AARP tax preparation
Are You OK? wake-up program
Berkshire Writers Room
Bingo
Breakfast Club
Brown Bag
Card Games, Bridge, Pitch
Ceramics
Chair Caning
Coffee Shop
Comedy Dungeon!
Community Outreach
Computer Workshop
Exercise Classes-Osteo
Foot Clinic
From Stage to Screen
Gift Shop
"Hand and Foot" card game
Health Education Workshops
Income Tax Preparation
Information/Referrals
Knitting and Crochet
"Legal Education"
Line Dancing
Lunch Served Daily
Mah Jongg
Meditation
Molar Blood Pressure Visits
Pinochle
Poetry
Pool Tables
Quality Time Club
Quilting
Seasonal Celebrations
Scrapbooking & Card Making
Scrabble
Shake Your Soul dance-exercise
SHINE Medicare Counseling
Supportive Day Program
Tai Chi, Tai Chi w/ weights
Transportation
Traveling Friends
TRIAD
Volunteer Opportunities
Woodcarving, Woodworking

AN INSIDE LOOK AT.....
Testing               Page 2
Dueling               Page 2
Revealing             Page 4
Adding                Page 4
Avoiding              Page 5
Illustrating          Page 7

Froio
ACTIVITY

SOCIALIZATION

Weighs & Means!
**Test Your Breakfast IQ**

Which of these food choices would make a smarter start to your day?

**The Meat Matchup**  
**Bacon vs. Sausage**  
**Winner:** Bacon  
A side of sausage at a diner adds an average of 277 calories. Choose bacon and that number drops to 131 calories, with a third less sodium and half the saturated fat. “Bacon has only about 35 calories a slice,” says nutritionist Jonny Bowden.

**The Potato Showdown**  
**Home Fries vs. Hash Browns**  
**Winner:** Home Fries  
Go with the choice that’s least fried, which in this case is home fries. Compared with confetti-size shreds, thick potato slices present less surface area on which oil can take hold; they deliver less fat and about 15 percent fewer calories than hash browns.

**The Super Bowls**  
**High-Fiber Cereal vs. Oatmeal**  
**Winner:** High-fiber cereal  
Those who eat the most fiber have lower rates of heart disease, diabetes, even knee pain. In our analysis we found that high-fiber cereals (think Fiber One and All-Bran) delivered more than twice as much fiber as oatmeal, with fewer calories.

**The Main (Dish) Event**  
**Egg Sandwich vs. Breakfast Burrito**  
**Winner:** Egg sandwich  
The restaurant burritos we analyzed averaged over 1,000 calories each. The average egg sandwich had just 722 calories. It also delivered 32 grams of protein, an amount that, in one study, led to 15 percent fewer calories consumed at a follow-up lunch.

By Clint Carter, AARP The Magazine, June 2018

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**The World in Watercolor**

July is World Watercolor Month in appreciation of this wonderful art form. In watercolor painting, colored pigments are suspended in water. Watercolor painting may be the first type of painting ever done by humans on cave walls. Watercolor was also used in East Asia, the Middle East, ancient Egypt, Italy, and Ethiopia. Watercolor techniques were initially used for mere sketches or copies. Oil was considered a superior medium. However, as the technique was perfected by masters of the Renaissance and beyond, watercolor became a renowned and complicated medium. While it appears to be an easy method of painting, it takes years to become accomplished. Luckily, the low cost of watercolors allows most anyone the chance to paint with this enduring art form.

*Activity Connection, July 2018*

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**The Dueling Caregivers**

“Stop trying to take care of me while I’m trying to take care of you!”

I walk into the kitchen just in time: My 90-year-old mother is aiming the frayed cord of an ancient waffle iron at an outlet by the sink.

“What are you doing?” I exclaim, shooting my hand out before Mom can be electrocuted.

“I’m making Mother’s Day breakfast for you!” Mom beams.

“Don’t be silly! You’re the mother! I’m going to make a nice, healthy omelet for you!” I answer and open the cupboard to get a pan.

“It’s my day! I’ll make an omelet for you!” she insists, nudging me aside. She pulls out her vintage nonstick skillet, so scratched that it seasons everything with little black flakes of no-longer-sticking-to-anything-except-the-foood-you-swallow-1960s Teflon.

She drops half a stick of butter in.

“You shouldn’t use so much butter, Mom!” I scold her.

“I’m 90 years old,” she answers. “Maybe you should use more butter!”

“You work too hard,” I say, moving toward the coffee maker. “Let me help.”

“I don’t need help!” Mom body-blocks me with her tiny frame. “You work too hard. I’ll pour some coffee for you!”

“I’ll pour it for you!”

“Stop trying to take care of me while I’m trying to take care of you!”

We blurt that one out together. One voice. After decades spent liberating myself from Mom’s real and imagined grip to become my own person, I realize I’m arguing with a selfie. Might as well yelling into a mirror.

We look alike, sound alike and have an identical conviction that we know what’s best for the other. Dueling caregivers, that’s what we are now. Two genetic clones locked in a battle over which one needs the care and which one should be doing the giving.

I, who have fought so hard against things that undermine women’s self-esteem, am now in the bizarre position of trying to care for my mother by pointing out all the things she can’t and shouldn’t do anymore.

“That’s too heavy for you, Mom! Too slippery for you! Too complicated for you!” As if her generation of women didn’t spend enough of their lives being told what they couldn’t do: “You can’t have a career; can’t play sports; can’t handle finances. You belong in the kitchen!”

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The Doctor Diaries: What Physicians Wish Patients Knew
Revelations about weight loss, medical information on the Internet, and more
Joanne Jarrett, M.D., polled dozens of doctors to find out what they’d tell you if only they could, and here are the results.

We are working on your case, even if it looks like we have disappeared.
Physicians often forget how scary being in the hospital can be. Rest assured that when the doctor is not at your bedside, he or she is writing up your evaluation, the plan and the orders outlining what needs to be done for you, all the while checking for test results and recalc当地ing the diagnosis and plan. You may not see him or her until the next day, but your doctor or the physician on call is available by phone continuously to address your concerns.

When we keep you waiting, it’s not because we think our time is more valuable than yours.
But if the patient before you mentions blood in his or her stool or talks about suicidal impulses, your appointment needs to wait. Your best bet is to schedule the first appointment of the day.

We need complete honesty from you.
This means telling us what drugs you’ve taken, legal and illegal, so we can help you avoid interactions. It means answering honestly about sexual function and behavior, even if you fear we wouldn’t approve. We think no less of patients who struggle with mental or emotional issues.

We know lifestyle change is hard and boring.
We try and fail often ourselves. But sometimes diet, exercise and/or alcohol abstinence really are the best treatments.

Many of us have post-traumatic stress disorder (PTSD).
I have nightmares about patients down an infinite hall, each with a problem worse than the last. In my short career, I’ve seen a baby take her last breaths. I’ve watched a woman, bleeding uncontrollably after giving birth, lose consciousness as I worked, a pool of her blood expanding at my feet. I’ve heard a woman, after having both legs traumatically severed, saying goodbye to her father, assuming she wouldn’t survive. I could go on. We know we signed up for it. But keep in mind, when you’re tempted to be angry with your doctor, that we are under stress, too.

We wish we had better advice for weight loss.
Medical schools don’t spend much time on nutrition. Although body weight has significant, holistic health implications, the field of medicine is at somewhat of a loss here. Our best advice, however vague it might be, is to increase your physical activity, avoid processed foods and eat vegetables at most meals.

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Adding Years to Life, and Life to Years
These are the big questions: Do you smoke? Eat right? Abuse alcohol or drugs?

Where’s the best place in America to live if you want to maximize your chances of living longer?

Based on an authoritative new state-by-state study of the American burden of disease, disability and premature death, and how it has changed from 1990 to 2016, you might consider setting down roots in Hawaii, where residents have the longest life expectancy, 81.3 years.

But if your goal is to live long and stay healthy as long as you can, call Minnesota your home, which outranks every state and the District of Columbia for average length of healthy life expectancy, 70.3 years.

Perhaps I should have stayed in Minneapolis, a city I loved and still do nearly 53 years after moving to New York to work for The New York Times. But then I would not have been writing this column every week for the last 40-odd years. Win some, lose some!

Minnesotans joke that the long months of subfreezing temperatures preserve them, but Dr. Christopher J.L. Murray, the new study’s lead author, told me, “Living in cold is pretty bad for you; Minnesotans would probably be even healthier if it wasn’t so cold there.”

Of course, the biology of the native population likely plays a role in how long and how healthfully people live in various parts of the country. And the opportunities people have for a good education, financial security, quality medical care and environmental safety also make important contributions.

But the big enchilada, as this extraordinarily comprehensive study clearly demonstrates, is how people live their lives: whether they smoke, what and how much they eat, and whether they abuse alcohol or drugs. These, along with high levels of blood sugar and blood pressure, both of which are influenced by diet, are the main factors dictating poor health.

“About three-fourths of the variation in life expectancy between counties can be explained by these big risk factors,” Dr. Murray, epidemiologist and health economist at the University of Washington, said in an interview. “Much more is due to the sociocultural environment, especially what people eat, than to their genes or the physical environment.”

Alas, the study did not measure the contribution of regular exercise to longevity and long-lasting health. “There’s not as much research on the effects of physical activity as there should be,” Dr. Murray said, adding that exercise most likely contributes to the major risks that

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**S.H.I.N.E.**
(Serving Health Insurance Needs of Everyone)

Call for appt. 499-9346

**Tuesdays @ 12:00**

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**"Flexible Feet & Core Stability"**

Limited summer engagement!

**Tues & Thurs @ 10:15**

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**Art du Jure!**

Millie Kelly initiates a new, multi-disciplined art class. It’s free. Bring your interest!

**Tue, 1:00 - 3:00**

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**The 4th!**

@ Meal Site

**Thurs July 5th @ 11:30**

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**Pittsfield Tree Watch**

Nurture the roots of your tree interests!

**Thurs July 12th**

**4:00 p.m. in Coffee Shop**

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**New Member Day**

Find your way.

**Wed July 18th @ 10:00**

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**July Card Party**

Just picture it!

**1:00 p.m. $2.00**

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**Molari Blood Pressure Clinic**

By Appt. 499-9346

**Tuesday July 24th**

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**Brown Bag Day**

**Fri July 27th**
**The Doctor Diaries:**
**What Physicians Wish Patients Knew**

Continued from page 4

Yes, some of us are jerks.
Most doctors mean well and are doing their best. But if you are not getting a sense that your physician, although human and harried, has your best interests at heart, find one who does.

We worry about you. We lie awake worried sick about you more often than you’d imagine. We may wonder about you for years after you leave our care. The stakes are so high, and we know it.

Sometimes the Internet is right. There, I said it. You can find useful health information online. We love a well-read, inquisitive patient, and we’ll be happy to touch on any of your internet-fueled fears. Just be careful. The internet can lead you to unnecessary panic or to dismiss something that shouldn’t be ignored. And be wary of discussion boards; incorrect advice can be very convincing. Remember, there is no substitute for medical training, experience and complex analysis.

We know you’ve answered this question already. We’re sorry to ask again. When you call for an appointment, you’re asked what’s going on. Then, when you’re checked in, you’re asked again. So when you finally get to see the doctor, you’re sick of the story. But we can’t help it. We have to hear it with our own ears.

We make mistakes. Our fear of screwing up is exhausting, weighty and ever present — it’s the hardest thing about doctoring. We do make mistakes. Be wary of anyone who won’t admit that.

Falls frighten us. Especially for patients in their 60s. We see the transformation from healthy and active to ill and dependent far too often, and frequently it’s because of a fall. A preventive measure: Stand next to a strong countertop, then stand on just one foot without holding on. If you need support before the five-to-10-second mark, your balance should be addressed.

We want you to make decisions while clearheaded.
Having a written description of your medical-treatment wishes (an advance directive) will ease emergency situations for you, your care team and your loved ones. All hospital patients are asked what their wishes would be if their breathing or heartbeat were to stop, but it’s better to make a clearheaded decision when you’re not gripped by fear. You can find a legal advance directive form at AARP’s Advanced Directive Forms.

Tell us if you are having memory issues. Feeling as though your memory’s failing is scary, especially as you reach your 60s and 70s. But memory issues are often caused by things a doctor can help with (depression, heart problems, medication effects and hormone abnormalities). Oh, and avoid multitasking. It’s overrated.

Antibiotics hurt if they can’t help. We need to reserve antibiotics for susceptible bacterial illnesses. When we prescribe them inappropriately, such as for a viral illness, we do little more than undermine our ability to treat disease in the future.

**We are trusted confidants.** I had a patient for years who finally opened up to me about her long-standing depression. She said she hadn’t told me sooner because she didn’t want to ruin my impression of her. Confide in us. Mental health issues are more common than you realize; the more we know, the more we can help.

**We dread retirement.** It’s a cliché that doctors don’t retire, but one reason we’re reluctant is that we’re afraid of no longer being useful. Patients who seem happier in retirement have support networks, plus activities that feel helpful or significant.

**We want the very best for you.** Just know that. It’s the bottom line.

By Joanne Jarrett, M.D., AARP The Magazine,
June-July 2018

**The Dueling Caregivers**

Continued from page 2

And so my brilliant, educated Mom channeled her talents into becoming chief executive of the kitchen. It was her office, the one room in which she was completely in charge, where she filled her daughters with food, love and inspiration to go off and do all the things we got to do.

Now, when I so want Mom to share in what feels like a global shift in how women are being respected and listened to, this is what I say to her: “Get out of the kitchen, Mother! You should rest while I cook breakfast for you!”

“You should rest while I cook for you!” Mom answers, defiantly holding up a loaf of bread wrapped in plastic in one hand and a pair of scissors in the other.

I leave the kitchen, but not because Mom said so. I need to regroup. Also to be closer to the first-aid kit.

Am I stifling the woman I most want to uplift? Or has she made enough scary choices in the last four minutes to merit micromanaging? I want Mom to be free, finally, from rules, restrictions and limitations imposed by others. But what if she gets sick? Or falls? What if she tries to make waffles when I’m not here to fling myself in front of the outlet?

I realize I can’t win this one, so I walk back into the kitchen committed to being the respectful, non-meddling recipient of my sweet mother’s love.

But my sweet mother has turned her back on her pan of sautéing Teflon flakes, picked up a butcher knife and is stabbing a carton of juice to get it open.

I lurch. Somehow, the ensuing scuffle for control of the juice turns into a hug.

“You make me crazy, Mom,” I say.

“You make me crazy, too, baby,” she answers.

“Making each other crazy. Now that’s something we can always do for each other!” she says and beams a smile toward me. I beam the same one back.

Might as well be smiling into a mirror.

By Cathy Guisewite, New York Times
Sunday Review Section, May 13, 2018
# July Senior Center Events

**Everyday! 11:30 a.m.** Meal Site  
Prominent academic Gordon Gee has observed that, "The arts, quite simply, nourish the soul. They sustain, comfort, inspire. There is nothing like that exquisite moment when you first discover the beauty of connecting with others in celebration of larger ideals and shared wisdom." The "art" of daily Meal Site certainly conforms to that instance, and confirms Gee’s notion. Enjoy! Reserve a day ahead, 1-800-981-5201.

**Tuesdays! 12:00 p.m.** SHINE (by appointment)  
SHINE (Serving Health Insurance Needs of Everyone) counselors help you navigate the oft treacherous maze of health insurance programs. Call Froio at 499-9346, or Elder Services directly at 499-0524.

**Tuesdays 1:00 p.m.** Art du Jure! (New Art Class!)  
Millie Kelly initiates a new, multi-discipline art class, and encourages all interested parties and skill levels to participate. Free, just bring your enthusiasm!

**Tuesdays & Thursdays 10:15 a.m.** Flexible Feet & Core Stability  
Carol Bennett continues a limited-run engagement of her Flexible Feet and Core Stability program. As in the past, it will be on Tuesdays & Thursdays, and will ensure that Froio folks are as limber as can be!

**Wednesday, July 4**  
**Senior Center CLOSED** Independence Day

**Thursday, July 5th! 11:30 a.m.** Fourth of July Party at Meal Site!  
Although this celebration comes the day after the traditional holiday, we’ll ignite your emotional fireworks with our spirited Yankee Doodle merriment. Reserve a day ahead, 1-800-981-5201.

**Monday, July 9 10:00 a.m.** The Councilman is In!  
The Froio Center hosts councilman Kevin Morandi’s invaluable “open office” sessions. His informal Q & A take place a day before City Council meetings, maximizing the potential for a responsive “public-to-council” conduit.

**Thursday, July 12 4:00 p.m.** Pittsfield Tree Watch  
Tree Watch continues to explore your deep-seeded tree interests. 4:00 p.m. in the Coffee Shop.

**Wednesday, July 18 10:00 a.m.** Senior Center New Member Day Tour  
Unearth the basic facts, and the nuances, of the Senior Center. There’s more than meets the eye and we relish the opportunity to convey the full essence de Froio. Let us know you’re coming, 499-9346.

**Thursday, July 19 1:00 p.m.** Card Party  
English novelist and philosopher Aldous Huxley famously said, “There are things known and there are things unknown, and in between are the doors of perception.” For perceptive patrons of monthly Card Party, reading hands around the table comprises the “in between.” Bottomless coffee, prizes and snacks! Unless otherwise arranged, foursomes are best.

**Tuesday, July 24 8:45 a.m.** Molari Blood Pressure Clinic (by appt.)  
Molari Health Care monitors your blood pressure. Call 49-9346 for an appointment.

**Friday, July 27 10:30 a.m.** Brown Bag  
Be a part of this monthly nutritional grocery program. Inquire about Brown Bag and SNAP benefits.
were measured.

Public policy and personal behaviors should foster the ability to live free of chronic disease and disability well into old age — in other words, to maximize the chances of adding both years to life and life to years for as many people as possible, according to Dr. Howard K. Koh, who wrote an editorial with Dr. Anand K. Parekh about the study, published in April in JAMA.

The findings of the study can and should provide a blueprint for everyone — the public, the medical profession and government agencies — to achieve this vitally important money-saving and health-saving goal. But it is a goal that depends heavily on preserving a critical component of the Affordable Care Act: full coverage, without co-pays, for "an array of counseling and screening interventions relevant to tobacco use, diet, hypertension and exercise; statin preventive medication and aspirin preventive medication; depression; and cancer (breast, lung, colon, rectal, skin, cervix)," Drs. Koh and Parekh wrote.

Do people with pounds to shed for the sake of their health know that, under Obamacare, they are now covered for many sessions of weight-loss counseling? Or that diabetes prevention programs are being supported in many locations like YMCA's by the government's Centers for Medicare and Medicaid Services?

"Everyone needs insurance to access health care services, that's an essential part of health," Dr. Koh, a professor of public health at Harvard's T.H. Chan School of Public Health, told me. "And preventive services covered by the ACA are needed to give everyone the opportunity to achieve the highest attainable state of health," a goal established by the World Health Organization.

"Dr. Murray's study shows that too many people are not enjoying that opportunity," Dr. Koh said. "It should be a call to action for the country. As a clinician who cared for patients for more than 30 years, I saw too much suffering and death that should have been prevented."

For example, enormous progress has been made in curbing tobacco use in the last half-century. "Yet there are still 35 million adult smokers and more than half a million deaths from tobacco-related causes each year," Dr. Koh said. "Lung cancer, 85 percent of which is preventable, remains the leading cause of cancer deaths. Why are we tolerating this?"

Dr. Murray pointed out that in the quarter-century covered by the study, smoking rates dropped by 60.5 percent in California, far greater than the 40.8 percent decline in smoking for the country as a whole, not to mention the meager 11.2 percent decline in West Virginia.

"There's nothing to stop other states from mimicking what California has done," he said.

Also needed is a greater commitment from the food industry to provide healthier foods and beverages that people can afford, along with easy access to such products for people in all parts of the country. There are far too many food deserts where wholesome foods like fresh fruits and vegetables at affordable prices are hard to come by.

In nine states, the study found, people were eating fewer fruits in 2016 than they were in 1990, and hardly any improvement in fruit consumption occurred in half a dozen other states.

"Diet really needs our attention, perhaps through taxes on unhealthy foods and subsidies for healthier ones," Dr. Murray said. "We haven't done much about diet other than providing information."

In highlighting dietary risks individuals can control, Dr. Murray said that people should eat more whole grains, fruits and vegetables, nuts and seeds, legumes, fiber and foods rich in omega-3 fatty acids but less salt and no processed meats and trans fats.

Still, Dr. Koh said, "We need a society in which the healthy choice is the easier choice. We need to make the social drivers of health a major concern of the culture."

Dr. Murray said that medical practice also needs some serious tweaking. "Primary care providers are too focused on diagnosing disease and treating it," he said. "They need to focus on the big contributors to risk, like high blood pressure and high cholesterol, which are easy to detect and easy to treat. Patients should demand it and, if they do, doctors will provide it."

By Jane E. Brody, New York Times,
"Well" Column, June 5, 2018
The High Cost of Cancer Treatment

Continued from page 5

At least she was feeling well enough to resume working in the mortgage industry, which put her back into the black.

It wasn’t much of a life, but she took pride in meeting her obligations. Her scans were clean on her five-year cancer-versary, so she figured there was no way the disease would come back.

Well, probably not.

A toxic side of cancer treatment

Yousuf Zafar, M.D., doesn’t remember who on his cancer research team at Duke University coined the term “financial toxicity.” With terrifying accuracy, it describes the dire health impact of the soaring costs of cancer treatment. Zafar only knows that once the team began using those words, they quickly spread through oncology circles. It was a diagnostic term whose time had come.

“My initial reaction was that cost is not my problem,” Zafar admits. “We hadn’t focused on how the costs of cancer treatment were impacting patients’ well-being and the quality of their care.”

Patients were afraid that if they discussed their financial fears with their doctors, it would compromise their treatment. But oblivious doctors wouldn’t know that their patients might take their pills less often than prescribed. And those patients might choose to avoid follow-up therapies or tests.

“Why isn’t this treatment working as well as it should?” a physician might wonder. And the answer might be that the patient can’t afford to follow it and is lying about compliance.

If someone’s home life or finances are in disarray, a cure may be delayed or impossible. To address that, insurance and health care company Kaiser Permanente has adopted a “level of distress” questionnaire to help caregivers explore 37 possible stressors for patients, including “spiritual/religious concerns” and “sexuality/fertility.” Appropriately, the first eight items raise concerns such as housing, bills, employment and other money issues.

An oncology social worker like Dennis Heffern, of Kaiser Permanente Franklin Medical Offices in Denver, will ask as many times as necessary to get genuine answers from patients assigned to him.

Heffern describes a typical interaction: “The social worker says, ‘How can I help you?’ And the patient usually says, ‘Well, if you really want to help me, show me the money.’ People are thinking, They’re not going to let me in the front door unless I can pay. They’re going to withhold my cancer treatment. And so the social worker, in a very patient-centered way, says, ‘OK, let’s look at resources.’ ” And there are resources available: prescription discounts, charitable grants, coverage for life and travel expenses, and a tangle of government programs.

Sarah Kelly is a licensed clinical social worker for the support group CancerCare, which fields 250 to 300 calls a day to its hotline in New York City. She cites two comments she often hears from patients: “I don’t want to bankrupt my family,” and, heartbreakingly, “I can’t afford to live.”

An unfortunate kind of expertise

It’s common for cancer patients to experience depression for years after they “beat” the disease.

At one point, after her first bout with cancer, Sleight contemplated suicide. I’m depressed, I’m fat, I’m broke, and I’m in my 30s, she recalls thinking. “Not a great place to be.” But she didn’t act on her dark impulse, ultimately because she had started volunteer teaching in a program that helps people quit smoking (a habit she started at age 14). “I thought, I have another class coming up. Who’s going to help these people if I don’t?” She got a master’s degree in health psychology and attended a smoking-cessation training program at the Mayo Clinic.

She pulled herself out of despair and into a solid consulting gig, presenting quit-smoking programs for corporate clients. So the destructive habit that nearly killed Sleight ultimately saved her.

“We hadn’t focused on how the costs of cancer treatment were impacting patients’ well-being and the quality of their care.” Yousuf Zafar, M.D., Duke University

The pieces of her life began to fit back together after she turned 40. Having stared death in the face, Sleight asked herself, What is really going to make me happy in the time I have left? She came up with answers: a better job in the mortgage industry, a real estate portfolio to deliver rental income, helping people

Her health woes had carried her past childbearing age, but she was OK with that. Life offered other rewards — and surprises, too.

With her medical team on the lookout for a recurrence, Sleight lived through “scan-xiety,” sweating out each round of scans and biopsies. It was expensive and uncomfortable, an inevitable part of the cancer survivor “lifestyle.” But by age 55, she had been through enough to feel a little superior to the doctors who prescribed the tests. So in August 2010, when a mammogram showed a shadow, Sleight reacted in anger. “I thought, Son of a bitch! You got a new radiation guy and he doesn’t know what he’s looking at! It’s just a scar from my last cancer!” But after 23 years, the cancer was back. Even so, Sleight wasn’t devastated. “I’d been through this before. I knew the drill.”

This time she opted for a double mastectomy and reconstructive surgery. “I didn’t want to go through cancer a third time,” she explains. Her first cancer treatment cost about $40,000. Two decades later, the bill was $120,000. Again, she was covered by insurance. But her copays and premiums

Continued on insert page
The High Cost of Cancer Treatment

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added up to $25,000 at a time when she couldn’t work. Not included in those costs: lost wages, travel to and from surgery, forfeited revenue from real estate investments she lost to foreclosure, and the incalculable human cost of more suffering.

And all this happened to a woman with insurance and the financial savvy that comes with operating her own businesses. If Sleigh found herself in a hole, what chance do the rest of us have if a scan goes sideways?

They don’t know what they don’t know

The staff at Seattle’s Fred Hutchinson Cancer Center would rather focus on health than economics. Increasingly, though, those matters have become the same thing. Lyman says he’s “first and foremost an oncologist,” but he has grown “deeply concerned about the barriers and impact of cost on the patients with cancer and on the health care system.” Unfortunately, he points out, he works in a growth industry: “Virtually every one of us will be impacted individually—or in our family, or one of our close friends—by cancer.”

And the growth-industry label applies to the cost of treatment, too. Says Lyman: “Recent studies we’ve done have shown high rates of bankruptcy among patients with cancer. And this has escalated over the past decade, as some of the exciting new agents that have come along have just skyrocketed.” Indeed, despite the financial hurdles, most patients are not suddenly opting to forgo costly treatments. If anything, it’s quite the opposite. “There’s something about the c-word that’s galvanizing,” says Heffern, the social worker in Denver. “They say, ‘Jimmy Carter got immunotherapy and it helped his malignant metastatic melanoma. Why can’t I have that for my cancer?’”

One study noted that “novel cancer therapy agents can cost more than $60,000 a month for treatment. And the average monthly cost per agent has more than doubled in the past decade, to $10,000.” Blood cancer patients, for instance, are treated regularly with an intravenous bag of a drug called Rituxan, which can cost up to $5,000; it’s like dripping gold into a person’s veins.

And here’s another “problem”: These expensive drugs and therapies tend to work, so people survive.

“We’re the victims of our own success,” says Heffern. People who “beat” cancer often face a whole new round of expenses if it returns, and the costs of treatment can double or triple from one diagnosis to the next. Enter the need for a medical-financial adviser. But like a medical scan that’s fuzzy or inconclusive, so is the picture of a patient’s ability to pay for the most promising treatment.

Sometimes having high income, or life savings, can be the last thing a person wants when the cancer diagnosis comes. At the time of her first cancer, Sleigh had a $5,000 CD, a sign of solvency that effectively blocked her access to many services she desperately needed.

Dan Sherman launched a pilot program in financial navigation at Mercy Health St. Mary’s Hospital in Grand Rapids, Mich., that tweaked the health insurance plans for 675 patients. He made sure they were on supportive plans, signed up for government assistance and tapped available drug-cost-abatement programs. His team reduced participants’ financial responsibilities by almost $12 million and saved the hospital charitable outlays and bad debts by almost $7.5 million. There were also considerable savings on the human-suffering side of the ledger.

So aren’t hospitals lining up to implement financial-counseling programs with Sherman’s NaVecitis Group? “They’re not,” he says. “It’s hard to convince hospitals that there is a void in this service.” A lot of them already employ financial navigators, but their staff are undertrained for the job. “The majority have a high school diploma,” he notes. “And those individuals are cheap, right? But they don’t know what they don’t know.”

Lessons from the second time around

VJ Sleigh had been down the hard road of cancer treatment before. So she chose a different path the second time around.

“I played the cancer card this time,” she says. Like a lot of other people in their 50s, she was stranded in a coverage gap — too young for Medicare, too affluent for Medicaid. So she stopped paying her bills. She defaulted on her real estate holdings. She cut back in every way possible. She drove her old car into the ground. No trips to the hairdresser, no travel, no new clothes.

She also decided to max out on personal support.

That’s how she found her way to Gilda’s Club in Cathedral City, Calif. The organization was named for former Saturday Night Live star Gilda Radner, who died from ovarian cancer in 1989. Founded in 1995, the club provides a community of people who accept the rage, the depression and the day-to-day hopes of cancer patients. “I had so many poignant moments with people at the end of their lives,” Sleigh says. “I felt so privileged.”

Sleigh is seven years out from her most recent financial crash and notes that her credit report will soon be clean. She can see financial daylight ahead. She lives with mountain views all around, in a house filled with mementos of her travels to six continents and 30 countries (between bouts of cancer). She has a roster of friends made while battling disease. And her double mastectomy means that she is likely done with breast cancer.

She refused chemo the second time around, partly for financial reasons. But that decision resonated with her emotionally and philosophically as well. “Through it all, you do a lot of thinking about the meaning of life and death.”

Asked a question about her case, Sleigh leaves the room for a moment and returns with a thick binder containing every medical image, every blood test, every diagnostic report from her long, difficult history as a patient. She’s the Leo Tolstoy of medical records. “I’ve learned that you have to be super organized. You have to be your own advocate,” she says. She puts her thick medical scrapbook: “Doctors see this and they respect me.”

Are You a FRIEND?
The High Cost of Cancer Treatment

Avoiding financial disaster can add stress to patient’s battle against the disease

If you are diagnosed with cancer, which expert should you see first?
1. A medical specialist.
2. A money manager.

Surprisingly, option two might give you the best hope for surviving the disease with your health, and your wealth, intact. Not only are cancer patients 2½ times as likely to declare bankruptcy as healthy people, but those patients who go bankrupt are 80 percent more likely to die from the disease than other cancer patients, according to studies from the Fred Hutchinson Cancer Center in Seattle. “For many patients, when they get the bills, it can be as bad as some of the side effects of the disease or the treatment,” says the center’s Gary Lyman, M.D.

What makes cancer such a financial killer? Average costs for treatment run in the $150,000 range. The reasons aren’t mysterious. Cancers occur at the cellular level, with abnormal cells dividing and spreading. Containing the cancer and killing those abnormal cells without damaging nearby healthy cells often requires a range of treatments over an extended period of time — lengthy radiation, complicated surgeries, costly chemotherapy, plus other strong medications to supercharge your immune system.

New cancer treatments emerge routinely, but with new hope comes even more cost: 11 of the 12 cancer drugs that the Food and Drug Administration approved in 2012 were priced at more than $100,000 per year. Compare that with, say, treating heart disease. Cardio procedures and medicines are well established, and a big part of the solution is lifestyle changes — eating well, exercising and reducing stress. That’s why treating a heart attack may cost around $39,000.

Yes, insurance covers much of cancer’s medical costs. With a good policy, a patient is probably looking at a bill of more than $4,000 in deductibles and copays in a year before costs are fully covered. Medicare patients will have lower deductibles but may still be on the hook for thousands in copays. The costs of treatment itself, though, are only part of the story.

Cancer’s untold toll
Cancer has tried twice to defeat VJ Sleight. And twice it has won, financially.

Now 63 and living in the Palm Springs, Calif., area, Sleight was diagnosed with breast cancer in her early 30s and again eight years ago. Both times Sleight had insurance, and she’s pretty savvy about money, yet both times she went broke.

The first time cancer struck, in September 1987, Sleight had just left a mortgage-industry job and a boyfriend and had moved to Huntington Beach, away from most of her friends and family.

Is there ever a convenient time for a deadly diagnosis? Not really, but this surely wasn’t it.

Back in the health insurance dark ages, companies could deny coverage of “preexisting conditions.” So when Sleight found a lump during a self-exam in the shower, she resisted seeing a doctor. A positive diagnosis would disqualify her from health insurance. She stayed mum, signed up for a private health plan and then sweated out the 90-day waiting period for coverage to kick in. So her cancer got a head start on the three-decade war it has waged against her.

Not long after Sleight applied for her private insurance policy, she discovered that she was also eligible for a COBRA plan from her old job. Soon she was covered by two policies, so all her medical bills were taken care of. Even so, she had to scrimp and save to pay the premiums. And she went deeply into debt.

Seeing a money manager soon after your diagnosis might give you the best hope for surviving the disease with your health — and your wealth — intact

Sleight’s story is a common one. If testing and treatments were the only costs associated with cancer, insurance could likely save patients from severe financial distress. But they also must grapple with loss of income during several months of treatment and recovery, plus any expenditures for travel and lodging at a cancer-centric health facility. And then there are the follow-up tests, which persist for years and are equally efficient at piling up copays and deductibles.

“I was self-employed as a Realtor,” Sleight explains. “And because of my treatment, I couldn’t work full time.”

Medical costs may have been covered, but she still had to pay the rent, the electric bill, her car expenses — racking up bills easily in the five figures. Because she’d had a job recently, she had the appearance of financial stability, which made getting benefits tricky. “I couldn’t get food stamps,” she says. “I couldn’t get welfare. And that’s what I’ve always felt: I’m not poor enough. I’m not rich enough. I’m not sick enough.”

Eventually, Sleight placed a newspaper ad to sell her furniture and anything else of value. She scraped together a few thousand dollars, moved into a studio apartment and relied on handouts — a thousand for car repairs from a friend, a monthly mercy stipend from her parents, “free” rent from a friend who would later sue her for nonpayment. She maxed out seven or eight credit cards.

Sleight ended up undergoing surgery, though not the radical mastectomy that had been planned. Follow-up care included three chemo drugs administered by injection. The treatments went on for nine months. “I owed $30,000 at the end of it,” she says. “I was dead-ass broke. So I sent a form letter to all the people I owed money to: ‘I’m going through cancer treatment. This is all I can send you.’ They got $5 or $10 a month, and it took me seven years to pay that off.”

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Bar Harbor in July

Sultry blasts of heat curl relentlessly around the vacation crowd in Bar Harbor, Maine.

People pause on harbor walks and fan themselves with multicolored pamphlets.

They wait impatiently in long lines for ice cream and then search out shade before a miracle of fog wreaths the Porcupine Islands with a dense, moving promise of relief.

Harbor watchers gather on the docks and walkways, measure the approaching opaque mist with eyes glazed over by humid July.

Suddenly there comes a cool rush brushing against sweat-covered faces, natural air conditioning from fallen cloud and sweeping sea bed seep into bones that crave release from stifling heat.

Everyone leans into the brisk, moist air, oxygen starved, they inhale deep draughts of the fog bank, straightening the edges of their wrinkled, heat stained souls.
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