

Reader's

FEBRUARY 2018

digest



5
Years
Cancer-
Free

MEDICAL MIRACLES

THAT CAN SAVE YOUR LIFE

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Emily Whitehead (inset, left), now 12, was two weeks shy of her seventh birthday when she received the therapy that saved her life.

BLOOD CELLS: ARGUS/
SHUTTERSTOCK
INSET: COURTESY EMILY
WHITEHEAD FOUNDATION



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Dear Readers

EDITOR
SPOTLIGHT:
Marc Peyser

ONE REASON people like me become journalists is that we get to meet the kinds of people we'd never encounter in our own boring lives. I still can't believe this geeky guy from suburban Columbia, Maryland, once sat with Yoko Ono in her kitchen to talk about John Lennon's legacy. (I was so afraid I'd make a mess in her palatial New York City apartment that I wouldn't even accept a cup of coffee.)

As memorable as that was, it doesn't really compare to photographer Spencer Heyfron's assignment for this issue. A father of two and an enthusiastic boxer, Spencer, 45, was having trouble swallowing in the summer of 2016. He went to the doctor, even though he knew he was too young and healthy to worry much. "Maybe it's cancer," he joked to his doctor.

It was cancer. Specifically, stage 4 cancer of the esophagus that had spread to one lymph node. His doctors were so concerned about the aggressiveness of his case that they started him on chemotherapy and radiation even before they had all the test results. Uncertain of his future, Spencer shared the news sparingly.

"When you tell friends and family, you see them crumble, and there's nothing you can do about it," he says. "It's hard. You feel guilty for hurting them."

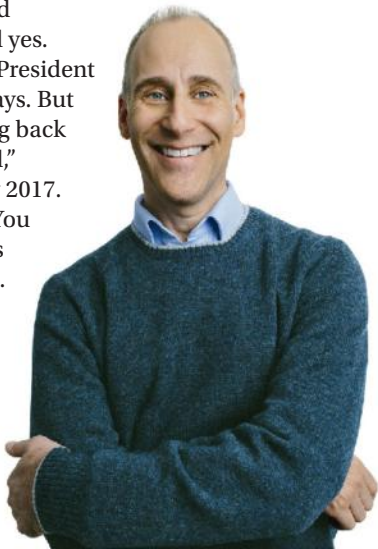
Still, word got around, including to Rebecca Simpson Steele, our photo director. When we began to work on our cover story about the dramatic CAR T breakthrough in cancer treatment, she asked Spencer if he'd like to do the photography. He said yes.

Meeting Dr. Steven Rosenberg, who was one of President Reagan's cancer doctors, was inspiring, Spencer says. But it was the patients who rocked his world. "Looking back on my time in treatment, I was in complete denial," says Spencer, who has been cancer-free since July 2017. "This helped me open up. I said to the patients, 'You and me—we had this experience even the doctors don't understand.' It's like a club—the cancer club. We all had cancer, and we all survived."



Marc Peyser,
executive editor
Write to us at
letters@rd.com.

PHOTOGRAPH BY GLENN GLASSER;
GROOMING: KERRY-LOU BREHM FOR PRO-STYLE-CREW





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Letters

COMMENTS ON OUR RECENT ISSUES

The Nicest Places In America

On a whim, we ended up in Gallatin, Tennessee, to view the recent solar eclipse. As total strangers, we were surprised to be invited to spend the day at a private viewing party overlooking the city. Gallatin deserves to win your Nicest Place in America Contest; its residents are as nice as they come. Thank you for the memories!

CINDY MOREHART, Canal Winchester, Ohio

I was filled with joy when I read that Hayesville, North Carolina, was listed as one of your Nicest Places. As a pastor, I worked with a lovely woman named Marie Hansbower at a mission in Hayesville. One day, she showed me a letter she had received. It was unique because it had only two things on the envelope: *Grandma* and *28904*. It was the early 1960s, when the ZIP code was new. But those five digits got the letter to Hayesville, and in the tiny town of 428 residents, everyone knew who “Grandma” was.

REV. ROLAND HAUTZ, Cincinnati, Ohio



They Did the Right Thing

When my eye caught the word *Muslim* in your October issue, my heart stopped. Being a Muslim, I prayed that it wasn't something negative.

As I read about the man who unknowingly bought a stolen computer and then returned it to its owner, I couldn't stop my tears. Kudos to you for spreading love instead of fear.

HANNAH JONAI, Woodbridge, New Jersey

How to Eat as Much As Possible

When I read “One way to express gratitude for your meal is to stuff yourself,” I was sure that the article was going to be hilarious. But I was wrong. The author was as serious as a heart attack. Sure, I indulged last Thanksgiving, but I certainly didn't strategize ways to gorge myself, and I expressed my gratitude to my hostess by bringing a nice flower arrangement.

KARYN POOLE, MSN, RN,
Prescott Valley, Arizona

Storm Troopers

We often put the wrong people on a pedestal. Our heroes are athletes and movie and TV personalities, while the people who should be admired are brave souls like the Coast Guard crew members who helicoptered into a hurricane to rescue stranded sailors. They deserve our respect and gratitude—and a lot more money for doing what they do!

LYNDA SCHNEIDER,
Mattapoisett, Massachusetts

Word Power

I pride myself on having a credible vocabulary and usually do well with your Word Power quiz. But dare I say it, your November culinary offering ate my lunch.

DANA BIBLE, *West Palm Beach, Florida*

Thank You for Caring So Much

I was touched by the love story of Peter DeMarco and his wife, Laura Levis, and his tender thank-you for those who cared for her at the hospital. But right below Peter's final words was a humorous blurb. Ouch! The thoughts I was thinking, the emotions I was feeling, were hijacked by humor.

DESHUA JOYCE, *Burke, Virginia*

Bad Puns Are How Eye Roll

I might have helped championship punster Peter Rubin during his round on disease-related puns. I have a gluten allergy. It's inbred.

P. S., *via e-mail*



A TRIBUTE IN TAPS

Our Everyday Heroes story about the man who taught himself the trumpet so he could play taps at military funerals received an unusual number of letters from grateful readers.

What a wonderful way to honor our veterans. My father was an Air Force veteran, and there was supposed to be a recording of taps at his funeral. But the tape didn't work. It would have been nice to have a live trumpeter or bugler to make sure he received the honor he deserved after 22 years of service to his country.

DORIS TAIN, *Pittsburgh, Pennsylvania*

This story makes me think of my dad, who played taps in the Army in World War II. I wish I were Gary Marquardt's neighbor so I could hear him play every night.

LISA BURKE, *Leadville, Colorado*

HE'S GOT A MILLION OF 'EM

Do you remember a time when your dad told one of those "funny" stories that really made you groan? Share your favorite dad humor moment—and what you said to him after he finished laughing at himself—at rd.com/dad.

DAD
JOKES
WANTED!



EVERYDAY HEROES



At an uncertain time, these young women offer kids a little magic—and hope

Princess Power

BY ASHLEY LEWIS

“ELSA, IT’S YOU!” It was the four-year-old’s surprise birthday party, and her favorite Disney character, Elsa from *Frozen*, had arrived. The two jubilantly began to sing the movie’s big song, “Let It Go,” and were soon joined by Tinker Bell and four other fairy-tale princesses: Anna, Ariel, Jasmine, and Snow White. You would swear you were celebrating at the most magical place on earth.

But this wasn’t Disney World. It was the pediatric cancer ward at a hospital on Long Island in New York. And the princesses were college students who volunteer for

A Moment of Magic, a nonprofit organization whose mission is to lift the spirits of sick children.

It all began once upon a time with a family movie night featuring *Frozen*. Kylee McGrane, now 23, noticed that she and Elsa had matching blond hair and big blue eyes. McGrane and her friend Maggie McAndrew, then both sophomores on service scholarships at the College of Mount Saint Vincent in New York City, were searching for a new community project, ideally one with kids. That sparked an idea—dressing up as Disney princesses and visiting pediatric cancer patients. ➔

*Kylee McGrane,
aka Elsa,
and the other
princesses have
visited 8,000
children.*



“When kids are in a hospital for so long, they don’t get all the magic that most kids do,” says McGrane. “It’s nice to give them time to be themselves.”


In 2015, after raising \$2,000 on a GoFundMe page to pay for costumes and travel expenses, McGrane and McAndrew landed their first gig, at Cohen Children’s Medical Center in New Hyde Park, New York. They dressed as Elsa and her sister, Anna, to the squealing delight of the girls and blushing smiles from the boys. They spent nearly three hours singing songs, taking pictures, and traveling from one bedside to the next until they had visited and chatted with every one of the 50 children. “To see the kids believe in me, my character ... It was life changing,” says McGrane.

Of course, a princess can work only so many miracles at once, so McGrane and McAndrew recruited their peers. Today, A Moment of Magic has 400 volunteers from 11 colleges around the country.

They also have a growing kingdom of fans. Shara Moskowitz from New Jersey says that her seven-year-old daughter, Avery, still talks almost every day by phone or text to the princesses she met nearly two years ago at her birthday party. Avery was receiving treatment for a neuroblastoma. “My daughter found something that she really needed to connect to,” says Moskowitz. “These girls gave her that moment of imagination, freedom, and happiness of dreaming.” 

The Boy In the Septic Tank

BY ANDY SIMMONS

 MADISON WILLIAMS was studying in her bedroom in Dublin, Ohio, in August 2016 when the door burst open. It was her mother, Leigh Williams, with a horrific and incredible story: “A little boy fell into a septic tank, and no one can reach him.” Then she made this request of her 13-year-old daughter: “Can you help?”

Madison and Leigh ran to a neighbor’s yard, where they found the boy’s distraught mother and other frantic adults surrounding a septic tank opening that protruded a few inches above the neatly trimmed lawn. It was 11 inches in diameter—slightly wider than a basketball—with a hatch that had not been secured. The boy, who was only two years old, had slipped in and was drowning in four feet of sewage inside a tank that was eight feet deep.

The men and women—who minutes earlier had been enjoying a party in a nearby home when they heard the boy’s mother scream—were dropping extension cords into the sludge, hoping the child would grab hold so they could pull him out.



Soon after the rescue, an injured Madison Williams stands near two of the tank's hatches.

Madison quickly surveyed the situation. She was the only one who could fit through the small hole. Without hesitation, she got on her stomach next to the opening, placed her arms out in front of her, and told the adults, "Lower me in."

Leigh and others held her waist and legs. "I wiggled my arms and shoulders until I got through the opening," Madison says. Inside, the tank was dark and the air putrid. Madison thrust her arms into the muck. In the process, she jammed her left wrist against a concealed pole, injuring the muscles in her wrist and arm so severely that the hand was rendered useless.

Rather than tend to her injury, Madison skimmed the surface of the sewage, hoping to feel the

submerged boy. "Every once in a while, I'd see his little toes pop out of the water," she says. "Then I would try to grab them." Minutes ticked by before she saw the faint outline of his foot again. Madison shot her good hand out and grasped the foot tightly. "Pull me up!" she shouted to the others above.

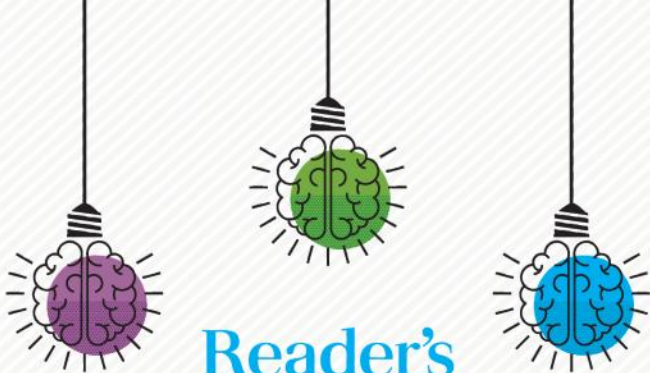
As they were pulled to the surface, the boy's free foot got stuck under the inside lip of the hatch. "Lower me down!" she yelled. "I had to wiggle his foot until it was free," she tells *Reader's Digest*. Then, ten minutes after Madison had entered the tank,

she and the boy were lifted out.

But the toddler wasn't out of trouble. He had been deprived of oxygen long enough that he wasn't breathing. He was placed on his side, and an adult gave him several hard whacks on the back, one right after the other, until the boy coughed up fluids. It was only when Madison heard him cry that she knew he was all right.

It took Madison longer to recover than the boy, who was taken to the hospital and released that same night. She, however, endured months of physical therapy for her wrist, which, says neighbor Mary Holley, made the girl's actions all the more impressive.

"Madison's a hero," Holley says. "What other teenage girl is going to voluntarily go into a septic tank?" **R**



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VOICES & VIEWS

Department of Wit

Valentine's Day Gifts Are Silly. Unless ...



BY ROBIN MCCAULEY



ROBIN MCCAULEY is an artist and a writer living in Los Angeles with her husband and four cats.

☞ PLEASE DON'T GET ME anything for Valentine's Day. I mean it. I don't need anything. I don't need you to give me material things to show me how much you love me. I know you love me. That's all that matters!

I mean, OK, if you really want to do something to show me you love me this Valentine's Day, you can just make me something. Handmade gifts are the best! I would love nothing more than a thoughtful handmade Tiffany diamond ring or card.

If you do make me a card, you don't have to write a love poem in it or anything like that. I don't need all that mushy stuff. Besides, not many words rhyme with my name, Robin. *Bobbin?* No, that's not good for a poem. Maybe try *love*. *Dove ... glove ... in awe of ...* I don't want to put words in your mouth.

I for sure don't need a pretty heart-shaped box of chocolates for Valentine's Day. You never know what is inside each piece, so you have to take a little bite out of all of them just to find ➤➤

the one you like—which is all of them. But no, I can't eat them anyway, because I'm trying to not eat sweets. Unless it's a special occasion.

Some women like getting adorable red or pink teddy bears for Valentine's Day. You know, the ones that have *I Love You* embroidered on them.

But not me! I can't even imagine where I would keep something like that, besides on my bed or on the couch or in the back window of my car or on my desk at work. Where would I put something like that?

I don't need to go out for a fancy dinner on Valentine's Day. Even if we wanted to get a table at a fancy restaurant for Valentine's Day, we wouldn't be able to now. It's too late. Right? Are you sure? Maybe we should call around.

You did? Oh. Well, there's no need to make a special romantic candlelit dinner for me at home. I don't need a perfectly cooked filet mignon with mashed potatoes and asparagus—I'm fine with leftovers or frozen pizza. No Fuss is my middle name! For sure, don't worry about making a delicious creamy cheesecake with cherry topping for dessert. Cheesecake is hard to make. (There are really easy recipes online.)

Oh, and definitely don't get me red roses for Valentine's Day. Yuck! Who

would want red roses? Pink roses are prettier. But as I said, please don't get them for me. They will just die anyway, and I would be able to really enjoy them for only a week or so—well, probably longer if I put an aspirin in the water. They would probably stay pretty for almost two

weeks. Maybe three. But don't get me any. I don't need them.

And don't even *think* about planning a surprise romantic Valentine's weekend getaway. I don't need to be whisked away for a fun trip to know that you love me. That would be just too much planning!


How would I pack for a surprise trip? You would have to pack a suitcase for me, and then I would have to wear what you packed for me.

Like a bikini.

Or my comfy flats that would make it easier to walk on the cobblestones in, say, Rome.

Or that blue sweater (in the third drawer on the right side of the dresser, beneath the gray shawl) to keep me warm during those chilly February nights in Paris.

But I know you, and I'm sure you are sensible and know a surprise romantic trip would not be something I would enjoy at all.

It's a cruise, isn't it? You booked us on a romantic cruise? 

“
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gifts are the
best, like
a handmade
Tiffany
diamond ring.***”

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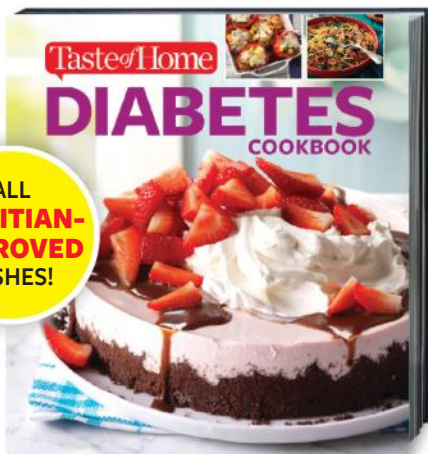
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Say Yes to The Ruined Dress

BY JENNY ALLEN FROM THE BOOK *WOULD EVERYBODY PLEASE STOP?*



Author and humorist JENNY ALLEN has written for the New Yorker, Esquire, and many other publications. Would Everybody Please Stop? is her latest book.

☛ I WAS FLYING ON AN AIRPLANE the other day when my new pen splattered black ink all over the front of my new dress. The pen was my favorite kind of pen—or was, until then: a Bic Z4 Roller. The real ink was what had made me love Z4 Rollers. It was thinner than what comes out of, say, a regular Bic pen, which meant you barely had to touch the paper to get the pen to move across it. Z4s are like fountain pens, only without the messy qualities of a fountain pen. I loved them deeply.

I loved my new dress even more, though. It was from Banana Republic, and I had paid full price for it, which I never do. But the dress was worth it. It was casual and a little dressy at the same time: sleeveless, with a scoop neckline, a tailored waist, and a slightly puffy skirt. It had flattering, thin, vertical blue and white stripes, and the fabric was a blend of cotton and something human-made that nevertheless felt soft and not fake and yet required no maintenance—no dry cleaning, no ironing. The dress practically sprang itself out of the dryer and stood up on its own, wrinkle-free and ready to go. Also, it had my favorite feature in a dress, which is pockets. They were hidden pockets, sewn into the seam, which I like even more.



After the explosion on the plane, I attacked the big wet splotches of ink with water and a napkin; if anything, this seemed to set the stains. As soon as we landed, I ran to an airport store and bought one of those little travel packets of disposable cloths soaked in stain remover and tried scrubbing the splotches again. I knew this would be futile, and it was. I went to my

hotel, changed my clothes, and put the ruined dress into my suitcase. I couldn't bear to throw it away; maybe someone would invent a magical ink-stain remover in the next week and I'd have thrown out the dress for nothing.

Sometimes, when something bad happens to me, I play a little game. The object is to ask yourself whether

the bad thing that just happened has any silver lining whatsoever. It's corny but comforting; if you try it, you'll be surprised. There's some good thing, even if it's tiny, even if you have to strain for it, in almost every misfortune. I never thought I'd say it, but I can even see the upside of my having had cancer. It took me a long time to feel that way, and I won't get into it here, but if you don't die—a big caveat, I know—there is one, I swear. But I have thought and thought about my ruined dress and what the upside of it could be, and I just cannot think of one thing.

I put this question to a friend, and she said that the ruined dress was one of those lessons about the impermanence of things, about nonattachment. About how everything changes and how life is about letting go.

I considered this. And then I thought, I already know that. Doesn't everyone over, say, 40, know it? Haven't we all lost a lot of things? In fact, not to sound too dreary, but doesn't it sometimes seem as if life is just one big leave-taking after another—from your children, from Checker cabs, from weather that

makes sense, from people we love who move far away or die too young?

So much loss! A new dress isn't a show of attachment to material objects (OK, maybe a little). I knew the dress would start looking shabby one day. But buying a new dress is an act of hope, a show of spirit in the face of an unreliable universe.

At least that's what my new dress was. It had been a trying year. And now my emblem of hope had these big black splotches all over it.

But you know what? Here's what I'm attached to: Possibility. Pleasure. They're less lofty than hope, less credulous, less faith

based, but they're more accessible. I went to the flea market yesterday, and I found a pretty little platter. It's practically ordering me to roast a chicken, invite a couple of people over, and serve the chicken on it. I think I'll make peach cobbler for dessert. Someone, probably me, could drop and break the platter during the evening—it's unlikely but possible, like the ink exploding from my pen—but was that a reason not to buy it?

My dress and I—we were great while we lasted. Never mind. That's the way some love affairs go. **R**

“
*I like to play
 a game:
 When something
 bad happens,
 I ask myself
 whether there is
 a silver lining.*”

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you should
do it.**

DEANA NEVILLE



Riverside, CA

**Listen to
your elders.**

Not because they're always
right, but because they're more
experienced at being wrong.

STEVE RICHARDS



San Antonio,
TX

write a fortune cookie saying ...

You should
**never act
your age**

if you are over 50.

KAY COWELL

Lawrence, KS

Life is made of pieces,

like this cookie. Some are pointy, some are sweet, but each piece is a part of the whole.

RICHARD A. FOSTER

Phillipsburg, NJ

**No
message
today.**

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confused.

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exes regret**

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Murrells Inlet, SC

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CONSTANCE RELEFORD


Cordova, TN

College Park, GA

**Your mother
was right.**

MELANIE SALAVA

Riverview, FL

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Your True Stories

IN 100 WORDS

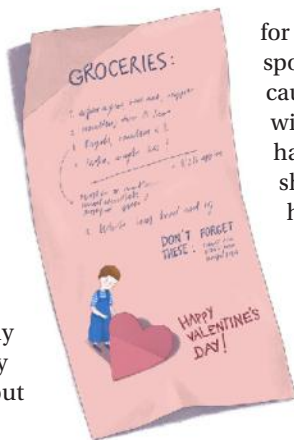
MY SWEET HEARTS

It's Valentine's Day, and I'm a mom, so I get to go grocery shopping. I make a list and plan to leave once the kids are gone. First, though, I decide to tackle the tornado that hit my kitchen. I wistfully wonder how this holiday might be different without all of this. Finally ready, I glance once more at my shopping list. There, at the bottom, my youngest has taped a little cutout heart and written "Happy Valentine's Day." A sweet reminder that I have four valentines who each see me as theirs.

LISA ANDERSON, *West Jordan, Utah*

POLLY WANT A COFFEE

Shortly after I moved to a new neighborhood, my African gray parrot accidentally flew out the door. Panicked, I ran after him. One of the new words the parrot had learned recently was *coffee*, and his nickname was Small. As a result, I was running around yelling "Small! Coffee!" at the trees like a madwoman, hoping



for him to squawk a response. Finally, a neighbor cautiously approached me with a steaming mug in hand and said, "Maybe you should switch to decaf, honey." Remarkably, I got my parrot back later that day. **DINA GLINIORS,**
Newbury Park, California

UPON FURTHER REFLECTION ...

Three weeks after my total knee replacement, I had my first outpatient visit with the surgeon. When the office visit was over, my wife left ahead of me to get the car. I walked with my cane through the lobby. As I approached the exit and started to press the automatic door button, I noticed an elderly gentleman approaching from the other side. To be courteous, I waited for him to enter first. Only then did I realize I was looking at my own reflection in the door.

GREGORY LARKIN, *Indianapolis, Indiana*

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An aerial photograph capturing a vast school of bright red fish, likely Atlantic salmon, swimming in shallow, rippling water. The fish are densely packed, creating a vibrant, textured pattern of red and purple against the greenish-brown water. The perspective is from directly above, looking down on the school as it moves across the frame.

PHOTO
OF LASTING
INTEREST

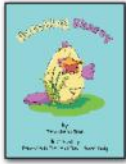
© ART WOLFE/ARTWOLFE.COM

Gone Fishin'

Although human visitors to Katmai National Park in Alaska are required to complete a “bear etiquette” orientation, the bears make no offer of their own hospitality. As these salmon are about to find out, brown bears rule at Katmai. Around 2,200 of them roam the four-million-acre park, compared with the 60 campers allowed at the park’s only established campground. Another reason the bears have thrived: This is Katmai’s centennial year under national park protection. Given that history, as the humans learn in the orientation, “bears are often given the right-of-way.”

PHOTOGRAPH BY ART WOLFE





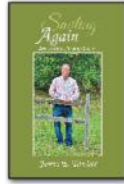
Hatching Sharey

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Follow Sharey as she hatches into the wild with a duck-like bill, a mole-like claw and a beaver-like tail. She learns that she's not exactly a duck, a mole, or a beaver, but a unique member of the animal kingdom.



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Exordium

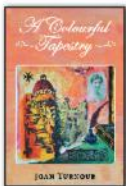
Nadia Benjelloun

www.authorhouse.co.uk

\$19.76 sc | \$4.99 eb

It's circa 2040.

The world is borne of intercontinental recession. A paroxysm of new viruses has taken over all biological and digital systems, and technology has run off its course. It came down to every man for himself.



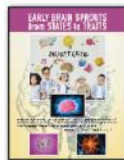
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Joan Turnour

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From Malta in the 1930's to England during World War II, Joan Turnour migrates to Australia. Finding romance in outback Darwin and a pioneering life raising four children, she then joins her husband on aid projects in South East Asia.



Early Brain Sprouts from States to Traits

Meena Chintapalli,
M.D. F.A.A.P.

www.xlibris.com

\$111.99 hc | \$101.99 sc | \$18.99 eb

The book discusses scientific data on experiential neuroplasticity, environmental toxicity preventing optimal bio-social and cognitive pathways of holistic child health and behavioral development. Curriculum discusses nurture, effective parenting during all transitions without expensive therapies and gaudets 0-5 years.



A woman slips and falls after a big snowstorm.
Is her apartment complex liable for nature's handiwork?

The Case of the Icy Walkway

BY VICKI GLEBOCKI

THE BLIZZARD that pummeled northern Illinois and northwest Indiana on Groundhog Day in 2011 was a doozy. The National Weather Service declared it the third-worst winter storm in Chicago's history. Outside the city, in the town of Carol Stream, Illinois, more than

20 inches of snow fell; five days later, the snow-removal service hired by the Klein Creek Condominium Association cleared all the sidewalks at the complex. The snow had mostly melted by February 18. Pamela Murphy-Hylton left her condo at 8:30 that sunny but



below-freezing morning and walked along the sidewalk behind her building toward the parking lot. Next thing she knew, she'd fallen, fracturing her leg, knee, and hip. As she waited on the ground for the paramedics, she felt ice on the sidewalk. The patch was about the size of a sheet of paper.

Four months and several surgeries later, on June 13, Murphy-Hylton filed a negligence action in the Circuit Court of Cook County against the condominium association and its management company, alleging that "their negligent maintenance of the premises created an unnatural accumulation of ice, which caused her to fall."

Three years later, on August 14, 2014, the trial court sided with the

defendants and dismissed the case. Why? The owners of the complex were protected by the Illinois Snow and Ice Removal Act. The law states that property owners are not required to remove snow and ice because, basically, the weather there is too unpredictable for them to take on such an "unreasonable burden of vigilance." While a property owner is "encouraged to clean the sidewalks," according to the act, he or she is not liable if someone gets hurt by slipping and falling on "the snowy or icy condition."

Nonetheless, Murphy-Hylton appealed to the Illinois Supreme Court.

Can a property owner be liable if someone slips and falls on snow or ice on the property? You be the judge.



THE VERDICT

Yes. Many municipalities (and some states) require property owners to remove snow and ice after a storm, but the regulations vary widely. However, Murphy-Hylton argued that this class of laws didn't apply in her case. She said that the ice that felled her wasn't from the snowstorm. Instead, it had allegedly formed when melting snow was funneled onto the sidewalk from poorly maintained drains and refroze there. The Illinois Supreme Court agreed with her, ruling that the state's Snow and Ice Removal Act does not immunize owners when an icy sidewalk that causes an injury is due to a "negligent failure to maintain the premises." That meant her case against Klein Creek and its management company could proceed. Attorneys are back in mediation to determine whether the complex is liable after all, and if so, what damages should be awarded. **R**

ASK THE EXPERT



Jacques Herzog, M.D.
Cochlear Medical Advisor

Cochlear Implants – Life Beyond Hearing Aids

Do you strain to hear each day, even with powerful hearing aids?

Feeling frustrated and sometimes even exhausted from listening? Whether it happens suddenly or gradually, hearing loss can affect you physically and emotionally.

Cochlear implants work differently than hearing aids. Rather than amplifying sound, they use sophisticated software and state-of-the-art electronic components to provide access to the sounds you've been missing.

Q How do implants differ from hearing aids?

Hearing aids help many people by making the sounds they hear louder. Unfortunately as hearing loss progresses, sounds need not only to be made louder, but clearer. Cochlear implants can help give you that clarity, especially in noisy environments. Hearing aids are typically worn before a cochlear implant solution is considered.

With hearing loss, you're missing so much more than just your hearing. Don't let hearing loss prevent you from living your life fully.

Q Are cochlear implants covered by Medicare?

Yes, Medicare and most private insurance plans routinely cover cochlear implants.

Q What does a cochlear implant system look like?

There are two primary components of the Cochlear™ Nucleus® System – the implant that is surgically placed underneath the skin and the external sound processor. Cochlear offers two wearing options for the sound processor. One is worn behind the ear similar to a hearing aid. The other, the new Kanso® Sound Processor, is a discreet, off-the-ear hearing solution that's easy to use. The Cochlear Nucleus System advanced technology is designed to help you hear and understand conversations better.

Dr. Jacques Herzog, a cochlear implant surgeon and medical advisor to Cochlear, the world leader in cochlear implants, answers questions about cochlear implants and how they are different from hearing aids.

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CAM-MK-PR-327 ISS1 AUG17



Points to Ponder



I never woke up and thought, I really want to live a bold life. I just can't *do* the other.

ANGELINA JOLIE,
actress, in *Vanity Fair*

THE TWO WORDS *silent* and *listen* contain the same letters arranged differently ... In whatever relationship you may be in, the best way to listen is to remain silent.

ROBERT HERJAVEC,
entrepreneur and television personality,
in his book *You Don't Have to Be a Shark*

SINCE WE'RE ALL going to get wrinkly and die, maybe we've got to accept that. It's like what they teach you in driving school: If your car skids, turn the wheels right into it. It's counter-intuitive, but don't fight the slide.

AMANDA PEET,
actress, on lennyletter.com

IN THE COLDEST FEBRUARY, as in every other month in every other year, the best thing to hold on to in this world is each other.

LINDA ELLERBEE,
journalist, in her book
Move On: Adventures in the Real World

PEOPLE USED TO wait in line at the checkout and daydream. Now they pull out their phones and go into the digital world. This is a missed opportunity to reflect, to relax, to be mindful of the moment. Creativity lives in those quiet spaces.

ADAM GAZZALEY,
neuroscientist, on berkeleywellness.com

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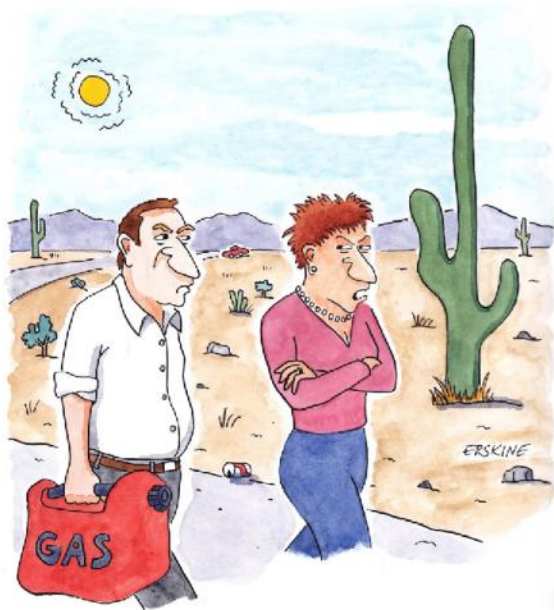
sears



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Life

IN THESE UNITED STATES



"I told you the tank was half-empty, but oh no, you said it was half-full."

SCENE: Mom texting her daughter.

Mom: I think I keep getting messages or missed calls or something.

Me: From who?

Mom: Someone called Betty Low?

Me: Um, *battery low*?

Mom: That's it!

Source: crazythingsparentstext.com

DURING A consultation with her doctor before having surgery, my friend

said to him, "My husband wants me to ask when I will be able to—"

The doctor cut her off right there. "I'm asked that question frequently," he said. He then leaned in and added, "You need to wait at least six weeks for intimacy."

My friend shook her head. "No, what he wanted to know was when I will be able to cook for him."

MICHELLE HOSKINS, Pearl, Mississippi

AFTER OUR MEAL at the pancake house, the waitress asked if we needed anything else.

“Yes,” I said. “Could I get more water, please?”

“Sure,” she said. And with that, she picked up my friend’s glass of water, poured half into mine, and then walked away.

RICHARD HORNER, *Salt Lake City, Utah*

WHILE AT THE MALL, I passed two women, neither of whom looked particularly happy. Especially the one who said, “Nothing in my size fits me anymore.”

MARY WATERS, *Little Rock, Arkansas*

ONE MORNING, my wife asked our four-year-old son, Jud, what he wanted for breakfast. “Soup,” he said.

“Son, we don’t eat soup for breakfast. We eat soup for lunch. So what would you like for breakfast?”

“Lunch,” he replied.

JON GOAD, *Lake City, Arkansas*

ASKED MY HUSBAND to bring me a cookie. He brought me the whole box. We’re soul mates.

🐦@WINOSAURUSMOM

Got a funny story about friends or family? It could be worth \$\$\$\$. For details, see page 3 or go to rd.com/submit.

LIES WE TELL OUR KIDS

■ We got our daughter to eat fish by calling it Argentinian chicken.

■ If the ice cream truck is playing music, it means it has run out of ice cream.

■ Our parents used to tell my only brother and me that we used to have another brother who turned into a mushroom from not taking a bath. Even added him to the family albums.

■ My dad said if I looked after a special growing rock and watered it each day until it stopped growing, I could get a dog. I’d water it, and every week, while I was at school, he’d replace it with a slightly bigger rock.

■ When I was little, my dad told me that toys grew under the weeds in the yard and that if I pulled them, eventually a toy would pop out. And I believed it!

■ They don’t sell replacement batteries for that toy.



Sources: boredpanda.com and reddit.com

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ART *of* LIVING

You take supplements to boost your overall health. Here's how to get the most out of every pill.

10 Ways to Make Your Vitamins Work Better

BY DENISE MANN

1. TAKE THEM WITH FOOD

"Eating initiates a cascade of digestive processes that help absorb nutrients from food, and this will also optimize the absorption of the vitamins and minerals," explains Douglas "Duffy" MacKay, ND, senior vice president of scientific and regulatory affairs at the ➔



Council for Responsible Nutrition. Taking supplements on a full stomach also helps prevent them from causing nausea, a common side effect. Of course, there are exceptions—in this case, it's iron. Take it on an empty stomach for better absorption.

2. LEARN HOW THEY WORK WITH YOUR MEDS

Vitamins and minerals can interact with prescription and over-the-counter medications, sometimes making one or the other less effective. For example, calcium may interfere with the absorption of levothyroxine, a thyroid medication. “They compete for absorption in the bloodstream and should be taken a few hours apart,” MacKay says. On the other hand, supplements sometimes help drugs work better. Studies show that antidepressants are more effective when taken with omega-3-rich fish oil. The worst-case scenario: when supplements excessively amplify a medication's effects. For instance, fish oil, vitamin E, and ginkgo are natural blood thinners, so if you take any of them together with an anticoagulant, your blood may become too thin, raising the risk for internal bleeding and hemorrhagic stroke. Ask your doctor or

pharmacist for guidance before starting on any supplements.

3. TAKE THEM WITH FAT

Fat-soluble vitamins—namely A, D, E, and K—are better absorbed when taken with fat. One study in the *Journal of the Academy of Nutrition and*

Dietetics found that adults who took vitamin D with a high-fat breakfast had 32 percent greater absorption of the vitamin than those who ate a fat-free morning meal. But because fat-soluble vitamins can accumulate in the body, it is possible to get too much of them.

It's probably fine if you

get them from a multivitamin, but get your doctor's OK before taking any extra A, D, E, or K supplements.

4. PAIR THEM

Some vitamins and minerals work especially well together, says Chris D'Adamo, PhD, assistant professor at the University of Maryland School of Medicine and director of research at the Center for Integrative Medicine. Vitamins D and K2 help calcium absorption. Another winning pair: Vitamin C helps the body absorb a higher percentage of iron. D'Adamo also notes, “In a study we did, taking iron with vitamin C reduced side effects such as constipation and nausea.”



Some vitamins and minerals work especially well together, such as vitamin C and iron.

5. BUT KEEP THESE APART

Some vitamins and minerals are best taken separately. "Large doses [60 mg or more] of zinc and copper compete with one another, as do iron and zinc," D'Adamo says. Calcium also inhibits iron absorption. Take iron in the morning before eating and calcium in the evening, when it can calm your mood. Also, says Michael J. Breus, PhD, author of *The Power of When*, "if a vitamin is water soluble [such as the B vitamins and vitamin C], then you'll urinate much of it out on your next bathroom trip, so some will need to be taken more than one time per day."

6. LOOK INTO DIGESTIVE ENZYMES OR PROBIOTICS

Probiotics, which are live bacteria and yeasts that aid digestion, can help nutrients assimilate better, D'Adamo says. So can digestive enzymes. "Plant-based digestive enzymes tend to survive stomach acid," he says, "so they can help with absorption of certain nutrients that may normally get destroyed by the acid."

7. KNOW HOW AND WHERE TO STORE YOUR STASH

"I've found that the best-quality probiotics are shipped and stored cold in the refrigerator," D'Adamo says. Otherwise, the live cultures they contain will be dead on arrival. Omega-3 fatty-fish oil, another popular supplement, should be kept in a cool, dark spot because the pills can degrade

from heat, light, and oxygen. D'Adamo recommends freezing them to prevent spoilage and reduce fishy burps and stomach irritation.

8. GO NATURAL

While studies of vitamin E have had mixed results, it is a powerful antioxidant. If you choose to take a supplement, look for natural forms, which are twice as bioavailable as synthetic ones, D'Adamo says. This means your body can use more of the good stuff. Look for a *D* on the label, which indicates that it is natural; *DL* indicates synthetic.

9. WATCH THE CAFFEINE

Caffeine in your morning joe may interfere with the absorption of vitamins and minerals and may also leach calcium from your bones. Minimize these risks by consuming no more than three cups a day, getting enough calcium plus vitamin D, and waiting about 15 minutes after your coffee to take your vitamins.

10. SCHEDULE THEM

"All B vitamins should be taken in the morning, as they tend to give people energy," Breus says. Other supplements should be reserved for evenings, largely because they can make you drowsy. "Magnesium has a true calming effect, and in some cases, it can make people feel downright sleepy, so it is best taken just before bed," adds Breus. **R**

You messed up. You know it. Now what?

How to Say I'm Sorry (And Really Mean It)

BY LISA FIELDS

☛ **THERE'S MORE TO** saying sorry than just saying “sorry.” In fact, a study led by researchers at Ohio State University found that effective apologies—in other words, ones that were accepted by the aggrieved and allowed both parties to move on with no lingering animosity—have six components: expressing regret, explaining what went wrong, acknowledging responsibility, declaring repentance, offering to repair the situation, and requesting forgiveness.

“The more of those components that were included, the more likely the apology was seen as credible,” says Roy Lewicki, lead author of the study.

That may seem like a lot to remember, but Lewicki found that two sentiments were the most essential: admis-

sion (acknowledgment of your responsibility and the other person’s feelings) and contrition (remorse and commitment to future change). “Acknowledgment of responsibility turned out to be the most important piece,” he says.

Of course, not all screwups are created equal, so you might need to fine-tune your groveling depending on the circumstances.

Here are a few key tips.

It was all my fault!



Sincerity Trumps Timing

Did you screw up *royally*? A little cool-off time could help. “Sometimes an immediate apology is called for,” says Antony Manstead, a professor of psychology at Cardiff University in Wales. “But if the other party is angry at your perceived wrongdoing, it may be more effective to wait because their anger may prevent them from being receptive to an apology.”

Waiting can benefit you too. “The best time to apologize is when one feels ready to sincerely apologize,” says Etienne Mullet, research director at the Ethics and Work Laboratory at the Institute of Advanced Studies in Paris. “There is nothing worse in these situations than insincere apologies.”

Explain, Don't Excuse

“Because admitting to being wrong is painful and can make people worried that they're a bad person, they often water down their apology with excuses—statements that undermine the responsibility part of the apology to save face,” says Roger Giner-Sorolla, a professor of social psychology at the University of Kent in England.

The worst sort of excuse? Fingering. “Examples include ‘I certainly apologize if I offended anyone’ and ‘I'm very sorry, but in my defense, you started it,’” says Ryan Fehr, a professor of management at the University of Washington's Foster School of Business. That sort of

apology has a name: a nonapology.

“A nonapology is a statement such as ‘I'm sorry you were offended by my joke,’” Giner-Sorolla says. “It uses the form of an apology—‘I'm sorry’—but follows it up by shifting responsibility to the offended person, implying he or she is too sensitive.”

“Don't imply that the other person is wrong to feel upset or angry,” adds Mara Olekalns, a professor of management at Melbourne Business School. “This diminishes and invalidates his or her experience.”

Let Your Body Do the Talking

Experts agree that face-to-face apologies beat phoned-in, e-mailed, or handwritten ones. “Facial expressions, posture, and the tone of voice have all been shown to be important channels that convey sincerity when you express remorse,” Giner-Sorolla says. “Anyone can type ‘I feel really ashamed,’ but if you say it live, it's obvious whether or not you mean it.”

A phone call is second best: You'll convey emotions with your voice and get instant feedback. E-mailed apologies aren't ideal. They're devoid of emotional cues—and once you've typed them, the recipients can forward them to anyone. “A victim can exploit written apologies and do harm to the apologizer,” Mullet says. “Being a victim does not automatically transform a person into a good person.” **R**

Extraordinary uses for the items you already own

Clever Substitutes For Everyday Kitchen Gadgets

BY NANCY STEDMAN

YOU NEED: A WHISK

SUB IN: TWO FORKS

A whisk introduces air as you're blending ingredients. You can do this with a fork, too; it will just take longer for your mixture to get fluffy. Even better, place two forks so their tines intertwine, tape their handles together, and whisk away. The space between the forks helps add air. *Tip:* Don't use this makeshift whisk on nonstick pans; the forks can damage the lining.

YOU NEED: A STEAMER BASKET

SUB IN: ALUMINUM FOIL AND A DISHWASHER-SAFE PLATE

To set food over steam, crumple tinfoil into three large balls and arrange them in a triangle pattern in a large pot. Top them with a dishwasher-safe plate. Add water to the pot (under the plate) and place items such as dumplings or salmon on the plate. Once the water simmers, cover the pot. *Tip:* For foods that may fall off the plate, such as brussels sprouts, use a metal colander instead.



YOU NEED: A COLANDER**SUB IN: AN ALUMINUM PIE TIN**

To drain pasta or vegetables without a colander, poke holes in a disposable pie tin and use it as a strainer. *Tip:* No pie tin? Arrange the pot lid so it's about a quarter-inch askew, hold it down with oven mitts, and carefully pour the water out, letting the lid catch your food. Hold the pot away from you to avoid a steam burn.

YOU NEED: A JAR OPENER**SUB IN: A RUBBER BAND**

To get a better grip on a tight lid, wrap its edge with a rubber band (the thicker the better) and twist. Voilà! The lid should open easily. *Tip:* Improve your grip even more by putting an additional rubber band around the center of the jar and grasping the container there.

YOU NEED: A ROLLING PIN**SUB IN: A LIQUOR OR WINE BOTTLE**

Why take up scarce kitchen space with a rolling pin when a liquor or wine bottle can just as easily do the trick? Cover the bottle with plastic wrap, sprinkle it with flour to prevent sticking, and then use it exactly as you would a rolling pin. *Tip:* If you chill the bottle beforehand, the coolness will help the fat in your piecrust dough stay solid, yielding a flakier crust. Wipe any condensation from the bottle first so you don't add more moisture to the dough.

YOU NEED: A SIFTER**SUB IN: A METAL SIEVE**

Sifting fluffs up flour and mixes dry ingredients together. For a substitute, hold a metal strainer over a bowl with one hand. Use your other hand to put the ingredients in the strainer and then tap the sides gently so that the ingredients slowly sift through the holes. *Tip:* In a pinch, a whisk can also blend dry ingredients and add extra fluff, though it may take longer.

YOU NEED: A VACUUM SEALER**SUB IN: ZIPLOCK BAGS AND WATER**

For a tight seal on the food you're about to pop in the freezer, put your chow in plastic ziplock bags and leave the last inch of the top open. Fill the sink or a pot with water, then lower the bag slowly into the water, pushing out the air. Seal and dry the bag before freezing. *Tip:* You can also use a straw to suck air from an almost-closed plastic bag—though it's best not to use this method with raw meat.

YOU NEED: A BOTTLE OPENER**SUB IN: A METAL SPOON**

Hold the bottle by its neck as high up as possible. With your other hand, hold a metal spoon tightly, with your thumb in the front center of its bowl, near the handle. Put the front tip of the spoon under the bottle's cap, then lift slowly until the cap pops off. *Tip:* If the top doesn't pop off easily, move the spoon around its circumference to pry it up little by little. **R**

In one conversation after Dad got sick,
our relationship changed completely

Forgiving My Father

BY M. WILLIAM LENSCH FROM THE *BOSTON GLOBE*



NOTHING STAYS the same for long. Things and people change, often for the worse, it seems, but once in a while, very much for the better.

I grew up on a small farm, living a life that I took for granted. I had a dog without a leash and mountains in whichever direction I looked, and I awoke to the call of pheasants in the alfalfa fields. My father worked in the city as a welder. He was quiet; distant, you might say. He was not highly educated, but he was smart, with an engineer's way of looking at problems. He was a man made of leather, brass, and chewing tobacco who tried to teach my brother and me useful things, including respect.

He also had a temper. I did not like him very much.

One day I came home from school and his car was already there. Once inside, I was told by my mother that he didn't feel well. His back hurt. My father never missed work; in fact, when he came home, he went to the barn to work even more. I remember peeking around the corner at him as he lay on his bed in the middle of the day. I was in elementary school.

Multiple myeloma, I learned, is a type of blood cancer. It starts in the cells that normally make antibodies for the body to use in its immune response against infections. When

those cells become malignant, they make abnormal antibodies like crazy, crowding out the useful ones. As the cancer grows, the person who has it shrinks. The disease saps the body's energy, and the abnormal antibodies cause problems for other cells and tissues. Bones eventually look like Swiss cheese, and when they break, they may never heal. For the last year of my father's life, his entire day consisted of rising from his hospital bed in the living room and walking to his chair to sit and think.

He was predictably in that chair when I came home one day during the ninth grade.

I do not remember where my mother and brother were, but the two of us were alone. He asked me to sit down.

What followed still moves me these decades later. He told me about his life, his family growing up, what it was like in the Pacific during World War II, his loves, his heartbreaks. It was as if a pipe had burst, his inner self rushing out to me in a great flood.

He had been speaking for maybe an hour or more when I realized that he was doing more than telling. He was asking to be forgiven. All it took was understanding that that was

what he needed, and I forgave everything, immediately.

When he died, I didn't return to school for a few days. My biggest dread going back was gym class. It was poorly supervised, and bullies ran the show. True to form, on my first day, I was standing there in my shorts when an all-too-familiar voice

bellowed, "Lensch!" It was a guy who had given many of us a few lumps over the years. I turned to face him and said, "What do you want?" The other boys didn't say a word as they waited for the beatdown.

"I heard your dad died," he said. "Is that true?"

I quietly replied, "Yes."

He didn't punch me. He didn't even move. Instead, he said, "I'm sorry."

I was shocked. I'm sure I cried. Those two words are how I have remembered that kid ever since.

What do you do when your "enemies" reveal that they are also human? I think you either forgive and move forward or hold on to resentment and live in the past. I'm certainly not glad that my father got sick, but at the same time, I realize that if he hadn't, I might never have come to love him.

R

“
He told me about his family, World War II, his loves, his heartbreaks. It was as if a pipe had burst.

Brittle bones and breast cancer aren't the only concerns women face as their hormone levels change with age

8 Surprising Postmenopause Health Risks

BY SUSAN JARA

1 GUM DISEASE

After estrogen levels decline, women become more susceptible to tooth loss and periodontal disease, so good oral hygiene counts more than ever. In addition, "some postmenopausal women note dry mouth, or pain or burning in gum tissue, as well as altered taste for salty, peppery, or sour foods," says JoAnn V. Pinkerton, MD, executive director of the North American Menopause Society.

2 SLEEP APNEA

The risk of developing sleep apnea rises after menopause, probably because of a drop in the hormone progesterone, which stimulates breathing. Unfortunately, the condition isn't diagnosed in nearly 90 percent of affected women, says Dr. Pinkerton, citing the Wisconsin Sleep Cohort Study. Instead of the hallmark signs of the sleep disorder—snoring, pauses in breathing, excessive daytime sleepiness—women may experience insomnia, morning headache, and anxiety.

3 DIABETES

If you began menopause before age 46 or after age 55, you're more likely to develop type 2 diabetes, according to the Women's Health Initiative. Low estrogen, known to increase insulin resistance and trigger cravings, plays a role. Having high blood pressure, polycystic ovary syndrome, or previous bouts of gestational diabetes raises the risk even more. Get tested every three years starting at age 45, especially if you're overweight.

4 HEART DISEASE

The estrogen your ovaries produce before menopause increases HDL (good) cholesterol, lowers LDL (bad) cholesterol, and helps prevent high blood pressure. It makes sense, then, that a reduction in estrogen makes risk of heart disease climb. One in eight women between the ages of 45 and 64—and one in four women over 65—has some form of heart disease. Not smoking, eating a plant-based diet, and exercising at least 30 minutes a day have big preventive payoffs.

5 EATING DISORDERS

A study published in the *International Journal of Eating Disorders* found that the menopausal transition (with its hormonal fluctuations and body composition changes) is linked to increased eating disorders and negative body image.

6 AUTOIMMUNE DISORDERS

Although the reasons are unclear, researchers have found that the risk of developing autoimmune diseases—including lupus, rheumatoid arthritis, and Hashimoto's thyroiditis—rises after menopause. "Women have two X chromosomes, and defects in the X chromosome may make some women more susceptible to developing autoimmune disorders," Dr. Pinkerton explains.

7 URINARY PROBLEMS

Urinary incontinence is particularly common after menopause. This is likely due to the thinning of the urethra (caused by declining estrogen) as well as weakened pelvic floor muscles (a result of vaginal childbirth and aging), Dr. Pinkerton says. You're also more prone to recurring urinary tract infections after menopause. That's because estrogen helps keep harmful bacteria out. Some preventive steps: Do those Kegel exercises, drink plenty of fluids, and hit the ladies room before and after sex.

8 LIVER DISEASE

The harmful effects of alcohol, infection, and excess fat take a greater toll on your liver as you age and estrogen levels decline, says Dr. Pinkerton. Also, people born between 1945 and 1965 are five times more likely to have hepatitis C. The CDC recommends that people in that cohort get tested for the disease. **R**



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World of Medicine

The Benefits of Feeling Your Partner's Pain

A 2017 study published in *Psychological Science* followed 145 patients with knee osteoarthritis and looked at the three ways that their significant others responded when they were in pain: The partners could be empathetic (show emotional support), solicitous (take over tasks and encourage rest), or punitive (express frustration). Only those whose spouses reacted mainly with empathy had improved physical function after 18 months. In other words, you really can help your loved one heal.

Why Coffee Makes You Crave Dessert

Cornell University researchers might have found a scientific answer to that age-old question: Why does coffee pair so perfectly with pastries? Normally, a chemical called adenosine binds to nerve cell membrane receptors, making you feel sleepy. Caffeine binds to the receptors to block

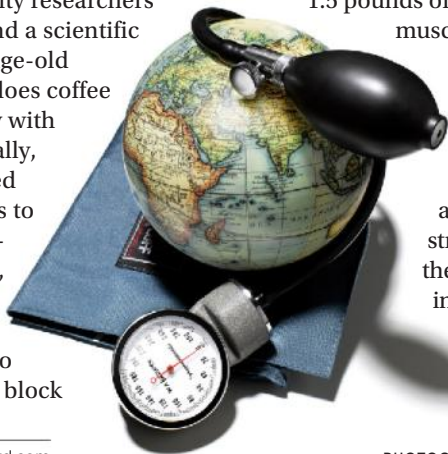
them, which is why you feel less tired when you drink coffee. But that process also makes it harder for you to taste sweetness—which, ironically, makes you crave it more.

Whey Protein for Antiaging

Bodybuilders swear by whey protein, and older folks should, too—whether or not they pump iron. In a new study, one group of men age 70 and older took a protein-based nutritional supplement for six weeks. A second group took a placebo. Then they added resistance and high-intensity interval training while continuing to take the supplement or placebo for an additional 12 weeks. The participants taking the whey protein gained

1.5 pounds of lean body mass—

muscle, mostly—in the first six weeks, which is the amount they would typically lose in a year. They also noticed greater strength gains after they began weight lifting compared with the participants who took the placebo.



Bigger Men More Likely to Die from Prostate Cancer

A recent study of almost 142,000 men has revealed that being larger than average—either taller or heavier—puts men at a higher risk of developing a more aggressive prostate tumor and, in turn, dying from it. But prostate cancer is highly treatable, so if you are an overweight or taller-than-average man, get a prostate-specific antigen test to detect the disease early.

Reversing Peanut Allergies

Peanut allergies in children have tripled in the United States in the past two decades. Now a team of Australian researchers has developed a treatment that may help stop the trend. In a small clinical trial, children with a peanut allergy were randomly assigned to two groups. The first group received a daily probiotic combined with peanut protein in increasing amounts for 18 months, while the other received a placebo. When the original study was completed in 2013, 82 percent of children treated were deemed tolerant to peanuts, compared with less than 4 percent of the placebo group. A follow-up study has revealed that the majority of the children who gained an initial tolerance now consume peanuts regularly, and 70 percent passed a test to confirm that they have developed a long-term tolerance for peanuts. **R**

Thanks to BetterWOMAN, I'm winning the battle for **Bladder Control.**



Frequent nighttime trips to the bathroom, embarrassing leaks and the inconvenience of constantly searching for rest rooms in public – for years, I struggled with bladder control problems. After trying expensive medications with horrible side effects, ineffective exercises and uncomfortable liners and pads, I was ready to resign myself to a life of bladder leaks, isolation and depression. But then I tried **BetterWOMAN**.

When I first saw the ad for BetterWOMAN, I was skeptical. So many products claim they can set you free from leaks, frequency and worry, only to deliver disappointment. When I finally tried BetterWOMAN, I found that it actually works! It changed my life. Even my friends have noticed that I'm a new person. And because it's all natural, I can enjoy the results without the worry of dangerous side effects. Thanks to BetterWOMAN, I finally fought bladder control problems and I won!



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ALL IN

A Day's Work



"What do you mean I have an ulcer? I give ulcers, I don't get them!"

MY COWORKER was very excited at the prospect of becoming an American citizen after passing her test and interview. "I just have one more thing to do," Pam said proudly. "I have to go to the courthouse in a few weeks and swear at the judge!"

YEFIM M. BRODD, *Kirkland, Washington*

AMTRAK TWEETED out this quote that allegedly came from a great

poet: "Do not follow where the path may lead. Go instead where there is no path and leave a trail." It garnered this response from @porkbelt: "With all due respect, this is terrible advice for trains."

I WORKED IN THE HR department of a large apparel company where turnover was a big problem. So while interviewing a potential employee,

I had to ask, “Are you looking for permanent work?”

“Yes,” she replied. “For the time being.” **ANNE KING**, *Missouri City, Texas*

I HAD AN INKLING I’d been working too hard at the gift shop when, at my father’s funeral, I greeted all the well-wishers with, “Thank you. Come again.”

T. H., *via mail*

IT’S GOOD TO ASK questions during a job interview. Just not these, shared by the executives who heard them:

■ “What does your company actually do?”

■ “When you imagine your business, what color is it and what does it smell like?”

■ “If there is another interview, do I really need to come back to this office? It’s just a bit far from my house.”

■ “Can I come to work in my pajamas?”

Source: businessinsider.com.au

OUR ADMINISTRATORS sent a notice to all employees regarding a research study: “The hospital is recruiting women ages 21 to 45 who are trying to become pregnant.” The post’s author then felt it necessary to add, “Male participation is optional.”

GREG LYNN, *Sterling Heights, Michigan*

Anything funny happen to you at work lately? It could be worth \$\$\$. For details, see page 3 or go to rd.com/submit.



STUDENTS SAY THE MOST CREATIVE THINGS

■ **Teacher:** What’s the age difference between the two brothers in the story we read?

Student: Do you want to know the age difference at the beginning of the story or at the end?

BLANCHE DOSS, *Kerens, Texas*

■ While teaching Roman numerals:

Teacher: If X is 10 and L is 50, what is XL?

Student: I’m not sure, but I saw the numbers on the tags of my mom’s clothes.

CINDY STEPHENS,
Powder Springs, Georgia

■ **Teacher:** California has the San Andreas Fault, but there’s also a fault line that runs through our own state, Arkansas. What is its name?

Student: Asphalt. **NANCY FOWLKES**,
Mountain View, Arkansas

■ **Teacher:** What is the definition of *adolescence*?

Student: Adolescence is the period between childhood and adultery.

ISABELLE WEIR, *Nunda, New York*

■ **Teacher:** What is the name given to the group of people who advise the president of the United States?

Student: The cupboard!
SHEANA THORELL,
Newmarket, New Hampshire



Curing Cancer

With Your Own Cells

CAR T and other immunotherapies are transforming the dreaded diagnosis into a manageable disease. How living drugs may become the final answer to this killer.

BY PETER JARET

IN 2008, just after she'd started kindergarten, Tori Lee was diagnosed with acute lymphoblastic leukemia (ALL), an aggressive form of blood cancer. Chemotherapy cures most children of the disease, but Tori wasn't as lucky. A playful little girl who was doted on by her three older sisters, she "was treated with chemotherapy for about two years, and then she relapsed," says her mother, Dana Lee. "We started a new protocol, with more intensive chemotherapy and radiation. She spent hundreds of days in the hospital." And still the cancer held on.



Name: Tori Lee

Age: 14

Years cancer-free: 4

After five long years battling cancer, a single shot of experimental CAR T therapy finally sent Tori into remission.

With Tori growing weaker, her parents decided to take her to the Children's Hospital of Philadelphia (CHOP) for several weeks of chemo in preparation for a bone marrow transplant, a complex and risky procedure. Just before the Lees were scheduled to leave for the hospital, her doctors told them that they would also collect Tori's T cells as a backup plan: If Tori turned

“We’re taking a first step toward an approach to curing cancers that have been incurable,” says Dr. Rosenberg.

out to be too sick to have the transplant, she might be able to participate in an ongoing trial of a promising experimental treatment called CAR T, which takes a patient's own immune cells and genetically reprograms them to kill cancer. CAR T had been used months earlier to cure another little girl, Emily Whitehead, with the same form of leukemia. “I reached out to the Whiteheads,” says Dana. “I was petrified to put my daughter, who'd been through multiple years of chemo, through the harsh reality of a bone marrow transplant.”

Still, deciding on CAR T therapy wasn't easy. While Emily was doing great, several of the children who had followed her in the clinical trial at CHOP had died. Tori would be only the tenth to undergo the treatment. “We finally said, ‘All right, we want to try CAR T.’ We petitioned the study board to be included in the trial. We thought it gave

her a better chance of survival” than the bone marrow transplant, says Dana.

In April 2013, doctors injected Tori with her own modified T cells. Six weeks later, her cancer was in remission. Four years on, Tori, now 14, remains cancer-free.

This past August, after 50 more patients in the trial went into remission, the FDA approved the treatment that had saved Emily and Tori. The process of genetically engineering CAR T cells, patented under the brand name Kymriah, is now avail-

able to other children and young adults under the age of 25 with ALL that hasn't responded to standard treatment.

“Surgery, radiation, and chemotherapy cure a little over half of people who develop cancer. But that means almost 600,000 Americans die of the disease every year,” says Steven A. Rosenberg, MD, PhD, chief of the surgery branch at the National Cancer Institute (NCI) and one of the pioneers of the effort to use the immune system to fight cancer. “With the approval of CAR T, we're taking a first step toward a completely new approach to curing cancers that have been incurable.”

EARLY SIGNS OF HOPE

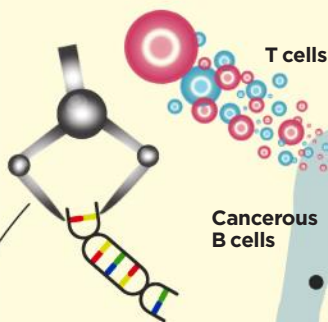
Scientists have known since the 1890s that the immune system can destroy cancer cells. The trouble is

ARMING A BODY TO DO BATTLE WITH CANCER

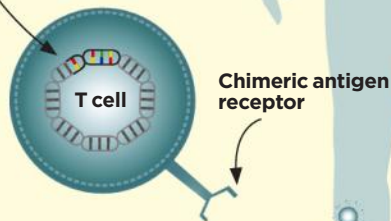
Kymriah and Yescarta, the CAR T treatments approved by the FDA, help key cells in a patient's immune system destroy blood cancer cells. Here's how they work:

OUTSIDE THE BODY

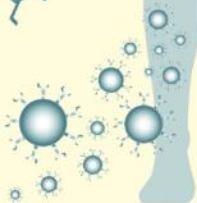
1 T cells—which are part of the immune system—are extracted from a patient's blood.



2 In a lab, the T cells are genetically modified to carry chimeric antigen receptors (CARs), which enable them to target B cells.

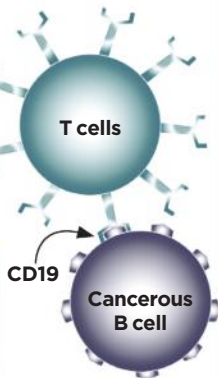


3 The CAR T cells are grown in large numbers in the lab and then infused back into the patient.



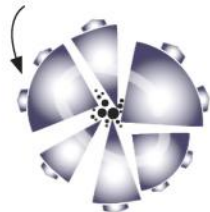
INSIDE THE BODY

4 Kymriah and Yescarta recognize CD19, a protein on B cells, the cells that become malignant in the blood cancers leukemia and lymphoma.



5 The CARs on the modified T cells attach to CD19, triggering the T cells to multiply and kill B cells.

Cancer-cell death



Source: Time



that T cells—the immune cells that attack bacteria, viruses, and cancer cells—aren't usually strong enough to wipe out malignancies completely.

In the 1980s, a team led by Dr. Rosenberg was the first to remove T cells from patients with cancer, multiply them in the lab, and then reinject them—in essence, turbocharging the patient's own immune system to fight the disease. In an early study of this treatment, tumors in 11 of the 25 patients shrank by at least half, and one

Name: Bill Ludwig

Age: 72

Years cancer-free: 8

A former corrections officer, Ludwig became the first patient to be successfully treated with CAR T therapy in 2010.

patient, with malignant melanoma, was cured. Still, in most cases, it wasn't enough to eradicate the cancer.

But researchers continued to experiment and innovate. Immunologist Zelig Eshhar, a researcher at the Weiz-

mann Institute of Science in Israel, thought he could use a recently developed gene therapy technique to make T cells into better cancer fighters. He engineered T cells to carry a chain of amino acids called chimeric antigen receptors (CARs). These CAR-carrying

T cells—CAR Ts—seek out cells that may be cancerous. When the receptors on CAR T cells find cancer cells, the receptors latch on to them like a key fitting into a lock. That connection then acts like a trigger, telling the T cells to multiply like crazy and kill the cancer cells.

“CAR T therapy is something wholly new,” says David Porter, MD, an oncologist at the University of Pennsylvania. “It’s not a compound or a chemical. It’s made up of living cells. Once infused into a patient, a single CAR T cell can multiply into 10,000 cancer-fighting cells.”

While drugs, including those used in chemotherapy, are flushed from the body and typically have to be given repeatedly, CAR Ts “go on circulating through the bloodstream, in some cases for years,” Dr. Porter explains. During that time, they can track down and destroy more cancer cells that may arise. This may explain one of the most promising results of CAR T therapy: Of the 52 patients who responded to Kymriah, two thirds still showed no signs of cancer a full year after treatment.

In fact, the CAR T model worked so well that in October 2017 the FDA approved a second type, sold under the name Yescarta, for certain forms of non-Hodgkin lymphoma that until now have almost always proved fatal. Of the 101 adults with large B-cell

non-Hodgkin lymphoma enrolled in the clinical trial of Yescarta, 72 responded, meaning their cancers diminished or disappeared. Over half had no detectable cancer after eight months.

One of the patients was a doctor himself. Diagnosed in 2014, Jeff Backer had developed visible masses of lymphoma cells under his arms and on his

“The response was unbelievable,” says Dr. Backer. “It was as if a bomb had been dropped on the cancer.”

face, chest, and neck. A large mass on his back, the size of a fist, made it hard for him to lie down. In June 2016, he received the new CAR T therapy as part of the clinical trial. “Within a day or two, the lumps started getting softer, smaller, disappearing,” says Dr. Backer, who recently returned to his job as an emergency room physician in Orlando, Florida. “The response was unbelievable. It was as if a nuclear bomb had been dropped on the cancer.”

Fifteen months after treatment, Dr. Backer’s cancer remains in remission.

THE PROCESS—AND THE COST

CAR T treatments are tailored for each individual cancer patient, with T cells isolated from the blood and then sent to a facility where new genes are inserted into them. The cells are then

stimulated to grow into a legion of CAR Ts. The resulting cells are frozen, sent back to the patient, and then reinjected. The production process can take two to three weeks, and it's jaw-droppingly expensive. The cost of Kymriah: \$475,000 per treatment. Yescarta: \$373,000.

Like all cancer treatments, CAR T has side effects. The immediate danger is a severe reaction, dubbed a cytokine storm, that begins with flu-like

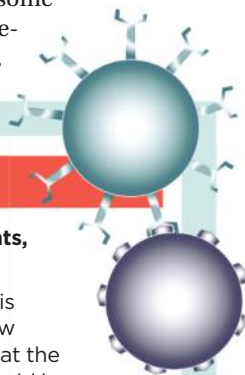
symptoms but can escalate into plummeting blood pressure, extreme confusion, hallucinations, tremors, and seizures. Today, researchers understand that the reaction is actually a sign the therapy is working. When CAR T cells go after cancer cells in large numbers, levels of immune chemicals called cytokines can rise dangerously. "In some patients with widespread disease,

FINDING A CLINICAL TRIAL

For patients who don't respond to standard treatments, a clinical trial may be the answer.

Jennifer Phillips, whose 16-year-old son, Skylar Martin, is in remission thanks to CAR T, didn't learn about the new treatment from her son's doctor. A friend who worked at the drug company that was testing CAR T in clinical trials told her about it. Physician Jeff Backer, who received CAR T therapy after chemotherapy failed to keep his cancer at bay, learned about the new treatment—in clinical trials at the time—only when he went for a second opinion. "There are no billboards announcing clinical trials," says Dr. Backer. "When you're fighting a disease like this, you have to be your own advocate. You have to search and ask and learn as much as you can."

Hundreds of clinical trials are currently testing experimental cancer treatments, including new uses of CAR T. Finding them isn't always easy. The National Institutes of Health maintains a website that lists all federally and privately funded clinical trials. The searchable site (clinicaltrials.gov) indicates which trials are enrolling patients and who is eligible to participate. But beware: Understanding the complex scientific details of clinical trials can be daunting. If you're interested in participating in a trial, talk to your doctor. If you're not satisfied with the answers, go for a second opinion.



CAR T cells destroy up to seven pounds of malignant cells," says Dr. Porter. The more extensive a patient's cancer, the more likely a cytokine storm will follow the treatment.

In the early days, however, the reaction was a mystery. When Bill Ludwig, the first patient to get Kymriah, began to run a high fever and his condition deteriorated, "we frankly had no idea what was going on," says Dr. Porter. Fortunately, Ludwig recovered after receiving antibiotic treatment for several days. When Emily Whitehead, the first child to receive Kymriah, had a similar life-threatening reaction, doctors ordered blood tests that showed soaring levels of a cytokine called interleukin-6 (IL-6). Fortunately, Carl June, MD, an oncologist at the University of Pennsylvania and the lead investigator in the clinical trial, knew about a drug that lowers IL-6—because his daughter was taking it for juvenile rheumatoid arthritis. By a lucky chance, the hospital had a supply of the drug, called tocilizumab. Within hours of receiving it, Emily began to recover. Tocilizumab is now routinely used to blunt the effects of cytokine storms.

Kymriah and Yescarta also have another long-lasting but manageable side effect. The cancers they treat, leukemia and lymphoma, occur when B cells—a type of immune cell that guards against infections—mutate and become

malignant. Because the CAR T therapy destroys both cancerous and healthy B cells, patients may be more vulnerable to infections such as pneumonia after receiving treatment. To bolster their defenses, they must receive periodic injections of antibody-rich gamma globulin, a substance made from human blood plasma, possibly for the rest of their lives. Bill Ludwig, now 72,

"It's a pain in the butt," Ludwig admits. "But in return for being alive? I'm not complaining."

goes in once every seven weeks for the four-hour infusion. "It's a pain in the butt," he admits. "But in return for being alive? I'm not complaining."

WHEN CAR T FAILS

Despite the steady progress in perfecting the treatment, doctors haven't been able to explain why it fails to help some people, even those who would seem to be ideal patients. CAR T seemed to be working as expected on Sophia Kappen, a five-year-old girl who, like Tori Lee and Emily Whitehead, hadn't responded to chemotherapy. "This little girl who was in pain, who couldn't walk because of the cancer, began to get some of her sparkle back," her mother, Amy Kappen, recalls. But the cancer fought back. Doctors added another experimental drug called pembrolizumab,

which makes cancers more vulnerable to attack, hoping it might give the CAR Ts a better chance. It wasn't enough. Malignant cells surged in her bloodstream. Sophia Kappen died on April 5, 2017. She was six years old.

After her death, doctors were able to figure out what had gone wrong. Sophia's B cells had mutated so that the CAR Ts could no longer recognize

“The goal is to create T cells that recognize and attack cancers but leave healthy cells,” says Dr. Locke.

them; unable to hook onto the cancerous cells, the CAR T receptors couldn't unlock the explosion of cancer-fighting cells. The same phenomenon has been seen in other patients. And in some patients who suffered a recurrence of cancer after treatment, the CAR Ts had died off before the disease was completely eliminated.

Researchers are working to perfect the CAR T model, to create cancer-fighting cells that attack multiple molecular targets and therefore make it tougher for malignant cells to hide. They're also devising ways to keep T cells fighting longer. Some cancer cells have learned how to counterpunch, shutting down immune attacks. New drugs, called checkpoint inhibitors, have been developed that block cancer cells from doing this. Clinical trials are under way to test

whether combining checkpoint inhibitors with CAR Ts will improve the odds of wiping out cancer for good.

THE ROAD AHEAD

To date, CAR T therapy has been approved for only a handful of blood cancers and—because the treatment is so expensive—only after other treatments, such as chemo and radiation, have failed to stop them. Novartis, the maker of Kymriah, estimates that about 600 children

with ALL in the United States are eligible for its drug. Kite Pharma, which makes Yescarta, estimates that 7,500 patients with large B-cell non-Hodgkin lymphoma would benefit from the treatment.

Clinical trials are already showing that CAR T cells can work against another blood cancer, called multiple myeloma. And there's hope that before long, CAR Ts and similar immune-cell therapies will be able to target solid tumors, such as breast, lung, colorectal, and prostate cancers. Those make up about 90 percent of all cancers.

There are obstacles. CAR T cells have to be genetically engineered to go after a specific target. Choosing the right one is critical so that these aggressive cells kill cancer—and not the patient. Researchers tackled leukemia and lymphoma first because the defective B cells that cause them



Name: Steven A. Rosenberg, MD (right, with his patient Joseph Sheffield, who has been cancer-free since receiving TIL treatment two years ago)

Years as a cancer doctor: 43

Rosenberg was one of the first scientists to develop an immunotherapy for cancer patients.

are expendable. “People can live without B cells. So even though the treatment kills both cancerous and healthy B cells, patients survive and get along pretty well,” explains Dr. Rosenberg. Similar “safe” targets have been much harder to find on solid tumors. “Any of the targets we might use on lung cancer cells are shared by healthy lung cells as well. Destroy them, and

you destroy a patient’s lungs.”

One strategy that might target malignant cells more precisely is a variation of CAR T called T-cell receptor therapy. Cells become cancerous as a result of hundreds of mutations, some of which cause small changes in proteins on the surface of the cell. “The goal of T-cell receptor therapy is to create T cells, using a process like CAR T, that can recognize those changes and attack cancers but leave healthy cells alone,” explains Frederick L. Locke, MD, vice chair

of the department of cellular immunotherapy at Moffitt Cancer Center in Tampa, Florida, and a principal investigator for the Yescarta clinical trials.

Another approach, developed by Dr. Rosenberg, uses naturally occurring T cells that

have learned on their own to find cancer cells. These tumor-infiltrating lymphocytes (TILs) aren’t numerous or powerful enough to destroy tumors. But in experiments at the NCI, Dr. Rosenberg and his colleagues have removed small numbers of TILs from tumors in

A GROWING ARSENAL OF IMMUNE-BASED CANCER TREATMENTS

CAR Ts are one way the immune system can be primed to battle the disease. Other treatments are also proving to be successful cancer fighters, while some new immunotherapies show promise against a variety of cancers.

■ CYTOKINE TREATMENTS

Immune cells secrete chemicals called cytokines, which help them fight infections and cancers. Several of these substances, including interleukin-2 and interferon, have been made into drugs and approved by the FDA for the treatment of melanoma, kidney cancer, and other cancers. While they are effective, their side effects can be severe, which has limited their use.

■ MONOCLONAL ANTIBODIES

The immune system also produces antibodies that fight infections. Researchers have learned to design custom-made antibodies in the lab that recognize targets on cancer cells. More

than a dozen of these so-called monoclonal antibodies have been approved by the FDA to help control a variety of different cancers, including certain forms of lymphoma, leukemia, and head, neck, colorectal, and breast cancers. Now widely used in cancer therapy, they are rapidly becoming a standard treatment.

■ CHECKPOINT INHIBITORS

To keep T cells from attacking healthy cells in the body, the immune system uses a team of molecular checkpoints that must be turned on or off to start an immune response. Some tumors turn off T cells to avoid immune attack. New drugs called checkpoint inhibitors prevent tumors from doing this. Checkpoint inhibitors have been

shown to help some patients with a variety of forms of cancer, including melanoma and lung, kidney, bladder, and head and neck cancers.

■ CANCER VACCINES

The goal of cancer vaccines is to boost the power of immune cells to recognize and destroy malignant cells already in the body. The human papillomavirus vaccine and the hepatitis B vaccine are already preventing forms of cervical cancer and liver cancer caused by viruses. And last year, the FDA approved sipuleucel-T, or Provenge, a vaccine that has been shown to extend the lives of some patients with prostate cancer. Vaccines for lung, breast, colorectal, and other cancers are currently in clinical trials.

patients, grown them in the lab into large battalions, and then reinjected them, much as they did with CAR Ts. In early clinical trials, the treatment has been shown to shrink and in some cases eliminate a wide range of solid tumors, including advanced melanoma, cervical cancer, colorectal cancer, and other malignancies.

Melinda Bachini, 49, a mother of six in Billings, Montana, received TILs as part of one of Dr. Rosenberg's clinical trials in 2012, for a rare and usually fatal form of bile duct cancer. "I'd run out of options," says Bachini, who had endured years of chemotherapy and was then close to death. The eight patients before her in the NCI trial hadn't responded to TILs. But Bachini's tumors, which had been growing in her lungs and liver, began to shrink. "Every day was an improvement. Breathing was easier. My cough went away. I could walk the dog," she remembers. A year later, when the cancer surged back, researchers harvested another batch of TILs and reinjected her. Once again, the tumors retreated. They have never gone away completely. But four years

after Bachini's second treatment with TILs, the experimental therapy is still holding her cancer at bay.

"Most of our patients don't respond," admits Dr. Rosenberg. "But in some cases, we have seen complete and lasting remissions. We know this can work. We just have to figure out how to do it better. Eventually, we think TILs could be the blueprint for

"Eventually," says Dr. Rosenberg, "we think TILs could be the blueprint for treating almost all kinds of cancers."

treating almost all kinds of cancers."

That won't happen overnight, of course. Nor did CAR Ts. "It took a lot of failures and serendipity and decades of hard work," says J. Leonard Lichtenfeld, MD, chief medical director of the American Cancer Society. "It took ongoing commitment to basic research and a lot of courageous patients willing to enroll in clinical trials to test promising new therapies, not knowing whether they would work or not. CAR T therapy is saving patients who couldn't be saved before. But the battle against cancer is far from over." **R**



DEPARTURE POINT

Speak the truth, but leave immediately after.

SLOVENIAN PROVERB

IS YOUR BLADDER ALWAYS DISRUPTING YOUR DAY?

Ask your doctor about Myrbetriq® (mirabegron), the first and only overactive bladder (OAB) treatment in its class. Myrbetriq treats OAB symptoms of urgency, frequency, and leakage in adults.

In clinical trials, those taking Myrbetriq made fewer trips to the bathroom and had fewer leaks than those not taking Myrbetriq. Your results may vary.



You may be able to get your first prescription at no cost with Momentum.* Visit Myrbetriq.com.

USE OF MYRBETRIQ (meer-BEH-trick)

Myrbetriq® (mirabegron) is a prescription medicine for adults used to treat overactive bladder (OAB) with symptoms of urgency, frequency, and leakage.

IMPORTANT SAFETY INFORMATION

Myrbetriq is not for everyone. Do not use Myrbetriq if you have an allergy to mirabegron or any ingredients in Myrbetriq. Myrbetriq may cause your blood pressure to increase or make your blood pressure worse if you have a history of high blood pressure. It is recommended that your doctor check your blood pressure while you are taking Myrbetriq.

Please see additional Important Safety Information on next page.

*Subject to eligibility. Restrictions may apply.



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IMPORTANT SAFETY INFORMATION (continued)

Myrbetriq may increase your chances of not being able to empty your bladder. Tell your doctor right away if you have trouble emptying your bladder or you have a weak urine stream.

Myrbetriq may cause allergic reactions that may be serious. If you experience swelling of the face, lips, throat or tongue, with or without difficulty breathing, stop taking Myrbetriq and tell your doctor right away.

Tell your doctor about all the medicines you take including medications for overactive bladder or other medicines such as thioridazine (Mellaril™ and Mellaril-S™), flecainide (Tambocor®), propafenone (Rythmol®), digoxin (Lanoxin®). Myrbetriq may affect the way other medicines work, and other medicines may affect how Myrbetriq works.

Before taking Myrbetriq, tell your doctor if you have liver or kidney problems. The most common side effects of Myrbetriq include increased blood pressure, common cold symptoms (nasopharyngitis), urinary tract infection, constipation, diarrhea, dizziness, and headache.

For further information, please talk to your healthcare professional and see Brief Summary of Prescribing Information for Myrbetriq® (mirabegron) on the following pages.

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.

 **Myrbetriq®**
(mirabegron)
extended-release tablets
25 mg, 50 mg



Myrbetriq® (mirabegron) extended-release tablets 25 mg, 50 mg

Brief Summary based on FDA-approved patient labeling

Read the Patient Information that comes with Myrbetriq® (mirabegron) before you start taking it and each time you get a refill. There may be new information. This summary does not take the place of talking with your doctor about your medical condition or treatment.

What is Myrbetriq (meer-BEH-trick)?

Myrbetriq is a prescription medication for **adults** used to treat the following symptoms due to a condition called **overactive bladder**:

- urge urinary incontinence: a strong need to urinate with leaking or wetting accidents
- urgency: a strong need to urinate right away
- frequency: urinating often

It is not known if Myrbetriq is safe and effective in children.

Who should not use Myrbetriq?

Do not use Myrbetriq if you have an allergy to mirabegron or any of the ingredients in Myrbetriq. See the end of this leaflet for a complete list of ingredients in Myrbetriq.

What should I tell my doctor before taking Myrbetriq?

Before you take Myrbetriq, tell your doctor if you:

- have liver problems or kidney problems
- have very high uncontrolled blood pressure
- have trouble emptying your bladder or you have a weak urine stream
- are pregnant or plan to become pregnant. It is not known if Myrbetriq will harm your unborn baby. Talk to your doctor if you are pregnant or plan to become pregnant.
- are breastfeeding or plan to breastfeed. It is not known if Myrbetriq passes into your breast milk.

You and your doctor should decide if you will take Myrbetriq or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Myrbetriq may affect the way other medicines work, and other medicines may affect how Myrbetriq works.

Tell your doctor if you take:

- thioridazine (Mellaril™ or Mellaril-ST™)
- flecainide (Tambocor®)
- propafenone (Rythmol®)
- digoxin (Lanoxin®)

How should I take Myrbetriq?

- Take Myrbetriq exactly as your doctor tells you to take it.
- You should take 1 Myrbetriq tablet 1 time a day.
- You should take Myrbetriq with water and swallow the tablet whole.
- Do not crush or chew the tablet.
- You can take Myrbetriq with or without food.
- If you miss a dose of Myrbetriq, begin taking Myrbetriq again the next day. Do not take 2 doses of Myrbetriq the same day.
- If you take too much Myrbetriq, call your doctor or go to the nearest hospital emergency room right away.

What are the possible side effects of Myrbetriq?

Myrbetriq may cause serious side effects including:

- **increased blood pressure.** Myrbetriq may cause your blood pressure to increase or make your blood pressure worse if you have a history of high blood pressure. It is recommended that your doctor check your blood pressure while you are taking Myrbetriq.
- **inability to empty your bladder (urinary retention).** Myrbetriq may increase your chances of not being able to empty your bladder if you have bladder outlet obstruction or if you are taking other medicines to treat overactive bladder. Tell your doctor right away if you are unable to empty your bladder.

- **angioedema.** Myrbetriq may cause an allergic reaction with swelling of the lips, face, tongue, throat with or without difficulty breathing. Stop using Myrbetriq and tell your doctor right away.

The **most common side effects** of Myrbetriq include:

- increased blood pressure
- common cold symptoms (nasopharyngitis)
- urinary tract infection
- constipation
- diarrhea
- dizziness
- headache

Tell your doctor if you have any side effect that bothers you or that does not go away or if you have swelling of the face, lips, tongue, or throat, hives, skin rash or itching while taking Myrbetriq. These are not all the possible side effects of Myrbetriq. 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.

How should I store Myrbetriq?

- Store Myrbetriq between 59°F to 86°F (15°C to 30°C). Keep the bottle closed.
- Safely throw away medicine that is out of date or no longer needed.

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

General information about the safe and effective use of Myrbetriq

Medicines are sometimes prescribed for purposes other than those listed in the Patient Information leaflet. Do not use Myrbetriq for a condition for which it was not prescribed. Do not give Myrbetriq to other people, even if they have the same symptoms you have. It may harm them.

Where can I go for more information?

This is a summary of the most important information about Myrbetriq. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Myrbetriq that is written for health professionals.

For more information, visit www.Myrbetriq.com or call (800) 727-7003.

What are the ingredients in Myrbetriq?

Active ingredient: mirabegron

Inactive ingredients: polyethylene oxide, polyethylene glycol, hydroxypropyl cellulose, butylated hydroxytoluene, magnesium stearate, hypromellose, yellow ferric oxide and red ferric oxide (25 mg Myrbetriq tablet only).

What is overactive bladder?

Overactive bladder occurs when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled, you can get symptoms of overactive bladder, which are urinary frequency, urinary urgency, and urinary incontinence (leakage).

Rx Only

PRODUCT OF JAPAN OR IRELAND – See bottle label or blister package for origin

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 **Myrbetriq[®]**
(mirabegron)
extended-release tablets
25 mg, 50 mg

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*When a bored teenager
finds a book of treasures
beneath the attic floorboards,
a future bestselling writer is born*

HOW

Mr. Bartlett FED My Soul

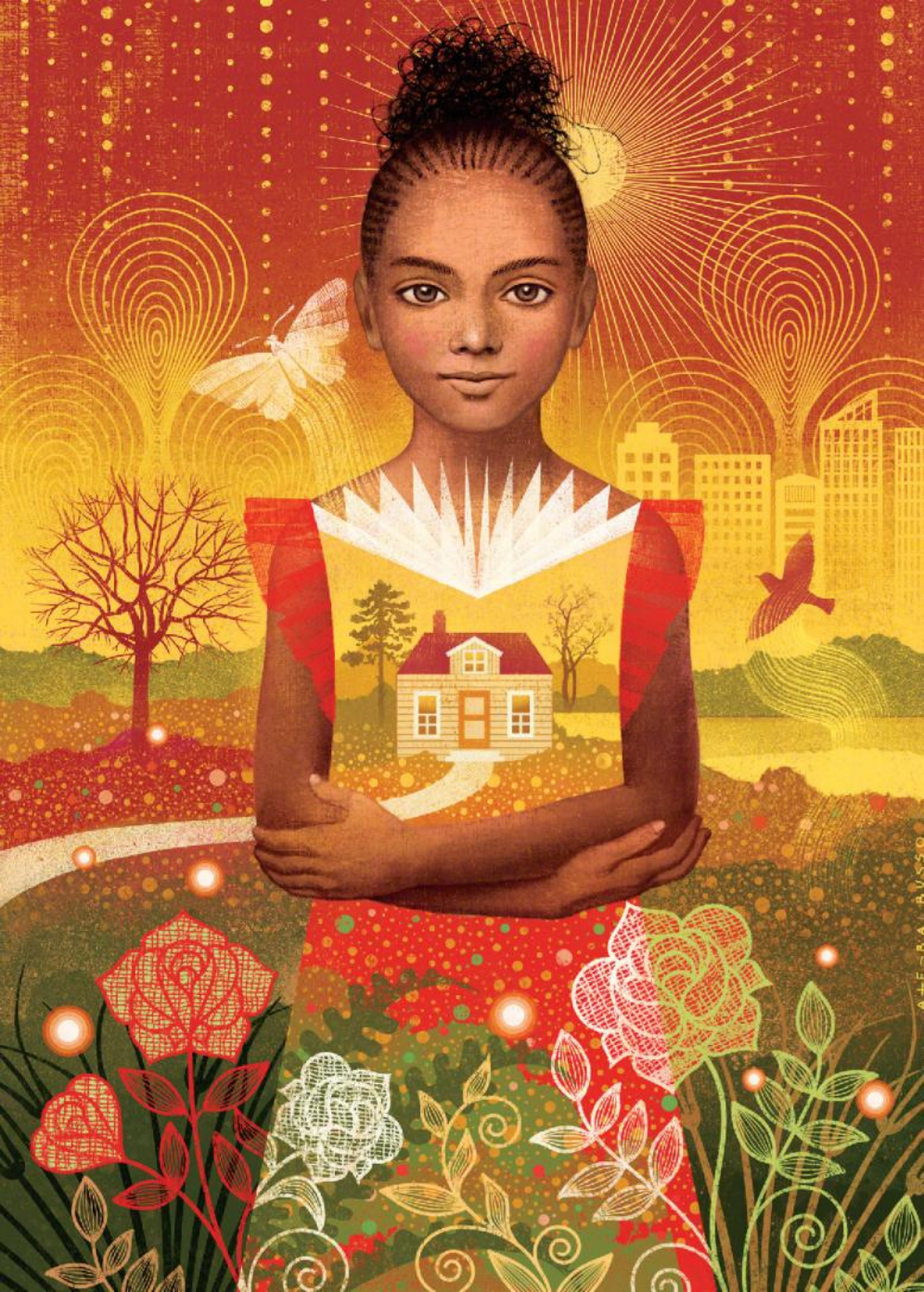
BY TERRY MCMILLAN FROM THE WASHINGTON POST

I WAS 13 OR 14. It was summer. We lived in a raggedy house in the thumb of Michigan with no screens on the window in the attic, where my sister and I slept in the same bed. It was so hot and humid up there that tears of sweat dripped down my neck onto what would one day become cleavage. I got bitten on the arm by two mosquitoes at the same time, and while I sat there in front of a fan that did not oscillate, I watched the red bumps rise because I was bored.

While thinking about how I might escape, I leaned sideways, and my hand landed on a floorboard that

popped up and almost hit me in the head. When I bent over and looked inside the open space, I could not believe my eyes: There was gold in there! I picked up a handful of shiny gold cubes, and I knew there had to be millions of dollars' worth. I ran to the bottom stair and yelled, "Mama—I found gold up here under the floor!"

Back up the stairs I dashed, but my siblings almost knocked me back down as they ran right by me. When Mama, who had heard me through a floor vent, opened the door and stuck her head in, she simply said, "Chile, that's insulation. Now put it all back."



I thought we were going to be free. That we would be able to move out of this dump and we would all have our own rooms with air-conditioning. I thought I had made a real discovery.

When I reached inside to toss the fake gold back, my hand touched what felt like a book. I pulled it out. It was old and small: *Bartlett's Familiar Quotations*. I wondered whom were they

time reading about it, since I'd never felt it. Phew. "Passion." "Patience." "Self-Control." "Security." "Woman." "Wishes." "Woebegone."

I skipped to see whether there was a word that started with *z* that might reflect some kind of emotion I could recognize: "Zeal."

It helped to find out that Mr. Bartlett didn't feel all these emotions himself.



I remember "Doubt." "Peace." "Endurance." "Fate." "Hope and Hopeful."

supposed to be familiar to, because I'd never heard of this book. What I did know, thanks to Ms. Rattray, my seventh-grade English teacher, was the correct way to use quotation marks. And since I was bored, I decided to see what was inside this little book.

On the top left- and right-hand corners of each page was a word or phrase. I opened it to "comfort" and then "comfort and despair," and then farther down was "comfortable." Dang. I had just found out what a thesaurus was, and I could already tell that this was going to be more interesting.

I remember "Doubt." "Peace." "Endurance." "Fate." "Hope and Hopeful." "Honor and Honorable." "Light." How many connotations there were for "light" alone! I'd never thought about it any other way except as a lamp or daylight. "Love" had so many pages, and I spent a great deal of

He had gathered up quotations from thousands of other people.

I was relieved to discover that some people were not afraid to express how they felt and what they thought. Including their fears. I couldn't believe that people had so many compelling thoughts and feelings about things that were already starting to plague me. I realized I was lonely. That I didn't know whom to talk to about the world and my role in it. What was the point of living? I found myself shoplifting to eat something I wouldn't have to share, even though I knew stealing was wrong. I wanted to know why so many black people were poor. I wanted to get on a bus and an airplane. I wanted to know what a kiss felt like. What winning felt like. What was it going to take for us to get a front porch with steps? A toilet that flushed? Electricity every day? I wanted to know what it was like

to go on a vacation. What was I supposed to do with promises that people didn't keep? I wanted to know whom to tell when my heart hurt and I cried and didn't understand why.

I found solace in these pages. Answers to questions I didn't even know I was asking. I had discovered that I was not alone in some of the things I felt and thought: What's grief feel like? And what causes it? How's it feel to be in love? How do you know when you feel remorseful? What makes me lie? What do you do with your fears? What is the value and power of dreams?

I often thought about things I didn't feel I could talk to anybody about because I didn't know how to articulate them. This book of passages, phrases, and proverbs helped me acknowledge that I didn't need to feel ashamed or embarrassed, because other people had thought about a lot of the things I did—and not always in the same way:

"I am not tragically colored. There is no great sorrow dammed up in my soul,

nor lurking behind my eyes ... I do not weep at the world—I am too busy sharpening my oyster knife." Zora Neale Hurston, "How It Feels to Be Colored Me," 1928.

In ninth grade, I got my first job, as a page at our local library. I often hid in the dumbwaiter or the ladies room, where I would cross my legs so no one would see me sitting in the stall, and I would read. It was at this library that I realized how some of those emotions I'd felt while reading *Bartlett's* came to life in the characters I had started discovering in novels.

When I left home to go away to college, *Bartlett's* came with me. Over the years, I've kept my original copy, and to this day I often refer to it. I have bought a few of the newer editions, but the first one is the one that liberated me, that helped me see more than my young mind and heart were able to understand.

Discovering *Bartlett's Familiar Quotations* under those floorboards was, indeed, gold. **R**



TERRY

MCMILLAN *is the award-winning author of the novels Mama and Waiting to Exhale and other bestsellers.*

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PUN INTENDED

I swallowed a dictionary. It gave me thesaurus throat I've ever had.

@DANIELEDISON_

Is This Normal or NUTS?

Your oddest human compulsions, evaluated

BY LORI KOLMAN

YOU LIVE A PRETTY NORMAL LIFE. You've got friends, you've got hobbies, and you're happy to spend 20 minutes hunting for the toothpaste at the pharmacy rather than—*God, no! No! Anything but that!*—actually asking a clerk for help. Trust us, that behavior is normal, because all of us are a little, well, quirky. And in most cases, our idiosyncrasies are curable, or at least curbable. We asked an array of psychiatrists, psychologists, and other health professionals to weigh in on a variety of odd behaviors burdening our readers and staff. You might recognize one of them in yourself and wonder, Am I normal or nuts? The answer is always yes and yes.



Why am I awkward around kids? I have nothing to say to people under 12, and frankly, I don't find them particularly cute. What's wrong with me?

"I hear this all the time," says Charlynn Ruan, a Los Angeles clinical psychologist who works, ironically enough, mostly with mothers. "A lot of them say, 'The only children I like are my own.'" At the root of this more-common-than-you'd-expect dread is the ever-potent fear of embarrassment.

One common concern is that "out of the mouths of babes" will come a truth no one wants to hear: "That man smells funny, Mommy." "Wow, lady, you must eat a lot of food." "What are all those lines on your face?"

Then there's the cringe factor of doting parents—and worse, grandparents!—hovering nearby, convinced that everything their child says should be etched in stone. No wonder you're uncomfortable talking to the no-neck monsters.

But there's a solution, says Howard Forman, MD, a psychiatrist at the



Albert Einstein College of Medicine in New York City: Grab a book and read to the kid. That puts you in the driver's seat and gives you something to say.

N or N Rating (from 1 to 10, with 10 being certifiably bonkers): 2
You're no Mr. Rogers, but you're not all that nutty.

I cannot make a decision to save my life. Choosing between reading and taking a walk can take all afternoon. Heck, it took me forever to choose to write this note.

An inability to make even minor decisions—not just taking your time to weigh your options—is an actual disorder, says David M. Reiss, MD, a psychiatrist in Rancho Santa Fe, California. It can result in functional paralysis: If you literally can't decide what to do next, you don't do anything. The term for this is *abulomania*, says psychotherapist Tina B. Tessina, author of *It Ends with You: Grow Up and Out of Dysfunction*. "Abulomania sufferers are normal in practically every other way. They simply run into very serious problems whenever they're faced with certain choices, to the extent that they struggle to regain normal function."

It often comes from being raised by such harsh, controlling parents that the sufferer never got any practice with making decisions—these were always forced on him or her, says Ruan. But it can also come from plain old anxiety. In that case, the person obsesses over the impact of a decision and becomes so worried about it that he or she just decides not to decide.

In either case, the sufferer could greatly benefit from therapy. "Long-term therapy is best," says Ruan,

"because the person needs to experience somebody who is supportive of him or her making decisions." If the root cause is anxiety, an antidepressant may be called for.

N or N Rating: 7

This behavior is driving you nuts, but therapy can help.

I'd sooner spend 20 minutes searching the store shelves for the thing I need than **ask the clerk for assistance.**

Two phobias are probably at work here: the fear of appearing stupid and the fear of imposing on someone, says Friedemann Schaub, MD, PhD, author of *The Fear and Anxiety Solution*. In both cases, the person doesn't want to be a burden to the employee, even though that's what the employee is paid to do: serve you.

But lurking beneath the fear of asking for help is the secondary fear of being a jerk for not reciprocating. "There's the embarrassment of leaving the store without buying something if you used their time," Dr. Schaub says. If you don't ask for assistance, you can leave empty-handed without guilt.

The truth is that most clerks are bored out of their aprons and would *love* the distraction—and momentary fulfillment—of helping you. "People want to be needed," says Alan Hilfer, a clinical psychologist in New York

City. “Sometimes I watch a tourist asking someone for directions, and I can’t *wait* to get in there and say, ‘I can help you!’” So if you don’t see what you’re looking for, ask. You just may make someone a little happier—and even find what you need.

N or N Rating: 3

A little nutty but highly curable.

I chew on my fingernails. OK, lots of people do that. But **I’ve taken to chewing on my cuticles** and even fingers to the point of drawing blood. That can’t be normal, right?

Right. It’s not normal. All of us have picked at a scab or bitten a nail or two, but when you start drawing blood, that’s extreme. Ruan has seen cases in which people poke and pick at themselves until they actually have holes in their skin. These patients look as if they’re on drugs, she says. “But it’s just anxiety-driven.”

What is happening, according to Ruan, is that the fight-or-flight part of the brain is sort of broken. It is stuck in “*I must do something!*” mode. You are agitated, but you aren’t actually in a situation that calls for running or fighting. You may be alone in your living room, but all the anxious energy has to do something, so the answer is to chew—madly.

Ruan suggests seeing a psychiatrist

for an antidepressant, “which will dial back the anxiety.” At the same time, that doctor can work with you on some behavior-modification techniques.

But remember: Anxiety is self-perpetuating. It doesn’t stop until you begin to face whatever is causing it. So the sooner you get help, the sooner whatever’s eating you (that is, you) will get better.

N or N Rating: 8

This is serious. You should seek help before things get worse.

My friends are all huggers, and I hate it! When they see me, they throw their arms around me and squeeze away. I’m not a germophobe, and I love my friends. I’d just prefer a handshake. Is that so wrong?

“It could have been me asking that question,” says Dr. Forman of Albert Einstein College. “I think hugs are super complex. How long is the hug supposed to last? How tight do you squeeze? Where do your hands go? Do you involve a second arm? Hugging leads to a lot more questions than it answers.”

Our country seems to have grown hugger over the years, and Dr. Forman blames TV, especially talk shows, on which guests are often greeted with hugs. Or perhaps it’s “bro” culture writ



And if even that feels weird, hop on a plane. In about half the world, it's hugging that is rude, not *not* hugging.

N or N Rating: 1
You're not a nut;
you're just stuck in
an increasingly hug-
happy culture.

I have this compulsion to **say hello to everyone I pass** in the office or on the street. This strikes me (and everyone else) as a little much, but I can't seem to stop. How weird is this?

large. You see your buddy and give him a big, beery hug like the ones in the *Hangover* movies.

Whatever the reason, it's perfectly fine to head off a hug by sticking out your hand for a handshake. Want to make it warmer? Use your other arm to grasp the person's forearm. Lots of contact and affirmation. Zero actual hugging.

"Are you from the South?" asks psychologist Ruan. She lived for a while in Atlanta, where people were very friendly and chatty, even from the next stall in the restroom. "One woman started talking to me," says Ruan, "and I was like, 'We're supposed to pretend we can't see each other's feet! You're ruining the social norms here!' But that's the way they are: super friendly."

If your goal is to tone down your greeting, try acknowledging others with a friendly smile without slowing down. On the other hand, “not everything has to be analyzed,” says Aaron Pinkhasov, MD, chairman of behavioral health at New York University Winthrop Hospital in Mineola. The problem is really not how you greet passersby; it’s whether you’re becoming so self-conscious about it that you are starting to avoid encounters entirely, by taking circuitous routes or staying at your desk, for example.

If that’s happening, remember that being friendly is no crime. And in fact, says Dr. Forman, “if this is the one thing wrong with you, you’re doing pretty well.”

N or N Rating: 1

All you need is a good greeting strategy.

I am addicted to chalk.

Not writing with it—eating it. Why can’t I just crave burgers and fries?

The desire to eat nonfood items, including sand, coffee grounds, matches, and mothballs, is called pica, which webmd.com defines as “the persistent eating of substances ... that have no nutritional value.” It’s most common in children and pregnant women. The cause is not clear, but “some of it is the body looking for nutrients,” perhaps triggered by a metabolic disorder, says psychiatrist Dr. Reiss.

But, he adds, if the items eaten are really bizarre (more bizarre than mothballs?), the cause may be psychological. “I’ve seen people who have

SO IT ISN'T JUST ME!

Here are more quirks and peccadilloes bedeviling your fellow Reader's Digest readers.

SOUND AND SMELLS

I smell everything without realizing it—even a glass of water before I take a sip. **MICHELE A.,**
Fishkill, New York

I’ve rubbed my hair in my ears for years. The crinkly noise is so soothing. **JENNIFER B.,**
Baumont, Texas

FOOD AND DRINK

I cannot stand watching or listening to other people eat. That disgust extends even to cooking shows on television where chefs taste the food they made! **SUE G.,**
Stratford, Connecticut



SLOPPINESS

Every playing card must be placed back in the package facing the same way, in sequential order and by suit. **JOY J.,**
Arlington, Virginia

Munchausen syndrome, which is intentionally making yourself ill to get medical care, swallowing everything from knives to blood,” says Dr. Reiss. “There was also a patient who ate a fork. We don’t know how he swallowed it, but he did.”

The key is to visit your doctor pronto to find out whether you are craving a nutrient, and if so, why. If that’s not the case, call a psychiatrist.

N or N Rating: 9

It’s a real issue if it’s more than a nutritional imbalance.

This is super dark, but I often imagine ways **I could poison my family and friends** when I’m cooking dinner for them. I love them, so why do I think this way?

Sometimes things lurking in the darkest part of our subconscious—torture, death, doing really nasty things to our mother-in-law—just bubble up, says Hilfer. “It’s a fleeting thought, a dark part that a lot of us keep repressed, and every so often, it kind of pokes through, and we think, Gee, that’s weird.”

Why do we fantasize about running someone over in the crosswalk? Maybe it’s because we recognize how fragile life is: One bad decision on our part and it’s curtains!

Or it could be a result of latent anger. “There may be some kind of aggression that hasn’t been addressed,” says Dr. Schaub. Maybe the would-be poisoner is sick of cooking for people who never reciprocate. “It doesn’t mean she really wants to kill them;

IRRATIONAL THOUGHTS

I’m terrified of down escalators. I feel as if I’m stepping off the edge of the world. **CHRISTINE J., Blakely, Pennsylvania**

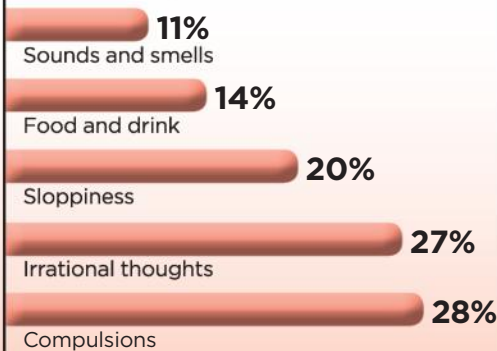
COMPULSIONS

The volume on my car stereo must be set on an even number.

S. C., Bloomington, Illinois
Upon leaving the house, I have to repeat, “The door is shut and locked.”

E. J. H., Lisbon, Ohio

YOUR “ISSUES”: BY THE NUMBERS



the thought is just a metaphor,” he says. It’s simmering, like dinner—with some extra-special seasoning.

N or N Rating: 3

You’re nuts—if you actually want to murder them. If it’s based on anger, address that. Otherwise, don’t worry about it.

My elderly mother recently started saying things like “Oh, the children were just here.” But they weren’t. There are no children where she lives. **Is this the onset of Alzheimer’s?**

What you’re describing is fairly common and goes by the name of Lewy body disease, a form of dementia. Although less common than Alzheimer’s, it usually involves “an old person who never had any hallucinations in their life, and they keep saying that they see children, dead relatives, or small animals around,” says Ruan. The disease affects the part of the brain devoted to vision, so the elderly person is truly “seeing” something the rest of us don’t. The sad news is that, as with all forms of dementia, there is no cure. The slightly better news is that the hallucinations seem to keep the person company, at least for a while. If you ask what the kids (or small, friendly animals) are doing, “they’ll say, ‘There they are, standing by the plant,’” says Ruan.

In another era, they were called angels or spirits, which they sort of are.

N or N Rating: 8

Doctor-prescribed medicine might make hallucinations less vivid.

Whenever I ask someone a question—for directions, for instance—I **find my mind wandering**. Instead of listening to how to get to Hicksville, I’ll focus on the ugly buttons on her shirt. Why can’t I concentrate?

It could be that you are trying so hard to show you’re a good listener that instead of actually listening, you are already thinking ahead. “This happens a lot on first dates,” says Hilfer. “You ask a question and then don’t pay attention long enough because you’re already thinking about the next question you’re going to ask to show you were paying attention.”

The solution is to train yourself to focus more. You can do this, says Tessina, by turning on the TV or radio for short periods of time and making a serious effort to pay attention. Then turn it off and try to remember what was said. Pretty soon you will develop a less distractible brain.

N or N Rating: 3

Not too nuts, just easily ... Hey, what’s that white R doing in that little black box?



Laugh Lines

ZOO-LOL-OGY

The fact that we know chameleons exist means they are worthless idiot failures. [@PEACHCOFFIN](#)

Giraffes were invented in 1780 when three horses accidentally swallowed a ladder.

[@KIMMYMONTE](#)

Science tip: You can distinguish an alligator from a crocodile by paying attention to whether the animal sees you later or in a while.

[@GOOOOATS](#)



Dogs look up to you; cats look down on you. Give me a pig! He looks you in the eye and treats you as an equal.

WINSTON CHURCHILL

Turkeys are peacocks that have let themselves go.

KRISTEN SCHAAL

Ant: a small insect that, though always at work, still finds time to go to picnics.

ANONYMOUS

“With This Ring ...”

BY RD READERS



Why do some people find meaning in their wedding bands—while others put them aside? We asked *Digest* readers about their choices.

LAST MARCH, Shannon Lombardo accidentally tossed her wedding and engagement rings out with the trash. (She was cleaning them and had put them in tissues—long story.) She called the New York City Department of Sanitation, which invited her to look through as much garbage as she could stomach at a dump in New Jersey. With two sanitation workers and her husband, Jim Lombardo, she searched roughly 800 bags full of coffee grounds, food scraps, dog poop, and other flotsam and jetsam until they found the platinum rings. Why did she take the ultimate Dumpster dive and not just call her insurance? “You’re talking about marriage and commitment,” Shannon told the *Daily News*. “When the two of us are standing in the dump, the commitment’s there.”

Does that sound like you? Would you brave mountains of rotting trash to retrieve a symbol of your love? Or are you the type who believes that the bonds of marriage are strong enough on their own, without a mere metal band as a token? With Valentine’s Day approaching, we asked members of our Inner Circle Community* whether they “put a ring on it,” to quote Beyoncé, or whether the fourth finger on their left hand stays as naked as Cupid’s behind. Some of their responses may get you to rethink your own ring thing.

I HAVE WORN my ring for the past 47 years and have never taken it off. I even had it tied to my hand with gauze by the nurse in the operating

room when I had surgery. The ring makes me feel safe and secure and never alone.

VALERIE GOLEMBIEWSKI, Tucson, Arizona

SOME PEOPLE suspect I won’t wear a ring so that I can pick up single women. But how? Pretty much everywhere I go, there’s my wife. The fact is, we’ve been married 21 years, and no symbol on my finger can adequately define my love.

A. S., Croton-on-Hudson, New York

FORTY-FIVE YEARS of wedded “blister,” and I removed it only once. I was playing baseball and put the ring in a spare pair of sneakers. I lost it when it fell out of the sneakers. That taught me to never remove the replacement ring, and I haven’t.

RICK BRUECKMANN, Lemont, Illinois

* Join the Reader’s Digest Inner Circle Community at tmbinnercircle.com.

MY RING IS EVIDENCE that I am willingly bound to all that it stands for: love, support, family, partnership.

JERRY REECE, *Wichita, Kansas*

I LOVE MY WEDDING RING. When I am away from my husband, it gives me a connection to the only man who truly understands me. Our love is as eternal as the ring itself. It endures like the diamond. It is malleable like the gold.

SUSAN FLADAGER,
Leadville, Colorado

WHEN I LOOK at my ring, it reminds me of the wonderful things my husband and I have experienced throughout our relationship, as opposed to the argument we may have had the night before.

ERIKA CIAVATTONE,
Chesterfield Township, Michigan

HAVE WORN MINE since I was married 50 years ago. I may not be able to get it off now, even if I wanted to.

WILLIAM MCDOWELL,
Shippensburg, Pennsylvania

I MARRIED A MAN who thought he owned me, and for a few years, I

would have agreed. However, I began to take control of my life and pulled away from him. That's when I took the ring off, and I will never wear it again. It is a reminder both to me and to him that he cannot control me. Since then,

he has made great changes in his life and in his behavior. I feel stronger without the ring, and we are now in more of a partnership and doing well.

SUSANNE HAYNES,
Wichita, Kansas



I wore my wedding ring for about 16 hours—until I got up the morning after the wedding. I told my new wife that I loved her greatly and that not wearing a ring had nothing to do with that. Jewelry just drives me nuts.

ELLIS ANDERSEN,
Elkton, Maryland

WHEN I LOOK at that wedding ring on my finger, it lets me know there is someone out there who loves me unconditionally.

CINDY CAUDILLO,
Arvada, Colorado

MY RING IS TOO big for my finger because I've lost weight, and I'm not going to risk losing it, so I don't wear it anymore. Of course, I've not gotten it resized, since I'll more than likely gain the weight back at a later date!

KATHLEEN SCRIBNER,
Springbrook, Wisconsin

WHEN MY LOVE and I decided to make our relationship permanent, I was working at a jewelry company

and made our bands myself. We had a ceremony with friends and family at a time when we weren't able to make it legal (back in 1994). When we were allowed to wed legally, we did so, in 2015. We used the same rings for that ceremony. That's one of the few times I have ever taken mine off.

ERICA DAVIS, *High Point, North Carolina*

MY HUSBAND was an electrician and could not wear a ring because of work. I knew he truly loved me when he put it on after retirement.

COLETTE MARTIN, *Edgewater, Florida*

I'D LOVE to wear a wedding ring, but I've lost three of them in our 38 years of marriage, and we both decided it's probably better if I don't get another one.

LINDA TRAMEL, *Arnold, Missouri*

WHEN I SEE a man wearing his wedding ring, it tells me he has a soft and private side reserved for someone special.

W. B.

TO ME, the wedding ring stores the memories of all the events—good and bad—over the course of my marriage. Today is our 62nd anniversary, so the memory bank of my ring is many gigabytes.

MARY PHILLIPS BADALAMENTI,
South Lyon, Michigan

MY HIGH SCHOOL sweetheart asked me to marry him during our senior year. I said no and returned his class ring to him before we went our separate ways. I quickly regretted that move. When we married 24 years later, I thought, His ring will never leave my finger again.

APRIL GRIESENBECK, *Helotes, Texas*



GROCERY GRIPES

If there's one thing I am good at, it's putting reusable bags in the car, driving them to the store, and not taking them inside.

@KELLYMELDRUM (KELLY BEAN)

Almonds are good for when I want to have a healthy snack and want to stop having twelve dollars.

@SIMONCHOLLAND

The only time I am truly present is when my credit card is in the card reader and I'm waiting for it to be approved.

@BILLDIXONISH (BILL DIXON)

Carrots are a great thing to eat when you are hungry and want to stay that way.

@MARAWRITESSTUFF



Lauren and Larry Bloomstein met at the hospital where they both worked. Seven years later, they were thrilled to be expecting a baby.



Why are so many American women dying in childbirth? The story of one neonatal nurse offers some clues to what's wrong with our maternity-care system.

Life and Death in the Delivery Room

BY NINA MARTIN AND RENEE MONTAGNE
FROM PROPUBLICA AND NPR

Larry Bloomstein's first inkling that something was seriously wrong with his wife came about 90 minutes after she'd given birth to their daughter on Saturday, October 1, 2011. "I don't feel good," Lauren Bloomstein said, pointing to a spot just below her sternum, close to where she'd felt a stabbing sensation during labor.

Larry, an orthopedic trauma surgeon, had been at Lauren's side much of the last 24 hours, since they had checked into the hospital. Conscious that his role was husband rather than doctor, he had tried not to overstep. Now, though, he pressed the obstetrician-gynecologist, John Vaclavik: What was the matter with his wife?

"He was like, 'I see this a lot. We do a lot of belly surgery. This is definitely reflux,'" Larry recalls. According to Lauren's records, Dr. Vaclavik ordered an antacid called Bicitra and an opioid painkiller called Dilaudid. Lauren vomited them up.

Lauren's pain was soon ten on a scale of ten, she told Larry and the nurses. Ominously, her blood pressure was spiking. An hour after giving birth, the reading was 160/95; an hour after that, 169/108. At her final prenatal appointment, her reading had been just 118/69. Obstetrics wasn't Larry's specialty, but he knew enough to ask a nurse: Could this be preeclampsia?

PREECLAMPSIA, or pregnancy-related high blood pressure, can become very dangerous very quickly, leading to seizures and strokes in expectant or new mothers. But in developed countries, it is highly treatable with antihypertensive drugs and magnesium sulfate to prevent seizures. The key is to act fast. By standardizing its approach, Britain has reduced preeclampsia deaths to one in a million—a total of two deaths from 2012 to 2014. In the United States, on the other hand, preeclampsia still accounts for about 8 percent of maternal deaths—50 to 70 women a year.

The ability to protect the health of mothers and babies in childbirth is a basic measure of a society's development. Yet every year in the United States, 700 to 900 women die from pregnancy or childbirth-related causes, and some 65,000 nearly die—the worst record in the developed world. In every other wealthy country,

and many less affluent ones, maternal mortality rates have been falling. But in the United States, maternal deaths increased from 2000 to 2014. In a recent analysis by the CDC Foundation, nearly 60 percent were preventable. The fragmented health system makes it hard for new mothers, especially those without good insurance, to get the care they need. Confusion about how to recognize worrisome symptoms and treat obstetric emergencies makes caregivers more prone to error.

Preeclampsia, for example, affects 3 to 5 percent of expectant or new mothers in the United States, up to 200,000 women a year. It can strike out of the blue. But its symptoms—swelling, rapid weight gain, gastric discomfort and vomiting, headache, and anxiety—are often mistaken for the normal irritations that crop up during pregnancy or after giving birth. “We don’t have a yes-no test for it,” says Eleni Tsigas, executive director of the Preeclampsia Foundation.

Yet the lifesaving practices that have become widely accepted in other affluent countries—and in a few states, notably California (see sidebar on page 94)—have yet to take hold in many American hospitals. Outdated notions—for example, that delivering the baby cures the condition—unfamiliarity with best practices, and lack of crisis preparation can further hinder the response.

“We worry a lot about vulnerable little babies,” says Barbara Levy, vice president for health policy/advocacy at the American Congress of Obstetricians and Gynecologists and a member of the Council on Patient Safety in Women’s Health Care. “We don’t pay enough attention to those things that can be catastrophic for women.”



A pregnant Lauren was “the happiest and most alive I’d ever seen her,” says Larry.

LAUREN BLOOMSTEIN was maybe the last person you’d expect to find in this kind of catastrophic situation. As a neonatal intensive care nurse, she had been taking care of other people’s babies for years. Finally, at 33, she was thrilled to be expecting one of her own. The prospect of becoming a mother made her giddy—“the happiest and most alive I’d ever seen her,” says Larry. When Lauren was 13, her mother died of a massive heart attack. The chance to create her own family, to be the mother she didn’t have, touched a place deep inside her.

Other than some nausea in her first trimester, the pregnancy had gone smoothly. Larry helped monitor her blood pressure at home, and all was normal. On Lauren’s days off,

she got organized, picking out strollers and car seats, stocking up on diapers and onesies. Despite all she knew about what could go wrong, her only real worry was going into labor prematurely. “You have to stay in there at least until 32 weeks,” she would tell her belly. “I see how the babies do before 32. Just don’t come out too soon.”



During labor, Lauren’s blood pressure was high, and she was in unbearable pain.

When she reached 39 weeks and six days—Friday, September 30, 2011—Larry and Lauren drove to Monmouth Medical Center in Long Branch, New Jersey, the hospital where they had met in 2004 and where Lauren had spent virtually her entire career. If anyone would watch out for her and her baby, she figured, it would be the doctors and nurses she worked with.

The neonatal floor was a world unto itself, Lauren Byron, another longtime nurse there, explains: “There’s a lot of stress and pressure, and you are in life-and-death situations. You develop a very close relationship with some people.” The environment tended to attract very strong personalities. Lauren Bloomstein’s nickname in her family football pool was the Feisty One, so she fit right in. “She was one

of those people that everyone liked,” Byron says.

Another person everyone liked was John Vaclavik. He was on call that weekend and had agreed to schedule an induction of labor for Lauren and to handle the delivery himself. Inductions often go slowly, and Lauren’s labor stretched well into the next day. At one point, she was overcome by a sudden, sharp pain in her back, but the nurses bumped up her epidural, and the stabbing stopped. On Saturday, October 1, at 6:49 p.m., 23 hours after Lauren had checked into the hospital, Hailey Anne Bloomstein was born, weighing 5 pounds 12 ounces.

LAUREN’S BLOOD PRESSURE was high when she entered the hospital—147/99, according to her admissions paperwork. During labor, she had 21 systolic readings at or above 140 and 13 diastolic readings at or above 90. Later, in a deposition, Dr. Vaclavik called her 147/99 reading “elevated” compared with her usual, but not abnormal. He said he would use 180/110 as a cutoff to suspect preeclampsia. He did order a preeclampsia test around 8:40 p.m., but a nurse noted: “No abnormal labs present.” (According to Larry, the results were borderline.) But Lauren continued to complain of unbearable pain. In his deposition, Dr. Vaclavik attributed that to inflammation of the esophagus,

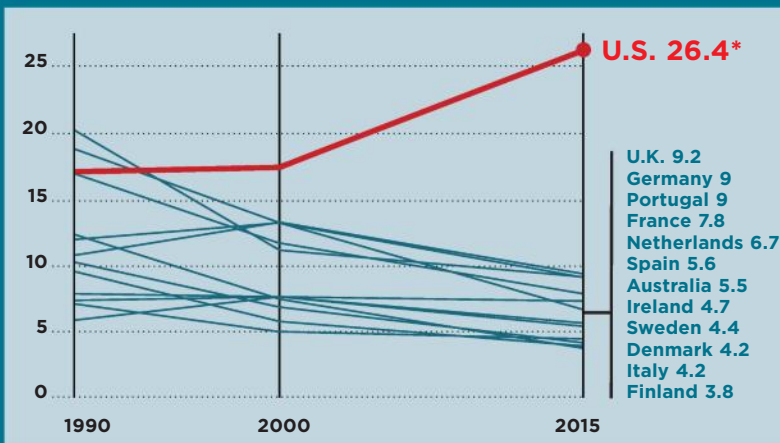
which had afflicted her before. Larry began pushing to call in a specialist. Around 10 p.m., the ob-gyn phoned the on-call gastroenterologist, who ordered an X-ray and more tests, Dilaudid, and antacids. Nothing helped.

The fact that Lauren gave birth over the weekend may have worked against her. Hospitals may be staffed differently on weekends, adding to the challenges of managing a crisis. A Baylor College of Medicine analysis of 45 million pregnancies in the United States from 2004 to 2014 found that mothers who deliver on a Saturday or Sunday have nearly 50 percent higher mortality rates, as well as more blood

transfusions and more perineal tearing. The “weekend effect” has also been associated with higher fatality rates from heart attacks, strokes, and head trauma.

Desperate, Larry reached out to his colleagues in the trauma unit at Cooper University Hospital in Camden, New Jersey. By chance, the doctor on call happened to be a fairly new mother. As Larry described Lauren’s symptoms, she interrupted him. “I know what this is.” She said Lauren had HELLP syndrome, the most severe variation of preeclampsia, characterized by hemolysis, or the breakdown of red blood cells; elevated liver

Where the Most Women Are Dying in Childbirth



While the maternal death rate has declined in many other developed countries, it has been rising steadily in the United States. American women die in childbirth (or shortly after) much more frequently than in most European countries, according to an analysis by the *Lancet*.

*per 100,000 live births

enzymes; and low platelet count, a clotting deficiency that can lead to excessive bleeding and hemorrhagic stroke. “Your wife’s in a lot of danger,” the trauma doctor said.

Larry went to Lauren’s caregivers. They insisted the tests didn’t show preeclampsia, he says. Meanwhile, Lauren’s agony had become almost unendurable. The blood pressure

cuff on her arm was adding to her discomfort, so around 10:30 p.m., her nurse removed it—on the theory that, Larry says, “we know her blood pressure is high. There’s no point to retaking it.” According to Lauren’s records, her blood pressure went unmonitored for another hour and 44 minutes. Dr. Vaclavik later acknowledged that, in retrospect, it

HOW CALIFORNIA IS SAVING LIVES

As maternal death rates have risen around the country, California—where 500,000 babies are born every year, more than in any other state—has had some dramatic success in lowering them. Death rates there were 15 per 100,000 live births in 2014, compared with the U.S. average of 24 per 100,000.

The reason, according to health experts, is that California has created ready-made tool kits covering the most common maternal-care emergencies, including vaginal hemorrhaging and cesarean section. The kits are designed to teach doctors and nurses how to react quickly, and they are

clearly working. Hospitals that began using the tool kit for targeted obstetric bleeding saw a 21 percent decrease in near deaths in the first year.

The preeclampsia tool kit contains a slide show of the most common signs of the condition, a collection of articles on treating high blood pressure (the most dangerous result of preeclampsia), and charts that help medical teams assess how a patient’s vital signs compare with those of women who have suffered from preeclampsia.

Most important, it highlights the need for treating high blood pressure aggressively

with antihypertensive medications and prescribing magnesium sulfate as needed.

The kits are created at the California Maternal Quality Care Collaborative (CMQCC), founded in 2007 by Elliott Main, a professor of obstetrics and gynecology at Stanford University and the University of California, San Francisco. Experts at CMQCC analyzed maternal deaths over several years and discovered that in most cases, there was some chance to alter the outcome. The most preventable deaths were from hemorrhage (70 percent) and preeclampsia (60 percent).

might have been measured more closely.

Just after midnight, as her blood pressure peaked at 197/117, Lauren complained of a headache. As Larry studied his wife's face, he realized something had changed: "She suddenly looks really calm and comfortable, like she's trying to go to sleep." She gave Larry a little smile, but only the right side of her mouth moved. "She looked at me and said, 'I'm afraid' and 'I love you,'" Larry recalls. "And I'm pretty sure in that moment she put the pieces together. That she had a conscious awareness of ... that she was not going to make it."

Around 2 a.m., a neurosurgeon confirmed what the trauma doctor had said four hours before: Lauren had HELLP syndrome. Then he delivered more bad news: Her blood platelets—essential to prevent hemorrhaging—were dangerously low, and she would need surgery. But, according to Larry, the hospital didn't have sufficient platelets on-site, so her surgery would have to be delayed. Hours passed before the needed platelets arrived.

Just after noon, the neurosurgeon



Too shattered to return home, Larry took Hailey to his parents' for the first month.

emerged and said that Lauren was on life support, with no chance of recovery.

All this time, Hailey had been in the nursery, tended by Lauren's stunned colleagues. They took her to Lauren's room, and Larry placed her gently into her mother's arms. After a few minutes, the nurses whisked her back up to the third floor to protect her from germs. A respiratory therapist removed the breathing tube from Lauren's mouth. At 3:08 p.m., surrounded by loved ones, she died.

AFTER THAT DAY, people asked Larry a lot of questions. Everyone wanted to know how this could have happened. Despite the missteps he had witnessed, Larry was hesitant to lay blame. But the fact that someone with Lauren's advantages could die so needlessly was symptomatic of a bigger problem. By some measures, New Jersey had one of the highest maternal mortality rates in the United States. He wanted authorities to get to the root of it—to push the people and institutions that were at fault to change.



Hailey Anne Bloomstein has her mother's brown hair and green eyes.

That's the approach in the United Kingdom, where maternal deaths are regarded as systems failures and investigated by a national committee of experts. Its reports help set policy for hospitals throughout the country. In the United States, maternal mortality reviews are left up to states. As of last spring, 26 states (and one city, Philadelphia) had a well-established process in place; another five states had committees that were less than a year old. In almost every case, resources are tight, the reviews take years, and the findings get little attention. New Jersey's review committee doesn't interview the relatives of the deceased,

nor does it assess whether a death was preventable. A bipartisan bill in Congress, the Preventing Maternal Deaths Act of 2017, would authorize funding for states to establish review panels or improve their processes. It went to the Congressional Subcommittee on Health in March 2017.

Someone eventually steered Larry toward the New Jersey Department of Health's (DOH) licensing and inspection division, which oversees hospital and nursing home safety. He filed a complaint against Monmouth Medical Center. In December 2012, the DOH issued a report backing up everything Larry had seen firsthand. The

report faulted the hospital. As a result, Monmouth established mandatory education about preeclampsia and HELLP syndrome and more training on life support and communications. Some of the changes were strikingly basic: Staff nurses were urged to obtain patients' prenatal records and to check vital signs regularly.

Larry was gratified by the findings but dismayed that they weren't publicly posted. That meant hardly anyone would see them. The DOH forwarded his complaint to the Board of Medical Examiners and the New Jersey Board of Nursing. After a full inquiry, the Board of Medical Examiners notified Larry that it had found no basis to discipline Dr. Vaclavik. Nor has the Board of Nursing taken any disciplinary action.

A few months after the DOH weighed in, Larry sued Monmouth, Dr. Vaclavik, and five nurses in Monmouth County Superior Court. For a medical malpractice lawsuit to go forward in New Jersey, an expert must certify that it has merit. Larry's passed

muster. But beyond the taking of depositions, at this point, there has been little action in the case.

NOW SIX YEARS old, Hailey feels her mother's presence everywhere, thanks to Larry and his new wife, Carolyn. They met when



Staff nurses are now urged to obtain prenatal records and check vital signs regularly.

she was a surgical tech at one of the hospitals he worked at after Lauren died, and married in 2014. Photos and drawings of Lauren occupy their mantel, the bookcase in the dining room, and the walls of the upstairs hallway. Larry's younger daughter, three-year-old Aria, calls her Mommy Lauren. On birthdays and holidays, Larry takes the girls to the cemetery. He designed the gravestone: his handprint and Lauren's reaching away from each other, Hailey's linking them forever. **R**

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In our overstimulated daily lives,
we often shut out as much noise as we can.
But when you turn off the sound,
you tune out the world.

What You're Missing When You're Not Listening

BY JOHN KORD LAGEMANN

OUR WORLD IS FILLED WITH SOUNDS WE NEVER HEAR. The human auditory range is limited to begin with: If we could hear sounds lower than 20 vibrations per second, we would be driven mad by the rumblings and creakings of our muscles, intestines, and heartbeats; every step we took would sound like an explosion. But even within our auditory range, we select, focus on, and pay attention to only a few sounds—and blot out the rest. We are so assaulted by sound that we continually “turn off.” But in the process, we shut out the glorious symphony of sound in which the living world is bathed.



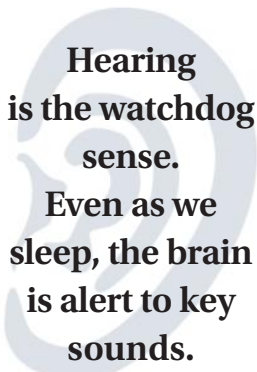
Everything becomes more real when it's heard as well as seen. It is, in fact, quite hard to really know a person by sight alone, without hearing his voice. And it is not just the sound of the voice that informs. Even the rhythm of footsteps reveals age and variations of mood—elation, depression, anger, joy. The sound-tormented city dweller who habitually turns off his audio loses a dimension of social reality.

Some people, for example, possess the ability to enter a crowded room and from the sounds encountered know immediately the mood, pace, and direction of the group assembled.

Everything that moves makes a sound, so all sounds are witnesses to events. If touch is the most personal of senses, then hearing—which is a sort of touching at a distance—is the most social of the senses.

It is also the watchdog sense. Sounds warn us of happenings. Even as we sleep, the brain is alerted by certain key sounds. A mother wakes at the whimper of her baby. The average person is quickly roused by the sound of his own name.

Watchdog, stimulator, arouser—it is not surprising that modern urban man has turned down and even crippled this most stressful of senses. But hearing can also soothe and comfort. The snapping of logs in the fireplace, the gossipy whisper of a broom, the inquisitive wheeze of a drawer opening—all are comforting sounds. In a well-loved home, every chair produces a different, recognizable creak,



**Hearing
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every window a different click, groan, or squeak. The kitchen by itself is a source of many pleasing sounds—the clop-clop of batter stirred in a crockery bowl, the chorle of simmering soup.

Most people would be surprised to discover how much the sense of hearing can be cultivated. At a friend's house recently, my wife

opened her purse and some coins spilled out, one after another, onto the bare floor. "Three quarters, two dimes, a nickel, and three pennies," said our host as he came in from the next room. And, as an afterthought: "One of the quarters is silver." He was right, down to the last penny.

"How did you do it?" we asked.

IT'S HARD TO LISTEN WHEN YOU CAN'T HEAR

What was that? If you frequently miss what people are saying or find yourself turning up the TV volume, you could be one of the 48 million American adults with some hearing loss.

What's wrecking our hearing? Many of the chronic health

conditions we develop as we age, including heart disease, high blood pressure, and diabetes, can slow blood flow to the ears and impair hearing. And treating those conditions can be harmful too. More than 200 prescription or over-the-counter

medications—loop diuretics, antibiotics, even aspirin—can damage the inner ear. Ask your doctor if your meds can harm your hearing.

And it's not just older folks who need to be careful. The NIH found that 30 percent more teens have noise-

PREVIOUS SPREAD: JOHN BALDESSARI, BEETHOVEN'S TRUMPET (WITH EAR)
OPUS #133, 2007, COURTESY OF THE ARTIST AND MARIAN GOODMAN GALLERY.
PHOTO BY BONNER KUNSTVEREIN. THIS PAGE: TATIANA AYAZO

"Try it yourself," he said. We did, and with a little practice, we found it easy.

On the way home, my wife and I took turns closing our eyes and listening to the sounds of our taxi on the wet street as they bounced off of cars parked along the curb. From that alone we were able to tell small foreign cars from larger American cars. Games like this are one of the best ways to open up new realms of hearing experience.

A **NOTHER BENEFIT** of honing your hearing is that extra-sensory faculty that blind people call facial vision. More than 200 years ago, Erasmus Darwin, grandfather of Charles Darwin, reported a visit by a blind friend named Justice Fielding. "He walked into my room for the first time and, after speaking a few words, said, 'This room is about 22 feet long, 18 wide, and 12 high'—all of

which he guessed by the ear with great accuracy."

Sound engineers call it ambience: the impression we all get in some degree from sound waves bouncing off walls, trees, even people. For a blind person to interpret the echoes effectively, he uses a tapping cane, preferably with a tip of metal, nylon, or other substance that produces a distinct, consistent sound. (Wood doesn't work, because it creates a different sound wet than dry.) The metal noisemaker called a cricket is equally effective. Animals, both terrestrial and nonterrestrial, also use "echolocation." The bat, for example, emits a very high-pitched sound and picks up echoes from any obstacle, even as thin as a human hair.

The human ear is an amazing mechanism. Though its inner operating parts occupy less than a cubic inch, it can distinguish from 300,000

induced hearing loss today than teens did ten years ago, thanks to loud music played on earbuds or headphones.

"The smartest thing we can do to protect our ears is to avoid exposure to loud noise," explains Cincinnati audiologist Laurie DeWine. "Listening to loud music on an iPod or using a lawn mower or snowblower

can damage your ears over time."

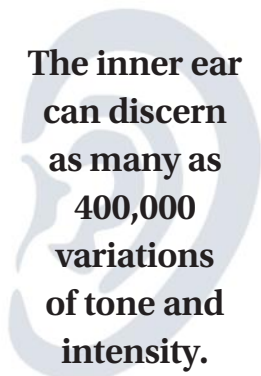
How can you tell when sounds are loud enough to be harmful? A free app such as Sound-Check or Decibel Meter can turn your smartphone into a sound meter that shows when you're in the danger zone. "You may be surprised at how much you're exposed to," says

DeWine. "I was shocked when music played at church was in the 'need protection' range."

Wearing earplugs or noise-canceling headphones will protect your ears during noisy tasks such as using a snowblower or vacuum cleaner. Keeping the volume on low when watching TV or listening to music helps too.

to 400,000 variations of tone and intensity. The loudest sound it can tolerate is a trillion times more intense than the faintest sounds it can pick up—the dropping of the proverbial pin (or, if you prefer, the soft thud of falling snowflakes). When the eardrums vibrate in response to sound, the tiny piston-like stirrup bones of the middle ear amplify the vibrations. This motion is passed along to the snail-like chamber of the inner ear, which is filled with liquid and contains some 30,000 tiny hair cells. These fibers are made to bend, depending on the frequency of the vibration—shorter strands respond to higher wavelengths, longer strands to lower—and this movement is translated into nerve impulses and sent to the brain, which then, somehow, “hears.”

WHILE WE ARE still under age 20, most of us can hear tones as high as 20,000 cycles per second (CPS), about five times as high as the highest C on a piano. With age, the inner ear loses its elasticity. It is unusual for a person over 50 to hear well above 12,000 CPS. He can still function, of course, since most conversation is carried on within an octave or two of middle C, or about 260 CPS.



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Just cutting down reflected sound can produce some odd results. The nearest thing on Earth to the silence of outer space is the “anechoic chamber” at the Nokia Bell Labs in Murray Hill, New Jersey, which is lined with material that absorbs 99.98 percent of all

reflected sound. People who have remained in the room for more than an hour reported that they felt jittery and out of touch with reality.

One remarkable quality of the human ear is its ability to pick out a specific sound or voice from a surrounding welter of sound, and to locate its position. The conductor Arturo Toscanini,

rehearsing a symphony orchestra of almost 100 musicians, unerringly singled out the oboist who slurred a phrase. “I hear a mute somewhere on one of the second violins,” he said another time in stopping a rehearsal. Sure enough, a second violinist far back on the stage discovered that he had failed to remove his mute.

We owe our ability to zero in on a particular sound to the fact that we have two ears. A sound to the right of us reaches the right ear perhaps .0001 second before it reaches the left. This tiny time lag is unconsciously perceived and allows us to localize the object in the direction of the ear

stimulated first. If you turn your head until the sound strikes both ears at once, the source is directly ahead. Try it sometime when you hear the distant approach of a car.

The sound you hear most often and with greatest interest is the sound of your own voice. You hear it not only through air vibrations that strike your eardrums but also through bone conduction, vibrations transmitted directly to the inner ear through your skull. When you chew on a stalk of celery, the loud crunching noise comes mainly through bone conduction. Such bone conduction explains why we hardly recognize a recording of our speech. Many of

the low-frequency tones that seem to us to give our voices resonance and power are conducted to our ears through the skull; in a recording, they are missing, so our voices often strike us as thin and weak.

Alas, it's possible that hearing will atrophy even further in the future, as civilization becomes busier. When too much is going on, we learn to ignore most of the sound around us, which means we also miss much that could give us pleasure and information. That's too bad—because there is a wisdom in hearing. **R**

This article first appeared in the August 1969 issue of *Reader's Digest*.

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We're hitting the road again this spring! Join us for an event filled with new friends, fabulous food, and lots of fun!

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Laughter

THE BEST MEDICINE



*"It's true—we do have 100 words for snow,
but most of them are curse words."*

AS THE HEDGE FUND manager gets out of his brand-new Porsche, a truck goes racing by, taking off the door. "My Porsche! My beautiful silver Porsche is ruined!" he screams.

A police officer on the scene shakes his head in disgust. "I can't believe you," he says. "You're so focused on your possessions that you didn't even realize your left arm was torn off when the truck hit you."

The hedge fund manager looks down in absolute horror. "Oh no!" he screams. "My Rolex!" Source: rolexforums.com

I JUST GOT DIAGNOSED as color-blind! I didn't expect that—it came straight out of the purple!

Twitter: @ANTARES_912

THE GUYS are playing poker when Fred loses \$1,500 on a single hand,

clutches his chest, and drops dead. Realizing Fred's wife needs to know, Bob agrees to tell her.

"Be discreet," the guys tell Bob.

Bob goes to Fred's home and knocks on the door. When Fred's wife answers, he says, "Fred lost \$1,500 playing poker and is afraid to come home."

"Tell him to drop dead!" she yells.

Bob nods. "OK. I'll tell him."

DONALD DAWSON, *Gilbert, Arizona*

HUFFINGTONPOST.COM asked readers to update classics for millennials:

- *Jane Eyre*BNB
- *Alexa, Tell Me About Two Cities*
- *Charlotte's Webcam*
- *Tinder Is the Night*
- *Tess of the d'Uberdrivers*
- *LOLita*
- *Meh Expectations*

JUST SOME of the gags that cracked them up at the Edinburgh Festival Fringe:

- We called both our cats Socks.

We had two, but we lost one in the dryer.

CAT FM

- Dying is a lot like camping. I don't want to do it.

PHIL WANG

- I was struggling to make friends, so I bought a book called *How to Make People Like You*. Turns out it was all about cloning.

HARI SRISKANTHA

Source: telegraph.co.uk

Your joke might be worth \$\$\$\$. For details, see page 3 or go to rd.com/submit.

DIETING HELP FOR THE NEW YEAR

Having trouble curbing your tendency to overindulge? Designer Katerina Kamprani's *The Uncomfortable* collection might be just the crutch you need.



This fork ensures you'll never load up on too much pasta.



Go ahead, try to have that extra cup of joe. In fact, these conjoined mugs may halt your caffeine addiction entirely.



Sodium level high? Try these hourglass shakers that dole out all the salt (or pepper) you want—one grain at a time.

THE DRIVE OF HIS LIFE



A CABBIE,
HIS KIDNAPPER,
AND THE UNLIKELY
CONNECTION THAT
REDEEMED THEM

BY PAUL KIX FROM GQ

“Take us to Walmart,” said the man who settled into the passenger seat. The driver, Long Ma, 71, recognized from his voice that he was the one who’d called for the cab, telling Ma that he and his friends needed a ride home from a restaurant. His name was Bac Duong. He spoke to Ma in Vietnamese—their shared native language—and wore a salt-and-pepper goatee on his thin and weary face. It was 9:30 on a chilly Friday night in Santa Ana, California. Now



they want to go shopping? Ma thought. What happened to going home? Ma, a small man with short gray hair and a gray mustache, had been asleep when Duong called and hadn't bothered changing out of his pajamas.

In the rearview mirror, Ma could see Duong's friends, quiet in the back seat: Jonathan Tieu, a pimply 20-year-old, and Hossein Nayeri, an athletic Persian with an air of indifference.

Walmart didn't have what the men

needed, so they told Ma to drive them to a Target 45 minutes away. Ma had no way of knowing that they were desperate for phones, for clothes, and for some semblance of a plan. They finally emerged from Target. “My mom’s place is right around here,” Duong lied. “Take us there, please.”

The streets were dark and quiet, and after a few minutes, Duong motioned to a mangy strip mall. “Pull in here,” he said. As Ma parked his Honda Civic, Tieu handed Duong a pistol, which Duong pointed at Ma. Ma’s mind raced as Nayeri shouted, “Boom, boom, old man!”

The men placed Ma in the back seat, where Tieu now trained the gun on his stomach. Nayeri jumped behind the wheel and set out for a nearby motel.

By the time they arrived, Ma was convinced he was going to die—he just didn’t know how or when. Inside a cramped room, he watched as Nayeri, who he suspected was the group’s ring-leader, splayed out on one of the two beds. Ma was ordered to double up with Duong on the other as Tieu slept on the floor near the door, the gun under his pillow. For Ma, there was no escape and, with all the dread he felt, no easy way to fall asleep.

In the morning, Duong turned on the TV. A report about a prison escape was on the news. “Hey,” Duong shouted, “that’s us!” Mug shots filled the screen. A massive manhunt, Ma now learned, was under way for his three roommates.

T HE JAILBREAK HAD occurred a day earlier, on January 22, 2016. It began after Duong, sprawled on a bunk in the open-floor dormitory of the Orange County Jail’s Module F, watched a guard finish his 5 a.m. head count.

Duong then gathered the tools that he’d been hoarding and shuffled to the rear of the housing block, where Nayeri and Tieu waited for him. There, hidden behind a bunk bed, the three used their tools to work loose a metal grate. They bellied through the hole and, surrounded by pipes and wiring, inched along a metal walkway until it dead-ended against a wall. Using the pipes, they shinnied skyward into a ventilation shaft that led to a trapdoor, which they shoved open.

Now on the roof, they fastened a makeshift rope that they’d fashioned from bedsheets and rappelled down four stories to the ground. No alarms sounded; no lights swept the exterior. They’d done it. They were out.

The fugitives allegedly first visited friends, who gave them money. By 9 p.m., the escapees were still in Santa Ana and needed to get away. Duong dialed a cab service that advertised in the local Vietnamese newspaper. Long Ma answered the call.

As the men in the motel hooted and marveled at their images on the TV, Ma was introduced to his captors by their televised rap sheets. Tieu had allegedly taken part in a drive-by shooting that



left one college-age kid dead; Duong had allegedly shot a man in the chest after an argument. And Nayeri, well, Nayeri was plenty notorious.

Four years earlier, acting on a hunch that the owner of a marijuana dispensary had buried \$1 million in the Mojave Desert, Nayeri had allegedly snatched the guy and his roommate and driven them to the spot where the loot was thought to be hidden. There, Nayeri and his crew were said to have shocked the man with a Taser, burned him with a butane torch, and poured bleach on his wounds, among other abuses, all in a failed attempt to

**MA KNEW IF HIS KIDNAPPERS
KILLED HIM NOW, THEY COULD
MAKE A CLEANER ESCAPE.**

locate the cash. After the man assured Nayeri there was no buried money, he was left out there to die. (His roommate found help and saved his life.)

Spooked, perhaps, by the prospect that Ma's disappearance had been noticed, the escapees decided they needed a second vehicle. The next morning, they found a van for sale on Craigslist. Duong took the vehicle for a test spin and then simply drove away. He met up with the others again later, and the fugitives visited a hair salon and altered their appearances, none more than Duong, who shaved

his goatee and dyed his hair black.

When they left the salon, Nayeri and Tieu took the van. Duong and Ma got into the Civic, and there, alone in the car, Duong became relaxed and even chatty, asking about the cabbie's life in their native Vietnamese. At one point, he even called Ma "Uncle," a term of endearment that implied respect for the old man. But Ma was leery. For all he knew, Duong was playing an angle. As always in the States, Ma found his fellow Vietnamese the hardest people to read.

When Ma had landed in California in 1992, with a wife and four kids, he'd struggled. A former lieutenant colonel in the South Vietnamese Army during the Vietnam War, he still had the physical and emotional scars from seven punishing years spent in a Communist forced-labor camp. The war and his time in the camp had placed him nearly two decades behind the first wave of emigrants who'd left Vietnam for the United States. For years he took menial jobs, and he would later say that his siblings—who had arrived earlier and become dentists and pharmacists and white-collar success stories—made him feel ashamed of the life he had made.

Money had always been tight, which exacerbated the arguments between Ma and his wife. He knew she was losing respect for him and that everyone in the family had noticed it.

Rather than suffer the indignity, Ma moved one day, without explanation, from their home in San Diego. He found a little room in a boardinghouse near Santa Ana, 90 minutes north, and began a solitary existence as a taxi driver—a choice that seemed to have led to his current predicament.

DUONG STEERED the Civic toward a new motel, the Flamingo Inn, where they would meet Nayeri and Tieu.

Deep into the night, the fugitives laughed and drank and smoked cigarettes, while on television the news anchors said that the reward for information leading to their arrest had increased from \$20,000 to \$50,000.

Sunday dawned, and Nayeri seemed more distant than usual. Ma's captors drank and talked in urgent tones. Nayeri soon began yelling at Duong. The room became loud and tense and small. Ma, with his limited English, sensed that the argument concerned him. He'd begun to consider what the men must have realized themselves: If they killed him now, they could make a cleaner escape. Ma watched as Nayeri pointed in his direction and again shouted, "Boom, boom, old man!"

The escapees decided they needed to move north, and on Tuesday morning—day four of Ma's captivity—they drove 350 stressful miles to a motel in San Jose. The journey exhausted Ma, and that night he snored so loudly

that he woke Duong, who was lying beside him. But Duong didn't elbow him awake. Instead, he slowly climbed out of bed, careful not to stir Ma, and curled up on the floor, so Uncle might rest more peacefully.

The next day, Nayeri announced that he and Tieu needed to take Ma out for a while in the van. By the time they parked near the ocean in Santa Cruz, Ma had figured he'd been driven to the beach to be executed. His stroll with Nayeri and Tieu began aimlessly—and because of that, it felt even more malevolent to Ma. Nayeri had them pose for pictures. With the ocean, the beach, and the pier as their backdrop, Nayeri acted as if they were friends. What is he doing? Ma thought. And then ... nothing. The three got in the van and drove back to the motel.

After watching another news report on themselves, Nayeri and Duong started shouting at each other. Suddenly, Nayeri glanced at Ma and ran his index finger across his throat. In an instant, days of anger and anxiety broke, and Nayeri and Duong fell into a rolling heap. Nayeri ended up on top and landed a series of clean shots to Duong's nose and jaw, one after another. Satisfied, Nayeri pulled himself out of his rage. Each man gasped for air.

Ma was terrified. But Nayeri did not grab the gun and shoot the cabdriver. He did not haul the old man outside and, in the shadows of the motel, slit his throat. Nayeri simply retreated to

a corner. For another night, the four watched one another and, as they went to bed, stewed in the frustration that filled the room.

The news reports were no better the next morning—their seventh day on the run. Law enforcement shared photos of the stolen van the men were driving. This rattled Nayeri and Tieu, who announced to Duong that they

**THEY BOTH FELT SO GRATEFUL,
SO SURPRISED BY THE
POSSIBILITY OF FRIENDSHIP.**

were leaving to have the van's windows tinted and its license plates changed.

When the door closed behind them, Duong turned quickly to Ma. "Uncle, we have to go," he said in Vietnamese.

THE TWO MEN drove south in Ma's Civic, with Duong behind the wheel. When Duong said to him, "Don't be afraid; you're not in danger anymore," Ma snickered to himself. We'll see, he thought. He had understood enough of the news to piece together Duong's criminal past: a 1995 burglary conviction in San Diego, four years after he became a U.S. resident; twice pleading guilty to selling cocaine; stints in state prison; and then, in November 2015, the alleged attempted murder of

a Santa Ana man after an argument.

And yet, in spite of Duong's past, there had been, this whole week, another composite on view: that of a flawed but compassionate man. Ma had caught flashes of details but not the full picture of Duong's conflicted life. He didn't realize how chronic drug dependency and what Duong's friends saw as mental disorders had pushed Duong down a criminal path—and he didn't yet know that Duong was also the father of two boys, Peter and Benny.

Duong, his eyes filling with tears, told Ma that he hated how his crimes had placed him outside society. That was the most painful thing—not being accepted. His father wouldn't speak to him, and his mother said she was ashamed. A few years earlier, out of prison after serving a drug sentence, Duong had asked his friend Theresa Nguyen and her husband to go with him to his mother's home—"Because I want her to know that I have normal friends, too," he told Nguyen. He could never atone in his family's eyes. Nguyen began to get it, why Duong had been calling her "Sister." Why he'd phoned her the day her daughter graduated from college, another immigrant success story: "I'm proud of you, Sister." She was as close to family as he had.

Ma listened, reticent but knowing that sometimes people need to

be heard even more than consoled.

Duong told Ma that Nayeri's plan had been to kill the driver on the beach. But for whatever reason, Nayeri hadn't gone through with it. The brutal fight the night before had been over Ma too. Duong couldn't abide seeing the cabdriver murdered for Duong's mistakes.

Ma said at last, "You should turn yourself in."

Duong didn't balk at the suggestion. He was grateful for the way Ma hadn't judged him. He didn't want to call Ma "Uncle" anymore, he said. Given the circumstances of the past week, Duong said he wanted to call Ma "Father."

The suggestion moved Ma, who understood the cultural obligation that came with the moniker: To call Duong "Son." To trust him, to love him, even. This scared Ma. Life had taught him to be cautious around love. And yet when he looked at the damaged man next to him, his face bruised from the fight with Nayeri, his psyche scarred, he saw the good that the rest of the world failed to see. It warmed him.

"Yes," Ma said. "You can call me 'Father,' and I will call you 'Son.'"

After hours on the road, they pulled up to an auto-repair shop in Santa Ana. As instructed, Ma slunk inside the garage while Duong sat in the car. In a moment, the old man returned with a woman, who put her head inside the vehicle. Duong started to cry. "Sister," he said to Nguyen, "I'm tired."

THE DAY AFTER Duong turned himself in, Tieu and Nayeri were captured in San Francisco after police were alerted to their van parked on a city street. Ma returned to his boardinghouse. No one had even reported him missing.

Though Duong is back in jail now, Ma has stayed in touch. And while money is scarce for the cabdriver, he has put cash in Duong's jail account. Ma has even visited the man who kidnapped him. The last time he went, Ma watched through a glass partition as Duong, in an orange jumpsuit, bowed when they met. "Daddy Long!" Duong said, greeting his friend.

Throughout their half-hour visit, the two men wept softly and spoke in their native language of the bond they had nurtured since their week on the run. They both felt so grateful, so surprised by the possibility of friendship. Perhaps Ma especially. Whatever he had expected to experience on that dark, cold night when he left his house in his pajamas, it wasn't this. Wherever he'd figured that trip might lead, it wasn't here.

As Ma grinned through the glass of the visitors' room wall, he realized that Duong had saved his life, even redeemed his soul.

"My son," Ma said to Duong, "as long as you are still here, I will rescue you like you rescued me." **R**

That's Outrageous!

PHONING IT IN

A NEW JERSEY driver was looking at his cell phone when he ran a stop sign and crashed into a police cruiser. How convenient, since the officer was in the area enforcing a statewide anti-distracted driving campaign.

Source: nj.com

AN ART INSTALLATION on display last year at the 14th Factory, a pop-up gallery in Los Angeles, consisted of four long rows of pedestals topped with differently designed crowns. Impressed, a gallery goer crouched in front of the exhibit and snapped a selfie. She then turned DIY portraiture into performance art when she lost her balance and fell into the installation, creating a domino effect that knocked over an entire row of pedestals and resulted in \$200,000 worth of damage.

Source: New York Times

A MAN IN California stumbled across a rattlesnake and decided to take a selfie with it draped around his neck. The publicity-friendly rattler sat for a few photos before

digging its fangs into the man, sending him to the hospital. Wised up, the would-be wildlife photographer offered this sage advice: "Don't mess with snakes."

Source: KTLA 5

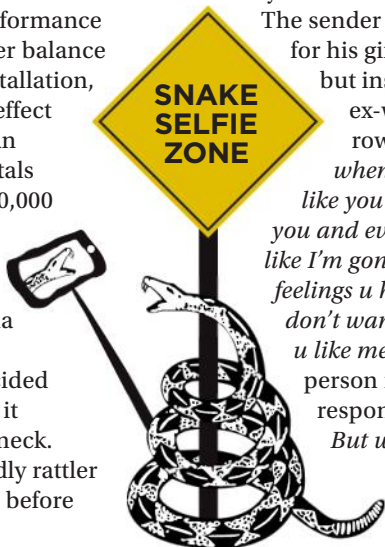
POLICE pulled over a man in Florida for driving his scooter at night without a working headlight. But he wasn't completely in the dark. His way was illuminated by the light coming from his cell phone, which was strapped to the mirror.

Source: upi.com

TWO TEXTS the senders wished they could claw back: 1) *I love you.*

The sender meant the sentiment for his girlfriend of 14 months, but instead it went to his ex-wife. 2) After an ugly row: *I'm sorry. I hate when we fight cuz I really like you and wanna be with you and every time we fight I feel like I'm gonna make u lose all the feelings u have for me and I don't want that cuz I like when u like me back.* To which the person receiving the text responded, *I love you too ... But who are you?*

Sources: thoughtcatalog.com and wrongnumbertexts.com



Advertisement

How To: Fix Your Fatigue and Get More Energy

Founder and Director **Dr. Steven Gundry** is a world-renowned heart surgeon, a best-selling author, and the personal physician to many celebrities. But his breakthrough could be the most important accomplishment of his career.

Dr. Gundry has unveiled a simple — yet highly effective — solution to issues that plague millions of Americans over 40: low energy, low metabolism and fatigue.

“When you’re feeling low energy, that’s your body screaming **HELP!**” Dr. Gundry’s radical solution was inspired by a breakthrough with a “hopeless” patient who had been massively overweight, chronically fatigued and suffering from severely clogged arteries.

The secret to his breakthrough? **“There are key ‘micronutrients’ missing from your diet,”** Dr. Gundry said, “If you can replenish them in very high dosages, the results can be astonishing.”

Users of this new method is what led Dr. Gundry to create an at-home method for fatigue.

“They’re reporting natural, long-lasting energy without a ‘crash’ and they’re feeling slim, fit and active,” he revealed yesterday.

Dr. Gundry’s team released a **comprehensive video presentation,**



so that the public can be educated as to exactly how it works.

Watch the presentation here at www.GetEnergy56.com

Within just a few hours, this video had gotten thousands of hits, and is now considered to have gone viral. One viewer commented: “If this works, it’s exactly what I’ve been praying for my whole life. I’ve never seen anything like it before...the truth about my diet was shocking and eye-opening.”

It makes a lot of sense, and it sounds great in theory, but we’ll have to wait and see what the results are. Knowing Dr. Gundry, however, there is a great deal of potential.

See his presentation here at www.GetEnergy56.com

WHO ? KNEW

13 Things Mall Cops Won't Tell You

BY MICHELLE CROUCH



1 No offense to Paul Blart, but we actually hate the term *mall cop*. We prefer *security officer*, and frankly, we're tired of movies portraying us as clueless bums who always doze off on the job. Remember, we're often the first responders to shootings, kidnappings, fires, and other emergencies.

2 This is a dangerous job. Every year, 50 to 100 American security officers are killed on duty. In 2015, nearly two thirds of those deaths were the result of assaults or other violent acts.

3 Still, we have far less power than police officers. Most of us can't arrest you, for example. We *can* detain you, but only if we witness you committing a misdemeanor or have hard proof you committed a felony.

4 Sometimes we let shoplifters walk. Many mall owners won't let us stop or search a customer unless we witness the crime. That's partly because of the need for probable cause, but it's also because they don't want us to create a scene.

5 Extreme cases aside, on most days, we're more concierges than cops. Customer service is a big part of the job, so go ahead and ask us where the food court is.

6 Got car trouble? We can probably help you jump a dead battery or fix a flat. We can also drive you around or check surveillance video of the parking lot if you can't find your car. One time, my supervisor even drove a stranded customer home. No tip necessary—or even allowed, most of the time.

7 When we investigate a parking lot break-in, nine times out of ten the customer left something out on the seat, be it a purse, a tablet, or high-end shopping bags. If you don't want your car broken into, don't leave valuables out in plain view; thieves troll parking lots looking inside cars for goodies to grab.

8 We spend a lot of time dealing with lost kids. Don't send children under eight to get things from another part of the store or mall. They get distracted (and lost) easily.

9 Pro tip: Assure your kids that you'd *never* go to your car without them. You don't want them to leave the mall and search for you in the parking lot. Teach your kids to ask an employee wearing a name tag if they need help finding you.

10 You wouldn't believe what goes on in dressing rooms. We deal with people going to the bathroom or having sex. One time a guy walked in dressed in men's clothing and left wearing a wig and a dress; under the dress, he had on several layers of stolen clothes.

11 Not all mall cops are created equal. While many of us are ex-military or retired police officers, 22 states have no training requirements for unarmed security guards, according to a Pew analysis. Some guards get as much as 48 hours of training; others get half that or less. "My training consisted of 'Read this and sign it,'" one guard says.

12 Some of us are hired just to be eye candy. Having a uniformed person on the property deters crime and makes shoppers feel safer. But it might also give the mall owner a break on insurance costs.

13 We may kick you out if your shorts are too short. Some malls prohibit outfits that are too revealing or contain curse words or gang-related symbols. Before you argue, remember that we don't write the rules—we just enforce them. **R**

Sources: Aaron Thomas, a security officer with International Guard Services in Houston; Rick McCann, a former mall security officer and the founder of Private Officer International; Brian Neimeyer, senior vice president at Allied Universal, the largest U.S. provider of security services to retailers; Steve Amitay, executive director of the National Association of Security Companies; and a security officer at an Ohio mall

Surprising love and marriage customs of the world

For Better Or Worse

BY LOUISE BASTOCK FROM LONELYPLANET.COM



Groom's cake

WALK INTO A wedding in the South, and you might notice something odd next to the cake: another cake. The so-called groom's cake is a Victorian custom that spread to the southern United States more than 100 years ago and stuck. Based on the dated idea that a poofy white cake is too feminine for the male half of the nuptial equation, the groom's cake is often shorter, darker, infused with liquor, and shaped like a football helmet, a hamburger, or R2-D2. You know—the stuff of romance.

While this may seem outrageous to international eyes, no culture is without its quirks when it comes to tying the knot. Case in point: these (arguably) weird wedding rituals from around the globe (including the good old US of A).

TRASH THE DRESS

Why preserve your wedding dress as a priceless family heirloom when you can drench it, torch it, or cover it in paint? In an increasingly popular post-wedding trend known as trashing the dress, brides intentionally sully their gowns in one final photo shoot that may involve the newlyweds rolling in mud, tramping through sand, diving underwater, or waging paint-throwing battles, all while wearing their freshly used wedding attire. Las Vegas wedding photographer John Michael

Cooper is credited with starting the trashy trend a decade ago; today, non-traditional brides around the world are beginning to embrace the destruction.

WHALE'S TOOTH GIFTS

In Fiji, it's common practice when asking for a woman's hand that the man present his soon-to-be father-in-law with a tabua (whale's tooth). Because, let's face it, it's not real love unless you have to dive hundreds of feet beneath the ocean and go toe-to-fin with one of the world's largest mammals.



Trash the dress



First dance



Eloping in Scotland

THE FIRST DANCE AS BILLED

Greek weddings are known for their ebullient spirit. A wonderful tradition is the bride and groom's first dance, when guests pin money to the couple's clothing, leaving the pair twirling about the floor entwined in decorative (not to mention expensive) paper streams.

ELOPING IN SCOTLAND

When the Marriage Act of 1754 made it illegal for persons under 21 to get hitched, young English sweethearts ran off to Scotland, where the law didn't apply. As the first village over the border, Gretna Green grew into the top spot for elopements—to this day,

some 5,000 couples visit each year to tie the knot or reaffirm their vows.

TREE'S THE ONE FOR ME

Some unlucky girls in India are born during the astrological period when Mars and Saturn are both under the seventh house. What's so wrong with that, you ask? Basically, it means they are cursed. Those unfortunate ones, known as Mangliks, are said to be

CLOCKWISE FROM TOP LEFT: CRYSTAL KIRK/SHUTTERSTOCK, TRINITY MIRROR/MIRRORPIX/ALAMY, REX/SHUTTERSTOCK

doomed to have unhappy unions and even bring early death to non-Manglik husbands. The remedy? Have the Manglik marry a tree—ceremonially, of course—and then have the tree cut down to break the curse.

LOVE SPOONS IN WALES

This adorable Welsh tradition gives a new meaning to the term *spooning*. The beau presents his lover with a meticulously carved wooden spoon as a gesture that he will always feed and provide for her.



Love spoons

CHINA'S BRIDESMAID BLOCKADE

As if the wedding day weren't stressful enough, when the Chinese groom comes to collect his bride before the ceremony, he is



Graveside weddings

confronted by a barrage of bridesmaids blocking his entrance to her room. After demanding red envelopes of money, the bridesmaids may force him and his groomsmen to sing sappy love songs, dress up in women's clothing, or complete any number of other physical and mental trials to prove his love.

GRAVESIDE WEDDINGS IN RUSSIA

The Tomb of the Unknown Soldier is both Russia's most famous World War II memorial and Moscow's top destination for wedding parties, whose members snap photos and drink champagne while the bride and groom pay their respects by laying flowers at the grave.

LADIES' CHOICE AT THE GEREWOL FESTIVAL

In this annual courtship event, the men of the Wodaabe in Niger (like the one pictured to the left) dress up in elaborate costumes, put on makeup, and dance and sing in a bid to win a bride. At the end of the performance, the women choose their favorites. **R**



Ladies' choice

CLOCKWISE FROM TOP LEFT: GEOFF WILKINSON/SHUTTERSTOCK, ARIF IQBALL/ALAMY, HEMIS/ALAMY

LIVER SPOTS?

Are unsightly brown spots on your face and body making you uncomfortable? Liver spots, also known as age spots, affect the cosmetic surface of the skin and can add years to your appearance. Many people live with the dark spots and try to cover them with makeup or bleach them with harsh chemicals, because they are not aware of this new topical treatment that gently and effectively lightens the shade of the skin.

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colorations. Ingredients are proven to help protect skin from harmful external factors, and emollients soften and smooth skin. *"It is fading my liver spots. This product actually works!!!" - Patricia C., NJ.*

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feeling in my feet!" - Mable NY.

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Are radiating pains down the back of your leg or pain in your lower back or buttocks making it uncomfortable to sit, walk or sleep? Many are suffering unnecessarily because they are not aware of this proven treatment.

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at how it works and how fast it works." - T Martin. Tablets dissolve under the tongue.

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Doctor Drone To the Rescue!

BY MAX BLAU
FROM STATNEWS.COM



🌀 DRONES CAN DUST CROPS, spy on the neighbors, and even drop bombs in a war. Now engineers are looking for ways to put the remote-controlled unmanned aircraft to work treating sick people in any corner of the world. Here's a look at their most promising health applications.

Delivering Medication to Rural Americans

More than two years ago, as part of a study to demonstrate that such flights are safe, a group of research and health organizations flew the first drone approved by the Federal Aviation Administration to deliver medication. FAA regulations currently prevent operators from flying drones out of their line of sight, but organizations hope that restrictions will soon be lifted so they can create a regular service to bring medications

for asthma, blood pressure, diabetes, and other conditions to residents in isolated pockets of Appalachia.

Sending Blood to Surgeons In Remote Regions

In 2016, the California-based company Zipline started flying commercial drones from its distribution center in Muhanga, Rwanda, to nearly two dozen hospitals in the country, carrying packets of human blood to be used for transfusions in surgeries and complicated

childbirths. The company uses fixed-wing drones, which have a greater range and are better able to withstand bad weather than the more common multicopter models, and Zipline operators monitor each flight on an iPad. The routes are preprogrammed using a 3-D satellite map and detailed ground surveys to ensure that the drones drop their packages within a target area 16 feet in diameter. Zipline promises to airdrop the deliveries within as little as 15 minutes from the time they are requested; by car, these trips take hours. The first company in the world to offer regular remote delivery of emergency medical supplies, Zipline hopes to expand to other countries, including the United States, if regulations allow.

Ferrying Defibrillators to Heart Attack Victims

In a recent study, researchers simulated emergency situations in a six-mile radius from a fire station



in rural Sweden and found they could get automatic external defibrillators to the scene an average of 16 minutes faster by drone than by ambulance. If bystanders were willing and able to use the devices, which come with simple instructions, the shorter response time could save lives, says lead author Andreas Claesson, a registered nurse.

Bringing Google Glass to Disaster Victims

The William Carey University College of Osteopathic Medicine in Hattiesburg, Mississippi, is developing a drone to deliver telemedicine kits that would let doctors treat victims of natural disasters or terrorist attacks from afar. One key component would be Google Glass, a device worn like a pair of glasses, which would allow a bystander to examine a victim and simultaneously broadcast the images to a doctor in a remote location, who could then relay treatment instructions. **R**

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A PERSONAL QUESTION

Are there a lot of first-person singular objective pronouns,
or is it just me?

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IT PAYS TO INCREASE YOUR

Word Power

This month we premiere an eclectic medley of musical terms—some classical, some modern, and some slangy. If you're missing a few beats, waltz over to the next page for answers.

BY EMILY COX & HENRY RATHVON

- 1. clam** (klam) *n.*—A: silent measure. B: wrong note. C: set of maracas.
- 2. legato** (lih-'gah-toh) *adv.*—A: smoothly. B: quickly. C: loudly.
- 3. woodshed** ('wood-shehd) *v.*—A: serenade. B: drum loudly. C: practice an instrument.
- 4. busk** (busk) *v.*—A: sing baritone. B: work as an accompanist. C: play for donations.
- 5. ska** (skah) *n.*—A: hip-hop club. B: microphone stand. C: Jamaican music.
- 6. nonet** (noh-'net) *n.*—A: ditty for kids. B: composition for nine voices. C: unrehearsed performance.
- 7. pipes** (piyps) *n.*—A: singing voice. B: tuba mouthpieces. C: emcees.
- 8. da capo** (dah 'kah-poh) *adv.*—A: from the top. B: up-tempo. C: raised a half step.
- 9. beatboxer** ('beet-bok-ser) *n.*—A: band competition. B: vocal percussionist. C: instrument case.
- 10. barrelhouse** ('bear-el-hous) *n.*—A: bass trombone. B: rhythmic style of jazz. C: drumroll.
- 11. tonic** ('tah-nik) *n.*—A: first tone of a scale. B: counterpoint. C: harmony.
- 12. noodle** ('noo-duhl) *v.*—A: change key. B: croon. C: improvise casually.
- 13. hook** (hook) *n.*—A: stolen lyric. B: saxophone line. C: catchy musical phrase.
- 14. skiffle** ('skih-ful) *n.*—A: swing step. B: music played on rudimentary instruments. C: fast tempo.
- 15. earworm** ('eer-wurm) *n.*—A: bassoon. B: tune that repeats in one's head. C: power chord.

 To play an interactive version of *Word Power* on your iPad, download the Reader's Digest app.

Answers

- 1. clam**—[B] wrong note. Emmett’s violin solo was going wonderfully—until he hit a *clam*.
- 2. legato**—[A] smoothly. Lullabies should always be sung *legato*.
- 3. woodshed**—[C] practice an instrument. If Lydia wants to make it to Carnegie Hall, she needs to *woodshed* a lot more often.
- 4. busk**—[C] play for donations. I’m between gigs right now, unless you count *busking* in the park.
- 5. ska**—[C] Jamaican music. Blake’s *ska* band is holding open auditions for horn players this weekend.
- 6. nonet**—[B] composition for nine voices. Our baseball team is also a singing group; we perform only *nonets*!
- 7. pipes**—[A] singing voice. Brandon killed “Livin’ on a Prayer” at karaoke last night—who knew he had such great *pipes*?
- 8. da capo**—[A] from the top. Even though the score said *da capo*, the bandleader enjoyed bellowing to his musicians, “Take it from the top!”

9. beatboxer—[B] vocal percussionist. Marina is such an amazing *beatboxer* that you’d swear there was a drummer in the room.

10. barrelhouse—[B] rhythmic style of jazz. Cynthia played an old *barrelhouse* tune on the piano.

11. tonic—[A] first tone of a scale. “This concerto is in C major, so the *tonic* is C,” the professor explained.

12. noodle—[C] improvise casually. I was just *noodling* around on my guitar when I wrote this riff.

13. hook—[C] catchy musical phrase. The Beatles had an undeniable knack for melodic *hooks*.

14. skiffle—[B] music played on rudimentary instruments. Our family *skiffle* band features Mom on kazoo,

Dad on washboard, and Uncle John on slide whistle.

15. earworm—[B] tune that repeats in one’s head. That TV jingle has become my latest *earworm*, and it’s driving me crazy!

SING, SING, SING

Many vocal terms have their roots in the Latin verb *cantare* (“to sing”). *Cantatas* are pieces for singers, and *bel canto* (literally “beautiful singing” in Italian) is operatic singing. A *chanson* is a cabaret song, and its female singer is a *chanteuse*. *Chants* and *incantations* are often sung. And a long poem, whether recited or sung, may be divided into *cantos*.

VOCABULARY RATINGS

9 & below: roadie
10–12: soloist
13–15: maestro

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Humor in Uniform



WHILE I WAS ATTENDING the Army's Airborne School, an instructor demonstrated all the possible parachute malfunctions one might encounter. A student asked, "If we have a complete malfunction, how much time do we have to deploy our reserve parachutes?"

Our instructor answered, "The rest of your life."

Source: netfunny.com

Send us your funniest military anecdote or news story—it might be worth \$\$\$!
For details, go to rd.com/submit.

I RUN SOPHISTICATED weather programs on multimillion-dollar supercomputers at a Navy center for environmental predictions. That said, on the morning of one recent hurricane, my boss still beat me to reporting up-to-date details on the storm's status. Fascinated by his ability to summon reports so quickly, I asked him how to do it.

"Simple," he said. "Go turn on the television and watch the Weather Channel."

Source: gcf.net

How To: Fix Crepe Skin

Many noteworthy displays were featured in 2017.

Cosmetic surgeons, John Layke and Payman Danielpour (of the Beverly Hills Plastic Surgery Group), have made a revolutionary **at-home technique** to help fight the appearance of crepey skin.

The doctors have shown in user groups, this unusual technique was found to improve **the appearance of skin around the arms, neck, chest, legs**, and other areas.

According to their research, **loose skin adds significantly more years to a person's perceived age than wrinkles, fine lines, or pigment changes**—which is why they trained their focus on this particular situation.

And when the doctors demonstrated just how quickly and effectively it worked it became clear that their discovery is nothing short of groundbreaking.



While surgery is the benchmark, many users have achieved outstanding improvement in their appearance using a simple process, which patients can self-administer.

But the latest development in this story came when the video version of the presentation was made available to the public online.

As of this writing, the video has over four million views and is quickly becoming a social media phenomenon.

Watch their shocking presentation at www.BHMD72.com

Quotable Quotes



IN ALL THE CHAOS THAT'S GOING ON, WE NEED A LITTLE LOVE AND ROMANCE. *DIANA KRALL, musician*



THE HISTORY OF LIFE ON EARTH REFUTES THE CLAIM THAT IT'S BETTER TO BE SMART THAN STUPID.

NOAM CHOMSKY, linguist



My daughter started making fart noises with her mouth and then laughing. And I was like, Oh, well, I've taught her everything I know.

ANDY SAMBERG, actor

I think a lot of people are afraid to apologize. I love to apologize. I was raised to apologize. *LARRY DAVID, comedian*

BE HUMBLE. BE NICE TO PEOPLE. AND YOU MIGHT BE READY TO BE LUCKY.

ZOEY DEUTCH, actress



For me, it's either you're part of creation or you're part of destruction.

MADONNA, singer

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FROM TOP: KRISTINA BUMPHEE/STARPIX; RICH FURY/INVISION/AP; MATT BARON; ALL SHUTTERSTOCK



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