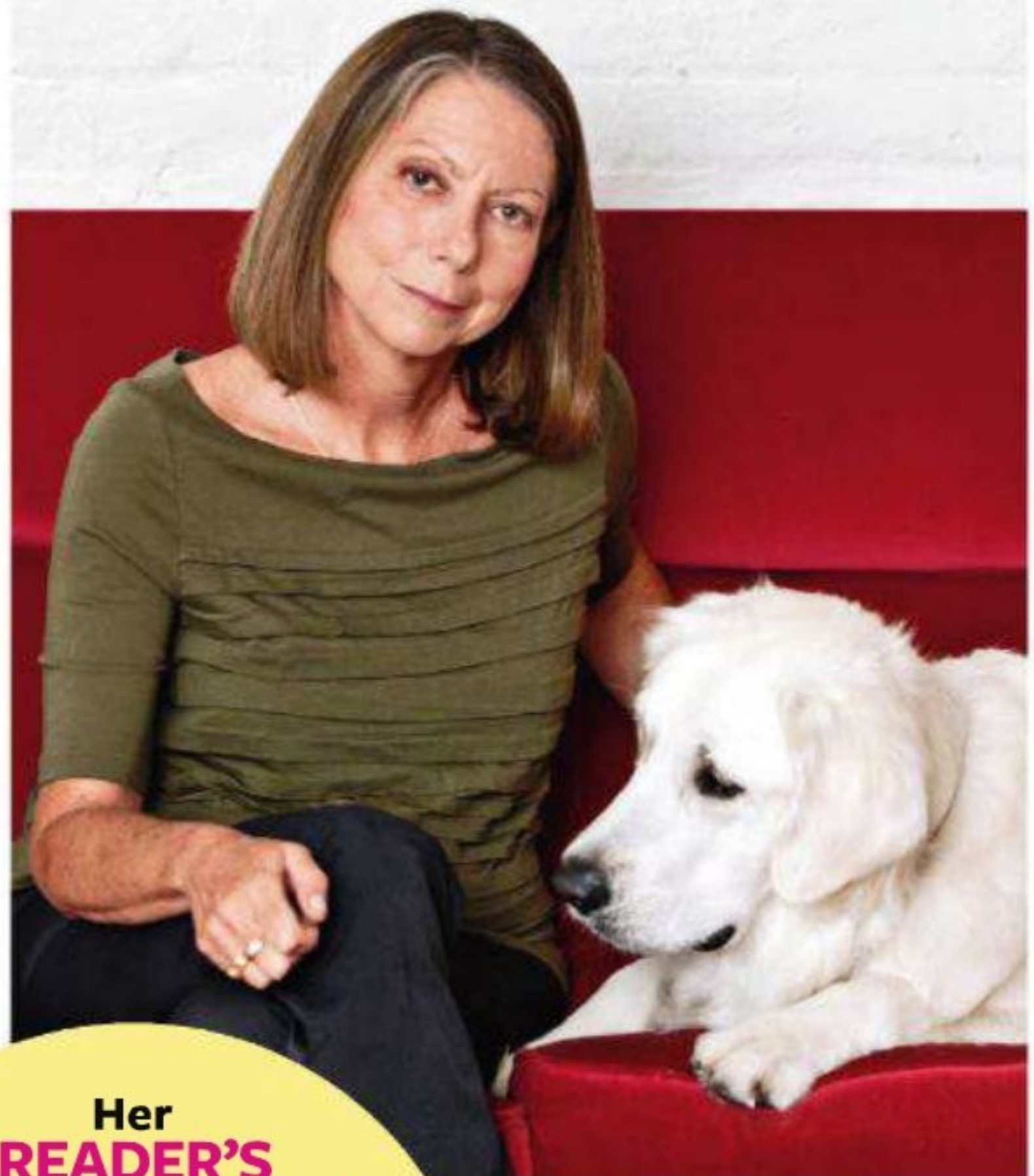
is the new executive editor of the *New York Times* and the first woman ever to hold the position

INTERVIEW
BY BARBARA O'DAIR

WHAT SHE'S...

Listening to "If I'm in the mood in my office, I will sometimes just play the Broadway sound track to an old musical like *Carousel* because it's so beautiful and soothing. Sometimes Ella Fitzgerald. My son introduces me to groups like Francis and the Lights and Fleet Foxes."

Reading "Right now, a new book by James Stewart, *Tangled Webs*, which is about perjury. It walks through a number of recent high-profile trials, from Martha Stewart's to Lewis 'Scooter' Libby's. It's full of insight and great reporting. And every summer, I reread *The Great Gatsby* because I think it's the best writing."



Her READER'S DIGEST VERSION of life:

"My mantra is the saying that was on the rim of the old New York City subway token: Good for one fare."

Watching "I'm excited about the comeback of *Curb Your Enthusiasm*. I love Larry David; I think he's hysterical and mordant at the same time. The show looks at things in such an original and funny way."

Plugging "My book *The Puppy Diaries: Raising a Dog Named Scout* [Times Books, \$22] is about our dog Scout's first year with our family. It's mainly a personal narrative. Lots of empty nesters, people in their 50s like me, are getting dogs."

IF SHE RULED THE WORLD, SHE WOULD ...

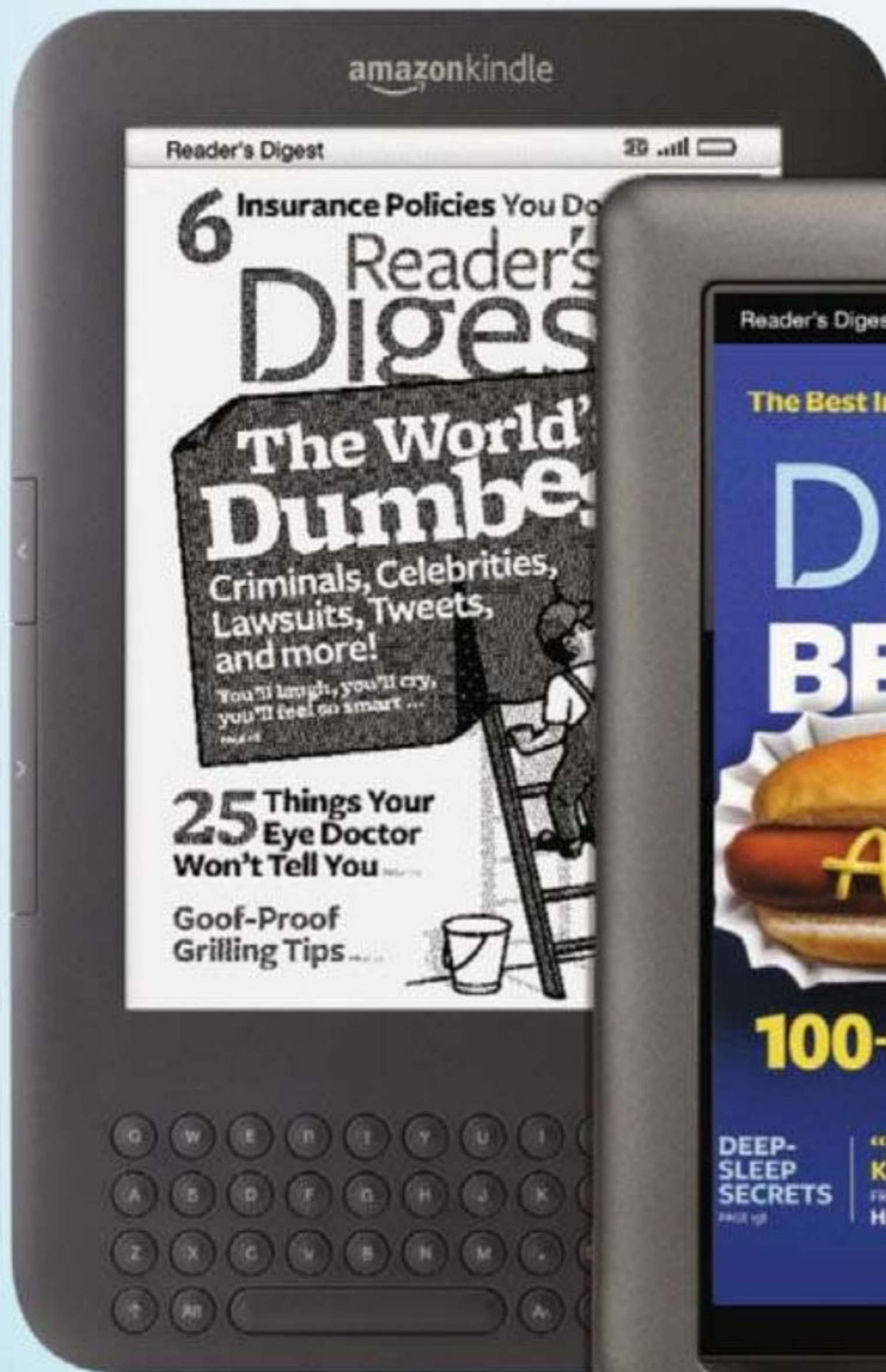
"I would make sure that as many people as possible read the *New York Times*. Maureen Dowd used to say that the *Times* was the best time you could have for a dollar. The printed paper costs more now, but I do think it's one of the essential great institutions in our society. We reach millions of people, but I would love to see that number growing, which the digital world will enable it to do."



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A Healthy Diet During Pregnancy Can Help Prevent Birth Defects And Clefts. According to the U.S. Government, women should take sufficient levels of folic acid (400 micrograms/day) during pregnancy to help reduce the risk for cleft lip and palate. Foods to avoid may include raw or undercooked seafood, beef, pork or poultry; delicatessen meats; fish that contain high levels of mercury; smoked seafood; fish exposed to industrial pollutants; raw shellfish or eggs; soft cheeses; unpasteurized milk; pâté; and caffeine. For more information, visit www.SmileTrain.org. Smile Train is a 501 (c)(3) nonprofit recognized by the IRS, and all donations to Smile Train are tax-deductible in accordance with IRS regulations.
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YOUR STORY

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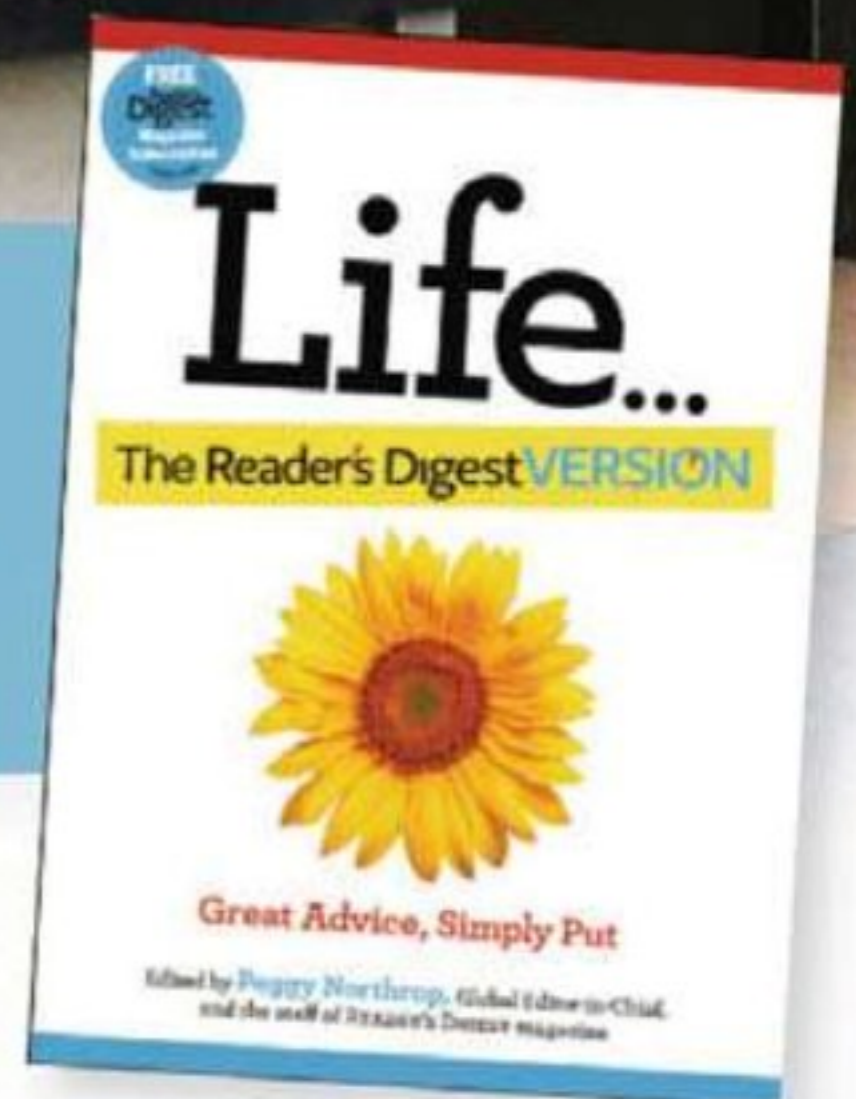
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EMERGENCY

I was working as an interpreter at a hospital when I found myself in the middle of an odd conversation. The doctor warned his patient, “By drinking and smoking as much as you do, you’re killing yourself slowly.”

The patient just nodded. “That’s OK. I’m not in any hurry.”

*Salma Sammakia,
Fall City, Washington*



J. di Chiarro

“He says however this turns out, he wants you to move on.”

Come Back, Michael Scott!

Looking for the perfect boss? You won't find one here:

- At work today, I was making a profit-and-loss spreadsheet. “Great, we’re in the red!” my boss shouted when he saw it. Then I pointed out that red was bad. “Oh,” he said, “I always get those mixed up.”

- We were doing icebreakers at a meeting and asked what everybody’s favorite Beatles song was. My boss’s answer? “Satisfaction.” No one corrected him.

- At work today, I spilled a little ketchup on the

corner of my suit jacket. My boss then squirted some of his ketchup on the other side so that it would match.

From Dumbemployed, by Phil Edwards and Matt Kraft (Running Press)

While conducting a funeral, I slipped a shoe off my foot and held it up.

I said it reminded me of the deceased’s life’s work.

It was a finely hand-crafted Hartt dress shoe, I explained, “and Jean had worked for more than 25 years at the

“Everyone in Florence seemed to think I should be showing the Jersey Shore kids paintings, sculptures, churches ... Apparently, they haven’t seen the show.”

*SallyAnn Salsano,
executive producer, on the cast’s trip to Italy,
in Entertainment Weekly*

@Work in the News

I Do ... Sue

Scottish office manager Helen Hutcheson sued her boss for not paying her the £3,000 they'd agreed on. Her boss said he was kidding, and the court agreed. Hutcheson says she holds no grudges, which is good, since they're married.

Source: swns.com

Ambassador %\$*#

A Pakistani diplomat was denied a post in Saudi Arabia, not for anything he did but for what his parents did. They gave him the name Akbar Zeb, which, in Arabic, means a man's private area.

Source: blog.foreignpolicy.com

Card-Carrying Idiot

Scot Davis brandished a rifle at an Iowa bar and demanded all the money in the cash register. He then fled in a waiting car. Police had little trouble tracking him down. Just before the robbery, he had handed out his business card to bar patrons.

Source: Des Moines Register

Hartt factory, making such shoes.”

After the service, her stepson admitted, “When you took off your shoe and talked about my mother, all I could think was, Thank God she didn't work for Stanfield's underwear.” *Doug Hapeman, Fredericton, Canada*

Edible Complex

Allmenus.com is an online food-delivery service, and it often hears from customers with odd requests:

- “The last time I ordered chicken on a pizza from you, I got a strange pink goop along with it. I'd appreciate it if you could tell the pizza place to hold the goop this time.”
- “We are very, very hungry. If you bypass the orders that came before us and bump us up to the next delivery, we'll share some of our appetizers with you.”

When I met five-year-old Timmy, he was in the hospital with broken legs. He'd chased a ball into the street and was hit by a car. Six weeks later, as his discharge nurse, I asked, “The next time your ball rolls into the street, what will you do?”

Timmy replied, “Send my sister.”

*Linda E. Williams, RN,
Falmouth, Massachusetts*

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The Power of

1

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“The children are loved, and because of that, they not only survive, they thrive.” Johnson says.

IPAD EXTRA To watch a video about Whitney Johnson and UBA, download the *Reader’s Digest* app from the iTunes Store.



Life Changer

- **Our hero:** Whitney Johnson, 26
- **Where she lives:** South Africa
- **How she helps:** Caring for children with HIV

As a preteen in New York, Whitney Johnson volunteered at soup kitchens and delivered clothes to the homeless. While majoring in psychology at Colorado College, she launched an English-language tutoring program for immigrant children. No one was surprised, then, when she chose to volunteer in an orphanage in Khayelitsha, one of South Africa's most destitute areas, during her junior year abroad. "I knew at a young age that volunteering was something I was meant to do," says Johnson.

At the orphanage, Johnson discovered that most of the children had been infected with HIV at birth. Many had been abandoned by parents too sick to care for them, or they were neglected by surviving relatives. Few were receiving the care they needed to stay healthy, even though the government had made free antiretroviral drugs available. In fact, only about a quarter of the approximately 330,000 children under 15 living with HIV in South

Know a local hero? Visit **American Towns** to submit your nomination: americantowns.com/powerofone.

Africa get the medication they need. “The clinics are overcrowded and underresourced,” Johnson says. “I saw so many kids dying. When I left South Africa, all I wanted to do was go back and change what I had seen.”

After graduation, Johnson began a fund-raising effort that eventually gleaned enough money to found Ubuntu Africa (UBA), a nonprofit

“So many people think that HIV is a death sentence, and it’s not,” says Johnson.

organization intended to provide services for HIV-positive kids ages 4 to 18 in Khayelitsha. In 2006, she opened her doors in a building across the street from a family-counseling center. It had weeds growing through the floorboards, and it flooded on a regular basis, but it was a start.

Now the UBA center is housed in a church big enough for a few shared offices as well as the children. The staff includes counselors, a social worker, a nurse, a cook, and a handful of volunteers, ensuring that each child has access to the proper medication, a free healthy meal, and emotional support.

Knowledge, Johnson maintains, is crucial to the kids’ well-being too. Once a week, she makes sure the children receive age-appropriate lessons about AIDS. “When we first

started, some of the kids didn’t even know they had HIV,” Johnson says. “They had been told they had asthma and refused to take the medication.”

The social worker sees to it that the kids are enrolled in school and have safe living conditions—especially those without parents.

“One child, Sipho, a nine-year-old boy with HIV, arrived at our center with a black eye and cuts all over his face. He was the victim of repeated sexual and physical abuse,” Johnson says. “He was so malnourished, he looked like he was five years old.” Now

Sipho is part of the UBA program and thriving. Johnson plans to soon relocate UBA to an even larger location with more medical staff, private counseling rooms, and a field “so the kids can run around and just feel like kids,” she says. Johnson is also working with the South African Department of Health so that the new center can distribute drugs and give blood tests.

“So many people think that HIV is a death sentence, and it’s not,” Johnson says. “There’s so much that can be done.” In fact, in the five years since the center opened, not one of the 200 kids in the program has died. “Several have come incredibly close,” she says, “but they managed to beat the odds. It’s so emotional to see the strong, independent people they become.” One teenage girl who had received help at UBA even announced that she wanted to become a nurse.

To donate, send a check to PO Box 7906, Greenwich, CT 06831, or visit ubafrika.org.



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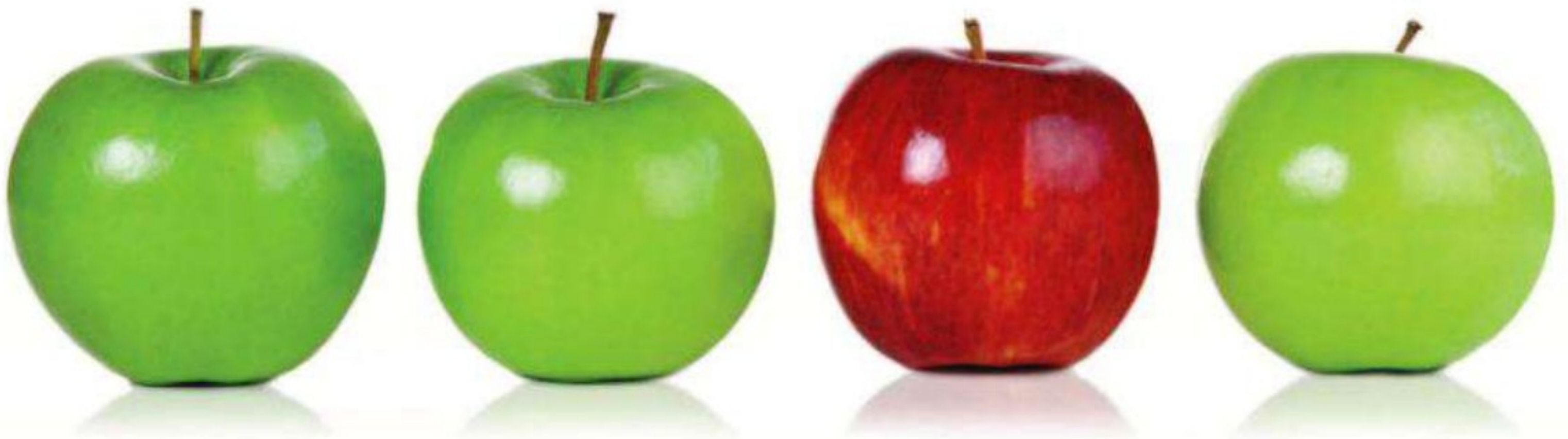
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Go to www.medicare.gov/qualitycarefinder



Johnson assured her she could be anything she wanted to be. “It’s challenging in this environment, but these children deserve to have big dreams,” she says.

Natalie van der Meer

A Little Bit of Sunshine

● **Our hero:** Roberta Dehman

Hershon, 60

● **Where she lives:** Dedham, Massachusetts

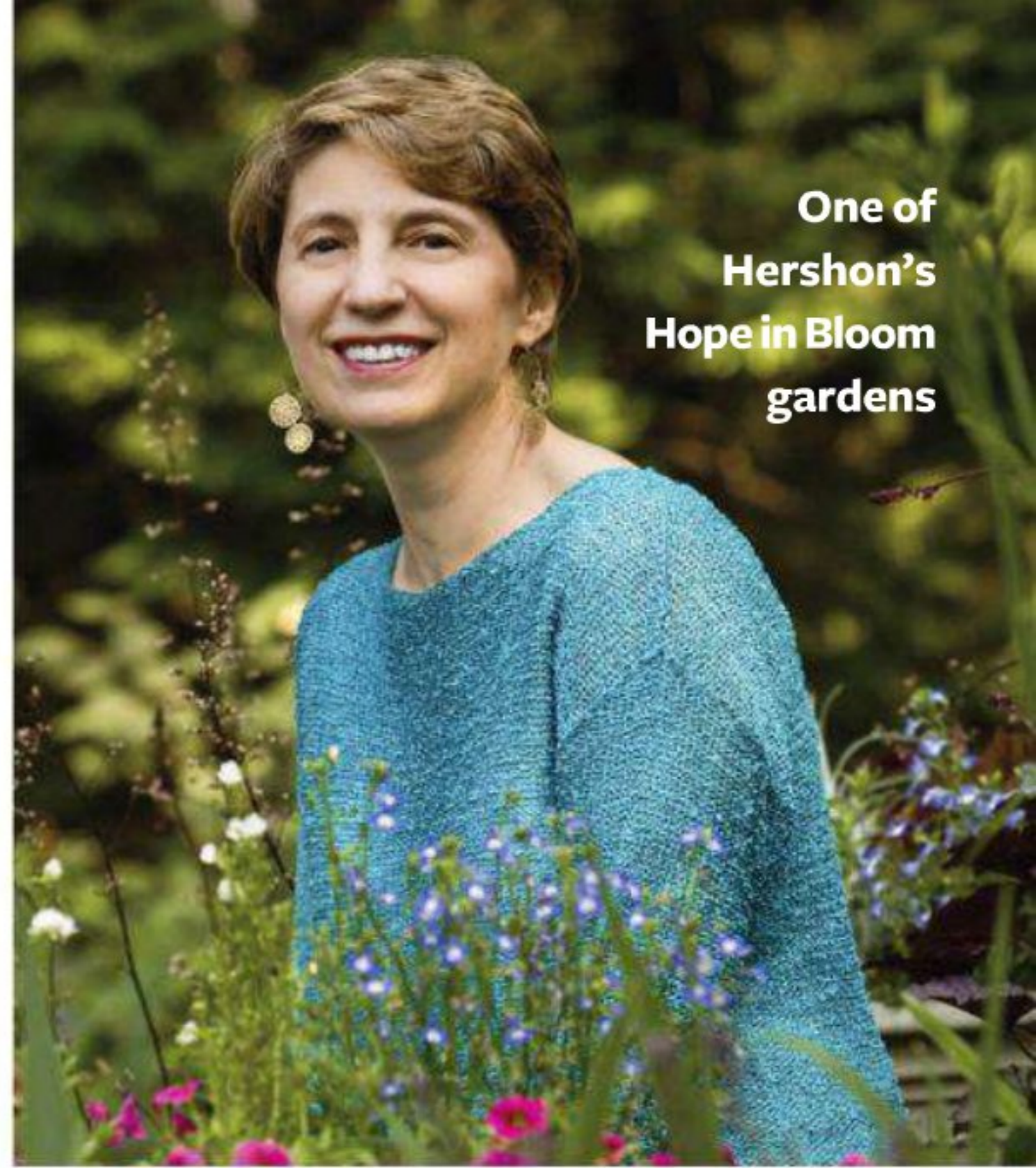
● **How she helps:** Making gardens for breast cancer patients

At age eight in Sharon, Massachusetts, Roberta Dehman Hershon met Beverly Eisenberg while skipping rope, and the two girls became lifelong friends. As adults, they enjoyed poring over gardening catalogs and visiting plant nurseries together.

When Eisenberg was diagnosed with stage IV breast cancer in 2004, Hershon felt helpless. “I wanted to make it all OK, but I couldn’t. But I could make sure she had flowers in her house all winter,” she says. “In the spring, I made sure her garden looked great.”

Eisenberg died in 2005, ten months after her diagnosis, at 55. “It was like my arm had been cut off,” says Hershon. “Then it came to me what I could do.” Acting on an idea she and Eisenberg had had, Hershon launched Hope in Bloom to create free gardens for breast cancer patients. With her friend in mind, Hershon planted the first garden in Sharon.

Hope in Bloom has now planted



One of
Hershon’s
Hope in Bloom
gardens

110 gardens throughout Massachusetts. There are 200 breast cancer patients on the list for the next ones. Local companies occasionally donate supplies, and fund-raisers defray most of the cost of the plantings, which can run up to \$3,000 per garden. The group’s 850 members help with upkeep, and landscape architects and designers donate their services to customize each garden to the owners’ tastes.

“Cancer patients spend many hours in sterile hospital environments. Coming home to a beautiful garden is a soothing respite,” says Judith Merritt, who was diagnosed with breast cancer in 2010. Hope in Bloom planted a garden outside Merritt’s house last June. “We have hope that the garden will thrive—and that we will too,” she says.

Dorothy Foltz-Gray

● **To donate or request a garden, go to hopeinbloom.org.**

Does depression hold you back from what you enjoy?

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TO WIND
YOURSELF UP.

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desvenlafaxine
EXTENDED-RELEASE TABLETS



PRISTIQ[®] is a prescription medication approved for the treatment of major depressive disorder in adults.

Important Safety Information About PRISTIQ

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, teens, and young adults. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy or when the dose is changed should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior such as becoming agitated, irritable, hostile, aggressive, impulsive, or restless. Should these occur, report them to a doctor. PRISTIQ is not approved for use in children under 18.

People taking MAOIs should not take PRISTIQ. Tell your healthcare professional about all prescription and over-the-counter medications you are taking or plan to take, including: medicines to treat migraines or psychiatric disorders, to avoid a potentially life-threatening condition; and aspirin, NSAID pain relievers, or blood thinners because they may increase the risk of bleeding.

Depression is a serious medical condition that can take so much out of you. It can make you feel sad, helpless and uninterested in your favorite activities. PRISTIQ® (desvenlafaxine) 50 mg is FDA-approved to treat depression, and is believed to work on two chemicals in the brain, serotonin and norepinephrine. PRISTIQ offers free education and support. Plus, with PRISTIQ, you may be eligible for help with prescription costs.* If depression is affecting the way you feel about yourself, treating it may help. Ask your doctor if PRISTIQ may be right for you.

Visit Pristiq.com or call 1-800-PRISTIQ (1-800-774-7847)

*Eligibility restrictions apply. Offer subject to change. Please see www.pristiq.com for full terms and conditions.

PRISTIQ may cause or make some conditions worse, so tell your healthcare professional about all your medical conditions, including:

- High blood pressure, which should be controlled before you start taking PRISTIQ and monitored regularly
- Heart problems, high cholesterol or triglyceride levels, or a history of stroke, glaucoma or increased eye pressure, kidney or liver problems, low sodium levels in your blood
- Have or had bleeding problems
- Have or had depression, suicidal thoughts or behavior
- Mania, bipolar disorder, or seizures or convulsions
- If nursing, pregnant, or plan to become pregnant

Discontinuation symptoms may occur when stopping or reducing PRISTIQ, so talk to your healthcare professional before stopping or changing your dose of PRISTIQ. Until you see how PRISTIQ affects you, be careful driving a car or operating machinery. Avoid drinking alcohol while taking PRISTIQ. Side effects when taking PRISTIQ 50 mg may include nausea, dizziness, sweating, constipation, and decreased appetite.

Please see Important Risk Information for PRISTIQ on the following page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

IMPORTANT FACTS ABOUT



Pristiq[®]
desvenlafaxine
EXTENDED-RELEASE TABLETS

(pris•teek')
Pristiq[®] -
(desvenlafaxine)
Extended-Release
Tablets

Read the Medication Guide that comes with you or your family member's antidepressant medicine. Talk to your, or your family member's, healthcare provider about:

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?

1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.

2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.

3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?

- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
- Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
- Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- trouble sleeping (insomnia)
- attempts to commit suicide
- new or worse depression
- acting aggressive, being angry or violent
- new or worse anxiety
- acting on dangerous impulses
- feeling very agitated or restless
- an extreme increase in activity and talking (mania)
- panic attacks
- other unusual changes in behavior or mood

What else do I need to know about antidepressant medicines?

- **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's healthcare provider for more information.

Important Information about Pristiq

Read the patient information that comes with Pristiq before you take Pristiq and each time you refill your prescription. There may be new

information. If you have questions, ask your healthcare provider. This information does not take the place of talking with your healthcare provider about your medical condition or treatment.

What is Pristiq?

• Pristiq is a prescription medicine used to treat depression. Pristiq belongs to a class of medicines known as SNRIs (or serotonin-norepinephrine reuptake inhibitors).

• Pristiq is not approved for use in children and adolescents.

Who should not take Pristiq?

Do not take Pristiq if you:

- are allergic to desvenlafaxine, venlafaxine or any of the ingredients in Pristiq.
- currently take, or have taken within the last 14 days, any medicine known as an MAOI. Taking an MAOI with certain other medicines, including Pristiq, can cause serious or even life-threatening side effects. Also, you must wait at least 7 days after you stop taking Pristiq before you take any MAOI.

What should I tell my healthcare provider before taking Pristiq?

Tell your healthcare provider about all your medical conditions, including if you:

- have high blood pressure
- have heart problems
- have high cholesterol or high triglycerides
- history of stroke
- have or had depression, suicidal thoughts or behavior
- have glaucoma
- have kidney problems
- have liver problems
- have or had bleeding problems
- have or had seizures or convulsions
- have mania or bipolar disorder
- have low sodium levels in your blood
- are pregnant or plan to become pregnant. It is not known if Pristiq will harm your unborn baby.
- are breastfeeding. Pristiq can pass into your breast milk and may harm your baby. Talk with your healthcare provider about the best way to feed your baby if you take Pristiq.

Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions

Rare, but potentially life-threatening,



conditions called serotonin syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions can happen when medicines such as Pristiq are taken with certain other medicines. Serotonin syndrome or NMS-like reactions can cause serious changes in how your brain, muscles, heart and blood vessels, and digestive system work.

Especially tell your healthcare provider if you take the following:

- medicines to treat migraine headaches known as triptans
- St. John's Wort
- MAOIs (including linezolid, an antibiotic)
- tryptophan supplements
- silbutramine
- tramadol
- medicines used to treat mood, anxiety, psychotic, or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), or serotonin norepinephrine reuptake inhibitors (SNRIs), antipsychotic drugs, or other dopamine antagonists, such as metoclopramide

Ask your healthcare provider if you are not sure whether you are taking any of these medicines. Before you take Pristiq with any of these medicines, talk to your healthcare provider about serotonin syndrome. See "What are the possible side effects of Pristiq?"

Pristiq contains the medicine desvenlafaxine. Do not take Pristiq with other medicines containing venlafaxine or desvenlafaxine.

Switching from other antidepressants

Side effects from discontinuing antidepressant medication have occurred when patients switched from other antidepressants, including venlafaxine, to Pristiq. Your doctor may gradually reduce the dose of your initial antidepressant medication to help reduce these side effects.

What should I avoid while taking Pristiq?

- Do not drive a car or operate machinery until you know how Pristiq affects you.
- Avoid drinking alcohol while taking Pristiq.

What are the possible side effects of Pristiq?

Pristiq can cause serious side effects, including:

- See the beginning of this page.

• Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions. See "What should I tell my healthcare provider before taking Pristiq?"

Get medical help right away if you think that you have these syndromes. Signs and symptoms of these syndromes may include one or more of the following:

- restlessness
- increase in blood pressure
- hallucinations (seeing and hearing things that are not real)
- diarrhea
- loss of coordination
- coma
- fast heart beat
- nausea
- increased body temperature
- vomiting
- confusion
- muscle stiffness

Pristiq may also cause other serious side effects including:

• New or worsened high blood pressure (hypertension).

Your healthcare provider should monitor your blood pressure before and while you are taking Pristiq. If you have high blood pressure, it should be controlled before you start taking Pristiq.

• Abnormal bleeding or bruising.

Pristiq and other SNRIs/SSRIs may cause you to have an increased chance of bleeding. Taking aspirin, NSAIDs (non-steroidal anti-inflammatory drugs), or blood thinners may add to this risk. Tell your healthcare provider right away about any unusual bleeding or bruising.

• Glaucoma (increased eye pressure)

• Increased cholesterol and triglyceride levels in your blood

• Symptoms when stopping Pristiq (discontinuation symptoms).

Side effects may occur when stopping Pristiq (discontinuation symptoms), especially when therapy is stopped suddenly. Your healthcare provider may want to decrease your dose slowly to help avoid side effects.

Some of these side effects may include:

- dizziness
- diarrhea
- abnormal dreams
- sleeping problems (insomnia)
- nausea
- sweating
- tiredness
- anxiety
- headache
- irritability

• Seizures (convulsions)

• Low sodium levels in your blood.

Symptoms of this may include headache, difficulty concentrating, memory changes, confusion,

weakness, and unsteadiness on your feet. In severe or more sudden cases, symptoms can include hallucinations (seeing or hearing things that are not real), fainting, seizures and coma. If not treated, severe low sodium levels could be fatal.

• Allergic reactions. Some reactions can be severe such as swelling beneath the skin (e.g., throat, face, hands). Contact your healthcare provider if you think you have any of these side effects.

Common side effects with Pristiq include:

- nausea
- constipation
- diarrhea
- delayed orgasm and ejaculation
- headache
- anxiety
- vomiting
- tremor
- dry mouth
- feeling that your surroundings are spinning or moving
- loss of appetite
- sweating
- sleepiness
- tiredness
- insomnia
- decreased sex drive
- dilated pupils

These are not all the possible side effects of Pristiq. Tell your healthcare provider about any side effect that bothers you or does not go away. Call your doctor for medical advice about side effects. For more information on these and other side effects associated with Pristiq, talk to your healthcare provider, visit our web site at www.pristiq.com or call our toll-free number 1-888-Pristiq.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Contact Information

Please visit our web site at www.pristiq.com, or call our toll-free number 1-888-Pristiq to receive more information. This product's label may have been updated. For current package insert and further product information, please visit www.pfizer.com or call our medical communications department toll-free at 1-800-934-5556.

Uninsured? Need help paying for Pfizer medicines? Pfizer has programs that can help. Call **1-866-706-2400** or visit www.PfizerHelpfulAnswers.com.





Ask Laskas

JEANNE MARIE LASKAS

► *I hate having my picture taken. People always make me feel as though I'm in the wrong if I refuse to pose or get in a group photo. These shots always end up on social networking sites with no regard for people's feelings or privacy. How do I explain that I don't want my picture, or my baby's for that matter, to be taken and posted online?* *Camera Shy*

Dear Shy,

I'm with you: I don't want my next bad hair day documented for the world to see, and I cringe if I see one of my kids on some other mom's Facebook birthday slide show. The best you and I and like-minded people can do is encourage others to join us in formulating some ethical boundaries for photos and tagging on social networking sites. No means no. It's your image, and you should get to decide if you want it reproduced. So go ahead and tell people, but don't be naive: Photos will be

Jeanne Marie Laskas is not a shrink, but she does have uncommon sense.



snapped and posted; you will be in some of them. If you don't want to be seen doing something stupid, don't do something stupid.

► **My family lives in the country,** and we've never had neighbors until recently, when a new family built a place adjacent to ours. Now our kids play together constantly, and we get together several nights a week. My wife and I enjoy the other couple's company, but the husband sometimes makes disrespectful comments about his wife and kids. His remarks often cause them to fight in front of us. I

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feel I should talk to him about it, but he's a very "king of his castle" kind of guy, and I don't want to ruin the relationship our families are developing. What can I do? *Conflicted Countryman*

Dear Conflicted,
What are the rules of your house? Do you allow your kids to beat each other up? Do you scream and call them stupid? Of course not. You have a civil home, and such actions are not tolerated. Why cut Mr. Disrespectful any slack? Your house, your rules.

Life's Little Etiquette Conundrums

▶ **During a recent stay at my place, my cousin and his wife would consult each other in Spanish before delivering a response to my questions. English is his first language and her second; they're both fluent in each language. I have no problem with someone who needs help translating, but that's not the case here. I think it's inappropriate that they speak in Spanish so I won't know what's being said. Am I being too sensitive? Would it be rude to say something to them?**

No, you would not be rude. Lapsing into another language to have a private word with someone is no different from whispering to another behind a shielding hand. This might just be a habit that has nothing to do with you, so give the Spanish speakers the benefit of the doubt: Smile and say, "English, please."

You can do this gently. He disses his wife or kids under your roof, you say, "Dude, we don't talk like that here." If he does it again, you say it again. (Your only choice when visiting his house is to leave.) Keep in mind that your social life is secondary to your role as a parent, and this is a critical message for your kids to get: Dad stands up to bullies because bullying is wrong.

▶ **One of my coworkers** *knows I go to the gym, so she asked me which exercises would help some aches and pains she's been having. I was surprised by her questions because her health problems stem from the fact that she's at least 80 pounds overweight. Should I have risked offending her by telling her she needed to lose weight?*

Exercise Nut

Dear Exercise,
You think she doesn't know she needs to lose weight? You think pointing this out will somehow make her see the light? Resist the urge to become the obnoxious office health nut. Your office mate has turned to you for help, and good for her. Tell her you're no expert, and suggest a trainer for a consultation. (Remind her, too, that your exercise plan began with a visit to the doctor.) Let the pros take it from there. Your job is to be a supportive coworker.

▶ **Send questions about manners, parents, partners, or office politics to advice@readersdigest.com. Sending gives us permission to edit and publish.**

SPECIAL REPORT PROVIDED BY THE AMERICAN DIABETES ASSOCIATION

BREAKING DOWN DIABETES

THE TRUTH IS MANY OF US ARE AT RISK FOR TYPE 2 DIABETES AND MAY NOT EVEN KNOW IT. JOIN THE MILLIONS IN THE FIGHT TO STOP DIABETES TODAY. START BY LEARNING MORE DURING AMERICAN DIABETES MONTH[®] WITH THIS SPECIAL SECTION FROM THE AMERICAN DIABETES ASSOCIATION AND BY VISITING DIABETES.ORG/RD OR BY CALLING 1-800-DIABETES.



 American Diabetes Association.

SHARE | ACT | LEARN | GIVE



NEARLY 26 MILLION AMERICANS HAVE DIABETES



ODDS ARE THAT SOMEONE YOU KNOW WILL BE DIAGNOSED WITH DIABETES IN YOUR LIFETIME. THAT'S WHY THE AMERICAN DIABETES ASSOCIATION IS LEADING THE FIGHT TO PREVENT, TREAT, AND CURE IT ONCE AND FOR ALL. YOUR FIRST STEP IS TO UNDERSTAND THE BASICS.

WHAT IS DIABETES?

Diabetes is a group of diseases characterized by high levels of blood glucose that result from the body's inability to produce and/or use insulin, a hormone needed to convert sugar, starches, and other foods into energy.

TYPE 1

was previously known as juvenile diabetes and is primarily diagnosed in children and young adults whose bodies don't produce any insulin.

TYPE 2

is the most common form of diabetes, accounting for 90% to 95% of all diagnosed cases in individuals whose bodies don't produce enough insulin or their cells ignore it.

GESTATIONAL DIABETES

usually occurs around the 24th week of pregnancy. It may go away after giving birth, but you are at high risk for type 2 diabetes later.

With the right information, support network, and health care, you can control the disease, slow or prevent its complications, and in some cases prevent type 2 diabetes altogether.



There is no substitute for confidence.



Playing night after night before thousands of people, like blues legend B.B. King and rising star Crystal Bowersox do, takes confidence. So does living with diabetes.

That's why it's good to know that inside every OneTouch® Ultra® Blue Test Strip is DoubleSure® Technology. It measures every blood sample not once, but twice. So you're not just sure, you're DoubleSure®.



Find out more at OneTouch.com

Life First.
ONETOUCH

DO YOU HAVE ANY OF THESE SYMPTOMS?

Early detection and treatment decreases your chances of complications later. Review the warning signs below, and if you have any of these symptoms, see your doctor right away.

TYPE 1 DIABETES

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue
- Irritability

TYPE 2 DIABETES

- Any of the type 1 symptoms
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections
- Often people with type 2 diabetes have no symptoms

TAKE OUR ONLINE DIABETES RISK TEST AT [DIABETES.ORG/RD](https://diabetes.org/rd) TODAY TO LEARN MORE.



PREVENTION BEGINS WITH YOUR LIFESTYLE

Even modest changes in your lifestyle can help prevent or delay the onset of type 2 diabetes, but nothing is more important than maintaining a healthy weight. You'll improve your body's use of insulin, kick-start your circulation, burn more fat, reduce stress, and keep your blood glucose in check.

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is the first and only no calorie sweetener with a small boost of B Vitamins, Antioxidants or Fiber. Same great taste, now with the nutrients you need.

more information at  and Splenda.com



Also available with Fiber or Antioxidants





WHATEVER YOU DO, DON'T JUST SIT THERE

- Find a workout partner and set achievable goals to help keep you motivated.
- Stretch first thing in the morning.
- Try a 15-minute lunch-break stroll.
- Take the stairs, but stand tall with good posture to activate your abs.
- Get up from your computer every hour and stretch.
- When watching TV, get up for an "exercise break" during commercials.

WHAT TO EAT - **WATCH YOUR PORTION SIZE**

- Whole grains
- Veggies and fruits
- Lean meats
- Fish
- Dried beans and lentils
- Nuts
- Non-fat dairy, eggs
- High fiber foods: oats, barley, beans
- Healthy fats: olive oil, avocado

WHAT TO AVOID

Foods high in added fat and sugar like soda, sports drinks, cookies, cakes, pies, and chips.

A GREAT WAY TO START IS TO CHANGE THE AMOUNT OF FOOD YOU ARE EATING. FILL YOUR PLATE WITH NON-STARCHY VEGETABLES AND HAVE SMALLER PORTIONS OF STARCHY FOODS AND MEATS.



Help maintain healthy blood sugar levels
and improve digestive health
with Dreamfields®

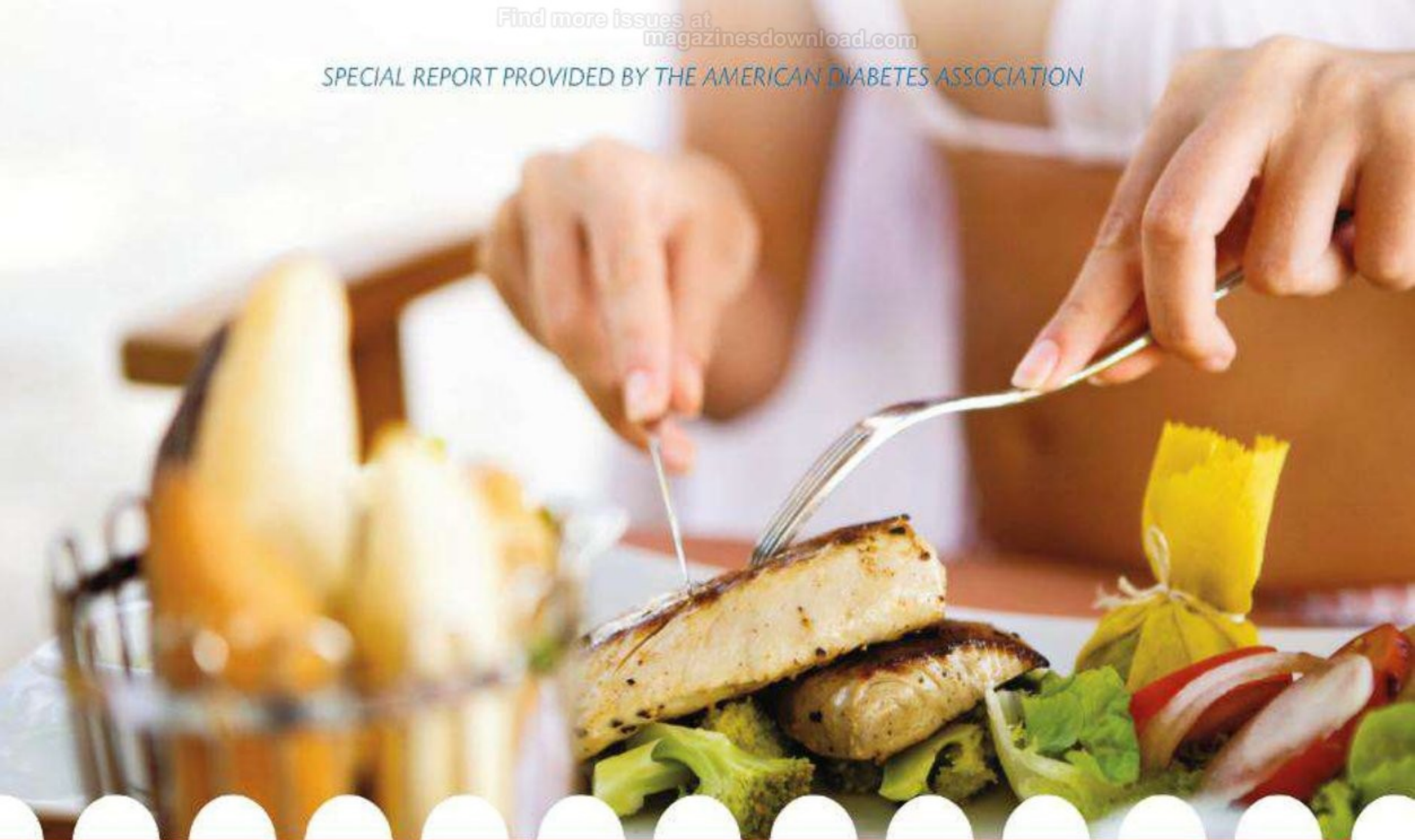


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- Only Dreamfields has inulin, a natural prebiotic fiber, to help balance energy and improve digestive health.
- Dreamfields tastes like traditional pasta—your entire family will love it!

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www.TryDreamfields.com/2



Whether enjoying Dreamfields pasta or other foods, consumers with diabetes must carefully monitor blood glucose and have frequent contact with their physician to maintain good health.



TRY FOODS THAT ARE SUPER HEALTHY

In addition to a balanced diet, try adding some of the American Diabetes Association's "superfoods" for a nutritious boost.

DARK GREEN LEAFY VEGETABLES are low in calories and carbohydrates.

SWEET POTATOES have a lower glycemic index and are loaded with fiber and flavor.

BERRIES are packed with antioxidants, vitamins, and fiber.

TOMATOES are full of nutrients like vitamin C, iron, and vitamin E.

FISH contains healthy omega-3 fatty acids. Just don't fry it!

BE SURE TO CONSULT YOUR DOCTOR

These foods can be a part of your healthy eating plan. Consult your doctor for the best plan for your needs. For more information on a healthy diet for managing diabetes, visit www.diabetes.org/rd today.



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1. Product provided as a free sample shall not be resold or submitted to any third-party payer for reimbursement. Abbott Diabetes Care may modify or discontinue this offer at any time without notice.
2. As of May 2010 among leading brands in U.S.A.
3. Versus original FreeStyle Lite Test Strips. Study conducted in August 2009. Data on file, Abbott Diabetes Care Inc.
4. Comparison vs. OneTouch[®] Ultra[®] test strip with OneTouch[®] Ultra[®] 2 meter.
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MANAGING THE UNEXPECTED WHEN YOU'RE EXPECTING

TAKING STEPS TO CONTROL GESTATIONAL DIABETES

1. Don't panic: Be calm, be rational, and follow your doctor's instructions.
2. Make sure your doctor monitors your blood glucose during your regular prenatal checkups.
3. If you are diagnosed, you may need to have daily insulin injections and regular blood glucose tests.
4. Adopt a diet and exercise plan that will stabilize your blood glucose levels between injections. Your doctor will be able to recommend options.
5. Schedule appointments after your baby is born to talk to your health care provider about your risks for developing type 2 diabetes later in life.

MAKE AN APPOINTMENT WITH YOUR DOCTOR AND SEE IF YOU MAY BE AT RISK.

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Today is the day
I rethink how
I control my
blood sugar.

Once-daily 24-hour steady release to help control blood sugar is worth asking your doctor about. If you have type 2 diabetes, sometimes pills, diet and exercise are no longer enough to control blood sugar. Insulin is an effective way to help control your blood sugar. And insulin comes in an easy to use pen. It's worth asking your doctor about.

Rethink insulin.



Indications and Usage

Prescription Lantus[®] is a long-acting insulin used to treat adults with type 2 diabetes and adults and children (6 years and older) with type 1 diabetes for the control of high blood sugar. It should be taken once a day at the same time each day to lower blood glucose.

Do not use Lantus[®] to treat diabetic ketoacidosis.

Important Safety Information for Lantus[®] (insulin glargine [rDNA origin] injection)

Do not take Lantus[®] if you are allergic to insulin or any of the inactive ingredients in Lantus[®].

You must test your blood sugar levels while using insulin, such as Lantus[®]. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

Do NOT dilute or mix Lantus[®] with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious. Lantus[®] must only be used if the solution is clear and colorless with no particles visible. Do not share needles, insulin pens or syringes with others.

The most common side effect of insulin, including Lantus[®], is low blood sugar (hypoglycemia), which may be serious. Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision. Severe hypoglycemia may be serious and life threatening. It may cause harm to your heart or brain. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works. Before starting Lantus[®], tell your doctor about all your medical conditions including if you have liver or kidney problems, are pregnant or planning to become pregnant, or are breast-feeding or planning to breast-feed.

Lantus[®] SoloSTAR[®] is a disposable prefilled insulin pen. Please talk to your healthcare provider about proper injection technique and follow instructions in the Instruction Leaflet that accompanies the pen.

Please see brief summary of prescribing information on the next page.

**Learn more about 24-hour blood sugar control help
at WhyInsulin.com or call 1.888.833.4722.**

**You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch, or call 1.800.FDA.1088.**

sanofi aventis

BRIEF SUMMARY OF PRESCRIBING INFORMATION

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use LANTUS safely and effectively. See full prescribing information for LANTUS.

LANTUS® (insulin glargine [rDNA origin] injection) solution for subcutaneous injection

Initial U.S. Approval: 2000

INDICATIONS AND USAGE

LANTUS is a long-acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. (1)

Important Limitations of Use:

- Not recommended for treating diabetic ketoacidosis. Use intravenous, short-acting insulin instead.

DOSAGE AND ADMINISTRATION

- The starting dose should be individualized based on the type of diabetes and whether the patient is insulin-naïve (2.1, 2.2, 2.3)
- Administer subcutaneously once daily at any time of day, but at the same time every day. (2.1)
- Rotate injection sites within an injection area (abdomen, thigh, or deltoid) to reduce the risk of lipodystrophy. (2.1)
- Converting from other insulin therapies may require adjustment of timing and dose of LANTUS. Closely monitor glucoses especially upon converting to LANTUS and during the initial weeks thereafter. (2.3)

DOSAGE FORMS AND STRENGTHS

Solution for injection 100 units/mL (U-100) in

- 10 mL vials
- 3 mL cartridge system for use in OptiClik (Insulin Delivery Device)
- 3 mL SoloStar disposable insulin device (3)

CONTRAINDICATIONS

Do not use in patients with hypersensitivity to LANTUS or one of its excipients (4)

WARNINGS AND PRECAUTIONS

- Dose adjustment and monitoring: Monitor blood glucose in all patients treated with

insulin. Insulin regimens should be modified cautiously and only under medical supervision (5.1)

- Administration: Do not dilute or mix with any other insulin or solution. Do not administer subcutaneously via an insulin pump or intravenously because severe hypoglycemia can occur (5.2)
- Do not share reusable or disposable insulin devices or needles between patients (5.2)
- Hypoglycemia: Most common adverse reaction of insulin therapy and may be life-threatening (5.3, 6.1)
- Allergic reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur (5.4, 6.1)
- Renal or hepatic impairment: May require a reduction in the LANTUS dose (5.5, 5.6)

ADVERSE REACTIONS

Adverse reactions commonly associated with Lantus are:

- Hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, and rash. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. (7)
- The signs of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine). (7)

USE IN SPECIFIC POPULATIONS

- Pregnancy category C: Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (8.1)
- Pediatric: Has not been studied in children with type 2 diabetes. Has not been studied in children with type 1 diabetes <6 years of age (8.4)

See Full Prescribing Information for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 04/2010

GLA-BCPH-GD-APR10

Rx Only



3 DIABETES DIET MYTHS AND MISCONCEPTIONS

UNDERSTANDING YOUR WELL-BALANCED DIET

1

PEOPLE WITH DIABETES CAN'T EAT NORMAL FOODS.

Choose healthy foods that you enjoy. Keep your portions small to manage your diabetes.

2

DIABETES ISN'T THAT SERIOUS.

Wrong. Diabetes causes more deaths a year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke.

3

AVOID ALL SWEETS.

You don't have to skip sugar altogether. You can substitute a small portion of dessert for the starch in your meal on special occasions like birthdays or your favorite holiday.

FOR MORE INFORMATION ABOUT MANAGING YOUR DIET AND OTHER LIFESTYLE HABITS, VISIT DIABETES.ORG/RD.

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The historic First Year 2011 \$100 Silver Proof is an exquisite adaptation of the United States Treasury's \$100 Federal Reserve Note—only the second new \$100 bill design in 70 years—only \$99 each.

The specifications for this colossal medallic proof are unparalleled. Each one:

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- Weighs one Troy ounce.
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- Contains 31.10 Grams (480 Grains) of Pure Silver.
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Visit our web site at www.newyorkmint.com

Do You Snoop?

Pprivate zones are fast disappearing, with Facebook, Twitter, and geolocation apps chronicling our every move. So it's a relief that a majority of our respondents respect the privacy of their partners. In all 16 countries polled, more than 50 percent say they don't peek at their partner's texts or e-mails, with the United States at a healthy 83 percent. "I never read my wife's messages," says Nihas Bashir, 28, from Kottayam, India. "If there was anything worth sharing, we would." Of course, not everyone is so trusting or so incurious. Respondents under 45 reported much more snooping than older ones, and in Brazil, almost half said they've done some digging: "I always check my boyfriend's cell phone when he's in the shower," says Faviana Andrade, 32, from São Paulo, Brazil. "I want to know who he's spending time with."

IPAD EXTRA For more detailed data, download the *Reader's Digest* magazine app from the iTunes Store.



Country	Snoopers
Brazil	45%
India	33
Russian Federation	33
South Africa	31
Malaysia	26
Philippines	25
Netherlands	23
Spain	23
United Kingdom	23
Canada	21
Mexico	17
United States	17
Germany	15
China	13
France	12
Australia	11

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**Double Bucks offer applies only to selected diabetes-related products and does not apply to pharmacy or MinuteClinic[®] purchases.



Life's Funny

That Way

I found myself walking behind an attractive and fit young man wearing only a white undershirt, athletic shorts, sneakers, and earbuds. Just ahead of him, a slow-moving elderly man came toward us with the aid of a walker. When he saw the front of the fit guy I had seen only from the back, he stopped in his tracks, pointed frantically at him, and yelled, "1959! 1959!"

The younger man removed an earbud, slowed ever so slightly as he got closer, and leaned over, as if to give a listen to the old man, whose smile suddenly grew wider as he loudly explained, "I looked just like that in 1959!"

Stuart Bernstein, in the New York Times

"How are you studying for the history test?" I asked my teenage son.

"It's not a big deal, Mom. See?"

Eli replied. He showed me the assignment, which included a note from his teacher.

"This is not an exhaustive list," it read.

"This is merely a guide to help you on your way."

A classified ad for a 1991 Ford Tempo recently caught my eye. The reason the car was for sale: "Mother passed away totally loaded."

Carol Cardall, Provo, Utah



"Serve them cheap wine. We don't want to encourage these people to stay."

"Eli, what do you think that means?"

"It means I should familiarize myself with the words and not exhaust myself doing it."

Ann Powell, Brooklyn, New York

While online looking at used dining room sets with my sister, I mentioned how surprised I was that so many of the tables and chairs were green.

"You don't see that color too

often in dining rooms,” I said.

With great patience, she explained, “*Mint* is the condition, not the color.”

Jackie Grady, West Chester, Pennsylvania

Strolling through an outdoor shopping mall, I was surprised to find a small cemetery smack dab in the middle of the parking lot. “Isn’t that odd?” I asked a friend.

She didn’t seem nearly as shocked. “That,” she said, “is what happens when you shop until you drop.”

R. B., Monsey, New York

Scene: My mother and I texting.

Mom: Do you want waffles or muffins for breakfast? Text “A1”

Adventures in Unfortunate Ad Placement No. 1



for waffles or “B1” for muffins.

Me: Why can’t I just text “waffles” or “muffins”?

Mom: We are texting in code! ;);););)

Me: Waffles

Mom: A1 or B1?

Me: WAFFLES

Mom: Sooo ... A1?

Me: Mom. Yes.

Mom: I think I would rather have muffins. I’m making muffins.

From When Parents Text: So Much Said ... So Little Understood, by Lauren Kaelin and Sophia Fraioli (Workman)

The article I read about gathering down from geese was so interesting, I had to share it with my husband.

“Do you know how to get down from a goose?” I asked.

His answer: “Jump?”

Joann C. Wilson, Melrose, Florida

Our daughter had adopted a stray cat. To my distress, he began to use the back of our new sofa as a scratching post.

“Don’t worry,” my husband reassured me. “I’ll have him trained in no time.”

I watched for several days as my husband patiently “trained” our new pet. Whenever the cat scratched, my husband deposited him outdoors to teach him a lesson.

The cat learned quickly. For the next 16 years, whenever he wanted to go outside, he scratched the back of the sofa.

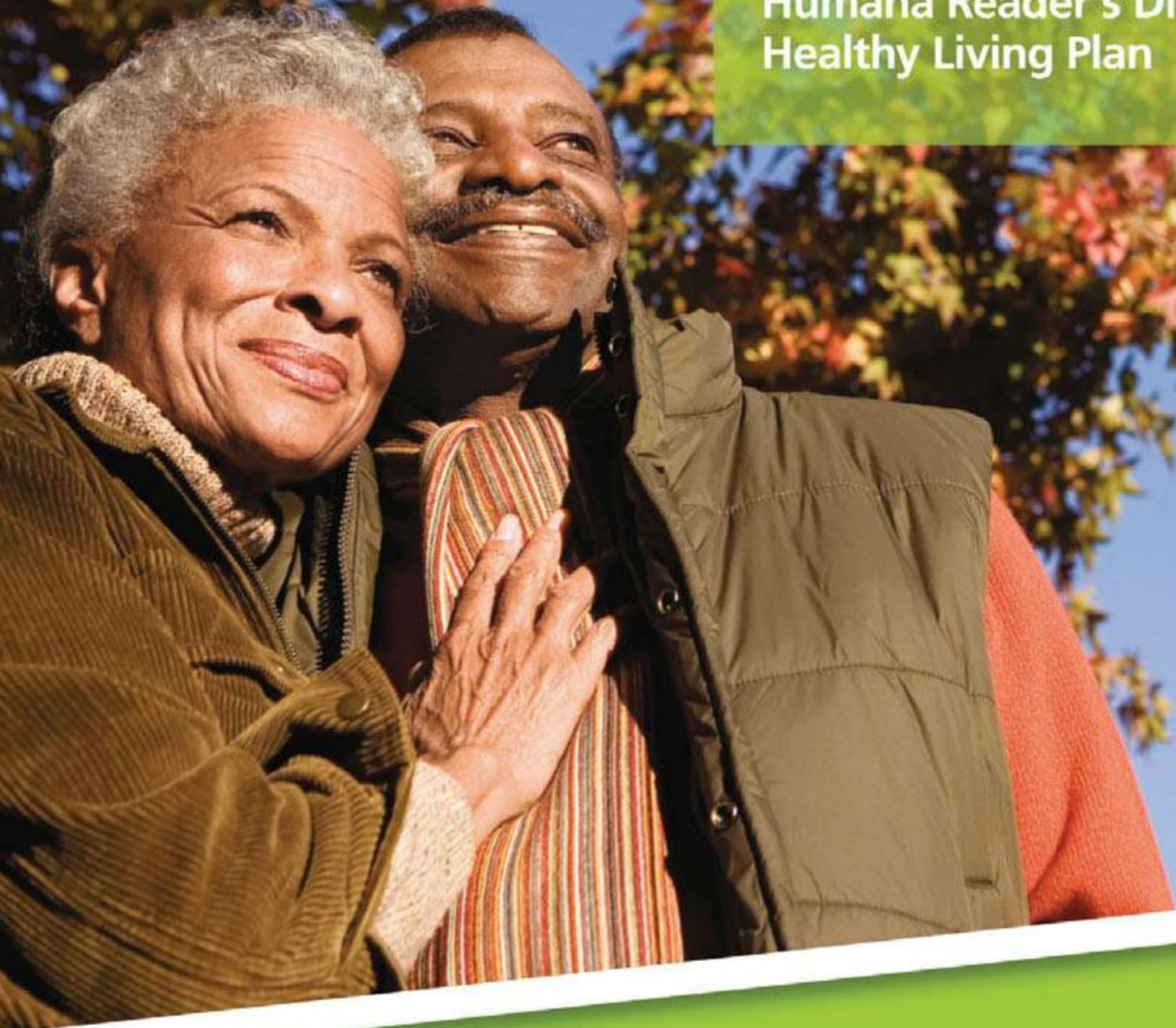
From gcfl.net

Your favorite new joke, funny anecdote, or crazy news story might be worth \$\$\$. See [page 80](#) for details.

COURTESY TRACEY DORNAN

Advertisement

LOOK INSIDE:
A preview of the
Humana Reader's Digest
Healthy Living Plan



Humana and Reader's Digest
have partnered to help you
achieve total health.



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A Medicare Advantage plan that offers you so much more.

Humana and Reader's Digest have teamed up to provide you with a Medicare Advantage plan unlike any other. With the **Humana Reader's Digest Healthy Living Plan**, you'll get all the benefits of a Humana Medicare Advantage plan — including coverage for annual routine exams, hospital care, and preventive services. Plus, you'll also receive special health and wellness materials from Reader's Digest to help you live a healthier life. No other Medicare plan can offer you this unique value.

On the following pages, we've included a sample of some of the easy-to-understand health and wellness information you'll receive as a plan member.

With the **Humana Reader's Digest Healthy Living Plan**, you can take your health coverage to a whole new level.

YOUR HEALTHY LIVING PLAN PREVIEW INSIDE

- 1 A positive attitude is good for your health.
- 2 Tips on how to prevent disease.
- 3 How sleep can affect your health.
- 4 The facts about antioxidants.
- 5 Keep active. Stay healthy.

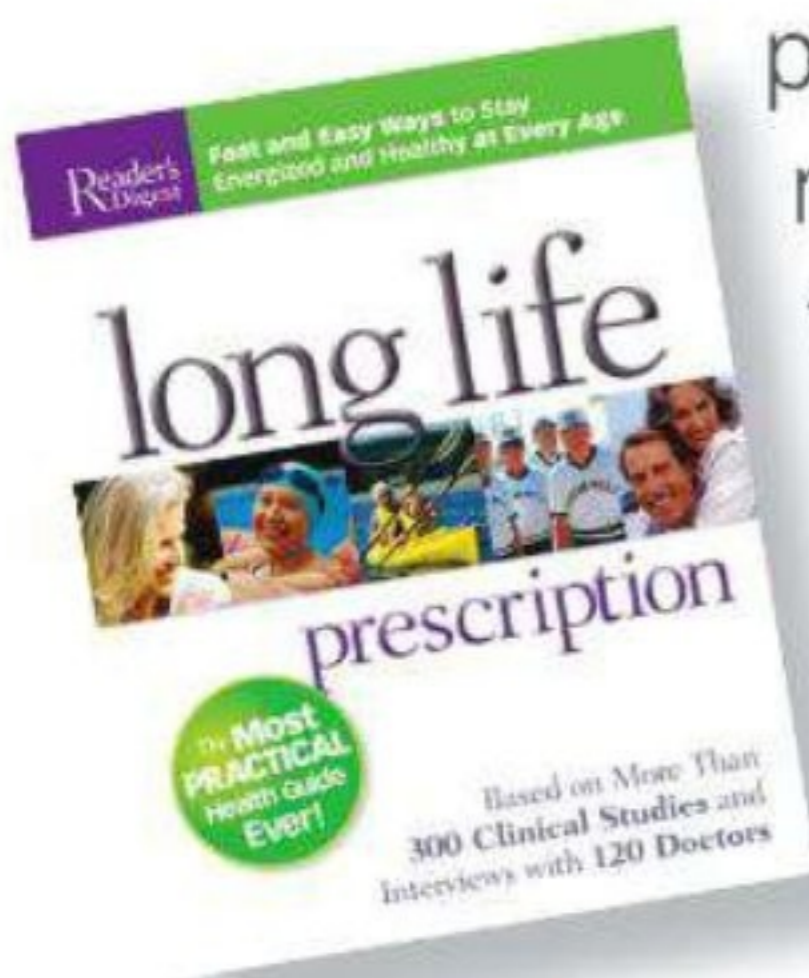


HUMANA
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HEALTHY
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People who have a positive attitude about aging live longer.

In fact, 7½ years longer than those who view aging negatively, to be exact. That was the surprising finding of a landmark 2002 study that looked at the role of mental attitude on longevity. Since then, other studies have found numerous connections between the perception of aging and overall health and well-being. For instance, one study found that people who viewed aging positively were more likely to remain physically active, a key component of aging well. Those who thought negatively about aging, however, were less likely to remain physically active and more likely to age “unsuccessfully.” Other studies found that views about aging affect memory, well-being, the will to live, and overall satisfaction with life.

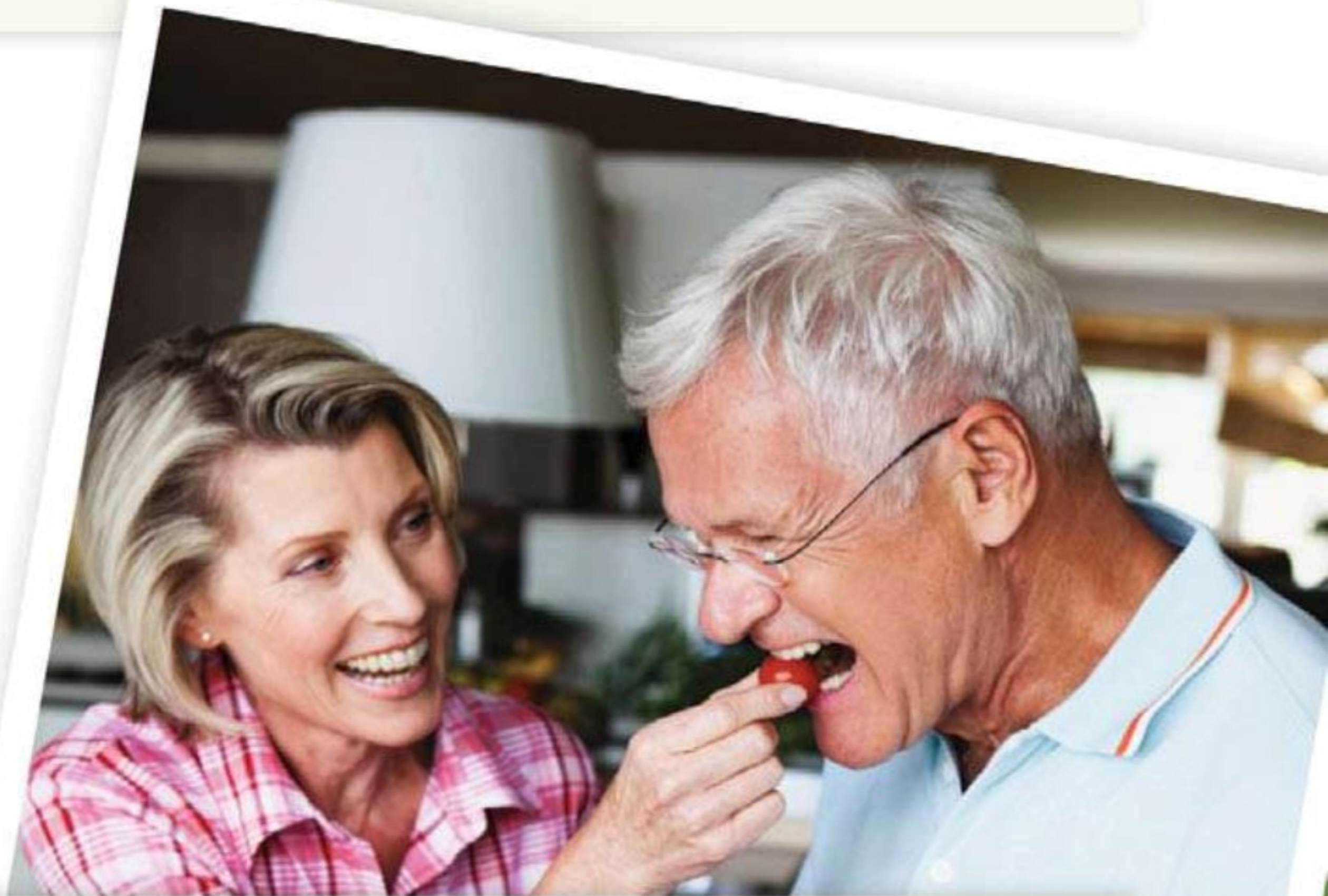
Your attitudes have the power to program your body to perform as you think it should perform. The more you believe that great things lie ahead for you, the more likely you will make great things happen.



Adapted from *Long Life Prescription: Fast and Easy Ways to Stay Energized and Healthy at Every Age* (Reader's Digest Books)

Take Action!

Little changes can help transform attitude over time. For example, walk faster: One study showed a correlation between optimism and a faster pace! Another study suggested that there's a negative health effect when you use negative language about aging. Think young, laugh more frequently, and get busy living, and chances are good you'll add years to your life.



Enroll in the **Humana Reader's Digest Healthy Living Plan** to get more healthy living tips.

Call **1-877-283-1313 (TTY: 711)**

8 a.m. – 8 p.m., seven days a week.



More than 60 percent of all chronic disease cases could be avoided entirely through lifestyle changes.

That's what more than half of the doctors who specialize in preventive medicine said in the Reader's Digest Disease Prevention Survey, which probed more than 100 experts about the underlying causes of disease.

About half of all adults live with one or more chronic conditions. But the truth is that many of the diseases people face today are almost entirely preventable. Our understanding of what causes chronic disease has radically changed over the past decade, and it's clearer than ever that the underlying causes of most chronic diseases are lifestyle factors that we control.



What if we told you that it's well within your grasp to live an extra decade? Ten years of real healthy living. If you stay disease free, it's not just possible — it's likely.



Take Action!

The doctors we surveyed listed exercising, eating more fruits and vegetables, and quitting smoking as their top three most important actions you should take to protect your health. Getting the proper screening tests was next. Other changes you can make include watching your blood pressure and cutting saturated fat from your diet.

Adapted from *Disease Free: Proven Ways to Prevent More Than 90 Common Health Conditions Both Major and Minor* (Reader's Digest Books)

Enroll in the **Humana Reader's Digest Healthy Living Plan** to get more healthy living tips.

Call **1-877-283-1313 (TTY: 711)**

8 a.m. – 8 p.m., seven days a week.



FACT:
#3

Insomnia may be partly responsible for the epidemic in obesity.



It's true: Bad sleep disrupts hunger patterns. Studies show that you eat more when you are not well rested, due to its effects on the hormones that control appetite and metabolism. But that's just the start. In recent years, doctors have begun to understand just how crucial good sleep is to good health. Today, sleep has joined the top tier of lifestyle issues that have the greatest effect on your well-being.

Having a hard time falling asleep may seem like no big deal when compared to, say, having heart disease. But in fact, insomnia raises the risk of depression, makes you more sensitive to pain, and compromises concentration and memory. Heart disease, stroke, diabetes, obesity, depression, even cancer, are linked to not getting adequate rest — something of which 50 percent of Americans are guilty. Experts now estimate that the significantly sleep-deprived have a poorer quality of life and a 20 percent greater risk of death than the well rested.

Take Action!

One of the top ways to improve your sleep is to stick to a pattern. Go to bed the same time each night, and follow the same last-waking-hour ritual. And get yourself a new pillow: The life of a pillow is two years, yet most of us keep the same one far longer. Keep your bedroom clean, uncluttered, and void of televisions or computers. Make it a place for sleeping, so when you enter the room at night, your body knows it's time for sleep.

Adapted from *Disease Free: Proven Ways to Prevent More Than 90 Common Health Conditions Both Major and Minor* (Reader's Digest Books)

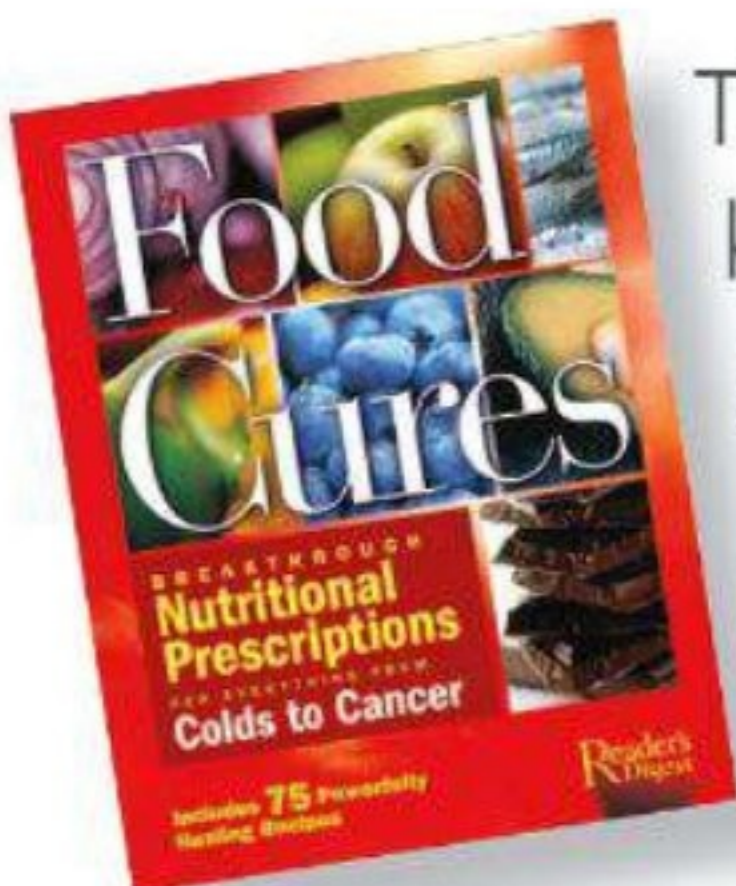
Enroll in the **Humana Reader's Digest Healthy Living Plan** to get more healthy living tips.

Call **1-877-283-1313 (TTY: 711)**

8 a.m. – 8 p.m., seven days a week.



Adding more tomatoes to your diet can make a big difference to your health.



That goes for canned tomatoes, tomato sauce, ketchup, and tomato juice, too. One of the biggest benefits you'll get from eating tomatoes is lycopene—an antioxidant that helps in the fight against cancerous cell formation and other kinds of health complications and diseases.

Tomatoes are a superfood. Eating seven or more servings per week cuts the risk of cardiovascular disease by 30 percent, according to a recent study of more than 35,000 women conducted at Boston's Brigham and Women's Hospital. It could be the lycopene or also the tomato's stellar levels of vitamin C, potassium, and fiber.

A Harvard study found that men who ate tomatoes—especially tomato sauce and tomato paste—lowered their risk of prostate cancer by 24 to 36 percent. Studies also suggest that eating tomatoes may reduce your risk of osteoporosis and asthma and may improve circulation and reduce inflammation. And when researchers from the Centers for Disease Control and Prevention looked at men and women with and without diabetes, they found that those with impaired glucose tolerance (essentially prediabetes) had lycopene blood levels 6 percent lower than those of healthy people. Those newly diagnosed with diabetes averaged 17 percent lower levels.

Take Action!

To get the full vitamin C punch, serve tomatoes raw, because heat destroys vitamin C. Serve them cooked with a little oil and you get the maximum lycopene dose — the oil helps with lycopene absorption. Have a salad with tomatoes or sip low-sodium tomato juice.

Adapted from *Food Cures: Breakthrough Nutritional Prescriptions for Everything from Colds to Cancer*
(Reader's Digest Books)



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Ten weeks of weight-bearing exercise can double your strength and improve your walking speed — regardless of age.



Aging isn't the cause of losing muscle, being sedentary is. The good news is that your physical strength, heart health, and breathing ability aren't bottoming out because you're getting older. It's most likely because you've become less active instead of working your muscles regularly.

Muscle mass seems to be linked to longevity. The more you move, the longer you may live. You see, the amount of muscle you have affects nearly every function in your body. Maintain good muscle tone and you'll probably gain less weight, have a lower percentage of body fat, and prevent insulin resistance. Your LDL cholesterol and blood sugar levels can be lower, and your HDL cholesterol levels should be higher. You may also prevent constipation, potentially keep your blood thin and moving smoothly through veins and arteries, see improvements in your sleep, and possibly reduce your risk of depression and memory lapses.

Take Action!

Get some form of weight-bearing exercise that forces you to work against gravity. Just a few weeks of regular weight-bearing activity each day can improve your health — no matter what your age. A study from researchers at Ohio University in Athens found that men between the ages of 60 and 75 could increase their strength at the same rate as men in their twenties by performing basic weight-training exercises twice a week for 16 weeks.

Adapted from *Long Life Prescription: Fast and Easy Ways to Stay Energized and Healthy at Every Age* (Reader's Digest Books)



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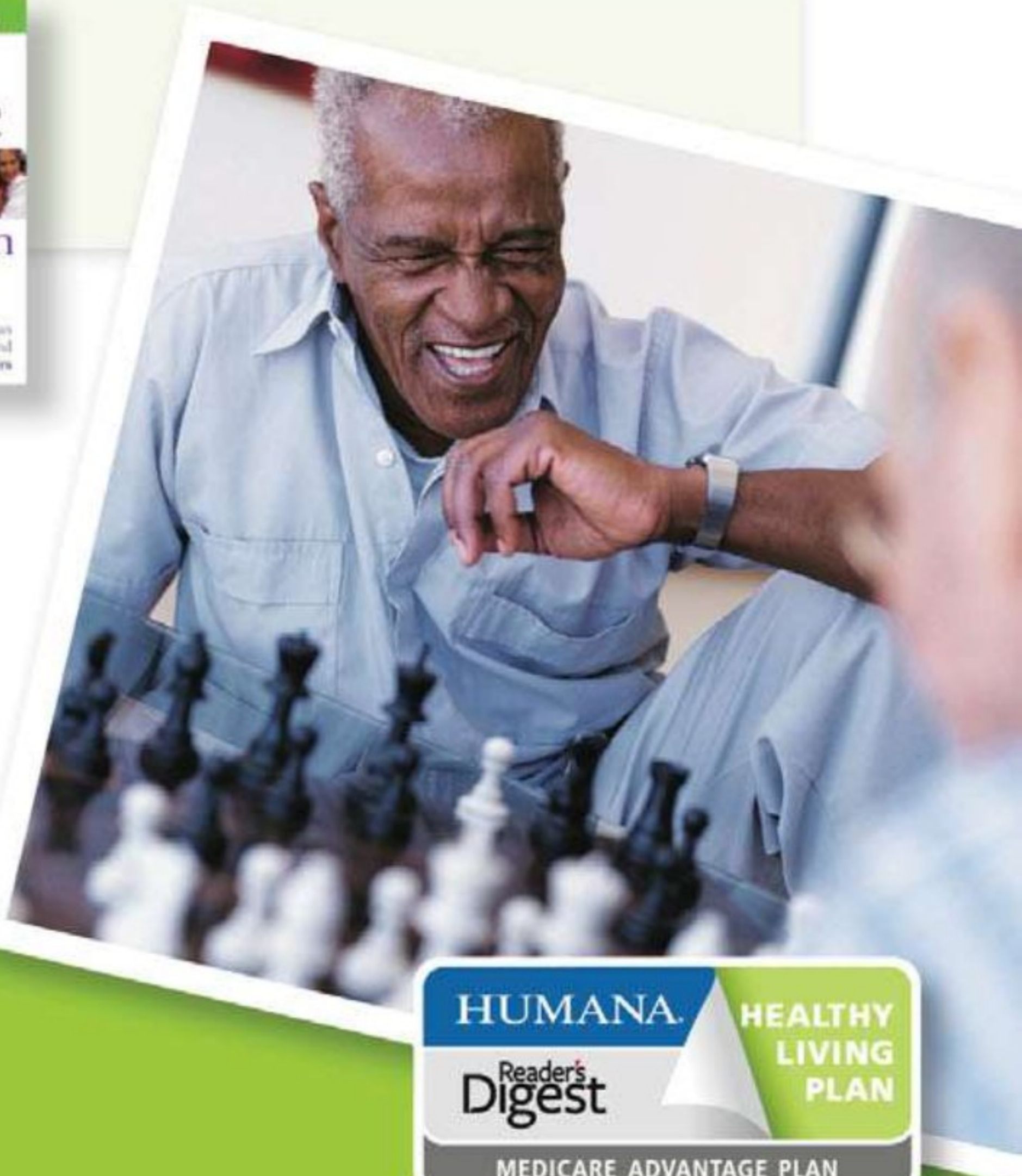
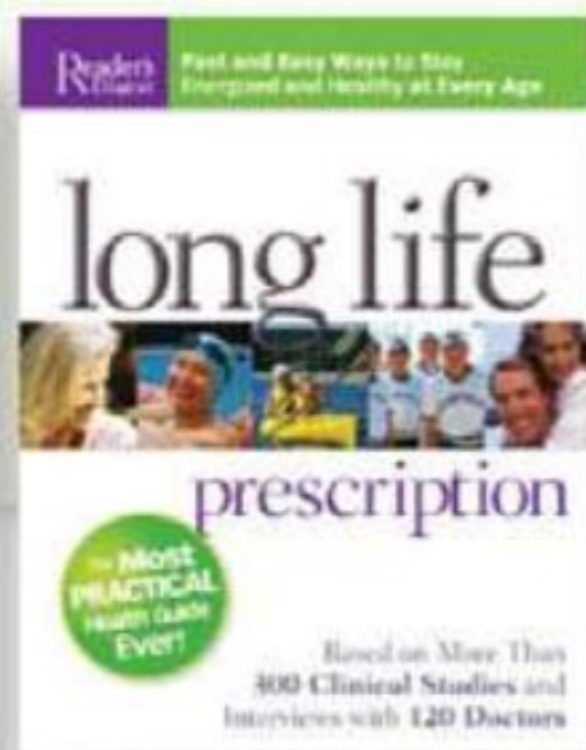
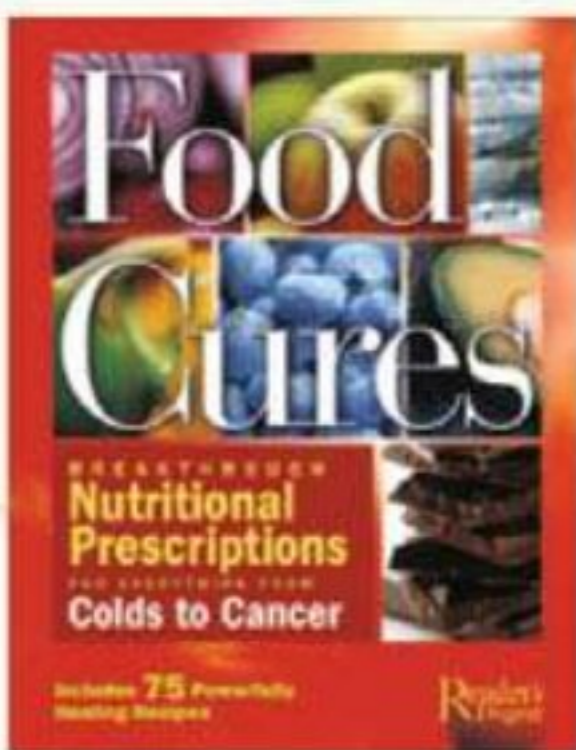
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- Tools for better health from Reader's Digest: A comprehensive Healthy Living Kit, and quarterly Healthy Living Bulletins featuring the newest health and wellness topics, with practical how-to advice
- Choice of a free book from the Reader's Digest Healthy Living Library

*Not available in some markets.

This is just a preview of the easy-to-follow health information you'd receive as a member of the **Humana Reader's Digest Healthy Living Plan**. To get the full Healthy Living Kit and more, enroll today.

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A Health plan with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. There is no obligation. Other plans may be available in the service area.

Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information.



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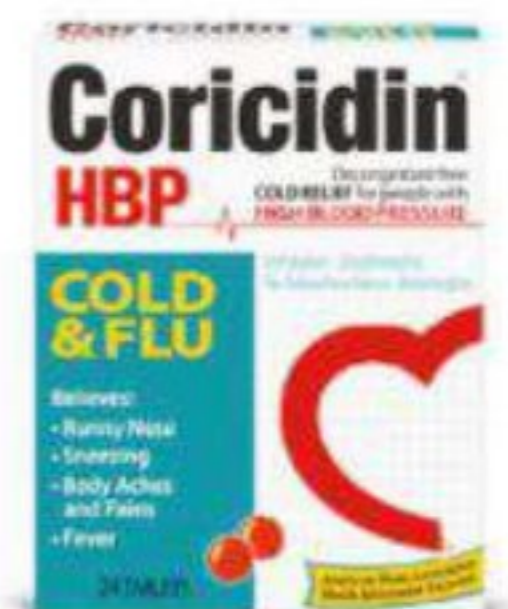


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50 SECRETS YOUR Nurse WON'T TELL YOU

BY MICHELLE CROUCH

DOCTORS ARE CLUELESS ABOUT WHAT **REALLY** HAPPENS IN THE BEDS, ROOMS, AND HALLS OF OUR HOSPITALS. THAT'S WHY WE WENT TO THE EXPERTS.

COURTESY CHRISTIAN WEBER/SHOWTIME

“WHEN YOU
TELL ME HOW MUCH
YOU DRINK OR SMOKE
OR HOW OFTEN
YOU DO DRUGS,
**I AUTOMATICALLY
DOUBLE OR
TRIPLE IT.”**

A longtime nurse in Texas

**NURSES
ARE
... STURDY**

EDIE FALCO AS
NURSE JACKIE
PEYTON ON
NURSE JACKIE

They don't prescribe drugs or wield the scalpel during surgery. But nurses are the ones with patients 24 hours a day, comforting us, helping us with our most basic needs, dealing with our complaints, and, yes, saving lives. We offered 17 nurses from across the country a chance to tell it like it really is, and they didn't hold back. From tips for making common procedures less painful to the lowdown on how they handle the rudest patients, what they told us will help you have a better experience if you land in the hospital—and make you think twice before you push that call button to complain.

Dirty Little Secrets

“We’re not going to tell you your doctor is incompetent, but if I say, ‘You have the right to a second opinion,’ that can be code for ‘I don’t like your doctor’ or ‘I don’t trust your doctor.’”

Linda Bell, RN,
clinical practice
specialist at the
American Association of
Critical-Care Nurses in
Aliso Viejo, California

“Feel free to tell us about your personal life, but know that we’re here for 12 hours with nothing to talk about. So the stuff you tell us will probably get repeated.” *A nurse in St. Petersburg, Florida*

“When a patient is terminally ill, sometimes the doctor won’t order enough pain medication. If the patient is suffering, we’ll sometimes give more than what the doctor said and ask him later to change the order.

People will probably howl now that I’ve said it out loud, but you have to take care of your patient.”

A longtime nurse in Texas

“I KNOW YOU ASKED FOR MASHED POTATOES, BUT THAT SOUND YOU HEAR IS MY OTHER PATIENT’S VENTILATOR GOING OFF.”

*A nurse in
New York City*

“A lot of my patients are incontinent, and I’m supposed to just use a wet washcloth to clean them. But if it’s a patient who’s been really nice and appreciative, I’ll go all the way to intensive care to get some of the heated wet wipes, which are a lot more gentle. Somebody who’s constantly yelling at me? I just use the washcloth.”

A nurse in St. Petersburg, Florida

What We’re Really Thinking

“I’ve had people blow out arteries in front of me, where I know the patient could bleed to death within minutes. I’ve had people with brains literally coming out of their head. No matter

how worried I am, I'll say calmly, 'Hmmm, let me give the doctor a call and have him come look at that.'"

A longtime nurse in Texas

"I'd never tell a patient that he's a moron for waiting a week for his stroke symptoms to improve before coming to the hospital. Although I'd like to. Especially if his wife then complains that we're not doing anything for the guy."

*A longtime nurse
who blogs at head-nurse.blogspot.com*

"If you're happily texting and laughing with your friends until the second you spot me walking into your room, I'm not going to believe that your pain is a ten out of ten."

A nurse in New York City

What We Want You to Know

"Your life is in our hands—literally. We question physicians' orders more often than you might think. Some of the mistakes I've headed off: a physician who forgot to order a medication that the patient was taking at home, a doctor who ordered the incorrect diet for a diabetic, and one who tried to perform a treatment on the wrong patient."

A nurse from Pennsylvania

"People have no idea of the amount of red tape and charting we have to deal with every day. We spend hours at the computer just clicking boxes. They tell us, 'If it wasn't charted, it didn't happen.' So I always chart with a jury in the back of my mind."

An intensive-care nurse in California

"Despite nurses' best efforts, hospitals are still filthy and full of drug-resistant germs. I don't even bring my shoes into the house when I get home."

Gina, a nurse who blogs at codeblog.com

"These days, you can't get admitted unless you're really sick, and you'll probably get sent home before you're really ready. So we don't get any easy ones anymore."

*Kathy Stephens Williams, RN,
staff development educator for critical care at
St. Anthony's Medical Center in St. Louis, Missouri*

Our Pet Peeves

"The No. 1 thing you should never say to me: 'You're too smart to be a nurse.' I went to nursing school because I wanted to be a nurse, not because I wanted to be a doctor and didn't make it."

A longtime nurse in Texas

... SCARCE
By 2025, the United States is expected to be short about a quarter-million registered nurses.

LORETTA SWIT AS MAJ. MARGARET "HOT LIPS" HOULIHAN ON M.A.S.H.



“The sicker you are, the less you complain. I’ll have a dying patient with horrible chest pain who says nothing, because he doesn’t want to bother me. But the guy with the infected toe—he can’t leave me alone.”

*An intensive-care nurse
in California*

“No matter how many times you use your call light, even if it’s every ten minutes, I will come into your room with a smile. However, if you don’t really need help, I will go back to the nurses’ station and complain, and this may affect how the nurses on the next shift take care of you.”

A cardiac nurse in San Jose, California

“When your provider asks for a list of the medications you’re taking, make sure you include over-the-

counter drugs and herbals. People think that if an herb is ‘all natural’ and ‘organic,’ it’s not a medication. But that’s not true. Herbals can interact with other medications and can cause serious complications.”

*Kristin Baird, RN,
a health-care consultant in
Fort Atkinson, Wisconsin*

“WHEN YOU
ASK ME, ‘HAVE
YOU EVER DONE
THIS BEFORE?’ I’LL
ALWAYS SAY
YES. EVEN
IF I HAVEN’T.”

A nurse in New York City

“*Grey’s Anatomy*? We watch it and laugh. Ninety percent of the things doctors do on the show are things that nurses do in real life. Plus, there’s no time to sit in patients’ rooms like that.”

Kathy Stephens Williams, RN

“This is a hospital, not a hotel. I’m sorry the food isn’t the best, and no, your boyfriend can’t sleep in the bed with you.”

A nurse in New York City

What We Lie About

“If you ask me if your biopsy results have come back yet, I may say no even if they have, because the doctor is really the best person to tell you. He can answer all your questions.”

Gina, a nurse who blogs at codeblog.com

What Hurts Our Feelings

“In my first nursing job, some of the more senior nurses on the floor refused to help me when I really needed it, and they corrected my

... IRRITATED
Eighty-five percent
of nurses say they work
with someone who
insults them, yells, or
shows no respect.

LOUISE FLETCHER
AS NURSE MILDRED
RATCHED IN *ONE
FLEW OVER THE
CUCKOO’S
NEST*



inevitable mistakes loudly and in public. It's a very stressful job, so we take it out on each other."

*Theresa Brown, RN,
an oncology nurse and the author
of Critical Care: A New Nurse Faces Death,
Life, and Everything in Between*

"It can be intimidating when you see a physician who is known for being a real ogre make a mistake. Yes, you want to protect your patient, but there's always a worry: Am I asking for a verbal slap in the face?"

Linda Bell, RN

"Every nurse has had a doctor blame her in front of a patient for something that is not her fault. They're basically telling the patient, 'You can't trust your nurse.'"

Theresa Brown, RN

What We Love

"If you have a really great nurse, a note to her nurse manager that says 'So-and-so was exceptional for this reason' will go a long way. Those things come out in her evaluation—it's huge."

Linda Bell, RN

"If you've been a patient in a unit for a long time, come back and visit. We'll remember you, and we'd love to see you healthy."

An intensive-care nurse in California

"I once took care of a child who had been in a coma for more than a week. The odds that he would wake up were declining, but I had read that the sense of smell was the last thing

HOSPITAL LINGO

Frequent flier A repeat customer to the ER, often a patient with chronic medical problems who can't afford to go anywhere else.

Weekend syndrome When doctors covering for a colleague on the weekend won't make important decisions, particularly end-of-life ones.

Code Brown A bed full of excrement. "Got a Code Brown in 214."

Crump To go downhill quickly or die. "The patient in 3 crumped last night."

GOMER Short for "get out of my emergency room"—a patient you dread.

Acute lead poisoning Gunshot wound.

to go. So I told his mom, 'Put your perfume on a diaper and hold it up by his nose to see if it will trigger something.' The child woke up three hours later. It was probably a coincidence, but it was one of my best moments as a nurse."

*Barbara Dehn, RN,
a nurse-practitioner in Silicon Valley who
blogs at nursebarb.com*

How to Get Great Care

"Some jobs are physically demanding. Some are mentally demanding. Some are emotionally demanding.

NURSING BY THE NUMBERS

34% of nurses have sneaked off for a nap at work.

15% have used a scalpel to cut cake.

47% have used a tongue depressor as an eating utensil.

42% have placed bets on someone's blood alcohol level.

47% have given a coworker's name instead of their own to confused patients and told them to call if they need help.

86% have had to leave a patient's room quickly because they were about to laugh uncontrollably.

Source: *Scrubs* magazine survey, 2010 (scrubsmag.com)

Nursing is all three. If you have a problem with a nurse or with your care, ask to speak to the charge nurse [the one who oversees the shift]. If it isn't resolved at that level, ask for the hospital supervisor."

Nancy Brown, RN, a longtime nurse in Seattle

"Now that medical records are computerized, a lot of nurses or doctors read the screen while you're trying to talk to them. If you feel like you're not being heard, say, 'I need your undivided attention for a moment.'"

Kristin Baird, RN

"Never talk to a nurse while she's getting your medications ready. The more conversation there is, the more potential [there is] for error."

Linda Bell, RN

"If the person drawing your blood misses your vein the first time, ask for someone else. I've seen one person stick someone three times. They need to practice, but it shouldn't be on you!"

Karon White Gibson, RN, producer-host of *Outspoken with Karon*, a Chicago cable TV show

"Never let your pain get out of control. Using a scale of zero to ten, with ten being the worst pain you can imagine, start asking for medication when your pain gets to a four. If you let it get really bad, it's more difficult to get it under control."

Nancy Beck, RN, a nurse at a Missouri hospital

Tricks of the Trade

"If you're going to get blood drawn, drink two or three glasses of water beforehand. If you're dehydrated, it's a lot harder for us to find a vein, which means more poking with the needle."

Mary Pat Aust, RN, clinical practice specialist at American Association of Critical-Care Nurses in Aliso Viejo, California

"Don't hold your breath when you know we're about to do something painful, like remove a tube or take the staples out of an incision. Doing that will just make it worse. Take a few deep breaths instead."

Mary Pat Aust, RN

The Truth About Doctors

“If you have a choice, don’t go into the hospital in July. That’s when the new crop of residents starts, and they’re pretty clueless.”

*A nurse supervisor
at a New Jersey hospital*

“Doctors don’t always tell you everything. They’ll be in the hallway saying, ‘She has a very poor prognosis. There’s nothing we can do.’ Then they don’t say that in the room. Sometimes I try to persuade them to be more upfront, but I don’t always succeed.”

Theresa Brown, RN

“Many doctors seem to have a lack of concern about pain. I’ve seen physicians perform very painful treatments without giving sedatives or pain medicine in advance, so the patient wakes up in agony.”

... NEEDED
A hospital patient’s risk of death rises as much as 2 percent with every shift that’s low on nurses.

JULIANNA MARGULIES AS NURSE CAROL HATHAWAY ON *ER*

“ASK THE NURSE TO WET YOUR BANDAGE OR DRESSING BEFORE REMOVAL—IT WON’T HURT AS MUCH.”

Karon White Gibson, RN

When they do order pain medicine, they’re so concerned about overdosing, they often end up underdosing.”

A nurse supervisor at a New Jersey hospital

“There are a few doctors at every hospital who just don’t think that they need to wash their hands between seeing patients. Others get distracted and forget. So always ask anyone who comes into your room, ‘Have you washed your hands?’”

Kathy Stephens Williams, RN

Advice for Family Members

“When you’re with someone who is dying, try to get in bed and snuggle with them. Often they feel very alone and just want to be touched. Many times my patients will tell me, ‘I’m living with cancer but dying from lack of affection.’”

Barbara Dehn, RN, NP

“It’s the little things that make a difference for people who are sick. One of the best things you can do is wrap them in a warm blanket or towel. Throw the towel in the dryer before they are bathed. If they’re in a hospital, find out where the blanket warmer is.”

Barbara Dehn, RN, NP

“I’ll never tell you to change your code status to *Do Not Resuscitate*, even though I might cringe at the

thought of having to break your ribs during CPR. With certain patients, however, I may talk to family members to clarify their goals for the patient's care. This sometimes leads to an elderly person being placed on comfort care rather than being continually tortured by us with procedures that aren't going to help."

A cardiac nurse in San Jose, California

More Things We Want You to Know

"The doctors don't save you; we do. We're the ones keeping an eye on your electrolytes, your fluids, whether you're running a fever. We're often the ones who decide whether you need a feeding tube or a central line for your IV. And we're the ones who yell and screech when something goes wrong."

A longtime nurse in Texas

"Husbands, listen to your wives if they tell you to go to the hospital. Today a man kept fainting but wouldn't go to the hospital until his wife forced him. He needed not one,

not two, but three units of blood—he was bleeding internally. He could have had a cardiac arrest. Another man complained to his wife that he didn't feel 'right.' His wife finally called me to come over to their house. His pulse was 40. He got a pacemaker that evening." *Barbara Dehn, RN, NP*

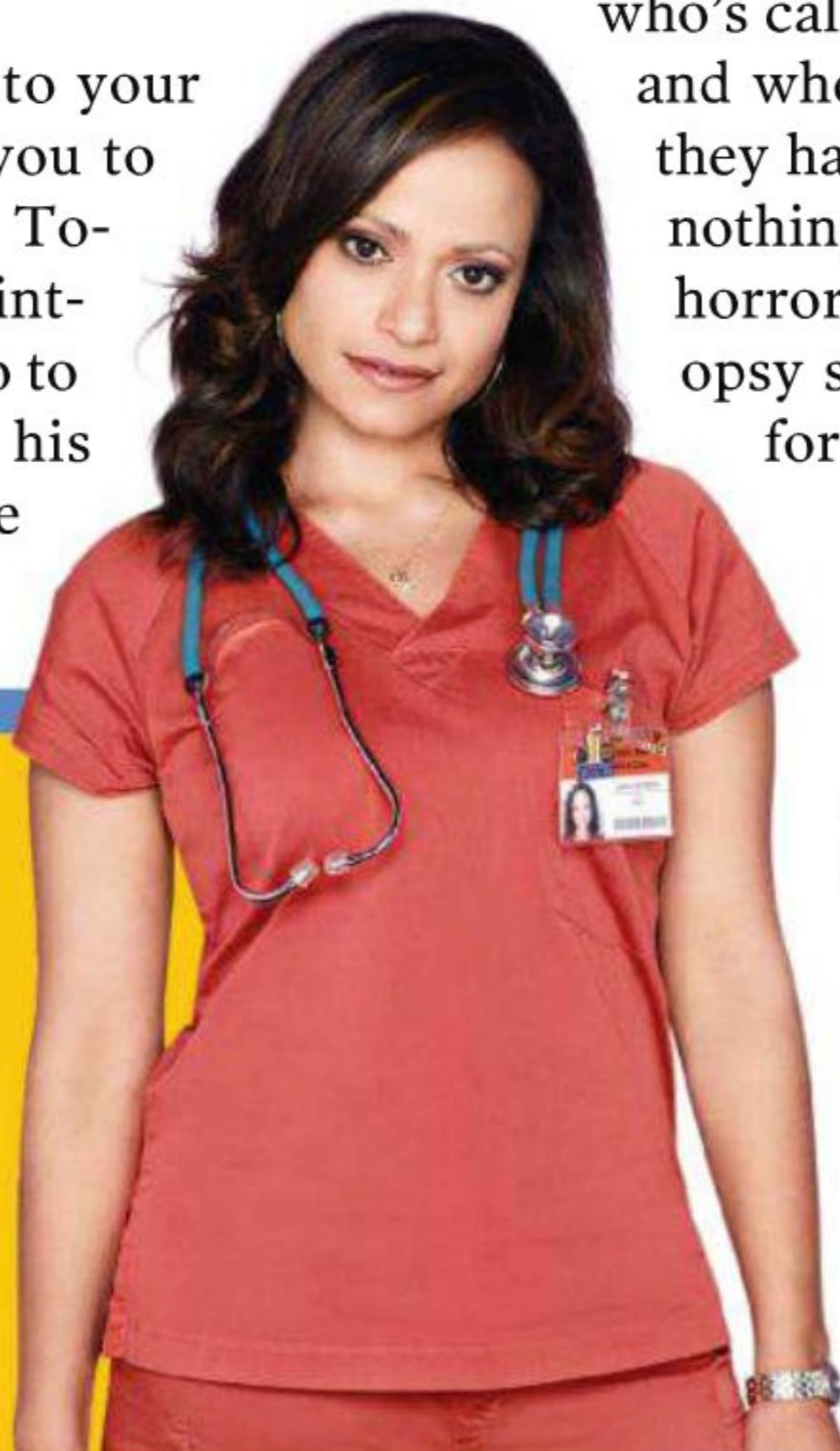
"If you do not understand what the doctor is telling you, say so! I once heard a doctor telling his patient that the tumor was benign, and the patient thought that *benign* meant that he had cancer. That patient was my dad. It was one of the things that inspired me to become a nurse."

Theresa Tomeo, RN, a nurse at the Beth Abraham Center for Nursing and Rehabilitation in Queens, New York

"At the end of an appointment, ask yourself: Do I know what's happening next? If you had blood drawn, find out who's calling who with the results, and when. People assume that if they haven't heard from anyone, nothing is wrong. But I've heard horror stories. One positive biopsy sat under a pile of papers for three weeks."

Kristin Baird, RN

"As a nurse, sometimes you do nothing but run numbers and replenish fluids. Sometimes you're also the person who reassures the teenager that 'everybody' gets her period on the day of admission, the person who, though 30



... TIRED
Nurses routinely work 12-hour shifts—sometimes three in three days.

JUDY REYES AS NURSE CARLA ESPINOSA ON *SCRUBS*

years younger than the patient, tells that patient without blushing or stammering that yes, sex is possible even after neck surgery. You're the person who knows not only the various ways to save somebody else's life but also how to comfort those left behind."

A longtime nurse who blogs at head-nurse.blogspot.com

How to Be a Great Patient

"I had one patient show up repeatedly to see me after he was discharged. Another little old man tried to pull me into bed with him. (He was stronger

than he looked.) The general rule is don't ask us on a date. We're busy. It's unethical. And, really, I already know you better than I want to."

A longtime nurse in Texas

"Positive attitude is everything. I have seen many people think themselves well."

Nancy Beck, RN

"A simple 'Thank you' can really make my day."

A nurse in New York City

For more things your nurse won't tell you, go to readersdigest.com/nurses.


BEST OF THE BLOGGERS

Nurses' blogs tend to be compulsively readable, with warts-and-all portraits of coworkers and heartrending (or mind-boggling) stories about patients. One of the most addictive is **head-nurse.blogspot.com**, where a seasoned nurse in Texas talks frankly—very frankly—about her life, her own health struggles, and some of the irrational behavior she's had to deal with in her career:

"If we tell you Papa mustn't drive after his stroke, that means Papa must not drive. Not 'not drive long distances' or 'not drive a Toyota' or 'not drive to the store.' It means that Papa now lacks decision-making ability, part of his visual field, and most of the use of one side of his body, and *must not drive*. Even a big car, even for short distances, even in town."

"If penicillin made your face swell up and your breathing get funny six months ago, it's likely to do the same again. Please tell me these things. While we're at it, tell me if you have a food allergy. Some things I can predict, like the guy whose rabbi visits twice a day might not want bacon on his breakfast plate. Other things, like you're allergic to nuts, are not immediately obvious."

"I cannot tell you the number of otherwise intact people I've had in my care in the past eight years who've done something really, really dumb that interferes with their care. If you have to ask me when you can go back to snorting coke or taking large amounts of meth, you have a problem. I don't care what you do after you're discharged—just please don't ask my advice about how to do it." ■



LOVE, FAITH, AND WAR

In hospitals and on patrol, in ad hoc chapels and at makeshift altars, military chaplains help American soldiers find peace amidst the chaos and danger of the front lines

BY BRIAN MOCKENHAUPT

**PHOTOGRAPHED BY
SEBASTIANO TOMADA PICCOLOMINI**



LT. CDR. ANDREW
Sholtes, a Navy chaplain,
comforts a wounded
serviceman.

Navy Lt. Cdr. Nathan Solomon leaves his Bible in his backpack for now. He fastens his body armor and cinches his helmet's chin strap as 15 Marines sling rifles, machine guns, and rocket launchers over their shoulders. An unusually overcast sky has mellowed the blazing summer sun in southern Afghanistan's Helmand Province.

"I want you all to know I called in cloud cover for the duration of the patrol," Solomon, the chaplain for Second Battalion, Eighth Marines, tells them in a rolling Tennessee accent. "That's the kind of service you get."

The men file out of Patrol Base Meis—named for Lance Cpl. Christopher Meis, shot and killed during a foot patrol weeks earlier—and cross a vast patchwork of open fields, leaping over deep irrigation canals. At the front of the patrol, Marines use mine detectors to scan for buried bombs, a

constant threat in this area. Solomon walks with his hands at his side. Some Marines find it startling, and disconcerting, that the chaplain doesn't carry a weapon. Instead, he travels with his assistant, Religious Program Spc. 2nd Class Timothy Ross, who carries an M-16 rifle and serves as his bodyguard during patrols.

At a mud-walled farmhouse, the patrol scans the surrounding fields and tree lines for suspicious activity. Several Marines hunker down behind a mud wall and tell stories about close calls—a friend hit by a bullet that only grazed his skull, another who stepped on a bomb that didn't explode. In the near distance, a Marine convoy creeps down the road. A week earlier on that road, an enormous bomb had





blown a truck in half, killing two Marines and wounding three.

That could just as easily have been Solomon, who ministers to 1,100 Marines spread across three main outposts and 11 small patrol bases around northern Marjah, a violent swath of wheat and poppy fields. He visits each location about once a month and often joins the Marines for foot patrols like this. Solomon could choose not to patrol—an Army chaplain was killed by a roadside bomb in neighboring Kandahar Province in 2009, the first chaplain to die in combat since the Vietnam War—and the Marines know this, which he says makes them more likely to accept him.

ON PATROL WITH MARINES

in Afghanistan, Solomon (left) shares the danger but does not carry a weapon. Back at the base, he uses his traveling chaplain kit (opposite) to perform services.

“My life’s not more valuable. I want them to know when they come and talk to me that I know what it’s like to go on patrol. Cold comfort if I step on an IED, but I don’t know how you can be an infantry battalion chaplain and exempt yourself from the life of an infantryman,” says Solomon, a 42-year-old Baptist working on a PhD who joined the Navy and became a chaplain in 2002 after a Marine Corps friend invited him to lunch with a



recruiter. "As the one noncombatant out here, I'm the tangible reminder that there are people in the world who don't kill people for a living."

After the patrol, Solomon's real work begins. He relaxes in the shade with several Marines, chatting and joking. "The chaplain's greatest strength is his ability to just sit down and hang out," Timothy Ross says as he watches his boss from across the dusty patrol-base courtyard. "Some people aren't religious, but that doesn't mean they don't want to talk."

During his 24 hours at Patrol Base Meis, Solomon is pulled aside by five Marines for one-on-one conversations, which is average for a visit. Some want to talk about problems at home, others about stresses of deployment and fear of death. These are timeless war zone anxieties. Why are Marines getting their legs blown off? Why did I live when my friend right next to me died? Why would God let such terrible things happen?

"I don't encourage them to make sense of it. Chaos, suffering, and pain are a consequence of being human. I don't think God wills it to happen; it's just part of being alive," says Solomon. "It's not my job to defend God. It's important for me to acknowledge that there are questions

that are legitimate and that I have no idea how to answer."

Across Afghanistan, scores of Solomon's colleagues are with their own congregations, helping them cope, as chaplains have done since the Revolutionary War. There are 3,045 chaplains currently serving America's 1.4 million active-duty service members. Their duties go well beyond religious counseling, especially in Afghanistan, where one in five troops reports symptoms of combat stress, anxiety, or depression, a rate that climbs higher for front line troops in regular combat. "The physical wounds, as traumatic as they are, can be dealt with more easily than the mental, emotional, and spiritual trauma," says Air Force Capt. David Knight, who ministers to 1,300 Air Force personnel and also fills in as a chaplain at the main coalition military hospital at Kandahar Airfield.

Military mental-health providers, while more plentiful than in past years, are still in short supply, and chaplains are a natural supplement. They are outside the chain of command, and conversations with them are confidential. What's discussed won't go in a soldier's permanent file, and speaking with the chaplain doesn't carry the perceived stigma still associated with visiting the mental-health unit. "We're the built-in safety valve of the military," says Navy Lt. Cdr. Andrew Sholtes, head chaplain at the Kandahar Airfield hospital. "People can say anything to us."

AIR FORCE CHAPLAIN CAPT. DAVID

Knight has a quiet moment in the trauma bay at the main coalition military hospital at Kandahar Airfield. Above left, a covered chalice.

Reaching the troops to have those conversations isn't easy. Like Solomon, chaplains in Afghanistan can spend much of their time traveling by helicopter and armored convoy to spartan outposts surrounded by earthen barriers and coils of concertina wire, under constant exposure

“We would be lost without him ... He's seen as a safe haven and a sanctuary.”

to ambushes, snipers, and rocket attacks. But everywhere Solomon goes, he takes his traveling chaplain's kit—a small stainless steel cross, a chalice, and a bowl—and performs services.

In the afternoon at Patrol Base Meis, Solomon prepares a Ping-Pong table as an ad hoc altar. He mixes powdered grape juice and breaks crackers from a military ration. And with bars of sunlight filtering through the camouflage netting, seven Marines gather around the table. It's the Thursday after Easter. As two Cobra helicopter gunships pass overhead, Solomon reads the Gospel story of Jesus rising from the dead. Though some of those at his services are religious and go to church at home, some are not and merely want a break in the monotony. And some figure that, given their current circumstances, they should take any blessings they can get.

Solomon asks the Marines for prayer requests, and one mentions a comrade who lost both legs in a bomb blast days earlier. “We want to remember all our grievously wounded who are in the long process of recovery. Grant them patience, and grant their families patience,” Solomon says. “We know that it's too much to ask that our families not worry about us, but we ask that they worry about us a little less.”

He adds one more prayer request of his own. Several weeks earlier, he had been in the battalion medical station when medics brought in a wounded Taliban fighter. He helped treat the man, who eventually died, but Solomon felt no compassion, and this bothered him greatly.

“We pray for our enemies, the Taliban,” he says, “that you would turn their hearts from violence and oppression and hasten the day when we would stand together as brothers instead of enemies.”

For Andrew Sholtes, the hospital chaplain, the war beckons during breakfast and in the small hours of the night, while he smokes his pipe and as he walks the arid roads of Kandahar Airfield from the hospital to his barracks. His pager chirps, insistent, and bears messages with only one theme:

SHOLTES, ON DUTY IN THE HOSPITAL, tends to the needs of the staff as well as those of the injured. Below right, the boots and belongings of a wounded soldier.



suffering. Gunshot wounds, burns, brain injuries, and limbs torn away by explosions. Maybe Americans, maybe Afghans. Maybe soldiers, maybe insurgents, maybe children.

On this morning, Sholtes has just sat down in his tiny chaplain's office when his pager beeps. He scoops

“Being a chaplain is so natural,” says Sholtes. “It’s like a second skin.”

it off the desk, reads the flashing screen, and exhales a weary groan. The American soldier being brought in has lost both arms and both legs in a bomb blast. “Quad amputee,” he says. “That’s horrible.” The doctors and nurses in the trauma bay, alerted by the same page, prepare for their patient.

Sholtes ministers to some 270 doctors, nurses, and medical technicians, performing weekly services and leading Bible studies. But much of his job is more subtle, monitoring the staff's emotional and spiritual needs, offering comfort when the intensity and horror threaten to overwhelm. “We would be lost without him,” says Lt. Cdr. Ron Bolen, who runs the trauma department. “He’s seen as a safe haven and a sanctuary.”

One nurse seeks out Sholtes every day to hold his hand, just for five seconds. “She calls it her fix,” he says. Others are burdened by their inabil-

ity to help the injured recover fully, knowing that some patients will endure lives of terrible hardship. “Am I doing God’s will to save this life?” they ask him.

Despite the emotional toll of the work, Sholtes, a 53-year-old who holds master’s degrees in psychology, theology, and Islamic religion, doesn’t question the calling. “This is what I was meant to do,” he says. “Being a chaplain is so natural. It’s like a second skin.” Growing up under Communist rule in Hungary during the 1970s, Sholtes had taken comfort watching U.S. Marines guarding the embassy. “America was always the symbol of liberty and freedom, all the things I wasn’t able to do in Hungary,” he says.

Before he can make the short walk to the trauma bay, the pager chirps again: “Update. Patient died.” He removes his glasses, sets them on the desk, and stares at the wall for several moments. “I hope he was unconscious,” he says. He sighs and rubs his face, and his gray eyes glisten. “Business as usual,” he says.

For all their conversations and near-constant interaction with the troops, chaplains can have a lonely job, expected to always be the one with answers, never with questions or doubts, never in need of support themselves. They often turn to other chaplains for counsel and seek out their own ways of coping. Sholtes finds refuge a short walk away, on the Kandahar Airfield flight line. As the



day stretches into late afternoon and the temperature drops to somewhere near comfortable, he settles into a folding chair and slips a pipe and a pouch of tobacco from his pocket. “This is not recreation,” Sholtes says of the pipe. “This is therapy. This is essential.”

Even with the occasional ear-splitting noise, the flight line is peaceful. Sholtes watches the constant motion, takeoffs, and landings. Jet fighters scream overhead, and attack helicopters cruise by, rotors beating the air. Sholtes lights his pipe, exhales a rich, white puff of smoke, and leans back in his chair. “I consider the tobacco I put in my pipe all the grief and suffering,” he says. “And I will burn it.”

SHOLTES, IN DESERT CAMO, DELIVERS a Sunday sermon at Kandahar Airfield. There are 3,045 military chaplains serving 1.4 million active-duty U.S. service members.

When Sholtes goes on a longed-for three-week leave, Air Force chaplain Capt. David Knight answers the pages. Knight roams the hospital hallways, checking on the staff and visiting the wounded. Much of the chaplain’s job, he says, is not resolving problems or offering advice but simply being present as the patients and staff cope with terrible situations. “You need to be OK with people hurting,” he says. He calls this sitting with the ashes, a reference to the Biblical story of Job, who lost his family, his

health, and all his possessions. “He was sitting in the ashes, mourning, and his friends came and sat with him,” he says.

In Afghanistan, these moments are many, and Knight’s pager flashes with another: one patient, gunshot wound to the head.

He heads for the trauma bay, and a few minutes later, the flight medics bring in an unconscious 19-year-old American soldier with blood pooling on the stretcher under his head. The bullet entered his right temple and exited the left. A half-dozen doctors

and nurses crowd around the gurney, unlacing the blood-spattered boots and cutting away his uniform. “I need suction,” says Cdr. James Sullivan, a trauma physician. “I need more suction.” He works a plastic tube into the soldier’s mouth and sucks out the blood filling his throat.

The soldier’s heartbeat fades, then stops. A Navy corpsman starts powerful chest compressions. For the next several minutes, nurses and corpsmen take turns. “I have a pulse!” a nurse says.

A palpable wave of relief passes through the room. A life has been saved, and Knight won’t be saying prayers over another dead soldier, a rite he has performed four times since Sholtes left 19 days earlier.

JET FIGHTERS SCREAM OVERHEAD, but Knight (left) and Sholtes (right) find peace on the Kandahar Airfield flight line.



They slide the soldier into a CT scanner to determine the extent of his injuries, and the hope from a moment earlier vanishes. His brain is swelling and compressing the brain stem, which controls breathing and heartbeat. Nothing can be done other than to wait for his heart to stop. The trauma bay, crowded with doctors, nurses, and soldiers from the patient's unit, is quiet, save for the beep of the monitor recording his erratic and slowing heart contractions.

Knight stands nearby, a black stole draped around his neck. He closes his eyes and presses his fingers against his forehead in reflection, preparing for his work once the doctors have finished theirs.

At home, the day has just begun, another morning in America. The soldier's parents are oblivious to what is already known here, that their son is about to die, and this pains Knight. He has made the nauseating walk up to front porches and told families that a spouse, or daughter, or son has been killed overseas. A chaplain will soon be at this soldier's

house, bearing the same message.

The soldier's heart stops, and Sullivan pronounces the time of death. The trauma team eases the soldier into a black body bag and covers it with an American flag. Eyes turn to Knight. "Into your hands, oh, merciful savior, we commend your servant," he says. "Receive him into the aura of your mercy, into the blessed rest of everlasting peace. Be with the staff. Encourage and heal their hearts. Be with all of us."

The hospital staff and the soldier's comrades form two lines, facing each other, and salute, as the body, led by Knight, is wheeled through the trauma bay and outside to a waiting van.

Knight stands over the soldier, eyes downcast. "We commend you into God's care, for all eternity," he says, and raises a slow, final salute.

He walks back into the trauma bay and watches the staff clean smeared blood off the floor and restock bandages and breathing tubes. No one speaks.

Knight rests a hand on a nurse's shoulder, and he sits with the ashes. ■

GET REAL

The editors of The Week can't get enough of reality TV shows. So they asked their readers to suggest some titles of their own.

Survivor: Capitol Hill—Who will be voted off?

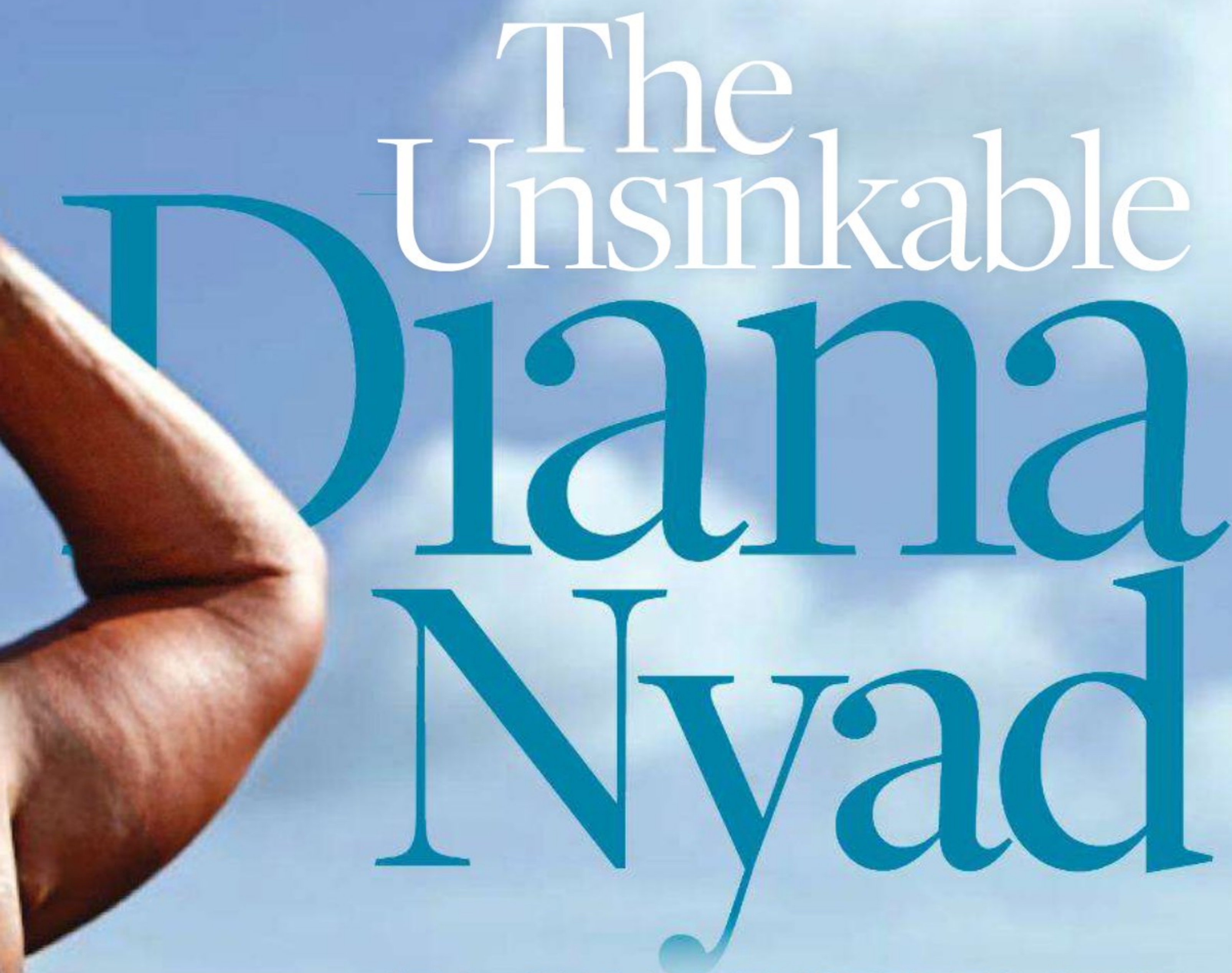
The Real Hitmen of Essex County

So You Think You Can Do Surgery?

Run for Your Life—Contestants are covered in chocolate and locked in a house with the *Biggest Loser* contestants.



What makes her swim?
Hear Diana Nyad's uplifting
answer and watch her train
at [readersdigest.com/nyad](https://www.readersdigest.com/nyad).




The Unsinkable Diana Nyad

AT 61, SHE ATTEMPTED TO SWIM
103 MILES AGAINST THREE-FOOT
WAVES, THE THREAT OF SHARKS,
AND HER OWN DEMONS. A
READER'S DIGEST EXCLUSIVE.

BY TODD PITOCK

PHOTOGRAPHED BY JEFFERY SALTER



Under the pale light of a half-moon at midnight, Diana Nyad's agonized groans carried across the water to her support boat 18 feet away. The vessel drifted on the choppy surface, and her crew looked on, hoping she'd rally and find light on the other side of this darkness.

It was August 10, 2011. Though Nyad had instructed her 11-person team of navigators, doctors, and trainers not to tell her how many miles were left in her epic swim, the facts were as stark as the night that lay ahead. Nyad had been in the water, stroking arm over arm, turning her head to breathe once every second, for more than 20 hours. She was dozens of miles into her quest to complete a 103-mile swim from Cuba to Key West, Florida, but still closer to the start than the finish.

Because of the currents in the Florida Straits, Nyad would have to last 60 hours—if everything went perfectly. So far, hardly anything had gone right.

“We got a forecast of nice, calm, light wind, but that didn't happen,”

Nyad recalled later. “We had rough seas all over the place.”

The waves swelled. Her chest was corseted by asthma; her shoulder was injured. She had swum into a field of jellyfish that made a meal of her and covered her skin in a rash of painful welts. She was cold and nauseated. Even her goggles kept fogging. There were 50 more miles to go to reach land and 5,500 feet of ocean beneath her, and she was digging even deeper than that into her own soul just to keep surging forward. All these numbers and measurements to process. And one more: In two weeks, she was going to turn 62 years old.

As any long-distance athlete will say, you never know what race day holds until you show up at the starting line. In a way, the results of the event itself are left to fate. The training is all you can control.

“I don't think any ocean swimmer has ever been this prepared physically or mentally,” Nyad had said.

For two years, this dream of swimming from Cuba to Florida had been part of her every waking hour. Suddenly—or so it seemed—she was about to turn 60, and she felt the tug of her own mortality. Having a goal, a really big goal that required a kind of religious devotion, made her feel alive.

“I wanted to be filled with commitment to the best of myself so that I wasn't looking back later saying, What have I done with my life?” says Nyad.

So she started training for her second attempt at the record-breaking

swim; the first, in 1978, ended after 42 hours, when rough seas knocked her miles off course. She logged hundreds of miles during swimming sessions lasting 12, 14, even 24 hours—warm-ups longer than the longest swims of some of the world’s best marathoners.

“There are people in this sport who train their whole [lives] for one 12-hour swim,” says Nyad. “I’ve done dozens of them. My pride comes from the discipline, from the knowledge that this mind has been strong enough to train this body this hard for two years.”

Not that extreme physical feats—or struggle—are new to her. In 1974, a 25-year-old Nyad became the first person to swim 32 miles across Lake Ontario against the current. A year later, Nyad’s 28-mile swim around the island of Manhattan made the front page of the *New York Times*. Jackie Kennedy called Nyad her hero.

Back then, Nyad was fighting the demons of eight years of sexual abuse by a swim coach that had started at age ten (the coach denies her claim) and nearly a lifetime of dealing with a mercurial stepfather, who “made his living as a liar and a thief,” says Nyad.

“When I swam in my 20s, I was filled with anger, and it came out in my swimming,” says Nyad. “[The water] was my safe place.”

After the failed 1978 Cuba-to-Florida attempt, Nyad called her next swim—a world-record-breaking 102.5-mile swim from Bimini, The Bahamas, to Jupiter, Florida—her “last competitive swim.” True to her word, when

she touched the shore on the tip of Florida on August 20, 1979—two days before her 30th birthday—Nyad towed herself off, got dressed, and didn’t swim again for 30 years.

She may have been out of the water for the next three decades, but Nyad didn’t stray far from adventure. During the 1980s and 1990s, Nyad was an announcer for NBC’s *Wide World of Sports*, covering three Olympic Games. She wrote a memoir, a fitness



“PHYSICALLY, I’M STRONGER NOW. I WAS A THOROUGHBRED BACK THEN. NOW I’M A CLYDESDALE. I POWER THROUGH, AND NOTHING CAN GET IN MY WAY.”

training guide for women, and a biography of an NFL player; she delivered dozens of motivational speeches and wrote for the *New York Times* and *Newsweek*. In 2001, Nyad became a contributor to *The Savvy Traveler* program on Minnesota Public Radio, making trips to Borneo, Bali, and dozens of other countries.

Four years later, Nyad and long-time friend Bonnie Stoll, a former professional racquetball player, founded bravabody.com, a website devoted to providing exercise advice to women over 40.

“Too many women we know are ashamed of their bodies,” the pair wrote on the site. “We intend to lead our generation into the empowerment of feeling strong, free, and confident in every aspect of our lives.”

For Nyad, the company’s mission statement took on new meaning in 2010 when she announced she’d be attempting the Cuba swim again.

“The Straits of Florida has always loomed in my imagination,” Nyad said in June. “Growing up in Florida, I felt

that Cuba has always had a mystique.”

And though she had lost some of her sleekness and speed, she believed when she announced her rematch with the Cuba swim that her age offered advantages for pushing through the rigors of a 60-hour swim.

“Physically, I’m stronger. I weigh a lot more,” Nyad said after a training swim in Key West in June. “I was a fine Thoroughbred back then. Now I’m a Clydesdale. I power through, and nothing can get in my way.”

There are also mental advantages to being older, says Steven Munatones, an expert in open-water swimming. “What you lose in strength and speed, you gain in focus and emotional resilience, which is something you need when you’re swimming face-down in darkness for hours on end,” says Munatones.

The second time around, the Cuba swim was about more than just setting another record—it was also about resilience with age.

“I hope older people will say, ‘I want to live life like that at this age.’”



Nyad said. “Our parents’ generation considered 60 old age. I’m in the middle of middle age.”

The 30-year delay helped Nyad move past the anger that fueled her as a younger woman. “I don’t look back on my youth and say ‘What a tragedy,’” says Nyad. “You don’t ever get over that life sentence [of dealing with abuse], but I’ve reinvented myself to be happy, to take the tiger by the tail.”

In August 2011, the day had finally arrived, and there was Nyad, looking north from the shores of Havana.

It had taken two years this time just to get to the beginning—there had been money to raise (\$500,000 altogether), a team to recruit and manage, a morass of visas and permits from two governments to secure. In 2010, weather postponed the swim, and in 2011, she had waited all summer for the right conditions.

“I’m almost 62 years old, and I’m

At 62, Nyad swims as fast as many elite long-distance swimmers half her age.

standing here at the prime of my life,” Nyad told reporters the evening of August 7. “When you reach this age, you still have a body that’s strong, but now you have a better mind.”

Then she leaped feetfirst and plunged into the water wearing only a black swimsuit, a bright blue cap, and light blue goggles; she spurned a wet suit because neoprene adds buoyancy and refused a shark cage because the boats pulling the cages pull the swimmers too. (In 1997, an Australian swimmer, Susie Maroney, made the Cuba swim in a shark cage in 24 hours. Maroney’s more than four mph pace—about double Nyad’s speed—is judged by many in the swimming community to be artificial as a result.)

To deal with the shark risk, two kayaks trailing Nyad were equipped with a Shark Shield, which emitted electrical pulses that created a kind of protective fence around her. The sup-

port boat, which led a flotilla of four other boats, had shark divers who would jump in when Nyad would tread water to eat or drink (two universal rules of marathon swimmers: You can't rest by putting your hand on the boat or be touched by anyone on the boat). She also had to contend with Portuguese man-of-wars, creatures that look like giant jellyfish and haunt the sea's surface, killing their prey with lethal venom. But she didn't think about these things. A swim like this required all kinds of organization, including a particular kind that took place between her ears. Her mind would span topics. She had memorized a long list of songs, including the complete works of Bob Dylan and of Neil Young.

"I looked forward to going through all the mental tricks that I had developed over the past two years, counting [strokes] and singing," Nyad said in August. "But I never got there, because I was so engrossed in my physical distress."

About three hours into the swim, Nyad felt a sharp stab of pain in her right shoulder. She changed the angle of her stroke, talking herself through each one and telling herself to go gently until her hand caught the water, and then she'd pull and feel the pain shoot through the joint. The suffering went on all night and into the next day.

In the 17th hour, she swam over to the boat, requesting Tylenol. The crew located a pain reliever with a foreign label. Nyad took it, and

a short time later, asthma—which she'd never been prey to in the water—made her airway lock up. She lay on her back in the water, gasping for air. The doctor jumped into the water with an inhaler. Nyad rolled onto her belly and continued swimming, and then she'd turn on her back again, gasping, unable to fill her lungs. She swam into a half-mile-wide field of jellyfish and got stung all over her body. Next came nausea, vomiting, dry heaves. The idea of accepting defeat on these terms enraged her.

"I'm trying to make it," Nyad told Bonnie Stoll, according to Steven Munatones, who was on the support boat as an independent observer. "I'm barely going forward. I feel so sick."

"You're making it," said Stoll, who was also on the boat as Nyad's head trainer. "You're going forward."

Between the 23rd and 27th hours, Nyad had gone just five miles.

"This has been my dream forever, but I can barely make it another hour. I'm just dead," Nyad told David Marchant, the boat's navigator.

"You have nothing to be ashamed of," Marchant told her.

Cold, exhausted, and sick, she drew closer to the boat. Stoll saw that Nyad was suffering and wanted to comfort her. But it was up to Nyad to make the decision.

"OK, Diana, I'm going to touch you, and it's going to be over," Stoll said.

Nyad consented. And with that, 29 hours and 43 minutes after she'd

leaped into the water off the rocky Havana coast, the swim came to an end. One boat measured her distance at 56.8 miles, the other at 53 miles.

For two years, Nyad had envisioned herself walking up the beach in Key West. It had been so real in her mind's eye that she was certain it would happen, and in the aftermath of the attempt, the disappointment was keen.

“This was my time, but it wasn't my day,” says Nyad. “I have nothing to hang my head about in terms of the effort I gave, but it is heart-wrenching.”

And inspiring, for those who watched her fight. “It was the most amazing thing I've ever seen,” says Mark Sollinger, who piloted Nyad's lead boat. “She just wouldn't quit. It was more amazing to see her not make it the way she fought than if everything had gone exactly right and she'd made it the whole way.”

At a press conference in Key West less than 12 hours after being pulled—half-dead and devastated—onto the support boat, Nyad choked back tears and said, “Sometimes the will is so strong. That's the whole point of this sport—that the mind is stronger than the body. But I was shaking and freezing, and I thought, ‘There's no mind over matter anymore.’ I think I'm going to have to go to my grave without swimming from Cuba to Florida.”



“I want to live large and be proud when I look back at my life,” says Nyad.

But when Nyad returned home to Los Angeles, the pain began to fade. In its place, a familiar ambition crept in; the mystique of that fickle 103 miles of water sandwiched between Cuba's rocky coast and Florida's sands still beckoned, even as she celebrated her 62nd birthday.

“Something says to me the goal is still there,” says Nyad. “The big fairy tale is [still] there.” ■

The Road

Ahead

Middle-class families—the key to our prosperity as a country—are squeezed as never before. But we aren't powerless.

Here, 10 ideas to help us all get back on track.

BY BARBARA KANTROWITZ

PHOTOGRAPHED BY TAMARA REYNOLDS



JACOB BURRELL,
six, on his bike
in front of his
Mississippi home.



Being middle class is the very heart of the American Dream. In practical terms, it's having a job (or two) that pays enough so you can own a home and a car (or two), save for college and retirement, take a vacation once a year, and enjoy a few luxuries without worrying too much. Statistically, for a two-parent, two-child family, it's having a household income in the range of about \$50,000 to \$122,000 a year. But perhaps most important of all, it means believing, against all odds and in the face of seemingly insurmountable obstacles, that our children can have an even better life than our own.

In 2011, our faith in a brighter future, and in the power of hard work to get us there, is being tested daily. Trapped in the worst economy since the Great Depression, plagued by unemployment and a busted housing market, millions of us have turned from the great, enduring goal of getting ahead to the wearying task of merely surviving. We are saving less and borrowing more because our incomes have stagnated while our expenses have soared. Housing, health care, and transportation are all much more expensive than a generation ago. Child care is an additional burden for two-income couples, and the cost of college, public and private, has skyrocketed. All the while, talking heads discuss our plight as if we were an endangered species—and sometimes it can feel that way.

Ultimately, this crisis is about jobs—good-paying jobs that enable not just

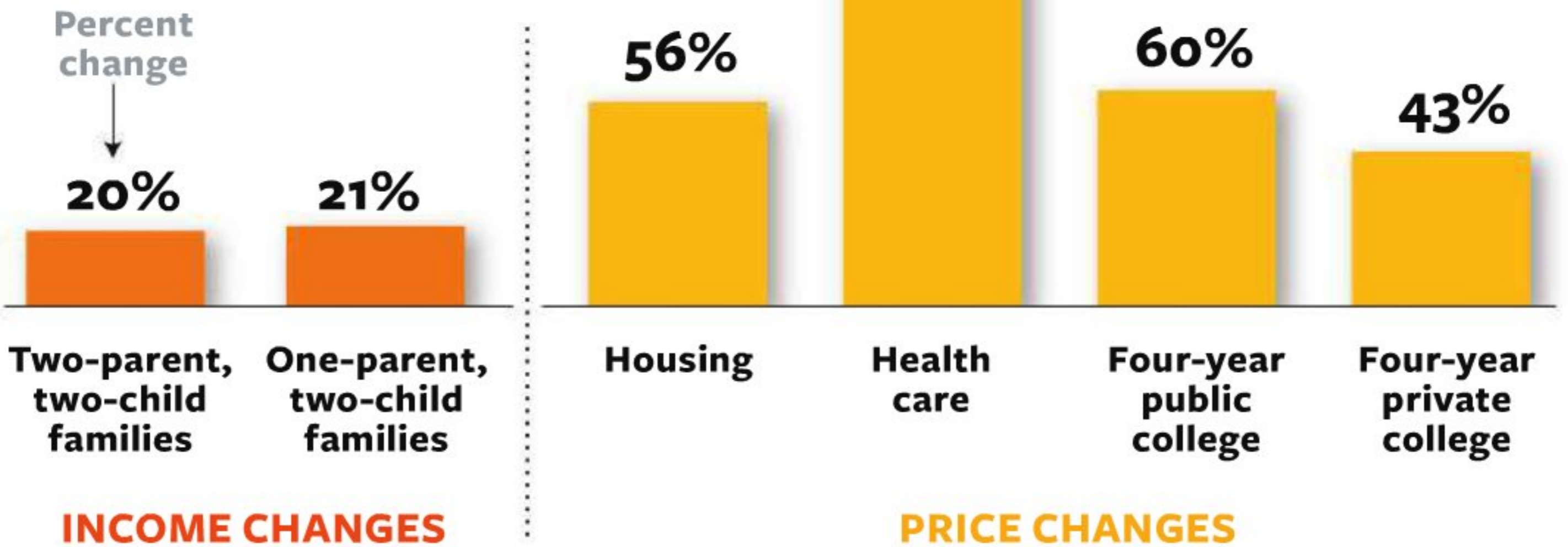
our optimism but also the growth of our economy. The looming threat is what MIT economist David Autor describes as a “hollowing out” of the job market: a growing demand for highly paid trained professionals and low-skilled, low-wage workers but declining opportunities for those in the middle, the white- or blue-collar workers in clerical, administrative, sales, and manufacturing jobs. No wonder we're living with such high anxiety.

The issues that took years to create aren't likely to be solved overnight. But we aren't powerless to rebuild. *Reader's Digest* read the studies, talked to the experts, analyzed the data, and selected ten solutions to some of our basic problems. Some of the proposals are complex and long-term, others could help right now, a few are controversial. All offer hope, and all deserve to be part of any serious conversation about the future we all share.

FALLING BEHIND

While median family income grew from 1990 to 2008, it actually stalled after 2000 and was far outpaced by the increase in expenses.

Source: U.S. Department of Commerce



IDEA 1

Teach our kids more science and tech

Job growth in science, technology, engineering, and mathematics industries over the past decade has been three times faster than growth in other fields, and people in these professions earn 26 percent more than others. In a 2010 report, the National Science Board made these recommendations: Increase ties between schools and research centers so, among other benefits, students can see scientists at work; train teachers to get younger students interested in science and technology at an early age; and do a better job of identifying students with science and math skills, especially those from lower-income backgrounds. The President's Council of Advisors on Science and Technology urges recruiting and training 100,000 math and science teachers

over the next decade and creating a national network of 1,000 schools that emphasize science and math. If we don't do it, Secretary of Education Arne Duncan has said, "the next generation will not be ready to be world-class inventors, doctors, engineers."

WILL HELP: Young people starting their careers; the United States, as we strive to compete in a high-tech-driven global economy.

WON'T HELP: Older unemployed workers without technical training.

CHALLENGES: The payoff is years away. And we'll need many more teachers with specialized skills.

IDEA 2

Remove roadblocks so companies will invest

Uncertainty about future government regulations can make companies hesitant to expand and add

jobs. Meeting existing regulations can also slow growth. One solution, according to a recent report by the McKinsey Global Institute, is the creation of “Plug and Play” enterprise zones that would be preapproved for most zoning and environmental permits. McKinsey estimates that this could “cut in half the time needed to bring a new plant online.” Another job-promoting time-saver from the same report: streamline the U.S. Patent Office. In an editorial, the *Washington Post* says the patent system “struggles under an enormous backlog, takes far too long to approve legitimate patents, and paradoxically at times blesses weak ones that undermine serious innovation.”

WILL HELP: Cash-rich companies looking to expand; inventors and entrepreneurs.

WON'T HELP: Struggling companies that are already laying off workers.

CHALLENGES: We don't really know how much regulations affect job growth; concerns about impact on the environment.

IDEA 3

Find creative ways to fund new ideas

New business ideas are the lifeblood of the American economy; innovation is essential for job creation. In the *Harvard Business Review*, Edmund Phelps, a Nobel Prize-winning economist at Columbia University, and Leo Tilman, president of the strategic advisory firm L.M. Tilman & Co., argue that the enormous pressure to pro-

duce ever-growing profit is “choking off funds for innovation.” To fix this problem, they propose the creation of the First National Bank of Innovation, a government-sponsored network of banks that would raise money around the globe to invest in new businesses here—the structure would be similar to the Farm Credit System, a nationwide network that serves farmers, rural homeowners, and other agricultural businesses. Entrepreneurs would borrow at rates reflecting the riskiness of their ventures. “Business innovation ought to be declared a public policy objective—one at least as important as boosting homeownership and agriculture,” Phelps and Tilman write.

WILL HELP: Creative entrepreneurs with strong new business ideas and their employees; smart investors.

WON'T HELP: People in need of immediate relief. It takes time to build successful companies, and many new enterprises fail.

CHALLENGES: Will Congress support a new government-sponsored banking system? And the rocky global economy has investors looking for less risk.

IDEA 4

Rebuild our infrastructure

During the Great Depression in the 1930s, millions of Americans found work through federal programs such as the Civilian Conservation Corps and the Works Progress Administration, which built highways, cleared



THE REALISTS

The Burrells, with son Jacob, six, and daughter Bryce Ann, 11, in the family truck. They have a \$55,000 household income, \$7,000 in credit card debt, and a \$950 monthly mortgage.

Making Ends Meet

It's been a bumpy decade for Jessica Burrell and her husband, Chad. In 2001, with a baby and dreams of building a nest egg, they were optimistic, despite \$11,000 in student loans and credit card debt. In 2005, their income hit a low point when Chad left the Army after two tours in Iraq, and they moved in briefly with his brother. A year later, Chad, now 36, found work as a salesman for a beverage company, and Jessica got a job as a child-care provider. In 2008, with the help of a low-interest loan program for vets, they closed on a \$159,000 home in Ridgeland, Mississippi. "We're happy to have some equity," says Jessica, 32. "But we worry about the economy and the future of our jobs."

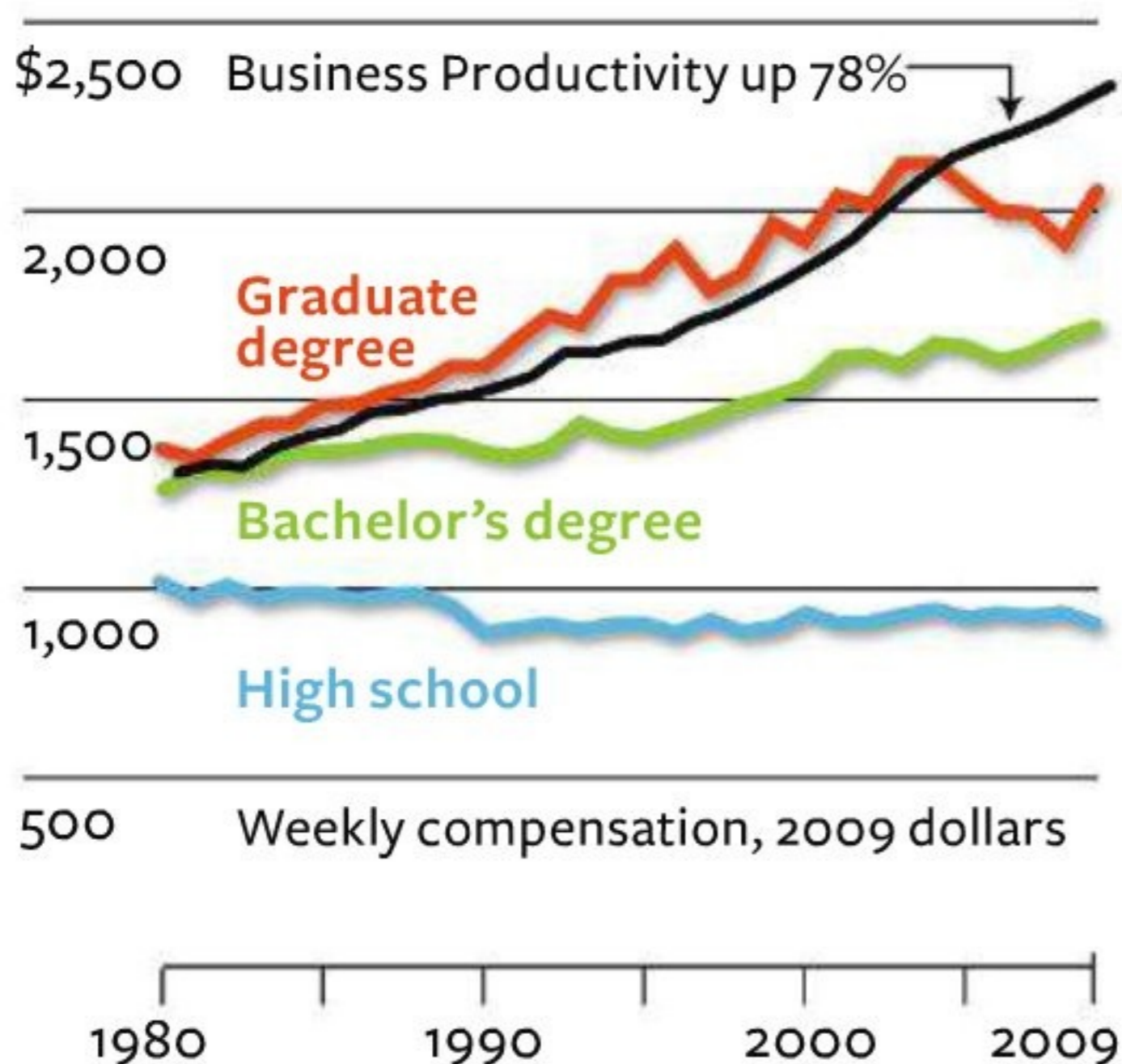
Their house has lost value due to foundation damage, but they can't afford to fix it. "Our biggest financial challenge is simply making ends meet," says Jessica. Their savings consist of less than \$500 in Chad's retirement account, slightly better than the quarter of all U.S. families with no savings. "Ideally, we'd have a retirement nest egg, money to help the children get on their feet after college, and a little extra to travel," says Jessica. "But, realistically, we just plan on repairing our house and paying off our debts." *Beth Dreher*

slums, and even painted murals in public buildings. That history inspires political economist Robert Reich of the University of California at Berkeley, who served as secretary of labor under President Clinton. “The magnitude of the current jobs and growth crisis demands a boldness and urgency that’s utterly lacking,” Reich has written. He advocates re-instituting these New Deal programs because they put unemployed people directly to work. President Obama clearly agrees with that concept. His proposed American Jobs Act includes \$140 billion for infrastructure projects that the White House says would put “hundreds of thousands of workers back on the job.”

WILL HELP: Workers of all ages be-

IT PAYS TO GO TO COLLEGE

Since 1980, median earnings for men 35 to 44 have not kept pace with the growth in productivity. Worst off: those with only a high school diploma.



Source: Adapted from Employment Policy Research Network

cause the programs give young people valuable job experience and help older workers get back on their feet.

WON'T HELP: Workers who need to improve their technical skills in order to win higher-paying jobs.

CHALLENGES: Requires billions in federal spending. Is Congress willing to support a larger economic role for government?

IDEA 5

Support community colleges

Every year, more than a third of U.S. workers change jobs, and more than 30 million Americans are working in newly created jobs. Many are also in occupations that didn't even exist five years ago, such as social media coordinator. One of the best ways to meet the need for constant training is community colleges. “They're a linchpin,” says Davis Jenkins, senior researcher at the Community College Research Center at Columbia University. “Community colleges do so many things and work with so many people.” Community colleges can partner with local industries to keep workers' skills current and attract new business to a region. Community colleges also help people who cannot afford more expensive four-year schools. Programs that provide one- or two-year certificates in technical areas, such as engineering or health care, can really pay off. Twenty-seven percent of certificate holders earn more than people with a bachelor's degree. Certificate hold-



THE SELF-STARTER

Regina Mason—with (from left) children Joe, 25, Travis, 29, Tom, 22, and Rebecca, 18—puts in 12-hour days at her bakery. She has one full-time and one part-time employee and hopes to add more.

A Taste for Reinvention

Regina Mason opened the Virago Baking Company, an organic pastry shop in Lansdale, Pennsylvania, in 2007 after being laid off from a food-services industry job that paid \$50,000 a year, her third layoff in a 30-year career in the field. “A financial planner told me I could invest in stocks, or I could invest in me,” says Mason, 55. Opening Virago took about \$60,000, which Mason cobbled together with a bank loan and personal savings. Her expenses, \$8,700 a month, include loan repayment, baking supplies, rent on the shop, a home mortgage, health insurance, and credit card bills. Though the recession brought a serious decline in small business start-ups, Mason’s bet on herself is paying off. Her bakery is set to do about \$150,000 in sales this year.

As a divorced mother of four, Mason knows how to make a dollar stretch. “We always felt middle class because we always had enough,” says Mason. “I think middle class is more about how you feel about where you are rather than your bank account.” She has about \$10,000 in savings and a 401(k), but retirement is not on the menu. “I feel most alive when I can create something,” she says. “Retirement seems like stopping.”

Joan Raymond

Middle Class in 2020?

What are the middle-class jobs of the future? A selection, with average salaries, of some professions that are growing, others that are stable, and some that are disappearing.

ON THE RISE

Physician assistant	\$81,200
Biomedical engineer	\$77,400
Network systems analyst	\$71,100
Nurse/RN	\$65,500
Web editor	\$58,500
Accountant	\$52,600
Computer support specialist	\$43,500
Athletic trainer	\$40,000
Heating and refrigeration technician.....	\$38,200

HOLDING STEADY

Teacher	\$53,900
Police officer	\$50,000
Graphic design specialist.....	\$47,500
Car mechanic	\$34,000

ON THE DECLINE

Postal service processor	\$50,000
Steelworker	\$48,700
Semiconductor processor	\$32,200
Machine operator	\$31,200

Fran Lostys

Sources: U.S. Department of Labor; salary.com

ers in engineering, for example, earn around \$47,000 annually.

WILL HELP: Older workers looking for retraining and younger workers who don't want or are unable to afford a four-year degree; employers facing a shortage of skilled workers.

WON'T HELP: People whose high school education hasn't prepared them for higher-level studies.

CHALLENGES: Many states have cut funding to community colleges.

IDEA 6

Forgive more homeowners

More than 28 percent of American homeowners with mortgages owed more than their houses were worth early this year, according to the real estate website Zillow. Former New York governor Eliot Spitzer calls this "a continuing and incendiary crisis" that is "dragging down our economy, creating a downward spiral of foreclosures and abandonment." Writing for *Slate*, Spitzer says the administration and the Federal Reserve should insist that banks that have benefited from taxpayer subsidies reduce any mortgage exceeding the value of the house. Homeowners would then have more money to spend, which would boost the economy, Spitzer says. This would also mean that homeowners might be able to move if they wanted to, and the housing market could stabilize at a new level. The banks could benefit long-term by sharing in the profits if owners sell their houses for more than the reduced value. But in

the short term, saving underwater homeowners could help the banks because it would mean fewer foreclosures, fewer abandoned houses and blighted neighborhoods, and fewer houses on the market.

WILL HELP: Homeowners who bought houses at inflated prices during the boom years.

WON'T HELP: Homeowners whose homes aren't underwater but are still struggling to pay their mortgages.

CHALLENGES: The housing crisis is huge and keeps getting worse. No single fix will solve it.

IDEA 7 Give a bigger tax break for child care

Millions of two-career families and single parents rely on child care to maintain a middle-class lifestyle, but the price tag is high. In the past decade, the cost of child care has grown much faster than inflation and twice as fast as the median household income. The annual cost of full-time care in a day-care center ranges from about \$4,500 in Mississippi to nearly \$16,000 in Massachusetts. Home-based care is less expensive but still a strain on many family budgets. And the strain doesn't end when children enter school. Before- and after-school care for older children generally costs more than \$4,000 a year.

"The cost of child care is largely borne by parents," says a recent report from the National Association of Child Care Resource & Referral Agencies. "Unlike the cost of higher

education, there is no system of public financing to make child care more affordable." Under current rules, families with incomes below \$15,000 can get a 35 percent tax credit, which phases down to 20 percent for families with incomes above \$43,000. The White House Task Force on the Middle Class proposes that all families with incomes up to \$85,000 get a 35 percent tax credit, which would help many more families. The task force estimates that the maximum credit for a family making \$80,000 with two children would increase from \$1,200 to \$2,100. Under the proposal, most families earning up to \$115,000 would also see some increase in their child-care tax credit.

WILL HELP: Families with younger children who need two incomes, as well as single-parent households.

WON'T HELP: Families in communities where child-care options are limited.

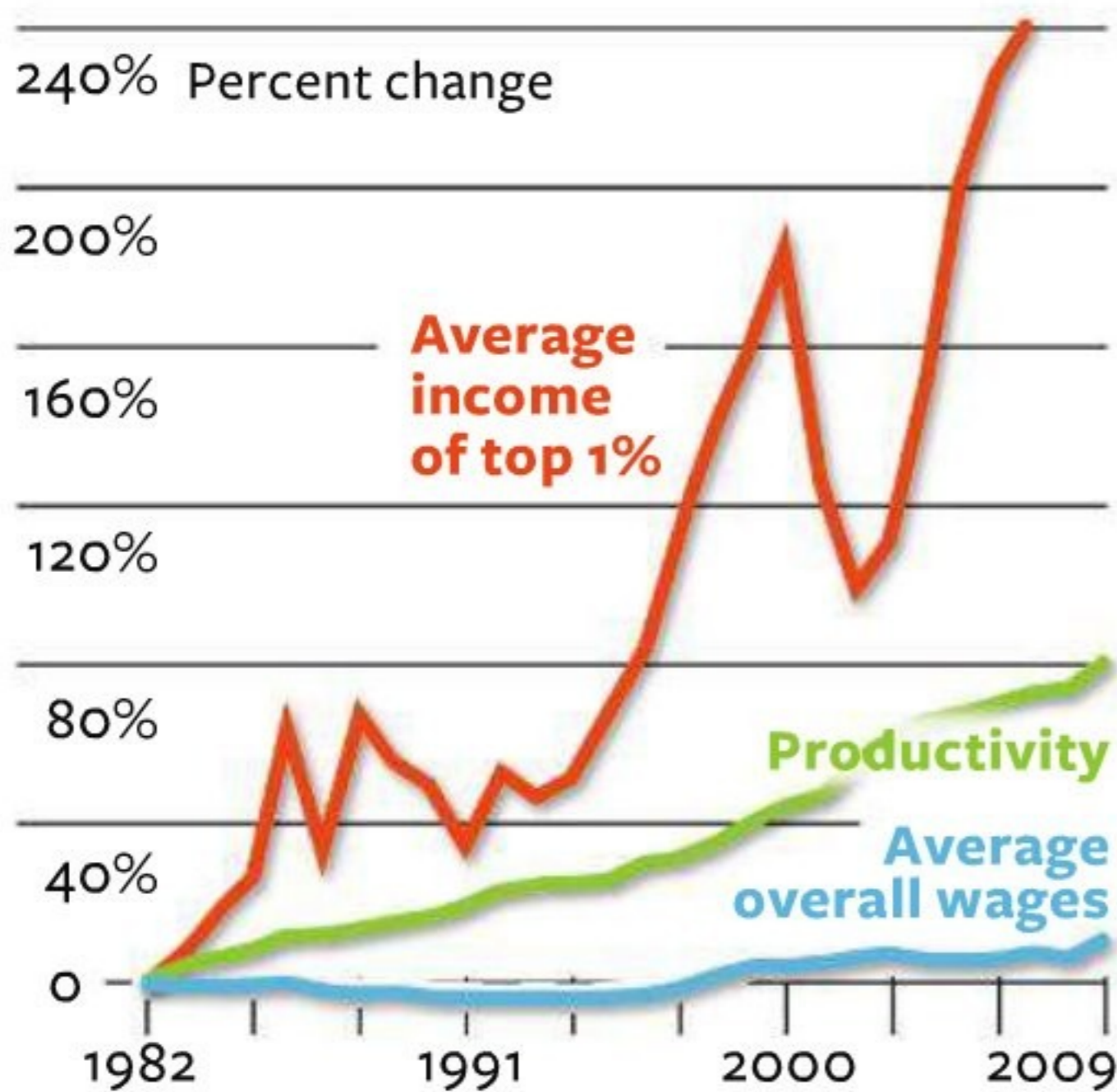
CHALLENGES: A tax break is nice, but there simply isn't enough good, affordable child care out there. We need to create more of it.

IDEA 8 Make it easier to pay for college

The single most effective way to reach or stay in the middle class is to have a postsecondary degree. People with a bachelor's degree now make 84 percent more over their lifetime than people who have only a high school diploma. But students from middle-income families are half as

THE RICH GET RICHER

Productivity has grown steadily, the wealthy have reached new heights, but wages have stayed flat.



Sources: Congressional Budget Office; Economic Policy Institute

likely to graduate as students who come from families in the top fifth. Many of those who do graduate have huge loans; more than two thirds of students earning diplomas from four-year colleges and universities graduate with debt, with the average amount in 2008 over \$23,000.

In a recent *Huffington Post* article, Brittany Baker, a 2011 graduate of Allegheny College, wrote about her college debt: “I have so many loans—subsidized and unsubsidized, Perkins and PLUS—at so many different and variable interest rates that I can’t keep them straight or find them all listed online in one clear, concise venue.” For most families, federal aid is the best option, but many families find the application process daunting and

don’t get all the money they could. Recent improvements to the notoriously complex Free Application for Federal Student Aid (FAFSA) reduced the number of questions and made it easier to transfer IRS data electronically, but more changes are needed to make securing aid less cumbersome. Another idea that could help: expanding the American Opportunity Credit, a tax benefit that provides up to \$2,500 a year for tuition, certain fees, books, and supplies. Congress has extended it to 2012, but many education experts would like to see it become permanent, giving families up to \$10,000 in tax relief over four years.

WILL HELP: Students and families seeking financial aid for college.

WON’T HELP: Recent grads, who still carry huge debt.

CHALLENGES: Improvements in financial aid don’t address the larger issue: the ever-soaring cost of college, public and private.

IDEA 9

Make it easier to save for retirement

A generation ago, many workers had employer-provided pension plans to supplement their Social Security. They were also more likely to save than the current generation. Now millions of workers rely on their own financial savvy to plan for retirement, choosing among such options as IRAs and 401(k) plans. It’s a risky business, and many workers freeze—and lose years of savings as a result. One solution that has won



THE RETIREES

Sebastian and Gina Caliri, here with son Ron, made around \$86,000 a year when they were both working. They were able to save, but family health problems shattered their retirement dreams.

Just Trying to Hold On

In 2003, Gina Caliri retired earlier than planned from the United States Postal Service, at age 64. Her mother, who lived in France, needed care and soon had a stroke. At the time, Gina and her husband, Sebastian, had about \$95,000 in savings and an additional \$50,000 in stocks. In four years, Gina made 12 trips between Sacramento, California, and France. The Caliris' savings and 401(k) were weakened by the costly airfare, home repairs, and several stock investments that turned out badly. Then, in 2005, Sebastian, now 78, suffered a stroke of his own. With hefty medical bills and no income besides their pensions and Social Security, they eventually lost their home to foreclosure in 2007. Their plight was no less painful for being common; more than 60 percent of U.S. bankruptcies are caused by medical bills.

They rented a house in Plumas Lake, California, and in 2008, their son, Ron, now 49, who was diagnosed with a rare blood disease, lost his job and moved home. Gina and Sebastian both need dental care but cannot afford it. "I was always middle class," says Gina, now 73. "To be honest, that's a term I never even thought about until I was slipping out of it."

Natalie van der Meer

support from both conservatives and liberals is automatic enrollment in IRAs or 401(k) plans.

“Automatic enrollment makes saving easier, and it also reduces the chances of people making mistakes in their investments,” says David John, a senior research fellow at the Heritage Foundation. Another way to help people now in their 20s and 30s is to increase the age at which people are eligible to receive Social Security benefits. Because of the recession and generally longer life spans, many baby boomers are already working well into their 60s. John argues that pushing the retirement age up to 70 by 2035 is an excellent way to ensure that future generations will be able to rely on Social Security without massive tax increases. “Social Security has run into cash flow problems, and they are only going to become greater,” says John. “The longer we wait to deal with them, the more expensive they are going to be.”

WILL HELP: Younger people who are just beginning their careers.

WON'T HELP: Older people who haven't planned for retirement and don't have enough money put away.

CHALLENGES: Messing with Social Security is always politically risky.

IDEA 10 Reform the tax system

Boston University economist Laurence Kotlikoff wants to overhaul the way we finance the federal government to make the system fairer to all,

including middle-class taxpayers. “The public is fed up, and they're waiting for answers,” Kotlikoff says. The first step in what Kotlikoff calls the Purple Tax Plan (to unite red and blue states): reforming the payroll tax to make it less regressive. Kotlikoff advocates levying the employee portion of the tax only on earnings above \$40,000 and eliminating the ceiling, which is currently \$106,800. He would also replace personal income taxes with a federal sales tax of 17.5 percent. To lessen the blow such a tax would impose on lower-income families, Kotlikoff proposes a monthly payment to every household, based on size and income, which would essentially reimburse poorer families and put most of the burden on richer households. A third prong of his plan would levy a 15 percent tax on all inheritances and gifts above \$1 million. Kotlikoff's plan also calls for eliminating the corporate income tax to make the United States an investment haven.

WILL HELP: If all the parts of this plan were enacted, Kotlikoff says everyone would benefit.

WON'T HELP: The people who exploit current loopholes, who will lose those advantages.

CHALLENGES: Massive tax reform requires Democrats and Republicans to work together; that seems unlikely at the moment. Dumping the income tax for a federal sales tax is an idea that has failed repeatedly to gain traction.



THE OPTIMISTS

**The Hallums—
(from left) Tyler,
eight, Pamela,
Frank, Tyson,
eight, and Lauryn,
ten—moved from
Texas to Georgia
for Dad’s job.
They spent all
but \$4,000 of
their savings but
managed to avoid
credit card debt.**

Faith in a Better Future

Frank Hallum lost his job in 2008 and not one but two houses in 2009. His wife, Pamela, 45, lost her insurance adjuster job this past July. But the married father of three young children and stepfather of two grown sons remains optimistic. “It’s the hope in the middle class,” says Hallum, 45. “You can taste it. You can feel it. You can grasp it. You haven’t got a good hold on it, but you’re right there.”

From 2004 until his layoff in 2008, Hallum worked as a technician on the rail system at Dallas–Fort Worth airport. During the housing bubble, he bought an investment property. When the recession hit and he lost his job, he could no longer handle the two mortgages. He sold his family home and lost the rental property to foreclosure, a fate that befalls 1 out of every 200 homes in the U.S. In December 2010, through contacts in the entertainment industry, he landed a job with radio host Steve Harvey. The Hallums rent their current home. Frank, who makes around \$90,000 a year, sees himself as solidly middle class—and wants to move higher. “You don’t look at the middle and want to go backward,” he says. “You look at the middle and want to get better.” *Karen Springen*

“It means living a good life...”

What does it mean to you to be middle class? We asked our Facebook fans that question, and the response was overwhelming, with hundreds of people sharing their feelings of anger, resolve, and optimism. A sampling:

It means struggling, day to day, to make ends meet. It means always working just to break even.

Michelle Grantom-Landgra

To me, it means living a good life. I have enough to pay my bills, pay my mortgage and insurance, and take very modest vacations. If I stay this way, I'll never be wealthy, but I'll never go hungry either.

Jo Anna Wallace

There is a perception that people who are no longer in the middle class are helpless and lazy, but that is not the case. We work very hard and work more than one job and go to the food bank to barely get by and feed our children. Emotionally, since letting go of the

middle-class dream and the fear of losing it, I am more at peace and feel an enormous burden has been lifted. I am not saying that I would not like to be wealthy, but the fear of losing everything is not there anymore.

Kathryn Hansen

What middle class?

There's the top 2 percent and the rest of us.

Charles Davis

The American middle class is just as much a state of mind as it is having money. It's knowing you live in a safe and clean community where your kids can get a good education. It has to do with a work ethic that was passed down from those who survived the Depression.

George Ross

I think it's stability.

We've been able to stay in the same house for the past nine years in a safe neighborhood, and we hope we'll stay here throughout our daughters' childhoods. It means the appearance of having it all together but not taking it for granted. It means careful planning and making choices about what's important and letting the rest go.

Dawn Freeman Schulte

Being middle class means my children will go to college (probably with loans) and that they will work as hard as we have to make this country a better place, strive for justice, be color-blind and without prejudice, and put their family first. It also means that they will not look for anyone to blame



Tyler Hallum in his bedroom, at home in Marietta.

for missed opportunities, they will not expect government assistance, and they will know that success or failure is theirs to claim.

Meg Newell

Middle class in America is what we were two years ago when we both had good-paying jobs. We worked hard and played harder. Middle class was being smart enough to put aside for the rainy day and being reluctant to dig into it now that it is pouring.

Middle class is worrying what the next 15 years will be like without a job or insurance before what is left of Social Security kicks in.

Dawnmarie McDougald

It means you can have dessert for every meal—not that you should, however.

Marcia Swenson Clay

Middle class is like bologna in a sandwich; you are bitten from both bottom and top. Humor

aside, we of the middle class are what makes the rest of the classes function.

Arlie D. Wood

It means tightening your belt, cutting out extras just to maintain. It means working hard and teaching your children the benefits of hard work. It means keeping what you make, not supporting other people who refuse to contribute. It means electing a government that is *of* the people.

Susan Ayers

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SEE THE WORLD
DIFFERENTLY





<<Twice

It looks like a nifty mosaic, but it's really a turkey breast—just not the kind you're used to seeing on your plate. Unlike the North American wild turkey that we know and love to eat, the iridescent ocellated turkey resides primarily in the Yucatán Peninsula and is thankful to live far, far away from your grocery supplier.







Chubby

Calvin Trillin recalls an embarrassingly happy childhood (and a long-gone dog) in this entry from his just-published collection of funny stuff



ILLUSTRATED BY JOHN CUNEO

It's common these days for memoirs of childhood to concentrate on some dark secret within the author's ostensibly happy family. It's not just common; it's pretty much mandatory. Memoir in America is an atrocity arms race. A memoir that reveals incest is trumped by one that reveals bestiality, and that, in turn, is driven from the best-seller list by one that reveals incestuous bestiality.

When I went into the memoir game, I knew I was working at a horrific disadvantage: As much as I would hate this getting around in literary circles in New York, the fact is that I had a happy childhood. At times, I've imagined how embarrassing this background would be if I found myself discussing childhoods with other memoirists late at night at some memoirist hangout.

After talking about their own upbringings for a while—the glue-sniffing and sporadically violent grandmother, for instance, or the family tapeworm—they look toward me. Their looks are not totally respectful. They are aware that I've admitted in print that I never heard my parents raise their voices to each other. They have reason to suspect that I was happy in high school. I try desperately to think of a dark secret in my upbringing. All I can think of is Chubby, the collie dog.

“Well, there's Chubby, the collie,” I say, tentatively.

“Chubby, the collie?” they repeat.

We owned Chubby when I was two or three years old. He was sickly. One day Chubby disappeared. My parents told my sister, Sukey, and me that he had been given to some friends who lived on a farm, so that he could thrive in the healthy country air. Many years later—as I remember, I was home on vacation from college—Chubby's name came up while my parents and Sukey and I were having dinner. I asked why we'd never gone to visit him on the farm. Sukey looked at me as if I had suddenly announced I was thinking about eating the mashed potatoes with my hands for a while, just for a change of pace.

“There wasn't any farm,” she said. “That was just what they told us. Chubby had to be put to sleep.”

“Put to sleep!” I said. “Chubby's gone?”

Somebody—my mother, I think—pointed out that Chubby would have been gone in any case since collies didn't ordinarily live to the age of 18.

“Isn't it sort of late for me to be finding this out?” I said.

“It's not our fault if you're slow on the uptake,” my father said.

I never found myself in a memoirist gathering that required me to tell the story of Chubby, but, as it happened, I did relate the story in a book. A week or so later, I got a phone call from Sukey.

“The collie was not called Chubby,” she said. “The collie was called George. You were called Chubby.” ■

YOU ONLY LIVE TWICE

On a cold Minnesota morning, Howard Snitzer collapsed on a sidewalk. Ninety-six minutes later, he still didn't have a heartbeat. Here's how he survived.

BY GARY SLEDGE





Howard Snitzer can thank girlfriend Tammy Ryan for moving to Goodhue.

With a population of 1,176 and no traffic light, Goodhue, Minnesota, is a speck of a town, 30 miles from the closest city, Rochester. Luckily for Howard Snitzer, he found it.

The 54-year-old chef moved there late in 2010 to be with his girlfriend, Tammy Ryan, after being laid off from his restaurant job. He stayed busy fixing up their house and trying to shed some of his 220 pounds. With Ryan's encouragement, he exercised regularly at a gym. She didn't want him to end up like her late husband, who had died of a heart attack in 2004.

On the afternoon of January 5, 2011, Snitzer was home fresh from a work-

his green 2001 Toyota Highlander and headed for the store.

Minutes later, he died.

Al and Roy Lodermeier, owners of Roy N Al's Auto Services in Goodhue, are closing up shop for the day. The brothers are longtime residents and have served for decades as volunteer firefighters. Neighbors are always coming by to shoot the breeze, so they are not surprised when a friend barges into their back room. This time, though, the news brings the brothers up short.

"Someone's collapsed outside Don's!"

The brothers rush outside. Across the street, a stranger is stretched out on the sidewalk near the entrance to Don's Foods, next to the Coke

"In the first aisle, next to the peanut butter, I see Al and Candace working on this guy."

out. Still in his gym clothes, he made a salad and popped two tuna steaks into a marinade to be grilled later.

Halfway through painting a bathroom, he remembered that the gas grill was out of propane, so he made a run to the grocery store to fill the tank. It was 11 degrees outside, but the errand would take only a minute. He didn't even bother to pull on a pair of pants over his shorts. He jumped into

machine. Another friend, Candace Koehn, is bent down trying to rouse him. Two thoughts cross the brothers' minds. First: Why is this guy wearing gym shorts in freezing weather? Second: This is no mere slip on the ice. The man is not breathing.

Roy races to the fire hall 30 yards up the street to bring the rescue truck, which holds oxygen and a defibrillator. The survival rate for cardiac arrest victims outside a hospital is low—only 5 to 10 percent live. But if ventricular fibrillation (V-fib) has

IPAD EXTRA To watch an interview with patient and rescuers, download the *Reader's Digest* magazine app from the iTunes Store.



Roy and Al Lodermeier were among the first to help Snitzer.

caused the arrest and if good emergency medical help can restore heart rhythm within 30 minutes, the survival rate rises to 30 percent.

Without oxygen, though, the brain begins to die within five minutes. They have to start cardiopulmonary resuscitation. But there's a catch: Successful CPR treatments rarely, if ever, last longer than 45 minutes. It is 4:57 p.m. What these first responders don't know is that they have until 5:42 at the latest to stabilize Howard Snitzer and get him to the Mayo Clinic in Rochester, the nearest hospital capable of handling such a serious case.

"We got to get him inside," Al says to Koehn. He hoists Snitzer up under the armpits while she grabs his cold,

bare legs. Together, they frog-step the heavy stranger into Don's Foods.

***4:59—43 minutes left:** Goodhue EMT Jeremy Schafer ambles into the store. He has just parked the school bus he drives and is about to buy buns for dinner. "When I walked in, I got a big surprise," he says. "Right there, in the first aisle, next to the peanut butter, I see Al and Candace working on this guy." Schafer immediately joins them.

5:00—42 minutes left: Roy pulls the truck up in front of the store and rushes inside carrying the oxygen tank and the defibrillator. Most people think cardiac arrest means the heart just stops. But sometimes it means a heart is beating too fast or erratically—that is, fibrillating—thereby preventing the ventricles

**Some times are approximate.*

from pumping blood to the lungs. The only way to save a victim is to stop the fibrillation. Al grabs an Ambu bag, a manual oxygen pump, and places it over Snitzer's mouth and nose. With oxygen flowing, they start chest compressions to force it into his lungs and, they hope, through the bloodstream and to his brain. They are doing the job Snitzer's heart can no longer perform.

5:01—41 minutes left: Now hooked up to the defibrillator, Snitzer lies vulnerable and inert. For a moment, CPR stops, and the first shock from the defibrillator shakes his body. His heart flutters—but fails to sustain a regular beat, so they resume CPR.

will take their turn. Snitzer finally encounters a little luck: Many of the first responders are either home or returning home. Had he suffered his heart attack a few hours earlier, they would have been at work.

5:03—39 minutes left: Two 911 calls are relayed to flight operations at the Mayo Clinic in Rochester: man fallen, cardiac arrest, CPR in progress. The weather has been bad all day and the helicopter grounded. But conditions have improved enough for a crew to chance it.

5:06—36 minutes left: Dave Schaller, a Zumbrota medic, is working on Snitzer. "Doing CPR is a very personal, intimate thing," Schaller ex-

“Doing CPR is a very personal, intimate thing. I’ve seen medics cry while working.”

5:02—40 minutes left: Sirens are blaring outside—it's the other Goodhue fire department regulars, soon to be followed by EMTs and paramedics from nearby Zumbrota and Red Wing. They will all be needed. CPR is often too physically exhausting for one person to perform alone for an extended period. The required pace is an unrelenting 100 chest compressions per minute. Each push must be fast, deep, and hard. The responders will each go for two minutes until their hands cramp and their muscles ache, then someone else will jump in. One by one, 23 men and women

plains. "You are right there over a victim, your hands over his heart, your face over his. It's not easy. Old people are soft. Children are fragile. Sometimes you break ribs in the process. I've seen medics cry while working."

Snitzer's is an unusual case. "He was a big guy, big chest," Schaller recalls. "I felt resistance, like pushing on bagpipes or a cushion. But as much as we worked, his heart didn't come back into rhythm."

5:20—22 minutes left: In Rochester, flight nurse Mary Svoboda climbs into the helicopter *Mayo One* and takes a seat behind paramedic Bruce



**The Mayo Clinic's
Bruce Goodman
and Mary Svoboda
feared Snitzer
wouldn't live.**

Goodman. The flight to Goodhue is 30 miles—14 minutes—away. Once airborne, the two review the case, concluding that they “will probably not have to transport.” That is, they will not have a living patient to take back.

5:23—19 minutes left: Paramedic Tony Korder, from Red Wing, is starving. It is getting late, and he hasn't eaten in a while. But he puts thoughts of dinner aside and keeps performing CPR until he tires. “Switch me!” he shouts. Another volunteer moves in. “I got it,” he says as he seamlessly replaces Korder. Another man gets ready to spell him. “I'm next,” he says quietly. Without being told, three more line up behind him. Dave Schaller calls up an app on his iPhone that runs a metronome. He sets it for 100 beats per minute to keep the CPR up to speed.

5:28—14 minutes left: Twenty minutes earlier, Gary Albers, a Zumbrota EMT and county maintenance worker, was home preparing dinner for his two kids and quizzing them on their day. “‘What did you learn?’ I asked them. ‘Nuthin,’ they said.” Now he is waiting his turn to give Howard Snitzer CPR. In his experience, no one has ever survived in this condition. But that doesn't stop him from giving Snitzer CPR a total of five times. Whatever the outcome, when he gets home, he won't tell his family about this case. He and the others consider it a violation of the patient's privacy.

5:32—10 minutes left: The grocery store is crowded with EMTs and paramedics as well as curious employees. Since the crew from Mayo will arrive soon, Snitzer is placed on a gurney and wheeled to the more spacious firehouse.

5:34—8 minutes left: The chopper touches down in the firehouse parking lot, and the Mayo team takes charge. The first responders have done all the right things: They started CPR only minutes after Snitzer collapsed. They shocked him four times. They used an Ambu bag to provide oxygen—Al Lodermeier is still at it. And the patient is expelling CO₂, which means the CPR is working and oxygen is circulating. All good. But they couldn't insert an air tube into Snitzer's throat, because his teeth were clenched tight. Svoboda needs to get his jaw loose so Goodman can insert the device. Goodman instructs Schaller to use an electric drill with a needle at its tip to penetrate Snitzer's shinbone. An IV line is then inserted into the vein-rich tibia to provide a direct route for sedatives and other medications. Some in the room gather around, watching intently and quietly, careful not to interfere.

When the sedatives take effect and Snitzer's jaw relaxes, Goodman has the difficult task of fitting a Combitube down the esophagus and into Snitzer's airway. Once the tubes are inserted, Goodman turns on the oxygen.

5:36—6 minutes left: With Snitzer now getting a rich supply of oxygen, Svoboda administers epinephrine followed by amiodarone, a drug that combats rapid, irregular heartbeat. She also gives him another jolt from the defibrillator.

5:37—5 minutes left: Snitzer's heart jumps to rhythmic life. Then, like a car engine flooded with gas, it sputters,



hesitates, and stops. Snitzer can't be taken to Mayo until his heart is beating on its own—there isn't enough room in the chopper to perform CPR. So the volunteers keep queuing up four at a time to wait their turn. One of them points to Snitzer's gym attire and deadpans, "That's what exercise will do to you."

5:40—2 minutes left: Goodman—well aware of the 45-minute CPR limit—calls Mayo for help. An ER physician advises him to give the



Dr. Roger White, Snitzer, and some of the men and women who saved Snitzer's life.

COURTESY MATTHEW MEYER/MAYO CLINIC

patient another dose of amiodarone, then shock him once more. If that doesn't work, he tells Goodman, stop treatment.

5:42: The team gives Snitzer one more dose of amiodarone and another shock to the heart. Once more, he lies still, his heart unable to beat without help.

The score of volunteers say little. The younger volunteers, for whom all of this is still new, hang back, nervously shuffling around, massaging

the cramps out of their hands—whatever they can do to keep themselves occupied. One man is visibly upset. A close relative has just died of a heart attack, and this is all too soon for him.

The 5:42 deadline has come and gone. Kneeling by Snitzer's head, Goodman asks aloud, "Is anyone else uncomfortable walking away from this?" Everyone says yes. Goodman picks up the phone again. There is one last person to reach out to.

5:55—13 minutes over: Dr. Roger White, a cardiac arrest specialist at Mayo, is home entertaining a friend when his phone rings. “We can’t get this guy out of V-fib,” Goodman tells him. White listens as Goodman explains the case. He has seen hundreds of similar cases. Most ended badly—in death or in brain damage.

“It sounds like a clot in the LAD [left anterior descending artery],” he says. The clot has stopped blood from being expelled from the left ventricle and has sent the heart into fibrillation. Because of the sudden, massive heart attacks that ensue, LADs are known as widow makers.

were pessimistic about his chances, no one wanted to give up as long as he showed some signs of responding.”

6:27—45 minutes over: Goodman calls White for the fourth time: “He’s still in V-fib. We can’t stop it.”

“Then give him a double dose of amiodarone,” White says. “Continue CPR, and give him one more shock.”

6:31—49 minutes over: Svoboda gives the injection. Hands cease the relentless rhythm of chest compression. Then the team from Mayo shock Snitzer for the 12th and final time.

Nothing. Resigned to the inevitable, Goodman asks the assembled EMTs and paramedics, “Is there any-

One volunteer shakes his head: “My God, I don’t believe he’s still hanging in there.”

They’ve brought grief to the wives of novelist John Gregory Dunne and newsman Tim Russert.

An awful situation suddenly gets worse. Such a clot can be removed only in an operating room. But Snitzer can’t be transported until his heart is beating on its own. So they keep working on him.

“So often we do CPR for the benefit of the family who are surrounding the victim because we know the chances are slim that he or she will survive,” says Sonia Stehr, a Zumbrota EMT who works for IBM. “But this man had no one there, and no one knew who he was. We were it, and though we

thing more we can do for this guy?” The question is standard medical protocol, a step on the way to stopping treatment and pronouncing the patient dead. The firehouse is silent.

6:32—50 minutes over: Men and women pack up equipment. Snitzer lies on the backboard, as lifeless as when they had begun their labors. His body is surrounded by spent IV tubes, packaging, and needles. Blood from his IVs has pooled on the floor. Seconds tick by in silence.

6:33—51 minutes over: The heart monitor beeps. It beeps again, then keeps on beeping. Snitzer’s heart has surged to life, beating on its own.

“Let’s fly, let’s go!” shouts Goodman. Snitzer is quickly wheeled onto *Mayo One*. As the helicopter lifts off amid muted sighs of relief, one volunteer shakes his head: “My God, I don’t believe he’s still hanging in there.”

At Mayo, White’s diagnosis proves correct. The patient’s heart has an obstruction in the left anterior descending artery, and the clot is pulled.

Five days later, Goodman checks the hospital computer to see how his former patient has fared. To his surprise, Snitzer was released from intensive care and into a general ward. But Goodman has no illusions. Snitzer, he suspects, is in a vegetative state. Curious, he visits Snitzer’s unit and finds the bed empty. I was wrong, he thinks. He’s dead.

Then he hears voices across a hallway. Three middle-aged men are sitting in the lounge area chatting. One of them is in pajamas. It’s Snitzer—coherent and alert. Goodman is astounded.

“I owe you guys,” says a beaming Snitzer.

Goodman deflects the compliments. All those volunteers, he says, “they saved you.”

“Why did you do it? Why did you keep working on me?”

“I don’t really know.”

According to the Mayo Clinic, Howard Snitzer survived without a pulse “in an out-of-hospital arrest with a good outcome” longer than anyone—anywhere—ever has. Since his ordeal, he’s back in Goodhue and back to normal. Better, really, thanks to a quadruple bypass. He even reunited with his rescuers. Dr. Roger White was there. White took one look at a grinning Snitzer and wept.

Snitzer knows he can never repay those men and women. So the chef is doing the next best thing. “I’m going to feed you until you beg me to stop,” he told them. In February, he baked a heart-fibrillating triple-chocolate mousse torte and a chocolate-chip macaroon pie for his rescuers. In May, he made mustard-crusting pork loin and sweet potato dauphinoise. In August, smoked spare ribs, jicama slaw, and “drunken beans,” pinto beans simmered in beer.

“I love these guys,” he says. “And there’s a rumor that firefighters like beer.” ■

AT LEAST THEY HAD A GOOD EXCUSE

Anthony Miller was acting oddly, even for a robber, when he entered a bank in Ephrata, Pennsylvania. He drew his BB gun, demanded money, and then asked the teller to call the police. Miller later explained that he wanted to be arrested so he could get away from his wife. It worked. He was sentenced to three to six years in prison.

Source: Associated Press

The Birth Of a Family

What's a single white guy doing with three Mexican kids? Making a loving family—and showing how foster adoption can work.

BY DAVID MARIN

● FROM *This Is Us: The New All-American Family*

PHOTOGRAPHED BY LORI STOLL





**Craig, Javier, David,
and Adriana Marin in
Big Sur, California—
one of the family's
favorite places.**

David Marin was in his early 40s, longing to be a dad. “I’d led an interesting life,” he writes in his new book, “traveled to 11 countries, jumped out of airplanes, graduated from law school, and I’d had three holes in one.” But as a divorced single man, his dream of raising kids eluded him. “At night, I imagined the worst: sitting alone and retired ... watching families drive by.” Marin decided to adopt from foster care. Although more than 500,000 kids are in the foster system in the United States—one quarter of them available for adoption—the process of winning approval proved arduous. Marin, who was vice president of advertising at Pulitzer Newspapers in Santa Maria, California, endured miles of bureaucratic red tape, vetting by two counties, three rounds of fingerprinting, and frustrating delays (a required home-safety class, for instance, was postponed twice). In September 2003, 14 months after he’d first made inquiries about adoption, Social Services called him about three siblings (from the same mother, different fathers—all felons). In December, Marin met the kids. Then came a month of “Family Practice”—weekend and evening visits, with follow-up calls to a social worker.

Finally, on February 27, 2004, Marin brought home Craig, two; Adriana, four; and Javier, six, for good. The new family was often met with stares and suspicion (one woman at a restaurant where they were eating called the police, worried that Marin was doing something inappropriate). But the hurdles of this adoption were nothing compared with its joys, says Marin. In this excerpt, he writes about the challenges with his youngest child, Craig, and how, together, he and the kids overcame them.

Craig’s life was a cartoon. He was the prey, like Jerry the mouse running away from Tom the cat, or the Road Runner chased by Wile E. Coyote. But two-year-old Craig was neither clever like Jerry nor fast like the Road Runner, so in real life, he probably only whimpered when the predators, his mother and her boyfriends, laid into him. When I first held Craig to smell his baby hair—my dumb-

bells weighed more than he did—he just held on, waiting for the drop or the throw.

Craig didn’t speak; he pointed and grunted. When I told people he didn’t talk, they would ask me his age. After I said he was almost two and a half, they’d turn away. That’s not good, the turning away.

He put his clothes on backward and had a hard time keeping up on walks to the Santa Maria river levee, so he rode in the stroller. If we walked for

long and his little legs grew tired, I'd hoist him onto my shoulders. He liked heights and a breeze in his face, and when I pushed him in the swing, he wanted to go higher than the clouds, away from it all. He fearlessly climbed the jungle gym, but if a dog came near, he ran toward me until he saw it was a squirrel the dog chased, not him.

Nothing was smaller than Craig. He was always looking around; there was danger ahead and behind and, with hawks, above. He could not communicate the truths of his early life, and I had no records or files for him—Social Services didn't even know his name was Craig; they'd been calling him Chris. He just came along with Javier and Adriana.

I worried because he was so frail. During Family Practice, a social worker called me.

"Hi, David. Has anyone told you that you have to wake Chris up every night?"

"No. His name is Craig."

"Craig? Well, anyway, you have to wake him up every two hours to see if his nose is bleeding. He has bad nosebleeds."

I was game but ill-prepared. One morning I found Craig lying in a pool of blood in his bed. I rushed him to a doctor, who said Craig's fingernails could be shorter and maybe he was picking his nose. I felt ashamed: It was my job to notice that.

The day after I brought the children home for good, Craig had a fever. I didn't know what to do and



Jeff Katz,
founder,
Listening to
Parents

“David Marin’s story is important

because there are lots of people trying to adopt kids with disabilities, or siblings, or a 15-year-old who’s been in 12 foster homes—kids you’d think would be hard to place,”

Jeff Katz says. His organization is devoted to helping qualified would-be parents, and he believes the obstacles Marin faced are instructive. “You’d think a guy who comes forward and says, ‘I want to give these three kids a loving family,’ would get a more welcoming reception,” Katz says. “We obviously need safeguards. But many barriers are not about doing a thorough study. Rather, they’re delays caused by somebody not returning a call or not doing the paperwork right. The average social worker has so many cases and so many kids in crisis that the kid who is stable but really needs a permanent family slips to the bottom of the priority list.”

neither did Joy, my childless sister. So I called my new boss.

“He’s really hot.”

“How do you know?”

“I’m touching him.”

“Do you have a thermometer?”

“No.”

“Buy a digital one. And get some Pedialyte.”

“Pedialyte?”

“It’s a medicine that prevents dehydration. Then take him to the doctor.”

I took Craig to the emergency room. He was so weak, his head bobbed like

he slept with me so I could make sure he was still living. His body was no larger than a snow crab and half as strong. I worried that if I put my arm around him, I’d make it hard for him to breathe, so I moved his crib into my bedroom. We’d wait it out in there until he was sturdier.

In the meantime, people at work told me that their two-year-olds could calculate the square root of 169 or design relay stations for the electric company. Craig was behind, let’s say. I decided to teach him numbers

Good news! One day at the grocery store, **Craig said his very first words.** Bad news! They were curse words.

a toy doll. The admitting nurse said, “What have you given him?”

“What do you mean?” I wasn’t sick. Whatever he got, it wasn’t from me.

“Medicine, what medicines have you given him?” A few nurses drew closer.

“Nothing. I don’t have any medicine.”

“You’re supposed to give sick kids medicine,” she announced through a 45-watt ThunderPower 1000 bull-horn. The circle drew in. Should we call Social Services? Who is this idiot?

“I just got him yesterday. I didn’t think he’d be sick.”

I took Craig to the doctor many times over the next months. He was constantly feverish. When he was ill,

and letters. How hard could that be? I drew a 2.

“Draw this.”

He drew a crooked dash.

Oh, no.

I drew a C, the first letter of his name.

He drew two crooked dashes. His brain was scattered. Special ed. He communicated in Morse code like a seaman on the *Lusitania*, unaware of the torpedoes society shoots at children like him. I worried about his future. Should I work harder to go higher in the corporate world and make more money to get Craig life-long help?

Social Services told me I didn’t



have to keep Craig. They said they could find a place for him if three kids were too many, but I never considered returning him. I could not imagine seeing him watch us through the window of a white county van, his plump cheeks trembling with fear, hauled away into another nightmare. He was one of us, and that's how it would be.

Over time, he grew to trust me. He learned that if he was thirsty, I'd get him water, and if he was hurt, I'd be there to hold him.

In my arms, he'd stare at me. What was he thinking?—What's with the white guy? And then he'd lunge at me, wrapping his arms around my neck,

Adriana, Craig, and Javier in 2004, the year they went home with David for good. The siblings had spent about half their lives in separate foster homes.

giving me a hug or a kiss, or trying to lick my face like a puppy.

And then, a breakthrough. At the grocery store—all three kids in the cart so I wouldn't lose one—Craig made a noise and pointed to something he wanted.

I said, "Not now."

Good news! He said his very first two words!

Bad news! They were curse words. I felt like someone punched me in the jaw. I said, "You're welcome," as if he had said, "Thank you," and kept

pushing the cart. It worked. That was the last of the cursing. A few weeks later, at Disneyland, overlooking a pond, Craig pointed to the water and said, “Two ducks.”

He’d be OK.

He hadn’t spoken before because he’d been beaten into silence or trained by his siblings to be quiet and not draw attention. He actually knew a lot of words. Within weeks, he was talking more, and once, too much. Denied a snack before dinner, he ran away crying, found Adriana and Javier, and said, “Daddy hit me.” A social worker had told me that foster children were clever that way, but she didn’t say toddlers would try it. I followed him, and the four of us discussed what he said. I knew that “he/she/they are hitting me” was likely the best way for foster kids to get an audience, and that’s why they did it. I told Craig and his siblings it was wrong to lie, especially like that, and it never happened again.

I knew that Craig emerging from his shell had something to do with me, a safe house, and his siblings not hiding him in cabinets. But the figure who inspired the left-behind to become a boy was a green swamp-dwelling ogre turned movie star named Shrek. He became Craig’s hero. Shrek’s loneliness, his leave-me-alone attitude, and his inclination to defend himself were powerful images. Craig’s favorite part was Shrek taking great leaps, belly flopping onto the knights, the police, the robbers, wrestling them into submission. Craig

asked us to call him Shrek—and why not? When I ordered aquarium membership cards, the young man on the phone found his name puzzling.

“Shrek?”

“Well, we call him that.”

“What the heck, you’re right, who cares?”

Shrek Marin remains on Craig’s card today.

In my brain’s recess, playing kickball with plans to save more money, I wondered how to potty train Craig. I consulted Google, my coparent and digital spouse, and found videos and books. You got your timelines, and you got your theories. Instead, I called Craig into my room and asked him if he wanted to wear *chonies*, the kids’ Spanish slang for underwear. He was thrilled.

“I’m going to wear chonies! I’m going to wear chonies!”

He ran around showing them to his siblings. It had never occurred to me to try earlier. He did great with a few exceptions, like the puddle in between his feet that a lady at the haircutting salon noticed as he was about to climb into the chair.

I often arrived early to pick him up from preschool and watched him outside playing with children, trying to figure out if he’d become a Republican—“That’s my toy!”—or a Democrat—“Here, Billy, you can have Tom’s toy.” Craig loved to sing. On the drive to school, we took turns

picking songs. Adriana's favorite was "She'll Be Coming Around the Mountain." At the end, she added, "We'll be eating chicken nuggets when she comes." Javier's favorite was "This Land Is Your Land." Craig had two favorites. The first was "Twinkle, Twinkle, Little Star." His other one, learned at school or made up—who knew?—he called "Our Thankful Song." We sang it before dinner. "We are thankful, we are thankful, for our food, for our food ..."

After spending time with Craig, I

plimented myself. This was what separated me from the other men out there adopting three siblings. How many parents taught music while driving to the YMCA? The next song, "She's a Rainbow," was a symphony for piano. My hand moved like a wand. Craig was mesmerized. We finished with "Wild Horses":

Childhood living it's easy to do.

The things you wanted

I bought them for you.

"Daddy," he said. Did he want a piano? I'd buy a little one with a mush-

When Craig was five years old, he told me **he wanted to be an unmarried astronaut** and adopt kids.

discovered that his intellectual challenges were temporary. He learned to sing, count, and write his name. Like every new parent, I imagined if I exposed him to music, he'd be a prodigy, and we'd have recitals for a select group of people, but nothing too exploitive, of course, because he was just a child. I began Craig's music training in the Land Rover, driving from preschool to pick up Adriana and Javier at the YMCA after-school program. We started with the Rolling Stones' "Sympathy for the Devil." As an example of beat, I moved my right hand up and down and left and right. It was a compact lesson on an important topic. As we drove, I com-

room stool. Maybe he wanted a violin. "Daddy," he said again.

"Yes, love."

"Does Tarzan live in the jungle?"

I took a deep breath and made a note to not share any of my ingenious child-raising strategies without peer review in a respected journal or at least an indication that my children were listening.

"Yes," I said. "He lives in the jungle. He lives with apes. He's in foster."

Because Craig was the baby, his main chore was turning off the TV at dinnertime. One night he ran full bore to the TV and tripped over a two-foot-long inflatable sword he'd gotten at

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Burger King. I heard a loud bang as his head slammed against the (real) wooden pirate chest in the living room, and then he was crying, holding his head. It was a gusher, a Pan-handle bleeder, a three-quarter-inch gash above his left ear. I turned off the stove, wrapped Craig's head in a towel, and told the older kids to get in the car. I drove to the emergency room with one hand, holding the towel with gentle pressure against Craig's head with the other.

"Sit down," the lady in the ER said. "It will be two hours."

"Can I have a phone book?"

I called Domino's and ordered a pizza with pepperoni and pineapple.

All three kids (enjoying the sprinkler last summer with Marin) are on the honor roll. Javier still hides a flashlight under his bed—not out of fear but to read.

"We'll need lots of napkins."

Javier commented, "This is just like a restaurant."

The ER doctor had a big needle. I held Craig tight as the doctor stuck his head to numb him. Then the doctor took a staple gun, remarkably similar to one at, well, Staples, and put four half-inch-wide staples in his head. We got home tired at 10:30 p.m.

At 1 a.m., I heard Craig crying in his room. The painkiller had worn off. I brought him to my bed, but he couldn't sleep, because he liked to

sleep on the side of his head with the staples. At 2 a.m., he said, "Daddy, I'm hungry." Before our snack, tired, stapled, and with dried blood on his ear, he said, "I want to sing my thankful song." We sang "We Are Thankful," ate applesauce, and went back to bed.

The human shadow, the boy without momentum, has his own forward motion now. Craig is easily the most curious child of the three. He wants to know why the moon doesn't fall and how ropes hold the Golden Gate Bridge. He's the one who makes me want a nondigital spouse the most. Other than seeing me with a girlfriend, my children had no idea what

a normal male-female relationship looked like. To Craig, I was the mom and the dad, and there was nothing wrong with that. When he was five, he told me that he wanted to be an unmarried astronaut and adopt kids.

Today he makes friends easily. He loves the attention good grades bring, and he wants to learn more. Other than a sniffle now and then, he has not been ill in many years, and he's never missed a day of school.

I learned from Craig, about him and about myself. I could have done much better had I known more about parenting. Watching him grow up makes me want to have another baby, but for now, I look at pictures. I'm amazed that we did it. Craig emerged from his chamber and became a boy. I emerged from mine and became a father. ■

FROM THE BOOK *THIS IS US: THE NEW ALL-AMERICAN FAMILY*. COPYRIGHT © 2011 BY DAVID MARIN. PUBLISHED AT \$16.95 BY EXTERMINATING ANGEL PRESS, 1892 COLESTIN ROAD, ASHLAND, OREGON 97520.

BUTTER

Butter, like love,
seems common enough
yet has so many imitators.
I held a brick of it, heavy and cool,
and glimpsed what seemed like skin
beneath a corner of its wrap;
the décolletage revealed
a most attractive fat!

And most refined.
Not milk, not cream,
not even crème de la crème.
It was a delicacy which assured me
that bliss follows agitation,
that even pasture daisies

through the alchemy of four
stomachs
may grace a king's table.

We have a yellow bowl near
the toaster
where summer's butter grows
soft and sentimental.
We love it better for its weeping,
its nostalgia for buckets and churns
and deep stone wells,
for the press of a wooden
butter mold
shaped like a swollen heart.

Connie Wanek

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Quotes

I love solitude, but I prize it most when company is available.

Saul Bellow

It is the weak who are cruel, and gentleness is to be expected only from the strong.

Leo Rosten

The opposite of talking isn't listening. The opposite of talking is waiting.

Fran Lebowitz

Practice isn't the thing you do once you're good. It's the thing you do that makes you good.

Malcolm Gladwell

Time you enjoy wasting was not wasted.

John Lennon

If you're willing to fail interestingly, you tend to succeed interestingly.

Edward Albee

If there's a book you really want to read, but it hasn't been written yet, then you must write it.

Toni Morrison

If you make every game a life-and-death proposition, you're going to have problems. For one thing, you'll be dead a lot.

Dean Smith,
former college
basketball coach

If only I'd known that one day my differentness would be an asset, then my early life would have been much easier.

Bette Midler

Never complain about your age to someone older than you.

Carol Leifer,
comedian

I would give away everything if I could only keep my family.

Johnny Depp



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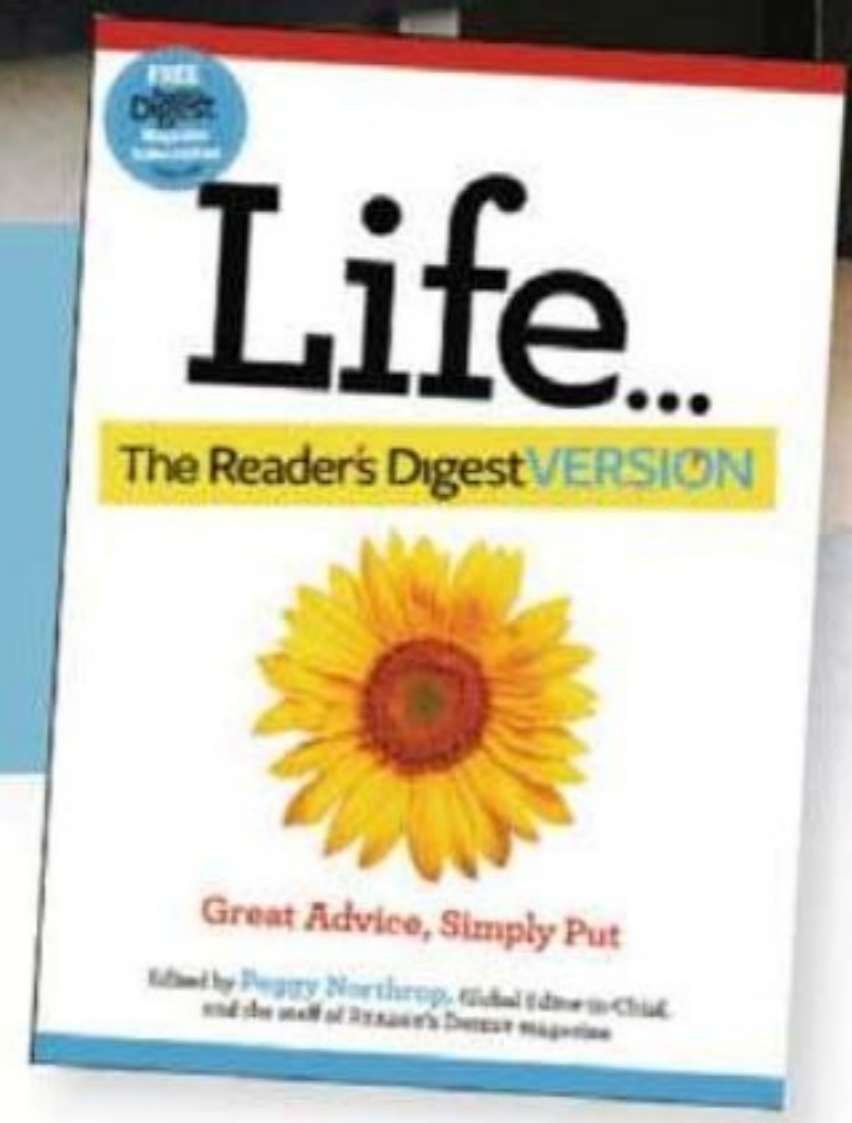
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Word Power

EMILY COX & HENRY RATHVON

Talking Hoops Suit up ... it's time to see how you play word games in the clutch! To mark the tip-off of the basketball season, we've picked 15 everyday words and phrases that do double duty on the court or in other sports. **Answers on next page.**

1. downtown *adv.*—
A: far from the basket.
B: right under the basket.
C: at the end of the bench.

2. scratch *adj.*—
A: arranged with little selection, as a team.
B: extra or reserve, as a player.
C: injured.

3. dish *v.*—A: trash-talk.
B: pivot on one foot.
C: pass to a teammate.

4. brick *n.*—A: solid defender.
B: ungraceful shot.
C: outdoor court.

5. waltz *n.*—A: easy victory.
B: smooth move or scoring attempt.
C: man-to-man defense.

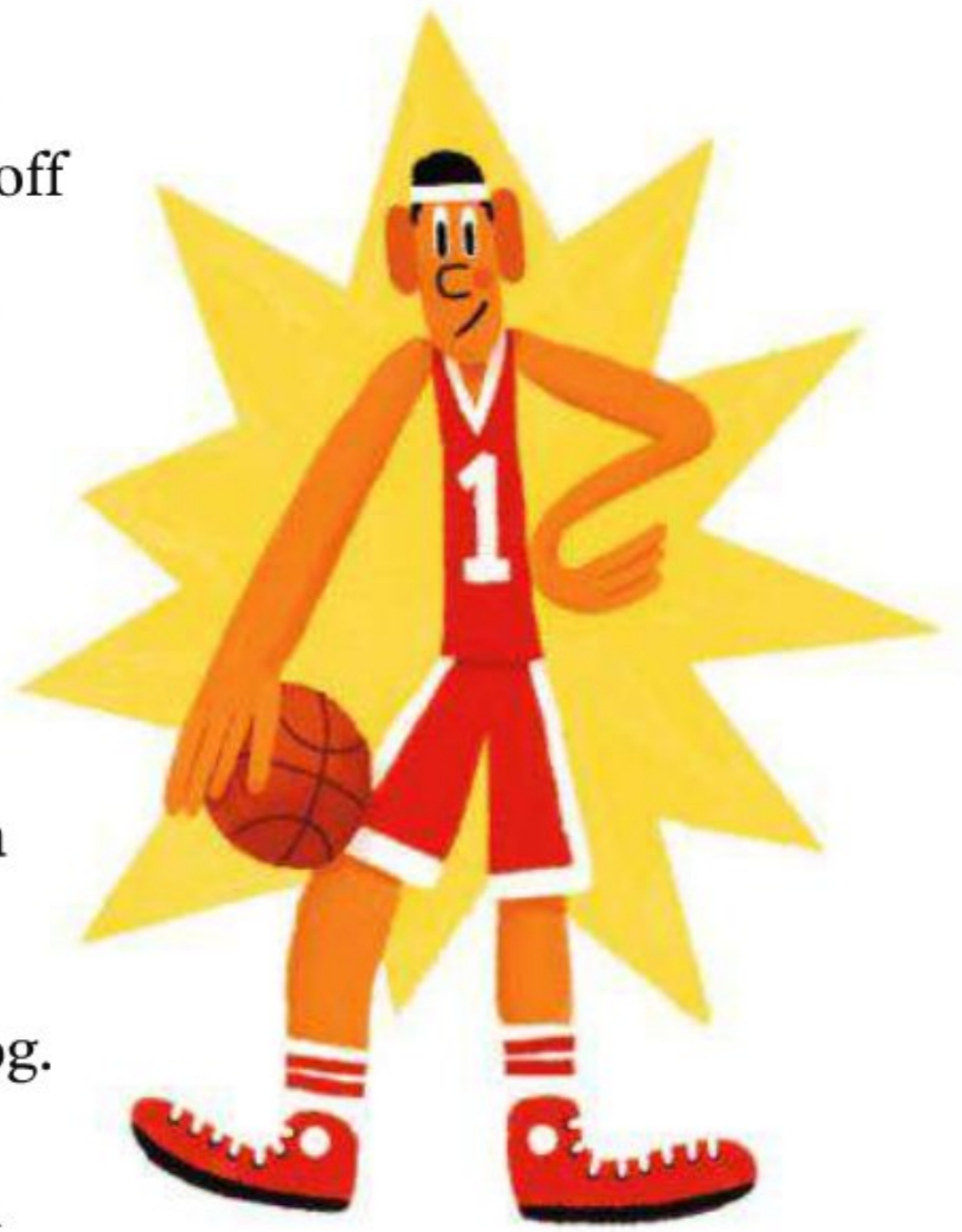
6. key *n.*—A: penalty area.
B: lane in front of the basket.
C: player in the center position.

7. weak side *n.*—A: area away from the ball.
B: left hand or foot.
C: tournament underdog.

8. cage *n.*—A: dugout.
B: batting-practice area in baseball.
C: opposing players' locker room.

9. rock *n.*—A: ten-year veteran.
B: lopsided victory.
C: the basketball.

10. Sweet Sixteen *n.*—
A: Big East teams.
B: NCAA tournament round.
C: all-star selectees.



11. pine *n.*—A: slang for bus.
B: broken bat.
C: players' bench.

12. platoon *v.*—A: spread out widely.
B: combine squads.
C: alternate at a position.

13. chippy *adj.*—A: avidly devoted.
B: rough, aggressive.
C: exhausted.

14. squeaker *n.*—A: close game.
B: winning shot.
C: final match.

15. scrimmage *n.*—
A: practice game.
B: starting lineup.
C: point spread.

16. rubber *n.*—
A: game with flexible rules.
B: game that breaks a series tie.
C: game postponed, or "bounced," because of weather.

Deep Roots

The Georgetown **Hoyas** may be the most mysteriously named college team in the country. Over a century ago, a Georgetown student invented the cheer "Hoya Saxa!" from the Greek *hoia* for "such" or "what" and the Latin *saxa* for "rocks." The cheer meant simply "What rocks!" and was likely a reference to either the football team's defense or the baseball team, nicknamed the Stonewalls. But it caught on, and soon all the school's teams adopted the name.

Answers

1. downtown—[A] far from the basket. Max bet Harry that he couldn't hit five baskets in a row from *downtown*.

2. scratch—[A] arranged with little selection, as a team. As the strike loomed, Coach Barnes was forced to assemble a *scratch* group of local amateurs.

3. dish—[C] pass to a teammate. Pivoting on one foot, Julia *dished* the casserole to Marco, who slammed it into the oven.

4. brick—[B] ungraceful shot. I flipped my token at the coin slot, but it was a *brick* and clanged off the turnstile.

5. waltz—[A] easy victory. When it comes to roping, Tex usually wins in a *waltz*.

6. key—[B] lane in front of the basket. Whenever I linger by Kate's desk, she yells, "Three-second limit in the *key*!"

7. weak side—[A] area away from the ball. Kyle ran to the *weak side*, hollering to his teammate, "Get in the game!"

8. cage—[B] batting-practice area in baseball. After going five for five in the Little League contest, Dean was given a day off from the batting *cage*.

9. rock—[C] the basketball. Tell Alison to quit being such a show-off and pass the *rock* already!



10. Sweet Sixteen—[B] NCAA tournament round. Art picked the Toledo Mud Hens to make the *Sweet Sixteen*, even though they're a baseball team.

11. pine—[C] players' bench. Albert makes the most of his time riding the *pine* in the bullpen—he steals the other team's pitching signs.

12. platoon—[C] alternate at a position. Andy and I *platoon* at the reception desk; I've got mornings.

13. chippy—[B] rough, aggressive. When it's the last subway car, things can get *chippy* on the platform.

14. squeaker—[A] close game. My knuckles were white after that 100–99 *squeaker* against the Nets.

15. scrimmage—[A] practice game. That kid goes all-out even in a shirts-versus-skins *scrimmage*.

16. rubber—[B] game that breaks a series tie. "Do you know who's pitching in tomorrow's *rubber* game?" the anxious manager asked.

VOCABULARY RATINGS

- 10 and below: ball boy
- 11–13: second-stringer
- 14–16: starting center

IPAD EXTRA To play an interactive version of *Word Power*, download the *Reader's Digest* magazine app from the iTunes store.

Sound Smarter

A couple of **redundancies** have crossed our desks recently: *new recruit* and *refer back*. A rookie forward is simply a *recruit*, who by definition is new—and if you're *referring* to the 2010 NBA draft for info on him, of course you're looking back. So *recruit* and *refer* should both stand on their own.

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Is arthritis pain keeping you awake at night? A breakthrough clinical study published in the *Journal of Rheumatology* showed that users of JointFlex® pain relieving cream experienced substantial pain relief shortly after application. The eight-week clinical trial involved 63 patients who had suffered from chronic osteoarthritis knee pain for an average of 10 years!¹

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¹Highlights of the study are available by calling the toll free number or they can be viewed online at www.jointflex.com

²JointFlex will be further studied to determine the mechanism of these dramatic results and to verify that they are not due to random chance alone.

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I'm always proud to wear a T-shirt that declares “My Son Is a Navy SEAL.” I was wearing it in a supermarket when an equally proud mother pointed at my shirt and said, “My son's on a swim team too.”

Mary Devlin, Shelton, Connecticut

My boot camp platoon was last in line to eat, and our impatient drill sergeant was in such a hurry that he ran up to each of us, shouting, “Don't waste time tasting ... just swallow!”

Nelson Gould, Indianapolis, Indiana

Before my friend was shipped overseas, he called his cell phone company to suspend service. “I need to put it on hold while I'm in Afghanistan,” he told the service rep.

“I'm sorry,” she said. “But we can suspend your service only if you're going into a war zone.”

Cameron Hartley, Spokane Valley, Washington



After being wounded by an improvised explosive device while serving in Iraq, I was sent to a mental-health professional. His first question: “Do you think there are people trying to get you?”

Bernard Bromley, Ludington, Michigan

When our church was honoring veterans, my mother filled out a form to have our father included in the church bulletin.

Under *Veteran*, she wrote Dad's name. Under *Branch Service*, she wrote “Army, 5th Battalion.” Under *Date/Time of Service*, she wrote “10:30 a.m., but sometimes we go to the 8 a.m.”

We changed that to “World War II.”

Karen Mathey-Skophammer, Fort Dodge, Iowa

Your favorite new joke, funny military anecdote, or crazy news story might be worth \$\$\$. See [page 80](#) for details.

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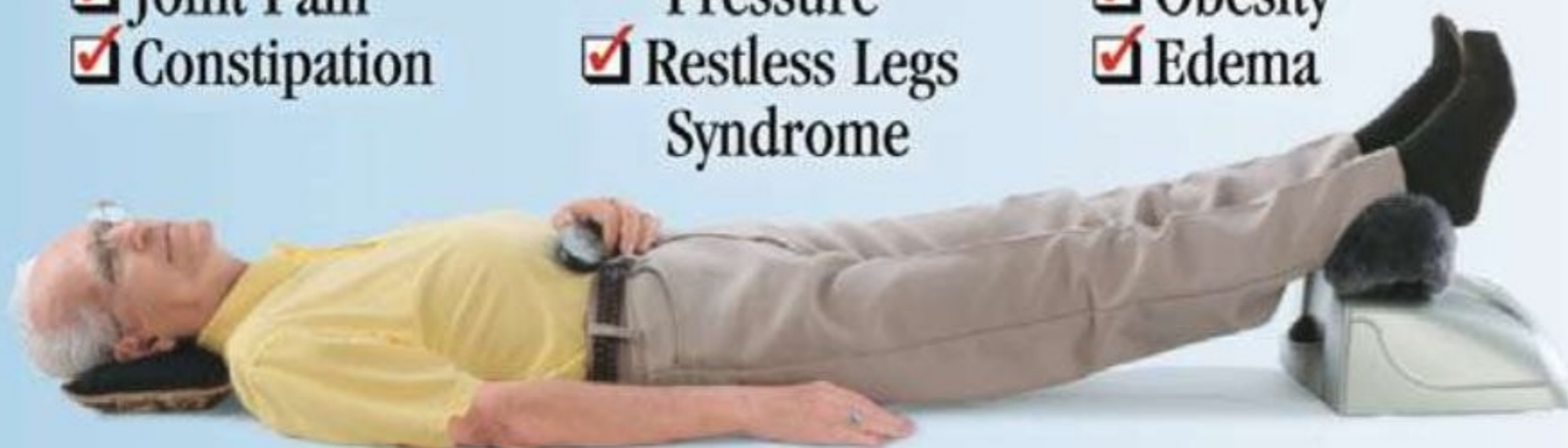
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Customer Feedback

I have had such lower back pain that I could hardly stand it. I saw your ad two years ago and thought it wouldn't help me. But, I ordered one anyway. I have used it for four months now. I have very little back pain, am more regular, and I sleep much better thanks to the Exerciser 2000. —*C. Cordes*

Little did I know when I ordered the Exercise 2000 Elite® that it would prove valuable to my wife of 62 years. I got it for the stiffness in my legs and it works perfectly to get me loosened up after playing tennis in the morning. When I come home I immediately get on the Exerciser 2000 Elite® for ten minutes and I feel great! My wife suffers from restless leg syndrome at night. Instead of walking the floor for a long period of time, she just gets on the Exerciser for ten minutes and the symptoms subside. —*Dick P.*

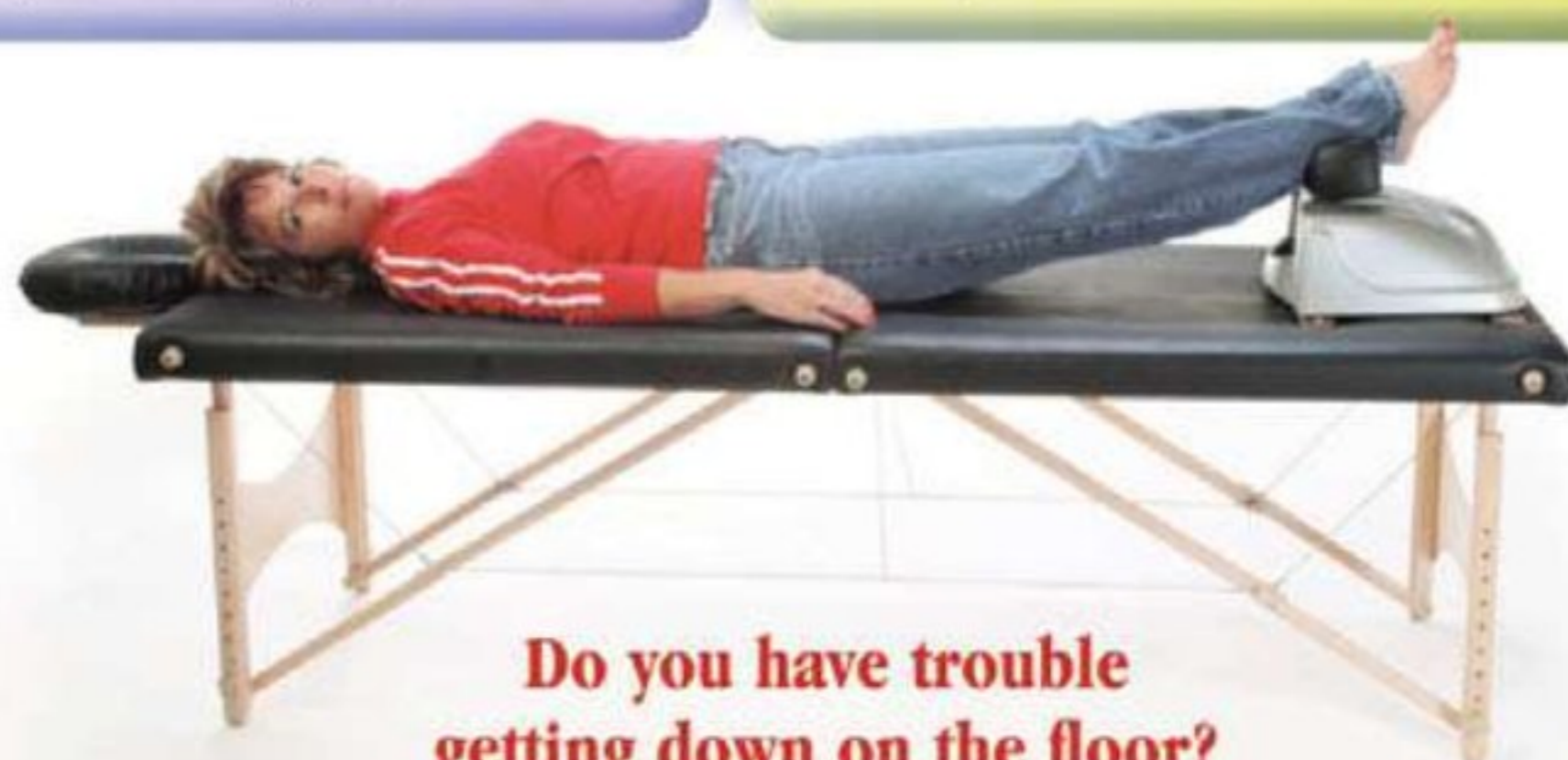
I am 76 years old, heavy, stiff with arthritis and a leukemic for the past nine years. Using your machine twice a day has made me feel ten years younger. I also have a great deal more energy. When you say that your company is in the business of "helping people feel better", it is no fib! —*Kate B.*

I am 97 years old and have edema in my left foot and leg. My daughter saw the Exerciser 2000 in an ad and encouraged me to try it. It is helping a lot and I feel alive again. Thank you! —*Grace R.*

After using the Exerciser 2000 Elite® twice a day for one week the swelling in my ankles went away. It has also helped my breathing, as I can get out and walk without having to stop and catch my breath! Thank you. —*Shirley H., Florida*

I am an 88 year old woman with multiple health problems. After seeing the ad for the Exerciser 2000 Elite® I ordered it and use it daily. I can tell it has improved circulation in my legs and by doing that it has helped my balance and walking problems. To those of you that think that you can't do regular exercise anymore, try this piece of equipment and you will be amazed how much better you will feel. —*Mildred F.*

As a Chiropractor, I would say the Exerciser 2000 enables people to benefit themselves at home. It is a valuable asset in moving lymph fluid, oxygenating the blood, increasing immune system function, maintaining mobility in the spine, and freeing up a spine that had become stiff and arthritic. —*Garry G., D.C.*



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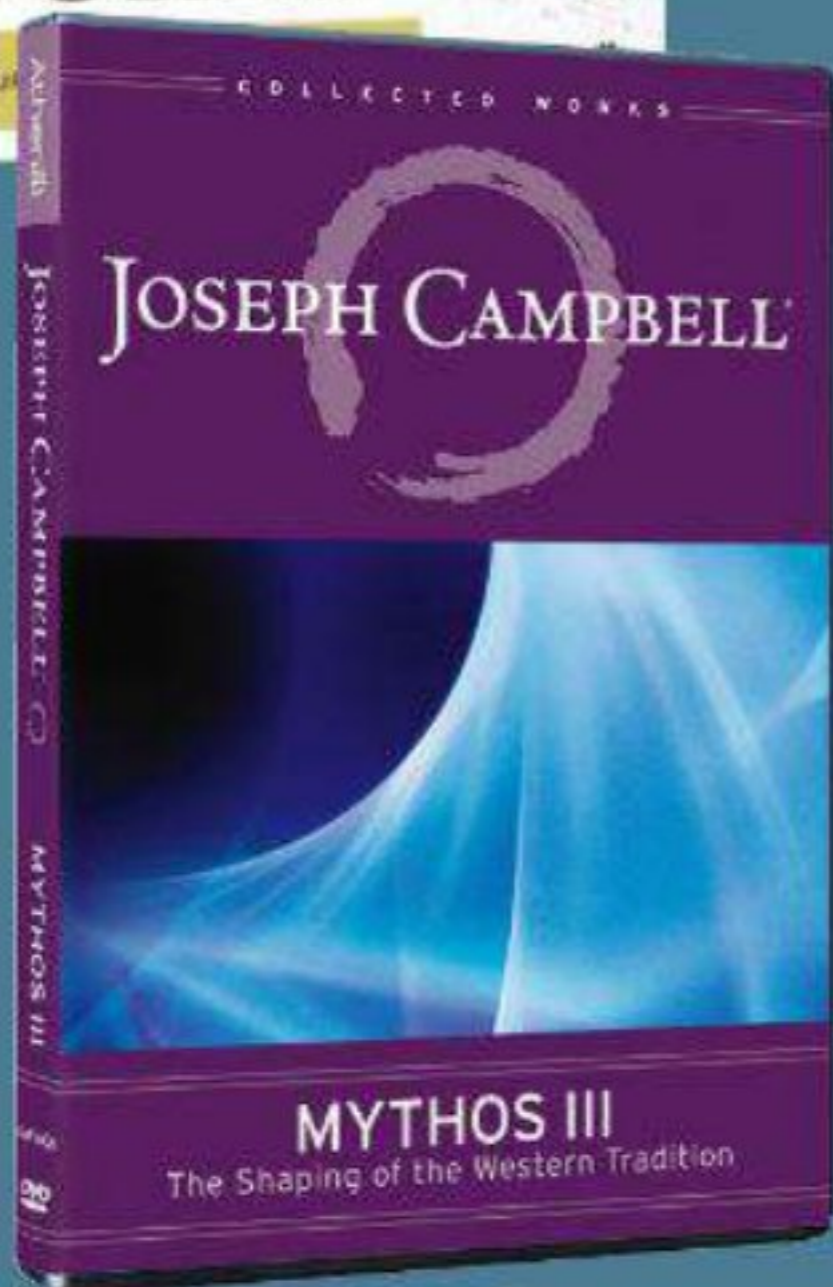
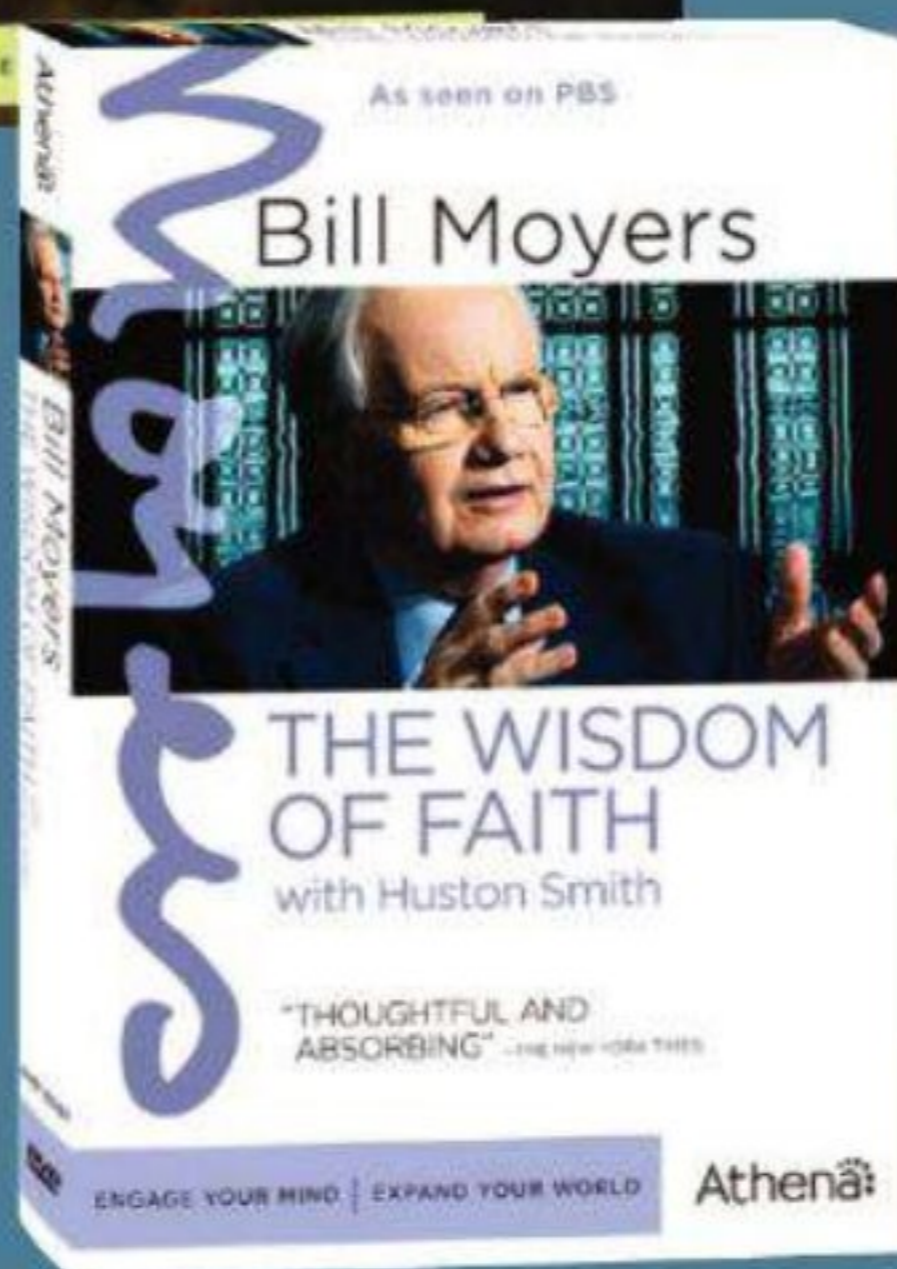
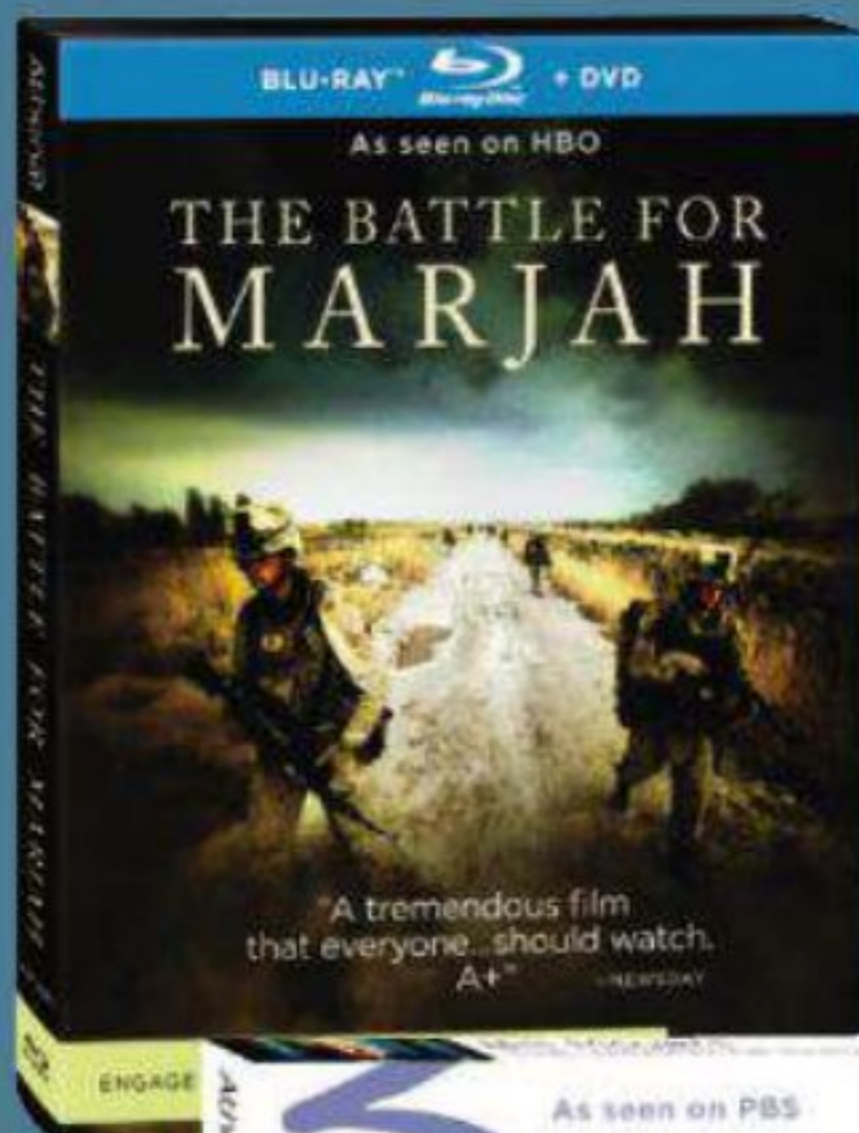
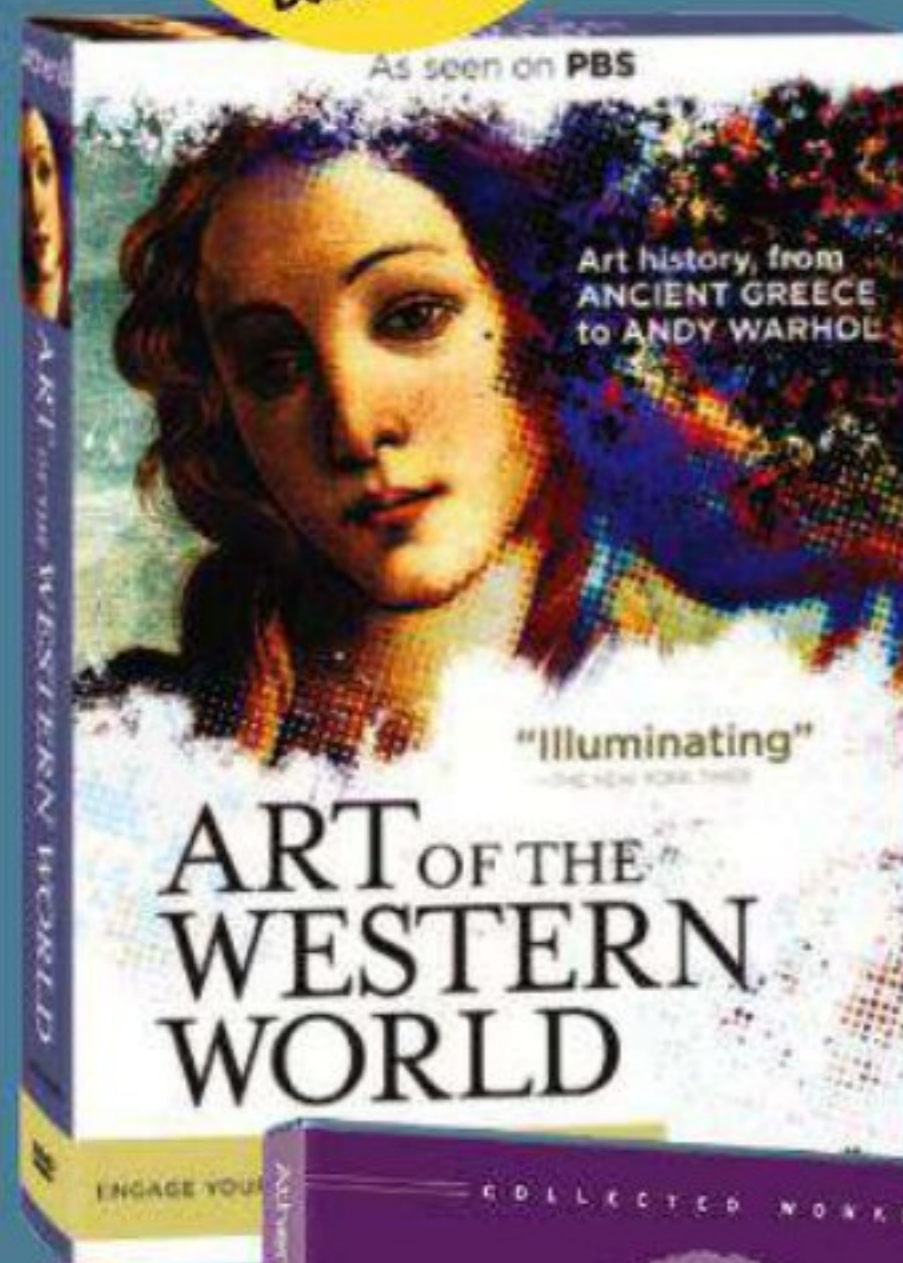
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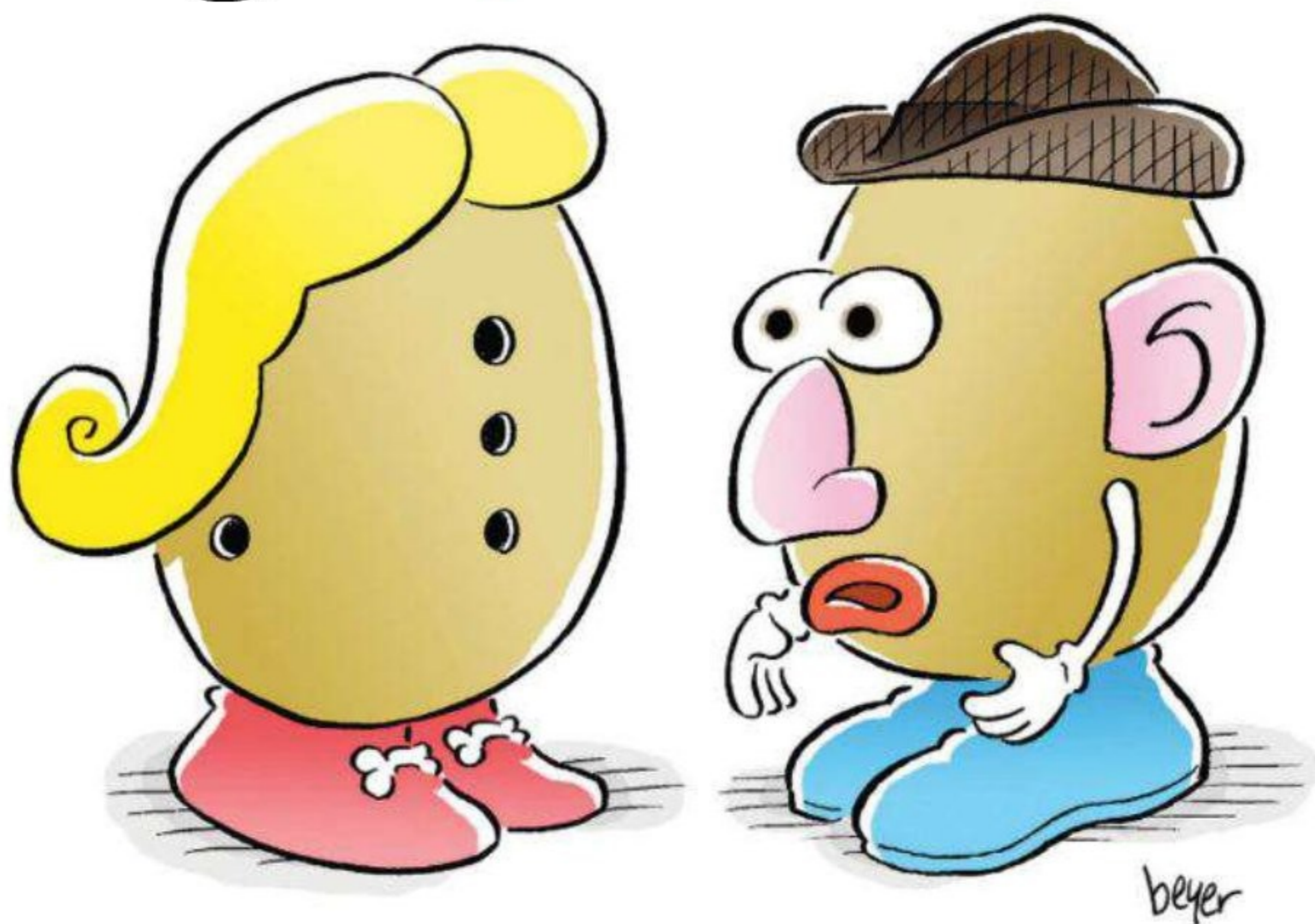
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Athenä:

Laugh! :))



"You really look different without makeup."

If you want to know what it's like to have a fourth kid, just imagine you're drowning and someone hands you a fourth kid.

Jim Gaffigan, on Twitter

It Was Colonel Mustard in the Den!

Topfive.com asked its readers to create hysterically rotten excerpts from mystery novels. They didn't disappoint.

■ "The sight of Hobson's crumpled body, a bloody dagger cruelly protruding from his temple, shot a ripple of horror through the tuxedoed throng attending the Bristol Butlers' Convention. Who could

possibly have done such a thing?"

■ "It was no surprise to find her nude body sprawled across the bed, her Halston suit, Prada chemise, and Manolos in a heap on the floor; she'd never be caught dead wearing last season's fashions."

A woman sends her husband out to buy escargot for a dinner party that night. Instead of going straight to the store, he stops off at a pub. Six beers later, he remembers:

"The dinner party!"

He staggers to the store, buys all the escargot they have, and staggers back home, where he

I wanted to tell the Girl Scout, "Your cookies contribute to U.S. obesity." But what came out was, "Two Samoas, please."

Caprice Crane, author of With a Little Luck

Come Again?

England's *Private Eye* is one of the oldest satirical magazines. Nothing makes the editors happier than sports gaffes like these:

■ "Sometimes the pendulum swings both ways." *Kevin Keegan, ESPN*

■ "Look at them, smiling like Cheshire cheeses all round."

Tim Wonnacott, BBC One

■ "If I was me, I would pick Lampard."

Ray Parlour, Sky Sports news

■ "He recovered that well, rising from the ashes like a sphincter."

Craig Charles, Challenge TV

promptly trips over the welcome mat, sending the snails flying. Just then, the door opens. It's his wife, glaring at him. He looks at the snails scattered about and slurs, "Come on, guys, we're almost there!"

Never keep up with the Joneses. Drag them down to your level.

Quentin Crisp

Mitch was losing his shirt at the racetrack when he noticed a priest bless the forehead of a long shot lining up for the fourth race. Lo and behold, the horse won. Just before the fifth race, the priest did the same to another horse. So Mitch placed a small bet on it and won.

That day, Mitch raked in serious money following the priest's lead.

Before the last race, he saw the priest bless the forehead—as well as the eyes, ears, and hooves—of one of the horses. Mitch bet every cent he had, then watched the horse come in last. Dumbfounded, he hollered at the priest, "What happened? All day long, you blessed horses, and they won. The last race, you blessed a horse, and he lost!"

"That's the problem with you Protestants," said the priest. "You can't tell the difference between a simple blessing and the last rites."

From planetproctor.com

All it takes to fly is to hurl yourself at the ground ... and miss. *Douglas Adams*

■ **Your favorite new joke, funny anecdote, or crazy news story might be worth \$\$\$.** See [page 80](#) for details.

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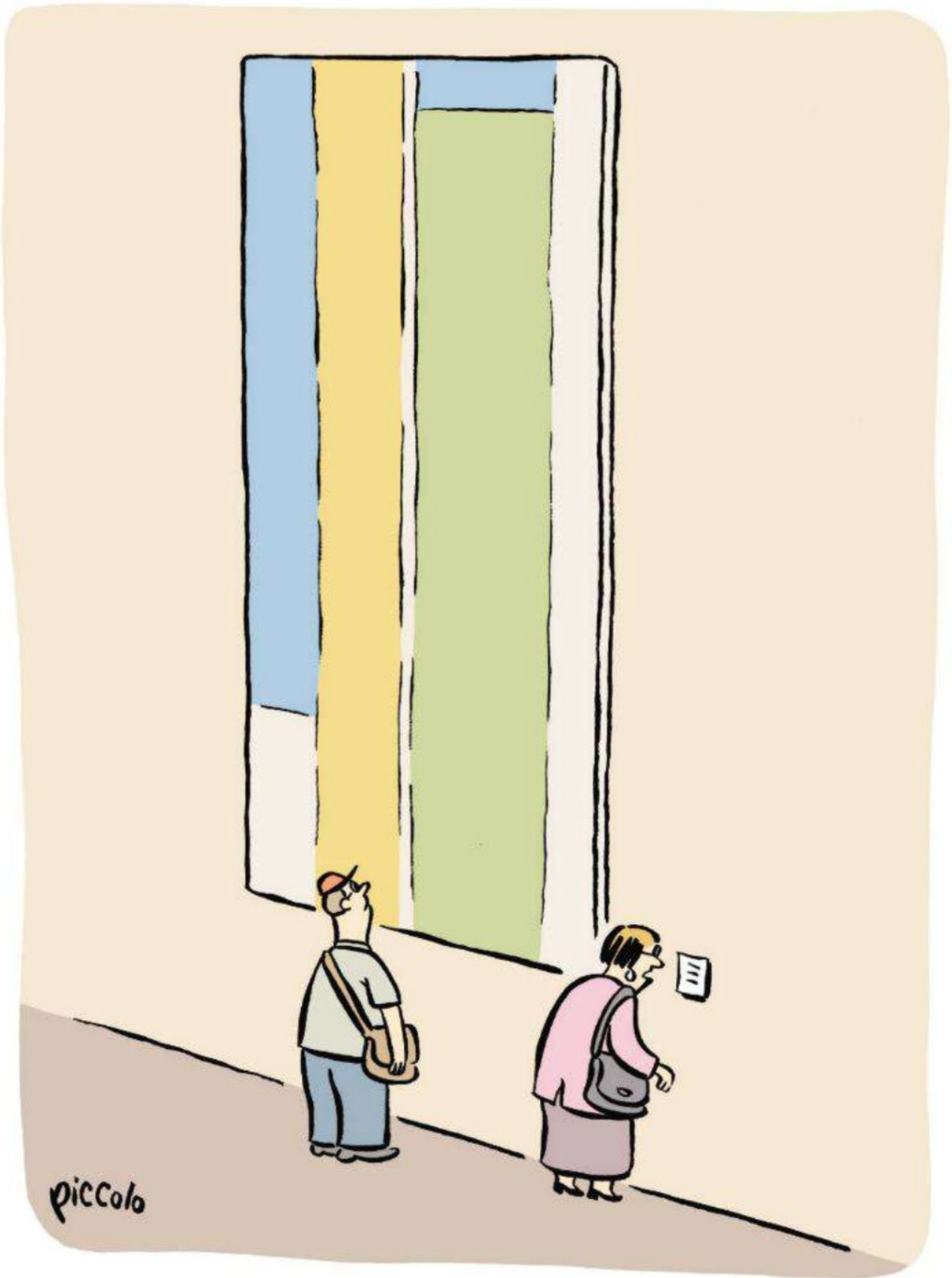
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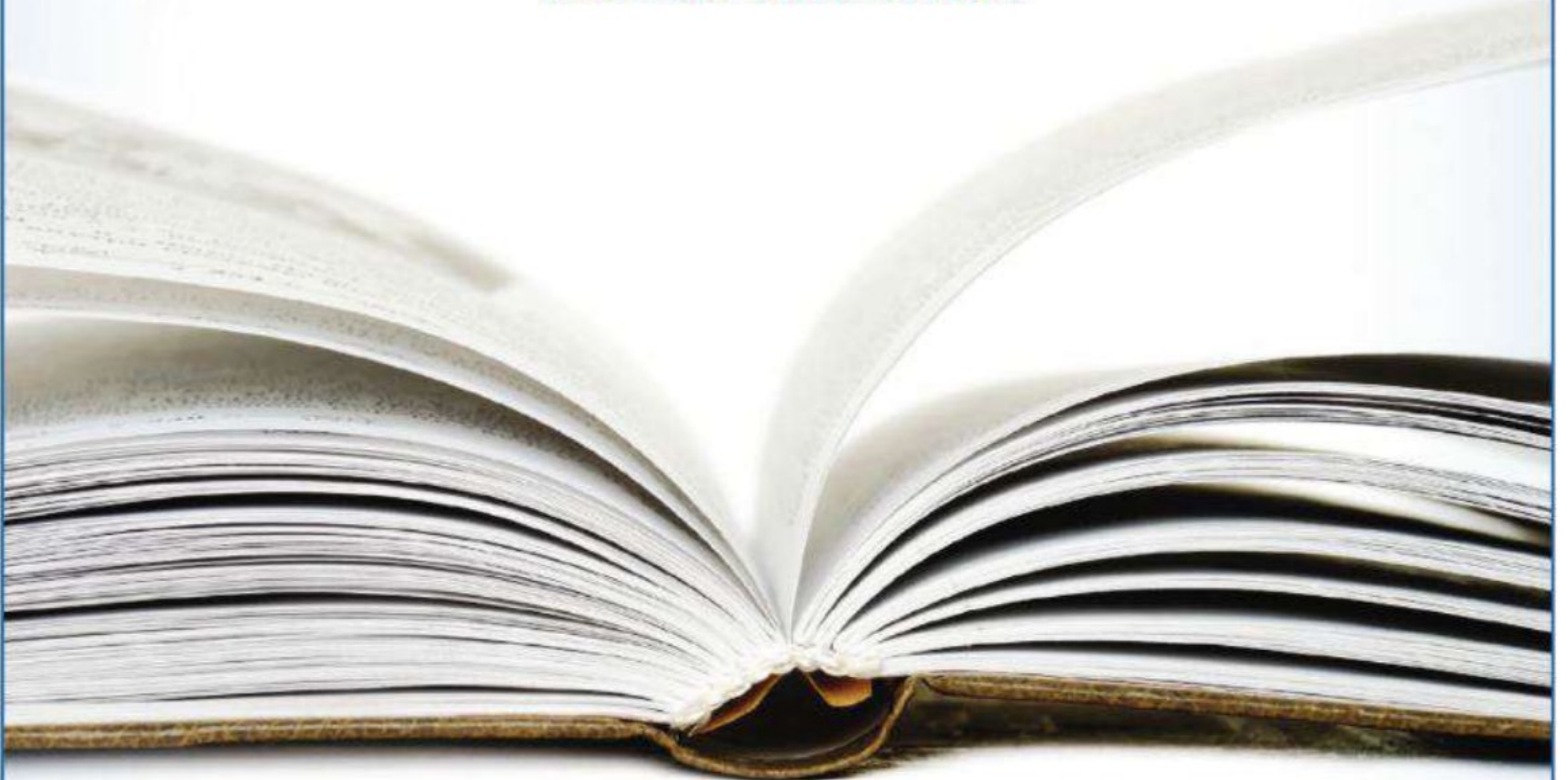
Last Laugh



"It says 132 people like this."

ILLUSTRATED BY RINA PICCOLO

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