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Senior Voice

Serving Alaskans 50+ Since 1978

Volume 45, Number 3 March 2022

Pickleball and paradise

Rich Morrow (foreground) and Bob Ball play pickleball with friends at Discovery Harbor subdivision near Na'alehu, Hawaii. Alaskans are finding pickleball to be a great recreational activity when in Hawaii. Read the story on page 24.

Jim Lavrakas photo

Clinical trials to aid research in Alaska.

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Are job options improving for older workers?

- page 4

March deadlines for the Senior Property Tax Exemption.

- page 17

2021 National Mature Media Awards Winner



Learn all about the library at Age Smart forum, March 8

Senior Voice Staff

“Age Smart – Let’s Talk”, the series of forums sponsored by AARP Alaska, Older Persons Action Group and the Anchorage Senior Activity Center, returns March 8, from 6:30 to 7:30 p.m. Events are currently held virtually on the internet, using Zoom.

This month’s presentation is “Let’s Talk Libraries.” The Anchorage Public Library has a wide variety of resources available to all Anchorage residents. In addition to an extensive collection of print books, the library offers access to eBooks, audiobooks, movies, genealogical research and more. Join Meneka

Thiru, Community Engagement Librarian at the Anchorage Public Library, to learn about these resources and how to use them. The “Age Smart – Let’s Talk” series is a monthly forum on a topic of interest and importance to Alaskans who want to be thoughtful about how to make good

choices as they grow older. The series is developed to provide working age adults with information necessary to plan and fulfill a secure, healthy and satisfying life after 60 (all ages are welcome). Each month the series highlights a particular topic with a variety of formats, including issue experts, panel discussions,

interactive presentations, and plenty of time for questions. Admission is free and open to everyone. Presentation begins at 6:30. To sign up, go to AARP’s event page at <https://aarp.cventevents.com/AS-MAR2022>.

Zoom conference updates on senior bills

Senior Voice Staff

Keep track of senior-related bills, budget decisions and other issues by attending the Alaska Commission on Aging Legislative Teleconferences. Available by toll-free call-in, the

teleconferences provide a convenient forum for seniors and advocates across Alaska to share information about issues and specific bills of concern, including Medicaid, state budget and funding, senior assistance, retirement, Pioneer Homes

and more. Zoom conferences are scheduled 9:30 to 11 a.m. every other Thursday and weekly during the last month of session. The remaining 2022 meeting dates are March 10 and 24, April 7, 14 and 21.

Draft agendas will be available to print from the state Notices website at <https://aws.state.ak.us/OnlinePublicNotices/>. The website will also have the Zoom address and phone numbers (for non-computer attendees).

Individuals who require special accommodations to participate should contact Lesley Thompson at 907-465-4793 at least two days prior to teleconferences.

Guard your card: Protect what’s important to you

Social Security Administration

The Social Security Administration encourages you not to carry your Social Security card with you every day. The best way to “Guard Your Card” is to keep it in a safe place and share it only when required. In fact, in most cases, just knowing the Social Security number should be enough. In 49 states and the District of Columbia, a Social Security card isn’t required to request a Real ID. Only Pennsylvania requires it.

Please be careful about sharing your number when asked for it. You should always ask why your number is needed, how it will be used, and what will happen if you refuse. Also, you shouldn’t carry documents that display your number. If you need a replacement Social Security card,

we make it easy. You may be able to use a personal my Social Security account to request a replacement on our website. If you live in one of 46 participating states or the District of Columbia, and are requesting a replacement card with no changes, like a name change, you can use the free online service at www.ssa.gov/myaccount/replacement-card.html.

Visit our Social Security Number and Card page at www.ssa.gov/ssnumber to learn more about your Social Security card.

Please read our fact-sheet, “How You Can Help Us Protect Your Social Security Number and Keep Your Information Safe,” at www.ssa.gov/pubs/EN-05-10220.pdf

Our Guard Your Card infographic, at www.ssa.gov/ssnumber/assets/EN-05-10553.pdf, is another great resource to understand

Please be careful about sharing your Social Security Number when asked for it. You should always ask why your number is needed, how it will be used, and what will happen if you refuse.

whether you need to show your card.

Women’s History Month and Social Security

Each March, we celebrate Women’s History Month. It is a time to reflect on the achievements of women and Social Security has served a vital role in the lives of women for more than 85 years.

Women have longer average life expectancies than men, which means they live more years in retirement and have a greater chance of exhausting other sources of income. It’s important for women to plan early and wisely for retirement.

Our retirement pages at www.ssa.gov/retirement provide detailed information about how life events can affect a woman’s Social Security retirement benefits. These events may include marriage, widowhood, divorce, self-employment, government service and other life or career changes.

Your earnings history will determine your future benefits, so we encourage you to verify that the information we have is correct. You can create your personal my Social Security account at www.ssa.gov/myaccount and review your earnings history. If you find an error in your earnings record, it is important to get it corrected so you receive the benefits you earned when you retire. Our publication, “How to Correct Your Social

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Beyond COVID: When do we get back to normal?

By **LAWRENCE D. WEISS**
For Senior Voice

A couple of years ago we had a normal life. Since then, we've had a pandemic. No matter what our life was like then, it is now more isolated, more lonely, more expensive, more fearful. When do we get back to normal? I have wishful thinking, but that is a far cry from an informed discussion. For that, we'll have to turn to some public health folks who do not offer hard and fast recipes to make a de-

termination, but do offer some interesting ways to think about the question. Anne Zink, MD, is Chief Medical Officer for the Alaska Department of Health & Social Services. Here's how she responded to the "back to normal?" question at a press conference, Feb. 3, 2022. "COVID is going to be here with us for a very long time, if not forever, and it will probably be continuing to change. But our tools and our resources in 2022 are definitely different than our tools and resources in

2020. So, when we started, we didn't know how this virus spread, we didn't have PPE [personal protective equipment], we didn't have a test for it, we didn't have vaccines, we didn't have treatments. And we are at a really different place now in 2022 than we were at that place. "Most of the Alaska population has either been vaccinated or has previously had COVID-19. While both of those things can wane over time, they still provide protection. We have treatments like we

never had before, we have more masking and tools. We are finding ways to be together, have our kids in school, gather and do the things that are important to us moving forward. "I think we just need to use the tools and resources. What this means for an immunocompromised person going through chemo and restrictions of the things that they might want to do to protect themselves may be very different from a vaccinated seven-year-old in school who's at low risk to start with.

"To say what this will look like for any one person is going to be really hard because there are as many different solutions as there are people in this state." Then the question was passed on to Joe McLaughlin, M.D., MPH, chief of the Section of Epidemiology for the Alaska Department of Health and Social Services. "I think what we saw as Delta started going down is people were employing fewer of the layers of mitigation [such as masking

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AARP Alaska priorities for legislative session

By **MARGE STONEKING**
AARP Alaska

The Alaska Legislature began the second of a two-year session on January 18, 2022, hitting the ground running since members were already seated in their committees and leadership positions. Bills introduced last session are still potentially in play, in addition to this year's crop of bills, both pre-filed before session and introduced since the start. AARP Alaska advocacy staff and volunteers have spent the interim since last session watching and participating in the special sessions on long-term fiscal plans and their various components. Our position on the fiscal crisis remains focused on new revenues over continued cuts to government services, driven by our 2021 member survey. While we continue to encourage legislators to think broadly about potential revenue solutions, long-term fiscal planning is taking a back burner this session, partly because it's an election year, and partly because the rebound of oil

prices and the investment market has reduced the perceived urgency of the issue. However, AARP Alaska's 2022 legislative priorities support the same goal as our fiscal plan position, concentrating on making sure that our state and communities are places where Alaskans can choose how they live as they age. Empowering Alaskans age 50 and older to make choices about where and how they age means ensuring access to reliable and affordable healthcare, the cornerstone of our 2022 legislative plan. This year, we have collaborated with tribal and behavioral health partners, patient advocacy groups, and healthcare provider groups to make Medicaid coverage of expanded telehealth a priority for passage in this session. We are also working in partnership with senior services providers and advocates to make coordinated asks of the legislature, including waiver services, grant funding, and increased support for dementia-related care. Our focus on working with

partners ensures that our state's aging resource and service providers present a united front in support of the growing number of older Alaskans. During the week of February 14, our 2022 Legislative Action Team – including volunteers from Fairbanks to Ketchikan – advocated for these priorities, sharing their own

stories and how older Alaskans would benefit from the success of these measures:
▶ Permanent Expansion of Medicaid Coverage for Telehealth Flexibilities – HB265 and SB175
▶ Support for improvement and expansion of Home and Community Based Medicaid Waiver Services
▶ Increase in Senior &

Disability Services grant funding
▶ Alzheimer's and Related Dementias as a public health issue – HB 308
Marge Stoneking is the Associate State Director of Advocacy for AARP Alaska. Editor's note: Due to space constraints, this article has been condensed. The full discussion can be read online at www.aarp.org/ak.

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Older workers coming into their own

By KAREN CASANOVAS

For Senior Voice

Q: What are my chances of finding work over age 60?

A: Amid the disruptive loss of jobs brought on by the COVID-19 pandemic, there has been one counterbalancing force: An urgent demand for older professionals to return to work from retirement or a career break.

Employers have historically viewed this group of potential employees with skepticism, a perception that their skills have deteriorated or become obsolete or that they are overqualified, require long ramp-up times, lack commitment to the job, or are simply too old.

These concerns have faded during the crisis. Employers are recognizing the robustness this work group has demonstrated all along: Institutional knowledge, education, experience, mature perspective, stable life stage, dedication, loyalty, a solid work ethic and enthusiasm for contributions.

While well-versed employees may desire a more flexible schedule, they often have been shown to be just as productive as their younger counterparts. Today's senior workforce may currently be in a management position and simply



want less demanding work hours, or they could be looking for a career change after years in one industry.

Monica Parker turned 50 during the pandemic. While she had a comfortable leadership role with a nonprofit, there was a nagging feeling that it was time for something different. She has found in the labor market of the early 2020s, there is still opportunity for workers to choose what they want to do.

"I'm a lawyer by trade, but more recently worked for an education nonprofit as its associate executive director. After turning 50, I decided to move into the diversity and inclusion space," Parker recalls in a story on the AARP website.

Some older workers need to work past 65 because of financial reasons, such as for health insurance that is more affordable than buying it on the private market or to extend income potential prior to retire-

ment. Personal benefits of improved mental function and keeping relationships intact wards off isolation. Working later into a career benefits employers as well. Seasoned employees typically have a greater sense of responsibility, are dependable, teachable, mature and conscientious. Older workers also provide different perspectives in the workplace.

Those remaining in the workforce after eligible retirement age benefit the economy. Older people

who are unemployed for decades and live into their 90s often end up on public assistance, which puts a strain on government programs. They've outlived their financial means. Adults who remain working longer can improve their fiscal stability and increase their Social Security payout when delaying drawing of benefits. Working after expected retirement age is also valuable for society, because it helps older adults feel needed and involved, rather than

secluded or forgotten.

Even though there are many social and economic benefits to working, an important one is that it also keeps people thriving. Older adults have a lower chance of disabilities if they remain physically capable. Moreover, those with stronger mental acuity tend to have better overall brain function than those who don't engage in regular mental activity.

Liron Sinvani, MD, a

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Kenneth Kirk, Attorney

Attorney and Estate Planner
Emphasis on Wills and Trusts

34 Years Experience
Cornell Law School

It may be that all you need is a simple will. But that won't protect you from probate. Probate is an expensive, lengthy procedure. If there are disputes within the family or with creditors, it magnifies them. If you want to disinherit anyone, it is much more difficult in probate. The process can drag on for years and cost tens of thousands of dollars. And it all plays out in public, in a court file anyone can see.

A Living Trust is, for most people, a better way to leave your estate. It is a loving gift to your family, and preserves more of the assets you worked for and saved.

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COVID positive? Now what?

If you test positive for COVID-19, here's what to do to protect yourself and others:

- Contact your health care provider and ask about treatment options. Treatments work best when started right away, so don't delay!
- Stay home and isolate for at least five days.
- Get plenty of rest and stay hydrated.
- Take over-the-counter medications such as acetaminophen to reduce symptoms.
- If your symptoms worsen, contact your health care provider.

If you don't have a health care provider, call the COVID-19 helpline at 907-646-3322 or your local public health center for guidance.

Visit dhss.alaska.gov for more information and COVID-19 resources.

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"For whomever wins
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Clinical trials in Alaska aim to cure colon cancer

Joining a clinical study can be helpful as well as interesting

BY DIMITRA LAVRAKAS

March is National Colorectal Cancer Awareness Month, and there are ways you can help find a cure. We are at the age when we know of someone who is suffering or has died from colon cancer, and wished there was a better means of detection. Now Alaska seniors can take part in research.

What are clinical trials?

Let's look at what clinical research is and how you can participate. For the questions you should ask before signing up please see the accompanying sidebar on page 11.

- Here's what happens in a trial:
1. Study staff explain the trial in detail and gather information about you.
 2. Once you agree to participate, you sign an informed consent form.
 3. You are screened to make sure you qualify for the trial.
 4. If accepted into the trial, you schedule a first visit (called the "baseline" visit) of cognitive and/or physical tests during this visit.
 5. You are randomly assigned to a treatment or control group.
 6. You and your family members follow the trial procedures and report any issues or concerns to researchers.
 7. You may visit the research site at regularly scheduled times for new cognitive, physical or other evaluations and discussions with staff. At these visits, the research team collects information about effects and your safety and

wellbeing.

8. You continue to see your regular physician for usual health care throughout the study.

Trials open to Alaskans

In fact, there are 183 studies open to Alaskans at <https://clinicaltrials.gov/>

ct2/home. Just enter USA for country and Alaska for the state and the type of study you're interested in. For instance, if a family member or friend has breast cancer, you can sign up for that research. Keep in mind that while the contacts may be out

of state, there is a corresponding research facility in Alaska close to Anchorage or your village.

For Alaska Natives

According to researchers, only 59 percent of

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Free Medicare counseling

By LEE CORAY-LUDDEN

For Senior Voice

Hello, my name is Lee Coray-Ludden, I am a Medicare counselor based at the Soldotna Senior Center. I serve Southeast Alaska, and anywhere else in Alaska that my skills can be of use. I almost feel like I am traveling Alaska having worked with people in Nome, Soldotna, Kodiak and of course the many communities of Southeast Alaska. I travel by phone, not by plane or boat. I

am trained through SHIP (Alaska State Health Insurance Program) and coordinate with them. I have lived in Alaska since 1969, and on the Kenai Peninsula since 1974. Give me a call and we can consider solutions together. When is your birthday? Have you been in touch with the Social Security Administration? Would you like to explore some options related to Medicare? What is Part D? What are your choices for supplemental plans?

Do you have a computer or access to one? I can direct you to various helpful sites. We can also do the exploration together on the computer, even if we are physically not together. This allows an opportunity for additional discussion. More information means better decisions and permits you to make informed choices. I am available Monday through Thursday, 8 a.m. to 3:30 p.m. There are no fees for services. Call 907-262-2322.



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Alzheimer's and hearing loss



By **DONNA R. DEMARCO**
Accurate Hearing Systems

Part two of three.

There is strong evidence that hearing impairment contributes to the progression of cognitive dysfunction in older adults. Unmanaged hearing loss can interrupt the cognitive processing of spoken language and sound, regardless of other co-existing conditions. But when an individual has both Alzheimer's and hearing loss, many of the symptoms of hearing loss can interact with those common to Alzheimer's, making the disease more difficult than it might be if the

hearing loss had been addressed.

Studies have shown that although a significantly higher percentage of people with Alzheimer's disease may have hearing loss compared to their normally aging peers, they are much less likely to receive attention for their hearing needs.

A comprehensive hearing assessment should be part of any medical evaluation prior to the evaluation of dementia. By addressing the hearing loss, we can move toward a more accurate diagnosis, improve quality-of-life for those who have Alzheimer's, and help them live as fully as possible.

At Accurate Hearing, we offer free hearing tests. Call for an appointment, 907-644-6004.

Donna R. DeMarco, AAS, BC-HIS, Tinnitus Care Provider certified by the International Hearing Society.



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Medicare decisions when you have other coverage

By **SEAN MCPHILAMY**

For Senior Voice

Medicare-related decisions can be quite challenging, especially when you or your spouse are about to turn age 65, during your Initial Enrollment Period. The decisions can be even more complicated when you have other health insurance coverage. Deciding if and when to enroll in the various parts of Medicare, when you are first eligible, is an important choice, including how to avoid potential penalties or gaps in coverage. Most people enroll into Medicare Part A (hospitalization insurance) as this coverage is premium-free, if you have at least 10 years (40 credits) of work history recorded by the Social Security Administration. But what about other parts of Medicare?

You may delay enrollment into Medicare Part B (medical services coverage) if you have health insurance from your or your spouse's current employer. You will have a Special Enrollment Period, or SEP, to enroll in Part B up to eight months

after either the coverage or the current work ends, whichever is first. This SEP lets you enroll in Medicare without a late enrollment penalty and without having to wait for the General Enrollment Period. In most cases, though, you should only delay enrolling in Medicare if your job-based insurance would be the primary payer, meaning it would pay first for your medical bills and Medicare would pay second. Your job-based insurance pays primary if the employer has 20 or more employees. Even if employer coverage would be your primary insurance, you might consider enrolling in Medicare if you want a secondary insurance to help cover the cost of your care.

If you have another kind of health insurance when you become Medicare-eligible, it is important to know how it works with Medicare and when you should enroll in Medicare.

- Retiree insurance almost always pays second to Medicare, meaning you need to enroll in Medicare when first eligible or when

you retire so you are fully covered. One exception is Federal Employee Health Benefits (or FEHB) retiree coverage. FEHB retiree plans continue paying primary for retirees who do not enroll in Part B. FEHB retiree plans only become secondary if you do enroll in Part B.

- If you have a Qualified Health Plan from the Marketplace (HealthCare.gov), you should almost always disenroll from it and enroll in Medicare when you become eligible.

- If you have continued your employer's healthcare following job loss under COBRA, it is very important to enroll in both Part A and Part B. Your COBRA continuation rights usually terminate if you have COBRA before Medicare, and if you have Medicare Part A before you elect COBRA, the continuation coverage is secondary to Medicare and may not pay at all for outpatient care if you do not enroll in Part B.

- If you have Veterans Administration (VA)

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Foods and strategies to aid gut function

By **EMILY KANE, ND, LAc**
For Senior Voice

Finding your best food plan and sticking to it will prolong your life and greatly increase your wellbeing. It's hard to be cheerful with a distressed gut. Gut and brain tissue originates from the same embryonic cells in utero. Healthy gut function includes a good appetite with an accurate sense of satiety to prevent over-eating. Healthy digestion features lack of pain or bloating after meals. Eat calmly and chew your food thoroughly.

Generally, it takes 18 to 24 hours for food to be fully broken down into absorbable units (amino acids, essential fatty acids and sugars). Stool content contains waste from two or three meals previous, as well as a lot of dead GI cells because the intestinal lining is constantly renewing itself. A diet high in fiber



© Can Stock Photo / TLFurrer

acts as a gently cleansing scrub brush all the way through. Plus, fiber slows down the glycemic impact (such as mood swings) of eating sugary or carb-dense food which, while not recommended, is hard to pass up altogether.

Ideally, we will produce an easy-to-pass, dark brown, formed stool at least once daily. Sticky stools which are messy

to clean up can mean too much sugar in the diet. Loose stools signal your body is in a hurry to get rid of something irritating (alcohol, a food allergen, spoiled food or even a synthetic chemical). Not pooping daily or having difficult-to-pass stools are variations of constipation which often indicates inadequate water consumption. You don't have to force

the oft-cited eight glasses daily, but your body is largely made of water and needs it constantly to stay lubricated and functional.

Drink water first thing in the morning and ideally throughout the day between meals. Don't drink much water with meals – just a few sips – because that will dilute your ever-diminishing digestive enzymes. Go for the whole water bottle during exercise or while studying, reading or watching a movie.

Blood type and diet

I recommend starting to explore your personal "optimal diet" with the blood type plan. In general blood type O's do best with a keto style diet featuring good protein and lots of veggies. O's generally do better eliminating wheat, and avoiding processed grains in cookies, crackers, pasta, etc. O-type bread lovers

may need to experiment with nut-based "flours."

Blood type A's do best as vegetarians allowing eggs and fish but ideally avoiding red meat and all cow-dairy products. If you are blood type A and thinking "what is the point of life without cheese?" give dairy elimination a try for two to four weeks, especially if you tend to have a runny nose, sinus congestion or stomach aches.

B blood types can do well with some dairy products but not always. Milk is for babies and anyone older than 12 months should avoid it. Diet choices affect every aspect of your health and well-being. Choose wisely.

AB's are a rare modern blood type from one parent being A and the other B; blood type O remains the most prevalent worldwide.

These recommendations

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Robot performs first solo laparoscopic surgery

Also: Plantar fasciitis, walking and diabetes

By JOHN SCHIESZER

Medical Minutes

It's a new era when it comes to robotics. Researchers are reporting that a robot has performed laparoscopic surgery without the guiding hand of a human. Designed by a team of Johns Hopkins University researchers, the Smart Tissue Autonomous Robot (STAR) can provide a host of potential benefits.

"Our findings show that we can automate one of the most intricate and delicate tasks in surgery, the reconnection of two ends of an intestine. The STAR performed the procedure in four animals and it produced significantly better results than humans performing the same procedure," said senior study author Axel Krieger, an assistant professor of mechanical engineering at Johns Hopkins' Whiting School of Engineering, Baltimore, Maryland.

The robot excelled at intestinal anastomosis, a procedure that requires a high level of repetitive motion and precision. Connecting two ends of an intestine is arguably the most challenging step in gastrointestinal surgery, requiring a surgeon to suture with high accuracy and consistency. Even the slightest hand tremor or misplaced stitch can result in a leak that could have catastrophic complications for the patient.

Soft-tissue surgery is especially hard for robots because of its unpredictability, forcing them to be able to adapt quickly to handle unexpected obstacles, Krieger said. The STAR has a novel control system that can adjust the surgical plan in real-time, just as a human surgeon would. "What makes the STAR special is that it is



the first robotic system to plan, adapt and execute a surgical plan in soft tissue with minimal human intervention," Krieger said.

A structural-light based three-dimensional endoscope and machine learning-based tracking algorithm developed by Kang and his students guides STAR. "We believe an advanced three-dimensional machine vision system is essential in making intelligent surgical robots smarter and safer," Kang said.

Combating plantar fasciitis with fat injections

A novel technique that transplants a patient's own fat into the sole of their foot could offer relief to those suffering from a common and painful condition called plantar fasciitis, according to University of Pittsburgh School of Medicine researchers.

In a pilot study, a wife-and-husband team found the fat injection procedure improved symptoms of plantar fasciitis in patients, laying the groundwork for a larger clinical trial.

"We developed this procedure to harness the regenerative properties of fat," said Dr. Jeffrey Guse-noff, a professor of plastic surgery at Pitt. "In this proof-of-concept study, we showed that fat injections into the foot reduced

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Heel Pain

from page 8

heel pain, helped patients get back to doing sports and activities and boosted quality of life.”

Plantar fasciitis is one of the most common causes of heel pain, affecting about 2 million people in the United States. It’s caused by inflammation of the plantar fascia, connective tissue that runs from the heel to the toes and supports the foot arch.

“Plantar fasciitis is exceptionally painful,” said Dr. Beth Gusenoff, a clinical assistant professor of plastic surgery at Pitt. “When you get up from a sitting position or from sleeping, it’s a sharp, searing pain that some people describe as being like a nail going right through their heel.”

The acute form of it can be treated with stretching, shoe orthotics or cortisone injections. But about 10% of patients progress to

the chronic form in which the foot’s collagen degenerates and the plantar fascia thickens. For these patients, surgical release of the plantar fascia with a small cut can help, but this surgery comes with risks.

Inspired by the regenerative properties of fat stem cells, the Gusenoffs developed a technique that uses fat harvested from a patient’s belly or other body area.

“In fat, there are stem cells and growth factors that help bring in fresh blood supply, which drives a mode of wound healing with reduced scarring,” explained Dr. Jeffrey Gusenoff. “We use a blunt needle to perforate the plantar fascia, which makes a small injury to stimulate the healing process. Then, when we pull the needle back, we inject a little bit of the patient’s fat.”

To test this method, the team recruited 14 patients and split them into two groups. Group 1 participants received the procedure

at the beginning of the study and were followed for 12 months, and their Group 2 counterparts received the procedure after a six-month observation period and were followed for an additional six months.

“We found that Group 1 had improvements in quality of life and sports activity, decreased plantar fascia thickness and reduced pain levels,” said Dr. Jeffrey Gusenoff. “And a lot of the measures that were improving six months after the procedure got even better by 12 months.”

Walking away from diabetes

Walking regularly and at greater intensity may help prevent Type 2 diabetes among 70 and 80 year olds, according to one of the first studies measuring steps and pace among this age group. The more steps a person takes, and the more intense, the lower their risk for developing diabetes, report researchers in a study

published in the journal Diabetes Care.

“A key figure from our study is that for every 1,000 steps per day, our results showed a 6% lower diabetes risk in this population. What that means is, if the average older adult were to take 2,000 more steps every day in addition to what they were already doing, they might expect a 12% reduction in diabetes risk,” said study author Alexis C. Garduno, with University of California San Diego.

For this study, women 65 and older, who did not have a diabetes diagnosis and who lived independently, were asked to wear a research-grade accelerometer for 24 hours per day over the right hip for one week. Their health was followed for up to seven years.

“We wanted to understand the extent to which stepping, or walking, is related to diabetes. And, is 10,000 steps a day really necessary for people to reduce their risk for dia-

betes?” said senior author John Bellettiere, who is an assistant professor of epidemiology at the Herbert Wertheim School of Public Health and Human Longevity Science at UC San Diego.

Of the 4,838 women in the study, 395 or 8% developed diabetes. According to the American Diabetes Association, 1.5 million people are diagnosed with diabetes every year.

“If we estimate that one third of that population are older adults, that’s 500,000 older individuals who are newly diagnosed with diabetes every year. If all of them increase their steps by 2,000 steps per day and our 12% estimate is proven to be causal, we would expect 60,000 people each year to not get diabetes due to that increase in steps,” said Bellettiere.

John Schieszer is an award-winning national journalist and radio and podcast broadcaster of The Medical Minute. He can be reached at medicalminutes@gmail.com.

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Free training, support for family caregivers

Senior Voice Staff

The Kenai Peninsula Family Caregiver Support Program office is located at 35477 Kenai Spur Highway, Suite 205 (located in the 4D Professional Building). You can call them at 907-262-1280 or email kpfscsp@soldotnaseniors.com.

The program will hold caregiver support group meetings in March at the locations below. Training is from 1 to 2 p.m., with support group meetings following, 2 to 3 p.m. This month's training features presentation and discussion of a DVD, "the Family Guide to Alzheimer's Disease."

March 3,
Sterling Senior Center

March 11,
Soldotna Senior Center

March 15,
Kenai Senior Center

March 23,
Nikiski Senior Center

Support meetings allow you to share your experiences as a caregiver, or support someone who is a caregiver. If you are helping

a family member or friend by being a caregiver, learn what kind of help is available. There is no charge for these services and everyone is invited to attend. Call with suggestions and ideas for upcoming trainings or follow on Facebook, @KPFCSPP.

The Homer Area Caregiver Support Group meets monthly in the Homer Senior Center multi-purpose room. For information, call Pam Hooker at 907-299-7198 or Janet Higley, 907-235-4291.

Statewide

Alzheimer's Resource of Alaska (ARA) organizes caregiver support meetings around the state, including: Anchorage, Eagle River, Fairbanks, Homer, Juneau/Southeast, Ketchikan, Kodiak, Mat-Su Valley, Seward, Sitka, Soldotna, Talkeetna, Willow. Call 1-800-478-1080 for details.

ARA also hosts a statewide call-in meeting on the first Saturday and third Wednesday of every month, 1 to 2 p.m. For information, call Gay Wellman, 907-822-5620 or 1-800-478-1080.



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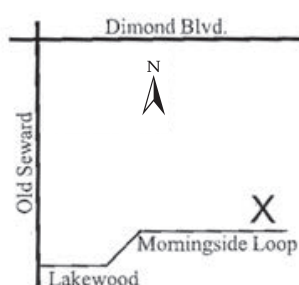
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Cancer

continued from page 5

Alaska Native people have been adequately screened for colorectal cancer despite having the highest reported incidence of this type of cancer in the world. A new at-home multi-target stool DNA screening test with high sensitivity for pre-cancerous polyps and colorectal cancer is now available. This screening that involves using a Cologuard smear test has not been tested for feasibility or acceptability within the Alaska tribal health care delivery system, and it is unknown whether use of this new test will increase Alaska Native colorectal cancer screening rates. The long-term study goal is to improve screening and reduce mortality from colorectal cancer. The objective is to test the effectiveness of MT-sDNA, a simple test that detects evidence of advanced colorectal cancer, for increasing colorectal cancer screening in Alaska Native communities using a community-based participa-



An intravenous (IV) drug delivery system and infusion device delivers a precise amount of medication for a clinical trial.

Dimitra Lavrakas photo

tory research approach. The statewide study will be conducted in collaboration with the Alaska Native Tribal Health Consortium. It is hoped there will be over a thousand participants. Contact Dr. Diana Redwood at the Yukon-Kuskokwim Health Corporation at 907-729-3959, or dredwood@anthc.org for more information. **Just take a vitamin** There is a Randomized Double-Blind Phase III Trial of Vitamin D3 Supple-

mentation in patients with previously untreated metastatic colorectal cancer where the researchers want to compare the progression-free survival of patients receiving high-dose vitamin D3 (cholecalciferol) in combination with standard chemotherapy. Contact Dr. Kimmie Ng at 617-632-4150 or kimmie_ng@dfci.harvard.edu for more information. **Pain reduction** This phase of the trial studies the best dose of duloxetine, an anti-depressant medication, and how well it works in preventing

pain, tingling, and numbness of peripheral neuropathy caused by treatment with oxaliplatin, a type of chemotherapy drug, in patients with stage II-III colorectal cancer. Duloxetine increases the amount of certain chemicals in the brain that help relieve depression and pain. Giving duloxetine in patients undergoing treatment with oxaliplatin for colorectal cancer may help prevent peripheral neuropathy. Contact Dr. Ellen M. Lavoie Smith at 734-936-1267, or ellenls@umich.edu for more information.

Participate in trials from the comfort of home You can also subscribe to <https://www.researchmatch.org> that has 207 volunteers in Alaska. ResearchMatch is a free and secure online tool created by academic institutions across the country that wants you to help with studies to improve health in the future. Sometimes you can get paid for taking part in research. I was recently paid a \$10 Amazon gift card for answering questions about depression and thoughts of suicide, all online. Nice.

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Ask these questions before participating in a trial

- What is the purpose of the study? What is this study trying to find out?
- What will I have to do as a participant? What treatment or tests will I have? Will they hurt?
- What are the chances I will get the experimental treatment?
- What are the possible risks, side effects and benefits of the study treatment compared to my current treatment?
- How will I know if the treatment is working?
- How will you protect my health while I am in the study?
- What happens if my health problem gets worse during the study?
- How will the study affect my everyday life?
- How long will the clinical trial last?
- Where will the study take place? Will you provide a way for me to get to the study site if I need it?
- Will I have to stay in the hospital?
- Will being in the study cost me anything? If so, will I be reimbursed? Will my insurance cover my costs?
- Can I take my regular medicines while in the trial?
- Who will be in charge of my care while I am in the study? Will I be able to see my own doctor?
- Will you follow up on my health after the end of the study?
- Will you tell me the results of the study?
- Whom do I call if I have more questions?

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Health fairs are springing up

By **SHARON PHILLIPS**

For Senior Voice

March is a busy month for all Alaskans and spring is just around the corner, so many of us are experiencing “spring fever”. Mother Nature gives us little hints that we don’t have long to wait, such as increasing daylight, warmer temperatures, more outdoor gatherings. Then, she mixes the wonderful prospect of seeing more friends and family as we get out and about with spring thaw, greener pastures and wild-life returning.

Alaska Health Fair asks that you make or take time to see to your own and other family members’ health needs before you get busy with your wonderful outdoor summer season. We continue to add new information to our website as communities and worksites choose dates, so check back frequently. See the current schedule at www.alaska-healthfair.org.

All event dates are posted under specific Alaska regions – Southcentral, Southeast, Northern region.

- Wasilla, March 5, 8 a.m. to noon
- Anchorage, March 12, 8

a.m. to noon and March 22, 7:30 to 10:30 a.m.

- Nenana, March 12, 8 a.m. to noon
- Palmer, March 18, 1 to 5 p.m. and March 19, 8 a.m. to noon
- Juneau, March 26 and 27, 8 a.m. to 1 p.m.

Blood draws are also ongoing, dates and times vary, in the Alaska Health Fair offices in Anchorage and Fairbanks.

To make a blood test appointment, follow these easy steps:

Visit www.alaskahealthfair.org, find your region, select your preferred location/date and then that line’s “Make Appointment” button.

The system will walk you through the simple process. You’ll receive confirmation and reminder emails/texts. You can use this email to change or cancel your appointment if needed.

If you have problems getting registered, give our local office a call for assistance: Anchorage, 907-278-0234; Fairbanks, 907-374-6853 and Juneau, 907-723-5100.

Sharon Phillips is the Alaska Health Fair, Inc. Tanana Valley/Northern Region program director.

Gut

continued from page 7

are based on decades of clinical experience as well as many studies revealing immune and digestive differences.

Other ideas

If this all seems a bit fussy, go for the Mediterranean diet, which comprises lots of vegetables, moderate amounts of fruit eaten separately as a snack, fish and other non-red meat, and whole grains in moderation.

If you want a little something sweet after dinner, savor a ripe date or two. Dates are great to have on hand to make home-made power balls or fat bombs (with pulverized nuts, coconut lard, unsweetened

cocoa powder, spices, rolled into mouth sized bites and kept frozen), which can be a healthy alternative to candy or commercial power bars.

Do your whole tooth cleaning routine right after dinner: floss, water-pick then brush. Then you’re done eating for the day. Which leads me to conclude with the recommendation to apply intermittent fasting every day; nothing down the hatch except water or herbal teas for at least 12 hours (overnight plus some). As you can, stretch that to 14 or even 16 hours. Maybe a longer “fast” can be applied on a weekend. Your gut needs downtime, just like the rest of your body.

Emily Kane is a naturopathic doctor based in Juneau. Contact her at dremilykane@gmail.com.



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COVID-19 can increase risk of shingles

By JIM MILLER

Savvy Senior

Dear Savvy Senior: How effective is the shingles vaccine and what is the CDC recommendation for getting it? My older brother and sister, both in their fifties, got COVID a few months back followed by shingles. Do you know if there is a connection between these viruses, and would the shingles vaccine have protected them? – Scared of Shingles

Dear Scared: Great question. Many healthcare professionals across the country have been urging their older patients to get the shingles vaccine (in addition to the COVID-19 vaccinations) during the pandemic because getting COVID-19 can increase your chances of developing shingles. And the more severe case of COVID you get, the greater your risk for shingles.

The reason for this is because when you contract COVID-19 your immune system becomes compromised fighting off the virus, which gives shingles – a virus that already exists in your body if you’ve had chickenpox – a chance to reactivate.

Here’s what you should know about shingles, the shingles vaccine, and the Centers for Disease Control and Prevention (CDC) recommendations.

What are shingles?

Shingles, also known as herpes zoster, is a burning, blistering skin rash that affects around 1 million Americans each year. The same virus that causes chickenpox causes shingles. What happens is the chickenpox virus that most people get as kids never leaves the body. It hides in the nerve cells near the spinal cord and, for some people, emerges later in the form of shingles.

In the U.S., about one out of every three people will develop shingles during their lifetime. While anyone who’s had chickenpox can get shingles, it most commonly occurs in people over age 50, along with people who have weakened immune systems. But you

can’t catch shingles from someone else.

Early signs of the disease include pain, itching or tingling before a blistering rash appears several days later, and can last up to four weeks. The rash typically occurs on one side of the body, often as a band of blisters that extends from the middle of your back around to the breastbone. It can also appear above an eye or on the side of the face or neck.

In addition to the rash, about 20 to 25 percent of those who get shingles go on to develop severe nerve pain (postherpetic neuralgia, or PHN) that can last

for months or even years. And in rare cases, shingles can also cause strokes, encephalitis, spinal cord damage and vision loss.

Shingles vaccine

The vaccine for shingles called Shingrix (see www.Shingrix.com) provides much better protection than the old shingles vaccine, Zostavax.

Manufactured by GlaxoSmithKline, Shingrix is 97 percent effective in preventing shingles in people 50 to 69 years old, and 91 percent effective in those 70 and older.

Shingrix also does a terrific job of preventing

nerve pain that continues after a shingles rash has cleared – about 90 percent effective.

Because of this protection, the CDC recommends that everyone age 50 and older receive the Shingrix vaccine, which is given in two doses, separated by two to six months.

Even if you’ve already had shingles, you still need these vaccinations because reoccurring cases are possible. The CDC also recommends that anyone previously vaccinated with Zostavax be revaccinated with Shingrix.

You should also know that Shingrix can cause

some adverse side effects for some people, including muscle pain, fatigue, headache, fever and upset stomach.

Shingrix – which averages around \$205 for both doses – is covered by most private health insurance plans including Medicare Part D prescription drug plans, but there may be a cost to you depending on your plan. Contact your insurer to find out.

Send your senior questions to Savvy Senior, P.O. Box 5443, Norman, OK 73070, or visit SavvySenior.org. Jim Miller is a contributor to the NBC Today show and author of “The Savvy Senior” book.

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March day trip turned hazardous for hunters



Al Clayton and gear ready for a snowplane adventure in 1957.

By **AL CLAYTON, SR.**
As told to **MARALEY McMICHAEL**
Senior Voice Correspondent

Editor's note: Al Clayton, who died in 2008, wrote this story about a cold misadventure. It's been edited and submitted by his daughter and Senior Voice Correspondent Maralee McMichael.

I made a snowplane and used it for many years for various trips and adventures. It was a great vehicle to travel through snow, especially on frozen rivers in Interior Alaska, similar to modern day snowmachine travel. Built in Seward in the mid 1950s, it had a metal tubing frame, reinforced canvas-covered body, an airplane motor with a 70-inch propeller, and three skis.

One beautiful spring day in March 1968, I decided to go caribou hunting. My wife, Martine, usually didn't go along on these excursions but she joined me for this trip since it would only be for the day. After loading the snowplane on the trailer, I pulled it behind my 1966 Checker station wagon from Glenallen north to the Chistochina River bridge, where I unloaded it and attached all three skis.

We set off for what was to be a trip upriver looking to spot caribou, but it wasn't long before we ran into overflow. At one particular place, there was open water two or three feet across. With my front ski eight feet in length and each side ski about nine feet, I figured I could drive

Photo courtesy Maralee McMichael

right across, as I had done many times in the past.

This time, however, there was thin ice on both sides of the overflow and the snowplane broke through. Immediately I revved the engine hoping to climb out, but with no luck. Martine got out and stood on a nearby pile of logs. I stood on the ice layer below in knee-deep water and tried to work the snowplane free, lifting and pushing. I couldn't rev the engine anymore since the propeller could have been damaged by hitting chunks of ice now floating by.

Soon it was evident that some of the ice chunks, which had broken beneath the snowplane, had drifted down a ways and formed a dam, backing the water up and causing it to quickly rise even higher. As the water rose and started to fill the body, I could no longer lift it and decided we needed to start walking out. About thirty minutes had passed with me standing in the ice water all this time.

Joining Martine on the pile of logs, we had quite a heated discussion about which way we were going to walk out. After tying rope around her waist and to myself, and making some walking sticks, we set out by first crossing through about 25 feet of water. It was hard to stand on the layer of ice beneath us and of course we didn't know how deep the water was below that ice if it broke through.

Once we got through the water, it then took a long

page 16 please

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Art of the North Galleries photo by Oscar Avellanada-Cruz

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Learning improv comedy to become a better caregiver

By **BRITTENY HOWELL**
For Senior Voice

Alzheimer’s Resource of Alaska (ARA) is teaming up with University of Alaska Anchorage and Anchorage’s improvisational comedy troupe, Scared Scriptless, to bring a new opportunity to family caregivers of someone with dementia. This free six week, in-person class will teach the principles of improv comedy to improve communications with a loved one. Participants do not have to be an actor, or even be “funny,” but instead this program will teach communication techniques that are used in improv and are considered best-practices in dementia caregiving. The class will be taught by several seasoned improvisers from Scared Scriptless, Alaska’s longest-running improv troupe, with

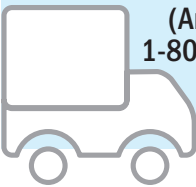
support from UAA faculty and ARA staff. At the end of each 1.5 hour weekly in-person class in Anchorage, caregivers will have a short discussion/debrief with ARA staff, a UAA gerontologist and student research assistants to talk about what was learned and how it may apply at home. This classes will be held at Cyrano’s Theatre Company, 3800 Debarr Rd., on Thursdays from 5:30 to 7:30 p.m., March 17 through April 21. All participants must be at least 18 years of age, provide unpaid care for a friend or family member with dementia, and be able to present the researcher with their COVID-19 vaccination card, demonstrating it has been at least two weeks since their second or third shot, in order to participate. If eligible, participants will receive a \$10 gift card

for each weekly session, for a possible total incentive of \$60 for completing the program. If interested or to see if you qualify, send an email to the researcher, Britteny M. Howell, at bmhowell2@alaska.edu by March 3 to sign up. *Brittany Howell, PhD, CPG, CDP, is an assistant professor, Division of Population Health Sciences at University of Alaska Anchorage.*

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Rambles

News from the Grapevine

Do you know someone whose outstanding service, dedication and leadership have had a significant impact on the quality of life for seniors in Anchorage? The Anchorage Senior Citizens Advisory Commission is seeking nominations for the **Annual Ron Hammett Award** for community service, to be presented during Older Americans Month in May. Nominees for this honor must meet the following criteria: nominee must be an Anchorage resident; nomination may be made by an individual or organization; nomination should include both the achievements and background of the nominee and also explain the reasons for the nomination. Nomination forms and award criteria can be obtained by calling 907-343-6590 or emailing [Judy Atkins](mailto:JudyAtkins@judith.atkins@anchor-ageak.gov) at Judith.atkins@anchor-ageak.gov. Or, the criteria for entry and the entry form, which you can fill out on your computer, are also available at <https://bit.ly/3gtDhtI>. The links to the award criteria and the form are in the right-hand panel ... Kudos to regional airline **Ravn Alaska**, who is teaming up with **Food Bank of Alaska** to distribute food to seniors on St. Paul Island, in the **Pribilofs**. A Feb. 11 **Alaska News Source** website story writes, “Ravn is helping to extend the Food Bank’s program by donating cargo space that will provide more than 600 monthly meals for seniors in the Aleut community of St.

page 16 please

Spread the word! Applications are open for the 2022 AARP Community Challenge Grant program



The average 50+ Alaskan spent more than fifty hours volunteering in 2018. Are you involved with a nonprofit or government agency that might benefit from funding for a quick-action project to make your city, town, or village a better place to live, work and play?

Pictured: Willow Community Center
pickleball court,
supported by a 2021 AARP
Community Challenge Grant

Since 2017, AARP has granted 21 grants to support quick-action projects across Alaska. Applications for 2022 grants are now open through March 22, 2022!

Learn more at <https://bit.ly/ak-community-challenge>



Rambles

News from the Grapevine

continued from page 15

Paul Island. Ravn handled freight for over 1,400 pounds of food, including 2,000 pounds which came from an employee food drive. Additionally, Ravn donated \$2,000 to the Food Bank of Alaska.” Ravn officials say they want to extend the program to other Bush communities ... Seward Senior Center’s writing group meets the second and fourth Wednesdays each month (March 9 and 23), 1 p.m. in the fitness room. Local English instructor **Sean Ulman** is working with the group to publish a collection of stories this summer and will be in the classroom for the March 23 session. So bring your work and your ideas. The book theme will be “Water and Wonder”. Call the center for more details, 907-224-5604 ... This month’s **Providers Breakfast**, sponsored by **Older Persons Action Group, Inc.**, is on March 9 at 8 a.m. and hosted by the **Alaska Office of the Long Term Care Ombudsman**. The monthly meetup is a networking opportunity for businesses and agencies providing senior services in the Anchorage and Mat-Su area. Informal, early and free, the ‘breakfasts’ currently meet virtually online via Zoo. RSVP by calling OPAG for more information on these events or to be added to our e-mail reminder and Zoom invitation list, 276-1059.

Rambles is compiled from senior center newsletters, websites and reader tips from around the state. Email your Rambles items to seniorvoice@gci.net.

Day Trip

continued from page 14

time to climb onto solid ice with it cracking and breaking as we tried. We finally got to another place where there was dry wood and I could build a fire. I couldn’t feel my feet. We wrung out our socks and warmed up.

We then walked in knee-deep snow away from the water, but soon found places where the overflow had backed up into the timber. It took even longer to walk around these “peninsulas” of water. Martine struggled with the rough terrain and it was very slow going. Since it was taking way too long to walk out, I realized we needed to stop and build another fire.

My toes were stiff, and I was concerned about frostbite. As we sat by the fire, I put my hand between the fire and my toes to protect from too much heat. (I later learned of a fellow who “cooked” his toes trying to thaw them on the exhaust pipe of a running engine.)

We started walking again and had to go out around more “peninsulas” of water. Time was elapsing, we had wet feet, and as



Snowplane adventures were sometimes a family affair. Martine Clayton holds Shirley, with Jeanette and Maraley in front during the winter of 1961-2.

Photo courtesy Maraley McMichael

I later learned, it was –10 degrees below. We heard wolves howling too close for comfort, and I knew they might think about having a feast on someone down-and-out.

Finally, after what seemed like forever (possibly three hours since breaking through the ice), we reached the Tok Cut-Off and the Checker. It started up okay and we headed for Glennallen, leaving the trailer behind. As our feet thawed out on the drive home, they started hurting. I drove straight to Faith Hospital. Upon examination, we could see our feet had already started to blister, with mine being in worse shape from spending more time in the water.

Back home, I found it too painful to stand with full weight, and ended up sliding a chair around to help get from one place to another. Dr. Pinneo advised soaking our feet in a solution of PhisoHex to keep

infection down.

I couldn’t go to work for three or four days. In the meantime, the manager where I worked at Copper Valley Electric Association offered to go retrieve my snowplane as I wouldn’t be able to go check on it for at least a week. The rescuers had good intentions, but in the process, much damage took place. I never did make the necessary repairs to get it up and running again.

Although we saw not one caribou on this most unsuccessful hunting trip, we were always thankful that our feet had no lasting effects from frostbite.

Al Clayton’s snowplane was restored in 2011 by Don Burt of Anchor Point and now is on display at the Museum of Alaska Transportation and Industry in Wasilla.

Maraley McMichael is a lifelong Alaskan currently residing in Palmer. Email her at maraleymcmichael@gmail.com



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Kotzebue.....	442-3500 or (800) 622-9797
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Additional information is available at:
www.alsc-law.org

*Funded by State of Alaska Department of Health and Social Services, Division of Senior and Disabilities Services. Preference for seniors in social and economic need.



Senior property tax exemption deadlines near

Senior Voice Staff

Alaska seniors age 65 and older can receive a tax exemption on the first \$150,000 of the value of their home, thanks to the state-mandated Senior and Disabled Veterans Property Tax Exemption.

Different municipalities around the state have different deadlines to apply. Some communities offer more generous exemptions. To qualify, all applicants must have turned 65 on or before Dec. 31, 2021, and must own and occupy the exempted property as their primary residence.

Note: Some communities require in-person application for first-time applicants, so be sure to confirm and allow time for the visit, if needed.

The Anchorage Municipality application deadline is March 15. Information and applications are available for download

at <http://www.muni.org>. Type “senior property tax exemption” into the search window. The direct link to the form is <https://bit.ly/3LoQ0MA>.

Kenai Peninsula Borough deadline is March 31. The application for download is at http://www.kpb.us/images/KPB/ASG/SENIOR_Blank.pdf

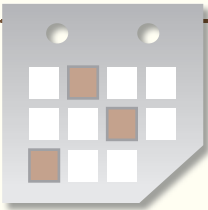
Fairbanks-North Star Borough deadline is March 31. For application information, call 907-459-1428 or email assessor@fnsb.us.

Juneau Borough deadline is March 31. For information, go to <https://juneau.org/finance/sales-tax/senior-citizen-tax-benefits/>. Application for download is at <https://bit.ly/36qOhqf>

Ketchikan Gateway Borough deadline is March 31. Visit <http://www.borough.ketchikan.ak.us>. The application for download is at <https://bit.ly/3uWpTHf>.

Calendar of Events

- March 1 Seward** “Walk for Wellness” each Tuesday and Thursday at the Alaska Railroad Terminal, 1:30 to 3:30 p.m. Call Seward Senior Center for information, 907-224-5604.
- March 5-6 Nenana** Nenana Ice Classic Tripod Days weekend celebration returns. Information and full schedule of activities (posted on Feb. 25) available at www.nenanaakiceclassic.com.
- March 13 Statewide** Daylight Savings Time begins. Move clocks ahead one hour.
- March 16 Anchorage** Anchorage Museum presents “Urban Harvest: Home Energy Efficiency” workshop at SEED Lab, 111 W. 6th Ave., 6 p.m. Learn tips and techniques to reduce energy use in your home, with Colleen Fisk, energy education director at Renewable Energy Alaska Project. Interactive workshop includes practice using tools to measure and reduce energy use. Free. Masks required. Registration online at <https://bit.ly/3p6Ln0a>.
- March 17 Nationwide** St. Patrick’s Day
- March 17-19 Statewide** Alaska Food Conference and Festival. Semi-annual event held online this year. Presented by Alaska Food Policy Council, event explores issues affecting Alaska’s food system, with local, regional and national speakers, film screenings, chef and food demonstrations, workshops, virtual farm and processing facility tours, online auction, more. Tickets start at \$50 for a single day, with options for group pricing, volunteer discounts, scholarships. Free youth track this year. Information at www.akfoodpolicy-council.org.
- March 25 Kenai** “March for Meals” annual Kenai Senior Center fundraiser. Silent auction, pie auction, country bazaar, dinner, activities for all ages. Call for information on tickets and other details. 907-283-4156
- March 28 Statewide** Seward’s Day
- March 24 Worldwide** World TB Day. Annual day of tuberculosis awareness commemorates the day in 1882 when Dr Robert Koch announced he had discovered the cause of tuberculosis, the TB bacillus. This year’s theme, “Invest to end TB. Save Lives”. More information and updates at World Health Organization website, <https://bit.ly/3h8fpwe>
- March 31 Statewide** Permanent Fund Dividend payment application deadline



Send us your calendar items

Send to: Senior Voice, 3340 Arctic Blvd., Suite 106, Anchorage AK 99503
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Deadline for April edition is March. 15.



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Alaska Chamber Singers is funded, in part, by the Atwood Foundation, Richard L. and Diane M. Block Foundation, The Carr Foundation, M.J. Murdock Charitable Trust, Municipality of Anchorage, Rasmuson Foundation, and through the generosity of many individuals and corporate community leaders.

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How the city of Seward got its name

By LAUREL DOWNING BILL

Senior Voice Correspondent

In March, Alaskans celebrate Seward’s Day in honor of the man who succeeded in persuading the United States to buy Alaska from the Russians. And there are many landmarks named after President Lincoln’s Secretary of State William Henry Seward. However, when Seward was chosen for the name of the town on Resurrection Bay, it took the personal intervention of President Theodore “Teddy” Roosevelt to make it possible.

By 1902, John Ballaine, originator and promoter of the Alaska Central Railway and founder of Seward, had selected the spot to be the tentative ocean terminus of the railroad he planned to build. His engineer, C.M. Anderson, had designated the place “Vituska” on the blueprints – a combination of Russian explorer Bering’s first name, Vitus, and the last syllable of Alaska.

But since Ballaine was convinced this new site would one day be the metropolis of a great territory, he wanted it to bear the name of the man who foresaw the primacy of the Pacific Ocean in the world’s future.

In March 1903, he bestowed upon the new town the name of Seward. Ballaine wrote Frederick Seward that he’d chosen his father’s name and received the following reply from Seward’s son on April 6:

“I need hardly say that the selection of the name seems to me an appropriate one and that it will be gratifying to those who knew him in life and the still greater number who hold his name in esteem and loving remembrance. Time has now shown that his prediction in regard to the future of Alaska was not at all exaggerated.”

However, the postal inspector of the district filed a protest, arguing that there were already several Swards in the territory.

Undaunted by the postal inspector’s opinion, Ballaine personally went to President Roosevelt and explained his reason for wanting to call the new place Seward. He pointed out that the other Swards were canneries or temporary camps that could easily change their names.

Roosevelt agreed and asked Ballaine to write him a letter embodying the reasons given verbally and have it back to him by 10 a.m. the next day.

Later, Ballaine recalled what Roosevelt said upon receipt of the letter.

“‘You are quite right,’ Roosevelt said. ‘This railroad should give rise



Seward was well on its way to becoming a fine town in 1906, as seen in this photograph of Fourth Avenue that year.

Public Domain

to an important city at the ocean terminus. The city deserves to be named in honor of the man who is responsible for making Alaska an American territory.’

“Thereupon, Roosevelt wrote on the margin of the letter a note addressed to Fourth Assistant Gen. Bristow, saying that he agreed with

disasters – fires, floods, earthquakes – to become an All America City three times. The National Civic League bestowed the honor on Seward in 1963, 1965 and 2005 to recognize how the town leverages civic engagement, collaboration, inclusiveness and innovation to successfully address local issues.

Ballaine, and signed it T.R.”

Ballaine had won his point and Seward was officially recognized. And although it did not become the metropolis as envisioned by Ballaine, its citizens overcame many

William H. Seward could be proud of his namesake, the ancestral home of the Alutiiq, or Sugpiaq, people who have called the area home since time immemorial.

Today, Seward has around 3,000 year-round residents and is a destination spot for thousands of tourists each year as it offers amazing fishing opportunities, wildlife tours and many unique experiences found only in the little town on Resurrection Bay.

This column features tidbits found among the writings of the late Alaska historian, Phyllis Downing Carlson. Her niece, Laurel Downing Bill, has turned many of Carlson’s stories – as well as stories from her own research – into a series of books titled “Aunt Phil’s Trunk.” Volumes One through Five are available at bookstores and gift shops throughout Alaska, as well as online at www.auntphilstrunk.com and Amazon.com.

The Start of Something

Across

- 1 Stretch of land
- 6 Open wide
- 10 Size up
- 14 Kind of panel
- 15 ___ Bator, Mongolia
- 16 Wood stork
- 17 Kind of snowman
- 19 Off-pitch
- 20 Abbr. after a name
- 21 Zsa Zsa’s sister
- 22 Cubic meter
- 23 Domain
- 25 Kind of gun
- 27 Slot machine symbol
- 28 Spooned out
- 31 Rio Grande city
- 33 Like Falstaff
- 34 Kind of maniac
- 37 God in Vedic mythology
- 38 Parceled out
- 39 Storage cylinder
- 40 Kind of college
- 42 New Jersey county

Down

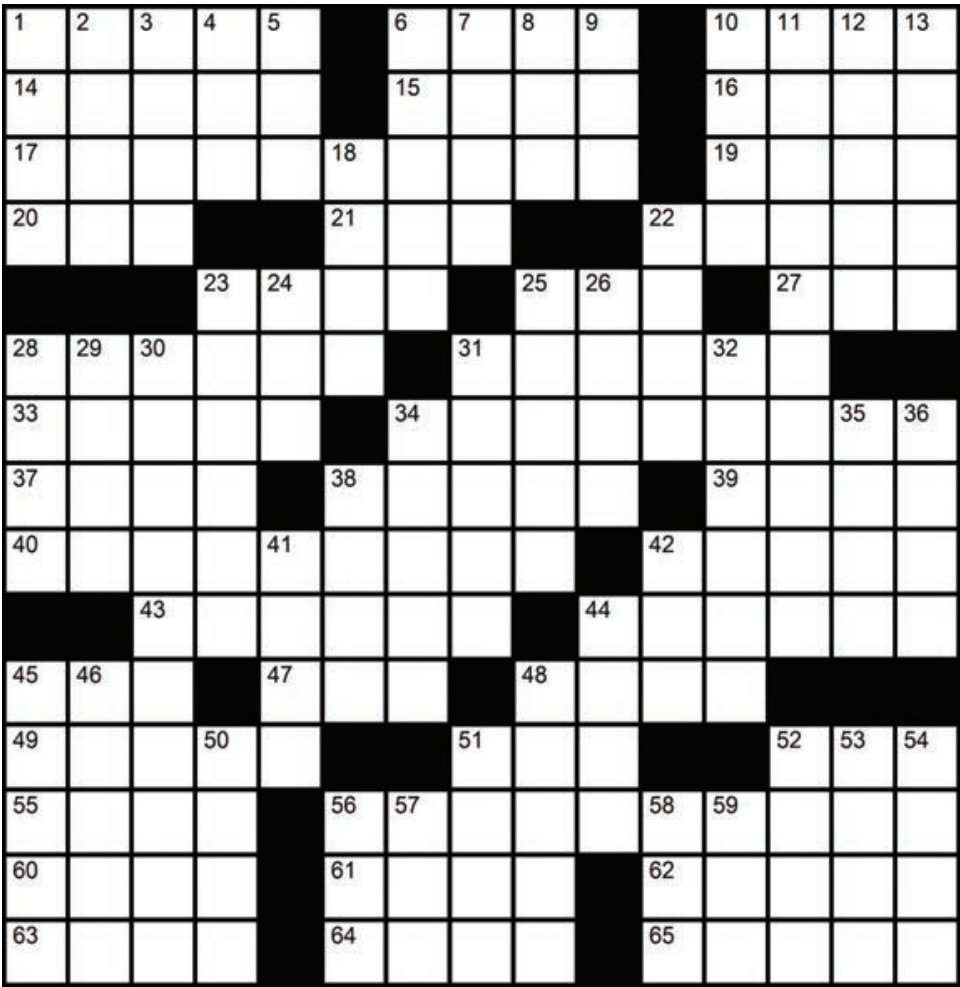
- 1 Nicholas I or II
- 2 Bench wear
- 3 “Thanks ___!”
- 4 Engine part
- 5 Prefix with lingual or lateral
- 6 Jelly fruit
- 7 Porcelain clay
- 8 Lassie portrayer
- 9 Chemical suffix
- 10 Break in friendly relations
- 11 Kind of seaman
- 12 It may be fit for a queen
- 13 Banana oil, e.g.

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- 18 Exigency

- 22 Work detail
- 23 ___-Lorraine
- 24 Female ruff
- 25 Caravan beast
- 26 Like the Gobi
- 28 Miner’s quest
- 29 Biblical shepherd
- 30 Kind of story
- 31 Montez and Albright
- 32 It got tossed at the Olympics
- 34 Trumpets
- 35 Jai follower
- 36 The Chaney’s, Sr. and Jr.

- 38 Diana of “The Love Specialist”
- 41 Subdued
- 42 Granola morsel
- 44 Nothing special
- 45 Publicist’s concern
- 46 Made bold
- 48 Skin problem
- 50 Overdue
- 51 Bewildered
- 52 Painter Chagall
- 53 Large-scale
- 54 Prayer pronoun
- 56 Before (Prefix)
- 57 Single or double
- 58 Shoot the breeze
- 59 Old Olds



Crossword answers on page 26



Hollywood journey rewarding, challenging for Sharon Gless

By **NICK THOMAS**

Tinseltown Talks

Not even a youthful warning from her grandfather, a powerful entertainment attorney during the Golden Age of film, could prevent Sharon Gless from attempting the journey to Hollywood.



Gless released her memoir, "Apparently There Were Complaints," in December.

Publicist photo

Neil S. McCarthy, who counted Cecil B. DeMille, Katharine Hepburn and Lana Turner among his clients, cautioned his young granddaughter that the movie industry could be a "filthy business." Aided by loyal friends and associates, however, as well as possessing a fierce determination to succeed, Sharon beat the odds to find stardom, as recounted in her December autobiography "Apparently There Were Complaints" (see www.sharongless.com).

Appearing in just a half-dozen feature films, Gless focused her career on television. Since 1970, she guest-starred in numerous TV movies and series and received wide acclaim for starring roles in several popular shows including the 80s CBS crime drama "Cagney & Lacey."

"It changed the history of television for women," said Gless from her home on private Fisher Island, a short ferry ride from the coast of Miami. Gless portrayed New York detective Christine Cagney alongside Tyne Daly as detective Mary Beth Lacey. The tough but flawed duo regularly dealt with serious social issues.

During the show's run, Gless and Daly dominated the Emmy season, winning for Best Lead Actress in a Drama each year (four for Daly and two for Gless). Of her co-star of six years, Gless has only praise.

"You might think we'd be competitive on the set, but not at all," she said of Daly. "When you're working, any sort of competitiveness is good for no one. She was a real pro and we were totally there for each other throughout the series. Since COVID, we talk on the phone almost every day."

Gless credits others for guiding her journey, including Monique James, head of the talent department at Universal Studios



Sharon Gless, left, as Detective Christine Cagney, with on-screen partner Tyne Daly as Detective Mary Beth Lacey.

CBS publicity photo

where Gless was under a seven-year contract. "She was so tough I always felt she would protect me, and she did. When I left the studio, she came with me as my manager for many years," Gless said.

Barney Rosenzweig was the executive producer of "Cagney & Lacey" and with whom Gless began

page 26 please

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Older workers

continued from page 4

hospitalist with a geriatrics focus, points out that having a paid job can also give older adults a sense of purpose. This can offer an added wellness boost to seniors' health. Despite these benefits, Sinvani notes that finding work after 65 years old might prove difficult. Older adults face a number of challenges such as ageism, and lack of resources available for job seekers.

Geropsychologist Maggie Syme, PhD helps others overcome stereotypical ideas they have about older people. And Vonetta Dotson, PhD, an associate professor of psychology, writes, "Many see older adults as just adults who have gotten older, and they don't necessarily appreciate all the biological, cognitive, social and psychological complexities of older individuals".

During the pandemic, in the nursing field, states have worked to expedite license renewals, allowed nurses to practice across state lines, and engaged them in short programs to refresh their skills.

In the technology sector, programmers with a knowledge of COBOL, the decades-old mainframe programming language, are being called up because complex computer systems run on older mainframes

with billions of lines of code, and it's not uncommon to find COBOL buried under layers of newer code.

Corporate "returnships" are programs with professional development sessions, cohort models, and transitional mentoring support easing the reintegration to the workforce. Companies tap high-potential professionals who have taken career breaks for eldercare, childcare, or health issues. Some programs also target people who are "unretiring" and veterans transitioning to civilian roles.

Continuing to work enables people to maintain independence in their aging years. While 56 percent of workers age 55 and older quit jobs in the last 10 months, citing the pandemic as their reason for leaving, others of the 1,250 surveyed quit for better pay, more joy, or a chance to be their own boss.

Bottom line

Reflect on if your job is still rewarding in mentally, physically and social ways. Do you feel engaged, challenged and enriched? If so, keep working. If not, consider a career break, pivoting to a new role, reduced hours or full retirement.

Karen Casanovas is a professional healthy aging coach in Alaska. Contact her at info@karencasanovas.com or through her website at www.karencasanovas.com.

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March 15, 9:30 to 11:30 a.m.

April 5, 9:30 to 11:30 a.m.
April 26, 6:00 to 8:00 p.m.

May 17, 9:30 to 11:30 a.m.
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Social Security

continued from page 2

Security Earnings Record” at www.ssa.gov/pubs/EN-05-10081.pdf, provides you with details on how to make a correction. You also can view your Social Security Statement on your my Social Security account, for estimates of future benefits and other important planning information.

If you would like to

learn more about how we can help women plan for retirement, check out our online booklet, “Social Security: What Every Woman Should Know”. You can find it at www.ssa.gov/pubs/EN-05-10127.pdf.

Workers in your home and Social Security taxes

Do you plan to pay a cleaning person, cook, gardener, babysitter or other household worker at least \$2,400 in 2022? If you will pay at least \$2,400 to one

person during the year, which may include transportation, meals and housing, you have additional financial responsibilities to consider.

When you pay at least \$2,400 in wages to a household worker, you must do all of the following:

- ▶ Deduct Social Security and Medicare taxes from those wages.
- ▶ Pay these taxes to the Internal Revenue Service.
- ▶ Report the wages to Social Security.

Accurate reporting is important as employees

earn credits toward Social Security benefits and Medicare coverage. You can currently earn Social Security or Medicare credit for every \$1,510 in wages that are reported. Generally, people need 10 years of work to qualify for:

- ▶ Retirement benefits (as early as age 62).
- ▶ Disability benefits for

the worker and the worker's dependents.

- ▶ Survivors benefits for the worker's family.
- ▶ Medicare benefits.

You can learn more about reporting household worker income by reading the “Household Workers” article at www.ssa.gov/pubs/EN-05-10021.pdf.



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Search for “Senior Voice Alaska”
then click on over! You can also

follow Senior Voice on Twitter: @seniorvoiceak



Medicare

continued from page 6

healthcare coverage and choose not to enroll in Medicare, you will not have health insurance for facilities outside the VA health system. You should sign up for Medicare when you become eligible if you want to get covered health care outside the VA system.

Note that having any of these types of insurance does not grant you a Special Enrollment Period if you delay Medicare enrollment. If you don't enroll in Medicare when you are first eligible because you have one of these types of insurance, you will likely face lifetime premium penalties and a gap in coverage if you later enroll in Medicare.

Part D considerations

If you are considering delaying Part D enrollment because you already have prescription drug coverage, first find out if your coverage is considered creditable. Creditable drug coverage is as good as or better than the standard Medicare Part D drug benefit. If you have creditable drug coverage, you will not have a late enrollment penalty for delaying Part D enrollment. If you lose

creditable coverage, you will have a Special Enrollment Period to enroll in a Part D plan. If you have no drug coverage, or have drug coverage that is not creditable, you must enroll in Part D when you are initially eligible to avoid a late enrollment penalty or gaps in coverage.

For answers to any Medicare related questions, please feel free to contact the State of Alaska

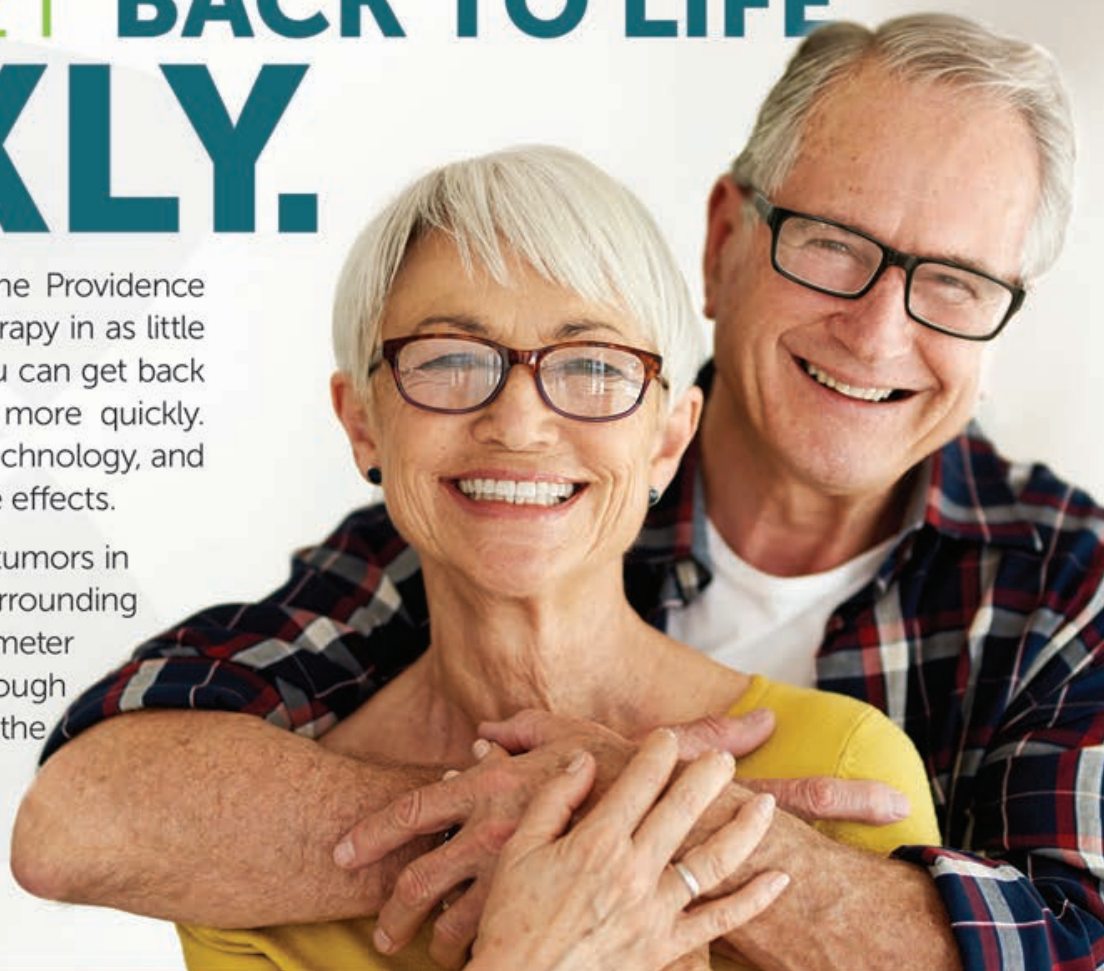
Medicare Information Office at 800-478-6065 or 907-269-3680; our office is also known as the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers (MIPPA) program.

Sean McPhilamy is a volunteer and Certified Medicare Counselor at the Alaska Medicare Information Office.

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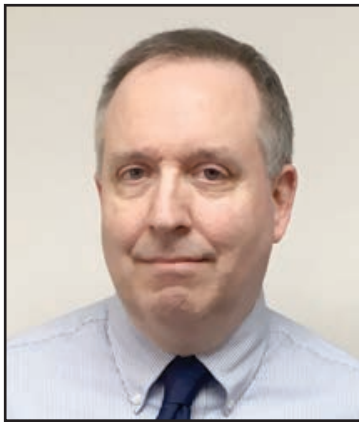
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It ain't a Personal Flotation Device

By KENNETH KIRK

For Senior Voice



When I was a kid, I lived for a while in a town near Brazil. Not the big country down in South America, but the small town of Brazil, Indiana. What was strange about the place was that they pronounced it BRAY-zill. I thought that was really odd, until I got back home to Alaska and learned that most of the world pronounces Valdez and Cordova differently from what I grew up with.

Yes, we do it differently in Alaska. It's a snowmachine, not a snowmobile. We don't refer to our highways by route number. We don't have counties. And we don't give a hoot how they do it Outside.

And even though a lot of Alaskans go out on boats and wear personal flotation devices, that's not what PFD means in Alaska.

We like us our Permanent Fund Dividends. For anyone reading this Outside (and the capitalization is not a typo) the PFD is the annual payout from oil revenues to each Alaska resident. It varies from year to year but is generally over \$1,000. But if you're an Alaskan, you already know all that.

Here are a few details you might not know.

A lot of people who are in assisted living, or nursing homes, need Medicaid to pay for their long-term care. Even some people who can live in their own homes need "long-term care Medicaid" to pay for caregivers to come into the home. Getting Medicaid means they have to live on a very tight budget. Both their income, and their assets, are limited by law if they want to stay on the program.

But if they get the PFD, and they keep it in a separate account, it doesn't count as income or as a disqualifying asset.

You read that right. You are only allowed to have a certain amount of assets, and a limited amount of income (perhaps run through a Miller Trust), but the PFD doesn't count as income, nor as an asset, as long as you keep it separate. You

have to keep that money in a separate account, though, segregated from any other income or assets. If you mix it in with other assets in an account, it can disqualify you and then you lose Medicaid.

That's a nice little benefit. If you are trying to live on a budget of, say, \$1,500 per month, you really have to count your pennies. Having an extra \$100 or so each month, coming out of the separate PFD account, can make it a little easier to get by.

Here's another one: You can still get a PFD after you die.

If you received a PFD for the year before you died, were still an Alaska resident when you died, and died in the second half of the year, your executor can apply for the dividend for you. Or, if you did not receive the PFD that prior year, but were an Alaska resident and survived until the following year (the year the dividend would be paid), your executor can still apply for the dividend.

But, you might ask, don't you have to be appointed executor by the court before you can apply? What if there is no need for a probate case, so you don't have an order from a judge appointing you as executor?

In that case, the person who would normally be the executor can sign a court form called an Affidavit for Collection of Personal Property, and use that to apply for the PFD. This works as long as there is no real estate in the estate (the person might have owned real estate, but maybe it was in a living trust, or their spouse was a joint owner on the title, or they recorded a transfer-on-death deed), their vehicles total less than \$100,000, and all

There are limits, but the PFD doesn't count as income nor asset as long as you keep it separate.

other personal property is worth less than \$50,000. If the person was over any of those limits, there is going to have to be a probate case opened. But in that case, you would have had to do that anyway, regardless of the PFD.

Incidentally, if you try to apply online as an executor, you won't be able to. You have to print out the form, fill it out and file

it. Why do you have to do it the old-fashioned way? Because they need an original death certificate to be filed with it.

One more important detail: The deadline for applying for the PFD is March 31. You don't want to miss that. I don't like to take chances, so I apply on New Year's Day, which is the earliest you can do it. I mean, what else am I going

to do on New Year's Day? I don't care whether Georgia beats Alabama. Why is it Cornell never makes these big bowl games?

Kenneth Kirk is an Anchorage estate planning lawyer. Nothing in this article should be taken as legal advice for a specific situation; for specific advice you should consult a professional who can take all the facts into account. Go Big Red!

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Slowdowns, iPhone mute switch, and Google Fi

By **BOB DELAURENTIS**

Senior Wire

Q. My computer is seven years old. Everything seems normal when it first starts up, but the longer I use it, the slower it runs. After an hour, the wait is awful. Restarting returns it to normal, but the slowdown repeats. Help!

A. This is a challenging problem to troubleshoot. Different things may cause this behavior.

The instant a computer starts up, it begins to use three things: CPU, disk space and memory. The computer is designed to keep these in balance, so the computer feels fast.

Your computer should have a built-in application that lets you peek under the hood. This crystal-ball-like application is called "Task Manager" on Windows and "Activity Monitor" on Mac.

These apps present lists and gauges that show how hard the computer is working each moment.

With a little practice — and maybe a YouTube video tutorial on the basics — you can learn to make sense of the gauges.

Some are easy. If a process is always using 90 percent of the CPU, that is an obvious slowdown.

Some slowdowns are tougher to spot. For example, both disk space and memory are measured

Google Fi is an example of a Mobile Virtual Network Operator. Virtual networks have been around a very long time, and they are "invisible" to most consumers.

in gigabytes, but they are two different things entirely. The path to fixing slowdowns is to learn what the crystal ball looks like after the computer starts and compare it to how it looks after it slows down. That should identify the culprit, so you can make adjustments. I wish I could be more specific, but every slowdown is unique. Good luck.

Q. What is the difference between the Do Not Disturb focus mode and the mute switch on my iPhone?

A. The official name of iPhone's tiny mechanical switch (pushbuttons do not count) is the Ring/Silent switch. Its primary function is to keep the phone from ringing aloud. But it does more than that.

The switch is not connected to Do Not Disturb mode (the little half-moon icon). Do Not Disturb mode sends most calls directly to voicemail, silences notifications and blacks out the screen.

When the Ring/Silent switch is positioned so the indicator underneath the toggle is red, the phone will not make noise except in very limited circumstances.

Alarms in the built-in Clock app ignore the switch. App developers can also request special permission to override the switch. This is rare, and I have yet to come upon an app that has it, but the override is intended for vital notifications, like medical alerts.

A few apps will continue working if it makes sense, like the music player will play music. But in general, if you see red on the switch, the phone will not make alert sounds.

A deep dive into Settings will provide more options, but, because some settings overlap and can conflict, it gets complicated quickly. Be sure to experiment if you try out custom settings.

The bottom line: The default settings on the iPhone work very well almost all the time. To silence the

phone in quiet places, flip the Ring/Silent switch to red.

Q. What is Google Fi?

A. Google Fi is a cellular carrier operated by Google. But the story only starts there. Google did not suddenly build a network of cell towers.

In a general sense, there are two types of networks in the United States: actual operators and virtual operators.

Companies like Verizon

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Wander the Web

Here are my picks for worthwhile browsing this month:

Virtual Mobile Network Operators

This URL can also be found by searching Wikipedia for "MVNO".

<https://bit.ly/3GGzUdL>

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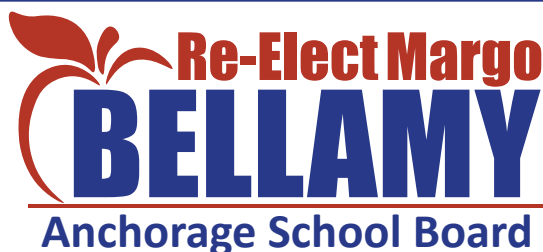
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Add pickleball to your Hawaii itinerary

By JIM LAVRAKAS

For Senior Voice

Playing Pickleball in Hawaii is just what you'd think: Pleasant weather, tropical breezes, and usually a wonderful, welcoming group of people to play with. It can also be a place where you take the time to practice on your skills at a pickleball camp. Although, with COVID, camps are not as plentiful in Hawaii, there are still places that offer in-house clinics and coaching.

On the Big Island of Hawaii, one place is at the Holua Tennis Club south of Kona, where you can schedule a class with a pro. On Oahu, you can sign up for classes at <https://oahupickleballassociation.org/>.



The Kona Pickleball Hui near the city swimming pool is a great place to play and socialize.

Jim Lavrakas photos



In this composite photo, Jim Lavrakas and his partner try playing against pros Kyle Yates and Irina Tereschenko in January 2020 in Kona.

And in Kona, the very loosely organized Kona Pickleball Hui (club), located near the city's outdoor swimming pool, offers a chance to play informally with a range of players, from beginners to advanced. Here, paddle racks are used to separate the recreational players from the "challenge court" players, who are more accomplished.

I took a three-day camp in January of 2020 and it culminated at the end of the week with the start of the Hawaiian Open Championships. I got to play against and then watch the top pros in the game play in the championships. Players like Ben Johns, Irina Tereschenko and Kyle Yates were there to teach and play.

At one point my partner and I played against Tereschenko and Yates. I used some new skills learned

that week and tried to get Tereschenko moved off the center of the court. She hit a back-hand around-the-post winner. I thought, "bet she can't do that a second time". I tried the same move. She hit another winner. (See photo.)

I do recommend taking a class or two so that basic strategy can be explained. The game really is different from tennis, or ping pong, because of the non-volley zone (NVZ), or "kitchen". The other way to learn, of course, is to find a place where the game is played locally, and just show up. Ask if they are amenable to playing with newcomers, if there are designated times or courts for newbies, and ask for coaching. It's as simple as that. Typically, there's someone who is accomplished and willing to spend some time teaching the basics.

In Anchorage, for ex-



In Discovery Harbor, on the South Point of the Big Island of Hawaii, a social membership to the Club House gets you all the pickleball you can play.

ample, the Anchorage Pickleball Club has an "Intro to Pickleball" class on Sunday, March 6, at the Spenard Recreation Center,

12:15 to 1:45 p.m. Cost is \$5. Here's their info: "Come learn the fastest growing sport in the world. You will learn how to keep score, the

basic rules, how to serve and play a little. Limited to 12 players. To register visit

next page please

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COVID

continued from page 3

and distancing] just naturally, because the cases were going down, and then they leveled off. And then once the omicron surge hit, we saw more people deciding to add on additional layers. And again, these are all personal choices that people are making.

“And I think as our omicron wave now starts to hopefully decline – it appears as though we’re moving in that direction – I hope that the trend continues in that downward trajectory. But as we start seeing a real steep decline in the omicron cases, I think people are going to naturally start to decrease their layers. And hopefully, you know, at some point in the near future, we can get to more of a steady state where SARS-CoV-2 [the virus that causes COVID-19] activity is much less rampant than it is right now.”

Finally, the discussion wouldn’t be complete without pinging the thoughts of Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President. Here’s his response to the “back to normal” question at a presentation at the National Institutes of Health, Jan. 22, 2022.

“Well, first of all, the

important point to make is that we are not there right now. Where we want to be is that sufficient control – and by “control” we mean not eradication, like we did with smallpox, that’s unreasonable; not necessarily elimination, like we’ve done with polio and with measles by mass vaccination campaigns – but a level of control that does not disrupt us in society, does not dominate our lives, and does not prevent us to do the things that we generally do under normal existence. We want to make it low enough so that it doesn’t disrupt our capability to function in society in a relatively normal way.

“We do that with other respiratory viruses. We know that we get RSV [a common respiratory virus that usually causes mild, cold-like symptoms], particularly against vulnerable elderly and children. We get para-influenza, we get influenza. These are important. We try our best to contain them, but they don’t disrupt us with regard to challenging our hospital system, with regard to challenging the entire healthcare delivery system. That’s where we want to be and I believe that we will get there, hopefully sooner rather than later.”

Lawrence D. Weiss is a UAA Professor of Public Health, Emeritus, creator of the UAA Master of Public Health program, and author of several books and numerous articles.

Pickleball

from page 24

muni.org/active.”

And there’s more clinics with the club in the following months. Check their website for more info on classes, events and places to play in Anchorage and around the state. <https://www.anchoragepickleball-club.com/>.

My wife Ruth and I are here for another month at the South Point of the Big Island of Hawaii. At the private clubhouse in our subdivision we bought an annual subscription for a social membership for \$100 and get to play as much pickleball as we want weekly.

It’s a varied group, with

very new players ranging in age from 45 to 75 years old, and there’s three really solid players I get together with for some rousing play. I get my fill of pickleball and the exercise keeps my blood pressure in check.

Even though there’s no formal clinics in Hawaii this year, I still work on the skills I learned at the last one two years ago. And that shouldn’t stop you from finding your own opportunities to learn to play and work on your own skills.

Next time: Common pickleball injuries and how to avoid them.

Jim Lavrakas has lived in Alaska for almost a half century. The self-proclaimed “squirrel man” has found a lively outlet in the pursuit of pickleball. You can reach him at www.FarNorthPress.com.

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Gless

continued from page 19

an affair toward the end of the show’s run. Despite their on-and-off-again personal relationship, Rozenzweig remained a loyal supporter of Gless’s career. The couple would eventually marry and remain together today. “We have an interesting history together that’s outlined in the book, but love and respect each other enormously,” she said.

Gless followed the hit crime show with other successful series such as “The Trials of Rosie O’Neill,” “Queer as Folk,” and “Burn Notice,” receiving multiple award nominations or wins

including a Golden Globe for Rosie O’Neill. And although she stumbled along the way (leading to the title of her book) with alcohol problems, weight issues, recurring pancreatitis, and complicated relationships, she never found Hollywood to be the “filthy business” her grandfather labeled it.

“It hasn’t always been an easy road, but I made my own way, helped by people who believed in me,” she says. “Television is an amazing medium and I’ve been fortunate to be part of it.”

Nick Thomas teaches at Auburn University at Montgomery, in Alabama, and has written features, columns, and interviews for numerous magazines and newspapers. See www.tinseltowntalks.com.

Tech Talk

continued from page 23

and AT&T build and maintain their own cell towers. They are actual network operators.

Google Fi is an example of a Mobile Virtual Network Operator. Virtual networks have been around a very long time, and they are “invisible” to most consumers. (There is a comprehensive list of MVNO’s on Wikipedia. See the link in the box below.)

Virtual networks can be less expensive, but savings often come with limitations.

Because there are so many different networks, it is impossible to make universal recommendations.

Buying decisions depend on the needs of each individual.

As for Google Fi itself, I am not especially impressed with its offerings compared to the plans from primary network operators like Verizon.

And Google, despite being an established technology brand, is a relative newcomer to direct end-user sales. I prefer to purchase tech products that are among the most important products each company offers.

However, Android is a key product for Google. That makes Google Fi important to watch.

Bob has been writing about technology for over three decades. He can be contacted at techtalk@bobdel.com.

Crossword answers from page 18

T	R	A	C	T		G	A	P	E		R	A	T	E
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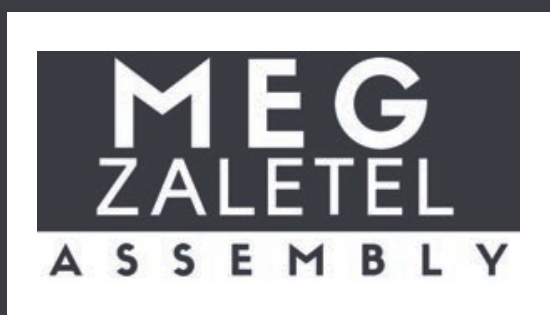
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