

Meeting the Challenges

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Protecting Yourself from Influenza

Even the “ordinary” flu is nothing to sneeze at! According to the *Trust for America’s Health*, the ordinary flu “kills approximately 36,000 to 40,000 Americans and hospitalizes more than 200,000” every flu season. Each normal year, up to 20% of us get the flu. The “flu season” is usually during the Winter months, but a pandemic can start-up any time of the year.

So now there is some danger of a bird flu pandemic. The Bush Administration is telling us that, if a pandemic develops, as many as 2 million American casualties could result. On the other hand, the World Health Organization is estimating that a bird flu pandemic could infect 25 to 30% of the world’s population. The Swine Flu pandemic of 1918-1919 killed between 20 and 40 million people worldwide, and infected 28% of all Americans.

Typically, influenza is more danger-

ous for children, who do not have a strong immune system and for elders, who have immune systems that are declining in effectiveness. Others particularly at risk are people with serious and chronic medical conditions.

Vaccines, while an effective strategy for warding off ordinary human flu viruses, may not be much protection against unknown, non-human virus strains. In order for a vaccine to be developed, the new strains of virus must first be accurately identified and vaccine production could take up to six months or longer.

The government has emphasized the increased production of the anti-viral medication Tamiflu. There is debate as to whether or not production quantities will be able to meet the potential need, if there is a pandemic outbreak. However,

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The information is not intended to be medical advice. If you suspect that you have a physical, medical or psychological problem, you should always seek care from a qualified professional.

Before taking any action that may impact you personally, consult with your own physician, attorney, investment counselor, or other professional advisor.

Meeting the Challenges

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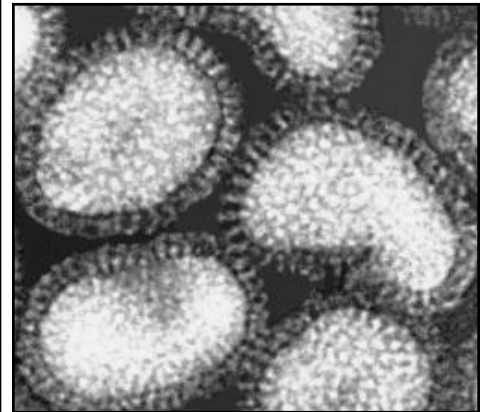
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anti-virals don't actually kill the influenza virus anyway. Their effectiveness lies in keeping the virus from reproducing in someone who is already infected. When caught early enough, this can lessen the severity of the illness. As a result, people are then less contagious and less likely to spread the disease to others.

If a pandemic develops, however, **taking steps to help protect ourselves from becoming infected in the first place is definitely a good idea!**

Influenza viruses mainly spread from person to person through droplets that are expelled by coughs and sneezes. This "droplet spread" is effective in transmitting the virus to others who are generally within a distance of about 3 feet. Another way to become infected is to touch droplets from a sick person, that are on that person or that have landed on an object, and then to touch your own nose or mouth before thoroughly washing your hands. Flu viruses are thought to be able to survive outside the body from a few seconds up to 48 hours. It is thought that flu viruses may survive the longest on nonporous surfaces — such as plastic, metal or wood — doors and door knobs, for ex-



Orthomyxovirus is responsible for acute upper respiratory disease

ample.

The influenza virus is contagious before an infected person even feels sick! Generally, once infected, symptoms appear in between one and four days, but an adult can infect others for up to seven days after symptoms appear. Some infected people never have symptoms of the disease, but they can still infect others! Children can be infectious longer than seven days.

We can take many general precautions to help lessen the probability of becoming infected with flu viruses:

- Exercise, stay well hydrated, eat nutritious foods, and get plenty of rest
- Stop smoking (Some studies show both an increase in influenza infections and in mortality among smokers compared to nonsmokers—possibly because

Office on Aging Senior HELPLINK.....1-800-510-2020.....REAL PEOPLE TO TALK WITH!!

smoking suppresses the immune system.)

- Avoid being in crowded places and keep a distance of at least three feet from others
- Avoid close contact with others who are known to be sick
- Never touch your nose or mouth until after you have thoroughly washed your hands with soap and water or use alcohol-based disposable hand wipes
- Get vaccinated, if and when a vaccine becomes available
- Parents may want to consider keeping young children out of day care
- The elderly, in particular, should limit contact with young children and visa versa
- Disposable surgical masks can be used, although no research has yet demonstrated conclusively that they are effective in limiting disease transmission.

In 1918, a San Francisco ordinance made wearing gauze masks a requirement for everyone. It was reported in the Journal of the American Medical Association that this measure resulted in "a rapid decline in

the number of cases of influenza", but other studies in other places yielded contradictory results.

Should a pandemic occur, it will likely have a serious effect on all of our lives. The Federal government will issue guidelines and directives to assist in disease control. During the 1918-1919 pandemic, one of the extreme and controversial measures that was imposed was the closing of institutions and the banning of public meetings. The American Public Health Association "determined that saloons, dance halls, and cinemas should be closed and public funerals should be prohibited since they were unnecessary assemblies." Churches were asked to conduct minimum services, and stores and factories were asked to stagger hours to minimize crowding.

Obviously, those who work in a health-care setting need to take more aggressive precautions, including the

It is reported that in 1918 children would skip rope to the rhyme:

*I had a little bird,
Its name was Enza.
I opened the window,
And in-flu-Enza.*

use of disposable gowns and gloves.

Workplaces also need to be controlled so that anyone who is obviously ill is required to stay home until they recover.

SOURCES: Centers for Disease Control; Stanford University, Virology Department; Trust for America's Health; Mayo Foundation for Medical Education and Research

SHINGLES VACCINE APPROVED

The Food and Drug Administration has approved a vaccine against shingles, a painful nerve and skin infection.

It's the first vaccine against shingles, and is basically a stronger chickenpox vaccine, according to the National Institutes of Health.

Anyone who has had chickenpox — which includes most adults in the United States — could develop shingles. The two major risk factors are increasing age and declining immunity. Half of all people who live to age 85 will get the disease.

Experts estimate more than a million new cases of shingles occur in the United States each year.

What to Do About Itching Skin

A common annoyance of aging is *ITCHY SKIN*.

The condition may simply be the result of changes in the skin that make it less capable of retaining moisture.

The dry heat and winds of the inland deserts of Southern California make itchy and flaky skin almost a certainty for most of us, if we don't take special steps"

- Bathe less—try to take only 2 to 3 short showers or baths a week and use warm, instead of hot, water
- *However*, always shower or bathe immediately after getting out of a chlorinated pool
- Switch to a glycerin soap, and thoroughly rinse after using soap
- Apply a moisturizing lotion to skin immediately after drying off, while skin is still moist
- Apply lotion all over body at

bedtime

- If feet and hands are a particular problem, wear socks and gloves after applying moisturizers
- Drink more water and fruit juices
- Avoid alcohol and caffeine
- Use a humidifier.

Moisturizers that contain petroleum are particularly effective. Petroleum jelly, cocoa butter and Crisco shortening are inexpensive and effective moisturizers. Some people recommend oils, like baby oil or even olive oil. Many commercial lotions contain chemical moisturizers, so purchase non-irritant, hypoallergenic, and non-sensitizing moisturizers to avoid skin irritation.

Dietary deficiency may also be a cause of dry and itchy skin. Barbara Byers, RD, suggests "Protein deficiency which is so common

from poor diet, and perhaps altered digestion, could contribute to itching." She continues, "Many don't drink enough water and older people may not feel thirsty—sipping water through the day may be helpful. Vitamin A is necessary for the integrity of the skin. Foods high in Vitamin A include dark green and orange fruits and vegetables."

Severe flaky, itchy and cracked skin may be a sign of a more serious problem, as well. Eczema, and various forms of dermatitis can be treated by your physician. Systemic conditions can also result in dry and itchy skin, including thyroid problems, kidney disease and some cancers.

SOURCES: American Academy of Dermatology; University of Iowa Healthcare; WOMEN'S HEALTH in Primary Care



What does it take to be a Volunteer Driver for TRIP in Riverside County ?MAINLY a willingness to share your ride with someone in your neighborhood or community who has no way to get to the store or travel for other purposes.



How Much Time ? There are no set hours, no clocks to punch. TRIP volunteers are *not on-call*—travel is arranged between you and your riders, as mutually convenient.



What's The Catch ? None. Help when you have time. Each month you will get a mileage reimbursement from your rider to help cover your vehicle expense, and we provide extra insurance too!



If you think you would like to help, call 1-800-510-2020 and ask for TRIP.....

Aging in Community—Support and Connection

Cheryl M. Svensson, Ph.D.

Community is a common word we all feel we know and understand and depending on our background, have experienced. The dictionary defines community as a group of people living in the same locality and under the same government and as a social group or class having common interests.

This, however, does not express the *feeling* implied in a *true* community that offers support and connection. In this sense, community means having others to turn to for help, understanding, and the feeling of connectedness.

In the book, Creating Community Anywhere, Carolyn Shaffer and Kristin Anundsen offer a definition of community that touches on this broader meaning of community. “Community is a dynamic whole that emerges when a group of people:

- Participate in common practices;
- Depend upon one another;
- Make decisions together;
- Identify themselves as part of something larger than the sum of their individual relationships; and
- Commit themselves for the long term to their own,

one another’s and the group’s well-being.”

As we grow older, the communities we live in, as well as our abilities to access community supports, changes. For many older people who have remained in their home for forty or more years, the neighborhood around them has changed. Longtime friends and neighbors may have died or moved away and new, younger people have moved in. The new residents have different lifestyles, needs, and expectations than the older neighbors.

A close friend, Harry who is 88-years-old and widowed, has lived in the same house where his children grew up for 47 years. During this period, fifteen of his close neighbors have died and he is one of the only original homeowners left. Harry is outgoing and gregarious and it is not that he is unwilling to interact with his new neighbors, it is just that he does not believe that he has very much in common with them. As he told me, “The children are even younger than my grandchildren!” The term for this

change in neighborhoods is ‘gentrification’.

Along with changes in our communities, there are physical changes that occur as we grow older. This diminishment of physical capacities means that tasks once performed routinely become ever more difficult or even impossible to perform. One example of this is our ability to drive a car. The decision to stop driving may be due to a number of reasons including problems with vision, slowed reaction time, interference and side effects from medications, etc. All of us, at some point in our lives, will have to ‘give up the

(Continued on page 6)

“Every transition begins with an ending. We have to let go of the old thing before we can pick up the new one— not just outwardly, but inwardly, where we keep our connections to people and places that act as definitions of who we are.”

**-- William Bridges
Transitions
/ Making Sense of Life’s Changes**

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keys' and rely on alternative means of transportation. No one wants to talk about this, to say nothing about planning ahead for it, but we must consider what happens when an older person can no longer drive. How do they get to the doctor, bank, grocery store, etc. in order to continue to live independently in their own home? It is then that family, friends, and community supports need to be in place to assist those with mobility and other difficulties to participate in their communities.

The type of community an older person lives in influences the accessibility to supportive services. There are several housing options available for older adults to live and establish a community:

- **Aging in place:** This refers to living independently in one's own home. Most older people want to remain living in their own home for as long as possible. However, this alternative may result in isolation if access to community

services, and family/friend support is not possible.

- **Shared housing:** This is an arrangement in which two or more people share a house or apartment; usually with private bedrooms and the rest of the house shared. There are programs available that match individuals or it may occur naturally with those who seek housing. Often rent or some exchange of services is part of the exchange. Shared housing can mean more than living in the same house – it can also mean sharing interests, having others close to do things with and mutual support. Sharing a house requires careful matching with other residents and working out financial and other details in advance.
- **Cohousing:** A type of collaborative housing in which residents actively participate in the design and operation of their own neighborhoods. They are consciously committed to living as a community. The homes are private but there are common facilities

shared by all residents.

- **Accessory Units or Granny Flats :** These are often created within (or attached to) a single family home and are complete living units with kitchen and bath; often built by older adult children for their aging parents. This arrangement can be very successful if the adjacent landlord or family members view the resident as more than a tenant and there is social interaction and connection.
- **Continuing Care Retirement Community:** Is a residential community for the remainder of one's life, with a choice of services and living situations, based on changing needs at each point in time. The flexible accommodations are designed to meet their health and housing needs as these needs change over time. Residents entering a Continuing Care Retirement Community sign a long-term contract that provides for housing, services and nursing care, usually all in one location, enabling seniors to remain in a familiar setting as they grow older. This may or may not provide the resident with a real sense of community. Even though access to services are convenient, the estab-

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ishment of the support and connections necessary to build a true sense of community must be nurtured by the members.

Regardless of where we live, we each need to begin now to cultivate our own sense of community:

- Get to know your neighbors
- Give your time and help to others as you are able; this will make it easier for you to accept help when necessary
- Develop a group of friends that you feel connected to and meet regularly
- Discuss with others your feelings about 'where you want to live' when you are unable to manage on your own
- Find ways that you can contribute to your community.

A sense of 'community' is one of the founding features of the American way of life. This is well stated by John Ashcroft, "...we have enriched our families by helping our neighbors because we have been taught one of the most important values of life, that is, that we are not alone, that we live together in a community."

Early Detection of Macular

According to the non-profit Macular Degeneration Partnership in Los Angeles, daily use of the "Amsler Grid", pictured here in actual size, "is one of the simplest things you can do to protect your eyes as they age."


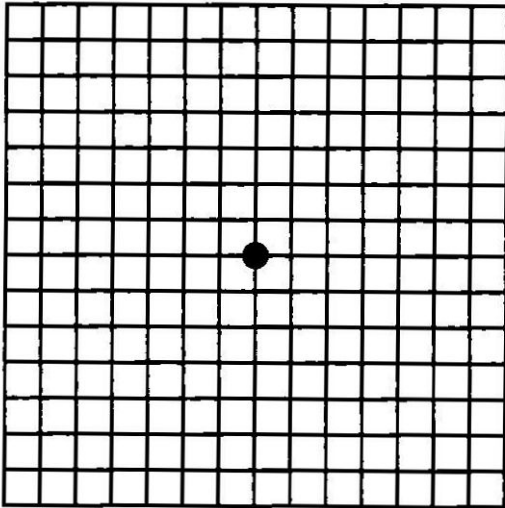
The test is very simple: hold the grid about 14 inches from your eyes and wear your glasses if you need them for reading. Cover one eye and look at the center dot. The lines should be sharp and clear with no bending or blurring.

Repeat with the other eye. If you notice any wavy lines, blurred vision, missing or darkened areas, you are advised to call your ophthalmologist promptly.

You can use the printed grid below, or

you can get an Amsler Grid refrigerator magnet free when you call their toll free number (or visit their website. They will also send a packet of information on Age-related Macular Degeneration and low vision.

Early detection of Macular is the best defense against vision loss.

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 www.zeavision.com
 1-888-875-3937 (EYES)

HOW THE VIEWS OF AGING HAVE CHANGED

Effects of aging thought to be inevitable and debilitating.....	Problems encountered thought to be things that could be fixed..	Problems can be avoided by life-style changes...	Healthy aging requires tapping into the full human potential...
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Pre-1975

By 1985

By the 90s

Now

SOURCE: Gene D. Cohen, Research on Creativity and Aging

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Let the Artist Inside of You... O U T !!

How many times have we heard that EXERCISE is good for us and an essential element in healthy aging? Well, here's a new one—so, it turns out, is ART!

Considerable research into the interaction between mind and body and the effect on the body of sustained artistic endeavor has confirmed what many people have suspected for a long time.

According to Gene D. Cohen, M.D., professor and Director of the Center on Aging at George Washington University, "...creative expression promotes health." Dr. Cohen says that research is providing solid evidence that art and creativity is good for us.

Dr. Cohen writes the "the arts provide some of the best opportunities to experience a new sense of control or mastery" and, importantly, that "The sense of control in one area increases the level of comfort with exploring new challenges in general."

More than that though, he elaborates that recent research indicates that "a sense of control triggers a boost in immune-system cells", including the cells that attack and kill tumor cells and in-

fectured body cells.

Other benefits include challenging mental exercise to keep the brain fit and functioning and important social interaction and "engagement" through participation in such things as musical groups, dance, and writers', photographers', and painters' clubs and organizations.

Jaime Permuth, who is a famous photographer, says "Art making is a form of human development...and it works its agency through the shifting of what an individual perceives as possible." He continues, "As long as there is a possibility, there is hope..."

Another researcher reports that "Older people who are creative report that their productivity is high, with little focus on physical complaints", and that creativity seems to be a mechanism that allows the "artist" to effectively cope with the age-related losses that we all experience.

If you haven't already done so, today is a perfect day to *become* an artist yourself:

- Go down to your local senior or community cen-

ter and find out what activities they offer

- Classes at a Community College or through an Extension Program are always available
- Many communities have special interest clubs
- There is a choir near that needs another voice
- Spend time with a friend who paints or sculpts or writes and talk with them about their work
- Join a band
- Get out your camera and start taking pictures just for the fun of it.

The possibilities are endless and the potential is huge!

[SOURCE: *Generations*—Journal of the American Society on Aging, Spring 2006]

Just About Now

***...This is not about trying
to go back in time,
This is not about where I'll
be a year down the line,
It's just moment to moment,
surviving somehow
This is not about then,
this is just about now.***

—Faith Hill, "Take Me As I Am", 1993 —words and music by Gary Burr/Jon Vezner

Call TRIP at 1-800-510-2020 to become a TRIP Escort-Driver Volunteer

Things to Do to Help Fight Global Warming

The Intergovernmental Panel on Climate Change (IPCC) reports that the dominant scientific consensus is that global warming is progressing at an alarming and dangerous rate. The nonprofit Center for Media and Democracy's "Source Watch" asserts that so-called skeptics of the view that global warming is occurring are part of a "well-funded campaign...of disinformation".

What ever you believe, ClimateCrisis.net suggests many things that we can each do individually to help reduce the amount of carbon dioxide that we are responsible for. Here are some of obvious things we can do:

- **Reduce the number of miles you drive** by walking, biking, carpooling or taking public transit whenever possible—a 10 mile reduction of driving each week will eliminate about 500 pounds of your carbon dioxide emissions a year!
- **Keep you car tuned up and tires properly inflated.**
- **Fly less.** Air travel produces large amounts of emissions.
- **Warm and cool your home a little less and**

keep filters clean.

Here are more ideas that may not be so obvious:

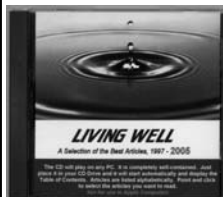
- **Replace a regular incandescent light bulb with a compact fluorescent light bulb (cfl).** CFLs use 60% less energy than a regular bulb. Changing all bulbs will mean that you save about 300 pounds of carbon dioxide a year.
- **Use less hot water.** Washing clothes in cold or warm water instead of hot saves 500 pounds of carbon dioxide each year.
- **Unplug electronics from the wall when you're not using them.** Even when turned off, things like hair-dryers, cell phone chargers and televisions use energy. In fact, the energy used to keep display clocks lit and memory chips working accounts for 5 percent of total domestic energy con-

sumption and spews 18 million tons of carbon into the atmosphere every year!

- **Plant a tree.** A single tree will absorb one ton of carbon dioxide over its lifetime. Shade provided by trees can also reduce your air conditioning bill by 10 to 15%.
- **Seek out and support local farmers markets.**
- **Buy fresh foods instead of frozen.** Frozen food uses 10 times more energy to produce.
- **Eat less meat.** Methane is the second most significant greenhouse gas and cows are one of the greatest methane emitters.

NOTE: We think that it is important to take the issue of global warming seriously. If the "skeptics" are wrong, the consequences for us and our grandchildren could be disastrous.

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Alternative Transportation Options in the CV

D*esert Health Car* is a free health and medical transport service, operated by the JFK Memorial Hospital Foundation. Rides must be scheduled 2 business days in advance. To schedule an appointment for travel to your next doctor's visit in the Coachella Valley, call (760) 862-9843.

AMVETS transportation to the Veteran's Hospital at Loma Linda is a van service, operated by Post 66, that is available for veterans, Monday through Friday. The van leaves from the Cathedral City City Hall and can take about 7 riders—no wheelchairs. To arrange for travel, call Loma Linda VA Travel at 1-800-741-8387, ext. 2071.

Desert Blind and Handicapped Association provides escorted transportation for needy seniors, visually impaired & people with physical disabilities in Desert Hot Springs, Cathedral City and Palm Springs. It is a membership organization. Call (760) 323-4414 for more information.

Desert AIDS Project provides medical care and comprehensive support services to people living with HIV/

AIDS in the desert communities, including transportation in the form of taxicab vouchers for emergency service, gas reimbursements to clients, and bus passes for public transportation. Call toll-free (866) 331-3344 for more information.

Desert Samaritans for the Elderly operates a "Last Resort Transport" Transportation Program throughout the Coachella Valley for medical or health related needs. These include taking seniors to the pharmacy, medical supply store, grocery store, doctors' offices, lab tests or home from the hospital. Transportation is for seniors age 60+ who (1) Cannot be served by other Senior Transportation Programs; (2) Cannot access Commercial Transportation; or (3) Cannot access Private Transportation. *If an individual meets these criteria*, rides in a accessible van are available Monday through Friday, from 9:00 a.m. to 5:00 p.m.—48-hour notice is preferable, but not required. Drivers will come to the senior's front door to assist them into the van. One caregiver can accompany the senior if necessary. All rides are at no

charge to the senior and the program is supported through grants and donations. To apply for service or to volunteer to help, call (760) 837-9066.

TRIP was designed to maximize concern for the preferences and transportation requirements of the elderly and other people with mobility limitations. Trained information specialists discuss transportation and other needs with callers and make referrals to providers who can assist them. If no transit service exists in the area where they live, or if they are too frail, ill, or unable to use public transportation, or to travel in any other way, callers are referred to the program. TRIP provides needed transportation by encouraging ridesharing through mileage reimbursements to volunteer friends and neighbors for transporting individuals who cannot otherwise meet their travel needs. Call 1-800-510-2020 for more information.

If you know of services, through organizations or agencies we haven't mentioned, let us know and we will pass the word along!

The Thrill of Volunteer Driving

John W. Eberhard, Chair
Transportation Committee, Howard County, MD Commission on Aging

“But I left her here four hours ago, what happened to her?”

I have been involved in the older driver, older person transportation area for over 20 years. Some say I invented the subject.

I worked for the National Highway Traffic Safety Administration as a senior research psychologist at the US Department of Transportation (DOT) for almost 33 years. What does a psychologist do for the DOT? Good question, we primarily develop programs. One that I was involved with throughout my career was the development of driver licensing tests to help to identify those who are unsafe to drive. That is a lot easier said than done.

I changed my orientation to work on senior mobility about 20 years ago and found it a very wonderful thing to do. I had to learn a lot about how older people get around and their issues. However, it is only in the last year and a half – since I started driving for our Neighbor Ride program –

that I really began to truly understand senior transportation. Neighbor Ride is a volunteer program that provides rides for a modest fee for those 60+ in Howard County, Maryland - a county between Washington, DC and Baltimore, MD.

Yes, it was easy for me to say that seniors should drive forever, before I began to drive many seniors who were no longer able to drive. Yes, it was easy to say that we would teach seniors to take the bus after they could no longer drive, until I saw how difficult it was for them to walk to the curb. Yes, it was easy to say we would teach them to use paratransit, until I saw how many of them were too confused to do so.

So what happened to the lady I lost? Actually, I lost the same woman twice! On both occasions she had a medical incident – blacked out – that precluded her from letting me know where she was. Fortunately, I left my name and phone number with the guard desk at Walter Reed Medical Center. On both occasions they called me later and I went back the 30 miles to

take her home. Obviously, since it was so late I had to take her out to dinner on both occasions.

All riders are so appreciative of the service – they continually thank me for getting them to wherever they need or want to go – doctors, art shows, beauty parlors, poker games, visiting spouses in nursing homes, wherever. I've never gotten those warm fuzzies from a book, plan or article I've ever written. From a driver's point of view I say, "Thank God for Neighbor Ride."

DID YOU KNOW?

- 44% of Americans volunteer each year (approx. 124 million).
- 24.8% of Americans who volunteer are age 65+ (approximately 9 million).
- On average, volunteers age 65+ contribute 96 hours per year.
- According to Beverly Foundation data, 63% of volunteer drivers are age 65+.

TRIP TIPS

Q. I am thinking about being a volunteer driver for TRIP. Does my insurance cover me when I drive a neighbor to the doctor?

A. YES. Others have also asked this question, so we put it to Chuck Hewitt, Vice President of Claims at the Nonprofit Insurance Alliance of California. "A volunteer driving their own personal vehicle on the nonprofit's business (such as with TRIP) and receiving mileage reimbursement would look first to their own personal vehicle insurance. The "vehicle for hire" exclusion would not apply in these circumstances. If the nonprofit had non-owned automobile coverage, (which TRIP does) that policy would apply excess over the volunteer's personal policy." We also put the same question to the California Department of Insurance and were told that an auto insurance policy is basically a "standard contract" that does not allow the purchaser of the service to negotiate either the services that are received or the amount that is paid for the service (the pre-



mium), and that, unless coverage is specifically excluded by a policy, passengers of a volunteer driver are covered. Then we talked with our own attorney about the question, and he said "A contractual ambiguity will be interpreted against the drafter of the contract" - in other words, he agreed that if coverage of a volunteer is not specifically

excluded by the auto policy, they are covered! We are not aware of any policy that specifically excludes coverage of a passenger in a volunteer driver's vehicle.

ALMOST READY TO BECOME
A TRIP VOLUNTEER,
BUT JUST NEED TO KNOW A LITTLE MORE
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.....**STORIES OF THE HEART**
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INTRODUCED TO THE REAL EXPERIENCES
OF VOLUNTEER DRIVERS FROM ALL
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[Or you can also purchase the book at Amazon.com]

Q. Why isn't the mileage reimbursement that TRIP pays volunteer drivers reportable as income?

A. Here's what the IRS told us: "So long as adequate records are kept and submitted in a timely manner, and so long as the amount of the per mile reimbursement payment does not exceed the IRS Standard Rate then in effect, the mileage reimbursement payment, made to volunteer drivers, is an *expense reimbursement* only and non-reportable by the volunteer as income.

How to Write an "Ethical Will"

Although the ethical will probably has Biblical roots, there are also Medieval models in Judaism, Christianity, and Islam. And now there is a wide-spread interest in passing personal values, learned through a lifetime of experience, to family and friends.

A standard will bequeaths money and property, but the ethical will, which is non-binding in law, can allow its author to share intimate insights and advise in a lasting way.

How to write one is easy: it's up to you! Some estate planners include ethical wills, but anybody can do it on their own. Just name the people you want to receive the will and what you want to tell them—for example, "To my beloved daughter Mary, please always remember to take time to listen to what is most important in your heart, and remember to laugh every chance you get." Anything can be included, family histories, whatever you want.

Sign it, date it, and include instructions for its reading or distribution.

[SOURCE: Santa Clara University, Markkula Center for Applied Ethics]

Afterthoughts.....

Medicare Part D

Ann Kasper, Director of HICAP, wrote to tell us that the "coverage gap" we reported in the Winter Issue of Meeting the Challenges was incorrect. We had reported that we pay the first \$250 and then Part D pays 75% of the next \$2,000, and "Then, from \$2,000 to \$3,600 in annual prescription costs, we have to pay it all." Turns out it's worse than that.... Ann writes:

*"Then you get to the coverage gap, where you pay all costs and your plan pays nothing (\$2,251 - \$5,100). **This means you pay \$2,850 out of your pocket.** You will continue to get statements periodically from your plan informing you of your payments for covered drugs and listing what drugs you are getting. You should check over these statements (Explanation of Benefits) to make sure they are correct. When you finally get to a total of \$5,100 that both you and your plan have paid, you will be eligible for Catastrophic Coverage for the rest of the year (You pay 5% and your plan*

pays 95%). This level is unlimited. Next year you start all over."

She continues:

"There is a penalty of 1% for each month you were eligible to enroll, but didn't. If you missed the deadline in 2006 of May 15th, you will be charged 7% more for a drug plan's premium when you enroll for 2007..... The next open enrollment period runs from November 15th to December 31st, and any changes will be effective January 1st, 2007."

If you have any questions about Medicare Part D, please consult HICAP to get questions answered about these plans, how they work, and about any problems you are having with them. Call (800) 434-0222 from 8:15 to 4:15 Monday through Friday to talk to a live person or get an appointment for an in-person confidential session at a counseling site in your area. All services are free.

***"I haven't failed.
I've just found 10,000 ways
that won't work."
- Thomas Edison***

*Superando nuestros retos.....**Protegiéndose usted de la Influenza*

¡Ni la gripe “ordinaria es para echarle un estornudo! Según el Fideicomiso para la Salud Estadounidense (Trust for America's Health), la gripe ordinaria “mata aproximadamente 36,000 a 40,000 estadounidenses y hospitaliza más de 200,000 cada temporada de gripe. Cada año normal, hasta 20% de nosotros nos da la gripe.

Así que ahora hay algo de peligro de una pandemia de gripe avícola. La administración Bush nos dice que, si se desarrolla una pandemia, podría resultar en tanto como dos millones en muertes estadounidenses. Por otro lado, la Organización Mundial de la Salud estima que una pandemia de gripe avícola podría infectar de 25 a 30% de la población mundial. La pandemia de Fiebre Procina de 1918-1919 mató entre 20 y 40 millones de gentes alrededor del mundo e infectó a 28% de todos los estadounidenses. Típicamente, la influenza es más peligrosa para los niños, que no tienen sistema inmune fuerte y para los ancianos, que tienen sistemas inmunes declinantes en efectividad.

Otros particularmente a riesgo son gente con condiciones médicas sericas y crónicas.

Las vacunas, mientras que son una estrategia efectiva para detener los virus de gripe humanos, puede que no sean tanta protección contra cepas virales desconocidas y que no son humanas. Para elaborar una vacuna, la nueva cepa de virus debe primer ser identificada con precisión y la producción puede tomar hasta seis meses o más.

El gobierno ha recalcado el incremento de producción del medicamento antiviriano Tamiflu. Está en debate si la cantidad producida podrá satisfacer la necesidad, si hubiera un brote pandémico. Sin embargo, de todas formas, los antivirianos no matan el virus de la influenza. Su efectividad depende en evitar la reproducción del virus en alguien que ya está infectado. Cuando se descubre bastante temprano, esto puede reducir la severidad de la enfermedad. Como resultado, la gente es entonces menos contagiosa y menos capaz de desparramar

la enfermedad a otros.

Si se desarrollara una pandemia, sin embargo, ¡tomar los pasos para protegernos a nosotros mismos de una infección en primer lugar es definitivamente una buena idea!

Los virus de influenza se difunden principalmente de persona a persona por medio de gotas que son expulsadas con tos o estornudos. Esta “diseminación de gotitas” es efectiva en la transmisión del virus hacia los demás que generalmente están a una distancia dentro de los tres pies o un metro. Otra forma de infectarse es tocando las gotitas de una persona enferma, que están en esa persona o que cayeron en un objeto y luego tocan tu nariz o boca antes de lavarte las manos completamente.

¡El virus de influenza es contagioso aún antes de que la persona infecta se sienta enferma! Generalmente, una vez infectado, los síntomas aparecen entre uno a cuatro días, pero un adulto puede infectar a otros hasta siete días después de que aparecieron los síntomas. Algunas personas infectadas

Superando nuestros retos

nunca tiene síntomas de la enfermedad, pero ¡aún pueden infectar a otros! Los niños pueden ser infecciosos hasta más de siete días.

Podemos tomar muchas precauciones generales para ayudar a reducir la probabilidad de infectarnos con virus de influenza:

- Haga ejercicios, manténgase bien hidratado, coma alimentos nutritivos y tenga bastante descanso.
- Deje de fumar (algunos estudios muestran aumento en infecciones de influenza y en la mortalidad entre fumadores comparado con los que no fuman – posiblemente porque fumar suprime le sistema inmune).
- Evita estar en lugares amontonados y mantenga una distancia al menos de tres pies de los demás.
- Evite contacto cercano con otros que se sabe están enfermos.
- Nunca toque su nariz ni su boca hasta que se haya lavado completamente con agua y jabón o use toallitas desechables que contienen alcohol.
- Vacúnese, si hay y cuando

haya disponible una vacuna.

- Los padres quedarán considerar mantener los niños sin ir a la guardería.
- Los ancianos, en particular, deben limitar contacto con niñitos y viceversa.
- Pueden usarse máscaras quirúrgicas, a pesar de que no hay investigaciones que demuestren que son efectivas para limitar la transmisión de la enfermedad.

Obviamente, aquellos que trabajan en ambientes de la salud necesitan tomar precauciones más agresivas, incluyendo el uso de batas y guantes desechables.

Los lugares de trabajo también deben estar controlados para que cualquiera que obviamente esté enfermo se le requiera quedarse en casa hasta que se recupere.

Si se desarrollara una pandemia seria, el gobierno emitirá guías y directivas para asistir en control de enfermedad.

Durante la pandemia de 1918-1919, una de las

medidas más extremas y controvertidas que se impuso fue el cierre de instituciones y la prohibición de juntas públicas. La Asociación Estadounidense de Salud Pública “determinó que las cantinas, salones de baile y cinemas debían cerrarse y debían prohibirse los funerales públicos ya que eran asambleas innecesarias”. Se le pidió a las iglesias que condujera un mínimo de servicios y a las tiendas y factorías que alternaran horarios para minimizar muchedumbres.

En San Francisco se hizo una ordenanza que fuera requisito para todos usar máscaras de gasa. Se reportó en Journal of the American Medical Association que esta medida resultó en un “declive rápido en el número de casos de influenza”, pero otros estudios en otros lugares dieron resultados contradictorios.

Si ocurre una pandemia, ésta tendrá un efecto serio en todas nuestras vidas.

[FUENTES: Centers for Disease Control; Departamento de Virología de la Universidad de Stanford; Trust for America’s Health]

Translation provided by Leopoldo Treviño

Observation of the human condition reported, by famous psychosocial psychologist Erik Erikson, to have been posted on the wall of a bar in a Western town:

*“I ain’t what I ought to be,
And I ain’t what I’m going to be.....
But I ain’t what I was!”*

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