

Reader's digest

MAY 2018

EXCLUSIVE

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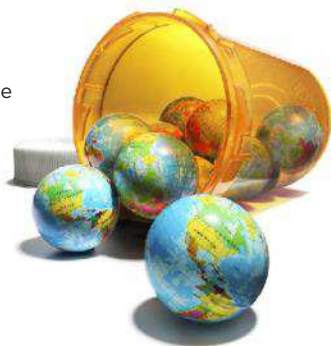
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These high school proms went beyond memorable. They became famous across the nation.

JACOPO DELLA QUERCIA



PHOTOGRAPH BY
YASU+JUNKO

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Dear Readers

IT'S NO SECRET that *Reader's Digest* aspires to be both relevant and timeless. As DeWitt Wallace put it on the first cover, "Each article of enduring value and interest." Recently, we watched with pride and astonishment as an article from our archive reaffirmed the value of that goal in the social media age.

In June 2014, we reprinted a beautiful essay by writer Glennon Doyle Melton that described how her son's math teacher reached out to isolated kids. Every Friday, the teacher asked her students to write the names of the four kids they wanted to sit with the following week. Then she studied the patterns in those "safe, private little sheets of paper." Who was being excluded or, perhaps worse, who couldn't think of anyone to request? "Then she gets lonely kids the help they need," Doyle Melton wrote. And for a very serious reason: The teacher had begun the routine on the first Friday after Columbine.

Fast-forward to February 14, 2018, when a student in Parkland, Florida, walked into his former school and killed 17 people. Doyle Melton's story had been largely forgotten on our website, but among those who remembered it was Josh Strickland of Durand, Michigan. "This. This. This. Love!" he posted on Facebook. The article spread almost instantly. Within 72 hours, upward of two million people had shared it, and five million had read it on rd.com.

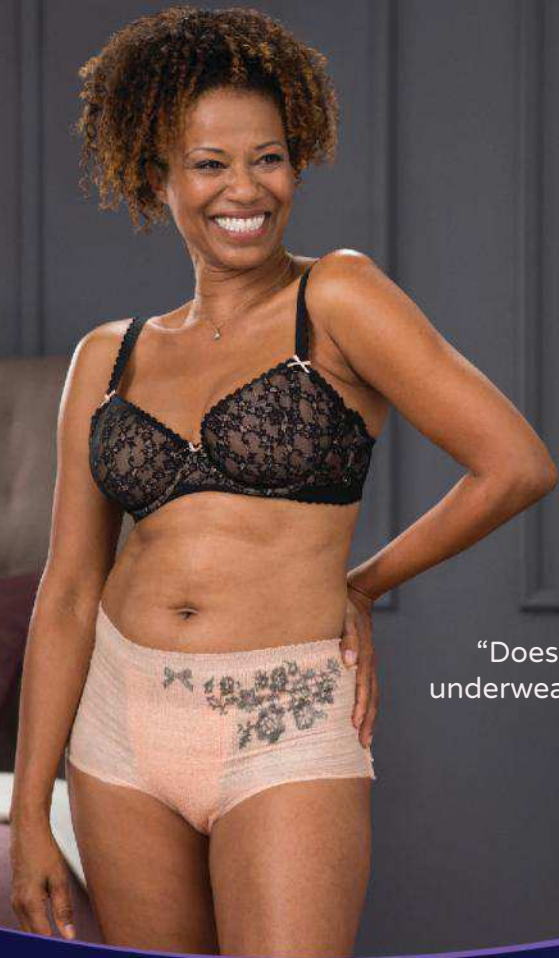
At a moment of great upset and contention, people found great hope in the link's insights. "This IS brilliant," one commenter wrote. "She has averted disaster and heartache," wrote another. And another: "Is this the only step needed to eliminate mass shootings? NO. Is it a step towards reducing unnecessary loss? ABSOLUTELY."

All this transpired too late for us to reprint the article in this issue. To read it, go to rd.com/lifesavingteacher. This unsung teacher and Doyle Melton's lasting words have come through at a moment when America needs positive ideas and actions more than ever.



B. Kelley

Bruce Kelley, editor-in-chief
Write to me at letters@rd.com.



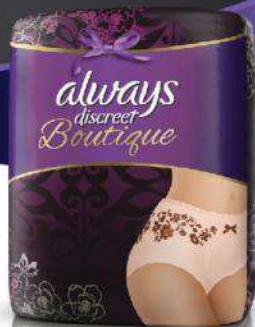
“Does your bladder leak underwear fit this beautifully?”



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Letters

COMMENTS ON THE MARCH ISSUE

40 Smart Ways to Save at the Supermarket

Your caution not to fall for fake sales reminded me of when I was a stock boy at my neighborhood grocery in the 1950s. One time, we got a delivery of off-brand vegetables. I priced them at ten cents a can.

I don't think we sold more than six cans—until I put up a sign that said “Special: Nine for \$1.” I set them out Thursday evening, and by noon on Saturday they were gone.

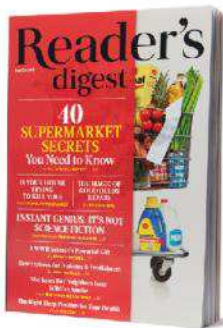
EDWARD DECKERD, *Perryville, Missouri*

Great ideas, but you forgot one of the most important: Never go to the supermarket when you're hungry! This stops a lot of impulse buying. We've saved a bunch of money over the years following that advice.

RICHARD D. STEVENS, *Palm Coast, Florida*

Bill's Last, Best Gift

Tracy Grant's article resonated deeply with me. Twelve years ago, my husband, Don, was diagnosed with terminal brain cancer. As his



caregiver, I, too, learned to appreciate the people and things around me and not to sweat the small stuff, and in the long run, I became a much better person. Don also gave me his last, best gift of love and peace.

ANITA LAWRENCE,
San Diego, California

Trapped Inside a Glacier

Reading about John All's experience on Mount Himlung was very inspiring to me. A man with 15 broken bones and bleeding internally being able to climb up a 70-foot wall of ice and survive for 18 hours at 20,000 feet is something that I would have thought to be impossible. I am 16 years old and a lifelong reader. Out of all the great content in *Reader's Digest*, stories like his are the ones I enjoy the most.

SAM KIEFFER, *Richardson, Texas*

Dishes Professional Chefs Cook in the Microwave

Microwaving live lobsters is inhumane and cruel. Because lobsters feel pain, Switzerland has recently

outlawed the practice of boiling them live. A similar law was passed in Italy, where it is now illegal to put lobsters on ice before cooking them. I hope you provide an update to your story promoting humane practices instead of barbaric ones.

JANET TOOLE, *Phoenixville, Pennsylvania*

The Adventures of a Lifetime

I felt as if I'd met a soul mate when I read Arlene Chaplin's article. I rarely travel, except to visit family or friends and occasional trips to the beach, which are indeed enjoyable. What I treasure more is time with my husband and children, adventures with my granddaughters, day trips, good books, hobbies, learning new things, and any time with family and friends. There are blessings and delightful moments in every day!

S. T., *via e-mail*

Photo of Lasting Interest

Your caption saying that Mickey Mantle hit the first home run in the Astrodome in 1965 is wrong. Mantle hit his home run in an exhibition game, which doesn't count. Dick Allen of the Philadelphia Phillies hit the first home run in a real game.

LAMAR KEENER, *Queen Creek, Arizona*

FROM THE EDITORS: *Allen's homer was indeed the first in an official game, but Mantle's was first. (Major League Baseball credits them both!)*



KILLER HOUSE DEBATE

In response to "Will Your House Kill You?" we heard from a few electricians and others who wanted to clarify our cautions.

With regard to electrical outlets, saying "The left slot is connected to the neutral wire" is correct—when the ground hole is installed to be at the bottom. But in the National Electrical Code, there is no official right or wrong way to orient an outlet.

M. T., *Imperial, California*

While Teflon pans will not kill your readers, they may kill pet birds. Parrots have died of respiratory failure because of fumes released when people cook with them on high flames. As for the safety of cooking with Teflon, the canaries were right about the coal mines ...

MARGARET MARIAM ROSENTHAL,
Jamaica Plain, Massachusetts

I STILL CAN'T BELIEVE IT!

Miracles don't happen every day—or even, for most of us, once in lifetime. Have you been in a situation that you are convinced was a miracle? If so, tell us the whole story at rd.com/miracle.

MIRACLES
WANTED




EVERYDAY HEROES



When a patient sees her doctor's dismal cancer treatment rooms, she knows just the cure

Design for Living

BY JULIANA LABIANCA

 IN 2011, Nancy Ballard went for a routine checkup that turned into something extraordinary. At 60, the recently retired entrepreneur had just completed her master's in botanical illustration. In fact, she was carrying a painting of a plant she'd done when she arrived at her doctor's San Francisco office. "It would be great if we had artwork like that for our chemotherapy rooms," the nurse said. Ballard asked to see one.

She was shocked by what she found. The walls were drab and bare, and the paint was chipping. She could tell where old artwork had hung because of the naked nails. It was a

depressing room for a depressing routine—patients tethered to chemo drips for perhaps several hours, often with nothing to look at other than those sad walls. Ballard didn't have cancer herself, but she could sympathize with the patients. "I couldn't imagine how anyone could even think about getting healthy in a room like that," she says. As it happens, Ballard's physician, Stephen Hufford, MD, was ill with cancer himself, so finding time to decorate the rooms was low on his to-do list. So Ballard made it her mission to brighten up the place.

She started by e-mailing 20 local interior designers. "I wrote, 'You ➔


“Everyone deserves to have a space that is going to inspire them,” says Nancy Ballard, seated in a therapy room she helped renovate.



don't know me. But my heart hurts after seeing these rooms," she remembers. She then asked whether they would donate their time and money to transform just one of Dr. Hufford's rooms each.

As it happened, six of them knew someone who had cancer, and they wrote back almost immediately. Each of them ultimately chose a theme: The dragonfly room, for example, now features bright artwork and dragonfly wall ornaments, while the Venetian has golden-hued walls and plants. Most rooms got new paint, light fixtures, artwork, and furniture. Ballard estimates that each room cost its designer about \$5,000.

Dr. Hufford was delighted. "All the patients feel soothed by it," he said. He even noted that his own tone of voice was different in the rooms and that he was better able to connect with his patients. (Unfortunately, Dr. Hufford died a short time after all the chemo rooms in his office were completed.)

Ballard was so encouraged by the patients' reactions that she created a nonprofit, Rooms That Rock 4 Chemo, to raise money and decorate more spaces. Since then, she has worked on 20 projects, including one in Pennsylvania. "We were in Philadelphia for a ribbon cutting, and a woman was there on her third battle with cancer," says Ballard. "When she saw what we'd done, she said, 'I'm gonna beat it this time. I thought I wasn't going to, but now I know I'm gonna beat it.'" 


Landing on The Freeway

BY TAYLOR MARKARIAN

 "MAYDAY! WE GOT MAYDAY!"

Frank Pisano screamed over the microphone to the air control tower at John Wayne Airport last June. One of the two engines on his 1975 Cessna had failed, and he was now on a collision course with one of the busiest highways in America—Interstate 405, just south of Los Angeles—and there was no stopping it.

Driving south on the 405, near the airport's runway, was John Meffert. A fire department captain, Meffert, 47, was heading home from his shift and had nothing on his mind that Friday morning but the Fourth of July weekend ahead of him. Then a low-flying plane caught his eye. After he took a second glance, a thought crossed his mind: "This plane's going to hit me," Meffert told Fox 8.

He was right. The plane slammed into the center median, popped up a few feet, and then clipped the front of Meffert's SUV. It finally stopped after hitting the divider on the southbound side. Meffert pulled over. He was unhurt, and his SUV had sustained only a dent and a large scratch, so he turned his attention to the plane. He ran toward the smoke billowing from it—and then he saw Frank's wife, 

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THE TRAIL”
DAYS



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FOR
BIG DAYS



After the plane clipped his car and crash-landed on the freeway, John Meffert (below) doubted that anyone could have survived.

Janan Pisano, pop her head up on the passenger side.


By the time Meffert reached the aircraft, part of the fuselage was on fire and Janan, who was covered in blood, was on the wing trying to pull her husband from the wreck. Meffert, afraid the plane would explode, guided her to safety behind it. At this point, traffic had come to a stop, and two nurses jumped out of their cars to help lead Janan farther away as Meffert ran back for the pilot. Frank had been knocked out by the initial crash, but he was conscious now and lying across both seats.

"I'm going to get you out," Meffert said as he positioned himself under the pilot's arms and carefully lifted him from the cockpit. A former medic in the Navy, Meffert was fully aware that if Frank had suffered a broken

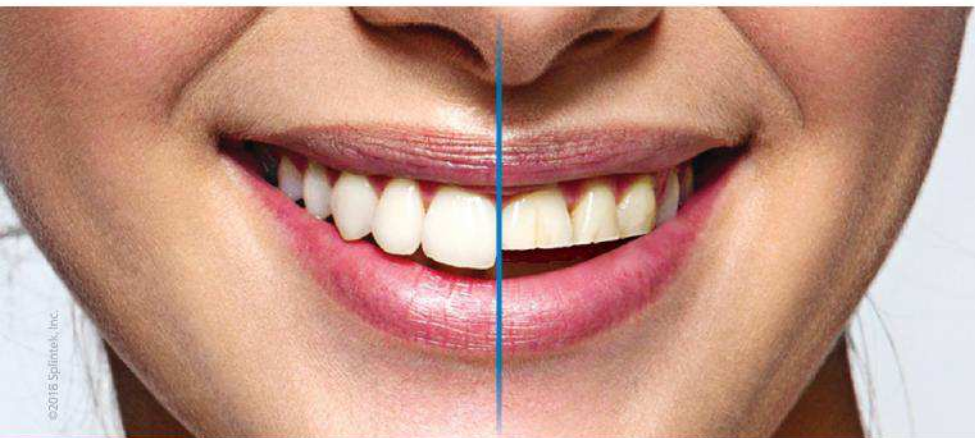


back, an errant twist could leave him paralyzed. But Meffert had to hurry. He dragged the pilot off the wing and carried him to the side of the freeway to safety, where they watched flames engulf the plane.

The Pisanos spent three weeks in the hospital, with Frank recovering from six broken bones in his back and Janan recovering from five. Remarkably, Meffert's car was the only one hit by the plane. Had Meffert been a second or two faster, Frank told the *Orange County Register*, the left propeller would have ripped the top off his SUV and killed him.

"I play all the what-ifs—going slower, going faster. It could have been a very different turnout," Meffert told Fox 8. "We just had a lot of angels." 

THE DAILY GRIND LEAVES TEETH BEHIND



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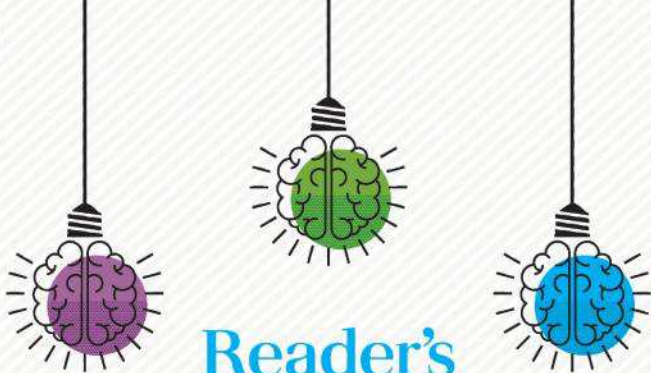
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Reader's
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VOICES & VIEWS

Department of Wit

So You're Going to The Royal Wedding!

BY ANDY SIMMONS



Humor editor
ANDY
SIMMONS is
seen here
minutes after
purchasing his
fascinator.

Tom Markle and Doria Radlan request the pleasure of your company at the marriage of their daughter, Rachel Meghan Markle, to Henry Charles Albert David Mountbatten-Windsor on the nineteenth of May, two thousand and eighteen.

🌀 **PIP-PIP**, Old Bean, the royal wedding is nigh, and you can't wait to attend! In preparation, you've caught up on the first two seasons of *The Crown*, boned up on your P. G. Wodehouse, and suffered through a dish of blood pudding. Yes, you are ready! All you need now is an invitation. Hmm, it's no doubt on your dining room table, buried beneath that mountain of Bed Bath & Beyond coupons. While you sift through, let's review a checklist of everything you'll need to know. ➔

1 GIFTS

Even under normal circumstances, buying a wedding gift is complex. But buying a gift for someone who is fifth in line to become king is fraught with pitfalls. For example, where is the royal couple registered? If it's Bed Bath & Beyond, then great news for you! You can finally use your coupons to buy them a shower curtain. If they're registered at Tea Cozies "R"Us in Clotted-Cream-on-Thames, then that's a bit of a sticky wicket, what?

But here's the excellent news: It doesn't matter what you buy! Protocol dictates that the royals must accept every gift, no matter how awful. For Christmas, Meghan Markle gave the queen a singing toy hamster, and the queen loved it so much, she gave it to her corgis. So this might be an opportune time to unload that olive pitter your sister gave you for your birthday. Of course, if the dogs already have an olive pitter and a shower curtain, you can simply cut a \$50 check. What newlyweds can't use cash for a rainy day?

2 WHAT TO WEAR AT THE CEREMONY

Did you get your fascinator yet? That's a trick question because you probably don't even know what a fascinator is. Royal dress code etiquette states that women must wear hats for formal events, and fascinators are the preferred accessory. These funny

chapeaus boast a large decorative design—often vaguely floral—attached to a band or clip. If you haven't packed one, no worries. Simply glue a cabbage to the side of your head. No one will be the wiser, and you can always snack on your fascinator should the wedding ceremony drag on.

Gentlemen are expected to wear morning coats and top hats (make sure you've removed the rabbit). Royals will likely don their military uniforms. *Important!* If Prince Philip's uniform includes a sword, do not remove it from its sheath and butter your roll with it. Nor should you upbraid Prince Charles with it should he cut in line. He has a sword too.

3 MEETING THE ROYALS

Men, when greeting the royals, a simple bow will do. Not so low that it looks as if you're examining the carpet for any medals they might have dropped. This is a subtle neck bow. Women perform a curtsy. Simply put one leg behind the other, bend your knees, bow your head slightly—and fall over because you've never done this before.

4 CHATTING UP THE QUEEN

The first rule of talking to the queen: Don't talk. That is, unless spoken to. If she does start a conversation and you find you've run out of interesting stuff to discuss after "Hello," break

the ice with a joke. "Hey, why did the queen go to the dentist? To get her teeth crowned!"

Watch the queen's reaction. It's said that if she moves her handbag from its normal spot on her left arm to her right arm, her handlers know that she wants to wrap up her chat with you. Don't be deterred. "What's a royal pardon? What you say when a queen burps!" If the queen places her handbag on the floor, that is a sign that she needs to be saved from an uncomfortable encounter ASAP. This is your sign to press on. "When is a piece of wood like a queen?

When it's a ruler!" If the queen takes her handbag and stuffs it in your mouth, that signifies that she's not waiting for help.

5 DINING

Every meal begins and ends with the queen. You can't start eating until she starts, and you stop when she stops. The queen doesn't appear to be a large eater, so you should snarf down your food lest she shove the plate away after a few bites while proclaiming, "Oh, Philip, why'd you let me eat that last grouse!"

When dining, the royals hold knives in their right hand and forks in their left with the tines facing

down. Instead of stabbing their food and making a complete mess like normal people, they turn the meal into a gymnastic event by balancing morsels on the back of their forks, then bringing them to their mouths. Should they spill even a pea, they drop one spot in the royal line of succession.

Royals do not inhale their food. Nor do they lick their plates, dunk their doughnuts, play drums with the oyster fork and bouillon spoon, or point to the half-eaten partridge on the plate of the Duchess of Loch Ness and say, "Are you gonna eat that?"

“
*Here's the
excellent news:
The royals must
accept every
gift, no matter
how awful.*

If royals need to use the little monarchs' room, they don't shout, "Hey, nobody use the third stall. That's mine!" They simply say, "Excuse me," then cross their utensils so waitstaff know not to take their plate. When royals are finished, utensil handles are placed at the bottom right of the plate. To signify that they want a doggie bag, they mold the mashed potatoes into the shape of a corgi.

Have you unearthed your invitation yet? No? Don't worry. Season three of *The Crown* will soon be on. You can watch it while eating. And in your home, the tines can face any way you want them to.



A small town's monument to its fallen soldiers has tarnished, but its message will never fade

The Bell Still Tolls

BY J. MARK JACKSON



J. MARK JACKSON is a former Army officer who served in Afghanistan and now lives in St. Augustine, Florida.

IN MY HOMETOWN, there is a bell ...

The city of London, Ohio, in the early 1970s was an enclave of tranquility amid the turbulent sea of American despair. Isolated from the protests and riots revolving around Vietnam, our eternal summer rituals continued unaffected. Umpires called balls and strikes at Little League games. The public pool drenched us in chlorine water as the music of Gary Puckett and the Union Gap, Three Dog Night, and the Grass Roots blared from a jukebox.

In a word, all was “normal”—except the bell. It was the sole link between our haven and the upheaval across the country: our bronzed reality, as large as the Liberty Bell. It initially resided atop the old Central School building. Later the bell was moved to a more accessible—and worthier—location in front of the high school, compliments of the classes of 1945 and 1971. Mounted atop a brick pedestal, the bell forms part of the memorial to boys from London High School who died in American wars, starting with World War I.

The focal point of the monument, affixed to the pedestal, is a bronze plaque that lists each conflict, followed by the names of the men it claimed. The names are familiar: Mabe, McSavaney, Turvy, Cunningham, and Speasmaker. We know their relatives and their family stories. They represent London,



past, present, and forever. Thirty-five names in total. Years and weather have tarnished the plaque, draining most of the names of their physical luster. But even nature cannot diminish their sacrifice and our loss.

When I was a kid, the bell mystified me. I studied the names while I waited for the traffic light at the corner of First and Oak Streets, especially the ones on the far-right side of the monument. They still shone then. They were recent additions, members of my church or kids who drag-raced toward South Charleston every Friday night. These boys died in Vietnam, and their bright names

struck painfully close, especially to my mother. I was only ten, but my sister was the same age as these soldiers. My mother knew their mothers, and she grieved with them.

She made casseroles for their families, tears mixing with the ingredients. In their living rooms, she held the hands of other local ladies, part of a mothers' union. I knew when she left the house with a Pyrex dish, emotion-choked beyond speaking, that another shiny name would soon appear on the bell.

And the cycle continues. Each generation takes its turn with casseroles and mournful mothers' gatherings,

each loss just as devastating as the ones preceding it. Before our neighbors were names in bronze, they were mechanics, athletes, altar boys, Boy Scouts, and aspiring leaders. They were husbands and sweethearts whose love was lost too soon. They were smiles, hugs, and laughter. All were London boys whose song was only partially sung.

But their passing has noble significance beyond the memories they left behind. Along with serving, they all supported our way of life, enabling our care-free barbecues and Little League games, as well as our rallies and protests. Our rights and freedoms, purchased with the sacrifice of 35 Londonians, are their legacy. This is a heavy tariff levied on a small town of 10,000 people.

Today, the memorial in the school

yard stands as a shrine to a small farming town, its people, and their collective loss. It is a tribute to devotion and determination. A monument repeated in hundreds of towns across Ohio and thousands of cities throughout America.

In my hometown, there is a bell,

silently tolling. Its inaudible chiming echoes an eternal reminder and a premonition. Most of the names have tarnished with age, but there are two that shine, the names of soldiers who died in Iraq and Afghanistan. I fought in Afghanistan as well, but I returned to Lon-

don, allowing me to memorialize my neighbors in words instead of joining them as an inscribed name. Poignantly, there remains room for future shiny additions should the fates demand them.

R

“
*Before they were
 names in
 bronze, they
 were mechanics,
 athletes, and
 altar boys.*



ANIMAL RIGHTS AND WRONGS

- The electric eel is not an eel. Unlike a true eel, this knife fish breathes air, lays eggs in freshwater, and has no dorsal fin.
- Known by the names “killer whale” and “blackfish,” *Orcinus orca* is neither whale nor fish; it is actually the world’s largest dolphin.
- The horny toad is not a toad—it’s a type of lizard.

Source: mentalfloss.com

Your True Stories

IN 100 WORDS

ENJOYING THE QUIET

Parasailing had been on my husband's bucket list, and he finally decided to try it. I agreed to go along and watch. I stood on the pier and held his belongings while he was harnessed in over his swimsuit and T-shirt. Sitting in the back of the speedboat, I saw him lift off and soar 400 feet above the ocean. When he returned, he told me about the incredible view. The thing that surprised him most was how quiet it was up there. We laughed as he remembered that I had been holding his hearing aids.

KAREN AUTENRIETH, *San Antonio, Texas*

UP TO SNUFF

One day when I was seven, I saw my grandmother open a drawer in the big desk at the back of the living room, scoop up some chocolate-colored powder, and put it in her mouth. I was sure it was special cocoa because she kept it in a secret hiding place. As soon as she left, I slid open the drawer and put



the powder on my tongue. Suddenly, my mouth was on fire! I screamed and gagged. Grandmother rushed in. Seeing my brown drool, she realized what had happened: I'd swallowed her snuff tobacco.

RICK ROSS,
Sacramento, California

DAD ON DUTY

Jerry was the security guard at my school.

He was a silent, stoic old man who scolded us when we ran down the halls. Other students called him Scary Jerry behind his back. He looked retirement age; I wondered why he stayed at the school among such unfriendly people. Ben was an autistic boy in my grade. Everybody loved that sweet boy. One day, I saw Jerry and Ben talking in the hall. I watched Ben hug Jerry and heard him call him Daddy. Finally, I realized why Jerry stayed at the school.

RACHEL SHIN,
Mechanicsburg, Pennsylvania

To read more 100-word stories and to submit your own, go to rd.com/stories. If your story is selected for publication in the magazine, we'll pay you \$100.

PHOTO

OF LASTING
INTEREST

A Soldier's Best Friend

It's a bird, it's a plane, it's an ... airborne dog? When military canine handlers drop into combat zones, their dogs jump with them. And while the two- and four-legged warriors often ride in a harness attached to each other, sometimes—especially when jumping into water—the dogs go it alone. This Special Forces soldier and his dog were practicing their solo jumps off the ramp of a CH-47 Chinook helicopter during a training exercise over the Gulf of Mexico. Don't worry—this was a low-altitude jump, so neither man nor dog needed a parachute.

**PHOTOGRAPH BY
MANUEL J. MARTINEZ**

REUTERS



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Can the government refuse a trademark because it's "scandalous"?

The Case of the Offensive Band Name

BY VICKI GLEBOCKI



WHEN SIMON TAM started a band in Portland, Oregon, in 2006, he thought he'd come up with the perfect name—the Slants. Sure, it could be interpreted as a racial slur against Asians, but that was precisely the point. Tam and the rest of the band's members are Asian Americans who play what they call "Chinatown dance rock." They used the slurs and mocking nursery rhymes they'd

heard as kids as inspiration for albums with titles such as *The Yellow Album* and *Slanted Eyes, Slanted Hearts*. "We want to take on these stereotypes that people have about us, like the slanted eyes, and own them," Tam explained.

The in-your-face name and titles didn't seem to hurt the band's success. After an 18-month tour of Asian American festivals and



other events all over the country, Tam decided to trademark his group's name. In November 2011, he filed an application with the U.S. Patent and Trademark Office to register "THE SLANTS" for "entertainment in the nature of live performances by a musical band." However, the attorney assigned to examine Tam's application refused to register the mark. He found it "disparaging to persons of Asian descent," since its association with those of Asian descent "is evidenced by how the applicant uses the Mark—as the name of an all Asian-American band." The attorney cited the disparagement clause in the Lanham Act, enacted in 1946, which bars the patent office from federally registering "scandalous, immoral, or disparaging marks."

Tam asked the office to reconsider, arguing that the real offense was that the office refused to register the mark based on the band's "ethnic background." Had the band been white, would its application have been denied? In fact, years earlier the trademark office had approved a request for the rap group N.W.A, which stands for "N— Wit Attitudes." But the Trademark Trial and Appeal Board held firm against the Slants.

So Tam took his case to the United States Court of Appeals for the Federal Circuit. The patent office argued that it was "entitled to dissociate itself from speech it finds odious." Tam claimed that such a position, and the

Lanham Act, which supported it, violated his right to freedom of speech.

Does refusing to trademark The Slants as an Asian American band's name violate its rights?



THE VERDICT

Yes, it does. The Federal Circuit court ruled that the disparagement clause was unconstitutional and that the patent office could no longer reject a trademark because it disapproves of it. "Many of the marks rejected as disparaging convey hurtful speech that harms members of oft-stigmatized communities," wrote Judge Kimberly Moore. "But the First Amendment protects even hurtful speech." In response, the patent office petitioned the Supreme Court to weigh in, and on June 19, 2017, it did, agreeing with the lower court: "Speech may not be banned on the ground that it expresses ideas that offend." Some saw the ruling as a loss for political correctness; others saw it as a win for free speech. For the band's part, the Slants celebrated the victory by giving its next album a suitably dual-edged, provocative title: *The Band Who Must Not Be Named*.



Points to Ponder



The number one thing that keeps me motivated is operating like my back's against the wall. When my back is against the wall, there's only one way to go: forward.

DWAYNE JOHNSON,
actor, in Entertainment Weekly

AGING IS a continuous process ... The best advice I can give is: Take care of your body as though you were going to need it for 100 years, because you might.

ROBERT WALDINGER,
psychiatrist, in the Harvard Gazette

WE MUST LEARN to talk to people we disagree with because you can't unfriend everyone in real life.

CELESTE HEADLEE,
radio host, in her book We Need to Talk

YOU CAN'T THINK about tomorrow or next week or even this afternoon. You just have to be the best version of yourself right now.

JAMES CORDEN,
television host, in Fast Company

MOTHERHOOD has helped me to stop overanalyzing things ... I attribute that to having something bigger than myself.

IDINA MENZEL,
singer, on sfgate.com

Life

IN THESE UNITED STATES



"Your appointment's been canceled. You took too long filling out those forms."

WHEN MY LOCAL barista handed me my change, one coin stood out. "Look at that. You rarely get one of these old wheat pennies nowadays," I said, tapping the sheaf-of-wheat design. I handed her the penny.

Turning it over and over in her hand, she said, "You know, I always thought they were made of copper."

LINDA NEUKRUG, Walnut Creek, California

I DON'T MIND vacuuming, but if the cord doesn't reach an area of the room, I'm not making a special trip over there.

🐦@SKITTLE624

OUR BIOLOGY TEACHER asked the class whether anyone knew what the word *retrovirus* meant. One kid raised his hand and said, "Retrovirus, or more commonly known as ... disco fever."

Source: reddit.com

THINGS I OVERHEARD AT MY HEALTH CLUB:

- “I’m only taking this class so I don’t eat for an hour.”
- “Who knew 40 years of neglect would have repercussions?”
- “Does this body make me look fat?”

MARK GARVEY, *Concord, Massachusetts*

I TACKED UP a flyer on the street that proclaimed, “Take what you need.” At the bottom were tear-off strips with the words *Passion, Strength, Love, Patience, Cookies, Courage*, and so forth. The first strips taken were *Cookies* and *Love*.

Source: mylifesaverage.com

TRAVELING THROUGH the Midwest, I stopped at an Ohio welcome center to pick up a state map. I found plenty of brochures but no maps. Then I spotted two employees and asked whether they had any. “Sure,” said the first guy. “I’ll get you one.”

As he walked to the back, the second guy explained, “We keep them in the storage room. If we leave them out on the counter, people just come in and take them.”

JAMES NEALIS, *College Park, Maryland*

THE DEFINITION of a perfectionist: someone who wants to go from point A to point A+.

DAVID BEZ, *Box Elder, South Dakota*

Got a funny anecdote? It could be worth \$\$\$.

For details, go to rd.com/submit.



OMG! MY MOM JUST SAID ...

In the good old days, a mother might utter something a little, well, wacky, and only the kids would know. Now they can blab on Twitter using #momquotes.

- Growing up, my mom would often say, “If you kids didn’t cost so much, I could drink wine that comes out of a bottle.”

🐦@THELORDHASSPOKE

- Instead of LOL, my mom will text OTAH ... for Oh That’s a Hoot.

🐦@RACHELLE1101

- I told my mom that I did a report on Mary, Queen of Scots, and she said, “She ruled Ireland, right?”

🐦@JJBID20

- My mom said, “You know what I need? A selfie stick. So whenever I see someone taking a selfie, I can hit them with the stick.”

🐦@MANIKIVANAS

- Mom: I keep my cell phone turned off so my bill won’t be 2 high. Me: But how can I call you? Mom: I’ll turn it on if u call.

🐦@LISACRAN

- Me: Mom, if you could have any power, what would you want? Mom: To sleep through the night without getting up to pee.

🐦@PIZZAANDMUFFINS



DON'T LET YOUR BLADDER

ALWAYS STOP YOU FROM

SEIZING THE MOMENT.



URGENCY



FREQUENCY



LEAKAGE

Ask your doctor about Myrbetriq® (mirabegron), the first and only overactive bladder (OAB) treatment in its class.

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.

TAKE CONTROL OF YOUR OAB SYMPTOMS BY TALKING TO YOUR DOCTOR ABOUT MYRBETRIQ TODAY.

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. 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® is a registered trademark of Astellas Pharma Inc.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

Like us on Facebook 
and visit Myrbetriq.com



 **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-S™)
- 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

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Northbrook, Illinois 60062


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

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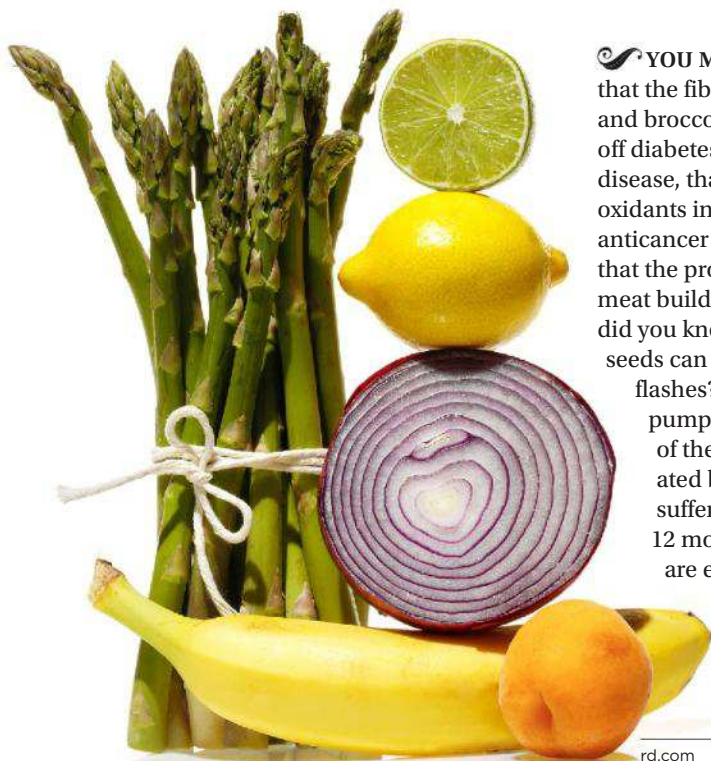


While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of heart disease.
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ART *of* LIVING

12 Foods with Extra Healing Power

FROM THE BOOK *FOODS THAT HARM, FOODS THAT HEAL*



YOU MIGHT KNOW that the fiber in apples and broccoli helps ward off diabetes and heart disease, that the antioxidants in berries have anticancer powers, and that the protein in lean meat builds muscle. But did you know that flax-seeds can reduce hot flashes? Or that pumpkins are one of the foods tolerated by Crohn's sufferers? Here are 12 more foods that are even healthier than you knew. ➔

PHOTOGRAPHS
BY DAN ROBERTS

■ ASPARAGUS FOR HIGH BLOOD PRESSURE

Asparagus contains the natural diuretic asparagine, which helps your body get rid of excess fluid and salt. This is helpful for people with edema caused by high blood pressure. Plus, the B vitamins in asparagus can help fight cognitive decline and depression. If you have gout, though, keep your consumption to a minimum: Asparagus contains purines, which can precipitate painful attacks.

■ TEA FOR INFECTIONS

A chemical in tea, L-theanine, expands gamma delta T cells (immune blood cells that form the body's first line of defense against all types of infections) by up to fiftyfold. Tea can, however, cut iron absorption by more than 80 percent when it is sipped with an iron-rich meal. Drinking your tea between meals or adding lemon minimizes that effect.

■ PORK FOR ENERGY

Pork is a major source of thiamine, a B vitamin that is instrumental in the conversion of carbohydrates into energy for the body and brain. It's also crucial for heart, muscle, and nervous system functions. And the zinc in pork helps boost the immune system, build protein, and heal wounds.

■ ONIONS FOR LUNG CANCER

A *Journal of the National Cancer Institute* study reported on the significant correlation between a high intake of dietary flavonoids, such as those found in onions, and a reduced risk of lung cancer. Onions may also help boost your good (HDL) cholesterol.

■ CHEESE FOR DENTAL HEALTH

The fat naturally contained in most cheeses coats your teeth and acts as a natural barrier against bacteria. Cheese also contains casein, a protein that provides natural tooth protection. But aged cheeses, such as blue cheese and Camembert, can trigger migraines in some people.

■ LEMONS AND LIMES FOR KIDNEY STONES

The citric acid in lemon and lime juices helps stave off some kinds of kidney stones by reducing the excretion of calcium in urine. Lemon rind is also rich in a compound called rutin, which can strengthen the walls of veins and capillaries,



potentially reducing the pain and severity of varicose veins.

■ APRICOTS FOR EYE HEALTH

Apricots, especially when dried, contain a lot of beta-carotene, which may help prevent cataracts and age-related macular degeneration. Plus, dried apricots are high in iron and potassium, which are essential for nerve and muscle function.

■ BANANAS FOR DEPRESSION AND ANXIETY

A medium banana has 30 percent of the recommended daily intake of vitamin B6, which helps the brain produce mellowing serotonin. It also gives you tryptophan, which relieves depression and anxiety. One curious caution: Bananas (along with papayas and avocados, for that matter) can trigger an allergic reaction in people sensitive to latex.

■ MUSTARD FOR GOOD BONES

Mustard contains manganese and phosphorus, which contribute to strong bones and teeth. Mustard also provides selenium, which may protect against cancer and heart disease, and magnesium, which helps reduce inflammation, blood pressure, and blood sugar.


■ BRAN FOR DIVERTICULITIS

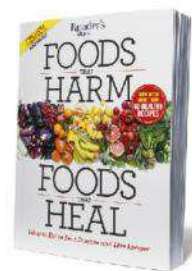
Including wheat bran in a high-fiber diet can help prevent diverticulitis, an intestinal disorder in which small pockets bulging from the colon wall become infected or inflamed. However, the phytic acid in raw bran inhibits the body's absorption of calcium, iron, zinc, and other important minerals.

■ PAPAYAS FOR ARTHRITIS

One medium-sized papaya provides more than twice the daily recommended dose of vitamin C, and a study of more than 20,000 people found that those who ate the lowest amounts of vitamin C-rich foods developed rheumatoid arthritis at more than three times the rate of those who consumed higher amounts.

■ BEETS FOR A BETTER BRAIN

Beets produce nitric oxide, which helps increase blood flow throughout your body and your brain, which in turn may help reduce the risk of developing Alzheimer's and vascular dementia. But beet greens (the leafy tops) are high in oxalates, which can form small crystals and contribute to the formation of some kidney stones. 



For more healing foods, check out *Foods That Harm*, *Foods That Heal*, available at rdstore.com/foodsthatharm and wherever books are sold.

On the eve of becoming a stepmother, a woman wonders what the boy she has come to love like a son will call her

Who Will You Be to Me?

BY BETSY GRAZIANI FASBINDER FROM THE BOOK *FILLING HER SHOES*



ONE AFTERNOON a few months before Tom and I were to be married, Max wandered into the dining room of the house, where I was sorting through a box of old photographs. He tossed a bright orange Nerf ball over and over, said nothing, and didn't look at me; he just focused completely on the ball. Soon he began to twirl around after each toss, catching the spongy ball behind his back. Then he bounced the

ball off the wall over the table, then off the ceiling.

"Nice moves," I said.

No reply. Wall. Ceiling. Twirl. Wall.

"Whatcha doin'?" he finally asked.

"Just trying to organize some of my pictures," I said.

In my months of living with them, I'd learned to let Max, who was all of seven, come close on his own. If I crowded him or moved too quickly, he skittered away. If I was patient,

though, we often ended up playing, laughing, and, recently, even snuggling on the couch with a book or a TV show.

“Who’s that?” he asked, peeking around my shoulder.

“My mom when she was young.”

“What’s she sitting on?”

“A paper moon. They used to have them at fairs and carnivals. People liked to pose for pictures on them.”

“That’s dumb. It doesn’t even look like a real moon.”

“After the wedding, I suppose she’ll be your grandma Sylvia.”

“Cool.” Wall. Ceiling. Wall. Wall. Twirl. He

caught the ball and then sidled up beside me, leaning his warm body against my arm and pressing a dirt-smudged finger on another photo. “Who will that be to me?”

“That was my grandfather, the one who died a few months ago.”

Max shrugged and resumed his tossing, this time switching hands. Right. Left. Right. “I already got a grandfather,” he said, not unkindly.

“Lots of kids have two grandpas. I guess my grandfather would have been your great-grandfather.”

“Hmm. Too bad he had to die. I coulda used one of those.”

Death is always a barbed topic, but is particularly so for a child who’d

lost his mother only two years before. I shuffled quickly past the pictures of dead relatives.

Max propped his elbows on the table, resting his chin on his upturned palms. “What about them?” he asked, pointing to a picture of my sister and her family. He’d known them his

whole life, just as he had known me, played with my niece and nephew regularly, and attended birthday parties and family dinners. But I could see that he was beginning to grasp the change that was coming. The difference in how he knew me before, when he was a family friend, and how

he would know me in the future.

“Di and Jim will be your aunt and uncle. Megan and Matt will be your cousins.”

“Sweet,” he said, looking into my face for the first time since he’d entered the room. His eyes were chocolate pools, his thick, dark hair a sleek, shiny coat that made me want to run my fingers over it. “I don’t have any boy cousins. And how about him?”

“That’s my brother John. He’ll be another uncle.”

We sorted stacks of aunts and uncles, cousins and friends.

“Wow, you have a lot of people,”

Max said with a sigh.

“I suppose I do.”

“

I should have known how to say just the right, wise, magical thing, but I didn't.

He began to finger through the stacks, messing up what I'd already sorted, but that was all right. My original task no longer mattered. As we neared the bottom of the stack, a honey-thick warmth began to fill me. Perhaps my family was to be the dowry I'd bring to this little boy who had lost so much.

"Whoa," he exclaimed, laughing at my third-grade photo, the one where my hair had been expanded to new dimensions by an especially humid Indiana day.

At moments like this, Max was just a little boy, buoyant with energy, easy with a laugh. He played Legos and watched *Teenage Mutant Ninja Turtles*. And he tossed balls. At other times, when he was still or thought no one was looking, it seemed that the earth's pull was just a little stronger where he stood, tugging the corners of his mouth downward, making his eyes years older than seven birthdays would imply.

Just as I was about to put the last of the pictures in the box, Max pressed his finger once more to a face. "And who will this be to me?"

Beneath his finger I could see the edges of my own face. My heart swelled. This son of the man I loved was becoming my son. We'd have

family Christmas cards and school art stuck with magnets to the fridge. I'd make goody bags at birthday parties, snap pictures at graduations. I was becoming a mother but without the benefit of a growing belly or a baby shower to prepare me.

I should have known the answer to his simple question. I should have known how to say just the right, wise, magical thing. But I didn't. "Well, what do you think?"

Max shrugged. Then he looked away, and I knew it was my job to field this one. "I'll be your second mom," I said.

“*You can call me Mom, or Mama. You can also call me Betsy, if you'd rather.*”

"Oh."

"I'm sorry that your first mom died. I liked her."

"What should I call you?" he asked.

My heart pounded, and my stomach turned. Mama, I wanted to cry. I'll be your mama, and you'll be my son. I resisted. "You can call me Mom, or Mama. You can also call me Betsy, if you'd rather. Whatever feels OK for you."

He stood there a minute, and I waited, expecting a pronouncement of my new title.

"What's for dinner?" he asked, picking up his ball.

"Burgers."

"Sweet," he said, tossing the ball as he walked out of the room.

TOM AND I were married a few months later. For a couple of days afterward, Max tried out a new title for me. "Can we go bowling?" he'd ask, and then follow the question by mouthing the word *Mom*. Or, "Can we go to the store?" And the mouthed word *Mom*. *Mom* was always silent. It seemed he was trying it on, seeing how it felt in his mouth. "Whatcha doin', *Mom*?" "Can I watch TV now, *Mom*?"

It felt wrong to take such pleasure in seeing his little plum lips form that singular syllable. After all, this new son of mine was an inheritance I would not have if he and Tom hadn't sustained such an enormous loss. I felt small ... and smaller still when old habits resumed and Betsy was once again my only title.

WEEKS LATER, as I drove him home from school, Max pulled a baggie full of Cheez-Its from his *Teenage Mutant Ninja Turtles* lunch box. He munched away, licking the orange

dust off each finger. With his focus deep inside the near-empty snack bag, he suddenly said, "I notice I don't call you Mom."

Oof. Who threw that rock at my chest? "I noticed that too."

One last Cheez-It. "When I say Betsy, I mean Mom."

"Thanks," I said. "That's nice to know."

He looked out the window. "Moms die, you know. I think it's maybe safer if you're just Betsy."

We could have a long talk about magical thinking and death and how nothing he could say, or not say, could cause me to die or could have caused his mother to die. But this just didn't seem like the time for all of that.

I willed tears away, not wanting to overwhelm him. He had enough to carry. "Thanks, bud. I appreciate you telling me."

Those big chocolate eyes found mine. I waited.

"Hey, Betsy?"

"Yeah," I said, delighted with the new sound of my old name.

"What's for dinner?" he asked. **R**

FILLING HER SHOES BY BETSY GRAZIANI FASBINDER, COPYRIGHT © 2017 BY BETSY FASBINDER.



NEXT STOP ON THE CRAZY TRAIN!

She asked me if I had lost my mind. It's nice to know that there's some doubt.

 @MARDIGROAN

A will can ensure that loved ones inherit your assets. But how will you pass along your history?

Making Memories Last Forever

BY LAURA A. ROSER FROM KIPLINGER.COM

“MY FATHER wrote me a lovely letter before he died. It is the most cherished thing I own.” That’s what a woman I was advising once told me, and I’ve heard similar statements from many others. But I’ve also heard the opposite: “I wish I had taken the time to ask my mother about her life before she died” or “It’s sad I didn’t really know my

grandparents, and they left nothing behind but a few photos.”

Don’t let your possessions become the only representations of your life. Your thoughts, heritage, and life journey are equally valuable. They become the foundation on which family members build their lives. Studies conducted at Emory University have shown that kids who know about their family’s past are more empathetic, have better coping skills, and

have higher self-esteem. For older adults, other

research shows that passing on their life stories correlates to a decrease in depression.

Of course, financial assets are relatively easy to pass along because they are already contained in a physical form



and the legal vehicles used to transfer them to heirs are well established. The challenge with character and intellectual assets is giving them the same kind of physicality as financial assets. Even though your mother's love, memories of summers at your grandparents' house, and lessons you've learned in your life may be more important to you than your car, there's still the problem of turning those feelings, thoughts, and insights into something that can be passed on.

That's where legacy vehicles come in. Legacy vehicles are the physical structures that enable you to pass on your nonfinancial assets. Some examples include biographies, memoirs, specialty books, letters, videos, blog posts, audio files, and artwork. Collecting these keepsakes isn't as intimidating as it might sound. These tips can help get you started.

■ CREATE AN INVENTORY

Before you begin, take stock of what you've got. If you want to pass along family stories or wisdom, list everything available to you, such as photos and letters from your parents. Then figure out what you still need to collect. You could, for example, interview your parents about their lives and their

families or write an article about your daughter's birth. Get specific.

■ MAKE A PLAN

Once you know what you've got and what you need, make a list that details how you're going to produce what you're missing (via photographs, recordings, etc.). Include how you intend to distribute everything (and to whom) and how it will all be archived—and include it in your overall estate plan. You don't want the book of your life's stories lost in an attic because someone misplaced it.

■ TAKE SIMPLE STEPS

A legacy is one of those things that are important but rarely urgent until it's too late. By taking proactive steps and starting with the easiest-to-create projects, you can bring your legacy to life. For example, let's say you'd like to write a memoir but haven't quite gotten around to it. Break the task into smaller parts, or start with something simpler, such as writing a short article about your childhood or filming a two-minute video about your wedding day (you can use your camera phone to do that). When you see the results of these smaller projects, you may well be inspired to create more. **R**



LAURA A. ROSER
is the CEO of Paragon Road, a company that helps people preserve their non-financial assets.

The sun isn't the only threat to your skin. These culprits also might add lines to your face.

Beware These 4 Surprising Wrinkle Risks

BY LINDSAY COHN AND JORDI LIPPE-MCGRAW

1 CONTACT LENSES

It's not wearing contacts per se that causes wrinkles; it's the habit of raising your brows to put them in that's the problem. Over time, that repetitive motion can cause the skin on your forehead to wrinkle.



layer—leading to oxidative stress and premature skin aging. Look for skin-care products that are high in antioxidants, and use a gentle cleanser at night to wash away outdoor residue.

2 LACK OF SLEEP

Your skin is repairing itself during those hours when you are conked out, so depriving yourself of a good night's rest will lead to a dull complexion. That said, don't sleep on your stomach. Your pillow can cause wrinkles, and sleeping on your stomach prevents fluid from draining away from your face, which can increase puffiness around the eyes.

3 AIR POLLUTION

Daily exposure to smog, cigarette smoke, and car exhaust damages the skin's barrier—the outermost

4 YOUR PHONE

A 2008 study suggests that high-energy visible light (aka blue light) emitted by fluorescent and LED bulbs, flat-screen TVs, computer screens, tablets, smartphones, and other digital devices can penetrate the deeper layers of the skin. "The consequences may include premature aging, wrinkling, and sun spots," says Jeffrey Fromowitz, MD, a dermatologist in Boca Raton, Florida. Also, staring down at your phone all day causes lines and wrinkles to form on your neck—a corollary to the painful condition sometimes dubbed tech neck.



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Surprising reasons your osteoporosis danger rises—and how to reduce the risk

6 Lifestyle Choices You Will Feel in Your Bones

BY TINA DONVITO

1 YOU SPEND TOO LITTLE TIME ON THE MOVE

“Bone is a living tissue,” says Jonathan Lee, MD, an attending physician of orthopedics at Montefiore Health System in New York City. “The more you use it, the more it will adapt and strengthen. Likewise, if it is not

subjected to loading, it will waste away.” The solution? Weight-bearing exercise—even just walking. Strength training counts too.

2 YOU EAT SALTY SNACKS

A study from Japan showed that postmenopausal women who

had high sodium intakes were more than four times as likely to have a fracture as those with low sodium intakes. That's because as the kidneys excrete the sodium, calcium is drained from the bloodstream.

3 YOU SHUN SUNLIGHT

"Vitamin D is required for the body to successfully absorb and use calcium," Dr. Lee says. "Most Americans do not get enough sun exposure to generate enough natural vitamin D, and thus supplementation is essential." According to the National Osteoporosis Foundation, adults under 50 need 400 to 800 IU of vitamin D daily and adults 50 and older need 800 to 1,000 IU. Talk to your doctor about your specific needs based on where you live, what time of year it is, and which vitamin D-rich foods you eat.

4 YOU'RE LOSING TONS OF WEIGHT

Reaching a healthy weight is good, but losing too much weight can harm your bones. A body mass index (BMI) of less than 18.5 is considered a risk factor for osteoporosis. According to a study from the Harvard T.H. Chan School of Public Health, just a one-unit increase in BMI (approximately five to eight pounds) decreased the risk of bone loss by 12 percent. Dr. Lee also points out that "those who are underweight might be suffering from malnutrition, which could contribute to osteoporosis."

5 YOU UNWIND WITH WINE

Low levels of alcohol consumption may be good for your bones, according to a study from Oregon State University, but more than a couple of drinks a day has the opposite effect. "Too much alcohol can make it harder for the GI tract to absorb calcium," says Dr. Lee. Alcohol can also increase cortisol levels, which can lead to lower bone mineral density. Furthermore, "in women in particular, higher alcohol consumption can decrease estrogen levels, and this can also lead to osteoporosis," Dr. Lee says. "To top it all off, alcohol is directly toxic to osteoblasts, the cells that become bone cells."

6 YOU LIVE IN AN AREA WITH DIRTY AIR

In a study recently published in the *Lancet Planetary Health*, researchers crunched hospital admission data for 9.2 million Medicare participants in the Northeast and mid-Atlantic between 2003 and 2010. They found that even a small increase in levels of ambient particulate matter—itty-bitty specks of pollutants in the air—may lead to an increase in bone fractures and osteoporosis in older adults. If you live in a smoggy area, use an air purifier with a high-efficiency particulate air (HEPA) filter at home, avoid exercising outdoors when the air quality is bad, and get screened for osteoporosis. **R**

World of Medicine

Sleeping with the Fishes

Doctors have long touted the benefits of omega-3 fatty acids from fish for better heart health. Now researchers from the University of Pennsylvania who studied more than 500 Chinese children have found that those who ate fish at least once weekly slept more soundly than those who seldom or never ate fish. One likely explanation is that omega-3 fatty acids help boost the production of prostaglandins, the body's own sleep-promoting substances. The subjects who ate fish also scored 4.8 points higher on IQ exams, perhaps because better sleep helps improve brain function.

Processed Meat and Breast Cancer

The risk of developing breast cancer increases by 20 percent for women whose diets include even small amounts of processed meats such as bacon, hot dogs, and pepperoni, according to doctors in the United Kingdom. They analyzed data from more than 260,000 women and found that the breast

cancer correlation applied to postmenopausal women who ate more than nine grams of processed meat a day—the equivalent of about one pork sausage link per week. They found no association between red meat intake and the risk of breast cancer.

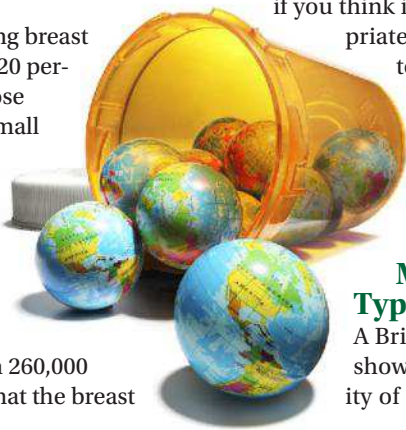
Acne Drug Can Help Early-Stage MS

A small trial from the University of Calgary in Canada found that minocycline, a pill usually used for acne, can slow the progress of multiple sclerosis in patients who take it soon after experiencing their first symptoms. There are no oral drugs for this early stage of the disease and more tests on minocycline are needed, but if you think it might be appropriate in your case, talk

to your doctor about prescribing minocycline for this off-label (but legal) use.

A Frequently Misdiagnosed Type of Diabetes

A British study recently showed that the majority of patients with a



lesser-known type of diabetes called type 3c are misdiagnosed with type 2 instead. About 5 to 10 percent of all diabetes cases in Western countries are type 3c, which develops when the body has trouble producing insulin because of damage to the pancreas resulting from conditions such as pancreatitis, cystic fibrosis, and pancreatic cancer. (By contrast, in the common type 2 diabetes, the body is unable to use insulin properly and eventually may also stop producing enough of it.) The misdiagnosis puts type 3c patients at risk of not getting the treatment they need to avoid complications such as damage to the eyes or kidneys.

Stripes Trigger Headaches And Seizures

In a study published in the journal *Current Biology*, researchers from the Netherlands and the United States found that looking at repeating lines can set off a pattern of brain activity known as gamma oscillations, which can trigger headaches in some people and seizures in people with pattern-sensitive epilepsy. Vertical lines caused more gamma oscillations than horizontal lines did, and narrower stripes caused more than wider ones did. While it's impossible to avoid looking at stripes completely, if you're prone to headaches, cover up radiator grilles, don't draw your blinds, and look away from computer and TV screens regularly.



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



"This is gobbledeyook. I asked for mumbo jumbo."

A WHILE BACK, my boss discovered the motivational quote "Only in the dictionary does *success* come before *work*." He ordered a large banner for our work area with his "improved" version of the quote. The banner, which I can see from my desk, reads: "Only in the dictionary does *success* come before *hard work*."

Source: inc.com

SCENE: With a patient in my medical exam room

Me: How old are your kids?

Patient: Forty-four and 39 from my wife who passed away, and from my second wife, 15 and 13.

Me: That's quite the age difference!

Patient: Well, the older ones didn't give me any grandkids, so I made my

OWN. **MARIA MURILLO, Tustin, California**

MIKE BALDWIN/CARTOONSTOCK

MY DAUGHTER received this e-mail from a prospective student prior to the start of the semester: “Dear Professor, I won’t be able to come to any of your classes or meet for any of the tests. Is this a problem?”

CAROL HARPER, *Madison, Georgia*

SPORTS ANALYSTS get paid to talk, not necessarily to make sense:

■ “I had a feeling today that Venus Williams would either win or lose.”

Tennis commentator
MARTINA NAVRATILOVA

■ “There’s nothing wrong with the car except that it’s on fire.”

Racing commentator MURRAY WALKER


■ “The wind is rushing from the player’s rear.”

Golf announcer STEVE MELNYK

■ “We haven’t had any more rain since it stopped raining.”

Tennis commentator HARRY CARPENTER

Source: *The Stupidest Sports Book of All Time*
by Kathryn and Ross Petras (Workman)

I LIKE TO lightheartedly tell my coworkers, “Don’t even talk to me until I’ve had my coffee!” And then I never get coffee.  @HEYJULIAJOHNS

WHILE TALLYING UP a customer’s groceries, I sang along with the music playing over the PA system. Suddenly the customer, a sweet elderly woman, asked, “What did you do with the money?”

“What money?” I asked.

“The money your parents gave you for singing lessons.”

Source: reddit.com

WANTED: THE BACKSTORY

Spotted in a variety of public places, these notices left us with just one question: What happened?

Because of the incident on November 14, **Cheez-Its are no longer allowed** in the cafeteria!

IN LIGHT OF RECENT EVENTS, NO OREOS WILL BE ALLOWED IN THE LIBRARY.

OUIJA BOARDS AND SÉANCES ARE NOT ALLOWED TO BE PERFORMED IN THIS SHOP!

NO: YO-YOS, BULLWHIPS, ROLLERBLADE SHOES, SPURS, CANDY.

Source: collegehumor.com

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

50 WAYS TO SURVIVE

YOUR NEXT TRIP TO THE HOSPITAL

From medication mix-ups to surgical errors, dangerous falls to deadly infections, hospital hazards can be harmful to your health. Here's how to stay safe and get well.

As many as 440,000 Americans die every year from medical errors and infections contracted in the hospital. Combined, they are the third-leading cause of death in the United States.

Your best defense? Take charge of your care as much as possible. Ask lots of questions, take tons of notes, and have a family member or friend

there to advocate on your behalf.

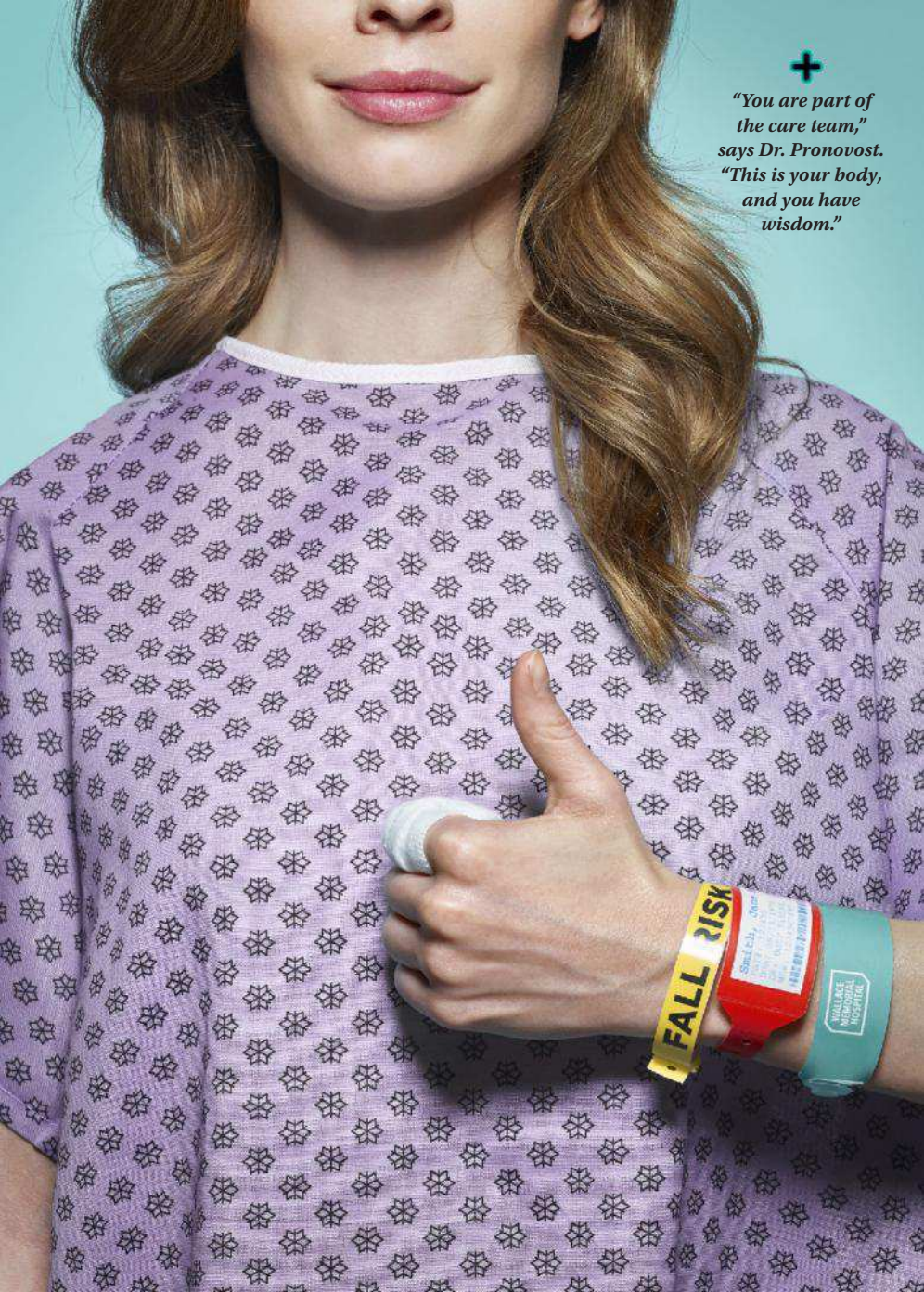
"You are part of the care team," says Peter Pronovost, MD, PhD, former senior vice president for patient safety and quality at Johns Hopkins Medicine in Baltimore. "This is your body, and you have wisdom."

While some risks are beyond your control, these lifesaving tips will help protect against some of the biggest perils you face in the hospital.

BY MICHELLE CROUCH + PHOTOGRAPHS BY YASU+JUNKO



*"You are part of
the care team,"
says Dr. Pronovost.
"This is your body,
and you have
wisdom."*





CHOOSE THE RIGHT PLACE FOR YOUR PROCEDURE

- **Don't just pick the closest facility.**

In an emergency, of course, you want to get to the nearest hospital—fast. But if you're scheduling a surgery or procedure, selecting the right hospital, medical center, or surgery center could save your life, even if it means paying more to go out of network. A 2016 study in the journal *PLOS One* found that patients at the worst American hospitals were three times more likely to die during their stay (and 13 times more likely to have complications) than patients with the same health problem at the best hospitals. Three key questions to ask:

(1) How many times last year did the hospital perform the surgery you're getting? Multiple studies show that the more often a hospital does a procedure, the better the outcome will be. You are significantly more likely to have complications—sometimes fatal ones—in a facility that performs the surgery only once or twice a year, Dr. Pronovost says.

(2) Does the ICU have critical-care specialists? Called intensivists, these specialists are experts on caring for

the sickest patients. Studies show they decrease medication errors by 22 to 70 percent and complications by 50 percent. More important, your risk of death drops 30 percent if an intensivist manages your care.

(3) What is the hospital's rate of catheter infections in the ICU? Low numbers indicate that the hospital has good safety and quality management, says Dr. Pronovost. Choose a hospital that has fewer than two bloodstream infections for every 1,000 days someone in the hospital has a catheter.



TAKE STEPS TO AVOID MISDIAGNOSIS

- **Always ask, "Is there anything else it might be?"** This crucial question encourages your hospital health-care providers to think about other possibilities, helping to reduce the risk of a diagnostic mistake, says Hardeep Singh, MD, MPH, a patient-safety researcher at the Michael E. DeBakey Veterans Affairs Medical Center and Baylor College of Medicine in Houston. As many as 160,000 patients in the medical system die or suffer a significant permanent injury every year because a condition is misdiagnosed or missed, according

to a report in *BMJ Quality and Safety*. Such mistakes are especially common in the fast-paced environment of the ER. A patient may come in with a headache, receive a migraine diagnosis—and suffer a stroke hours later.

- **Consider a second opinion.** If you've been diagnosed with a serious, complex, or rare condition—or if you have any doubts about your diagnosis—seek out another doctor's insights before starting treatment. Research shows there's a 20 to 30 percent chance the second doctor's opinion will be different from the first's. Even if the diagnosis is the same, you may learn new information about your treatment options.

- **Call a bedside huddle.** If your case is complex, ask whether your doctor can get all your care providers together to brainstorm possible diagnoses and come up with a plan for care, suggests Dr. Pronovost. One study found that bringing providers from different specialties together to talk about specific patients cut the number of adverse events almost in half. Happily, this has become an increasingly common practice in many hospitals.



HOW TO SAY IT

“I feel as if I'm hearing different things from different providers. Would it be possible to get everyone together to have a conversation about my care?”

- **Take charge of your test results.** If you have a CT scan or a biopsy in the hospital, find out when the results will be in and how you will be informed—and make a note to follow up. Also, ask the imaging center or lab to send the results to any doctors working on your case. Dr. Singh's research shows that about 7 percent of abnormal lab tests and 8 percent of abnormal scans get lost in follow-up. “Don't assume no news is good news,” he says.

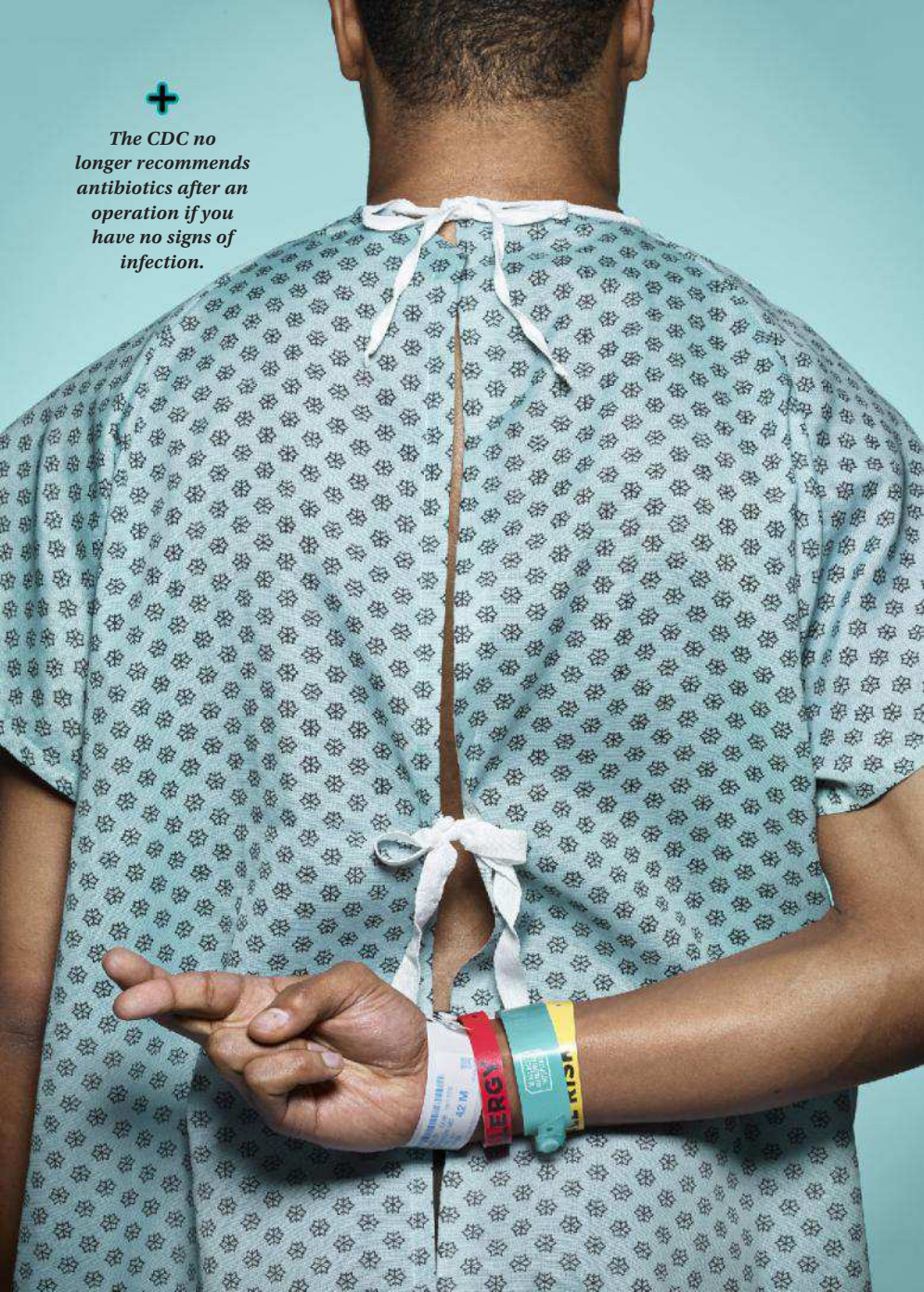


PROTECT YOURSELF FROM LIFE-THREATENING SUPERBUGS

- **Be smart about antibiotics.** Antibiotics fight infections, but they can cause them too. Because the drugs kill the protective bacteria in your gut, they increase your risk of picking up *Clostridium difficile* (*C. diff*), one of the deadliest hospital-acquired infections, says Arjun Srinivasan, MD, a medical epidemiologist at the CDC. That's why the CDC no longer recommends antibiotics after an operation if you have no signs of infection. A 2017 study found that when doctors in British hospitals cut back on prescribing Cipro, Levaquin, and other broad-spectrum



The CDC no longer recommends antibiotics after an operation if you have no signs of infection.



antibiotics, the rate of infections from *C. diff* bacteria dropped a whopping 80 percent. "If your doctor prescribes you an antibiotic in the hospital, ask what infection you have and how long you need to take the antibiotic," Dr. Srinivasan says.

HOW TO SAY IT

"I'm very concerned about picking up an infection. Do I really need this antibiotic, or can we wait?"

- **Clean your hospital room.** Even though hospitals disinfect rooms between patients, studies show that up to 60 percent of hospital rooms are not cleaned properly. For extra protection, ask a nurse for some bleach wipes or bring your own (bleach is necessary to kill *C. diff*). Wipe down the room or have a family member do it. Make sure you swipe in one direction only, and don't turn the wipe over and use the other side or you'll risk contaminating your hand. (For a list of hospital germ hot spots, see page 67.)

- **Limit IVs, tubes, and catheters as much as possible.** The longer you have one of these devices, the higher your risk of picking up a deadly infection, says Dr. Srinivasan. If you need a catheter, ask whether intermittent catheterization is an option; it can lower the risk of infection by 20 percent or more.

HOW TO SAY IT

"When can we try taking the tube/IV/catheter out?"

- **Tell your doctor about diarrhea.**

Loose stools are the first symptom of *C. diff*, which attacks the intestines. "Sometimes patients don't tell anyone, because it's embarrassing," Dr. Srinivasan says. "But it's really important to tell us, especially if you're getting or recently had an antibiotic."

- **Brush your teeth.** Bacteria in your mouth can find their way into your lungs, causing a nasty case of hospital-acquired pneumonia. Studies have found that good oral care while in the hospital cuts your risk by more than a third. If you're the family member of a patient who can't take care of himself or herself, ask the nurse to show you how to use a toothbrush or foam swab sticks to clean the inside of your loved one's mouth, and do it at least twice a day.

- **Get your flu and pneumonia shots.**

Ideally, you should get these vaccinations before you land in the hospital, but you can also ask for them once you've been admitted. Most insurance plans will still pick up the cost. The CDC recommends getting two different pneumococcal shots at least one year apart if you are 65 or older, smoke, or have a chronic condition that weakens your immune system.

• **Insist on handwashing.** Good hand hygiene is your best weapon against hospital-acquired infections such as *C. diff*, methicillin-resistant *Staphylococcus aureus* (MRSA), and carbapenem-resistant Enterobacteriaceae, a family of germs that includes *Escherichia coli* (*E. coli*). Ask all care providers and visitors to wash their hands with soap and water every time they enter the room. Don't forget to wash your own hands before you eat and after you go to the bathroom.



HOW TO SAY IT

"I'm sorry, but I'm really nervous about infection. I know you are very careful, but would you mind washing your hands for me?"



TAKE SPECIAL STEPS BEFORE ANY PROCEDURE

• **Ask to be screened for MRSA.** Many people carry these super-resistant staph germs on their skin, and they're harmless as long as you're healthy. "But if your immunity is compromised or they sneak in through an IV line or an incision, they can have

a field day," causing pneumonia, sepsis (a life-threatening condition caused by an overwhelming immune response to infection), or an invasive bloodstream infection, says health-care safety consultant Karen Curtiss, author of *Safe and Sound in the Hospital*. Your doctor can test you for MRSA with a simple nose swab. If the test is positive, he or she can give you an antibiotic that targets the strain.

• **Don't shave in the area of your surgery (and don't let the nurse do it either).** Shaving leaves microscopic cuts and nicks that can become bacterial breeding grounds. The CDC now recommends that hair near your surgery site not be removed unless it will interfere with the operation. "If surgeons need to do it, they should use clippers and not a razor," Dr. Srinivasan adds.

• **Shower with a disinfectant before you go to the hospital.** Pick up some Hibiclens, a powerful antiseptic soap that will kill germs on your skin, at your local pharmacy, and shower with it at home the night before and the morning of your surgery. Use it instead of your regular soap or shower gel. "What you're hoping to do is leave a little residue on your skin," says Dale Bratzler, DO, MPH, medical director at the Oklahoma Foundation for Medical Quality in Oklahoma City.

• **Tell your doctor if you have an infection.** Even a minor one, such as a sinus infection, can weaken your immune system and increase your risk of complications, Dr. Srinivasan says. The

bacteria from something as simple as a tooth abscess can get into your bloodstream and cause a potentially life-threatening situation. You and your doctor can weigh the risks and discuss whether to delay your operation.

- **Be the first surgical patient of the day.** The room is cleaner, your surgery is less likely to be delayed, and your surgeon won't be as tired, says Jeanne Dockins, RN, a surgical care nurse in Tucson, Arizona. If you're wheeled in around 4 p.m., you're four times more likely to have anesthesia-related problems such as nausea and pain as patients who have surgery before noon, according to a Duke University analysis published in *Quality and Safety in Health Care*. The authors speculated that the discrepancy might be related to the doctors' or nurses' fatigue, swings in their circadian rhythms, and/or the fact that late-in-the-day surgical patients go all day without eating.

- **Get screened for blood-clot risk.** Your risk of developing deep vein thrombosis—a condition in which a dangerous blood clot forms in a deep vein in the leg or another part of the body—is ten times higher when you're in the hospital because surgery can release tissue debris or other substances that don't belong in your veins. Being confined to bed also raises your risk. Before your surgery, your doctor should take your medical history and give you a physical to determine your level of risk. If the screening shows you're at high risk,

your doctor can start you on blood-thinning medication, recommend compression stockings, or use a mechanical device to prevent blood from pooling in your legs, Dr. Pronovost says. Getting up and walking as soon as you can also reduces your risk.

- **Ask for extra blankets.** Surgeons often like to keep the operating room cold so they won't get overheated in their gowns, masks, and hats while working under the warm surgical lights. But research shows the chill and the effects of anesthesia may give you mild hypothermia, which can cause cardiac arrest and increase your risk of infection. For that reason, many anesthesiologists now use warming devices on patients during surgical procedures. And you should pile on the sweaters and blankets to stay warm before and after surgery.



REDUCE YOUR POST-OP RISKS

- **If you're at all unsteady, get help to go to the bathroom.** Every year, 700,000 to one million patients fall in the hospital, and 30 to 50 percent end up with a serious injury such as a broken bone or a concussion. Wear



PREVENT MEDICATION MISTAKES

skidproof slippers, and call the nurse before you try to get out of bed on your own, says critical-care nurse Kati Kleber, RN, author of *Admit One*. “People don’t want to bother us when they have to go to the bathroom, so they wait until it’s an emergency. Then they’re in a hurry, which puts them at risk,” she says.

- **Use a clean washcloth on incisions.** “I’ve seen patients wash everything else, then use that same washcloth on their incision,” Kleber says. “Um, yuck!” Follow your doctor’s instructions on changing the dressing and caring for your wound, and always wash your hands before touching it.
- **Request a physical therapist right away.** Your condition and muscle tone start to deteriorate after just a few days of bed rest, says Bobbi Kolonay, RN, an aging life care manager in Pittsburgh. “Even in intensive care, you can do bedside exercises,” she says. This service is typically covered by insurance as long as your doctor deems it medically necessary.
- **Ask your nurses to “cluster” your overnight care.** Even though sleep is important for healing, most hospitals disturb patients multiple times during the night. “If you ask, we can often cluster things together so you’re not woken up so much,” says Brittney Wilson, RN, a nurse in Nashville, Tennessee. It’s best to communicate this request as soon as you meet your night shift nurse, Wilson says, so he or she can plan ahead.

- **Bring an up-to-date medication list.** Include all your prescriptions and dosages, along with any over-the-counter medicines and supplements you take. Many agencies, including the FDA and AARP, offer a medication list template you can download from the Web. If you’re tech-savvy, you can create an electronic record on your smartphone through a free app such as CareZone or Medisafe; just make sure family members know how to access it.
- **Don’t distract your nurse when he or she is programming your IV.** “I’m dealing with a lot of numbers—your weight, how much is left in the bag, and the rate the doctors want it to go in—and messing it up can be catastrophic,” Kleber says. “I often have to say to patients, ‘Hold that thought. Let me focus here for a minute.’”
- **Post a list of your medical allergies.** The hospital may already list them on a whiteboard, but nurses could forget to check it, says Dockins. “Sometimes your nurse’s mind might be wandering,” she says. “If you tape a sign over your bed that reads, ‘Allergic to XYZ,’ he or she won’t miss it.”



AVOID COMMUNICATION MIX-UPS

- **Keep track of everything.** It's easy to get confused and overwhelmed in the hospital. "Often I have patients who have no idea who was in their room," says Kevin D'Mello, MD, director of quality improvement and patient safety in internal medicine at Drexel University College of Medicine in Philadelphia. Write down your questions, the name of anyone who comes into your room, and a record of your conversation with him or her. Or have a loved one fill that note-taking role.

- **Repeat back what you heard.** Studies show that patients immediately forget 40 to 80 percent of the medical information they receive, and nearly half of what they do remember is incorrect. So when the medical staff shares an explanation or instructions, repeat what they said back in your own words to make sure you understood correctly.

- **Ask for a bedside shift change.** Many errors occur when care transitions from one nurse to the next. If nurses do the handoff in your presence, you can catch slipups and ask questions.

- **Read behind your doctor.** Studies show that mistakes in patient files

often contribute to errors—your chart lists an incorrect body weight, for example, leading your doctor to prescribe a too-high dose of your medication. Under the law, you have a right to see your medical record. A growing number of medical systems make it easy to access through an online patient portal you can log in to right from your smartphone in your hospital room. Check your record for accuracy and point out any errors.



SOME FINAL STAY-SAFE TIPS

- **Get out of bed.** You're inevitably going to spend a lot of time lying down, but try to get up as soon as you can. Being active helps prevent bed sores, blood clots, and pneumonia, and research shows you'll get out of the hospital sooner, says Dr. Bratzler. Ask a nurse or a family member to help you take a short stroll a few times a day.

- **Have someone by your side.** Nurses can't always get to a room right away when the call bell or the monitoring alarm goes off. A friend or family member can help make sure medical staff respond quickly if there's an

urgent need. “I had a friend who went in for a routine hernia operation,” Curtiss says. “The nurses told his wife that he was going to sleep for a few hours, so she went out to run errands. When she came back, he was brain-dead. He had a bad reaction to anesthesia, vomited, and choked to death before the nurses got there.” This might be a rare occurrence, but you don’t want to be the one it happens to.

- **Trust your gut.** If something doesn’t seem right, speak up. Tell the doctor if the drug he or she is prescribing didn’t work the last time you tried it or if you notice changes in a loved one’s condition. “Sometimes the family will say, ‘I know he doesn’t look different, but he seems confused,’” says Dr. Pronovost, “and sure enough, he’s developing an infection.” When Dr. Pronovost’s team examined adverse events at hospitals, they found that in an astonishing 90 percent of cases, someone knew things were going wrong but the person didn’t speak up or wasn’t heard.

- **Ask to record discharge instructions.** Study after study has documented that many patients don’t remember or understand what to do after they leave the hospital, meaning

they’re vulnerable to complications. One Alabama hospital recorded the instructions so patients could play them back later; this reduced the number of patients who had to be readmitted within 30 days. Steal that strategy by asking the nurse at discharge whether you can tape him or her with your smartphone. Also, make sure you have these four things before you leave the hospital:

- (1) **A follow-up appointment.** Your doctor or nurse may tell you to see your primary care doctor in seven days, but when you call, he or she can’t see you for a month. Before you leave the hospital, ask someone there to call and make the appointment for you.

- (2) **An updated list of medications, with instructions on when and how to take them.** Make sure you know which prescriptions you’re supposed to continue and which ones you already took the day you are discharged. If you need new medications, ask the hospital to call them in to your pharmacy.

- (3) **The number to call if you have a question.** Ask how to get in touch with your specific doctor if you have questions after discharge. If you leave the hospital on a Thursday or Friday, get the number for the doctor who will be on call over the weekend.

- (4) **A list of red flags to watch for.** Don’t rely on the general handout the hospital gives you. Find out which specific symptoms may indicate your condition is getting worse and what you should do if they occur. **R**



HOW TO SAY IT

“Honestly, my memory isn’t what it used to be. Do you mind if I tape this?”



GETTING THE BEST INTEL

Many websites have data to let you compare hospitals, and you should consult a variety of them, Dr. Pro-novost says. Hospitals are complex, and different sites will capture different information. Start with these:

- **medicare.gov/hospitalcompare:** This site allows you to compare up to three hospitals at a time while looking at 57 different variables.
- **whynotthebest.org:** A nonprofit called IPRO ranks hospitals based on safety, quality of care, and the number of times they follow recommended practices for treating common conditions.
- **hospitalsafetygrade.org:** The nonprofit Leapfrog Group ranks hospitals on measures of safety based on data the hospitals voluntarily submit as well as publicly available data on nonparticipating hospitals.



HOSPITAL GERM HOT SPOTS

• TV remote

In a University of Arizona study, the remote control had more bacteria than any other object in a hospital room.

• Elevator buttons

One study found these were more germ-infested than hospital toilet seats.

• Doctor's stethoscope

Make sure it is sterilized before use.

• Telephone

• Bed rails

• IV pole

• Bedside chair and table

• Meal tray

Wipe it down before you eat.

• Call button

• Toilet handle

• Doorknobs

• Faucet handle

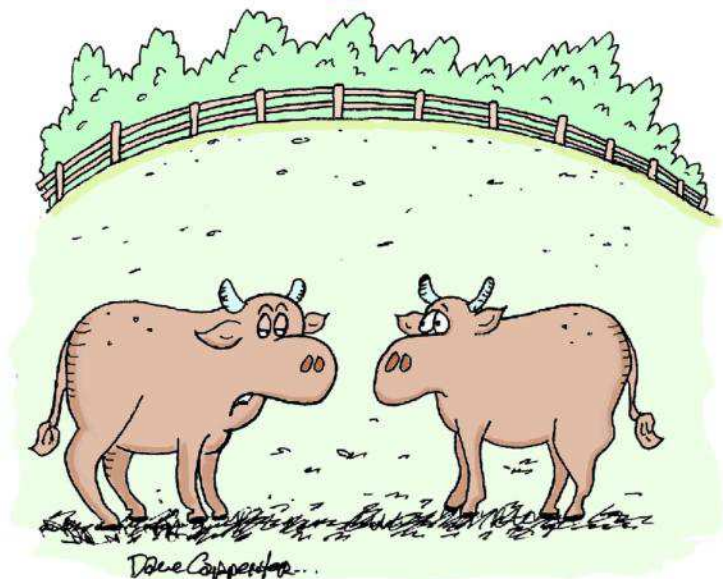
• Wheelchair

The back and arms are especially germey.

Source: Campaign Zero

Laughter

THE BEST MEDICINE



*"Yes, I'm still paying off the china-shop incident.
Any other questions, Mr. Nosy?"*

AT AN ART GALLERY, a man notices two similar still-life paintings. Both show a table covered by a red-and-white checked cloth topped by a bottle of wine, a loaf of bread, and a wheel of cheese. One painting is priced at \$1,000, but the other is \$1,500. Confused, the man says to the gallery owner, "Those paintings look exactly alike. Why is one more expensive than the other?"

The gallery owner points to the pricier painting and says, "That one has imported cheese."

*From Life Is a Joke by the Javna Brothers
(Workman Publishing)*

THE MOST CUTTING thing you can say is "Who's this clown?" because it implies they're a) a clown & b) not even one of the better-known clowns.

[@SKULLMANDIBLE](#)

AN EXERCISE for people who are out of shape: Begin with a five-pound potato bag in each hand. Extend your arms straight out from your sides, hold them there for a full minute, and then relax.

After a few weeks, move up to ten-pound potato bags. Then try 50-pound potato bags, and eventually try to get to where you can lift a

100-pound potato bag in each hand and hold your arms straight for more than a full minute.

Once you feel confident at that level, put a potato in each bag.

Submitted by **BEVERLY GROSS**,
Plover, Wisconsin

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



OUR NEW FAVORITE COLOR: PURPLE PROSE

Behold! Intentionally bad first lines to nonexistent novels, from the annual Bulwer-Lytton Fiction Contest.

■ As Lewiston Creol plummeted down the sheer icy cliff, he pondered on the word *plummet*, but his pondering was interrupted by the surface of the water, at which point he ceased to plummet and began to plunge.

JASON CHANDLER

■ Baking under the blazing New Mexico sun as he stood in the dusty street outside the saloon, Old West certified public accountant Arthur W. Fetterman Jr. hovered

his sweaty hand over the butt of his borrowed six-gun, advanced another reluctant step toward famed gunfighter John Wesley Hardin, and wondered for the hundredth time what had possessed him to correct the man's use of "supposably" during their poker game.

BILL WHITE

■ She was the most desired object in the room, not unlike the last deviled egg at an Easter Day potluck.

CHRISTINE HAMILTON

■ Sven, who rode his unicycle while training for the biathlon, thought the triceratops was the most regal of dinosaurs, exercised in the quad of his apartment complex down the street from the Pentagon, sang in a sextet, had a deviated septum, fought for fun in the octagon, seemed to have nine lives, and spent a decade living with the Aborigines, was the kind of man you could count on.

JEFF GREEN

You can't will yourself to a breakthrough insight. But by following a hunch, you can absolutely improve your odds.

How to Create an



Aha!

Moment

BY BRUCE GRIERSON FROM *PSYCHOLOGY TODAY*

SIMON LOVELL WAS 31 and a professional con man who had spun the gambling tricks he'd learned from his grandfather into a lucrative business fleecing strangers. Without hesitation or remorse, he left his marks broken in hotels all over the world. Nothing suggested that this day in 1988 would be any different.



Lovell was in Europe when he spotted his next victim in a bar, plied him with drinks, and drew him into a “cross”—a classic con in which the victim is made to believe he or she is part of a foolproof get-rich scheme. The con went perfectly. “I took him for an extremely large amount of money,” Lovell says.

After he was done, Lovell hustled the drunk man out of the hotel room where the fleecing had occurred, intending to leave him in the hallway for security to deal with. But then something unexpected happened. The mark went to pieces. “I’d never seen a man break down that badly, ever,” Lovell recalls. “He was just sliding down the wall, weeping and wailing.”

What followed was a moment Lovell would look back on as the hinge point of his life. “It was as if a light suddenly went on. I thought, This. Is. Really. Bad. For the first time, I actually felt sorry for someone.”

Lovell’s next move was hard for even him to believe. He returned the guy’s money and declared himself done with the swindler’s life. “There was an absolute epiphany that I just couldn’t do it anymore,” he says.

The next day, he felt different. Lighter. “I had become,” he says, “a

real human being again.” He never ran another con.

In the decades that followed, Lovell turned his gift for smooth patter and sleight of hand into a successful one-man show that ran off-Broadway for eight years. After he suffered a stroke,

good wishes and cash donations for his care poured in from friends and fellow magicians. In his professional world and well beyond it, Lovell had become respected, even beloved. His rehabilitation was complete.

That moment in the hotel had been Lovell’s wake-up call. But what is a wake-up call—or, if you’d rather, an epiphany or an aha moment? What could possibly explain an event so unexpected, forceful, and transformative that it cleaves a life into two parts: before and after?

MOST OF THE TIME, ideas develop from the steady percolation and evaluation of thoughts and feelings. But every so often, if you’re lucky, a blockbuster notion breaks through in a flash of insight that’s as unexpected as it is blazingly clear. These revelations can be deeply personal, even existential, prompting the realization that you should quit your job, move to another

What could explain an event so transformative that it cleaves a life into before and after?

city, mend a broken relationship, or, as Lovell did, redirect your moral compass. They can also be creative, generating a brilliant start-up idea, the perfect plot point of a novel, or the answer to an engineering quandary. In all cases, you apprehend something that you were blind to before.

The early-20th-century psychologist William James described such moments of clarity, in his book *The Varieties of Religious Experience*, as snap resolutions of the “divided self.” It’s as if a whole lifetime’s worth of growth is compressed into a single instant as dense as a collapsed star.

That’s how it felt to Leroy Schulz. Driving home from a wedding in Canada late one night, Schulz glimpsed a ghostly form surging from the highway median toward his headlights. He didn’t have time to brake. He barely had time to turn his face away from the flying glass as the moose’s head hit the windshield.

“Had I been a half-second slower, the whole mass of it would have come into the car,” Schulz says. “I have no doubt I’d have been decapitated.”

Several motorists who’d witnessed the crash approached the wreck in shock. “I can’t believe you’re alive,” one gasped. There was no life-changing epiphany at that precise moment or in the immediate aftermath. But Schulz’s near-fatal experience seeded something, and what followed weeks later “was one of those panoramic moments when you get your

bearings and decide whether you’re on the right path or not,” he says.

Schulz thought, What advice would the 90-year-old me give to the me of right now? He was a technology consultant who dabbled in photography. “I said to myself that if I don’t take the path of being a full-time photographer, I will regret it,” he recalls.

So he went for it. His background interest elbowed its way to the front, and he became a successful portrait and commercial photographer.

“I’ve often wondered, If I hadn’t hit the moose, would I be a full-time photographer right now?” he reflects. “I don’t think so.” Schulz believes that the collision changed his biochemistry, unlocking something in his brain that prompted his shift in perspective.

WILLIAM MILLER, PHD, an emeritus professor of psychology and psychiatry at the University of New Mexico, interviewed people who had experienced sudden realizations that led to life transformations. Most of the triggers were not so dramatic, he reported in his coauthored book *Quantum Change*. People experienced moments of sudden realizations and life transformations while walking to a nightclub, cleaning a toilet, watching TV, lying in bed, and preparing to shower.

They reported a striking similarity, however, in how the moments felt: more like a message revealed to them from outside than something

their own minds had ginned up. It felt foreign, mystical even. Which may explain why so many historical accounts of revelations have been interpreted as communications from the divine. In more recent years, studies of the neuroscience of insight have begun to give us clues to what they really are.

In 2003, Mark Beeman, PhD, a cognitive neuroscientist, presented people with a series of brainteasers in his lab at Northwestern University. The test he used, called the “remote associates test,” is designed to produce leaps of thought. It asks subjects to provide the missing link among three seemingly unrelated words—say, *pine*, *sauce*, and *tree*. (People sometimes exclaim “Aha!” when the word *apple* pops to mind.)

The subjects were also wired to machines that captured their brains’ electrical activity. “A second and a half or two seconds before the conscious insight, we see this burst of activity over the back of the brain,” Beeman says. The brain, he thinks, “is blocking visual input, which helps allow weaker information to compete for attention.” When a thought entered the subjects’ consciousness—*aha!*—the neocortex, the part of the brain associated with sight and hearing, lit up like a Christmas tree. The conscious brain takes credit, one could say, for the heavy lifting done behind the scenes.

The brain in “idle,” it turns out, can be far more active than the brain focused on completing a task. This was

the 2001 discovery of Washington University neuroscientist Marcus Raichle, MD, who, in observing the resting brain, saw that there was essentially a party going on in the dark. The default mode network, as Dr. Raichle came to call it, is crackling with activity, burning perhaps 20 times the metabolic resources of the conscious brain. So the brain’s resting-state circuitry—which is turned on, paradoxically, when you stop focusing on a problem and just veg out—is very likely the best place to park a problem, for it employs the best, wisest, and most creative (though not necessarily fastest-working) mechanics.

UNFORTUNATELY, the unfocused brain, while a great tool where genuine solutions lurk, is frustratingly beyond our control. Is it possible to jump cognitive tracks to that place if you’re struggling with a thorny problem? Instead of spending time on a mountaintop incubating a solution, could you instead consciously keep doggedly trying things?

This deliberate mode of attack is the one we typically try first. There are many small contradictions hidden in any big problem: When you identify them and follow a set of rules to resolve them, as a computer program might, that gives you a critical leg up. If A dead-ends, then go to B.

But truly novel solutions are hardly ever discovered that purposefully. If a searched-for solution is outside our

familiar experience—which is shaped by beliefs, culture, and biases—the conscious mind will likely never find it. A deliberate approach can search the whole box but not outside it.

Indeed, research suggests that thinking about a problem too methodically is often an impediment to solving it because we actually block potential solutions from floating into consciousness, a phenomenon known as cognitive inhibition. As University of California, Santa Barbara, neuroscientist Jonathan Schooler, PhD, discovered, if you ask people to articulate an idea they're just hatching, the idea—*zoop!*—vanishes.

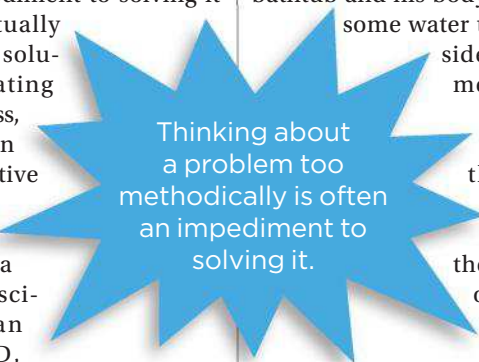
"It's a bit like trying to look at a dim star," Beeman says. "You have to turn your head and spy it out of the corner of your eye; if you look at it directly, it disappears." In lab experiments, subjects who are given a brainteaser and sleep on the problem or otherwise back away from it are usually more likely to solve it than if they just keep pounding away.

But here's the other side: Incubating a conundrum isn't enough on its own. A puzzle will never be solvable if you don't have all the pieces. The moment when the ancient Greek scholar Archimedes is said to have uttered the

original "Eureka!" ("I have found it!" in Greek) came only after many weeks of cogitating. He had been charged with proving that a crown presented to the king was not solid gold, as the goldsmith claimed. But the solution eluded him until he stepped into the bathtub and his body weight caused some water to spill over the sides. In that moment, he had his method for proving that the crown was fake: a way of measuring the volume of an object based on its buoyancy. That method

became the Archimedes principle. It explains how ships float and submarines dive and is still used today to calculate the volume of irregular objects.

"You accumulate all this experience and background," Dr. Raichle says, "and then all of a sudden, there's an association that your brain has rather cleverly pulled off." He isn't speaking just theoretically; it happened to him. In 2001, Dr. Raichle was walking from his office to a nearby conference room to meet with colleagues after their paper had been rejected for publication. Suddenly, he cracked the nut. He knew how to explain how the resting brain could be active without having been deliberately activated. He had, you might say, an aha about ahas.



Thinking about a problem too methodically is often an impediment to solving it.

“Ten years’ worth of work on activation was suddenly relevant to solving the default mode problem,” Dr. Raichle says. The leap would amount to the biggest breakthrough of his career—his paper on the default mode has been cited more than 8,500 times. It’s an affirmation of Louis Pasteur’s famous line: “Chance favors the prepared mind.”

There is one more thing that is important to keep in mind (so to speak) as you approach the task of cultivating an aha: Timing is critical. If we stay in the deliberate mode too long, we can drive the solution away. But if we back off a problem too soon, before we have all the puzzle pieces, we prevent the solution from coalescing. The key may be knowing when to zoom in tight on a problem and when to pull back so that we don’t crush the tender shoot of an insight just as it’s emerging.

“I think that part of the formula is the tension between the two modes, this back-and-forth between being very focused and not,” Beeman says. Drawing back from the problem puts us in a position to boost the underlying signal of the hunch that’s quietly developing so that it penetrates the conscious mind. You might call this training our intuition.

K **KNOWN AS** a somatic marker, a hunch is “a physiological clue to what to do next,” as University of Southern California neurobiologist

Antonio Damasio, MD, PhD, has put it. We ignore gut instinct at our peril, for it’s the product of evolutionary hard wiring. Like budding thoughts, budding feelings are evaluated based on their biological significance. Only the fittest are selected to reach consciousness. Strong emotions create loud signals. They tell the brain, There’s something important here—you’d better put some horses on this.

A hunch, then, is a kind of pre-aha. If intuition is indeed a trainable faculty, then it would seem to involve sharpening our emotional sensitivity. Get good at the care and feeding of hunches, and we might prime ourselves for insight.

This may be what prompted one woman’s epiphany when she stumbled upon a Facebook photo of a couple she barely knew. Something about the way the happy duo looked, the way they just fit together, hit her like a gut punch and put her own marriage in perspective. The woman, who prefers to remain anonymous, called a friend and blurted, “I think I married the wrong person.”

She had always prided herself on her hyperrationality; indeed, she had functioned “almost like the producer in my own marriage,” pencil poised to tick off everything that needed to be done: get settled, get pregnant, build a life. “But something about the photo triggered what I think of as the right brain,” she says. “It was like, Oh. My. God.”

At the time, the woman was taking classes in a particularly intense form of emotion-based acting, and as a result, she had cracked open a lot of bottled-up feelings. From the moment she started applying those lessons on the stage, she says, "I felt a door just open wide. It was the door—there's no other way to put it—to truth."

Over the following months, her rational mind accepted the insight that had hit her in a flash. She committed herself to living more authentically. That did lead to a divorce. As it turned out, she—like Simon Lovell and countless others who have experienced aha moments—changed her life forever.

Indeed, when professor William Miller's coauthor, Janet C'de Baca, PhD, followed up a decade later with the people they'd studied, not a single one had returned to the pre-epiphany life. "The moment it happened, they knew they had gone

through a one-way door—there was no going back," says Miller. Perhaps that's because there is often a moral dimension to stories of quantum change. In short, people's values changed.

Miller likes to recount a case study of a fiercely addicted smoker who pulled up to a public library one day to pick up his kids. He rummaged in the glove compartment and looked under the seats for his cigarettes but couldn't find them. It was starting to rain. The kids would be out in a second. But wait—there was a store not far away. He could zip over there and be back in just a few minutes. It wasn't raining hard. The kids wouldn't get too wet.

Then something shifted in this man. He thought, Dear heaven, I am the kind of father who would let his kids stand in the rain while he chased a drug. "And that was it," Miller says. "He never smoked again." **R**

"I felt a door just open wide. It was the door—there's no other way to put it—to truth."

PSYCHOLOGY TODAY (MARCH 9, 2015), COPYRIGHT © 2015 BY BRUCE GRIERSON, PSYCHOLOGYTODAY.COM.



READY, AIM, MISFIRE!

Whoever named them missiles wasn't very optimistic.

@FRO_VO

Laugh Lines

HORSING AROUND AT DERBY TIME

"We've traced the call. It's coming from INSIDE THE HORSE!"
—Trojan 911 dispatcher

🐦@EWFEEZ

If I ever got a horse, I would name her Grace, just in case I ever fell from her.

🐦@3SUNZZZ

They call the Kentucky Derby the fastest two minutes in sports. But they haven't seen me start, then quit, a 5K.

🐦@BOBTHEUIT

You can lead a horse to water, but you need a seahorse to continue your journey.

🐦@SHARKJELLY

Between the Kentucky Derby and Cinco de Mayo, drunk people in big hats are about to take up a lot of real estate on your Instagram feed.

🐦@MARINARACHAEL

I bet on a great horse yesterday! It took seven horses to beat him.

🐦@BRYCEEJIBBS



How To: Repair Your Body

One of 2018's more interesting innovations came when Dr. Rand McClain, the Los Angeles based "Doctor to the Stars," released his new technique for what some are calling the **Body Restore formula**.

And the reason everyone's talking about it is because his method is based on technology that was actually partially banned by a U.S. Establishment in 2001. However, Dr. McClain and his partners have found a way that allows them to go and take this discovery straight to the American people.

Dr. McClain revealed he's already offering this to his celebrity and pro-athlete clients with incredible results.

In the video presentation – he details how some very big name athletes are achieving **increased strength, healthier bodies, and even more energy**.

But what's really turning heads is that the method involves one simple thing: A drink.

McClain believes the technique works best for people over 40, particularly those who may be experiencing fatigue, weaker bodies, and even "foggy" thinking.

And when Dr. McClain dropped the final bombshell — video footage of the results he experienced after using the method on himself — it became clear that the discovery is nothing short of incredible, of course your individual results will vary.

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 3 Million views and is quickly becoming "viral".



This is the video that many might not want people to see, but if you want to learn more watch the shocking presentation at www.LCR65.com

Dr. McClain calls out both the medical industry and certain agencies. One viewer commented: "Why did I not know this before? Rand is telling it like it is...we need more doctors like this!"

You can watch his presentation at www.LCR65.com



DRAMA IN REAL LIFE

Safe at home when Hurricane Harvey hit, one East Texas woman was desperate to help her neighbors. Then she turned on her computer—and began saving lives.

THE NIGHT I JOINED THE CAJUN NAVY

BY HOLLY HARTMAN

“What if the flood had happened before cell phones and social media?” asks Holly Hartman. “The deaths would be in the hundreds.”



I HAD BEEN watching TV coverage of Hurricane Harvey pummeling the Texas coast for four days when the storm finally turned on my city, Houston. I'm a 47-year-old high school journalism teacher who lives alone. Luckily, my house was spared. But with floodwaters reaching 20 feet, many others were not.

On that day, August 29, 2017, I turned off the TV around 11 p.m., lay in bed, and picked up my phone to

They were now in Houston en masse, plucking stranded residents from rooftops and flooded cars. The article explained that they were using a walkie-talkie-type app called Zello to communicate with one another. I downloaded the app, found the Cajun Navy channel, and started listening.

I was completely enthralled. Voice after voice coming through my phone—some asking for help, others replying that they were on their way. At first, most of the transmissions were from Houston, but as Harvey moved eastward, panicked calls started coming

in from Port Arthur and Orange, Texas. Now that the volunteers knew folks were trapped in their homes there, the rescuers—with boats in tow—were driving straight into the middle of Harvey.

A couple of women who had been taking calls came on the line around 12:30 a.m. and said they had to sign off. They asked whether anyone could work through the night taking rescue requests.

I sat up, timidly pushed the Talk button, and said, "I can."

I got a two-minute "training" session and a "Good luck!" When I heard a rescue request, I was to ask the person for his or her phone number, then call the person directly to avoid clogging up the app (which, like a walkie-talkie, allows only one person to speak at a time). After



Members of the Cajun Navy (above and opposite) searching flooded streets of Southeast Texas for Harvey's victims

do a quick check of e-mail and Facebook. I read an article about the Cajun Navy—the thousands of selfless volunteers, most from Louisiana, who pilot their boats into flooded areas, helping overwhelmed emergency responders.



the phone call, I was to log the information on a designated website. When all of that was done, dispatchers would give the location to those on the boats while I moved to the next call.

MINUTES AFTER my tutorial, I was on the phone with Karen in Port Arthur. She was sitting on top of her kitchen cabinets with seven other adults, two teenagers, and a newborn. The water was almost to the counter-tops. I assured her we would get someone to her as soon as we could and told her to stay safe.

It was 1:15 a.m.

By this time, Cajun Navy rescuers had begun arriving by car in Port Arthur, but the Coast Guard wouldn't let them set their boats in the water because the storm was just too strong. It was gut-wrenching to hear so many calls coming in and have to tell the people on the other end that there was nothing we could do until the storm calmed down a little.

I took several more calls. They were coming in faster than I could type them into the website's data bank. I would listen to each request, write down the info by hand, and then begin typing it in. In the time I could enter one request, three more would come in.

What began as nice, neat notes quickly devolved into chaotic scribbles.

I had begun the job while sitting up in bed with my laptop, my phone in hand and a notepad on my nightstand. Pretty quickly, I moved to my dining room table and poured a huge glass of iced tea.

I got a request from Chad. He and his wife were trapped in their house with water up to their chests. He told me they were about to go to their attic. I begged him not to do that and told him he had to go to his roof instead so he wouldn't become trapped by the rising water. He said there was no way for them to do that.

It was 2:20 a.m.

I spoke to another woman. She and her kids were sitting on their kitchen counter and needed to be res-

cued, but she was scared to get off the counter when boats arrived because there were snakes in the water in their house.

I took request after request. *Name ... phone number ... address ... number of adults ... number of children ... number of elderly ... medical conditions.* I then typed this information in as fast as I could so the dispatchers could send the rescuers out.

At one point, one of the dispatchers, who went by the name Goose,



ONE FAMILY
WAS SCARED
TO GET OFF
THE KITCHEN
COUNTER
BECAUSE THERE
WERE SNAKES
SWIMMING IN
THEIR HOUSE.

let us know that the Cajun Navy still had no boats on the water. Conditions were still too dangerous. No wonder we had so many people desperately begging for rescue. No one was coming for them. All night long, I had been telling them to “hang on—we’ll be there soon.” I didn’t know I’d been lying.

AROUND 3 A.M., I got a request from a teenage boy in Orange who was hysterical. I got his phone number and told him I’d call him directly. The second he answered, he shouted that his brothers were lying in the backyard, unresponsive, possibly electrocuted, but the rest of his family couldn’t get to them because of the rising water and the storm.

I told him that help would arrive as soon as possible. He told me he and a cousin were going to go outside to check on the boys. He put the phone down. I listened. And waited. I could hear panicked conversation amid rain and sloshing water. Then came a little girl’s bloodcurdling scream, followed by a boy shouting, “No, no, noooooo!”

Nauseated and feeling helpless, I yelled into the phone, “Hello! Hello!”



Hartman’s “chaotic scribbles” detailing victim information that she passed on to dispatchers

They brought one of the unresponsive boys into the house, and then the boy I’d been speaking with picked up the phone again. “Miss, I think my brother is dead! He’s not breathing! Should we do CPR? What do we do?”

“Do you know CPR? Yes, try CPR!”

“What do I do?” he screamed.

Before I could answer, the boy had dropped the phone again. More chaos. More screaming. Guttural.

Desperate. He came back to the phone.

“He’s not moving! I don’t know what to do!”

I asked him to put his mom on the phone.

A woman’s voice, much calmer than I’d expected, said, “Hello?”

“Hello, I’m trying to get some help to you. Tell me what’s going on.”

“My boy is gone,” she said. “His lips are purple. He’s gone.”

I desperately searched for words and then asked about the other boy.

“He’s in the yard. They’re trying to get him now.”

“Who else is with you?”

She was with her other kids, four or five people in total, she said, and they were up to their waists in water.

“My boy is on the table.” Her voice cracked. “Please get someone here. Please,” she begged.

I assured her we would. But I knew there were still no boats in the water.

I hung up and called the number I’d been given for the Coast Guard in Houston. They answered immediately. I quickly explained who I was and what I had just experienced and gave them the woman’s address. The man on the other end assured me he would let the Coast Guard in Orange know about the family. I hung

up and called the Jefferson County Office of Emergency Management. Shockingly, a man answered on the second ring.

“Address!” he barked.

“Hi, my name is Holly Har—”

“I know why you’re calling! Where are you?”

“I don’t need help. I’m working with the Cajun Navy dispatchers and need someone to get to a family I just spoke with.”

I explained the situation and gave him the address.

“Jesus Christ,” he sighed. He sounded completely defeated.

“I know you’re doing the best you can. Just please get to this family.”

“We will. We’re going to have a lot of deaths here tonight.”

I hung up. I got up from my table to take a break and try to process what had just happened. I had just interjected myself into a family’s nightmare. As quickly as I had crossed paths with them, they were gone—a 15-minute interaction that will stay with me for a lifetime.

I went to the bathroom, refilled my tea in the dining room, and walked around a bit, thinking, What are you doing? You’re not qualified to do this!

Then I sat back down and went back to it.



“MISS, I THINK
MY BROTHER
IS DEAD!
HE’S NOT
BREATHING!
SHOULD WE
DO CPR?
WHAT DO WE
DO?”

AROUND 4:30 A.M., I got a request from a young woman in Beaumont named Shaundra. Her 87-year-old grandfather, Chester, lived alone in Port Arthur and had water up to his shins. She told me he couldn't get through to 911 and she was scared. I assured her someone would get to him and that he would be OK.

There were still no Cajun Navy boats in the water.

At some point, I'd heard another volunteer mention that a woman who lived on Sassine Avenue and her three kids had retreated to their attic to escape rising waters. I pinged in and told the volunteer that she had to call the woman back and tell her to get out of the attic and go to her roof. The volunteer came back on the line and said that she'd talked to the woman, but she'd refused to move because her kids couldn't swim. I asked whether she had anything they could use to break through the attic and get to the roof. No.

We got word around 7:30 a.m. on Wednesday—seven hours after the first calls started coming in from Port Arthur—that the Cajun Navy had been allowed in the water. Reports of rescues started coming in. I was

finally able to mark one of my cases “safe.”

Throughout the night and into Wednesday, I was texting with Chad, the man who'd gone to the attic with his wife, and Shaundra. Chad told me the water was almost to their necks and they still hadn't gone to the roof.

Shaundra texted me repeatedly, asking why no one had gotten to her grandfather. The water had risen to his chest. I promised her someone would get there.

Around 10 a.m., I heard one of the rescuers, who used the handle Cowboy, ask about “the woman in the attic on Sassine.” I pinged in, and Cowboy asked me to call him. He wanted the address again and wanted to know when we had last heard from her. I gave him the ad-

dress but told him I had no idea when she'd last been heard from because the volunteer who had taken that call had signed off.

The calls for rescue were slowing down. Every 20 to 30 minutes, I'd remind the rescuers that Chester, Shaundra's grandfather, still needed to be saved on 19th Street. And I kept telling Shaundra that they would get there.

At 3:02 p.m., I got a text from



Shaundra texted Hartman this photo of her and her grandfather, safe and sound.

Shaundra that read, “Ma’am, I thank you so much. My grandfather is on his way to a rescue center. He was on a boat at first. Now he is on a truck.”

I let out a huge sigh of relief. I think I may have actually said “Thank you, God” out loud. I texted Chad at 5:30 p.m. to see whether he was safe. I didn’t hear back from him until 7:30 the next morning: “We are safe now.” I pinged Goose to ask whether the woman who lost her two boys had been rescued with her other kids. He said they had. I never did find out about the woman on Sassine Avenue and her kids.

AT 6 P.M. Wednesday, I closed my laptop. I’d been awake for 34 hours but wasn’t tired. I was emotionally drained, but there

was no way I could’ve slept right then. I thought back on the last day and a half and couldn’t believe what I had just heard and experienced.

Even as I write this, it seems surreal. I don’t know how police officers and firefighters and 911 dispatchers and EMTs do this every day. What I do know: I am grateful beyond measure that they do it.

And thank God for the Cajun Navy and all the other volunteers. How many more people would be dead today if not for our first responders and the thou-

sands of volunteers? I saw a meme on Facebook today that read, “Someone needs to erect a statue honoring the random average dude with a bass boat.” It was meant to be funny, but in actuality, it’s spot-on. **R**

THIS STORY ORIGINALLY APPEARED AS A FACEBOOK POST BY HOLLY HARTMAN. COPYRIGHT © 2017 BY HOLLY HARTMAN.



END PRODUCTS

Tellingly, right before she died, my grandma’s final purchase at Bed Bath & Beyond was curtains.

@KATTSDOGMA

Frederic Baur, the man who designed the Pringles can, had a portion of his ashes buried in a Pringles can.

Source: *Guardian*

That's Outrageous!

THE PRICE OF STUPIDITY

A Pennsylvania man plagued by opossums in his yard set fire to a pile of leaves, hoping to scare off the marsupials. We don't know whether it worked, but he did succeed in nearly burning down his home, causing **\$50,000** worth of damage.

Source: cbsnews.com



A woman won **\$25,000** after entering a sweepstakes at an Illinois gambling parlor. Good for her, except that she happens to be a prominent anti-gambling crusader, having gone after casinos, a VFW raffle, and even the parent company of the gambling parlor where she won. Still, she insists she's not a hypocrite: Her winnings are a result of her crusade. "It's God showing his grace on me."

Source: Chicago Tribune

A man was arrested after Florida police mistook the glaze on his Krispy Kreme doughnut for crystal meth. His sweet revenge: a **\$37,500** settlement.

Source: orlandosentinel.com

A Norwegian man hired a friend to knock off a potential lover who

didn't seem to share the man's ardor. But then the would-be hit man got cold feet, so his patron sued him for entering into a contract under false pretenses. The courts saw different legal

issues. They found the first man guilty of attempted conspiracy to commit murder and sentenced him to two years in prison. The "hit man" got a hit of his own—a **\$1,200** fine.

Source: vice.com

An Indiana hotel asked a guest to write an online review, so she did: about the whiff of sewage in the room, the nonworking air conditioner, and the low water pressure. Oh, and the hairs on the bed. "I wasn't crazy about that either," she told [rtv6.com](#). The hotel, it turns out, says it can charge customers **\$350** for negative reviews. The Indiana attorney general wasn't crazy about that. He says the policy is "unfair, abusive, and deceptive" and is suing the hotel.

Source: theindychannel.com

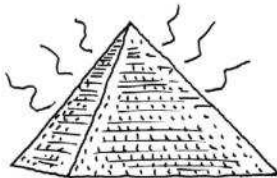
Jurassic Period: Dinosaurs

Why can't you hear a pterodactyl go to the bathroom? *Because the pee is silent.*



1323 BC: King Tutankhamen Dies

Why was King Tut so irresistible? *It was his pharaohmones.*



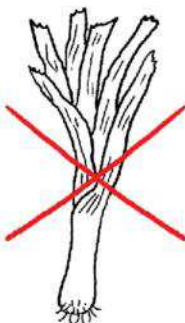
Circa 469 BC: The Birth of Western Philosophy

Who was Socrates's worst student? *Mediocrities.*
Who was his busiest student? *The one with a lot on his Plato.*



1509: A New Tudor King Is Crowned

Who invented fractions? *Henry the 1/8th.*



1492: Christopher Columbus Comes to America

What vegetable did Columbus not want on his ship? *A leek.*

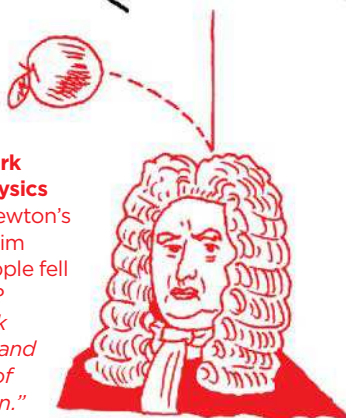
1620: The Mayflower Arrives at Plymouth Harbor

What did one turkey say to the other when they saw the Pilgrims? *They look nice. Maybe they'll have us over for dinner.*



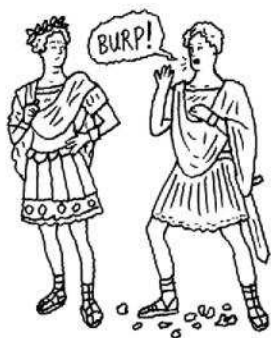
1687: Sir Isaac Newton Publishes His Landmark Book on Physics

What did Newton's doctor tell him when the apple fell on his head? *"I don't think you understand the gravity of this situation."*





221 BC:
China Begins Construction On an Enormous Fortification
Why did Mark Zuckerberg visit Beijing? To see the Great Firewall.



27 BC to AD 476:
The Roman Empire
What did Caesar say when his friend asked how many oranges he'd had? "Et two, Brute."

Circa 1275:
Europe Meets Asia
Which explorer was the best at hide-and-peek?
Marco Polo.

6th Century: **First Great Mayan City Reaches Its Peak**
"Knock, knock!" "Who's there?" "A Mayan." "A Mayan who?" "A Mayan the way?"



5th Century to 15th Century:
The Middle Ages
Who was the roundest knight at King Arthur's Round Table?
Sir Cumference.

THE HISTORY OF THE WORLD IN DUMB JOKES

Were you bored silly in civics class? Then you'll love laughing at Socrates, Lincoln, Caesar, and more.

ILLUSTRATIONS BY PETER ARKLE

Horses riding
of scared
am I.



1775: The American Revolution

Who yelled, "Coming are British the"?
Paul Reverse.

1789: George Washington Elected President

Why do cherry trees smell?
Because George Washington cut one.



1914: World War I

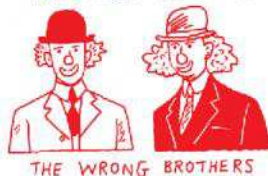
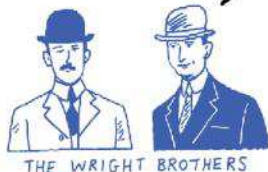
What did the German kaiser roll say to the French kaiser?
baguette?
Gluten Tag.



1912: The Titanic Sinks What do you get when you cross the Atlantic Ocean with the Titanic?
Halfway.

1903: First Airplane Flight

Why did Wilbur and Orville invent the airplane?
Because if someone else had been first, it wouldn't have been Wright.



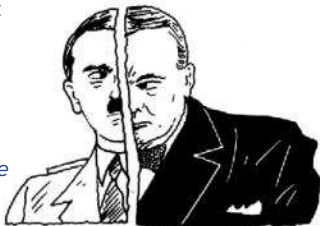
1929: The Stock Market Collapses

How many stockbrokers does it take to change a light bulb?
Two. One to take out the bulb and drop it, and the other to sell it before it crashes.



1939: World War II

Did you hear about the schizophrenic who thought he was both Adolf Hitler and Winston Churchill? He was *his own worst enemy.*



1961: The Bay of Pigs Invasion

How did Fidel Castro find out about the Bay of Pigs?
Someone squealed.



1789: The French Revolution

What happens when a guillotine operator is fired? He gets no severance pay.



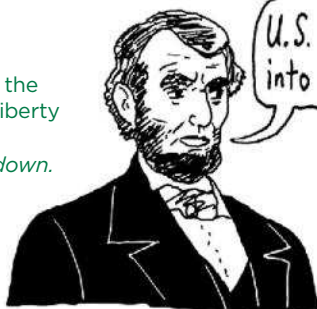
1848: The Communist Manifesto Is Published

Why did the Communist fail at school? He got bad Marx.



1886: Lady Liberty Is Dedicated

What does the Statue of Liberty stand for? It can't sit down.



U.S. Grant walks into a bar...

1861: The War Between the States

Civil War jokes? I General Lee don't find them funny.

1969: Americans Land on the Moon

The Soviets responded by announcing they would be sending a man to the sun. American engineers objected. "If you send a man to the sun, he will burn up!" The Soviets replied, "What do you think we are, stupid? We'll send him at night!"

1972: Watergate
Did you hear about the new Watergate watch? Both hands always point to Nixon.



2015: Queen Elizabeth II Becomes Britain's Longest-Serving Monarch

Why is England the wettest country? Because the queen has reigned there for years!



Steven Pete has broken 70 bones—and never felt a thing. Now scientists hope his freak genetic condition will help people with the opposite issue: constant agony.

PAIN RELIEVERS

BY ERIKA HAYASAKI FROM *WIRED*

ON A SCALE OF ONE TO TEN, how would you rate your pain? Would you say it aches or stabs? Does it burn, or does it pinch?

Steven Pete has no idea how you feel. Sitting in a café in Longview, Washington, he tells me he cannot fathom aches or pinches, much less the searing scourge of peripheral neuropathy that keeps millions of people awake at night or hooked on pills. He was born with a rare neurological condition called congenital insensitivity to pain, and for 37 years, no matter the wound, he has hovered at or near a one on the pain scale. Because he never learned to avoid injury, which is the one thing pain is really good for, he gets hurt a lot. When I





STEVEN PETE, 37
RARE NEUROLOGICAL
CONDITION: Congenital
insensitivity to pain



PAM COSTA, 52
RARE PAIN CONDITION:
Erythromelalgia, which
inflames blood vessels
throughout her body

ask how many bones he has broken, he lets out a quick laugh.

"I haven't actually done the count yet," he says. "But probably somewhere around 70 or 80."

A few years ago, Steven noticed that the movement in his left arm and shoulder felt off. His back felt funny too. He got an MRI. The doctor looked at the results and stared at his patient in disbelief. "You've got three fractured vertebrae." It turned out that Steven had broken his back eight months earlier while inner-tubing down a snowy hill.

Throughout his body today, Steven feels "a weird radiating sensation," as he describes it, an overall discomfort but not quite pain as you and I know it. He and others born with his condition have been compared to superheroes; he even owns a framed sketch of a character in full body armor, with the words "Painless Pete." But Steven knows better. If he could feel pain, he says, he would probably be constrained to a bed.

"I worry about him all the time," his wife, Jessica Pete, says with a sigh—about him working with his power tools and cooking over a grill. "If he has a heart attack, he won't be able to feel it. He'll rub his arm sometimes, and I freak out: 'Are you OK?'" She looks over at him, and he chuckles.

"He thinks it's funny," she says. "I don't think it's funny."

PAM COSTA, who lives about 100 miles away, in Tacoma, Washington, is on the other end of the pain scale. The 52-year-old was born with a rare neurological condition called erythromelalgia, otherwise known as "man on fire" syndrome, in which inflamed blood vessels throughout her body are constant sources of pain. Pam wears loose-fitting clothes because fabric feels like a blowtorch against her skin. She sleeps with chilled pillows because the slightest heat makes her

“
Pam was determined not to pass on her condition. “I had my tubes tied,” she says sadly.

limbs feel as if they're crackling.

Pam takes 50 milligrams of morphine twice a day. A college psychology instructor and the mother of a teenage daughter, she agonizes over her morphine dependency. But if she goes without her medication, her pain becomes unbearable.

A year ago, she went to Las Vegas for a work conference and the plane home got stuck on the tarmac with a mechanical issue. There was no air-conditioning, and the temperature started to rise. With her skin throbbing, Pam persuaded a flight attendant to let her off. "I was so afraid I was going to pass out or throw up or get to where I was immobilized."

Pam and Steven have never met, and their daily negotiations with the world could not be more different. Yet, thanks in part to studies the two have participated in, scientists have uncovered an unprecedented genetic link that binds their mirror-image conditions together. Scores of pharmaceutical researchers are now deep into clinical trials on a new type of drug that would mimic Steven's condition as a way to treat Pam and millions of other chronic-pain patients—without the sometimes severe side effects of existing painkillers such as non-steroidal anti-inflammatory drugs (NSAIDs) and opioids.

IF YOU BURN yourself on a stove, it hurts. More specifically, the nerve cells in your hand sense the heat and send signals to the brain that tell you to stop doing what you are doing and get help. Fortunately, most kinds of acute, or temporary, pain can be treated: Opioids can dull the sting from an incision; anti-inflammatories can mask the discomfort of a sprain.

Chronic pain, on the other hand, never turns off. It can be inflammatory (brought on by diseases such as arthritis) or neuropathic (affecting the nerves, as in some cases of shingles, diabetes, and chemotherapy treatments). Some chronic pain can never be traced to a coherent cause.

That kind of undiagnosable pain creates its own issues. When Pam was

a child, she was sometimes accused of having behavioral problems. In school, she'd sneak off to water fountains to wipe down her limbs with cold water. She would dawdle in the deep gutters near her home, the cool, mucky water providing momentary pain relief. One physician said her symptoms were psychosomatic. Then, in 1977, when Pam was 11, a letter from the Mayo Clinic arrived. A cousin had been referred to the medical center after complaining of constant pain. The doctors there discovered that 29 members of Pam's extended family appeared to have erythromelalgia. After learning more about Pam's symptoms, a Mayo researcher told her parents that their daughter had apparently inherited the same problem.

Pam was determined not to pass on her man on fire syndrome. "I had my tubes tied right after my 18th birthday," she says, a hint of grief filling her voice. "Always, since I was a little girl, I wanted to be a mother more than anything in the world." When she got married, she and her husband adopted a daughter.

STEPHEN WAXMAN was a medical student in the early 1970s when he became fascinated by pain—how people feel it, how the body transmits it, and how, as a future neurologist, he could learn to control it. Later in his career, when his father was in the final stages of agonizing diabetic neuropathy, he became

obsessed with helping patients who could find no relief from their pain. “We simply had to do better,” he says.

Today, Dr. Waxman, 72, is the director of the Center for Neuroscience and Regeneration Research at the Yale University School of Medicine. For much of his career, he has been interested in sodium channels—portals that allow charged particles to flow in and out of nerve cells. In particular, he believed that one of those channels, Nav1.7, played a powerful role in how we experience pain.

In his theory, a stimulus triggers the Nav1.7 channel to allow sodium ions to pass through, which then enables messages of stinging, soreness, or scalding to register in the brain. When the trigger subsides, Nav1.7 closes. In those with certain mutations in their Nav1.7 channels, sensations that typically wouldn't register with the brain are instead translated into extreme pain.

In 2004, Dr. Waxman's team was searching for subjects with some form of inherited pain so they could determine exactly how the Nav1.7 channel worked to either cause or dampen painful sensations. That same year, scientists in a Beijing lab published

the results of their study of a Chinese family afflicted with man on fire, in which they linked the disorder to mutations in a single sodium channel gene, *SCN9A*. When Dr. Waxman spotted the article, he directed his team to find families with erythromelalgia. Pam Costa's was the first.

Dr. Waxman's team gathered DNA from 17 of Pam's cousins, aunts, and uncles who suffered from erythromelalgia and sequenced their genes to find the mutations. Then the team introduced the mutations into DNA that encoded normal sodium channels and tracked how these channels responded to stimuli.

The results proved Dr. Waxman's theory correct, not only demonstrating that *SCN9A*

mutations made Nav1.7 channels more likely to open (meaning harmless stimuli often triggered feelings of pain) but also showing that when those channels opened, they did so for longer, amplifying the feeling of discomfort. “We now had a fully convincing link from Nav1.7 to pain.”

If his team could somehow regulate or even turn off the Nav1.7 channel, they could regulate or turn off how we experience certain kinds of pain.

“**I worry all the time,” Steven’s wife says. “If he has a heart attack, he won’t feel it.”**



AT AROUND six months old, Steven Pete chewed off part of his tongue. As he got older, he would bang his head against walls. His parents made him wear a helmet and wrapped his arms and legs in long socks.

His younger brother, Chris, had many of the same symptoms. A day rarely passed when one of them didn't bleed or bruise. The boys were eventually diagnosed with congenital insensitivity to pain. Some years later, a doctor told Chris that a lifetime of injuries had caused so much damage he would likely end up in a wheelchair before he was 30. It was too much for Chris to bear. He hanged himself, nine years ago. He was only 26. "It felt like losing ... my life," Steven says.

In the meantime, outside Vancouver, British Columbia, a small company was inching toward a breakthrough in understanding the brothers' condition. The company, which is now called Xenon Pharmaceuticals, studied rare single-gene disorders in an effort to create drugs to treat more common ailments with similar symptoms. In 2001, it heard about a family in Newfoundland in which four

members could not feel pain. Suspecting their illness was genetic, Xenon started hunting for more subjects.

Following news reports and word of mouth, the researchers tracked down and studied 12 families with insensitivity to pain. (The Petes were not among them.) Xenon found one common trait: mutations in a single gene, *SCN9A*, and the sodium channel it encodes, Nav1.7.

"This single channel, when it is nonfunctioning in a human being, renders them unable to understand or feel any form of pain," Robin Sherrington, PhD, then senior director of biological sciences at Xenon, says. If Xenon could develop a drug that mimicked this condition—"to inhibit the Nav1.7 channel to partially replicate that

absence of pain," he explains—it could use it to relieve chronic pain without any of the side effects of opioids and other painkillers.

It is rare for a single gene to have such a black-or-white effect on a single sensation. Sherrington's and Dr. Waxman's teams learned of each other's discoveries only through published reports and journal articles. They were as surprised as anyone

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**Seeing the
 medical proof
 “was the most
 validating
 experience in
 my entire life.”**



that people like Pam Costa and Steven Pete had anything in common. "I was overwhelmed when we saw both sides of the genetic coin," Dr. Waxman remembers. "*SCN9A* really is a master gene for pain."

TECHNICIANS at Xenon eventually found a compound that plugs up Nav1.7 without major side effects. Unfortunately, when it was tested on 330 patients who suffered from nerve pain, the results were disappointing. After four weeks, their pain levels did not improve significantly.

At Yale, Dr. Waxman and his researchers helped Pfizer test five erythromelalgia patients with a different Nav1.7 blocker. Scientists triggered the subjects' pain with heating blankets. Three of the patients described a decrease in pain after taking the drug.

There are other, less conventional approaches under way too. At Amgen, a pharmaceutical company in Thousand Oaks, California, scientists discovered that the toxin of a Chilean tarantula can target Nav1.7. They've since engineered a synthetic version that's more potent than the original.

There are still obstacles to finding a treatment, such as creating compounds that will allow some pain to register without cutting it off altogether. But many now see a way forward. "I hope," says Steven, "that one day, parents will be able to make a

choice for their children who don't feel pain, to activate that sodium channel so that their children can live a normal life."

NO PROGRESS would have been made without people like Pam and Steven, who have taken part in studies for years.

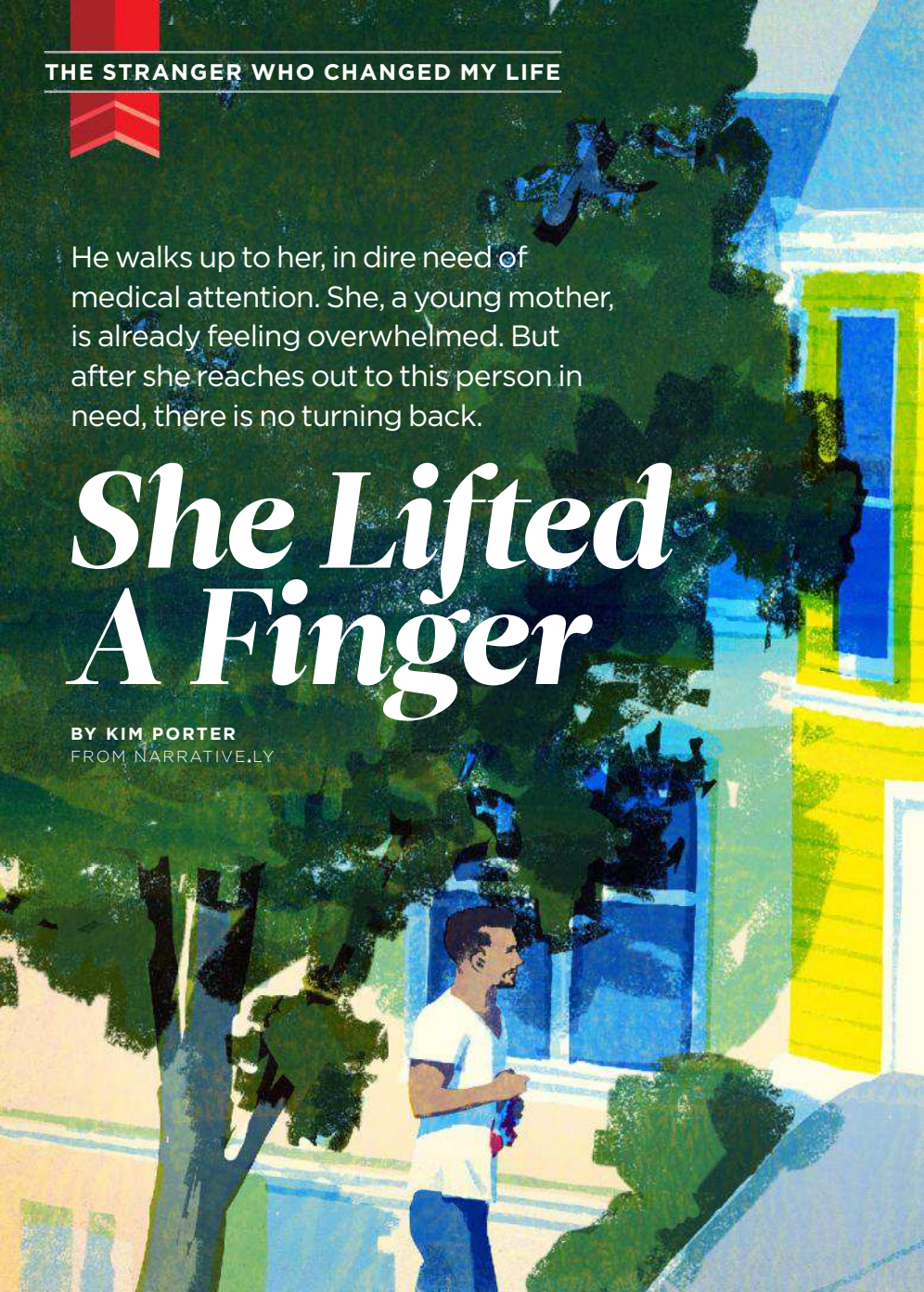
Pam still remembers meeting Dr. Waxman at Yale in 2011, six years after his team first reached out to her family to study their genes. On a computer, he pulled up an image of the neatly folded amino acids that form a normal person's sodium channel. Then he pulled up another image: The amino acids zigzagged almost off the screen. "This is you," he said.

Her entire life, Pam could only tell others how she felt—she could never show them. Seeing the medical proof of her pain, she says, "was the most validating experience in my entire life."

On the other hand, the work to target the Nav1.7 channel won't help Steven or others with congenital insensitivity to pain—there's no point blocking a portal that's permanently closed. The condition remains one with a known cause but no cure, passed down from one generation to the next.

When his daughter was born in 2008, Steven asked the doctor in the delivery room, "Does she feel pain?"

"They pricked her," his wife remembers. "And she cried." It felt something like relief. **R**



THE STRANGER WHO CHANGED MY LIFE

He walks up to her, in dire need of medical attention. She, a young mother, is already feeling overwhelmed. But after she reaches out to this person in need, there is no turning back.

She Lifted A Finger

BY KIM PORTER
FROM NARRATIVE.LY



I SIT ON THE STOOP in front of my friend's house. She lives at the top of a ridiculously steep hill. Halfway up, my four-year-old daughter, Colette, collapsed in mutiny, refusing to take another step, and I had to lug her the rest of the way on my back. And now my friend is late, and we're stuck here waiting as the 4 p.m. San Francisco fog rolls in, kicking up gritty wind and making the temperature plummet.

My friend's street is so traumatically narrow and steep that drivers, upon discovering it's a dead end, have to back down the hill because there's no place to turn around. I know because that happened to me once, which is why I walked here today.

I see a man approaching, and I think, Oh, great. Now what?

"Por favor. Call 911," the man says. "Finger. Cut." He holds up his blood-streaked forearm. With his left hand, he is clenching a wad of handkerchiefs around his right pinkie.

"No. Have. Phone," I say, as if English is also my second language.

"Have phone," he says, and dips his chin toward his front pants pocket. I don't want to stick my hand in there, but the blood does look real. In his pocket, I find a flip phone. I slip it out and step back out of arm's reach, then call 911.

The operator answers, and after I give her the address, I say, "I'm here with this guy, and he says he cut his finger."

"Is it bad?" the operator asks.

"Is it bad?" I ask him.

"Sí."

"It's bad," I tell her.

"Did he cut it off?"

Now, there's a question I hadn't thought of. "Did you cut it off?"

"Sí." He sighs, relieved someone finally understands the gravity of his situation.

"Yes. He cut it off."

"Where is it?" the operator asks.

"Where is it?" My voice goes so high and tight, my throat burns.

"Upstairs," he says, and points with his elbow to the house next door.

"Go get it," she instructs me.

I admonish Colette, "Do not move a muscle," and I leave her sitting on the stoop as I follow the man toward the house.

Inside, we are immediately greeted by a staircase that is missing all its treads. I follow the man up the stairs, balancing on narrow vertical strips of wood, narrating to the 911 operator, "We have entered the premises and are ascending the stairs." We get to the kitchen, and I see a table saw, a stack of lumber, and an arc of blood spatter across the

ceiling, but I don't see the finger.

"We are attempting to locate the finger," I say, because even in an emergency, silence over a phone line is awkward.

I thought a severed finger would jump right out at me, but I can't find it. I lift up each foot and look underneath to be sure I've not already stepped on it. I'm getting that jumpy, tight-shouldered feeling like when you've lost sight of a spider that was on your ceiling a moment ago.

"Do you see it?" I ask him.

He points. With



not to squeeze too hard. I don't want to collapse all the delicate little doodads at the business end, because I'm assuming they'll need those when they reattach it.

When we get outside, Colette is still sitting where I left her, and it's still daylight, which surprises me because it felt as if we'd been on our finger-recovery mission for hours.

We sit on the stoop and wait for the ambulance, which we can hear in the distance. We listen to the siren growing louder as the ambulance approaches, and just when we're expecting

"We are attempting to locate the finger!" I say. Even in an emergency, silence on the phone is awkward.

his elbow. At his own finger.

The finger lies on the floor beside the table saw, drained of color and curved slightly. I don't have any rubber gloves or tongs, so I grab a paper towel and lay it over the finger, pinching delicately, the way you might pick up a harmless but terrifying bug.

"We have secured the finger," I tell the operator.

"Hang tight. The ambulance is on its way."

I cradle the swaddled finger back down the skeletal stairs, being careful

to see the flashing lights at the bottom of Treat Street, the siren begins to grow quieter and quieter, as if the ambulance is driving away. The man looks at me with the whites of his eyes showing all the way around.

"Sounds like they're going the wrong way. Are they leaving?" I ask the operator.

After a brief silence, she returns with, "They couldn't find you. The address does not exist."

I sit up straight. "No! Tell them to come back! We're on the other side

of the park. Drive around the park!"

I tell the man, "It's OK. They'll be here soon."

I can see all the fear he has been staving off overtake him. A tear appears on the rim of his eye, where it balances for a second before it spills out and runs down his cheek. I don't know what he's thinking, but I'm thinking, What if he has a wife and kids depending on him, and he can't go back to work? What if he doesn't have insurance? Or isn't in the country legally?

"You're going to be OK," I say. I put my free hand on his sawdust-covered back.

"Gracias," he says.

"De nada. Esta no problema," I say, emboldened enough to risk mangling my middle-school Spanish. I rub my free hand in a circle on his back.

It feels good to be able to soothe someone, anyone. For months now, the second my hands would go idle, a familiar specter, depression, would climb on my back. I've been this way for months. I have been trying to put on a good face for my kid, but I feel as if I've been failing. Could I save myself? I wouldn't know how. But I am determined to save this man.

Finally the ambulance arrives. They hustle him into the back, and they're off.

Colette and I are watching the ambulance back down the hill when I realize I'm still holding the finger. I run after them, waving my arm and screaming, "The finger! Stop!

The finger!" I hand off the finger to the paramedic and watch as they drive away.



THROUGHOUT the evening, I can't stop worrying about the man. I decide to call the hospital.

"Hi," I say. "I helped a guy who cut off his finger, and I don't even know his name, but I'm wondering whether he came to your hospital."

The nurse says, "Kim?"

"Ye-ees?" I say, feeling mystified.

"It's me. Katanya."

Katanya is the mother of one of my daughter's classmates. I find it miraculous that she recognizes my voice.

She says, "His name is Jose Ramos, and he's waiting for surgery. Would you like to leave a message?"

"No. I don't want to bug him. I just wanted to be sure he was OK."

The next morning, I call the hospital again. This time, I'm put through to Jose's room. "How was the surgery?"

"No surgery," he says. "No enough blood." Whatever that means.

"Oh, I'm sorry," I say. "Do you need anything?"

Jose says, "No, gracias," and then launches into Spanish. I can't understand what he's saying, but I can hear in the tone of his voice the same letting-your-guard-down feeling I feel. Which makes sense. It's impossible to be the carrier of a person's chopped-off body part and not feel

a little camaraderie. I presume that's true for the carry-ee as well.

Later that day, as I am pushing Colette on the tire swing at the park, I remember that old proverb about how if you save someone's life, you are responsible for them for the rest of their life. Which never made sense to me before. Shouldn't the person who got saved owe a perpetual debt,

gets clipped by a car. I flag down a security guard in a lobby when I see an elderly man stumbling and clutching his chest. I adopt a dog.

Then one day, a month or two after the finger incident, I realize I have completely forgotten to be depressed. I've been so busy playing the role of local hero that I have neglected to drag my feet and stare into space and

I start keeping a lookout for other people in need of rescuing. Soon I've forgotten to be depressed.

and not the other way around? But today, I get it. It's a great honor to help someone in need, even if all you did was push three buttons on a phone and carry a couple of ounces of former human for 15 minutes. I want to keep doing it.

I start keeping a lookout for other people in need of rescuing. I help push a stalled car out of the road. I aid a disoriented cyclist when her bike

fantasize about the world without me. When I stop moving, melancholia no longer drops anchor.

Now, more than a decade has passed since Jose's accident. Periodically I search for "Jose" plus "Ramos" plus "finger." I wish I could see him again, to see how he's getting on. But more important, to thank him, because when he lost his finger, he saved my life. **R**

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FOOD FOR THOUGHT

Just finished the holiday box of Ferrero Rocher,
am 13 percent hazelnut.

 @DSTFELIX

The lack of paparazzi at this BBQ makes me think that my aunt
can probably stop referring to her potato salad as "famous."

 @BEERBATTERBEARD

Why a grieving widow, a Minnesota high school, and a Nebraska online community are devoted to helping people they've never met

Perfect Strangers

WHEN TYRA DAMM lost her husband, Steve Damm, to brain cancer in 2009 after 15 years of marriage, her heart broke for herself and her kids, then ages four and eight. And in the opaque blur of that first year, one day stood out: his birthday.

It was the hardest day of them all, full of unbelievable grief. Almost out of desperation, she hatched a plan for Steve's next birthday. She would use it to help people she'd never met.

On November 4, 2011, Tyra asked friends in her Texas community to perform random acts of kindness in Steve's honor. Hundreds of people responded. A movement—and the hashtag #dammkind—was born.



*Tyra Damm
(far left) with
her children,
Cooper (middle)
and Katie*

In the years since, #damkind has been passed along and expanded, moving people Tyra has never met to do good deeds: buying coffee or ice cream for a person in line behind them, leaving a note of gratitude and a large tip for a waiter, baking cookies for Meals on Wheels.

“November 4,” says Tyra, a 46-year-old middle school teacher and parenting columnist for the *Dallas Morning News*, “is my favorite day of the year.”

Doing good in her husband’s hashtagged name is a natural extension of who he was. A health-conscious marathoner, Steve was diagnosed with glioblastoma, an aggressive tumor in his brain, in 2007. He began chemotherapy while still working as an administrator at a medical clinic for underprivileged children. Tyra uses her blog not only



Steve Damm holds his daughter, Katie, on the day of her baptism in September 2005.

to record the #damkind deeds but also to spread the word about Steve. The website contains a card that people can print and give away as they perform an act of kindness. It reads, “This gift is given in memory of Steve Damm. His life was cut short by brain cancer, but his legacy continues. He loved kindness and he loved life. I’m happy to share some of that life with you.” Tyra estimates that #damkind followers completed at least 400 acts of kindness in 2017.

After Steve died in 2009, Tyra says, she was overwhelmed by the way her neighbors in Frisco, Texas, came together to help her family with rides, meals, babysitting, and more. Repaying their support—for her and especially for her kids—helped fuel her mission.

The movement has helped the children—Cooper, now 16, and Katie, 12—make positive connections as they grieve. “They don’t have the same memories I do,” Tyra says. “It’s a way for them to see what was important to Steve is still important to us.”

Some years on their dad’s birthday, the kids bake for neighbors or give out pencils to classmates. They always give their teachers a small gift.

“My hope is that their grief is comforted by the goodness of his life and not the hard reality of his death,” Tyra says. “I hope this helps keep that goodness around.”

ALLISON KLEIN from the *Washington Post*

Coon Rapids
High School's
"kindness
coordinator,"
Jamie Weisz



* * *

One School's High Spirits

At many schools, getting kids to pay attention to the morning announcements is nearly impossible. But at Coon Rapids High School in Coon Rapids, Minnesota, they are a can't-miss part of the day. The rural school has managed to enlist a series of famous folks—professional athletes, singers, and television personalities—in a noble project: recording short videos about the importance of kindness.

The school's yearlong Kindness Matters campaign is led by special education teacher and designated "kindness coordinator" Jamie Weisz. Weisz is also a networker extraordinaire,

and he has sweet-talked celebrities such as Tom Brady, Alex Trebek, and Robin Roberts into appearing in the school's announcements, which are broadcast on the SMART Boards in each classroom.

"The videos have been a huge hit with students and even staff," Weisz says. "I have had students come up to me to see if I can get a favorite actor or rapper to do a kindness message."

But the videos are only one part of the campaign. Students also participate in kindness contests, charity drives, and kindness-themed pep fests throughout the year. "We need to challenge kids to make kindness a priority," Principal Annette Ziegler told the *Star Tribune*.

JULIANA LABIANCA



In Riverside, California, Tommy Maher (wearing red) treated one Army recruiting station to a meal from Subway, in honor of Las Vegas shooting victim Angela Gomez.



Highway to Heaven

On November 7, 2017, New York firefighter Tommy Maher set off on an 18-day, 9,500-mile road trip to some of the most ordinary places in America. They did, however, all have something else in common: Each town had been home to one of the 58 victims of the October shooting in Las Vegas. Maher wanted to honor them by performing an act of kindness for the victims' neighbors. He was inspired by a fire-department friend who died during the 9/11 rescue. That man's body was never found, and since then Maher has been determined to mark the deaths of others in noble ways.

The first stop on his tragedy-inspired trip was Shippensburg, Pennsylvania, the home of Bill Wolfe Jr. Maher's good deed there was at a Laundromat, where he taped envelopes filled with quarters to each of the machines

so that patrons could have a free wash. In other cities, Maher left a large tip for his server, bought lunch for the staff of a pediatric urgent care clinic, or simply offered strangers a flower. At each stop, he gave one person in the community a bracelet bearing the name of his mission, Honor58, as well as the name of that community's victim. The person with the bracelet promised to continue his mission of spreading kindness.

Maher documented his journey on Honor58's Facebook page. Before long, his Facebook followers—some of whom had survived the Las Vegas shooting themselves—took up Maher's cause and began launching their own 58 acts of kindness. "Many of these survivors have emotional and physical scars from that day," says Maher. "And in a way, they've found these acts of kindness to be an avenue to begin to heal."

J. L.



Mending Fences

For most of her life, Kelyn Nightengale of Lincoln, Nebraska, says she was more likely to donate her money than her time. But after watching the social ruptures that emerged from the 2016 presidential election, that changed. “I knew that while I couldn’t fix the world, I could affect what was around me, my family, and our city,” she says.

So she launched a Facebook group called Make Lincoln Kind Again. Members have made cards for seniors, assembled hygiene bags for women in need, and gathered supplies for an incoming refugee family. There’s some karma at play, too: When Nightengale had a stroke in January, members rallied to make hospital visits and look after her kids. “It’s amazing to see people you barely know come out of the woodwork to support you,” she says. “Being nice isn’t hard—and it doesn’t have to cost a thing.” **J. L. R**

Make Lincoln Kind Again founder Kelyn Nightengale with her daughter, Zoe



COURTESY KELYN NIGHTENGALE



TUNE IN, TURN ON TO KINDNESS

Many of the entries in our 2017 Nicest Places in America search were built on kindness. In Ottawa, Illinois, strangers in a grocery store line paid the bill of an older woman ahead of them who had lost her wallet. In Pittsfield, Maine, residents sometimes found their lawns mowed by a mystery neighbor.

If you find selflessness to be both uplifting and entertaining, check out *Random Acts*. It’s a TV show where the producers set up a hidden camera, create a moral dilemma (such as finding a wallet on the sidewalk), and then record what happens. The April 3 season premiere on BYUtv includes a segment filmed in Gallatin, Tennessee—a place where people are so nice, the town won our 2017 Nicest Places in America search. You can also watch the show at randomactstv.com.

Nominate your nicest place at rd.com/nicest.

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WHO ? KNEW



13 Things You Didn't Know About Mother's Day

BY LAUREN CAHN AND CAROLINE FANNING

1 It was all started by a mom, of course. Ann Reeves Jarvis arranged Mothers' Friendship Day in West Virginia back in the 1860s, and she had a surprisingly serious purpose. A social activist (and mother of 13), Jarvis hoped the special day would quiet the seething animosity between the Union and Confederate soldiers, in addition to their families and neighbors, at the end of the Civil War.

2 Her daughter took it very seriously too. After Ann Jarvis

died in 1905, her daughter, Anna M. Jarvis, made it her mission to take Mother's Day national. Anna never had kids, but you could say Mother's Day was her baby. She campaigned for years against what she saw as its commercialization, from candy to store-bought cards to a 1934 postage stamp. "If the American people are not willing to protect Mother's Day from the hordes of money schemers that would overwhelm it with their schemes, then we shall cease having a Mother's Day," she wrote.

PHOTOGRAPH BY MATTHEW COHEN

3 Tommy loved his mommy. It was President Thomas Woodrow Wilson (Tommy to his family) who made Mother's Day a national holiday in 1914, 26 years after his mother's death. "I remember how I clung to her (a laughed-at mamma's boy) till I was a great big fellow," Wilson wrote in a letter to his wife, "but love of the best womanhood came to me and entered my heart through those apron-strings."

4 The French once gave medals to their mothers. After their enormous losses in World War I—more than 4 percent of the population was killed—the French were desperate to rebuild the country. So the government celebrated Mother's Day in 1920 by presenting women who had five children with a bronze medal. Mothers of eight got silver, and those with ten—or more!—got the gold.

5 In Mexico, it starts with a bang—and a strum and a toot. Día de las Madres (which is always on May 10) is one of the biggest holidays south of the border for restaurants—and for mariachi bands. Because of the high demand, families often hire a band months in advance to perform just for Mom, and children rouse her in the morning with the traditional song "Las Mañanitas" as a precursor of the show to come.

6 Expect a crowd at the restaurant. More people eat at restaurants on Mother's Day than on any other day of the year, with 92 million Americans dining out with Mom. (The second-busiest day: Valentine's Day.)

7 Or you could just call her. Mother's Day is also the busiest day of the year for phone traffic in countries all around the globe.

8 You can never go wrong with a bouquet of carnations. Americans spent \$2.4 billion on Mother's Day flowers in 2016 (compared with \$792 million on cards). Carnations are the traditional bloom of choice for Mom (even Anna Jarvis sent them). In case you're wondering whether you're a big enough spender, the average Mother's Day bouquet goes for \$29.

9 She is definitely worth the money. Insure.com's Mother's Day Index estimates that it would cost \$67,619 a year to hire someone to do all the household tasks that Mom does for free: cooking, cleaning, kissing boo-boos. That's about as much as the average accountant or chiropractor makes.

10 This mother deserves a hand (and a nap). India's Daljinder Kaur was believed to be in her early 70s when she gave birth to a

bouncing baby boy on April 19, 2016. Kaur and her 79-year-old husband, Mohinder Singh Gill, spent decades trying to have a baby—and finally succeeded after saving up enough money for fertility treatments.

11 **Becoming a future mom is good for your brain.** Pregnancy not only alters a woman's skin and hair but may also affect her brain. According to a small 2010 study published by the American Psychological Association, the changes include a small but significant increase in gray matter in the parts of the brain responsible for sensory perception, reasoning, and judgment. These changes may play a role in shaping

maternal behavior and motivation in the development of higher cognitive function.

12 **She's got the same name in every mother tongue.** Babies in nearly every country on the planet speak the word *mama* in almost exactly the same way.

13 **But don't accuse her of smothering you.** Of the mother lode of words with *mother* as their root, perhaps the most recent is *motherboard*: the main circuit of a computer. A surprise to some is that *smother* doesn't come from the same source—no matter how much you think it's in your mom's DNA. **R**



ESSENTIAL ABBREVIATIONS FOR YOUR WORK E-MAILS

TL;DR—Too long; didn't read

RS;TD—Read some; then deleted

SS;IC—Saw subject; ignored completely

TI;SS—Totally irrelevant; still sending

DR;ARA—Didn't read; accidentally replied all

SU;SDR—Saw urgent; still didn't read

OV;SE—On vacation; stop e-mailing

SOV;SSE—Still on vacation; seriously stop e-mailing

WR;GF—Won't read; got fired

WI;MS—Where is; my stapler

Source: mcsweeneys.net

If you are a current or former owner of a home or other structure with Pella ProLine® Casement Windows, manufactured between 1991 – 2009, you may qualify for benefits from a class action settlement.

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How Do I Get A Payment? You must complete and submit a valid Claim Form by **June 20, 2018**. Claim Forms are available at www.pellawindowsettlement.com, by calling 1-866-658-6764 or by writing to *Eubank v. Pella* Settlement Administrator, PO Box 404041, Louisville, KY 40233-4041.

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These high school proms went beyond memorable. They became famous across the nation.

The Dance Of a Lifetime

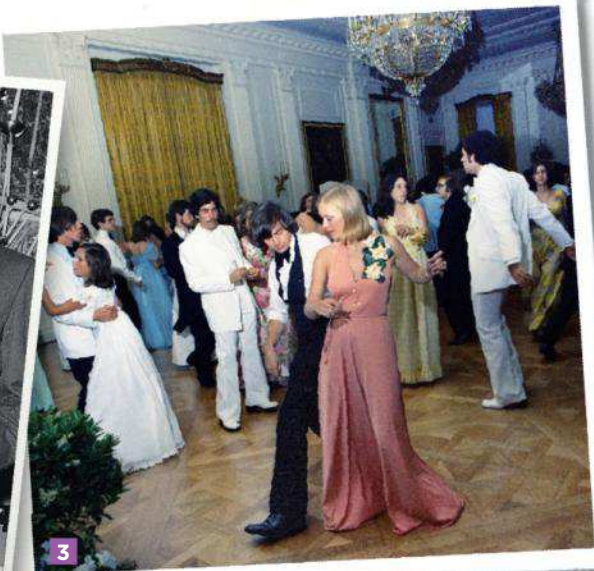
BY JACOPO DELLA QUERCIA



🌀 DOES THINKING BACK to your senior prom still make you smile—or make you queasy? In either case, May is part of prom season, which makes this a good time to promenade (yes, that’s where the word comes from) through some of the most noteworthy dances since the first coed mixers between Smith and Amherst Colleges in the 1890s.

1 HEARTBREAK HOTEL He had a funny name: Elvis. He wore funny clothes, too: Instead of the standard white tuxedo, he was dressed in a dark blue suit and—no joke—blue suede shoes. Yet the most surprising thing about Regis Wilson’s date for the 1953 prom at Humes High School in Memphis, Tennessee, was that the future king of rock ‘n’ roll said he couldn’t dance. Instead, 18-year-old Presley

and his 14-year-old partner spent their evening quietly sipping sodas and watching the other couples swinging on the dance floor. Wilson somehow misplaced her prom photo, but Presley held on to his—and he looks miserable in it. But things soon changed for the guy with the slicked-back hair and long sideburns. He obviously learned to dance. And he also found the proper venue for those suede shoes.

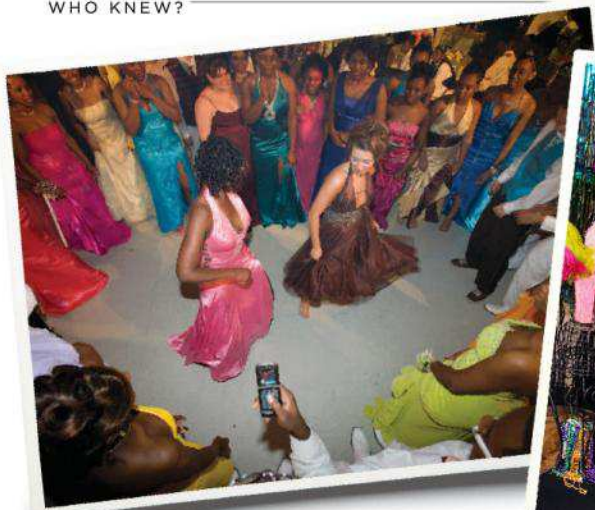


2 PRESIDENTIAL PARTY CRASHER

It takes guts to show up at a senior prom without a date. Fortunately, when President John F. Kennedy crashed the John Burroughs Senior Prom on June 7, 1963, he brought comedian Jack Benny with him. California Democrats were hosting a fund-raiser in the Beverly Hilton Hotel the same night as the prom, but after Kennedy learned this had almost caused the dance to be relocated, he stepped in—literally. The president walked into the hotel's grand ballroom and declared to the stunned seniors, "Actually, this is a better room than the room we have upstairs."

3 PARTY AT THE WHITE HOUSE

In 1975, Susan Ford (above, center) accomplished something no other teenager in history could boast: She persuaded her dad—aka the president of the United States—to host her senior prom at the White House. The event, held in the East Room on May 31, 1975, was attended by 74 students from Washington's exclusive Holton-Arms School and their *very* well-behaved dates. For the record, the government didn't pay a penny for the soiree. The girls raised the \$1,300 necessary for the dance through bake sales and other fund-raisers. Unfortunately,



it wasn't enough to hire their band of choice—the Beach Boys (who seriously entertained the offer).

4 BREAKING A BARRIER In 1997, actor Morgan Freeman approached a high school in Charleston, Mississippi, and offered to pay for its senior prom on one condition: It had to be racially integrated, something that had never happened before in Freeman's hometown. The school board turned him down. But when Freeman returned with filmmaker Paul Saltzman in 2008, they agreed to hold the first interracial prom in the school's history. Saltzman's documentary *Prom Night in Mississippi*, which followed the prom's development as well as local resistance to it, was later nominated for a top prize at the Sundance Film Festival.

5 THE LAST WALTZ What's the longest a lady should wait to be asked to a dance? For Rockford, Ohio, resident Delores Dennison, the answer is something north of 70 years. Delores was 89 when she was first asked to a senior prom, and she went on the arm of her great-grandson, Austin Dennison. He wanted to make up for the fact that "Granny DD" had never attended hers, and he pulled out all the stops. They went to dinner at Bob Evans (her favorite), boogied when the band played the Frank Sinatra song "Dolores," and beamed when the youngsters at Parkway High School gave them a standing ovation. Now, that's what you might call an awesome *senior's* prom.



IT PAYS TO INCREASE YOUR

Word Power

How well do you know the peaks and valleys of planet Earth? Can you tell a bluff (that's a cliff) from a gulch (a narrow ravine)? Circumnavigate your way through this list of words, and then turn the page for answers.

BY EMILY COX & HENRY RATHVON

- 1. biosphere** ('by-uh-sfeer) *n.*—
A: gases around Earth.
B: parts of Earth that support life.
C: planet's outer crust.
- 2. strata** ('stray-tuh) *n.*—
A: rock layers. B: low clouds.
C: seabed.
- 3. bayou** ('by-oo) *n.*—A: tropical island. B: deep cavern. C: marshy waterway.
- 4. arroyo** (uh-'roy-oh) *n.*—
A: gully. B: grassland. C: coral island.
- 5. cartography** (kar-'tah-gruh-fee) *n.*—A: study of glaciers. B: art of mapmaking. C: science of erosion.
- 6. seismic** ('siyz-mihk) *adj.*—
A: prone to floods. B: related to earthquakes. C: covered in lava.
- 7. scree** (skree) *n.*—A: loose rocks. B: peninsula. C: magma flow.
- 8. ecology** (ih-'kah-luh-jee) *n.*—
A: relationship of organisms to their environment. B: cycle of ocean currents. C: composting.
- 9. terra firma** ('ter-uh 'fur-muh) *n.*—A: natural dam. B: sandbar. C: dry land.
- 10. aquifer** ('a-kwuh-fur) *n.*—
A: geyser. B: waterfall.
C: underground water bed.
- 11. flora** ('flohr-uh) *n.*—A: animal life. B: plant life. C: minerals.
- 12. tarn** (tarn) *n.*—A: mountain lake. B: sinkhole. C: fossilized wood.
- 13. latitude** ('la-tih-tood) *n.*—
A: distance east or west from the prime meridian. B: imaginary line through Earth's center. C: distance north or south from the equator.
- 14. primordial** (pry-'mohr-dee-uhl) *adj.*—A: densely forested. B: on highest ground. C: from earliest times.
- 15. hogback** ('hahg-back) *n.*—
A: U-turn in a river. B: steep-sided ridge. C: tributary.

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

Answers

1. biosphere—[B] parts of Earth that support life. The *biosphere* is home to a stunning variety of species, from tiny microbes to enormous whales.

2. strata—[A] rock layers. Did you know the *strata* of the Grand Canyon are hundreds of millions of years old?

3. bayou—[C] marshy waterway. Marie often paddles down the *bayou* in her canoe at sunrise.

4. arroyo—[A] gully. That's my car at the bottom of the *arroyo*, Officer.

5. cartography—[B] art of mapmaking. "Why would anyone study *cartography* in the age of Google Maps?" Dora asked.

6. seismic—[B] related to earthquakes. After moving out west, Nick got used to regular *seismic* activity.

7. scree—[A] loose rocks. Petra had to scramble through piles of ankle-wrenching *scree* to reach the summit.

8. ecology—[A] relationship of organisms to their environment. Scientists are studying the

effect of oil spills on deep-sea *ecology*.

9. terra firma—[C] dry land. After a week on the rickety sailboat, Alex couldn't wait to return to *terra firma*.

10. aquifer—[C] underground water bed. The Ogallala *Aquifer* stretches all the way from South Dakota to Texas.

11. flora—[B] plant life. Walt's art is inspired by the *flora* of Cape Cod.

12. tarn—[A] mountain lake. A dip in a *tarn* is just as bracing as a shot of espresso.

13. latitude—[C] distance north or south from the equator. Lines of *latitude* are also called parallels.

POLAR OPPOSITES

When you were a kid, did you ever try digging to China or Australia—or whatever was down there? Points on Earth that are opposite each other (such as the North and South Poles) are called *antipodes* (an-'tih-poh-deez). The word comes from the Greek *anti* ("opposite") and *pod* ("foot"), meaning "people who have their feet against our feet." So whose feet are pressed against yours? Probably no one's. In most of America, your antipode is in the Indian Ocean.

14. primordial—[C] from earliest times. This *primordial* forest looks like something straight out of *Game of Thrones*.

15. hogback—[B] steep-sided ridge. Honey, I'm not sure you should take a selfie so close to the *hogback's* rim!

VOCABULARY RATINGS

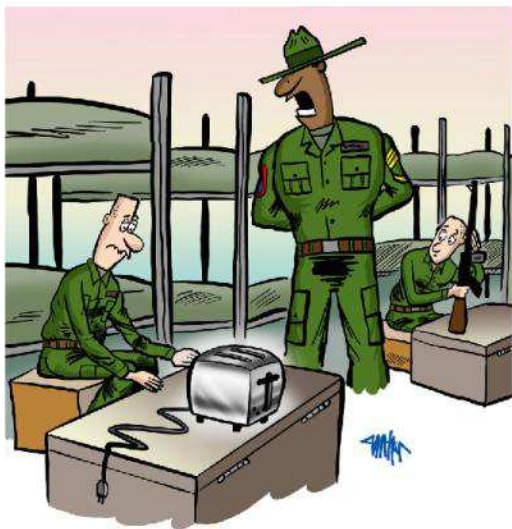
9 & below:

all over the map

10-12: salt of the earth

13-15: out of this world

Humor in Uniform



"Something tells me you haven't mastered the art of putting your rifle back together, soldier."

I WAS IN A RESTAURANT having lunch when I noticed four men dressed in camouflage uniforms seated nearby. I'm proud of the men and women who serve our country, so I walked over to the group and said, "I just want to thank you for your service, and it would be an honor to buy your lunch."

One man put down his fork, looked up, and said, "We appreciate that, ma'am; thank you. But we're not in the military. We're on a hunting trip."

RENEE SETTLEMIRE, *Enid, Oklahoma*

MY FAMILY went to a minor-league baseball game while I was stationed at the Marine base in Quantico, Virginia. My mother decided it would be a great idea to mail me a baseball cap signed by the team.

"It's for my daughter who couldn't come," she explained to the players. "She's in Guantánamo."

E. M., *via rd.com*

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

We owe it to you.

Ancient prophecies, Alien invasions, worldwide political corruption and scandal, famine and destruction—these are topics that make you think of a science fiction thriller, but these riveting events and more have been foretold by the prophets and they are beginning to unfold as we speak!

The 7 Prophetic Trumpets

IF YOU THINK THAT THE WORLD TODAY is in great turmoil and disarray, you are greatly mistaken. In the near future, we will look back at our current times as periods of comparative peace and tranquility. And this is no exaggeration.

So, what exactly is going to transpire in the very near future?

It is the imminent blasting of the 7 prophetic Trumpets, outlined in the book of Revelation. These trumpets represent the Father's last call of mercy, His final effort to awaken humanity from spiritual blindness and to prepare us for the Second Coming of His Son.

We are so asleep and have become so insensitive to what the Father is trying to tell us through nature, that every time we are struck with a record breaking storm, earthquake, hurricane, etc., we brush it off as a freak act of nature, soon to be forgotten.

It will not be so when the Trumpets begin to blast. The consequences of these prophetic wake-up calls will not easily be brushed aside. Rather, they will make plain to all that the Creator is trying desperately to get our attention, that we may accept His invitation to eternal life while there is yet time.

The devastation of Revelation's prophetic Trumpets will be absolutely devastating.

Consider the following:

- When the first Trumpet blasts, 1/3 of all trees and all crops will be destroyed.

- When the second Trumpet blasts, 1/3 of all shipping vessels will be destroyed and 1/3 of all sea life will die.
- When the third Trumpet blasts, 1/3 of all fresh water sources will be poisoned.

Can you imagine the panic that will grip the financial markets when the world wakes up to the consequences of just the first three Trumpets?

The Coming "Alien" Invasion?!

THE POWERS THAT BE WILL UTTERLY PANIC, and desperation will engulf them. Before being able to recover, though, humanity will be faced with the fifth Trumpet – which will usher in the most horrifying event in human history: A celestial invasion of demons posing as "aliens." The pain that these "aliens" will inflict is likened in the Bible to the sting of a scorpion. The Scriptures state that people will want to die to escape the pain, but will be unable.

In the chaos that will engulf the world during the fifth trumpet, the powers that be will scramble to find a world leader that will end this "alien" invasion. They will rush to enlist the moral authority of this world, i.e. Pope Francis. The Pope will gladly accept the challenge and will engage the "aliens" in negotiations that will lead to the end of their invasion on the 150th day, just as foretold in the book of Revelation.

When the invasion ends, Pope Francis will emerge as the undisputed world leader and

savior of mankind. Consequently, all nations will gladly surrender their power and authority to Francis and ask him for a road map and agenda that will ensure another invasion never takes place.

The Pope and the Exaltation (Deception) of Sunday

THE FIRST THING ON FRANCIS' AGENDA will be the exaltation of Sunday as a universal day of worship. The Pope will claim that keeping Sunday holy will please the Creator and will consequently ensure the restoration of peace and prosperity for the inhabitants of Earth, and more importantly, protection from future alien invasions. Commerce and labor will be outlawed worldwide on Sundays.

On the surface, it will appear that such an action would please our Heavenly Father. In reality, it will sorely displease Heaven as Sunday is a counterfeit day of worship and has nothing at all to do with the Biblical Sabbath. The Creator's Sabbath, as outlined in Scripture, cannot even be found using the modern Gregorian calendar. The Sabbath of Scripture can only be found by the calendar of Creation, which is based on the movements of the sun and moon.

The world-wide exaltation of Sunday will ultimately make worse what is already a devastating situation, as calamities will only intensify following its mandated legislation. Amidst the chaos, there will be intense world-wide debate about which day we are to keep holy. Sunday and the Gregorian calendar will be pitted against the Bible Sabbath and the Creator's calendar.

Two Camps. Where is your tent?

THE WHOLE WORLD WILL BE SPLIT into two camps: (1) The overwhelming majority of people, with

the goal of restoring normalcy and prosperity, will blindly follow whatever the Pope and the world leaders say. (2) A incredibly small minority, though, will choose to uphold our Heavenly Father's Sabbath no matter the cost.

The escalating upheaval of society and intensifying calamities will be blamed on this small, unwavering minority who refuse to succumb to pressure. Consequently, many of these will pay the ultimate price for their steadfastness in honoring the true Sabbath.

Is your jaw on the floor? Well, regain some sense of composure, beloved, and please go to **WorldsLastChance.com/en** to learn more about the lies that you have been told by every organization that you thought you could trust. We have nothing to gain here, and you have everything to lose.

Or probably you are in a different camp. More likely than not, you are scoffing, calling us names, and suppressing that still small voice in your head that is saying, "What if they are right??" My friend, YOU are who this message is for. Have you heard that saying, "If you're looking for a sign, this is it"? Well, we implore you to take just a few minutes and check it out further. We know this looks CRAZY from the outset. We know it. But crazy might just save your eternal soul. You, beloved of Heaven, are reading these words for a very specific reason. See you soon...

There is so much more we want to share with you. Visit **worldslastchance.com/en** today!



Quotable Quotes



I do the best I can. Everything else is everybody else's problem.

ALLISON JANNEY, actor

HUMAN BEINGS ARE THE ONLY SPECIES THAT DELIBERATELY DEPRIVES THEMSELVES OF SLEEP FOR NO APPARENT GAIN.

MATTHEW WALKER, sleep scientist

Being a dad isn't just about eating gummy bears as your wife gives birth. It means being comfortable with the word *hero*.

RYAN REYNOLDS, actor



A LAWN IS NATURE UNDER TOTALITARIAN RULE. **MICHAEL POLLAN, writer**

NINETY-FIVE PERCENT OF ECONOMICS IS COMMON SENSE MADE COMPLICATED.

HA-JOON CHANG, South Korean economist



Parenting has no guidebook; we come to it with what came at us.

KATEY SAGAL, actor

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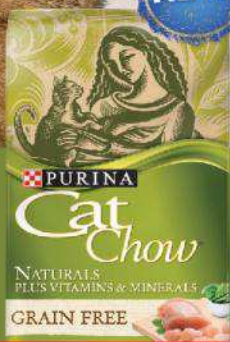
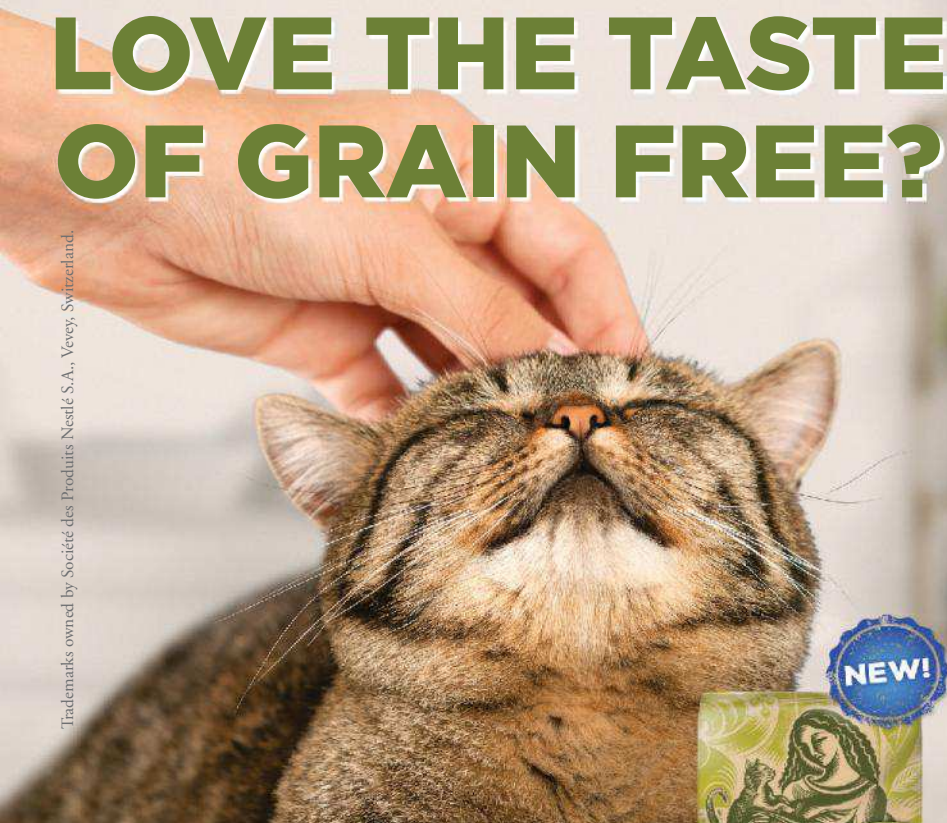


[§]Each patient is different. Results may vary. ^{*}For more information, visit LaserSpineInstitute.com/surgeons.

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