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Senior Voice

A publication of Older Persons
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Serving Alaskans 50+ Since 1978

Volume 44, Number 6 June 2021

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Swimmers bask in the sun and enjoy the experience of soaking in the naturally heated, spring-fed rock lake at Chena Hot Springs Resort near Fairbanks. Read more about Alaska's many hot springs and their pleasures on page 24.

Courtesy Chena Hot Springs Resort

2020
National Mature
Media Awards
Winner



Your subscriptions and donations keep OPAG, Senior Voice going

By DAVID WASHBURN

Senior Voice

Many readers pick up their Senior Voice each month at a senior center, apartment complex, office lobby or other public place. We gladly provide bundles to these locations at no charge to get our paper and its information into the hands of as many people as possible. However, I want to encourage readers who get their paper from these places to subscribe. You can do this using the subscription form on page 13 of this issue or the form on our website at www.seniorvoicealaska.com/subscribe, or just call one of the numbers at the end of this article. Not only does a subscription result in Senior Voice

being delivered directly to your mailbox each month, it also helps us keep our expenses down. We pay much less in postage to mail directly to your address than sending large bundles to “a location near you”. It also strengthens our position for ad sales and grants – both critical to our continued existence – when we have more subscribers. For many readers, a subscription won’t cost a thing. Older Persons Action Group, Inc., the nonprofit agency that publishes Senior Voice, provides the paper at no charge to low-income readers. By “low income” we mean someone who qualifies for public assistance. We generally give people the benefits of the doubt as to whether they can afford

a \$30 subscription, and we don’t require any income verification. We’ll take your word for it. We’ve found that many readers who get the paper free will still send in a donation because they want to help out, which is greatly appreciated. Sure, you can keep getting the paper when you’re out and about – as COVID safety measures ease – but wouldn’t it be nice to get it right at home, without missing an issue? To subscribe, call our toll-free number, 1-800-478-1059 from anywhere outside of Anchorage. In Anchorage, call 907-276-1059. **Donations accepted** Older Persons Action


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regarding donations should be emailed to OPAG Executive Director James Bailey at execdiropag@gci.net or call him at 907-276-1059. Interested in learning more about businesses and agencies providing senior services in the Anchorage and Mat-Su area? Want to get the word out about your own service? The monthly Service Providers Breakfast (formerly known as the Interagency Breakfast), sponsored by Older Persons Action Group, Inc., is an opportunity for all the above. Informal, early and free, the monthly event currently meets virtually online via Zoom. The June meeting is June 9, hosted by the Thomas Center for Senior Leadership. Begins at 8 a.m. RSVP by calling Older Persons Action Group, Inc. for more information on these events or to be added to our e-mail reminder and Zoom invitation list, 276-1059.

Networking for Anchorage, Mat-Su area providers

Has Biden forgotten his plans regarding drug pricing?

ANALYSIS
By ALAN M. SCHLEIN
Senior Wire

 **WASHINGTON WATCH**
His American Rescue Plan, which was billed as an emergency pandemic aid bill, focused on direct financial infusions to indi-

viduals and state and local governments along with funding for the vaccine rollout and other healthcare provisions. The second plan, presented with a greatly enhanced definition of “infrastructure” and has not yet passed Congress, deals

with physical infrastructure like roads, bridges, airports, and nontraditional infrastructure like broadband, elder care, climate change and electric vehicle funding. Biden’s third plan is focused on family issues and includes funding for tuition-free community college and pre-kindergarten, a vast expansion of family leave, and childcare programs. It would also extend the expanded child tax credit first passed in the pandemic funding bill. Lawmakers hope to get votes on these measures before the end of this year. The coronavirus rescue was approved at a cost of \$1.9 trillion. The American Families Plan is a \$1.8 trillion proposal, including \$1 trillion in new spending and \$800 billion in tax credits. The American Jobs Plan, with the infrastructure and home health care proposals, is expected to cost \$2.3 trillion. To pay for these, Biden proposes to increase taxes on the wealthiest and high-

est-income Americans, increasing the marginal income tax rate for the top 1 percent of American income earners, to 39.6 percent from 37 percent. He would also increase capital gains and dividend tax rates for those earning more than \$1 million a year. In addition, Biden proposes to raise the corporate tax rate from 21 percent to somewhere between 25 and 28 percent to pay for the infrastructure package. *page 20 please*

While the proposals include a significant home health care benefit for some seniors, the only health care provision in Biden’s American Families Plan is a \$200 billion proposal for subsidies to those who purchase their own health insurance, intended to cut premium costs. What was left out of the infrastructure and families proposals is perhaps more interesting.

President Joe Biden has laid out a long list of policy priorities — some more politically plausible than others. But what he left out of his sweeping infrastructure and family relief proposals – drug pricing reform, among other things – is as important as what he included. Biden, who served in the U.S. Senate for 36 years and as vice president for eight more, understood the politics of coronavirus and was able to successfully shepherd his pandemic relief bill through Congress, with only Democrat votes. But that was easy, compared to his current push to get sweeping infrastructure and family relief aid packages through Congress.



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Senior Voice, established in 1978, is published monthly by Older Persons Action Group, Inc., a statewide non-profit corporation serving the interests of all older Alaskans. Partially funded by a grant from the Alaska Division of Senior and Disabilities Services. Subscription price is \$30 a year to Alaskan residents. All subscriptions outside Alaska are \$35 a year. Copyright © 2021 by Older Persons Action Group, Inc. ISSN 0741-2894

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Providing for Alaska seniors throughout the pandemic

By NADINE LEFEBVRE
For Senior Voice

During the pandemic, many organizations in Alaska reduced the direct services they provided, but that was not true for Southeast Senior Services (SESS). SESS worked to meet the changing needs of seniors and caregivers during this difficult time. Typically, in a non-pandemic year SESS, which is a division of Catholic Community Service, works with local, state and national partners to offer home and community-based services such as nutritious meals, door-to-door transportation, adult day services, case management, senior and caregiver counseling, and a regional senior information and caregiver

Southeast Senior Services worked to meet the changing needs of seniors and caregivers during this difficult time.

resource center. In March 2020, SESS suspended on-site senior center services, including the congregate meals program, in response to safety mandates. Rather than reducing services, Southeast Senior Services took the opportunity to grow and adjust services to meet the needs of seniors as they stayed home to stay safe. All seniors age 60 and older were deemed eligible for home delivered “meals on wheels,” and senior centers doubled and even tripled the number of seniors served with home delivered meals. As senior center rides

were limited to ensure the safety of seniors, SESS drivers offered grocery, mail and prescription delivery to ensure that seniors had those things they needed to maintain their health. Other adjustments to senior center services included outreach phone calls to seniors to combat social isolation and check on their wellness. And across Southeast, “loaner” iPads and training have been made available to seniors through their SESS senior centers so they can connect to family via Zoom and participate in virtual Tai Chi classes provided by SESS.

Over the years, SESS has grown from four senior centers in 1974 to a network of 11 senior centers throughout Southeast Alaska. Nine of the senior centers operate in partnership with the local tribal organization to maximize the days and hours of meal and transportation services for local participants. These local senior centers are run by local senior center managers who are members of the community. There is no charge to participants, and all people age 60 and older are welcome. With many Southeast communities making great progress in getting people vaccinated, it will not be long before senior centers will be opened to vaccinated seniors for congregate meals and activities.

“We look forward to returning to congregate meals for those who are fully vaccinated, with a target date of July in most of the communities we serve,” said Program Director for Southeast Senior Services Marianne Mills. For information about a specific senior center location, please visit www.ccsak.org/southeast-senior-services.html For information about Southeast Senior Services, please visit www.ccsak.org/all-of-southeast-alaska.html The author wants to express gratitude to the Catholic Community Services Executive Director Erin Walker-Tolles, and Southeast Senior Services Program Director Marianne Mills, for their collaboration on this article.

Why the controversy over a vaccine passport?

By JOHN SCHIESZER
For Senior Voice

There are many examples of the long-established right for public institutions such as schools, employers, governments and businesses to protect the health of others by requiring individuals to provide proof of vaccination or of a past infection, or seek a medical or religious exception. So why has COVID-19 vaccination become a lightning rod for controversy over “vaccine passports” and claims of violations of medical privacy or individual rights? Medical historian Dr. Howard Markel has written two popular books on the history of infectious diseases and efforts to stop them over the centuries. “Ways of proving vaccination or past disease have long existed in different

forms, and for different diseases, even before we understood what actually caused infections or had vaccines against them,” said Markel, who directs the University of Michigan’s Center for the History of Medicine, Ann Arbor, Michigan. He said proof of vaccination doesn’t take anybody’s freedom away and will help allow you to have more freedom. “In fact, they increase your freedom because they allow you to travel where you want to go and do what you want to do. It’s a non-issue and those who say otherwise are making controversy where none should exist,” said Dr. Markel. Health law and medical ethics researcher Kayte Spector-Bagdady, said institutions rarely have

the right to require anyone to get vaccinated, but if you want to work somewhere in particular, or want others to provide you services (such as schools, or businesses, or travel), they might have the right to ask you to provide proof of vaccination first. “Not only might they

have the legal right, but they might also have the legal obligation to protect others,” said Spector-Bagdady, who is the associate director of the University of Michigan’s Center for Bioethics and Social Sciences in Medicine. Smallpox plagued humankind for thousands

of years and killed one in three people who caught it, before worldwide vaccination eradicated it in the late 1970s. The Supreme Court affirmed the right of health departments to require smallpox vaccination in

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Send us your letters

Send letters to the editor to Senior Voice, 3340 Arctic Blvd., #106, Anchorage AK 99503. Maximum length is 250 words. Senior Voice reserves the right to edit for content and length. Space may be made available for longer opinion piece essays up to 400 words. Contact the managing editor at editor@seniorvoicealaska.com to discuss this. Copy deadline is the 15th of the month prior to publication.

Letters

Happy 100th birthday, Stella

Dear Editor,

We are very proud to announce that Stella Maestas will be a new member of the centenarian club as she turns 100 at the end of May. She is currently a resident at the Veteran’s Pioneer Home in Palmer, Alaska.

She was born in Olathe, Colorado in 1921 to Teodoro and Sofia Baca on a farm. She was the baby of the family with four brothers and sisters. She attended school in Olathe and graduated from high school in 1938.

She soon met her future husband, Fred, at a St. Patrick’s Day dance in Montrose, Colorado. It was



March 17, 1939 and that was the beginning of their romance. On Dec. 8, 1940, they were married and spent the next 80 years as a happy couple, which was a milestone, too. Sadly, Fred passed away in January, 2020 with Stella by his side.

During their marriage

they had three children, Nancy (who passed away in 1948), Fred Jr. and Anna. The family started to grow, with five grandchildren and great grandchildren. These children are the greatest joy to Stella.

We all continue to keep in contact with Stella through video chats, pictures, cards and visits. It is a blessing to have Stella with us to love and be loved by her.

We are delighted and thankful to be a part of this significant event as Stella enters a new century of life and wish her many more years of health and happiness.

Anna Benedict
Star, Idaho



Don't postpone your second dose of vaccine



DEC photo

NHCOA Media

In the United States, more than 40% of adults have received at least one dose of the COVID-19 vaccine, however, most approved COVID-19 vaccines require two doses to provide a level of adequate protection.

Delaying a second dose of the vaccine could put people at risk for any of the new variants and “are dangerously vulnerable to infection with variants that weaken the effects of antibodies,” according to recent statements by Dr. Anthony Fauci, chief epidemiologist of the White House.

Another dangerous point is that, when receiving the first dose, and not returning for the second, the person runs the risk of being left with a false sense of security. You may even mistakenly think that you are already immune to the virus and continue with your normal life, without basic care against the pandemic.

According to research conducted by the universities of Princeton, Harvard and Columbia and the National Institutes of Health of the United States, published in the journal Science, giving a single dose can reduce the number of cases in the short term by immunizing more quickly to a greater number of individuals. However, if people's immune responses are less robust after a dose, subsequent outbreaks could be larger.

Another finding of the study is that the very low rates of administration of

the vaccine may be associated with a greater number of cases and, possibly, with the adaptation of the virus. Given this, the research emphasizes the importance of an equitable distribution of the vaccine worldwide, since the immune escape in one place will spread rapidly through the new variables of the virus.

There is still much to know about vaccines and it is important to continue to comply with all measures until more is known about their protection against new strains and the body's reaction to them.

All people who received the first dose, regardless of the vaccine they received, should wait the minimum time necessary to return to the nearest vaccination center and complete the vaccination with the second dose.

In addition to the vaccine, the recommendations remain the same for those who received one, two, or no doses of the vaccine: everyone should maintain physical distance, use face masks, wash their hands with soap and water (or alternatively use alcohol gel); and make sure you live in open spaces where the air flows.

Let's stop COVID-19 together.

This article originally appeared in Spanish on the National Hispanic Council on Aging (NHCOA) blog at www.nhcoa.org. It is part of an ongoing Senior Voice series by the Diverse Elders Coalition, looking at different senior demographics.

Vaccine passport: Controversy

continued from page 3

1905. That ruling, and other judicial and legislative actions since then regarding the right to require proof of vaccination in certain circumstances, will all inform what governments, businesses, universities, school districts and others will do regarding COVID-19.

“You are free to make choices about vaccination, but all of our choices have consequences,” said Dr. Markel. “It simply means you won't be able to go places or do things that will require you to show you've been vaccinated. If you think that's freedom, have at it.”

Currently, vacationers, journalists, missionaries

One of the big questions still unresolved is whether the COVID-19 vaccine will be treated more like the annual flu vaccine or the measles vaccine.

and nonprofit organization workers bound for many African countries have to carry a special certificate proving they've been vaccinated against yellow fever. From the late 1980s until 2010, people with HIV/AIDS could not travel or immigrate into the United States. Spector-Bagdady says that one of the big questions still unresolved is whether the COVID-19 vaccine will be treated more like the annual flu vaccine or the measles vaccine.

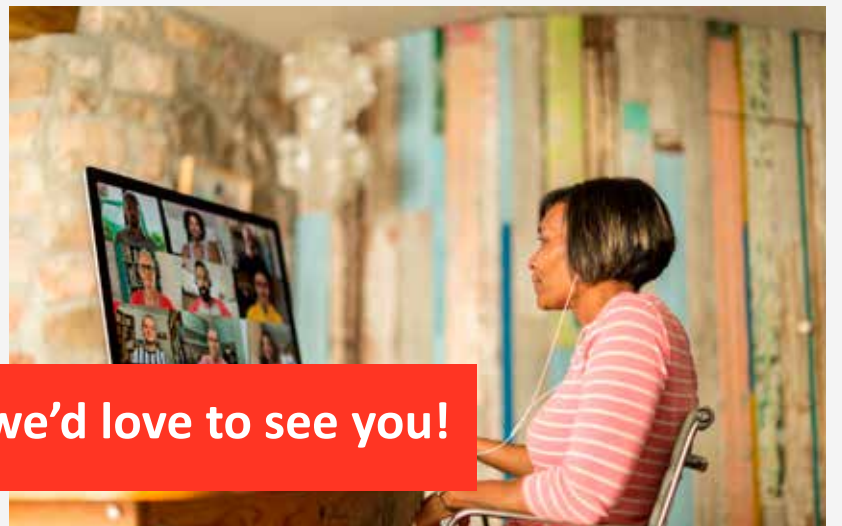
The flu shot is strongly encouraged for everyone

by medical professionals, but only required in limited circumstances such as hospital workers. But the measles vaccine is required in many more situations, including enrollment into many public schools.

The federal government is expected to issue guidance for the use of COVID-19 vaccine status soon, but it seems unlikely to set a standard for a national document beyond the white cards issued to vaccinated people. Other countries are creating their own standards and passes.

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We're also on Twitter at @seniorvoiceak



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This is our LAST event in our “Landscapes of Alaska” series with the Anchorage Museum!

Tuesday, June 29 at 10:15 am, *Landscapes of Alaska: Life*

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Plus: AARP events around the nation are on the Virtual Community Center! From cooking classes and concerts to exercise classes; there's something for everyone! AARP Virtual Community Center: <https://local.aarp.org/virtual-community-center/>



COVID: Earlier detection; reinfection in young

By JOHN C. SCHIESZER

For Senior Voice

Detecting severe COVID-19 earlier

There is some very good news to report in the battle against COVID-19 as researchers may have discovered a way to detect early those who will become severely ill. Most people who are infected with SARS-CoV-2 develop no or only mild symptoms. However, some individuals suffer severe life-threatening cases of COVID-19 and require intensive medical care and a ventilator to help them breathe. Many of

Despite a prior COVID-19 infection, young people can catch the virus again and may still transmit it to others. This is an important point to know and remember as vaccine rollouts continue.

these patients eventually succumb to the disease or suffer significant long-term health consequences. To identify and treat these individuals at an early stage, a kind of “measuring stick” is needed. So, there has been intense interest in identifying predictive biomarkers that can recognize those who are at risk of developing severe COVID-19.

A team led by Professor Burkhard Becher at the Institute of Experimental Immunology at the University of Zurich, working with researchers from France, has now discovered such a biomarker. It appears to be the number of natural killer T cells in the blood. These cells are a type of white blood cell and part of the early immune response.

“The number of natural

killer T cells in the blood can be used to predict severe cases of COVID-19 with a high degree of certainty, even on a patient’s first day in a hospital,” says Burkhard Becher.

The researchers are hoping that these new findings also will make it possible to investigate new therapies against COVID-19. The rapid deterioration in the health of COVID-19 patients is caused by an overreaction of the body’s immune system. A closer look at this process may lead to important new life-saving therapies.

Past infection does not fully protect young people against reinfection

Although antibodies induced by COVID-19 infection are largely protective, they do not completely protect against reinfection in young people. A new longitudinal, prospective study of more than 3,000 young, healthy members of the U.S. Marines Corps conducted by researchers at the Icahn School of Medicine at Mount Sinai and the Naval Medical Research

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Understanding when you should call hospice

By AMY TRIBBETT

Hospice of Anchorage

You just found out you have a limited life expectancy. Let’s say six months to a year. Here’s the kicker: You get to choose how you spend this time. What does that look like to you?

Maybe you would like to be surrounded by family and friends. Perhaps you want to mend some broken relationships before it is too late. You probably would like to be comfortable and free of as much pain as possible. What about the comfort of your own surroundings? Of course, you want your cat (or is it a dog or rabbit or bird?) to cheer you up daily. And the last thing

you want to worry about is how and where to get that hospital bed and other equipment, not to mention paying for it.

You have just described hospice. Surprised? At Hospice of Anchorage, we hear time and again from people who have used our services, “I wish we would have called sooner.” Not calling sooner was their biggest regret.

Why call sooner? So that you, your family and loved ones can reap all the benefits hospice care has to offer. If you wait to call hospice until the last days or weeks of your loved one’s life, you will miss out on having a team help you through the process. Hospice works best when

there are months rather than days to establish relationships and support.

While many hesitate to call because they feel like they are giving up all hope, we try to help them understand that they are doing their loved ones and themselves a great service by calling sooner. The more time we have with a patient and their family, the better. With months, not days, our hospice team has more time to devote to a quality end-of-life experience.

Hospice of Anchorage provides:

Nurse Educator: Nurse consultation and education about symptom management and caregiving.

Coordination: Coordination with your physician

and other professionals to ensure smooth communication and effective care.

Support: Emotional, spiritual and grief support, as desired, for both you and those close to you. Grief support can be ongoing for your loved ones.

Assistance: Assistance navigating financial, legal and planning issues from a qualified social worker.

Care Assistant: Care-giver assistance provided by professional personal care assistants (PCAs) supported by the Alaska Senior In-Home Services program for qualifying families.

Compassionate Companion: Compassionate companions are trained volunteers who do a variety of activities dependent on

client interest. Some volunteers provide specialized services such as massage or pet therapy.

Free Resources for Alaskans:

- ▶ Lending Library
- ▶ Loan Closet
- ▶ Advance Directives
- ▶ Dementia Care: Robotic pets, fidget blankets, music players, tool kits
- ▶ Transportation Assistance
- ▶ Rx Assistance

For more information on Hospice of Anchorage services, call 907-561-5322 or email info@hospiceofanchorage.org.

Amy Tribbett is the Hospice of Anchorage Executive Director.

Better health requires better motivation

By KAREN CASANOVAS, PCC, CPCC

For Senior Voice

Q: How do I get my aunt who stays with me to do some form of exercise? I know it will help her and I’ve even offered to exercise with her so she isn’t alone, but she is still resistant.

A: Physical activity is an important part of healthy aging. Frequent, repetitive, and enjoyable exercise can be a challenge. Many individuals see exercise as a fun social gathering as they walk outdoors or in



the mall, but others find it tough just to get started.

Any change is created through small steps. While good intentions make log-

ical sense, a few months later they are often abandoned. Studies show within four months of making a new resolution, 25 percent are dropped. And those who succeed only do so after five or six failed attempts.

Different types of exercise to stay healthy varies by person. Some sort of physical activity aids in mental health and keeps individuals independent and mobile in the aging process. The key is to start slowly to build endurance, strength, balance and flexibility.

How do I take the first steps toward a healthier physical lifestyle?

1. Find what motivates your aunt toward happiness. Does she find joy in baking pies together? Maybe if there is agreement between the two of you to exercise three times per week, the reward is a homemade pie to look forward to once per month. The passion to bake for others can be a motivator to exercise.

2. Even if your aunt is highly motivated, she likely will not go out on

the first day and walk five miles after being inactive. Successful micro steps need to be taken slowly and methodically managed to stay focused. Using the smallest step of just setting your shoes out every day creates intention. Both of you can place your shoes in the same spot each day. Do that for a few days, although it may seem silly. This creates a habit of positive intention. Evidence points to neuroplasticity, meaning our brain is

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Audiologist or hearing aid specialist? What is the difference?



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

Part two of two.

A Hearing Aid Specialist (HIS) learns more about the hearing aid, how to fit the hearing aid and adjust hearing aids to the individual's hearing loss, how to repair, clean the hearing aids and how to spot a disorder in the ear. If an HIS spots what appears (no diagnoses) to be a disorder in the ear, they refer the patient to an ENT.

Whether you choose an audiologist or HIS for your hearing aid needs, you will not go wrong with either one. As in any healthcare specialty, the most important thing is

you getting the help you need. You must be comfortable with the person helping you. This means you need to trust in their ability to treat you with respect, know how to help you and have the expertise you need. Every person is different in knowledge and ability to help you. Just like everyone needing help is different in their needs.

It really does not matter what a title is if you are getting the help you need and feel comfortable getting it. My advice to you is choose the person that is the best fit for you, not the title.

Accurate Hearing offers free hearing tests. We want to ensure that every patient gets the right hearing aids to best meets their hearing loss, lifestyle and budget needs. Request an appointment by calling 907-644-6004.

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



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Alaska law permits a hearing aid dealer who is not a licensed physician or a licensed audiologist to test hearing only for the purpose of selling or leasing hearing aids; the tests given by a hearing aid dealer are not to be used to diagnose the cause of the hearing impairment.

Health Fair summer schedule

By **SHARON PHILLIPS**

Alaska Health Fair, Inc.

Our agency has had a challenging year, as many non-profits have during our nation's health crisis. The loyalty of many long-time clients, the curiosity of many new clients, plus many regular contributors have helped us to ride the crazy, wild waves of 2020-2021 and we didn't go under water during the process. We are survivors and have proven this time and again over the past 41 years of serving Alaskans statewide.

The Southcentral and Southeast health fair programs are closing their spring season at the end of May and the Tanana Valley Northern Region Program will close their spring season in mid-June. Our offices statewide are closed for our traditional summer break from July 2-11 (surrounding the Independence Day holiday).

We'll start office blood draw tests again in August

and officially begin our fall health fair season then. Please check out the Alaska Health Fair website at www.alaskahealthfair.org for a listing of new fall events as they get scheduled, newsletters, announcements and updates. Or just hover your smartphone camera over our new QR code (shown below) and quickly access our website.

We traditionally offer



heart and stroke health, diabetes prevention and management to include kidney health, prostate health and other educational topics from a variety of exhibitors, educators and

screeners. During COVID, we refrained from involving exhibitors and screeners but hope to return to offering this education on a steadily increasing basis.

We are always looking for skilled phlebotomists and other medical and non-medical volunteers, of all ages, backgrounds and experience levels. Our volunteers provide strong support at community or worksite health fairs. They also assist in administrative tasks and our important office draw services as we continue using our appointment-based model, which has proven to be popular.

Our office staff schedule flex time during the summer, so if you have an important matter to discuss, reach out before the end of June or in late July and we'll help you in any way possible.

Sharon Phillips is the Tanana Valley/Northern Region Program Director for Alaska Health Fair, Inc.

Medicinal uses for baking soda

By **SUZY COHEN**

Senior Wire

Everyone has some baking soda in the house and if not, you should get some. Aside from baking with it, I also use it in my garbage disposal and to brighten my laundry.

Sodium bicarbonate is known more commonly as "baking soda" since it helps make dough rise by producing carbon dioxide. Today, I'll share the most common medicinal uses for

baking soda, as well as a few household uses that make it the cheapest, most effective remedy in town.

Consuming excessive baking soda is toxic because it's so high in sodium. So if you're taking it internally for heartburn, do not use it chronically, and do not take too much. See a doctor for proper treatment.

Now, here are the best medicinal uses using baking soda:

Freshen breath. Adding

some baking soda to your mouthwash can instantly freshen breath and improve oral hygiene. I think this is a great addition to anyone's nightly routine and studies even show that it can help your body fight bacteria better by increasing pH in your saliva temporarily. You can make a mouthwash using baking soda, water and essential oils. Rinse with

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BEFORE AFTER

Let us help you get more spring in your step in time for summer!

6 | Senior Voice, June 2021

Getting help with Medicare costs

By COLTON T. PERCY
For Senior Voice

Many individuals with Medicare find themselves struggling to pay the various costs associated with monthly premiums or prescription drugs. Fortunately, there are a number of different programs available to help.

Medicare Savings Program

The Medicare Savings Program (MSP), or Medicare Buy-in, is a program to help with paying Medicare premiums. There are

three different programs you may be qualified for based on your income and assets, listed in the table below. These programs are administered through the State of Alaska Division of Public Assistance. If you think you may be eligible for one of these cost-assistance programs, please reach out to the Division of Public Assistance. The Medicare Information Office is also able to help screen you for eligibility and assist with filling out the application.

Extra Help

Extra Help is a program

Medicare Savings Plan benefits			
MSP	Benefits	Monthly income limit	Asset limit
Qualified Medicare Beneficiary (QMB)	- Pays Part A and B premiums - Eliminates cost-sharing for Medicare-covered services	Individual: \$1,361 Couple: \$1,834	Individual: \$7,970 Couple: \$11,960
Specified Low-income Medicare Beneficiary (SLMB)	- Pays Part B premium	Individual: \$1,629 Couple: \$2,197	Individual: \$7,970 Couple: \$11,960
Qualifying Individual (QI)	- Pays Part B premium	Individual: \$1,830 Couple: \$2,469	Individual: \$7,970 Couple: \$11,960

administered through the Social Security Administration and is designed to help with the cost of Part D prescription drug plans. There are different levels of help you can be qualified for at a 25%, 50%, 75% or

100% subsidy. If you are qualified for the full amount of Extra Help, you will not have to pay a Part D monthly premium or deductible if you are enrolled in participating Part D plans. The income and asset limits for Extra Help are listed in the table below. If you qualify for Medicaid or the Medicare Savings Program, you will automatically qualify for Extra Help. You can apply by going to <http://www.benefitscheckup.org/Alaska>, calling Social Security, or by calling the Medicare Information Office.

There are many assis-

tance programs available. If you think that these two programs do not meet your assistance needs, call the Medicare Information Office for a personalized counseling and we can see if there are other programs you may be eligible for.

Colton is a Certified Medicare Counselor and the Volunteer Coordinator for the Alaska Medicare Information Office. If you have questions about Medicare or are interested in volunteering and helping your fellow Alaskans navigate Medicare, please call 1-800-478-6065.

Extra Help benefits

Income limit	Asset limit	Program	Copayments
Below \$2,031 (\$2,741 for couples) per month	Up to \$14,790 (\$29,520 for couples)	Partial Extra Help - Premium depends on your income - \$92 deductible or the plan's standard deductible, whichever is cheaper	- 15% coinsurance or the plan copay, whichever is less - After \$6,550 in out-of-pocket drug costs, you pay \$3.70/generic and \$9.20/brand-name or 5% of the drug cost, whichever is greater
Up to \$1,830 (\$2,469 for couples) per month	Up to \$9,470 (\$14,960 for couples)	Full Extra Help \$0 premium and deductible	- \$3.70 generic copay - \$9.20 brand-name copay - No copay after \$6,550 in out-of-pocket drug costs



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Detecting strokes earlier using a phone app

Researchers find Mediterranean diet may protect against Alzheimer's

By JOHN SCHIESZER

Medical Minutes

Preventing strokes with a phone app

It may soon be possible to detect atrial fibrillation with your phone. About one-third of ischemic strokes, those triggered by blood clots, are caused by atrial fibrillation, which is the most common heart rhythm disorder. Since many people don't have symptoms and are unaware of its presence, atrial fibrillation often goes undiagnosed. In some cases, a stroke is the first sign that a person has the disorder. American Indians are more at risk for atrial fibrillation than people in other racial and ethnic groups. As a population, American Indians also have substantially higher rates of obesity, diabetes and high blood pressure, which are all risk factors for atrial fibrillation.

Researchers are reporting in the Journal of the American Heart Association that a smartphone-based electrocardiogram (ECG) screening accurately detected previously unknown



atrial fibrillation in American Indians, and more than half who were diagnosed with the irregular heart rhythm were younger than the recommended screening age of 65. Individuals with atrial fibrillation are five times more likely to suffer stroke than those without atrial fibrillation.

"We know the risk of atrial fibrillation is high in people who are from racial and ethnic groups, especially among American Indians, so we wanted to see if we could identify silent atrial fibrillation," said lead study author Dr. Stavros Stavrakis, a cardiologist at the Heart Rhythm Institute of the University of Oklahoma Health Sciences Center in Oklahoma City, Oklahoma. "Systemic screening among American Indians has never been done before, and the true rate of atrial fibrillation in this population is unknown," Dr. Stavrakis said.

Researchers enrolled

1,019 American Indians, ages 50 and older. In this study, 63% were female and investigators compared the ECG results of the screened participants to the results of a control group. The control group included 1,267 American Indian adults, ages 50 and older, who received care at their tribal clinics during the same time period but did not receive the mobile-based ECG screening.

Of the 1,019 participants who received the mobile-based ECG screening, atrial fibrillation was found in 15 patients (1.5%). In contrast, only four of the 1,267 (0.3%) patients in the control group (standard care, based on clinical symptoms alone) were diagnosed with atrial fibrillation. About half of those diagnosed with atrial fibrillation by mobile-based ECG (eight of 15 patients) were younger than 65.

"Our study shows that we have a very simple and accurate method to screen and diagnose atrial fibrillation that is easy to implement at tribal clinics," said Dr. Stavrakis. "This

widely-available, low-cost approach has real potential to improve health outcomes among American Indians."

American Indians develop cardiovascular diseases at earlier ages than the national average. More than one-third of deaths attributed to cardiovascular disease in American Indians occur before the age of 65, which is the recommended age to begin atrial fibrillation screening according to guidelines from the U.S. Preventive Services Task Force.

"In a targeted, high-risk population such as American Indians, our results showed screening at a younger age found many cases of atrial fibrillation that would have been missed following current age recommendations," said Dr. Stavrakis. "We have the potential to improve outcomes in this population by initiating early treatment."

Dietary changes may have brain benefits

Alzheimer's disease is caused by protein deposits in the brain and the rapid

loss of brain matter, however a Mediterranean diet rich in fish, vegetables and olive oil may be protective. In Alzheimer's disease, neurons in the brain die. Largely responsible for the death of neurons are beta-amyloid proteins, which form clumps (plaques) between neurons. This leads to Alzheimer's symptoms such as memory loss, disorientation, agitation and challenging behavior.

Scientists at the memory clinic of the University Hospital Bonn in Germany now have found that a regular Mediterranean-like dietary pattern with relatively more intake of vegetables, legumes, fruit, cereals, fish and monounsaturated fatty acids, such as from olive oil, may protect against protein deposits in the brain and

brain atrophy. This diet has a low intake of dairy products, red meat, and saturated fatty acids.

A total of 512 subjects with an average age of around 70 years took part in the study. The volunteers were

next page please

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Baking soda: Medical

continued from page 6

plain water after you do the baking soda rinse.

Itching. Get relief for itching and minor bug bites or bee stings using baking soda paste that you make at home. Make a paste that is thick enough to apply to your skin. The amount you use doesn't matter, just pour it into a little dish, and add enough water slowly until it is thick like a paste, and you apply it to your itchy spots. You can even kick it up a notch medicinally by adding several drops of lavender, frankincense and/or tea tree essential oil.

If your itchy skin is widespread, as you might experience with a drug allergy reaction, then take a lukewarm bath and add about 2 cups to a large bathtub of water, and soak for 15 minutes.

Smelly Feet. You can make a little footbath using 1

cup of baking soda to a small footbath of water. I would add a cup of witch hazel to the mix as well as 10 drops of tea tree oil. Soak your feet for 5 minutes then rinse and dry off. This might help with toenail fungus too.

Heartburn or reflux. Acid reflux is a very common problem that stems from various different root causes, including cancer, ulcers and obesity. Have a workup before using a baking soda remedy and only use this for temporarily acute conditions such as the aftereffects of eating a spicy salsa.

Baking soda works by neutralizing stomach acid. Dissolve about 1/2 to 1 teaspoon of baking soda in a cold glass of water. Sip it slowly until the heartburn subsides. Do not use this chronically because it may lead to metabolic alkalosis and electrolyte disturbances, which impact your heart and muscles.

Strokes: App

from page 8

divided into two groups: 169 participants were cognitively healthy, while 343 were identified as having a higher risk of developing Alzheimer's disease due to memory impairment, mild cognitive impairment (MCI) and other factors.

"People in the second half of life have constant eating habits. We analyzed whether the study participants regularly eat a Mediterranean diet, and whether this might have an impact on brain health," said study investigator Professor Michael Wagner.

The participants first filled out a questionnaire in which they indicated which portions of 148 different foods they had eaten in the past months. Those who frequently ate healthy foods typical of the Mediterranean diet, such as fish, vegetables and fruit, and only occasionally consumed foods such as red meat, scored highly on a scale.

The scientists investigated brain atrophy. They performed brain scans with magnetic resonance imaging (MRI) to determine brain

volume. All the participants underwent various neuropsychological tests in which cognitive abilities such as memory functions were examined. The researchers found that those who ate an unhealthy diet had higher levels of these biomarkers in the cerebrospinal fluid than those who regularly ate a Mediterranean-like diet.

In the memory tests, the participants who did not adhere to the Mediterranean diet also performed worse than those who regularly ate fish and vegetables.

"There was also a significant positive correlation between a closer adherence to a Mediterranean-like diet and a higher volume of the hippocampus. The hippocampus is an area of the brain that is considered the control center of memory. It shrinks early and severely in Alzheimer's disease," said lead study author Tommaso Ballarini, PhD, a post-doctoral fellow in Michael Wagner's research group.

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 ‘House Calls’ webinars for family caregivers

Series aims to help keep loved ones out of hospitals

By **KATIE DOUGHERTY**

AARP Alaska

Mountain-Pacific Quality Health and AARP state offices in Alaska, Hawaii, Montana and Wyoming invite family caregivers across the west region to a free public webinar series called, “House Calls,” which will demonstrate infection protection and other ways to keep loved ones out of the hospital.

The webinar series is free, but participants are asked to register by visiting https://aarp.cvent.com/House-calls_2021 or https://aarp.cvent.com/Housecalls_MP.

The webinar series comes from the Centers for Disease Control’s (CDC) Project Firstline, which offers interactive infection prevention and control curriculum for healthcare and public health workforces and family caregivers across the United States. The “House Calls” series aims to help caregivers take better care of their loved ones residing both at home and in skilled nursing facilities.

During this series, you will learn the latest news from leading health experts from AARP and Mountain-Pacific Quality Health about COVID-19 vaccination and how to keep yourself and your loved ones safe and protected.

The series kicked off on May 14 with a free presentation titled, “I’m Vaccinated Against COVID-19. Now What? Are We Back to Normal?” with Stevi Sy of Mountain-Pacific Quality Health. Sessions are monthly through September 2021. The session was recorded and archived and is posted on the AARP Wyoming Facebook page at www.facebook.com/AARP-WY. The other webinars in this series will be posted to

this page as well.

The webinar schedule

All webinars start at 11 a.m. Alaska time.

The next event in the series will take place June 11, featuring Dr. Aida Wen on “Infection Control: Slowing the Spread of COVID-19.” Dr. Wen is an Associate Professor, Department of Geriatric Medicine, at the University of Hawaii John A. Burns School of Medicine (JAB-SOM). Dr. Wen serves as the medical director at a nursing facility and is the president and founder of the Hawaii Medical Directors Association since 2008. Dr. Wen will explain the difference between infection control and source control.

The July 9 webinar will feature Jill Hult of Mountain-Pacific Quality Health leading a session on “Protecting Yourself and Loved Ones – The New Norm.” Hult is a Registered Nurse, Licensed Nursing Home Administrator, and holds a Certificate of Nursing Home Infection Prevention Training from the Centers for Disease Control. Hult will use this time to offer simple and cost-effective strategies that can mitigate infections from spreading.

The subject of the August 13 webinar will be “Cleaning and Disinfecting Even If COVID Isn’t In Your House.” Learn About the different cleaning products and their proper uses, presented by Kelley O’Leary, Registered Nurse and infection control specialist with the Hawaii Department of Health who holds a Master’s Degree in Community Health Nursing and has been certified in infection control since 2005. O’Leary’s presentation will discuss how to use disinfectant products already on the market to maximize their effectiveness.

The final webinar in the series takes place Sept. 10, as Jill Hult of Moun-

tain-Pacific Quality Health and Wyoming Long Term Care Ombudsman Patty Hall offer a joint presentation titled, “Is It Safe To Socialize and Travel?” Hall is Wyoming’s Long Term Care Ombudsman, and works to resolve problems related to the health, safety, welfare, and rights of individuals who live in long term care facilities, such as nursing homes, board and care and assisted living facilities, and other residential care communities. This presentation will center around how to socialize and travel, while balancing risks and expectations with safety and quality of life.

If you do not pre-register for these events you can still participate at the times and dates listed above by joining the Zoom at <http://bit.ly/AARP-house-calls> or calling 301-715-8592. The webinars will feature 20- to 40-minute demonstrations on subject matter, while allowing for questions from the live audience. For those who want to watch the presen-

tations, but don’t plan to ask questions, check out the livestream on AARP Wyoming’s Facebook page at <https://www.facebook.com/AARPWY>.

About Project Firstline

The COVID-19 pandemic has revealed gaps in infection prevention and control knowledge and practice in healthcare settings nationwide. The Project Firstline program includes room for townhall discussions, and tele-mentoring to ensure all workers in healthcare are empowered with knowledge and reasoning behind today’s infection control practices.

CDC has teamed up with a coalition of more than a dozen healthcare, public health, and academic partners, as well as 64 state, territorial, and local health departments through the Epidemiology and Laboratory Capacity cooperative agreement to support development and dissemination of Project Firstline’s information. The series objectives in-

clude slowing and stopping the spread of infectious disease, by helping family caregivers understand how to keep their loved ones protected in order to reduce healthcare costs and hospital readmissions.

“We all need to know infection control basics and understand how to prevent infection during day-to-day activities and individual interactions. Infection prevention (IP) processes, procedures and tools can be used to empower all individuals within our communities to take necessary IP precautions,” says Crystal Morse of Mountain-Pacific Quality Health.

Learn more by exploring CDC’s Project Firstline factsheet, Facebook page, Twitter – or read the full Project Firstline press release. For more information, including how to participate in Project Firstline, contact Crystal Morse at cmorse@mpqhf.org.

Katie Dougherty is the Associate State Director of Communications for AARP Alaska.

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Family caregiver tip of the month

By **DANI KEBSCHULL**

For Senior Voice

If you are a family caregiver and have been feeling as if you are particularly stressed out by all the duties and responsibilities that come with your role, you are not alone. Here are some facts about caregiver stress from Caring.com:

- ▶ 40% of caregivers have been providing care for five or more years.
- ▶ Working women with caregiver roles are 2.5 times more likely to live in poverty when they become elderly compared to women who have not been caregivers during

their lifetime.

- ▶ Long distance caregivers spend an average of \$392 per month on travel and out-of-pocket expenses as part of their caregiving duties.
- ▶ Approximately one third of caregivers provide intensive care although they are themselves in “fair to poor” physical health.
- ▶ Spousal caregivers age 66 to 96 who experience caregiving-related stress have a 63% higher mortality rate than non-caregivers of the same age.
- ▶ Two thirds of working caregivers caring for someone age 65+ have

to rearrange their work schedule, decrease their hours, or take unpaid leave to meet their caregiving responsibilities.

- ▶ Female caregivers are more likely to suffer from anxiety, depression and other symptoms associated with emotional stress due to caregiving.
- ▶ 20% to 50% of caregivers report depressive disorders or symptoms.
- ▶ An informal caregiver (unpaid) is estimated to lose an average of \$25,494 in Social Security benefits.
- ▶ Over 40% of caregivers have been providing assistance for five or more years, and nearly 20%

have been doing so for 10 or more years.

What can you do?

Ask for help. Asking for support may seem obvious, but people are often hesitant to ask, for fear of being a burden. However, more often than not, family and friends are eager to help, even if it is just for a short time. Make a list of things you need help with and have your family and friends choose what they can help with. People typically respond favorably to concrete tasks.

Take a break from work. Ask for some time off at the job. Block time off for

a vacation. Get temporary help to get back on your feet. Take time to rest and rejuvenate your body.

Talk to friends and family. The life of a caregiver can be lonely. Isolation is sometimes part of the job. Making an effort to stay in contact with friends and family can go a long way to reduce stress levels.

The Kenai Peninsula Family Caregiver Support Program is here to help. Call 907-262-1280.

Dani Keschull is Program Coordinator for the Kenai Peninsula Family Caregiver Support Program.

Health: Small steps can pay off big

continued from page 5

constantly evolving and changing. Positive intentions sprout new neural pathways in our brain and resources to support it. The more positivity created by those cerebral networks, the stronger those neural structures become.

3. Discouragement sets in when lofty goals are set, but full achievement of those goals seems overwhelming. After determining your aunt's motivation, then helping create intention, a change in attitude occurs. The more positive energy that is set toward a conscious decision, every cell within our body rallies in alignment with the intention and vibrates at that same positive frequency. The mind and body are so entwined that frequent positive attitudes are building superhighways of nerve cells transmitting solid messaging becoming shaped into our existence. Neurons that fire together wire together, which then fortifies those same circuited networks.

4. Finding ways to incorporate physical activities into everyday tasks will make working out easier. Making physical workouts part of a social activity, family gathering or taking a class with others can keep everyone motivated and

full of personal rewards. According to the Physical Activity Guidelines for Americans, you should do at least two and a half hours per week of moderate-intensity aerobic activity. Being active at least three days a week is best but doing anything is better than doing nothing at all. If possible, try to incorporate muscle and strengthening activities like sit ups or lifting weights two days per week in addition to balance training. And most importantly, if you have specific health conditions, discuss your exercise and physical activity planned with your healthcare provider.

No matter what health and physical abilities one has, a lot can be gained by staying active. Lack of inactivity often leads to increased doctor visits, frequent hospitalization, and additional medications. Not only does staying active improve strength so one can stay independent, but a person will also have more energy to do the things they want to do and reduces fatigue. Improving balance lowers the risk of falls and decreases stress by helping older adults sleep better. The benefits of improving or maintaining some aspects of cognitive function, such as the ability to shift quickly between tasks, also increases mood and may

reduce the feeling of depression. Neuroplasticity is the brain's potential to create neural pathways and to reorganize itself according to how it is being used – or not being used. The more the mind and body

work together, the greater overall benefits there are.

Karen Casanovas is a Professional Certified Coach that oversees a private practice specializing in aging and health. She's a Fellow with the Institute of Coaching

and former member of the Anchorage Senior Citizens Advisory Commission. If you have a question for Karen, email her at info@karen-casanovas.com.

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Seniors stuck with student loans: Problems and prospects

By LAWRENCE D. WEISS

For Senior Voice

Are you a senior chafing under the debt burden of a student loan? It may be perversely comforting to know that you are not alone. According to the U.S. Government Accountability Office (GAO), in 2015, nearly 870,000 borrowers age 65 and older were burdened by federal student loans. Certainly the numbers are even higher now. Moreover, the amounts of money involved are staggering. According to AARP, in 2004, adults age 50 and older owed \$47 billion in student loan debt. By 2018,

Private student loan lenders routinely require that a student jointly apply for a loan with a co-signer or co-borrower. Loan co-signers or co-borrowers are held responsible for repaying the loan along with the primary borrower. Student borrowers often turn to their parents and grandparents to co-sign their private student loans.

that figure had exploded to \$289.5 billion, making it one of the biggest contributors to the rise in the amount of debt seniors owe in general. So, what happened?

The Office for Older Americans, and the Office for Students and Young Consumers studied this

emerging problem a few years ago and released a major report in 2017, "Snapshot of older consumers and student loan debt." Here's what they found:

"Unlike federal student loans, private student loan lenders routinely require that a student jointly apply

for a loan with a co-signer or co-borrower. Loan co-signers or co-borrowers are held responsible for repaying the loan along with the primary borrower. Student borrowers often turn to their parents and grandparents to co-sign their private student loans. The Bureau estimates that 27 percent of individuals who are co-signers on one or more outstanding student loans are age 62 and older, and 57 percent of all individuals who are co-signers are age 55 and older."

In addition, researchers made this astounding

finding: nearly 40 percent of federal student loan borrowers age 65 and older are in default, often with draconian consequences. For example,

"Every year, the federal government shoves tens of thousands of seniors into poverty or near-poverty by garnishing Social Security benefits to make up what is owed in student loan payments, undermining one of the nation's most successful anti-poverty programs. In 2015, the federal government garnished the Social Security

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Alaska seniors in long term care during COVID-19

UAA student reports findings

By SAVANNA
SIMMERMAN

UAA Health Sciences
Graduate, 2021

As a graduating senior and assistant at an Alaska assisted living facility, I wanted to look at how COVID-19 impacted long term care residents. With careful attention to confidentiality agreements, and proper respect to resident's privacy, I conducted a short, anonymous informal survey among the residents at the facility in Southcentral Alaska.

Background on long term care residents and their caretakers

In 2019, a Journal of the American Medical Association (JAMA) article reported that 46% of caretakers working in long term care homes missed at least one care task per shift and 65.4% felt they rushed at least one care task once per shift. The most frequently rushed task was talking with residents (49.2%) followed by oral care, toileting, bathing, and peri-care. With the added stress of the pandemic, a 2020 article in a Canadian FACETS journal reported, resident-staff interactions may not have been as beneficial to the social needs of long term

care residents as implied by the increased closeness created by isolation within the homes. These studies also emphasized that residents of long term care homes faced issues of added loneliness and isolation on top of worry about their health and COVID-19, in general.

I wondered if the characteristic resiliency of the mostly "Greatest Generation" population of assisted living homes would apply to their current situation. Although older adults were the most likely to die from COVID-19 infection, they scored themselves significantly higher in good mental health compared to the other age groups in 2021 studies. Another study resulted in mean coping level (on a one through ten scale) of 7.9, with 87% of participants rating their coping positively. The primary coping methods were staying busy, seeking social support, and staying positive.

Alaska long term care resident COVID pandemic survey and results

A total of 30 residents were surveyed, 63% male, 67% veteran, 90% white (10% Alaska Native), and the average of three years living at the home. Seventy percent of residents felt that COVID-19 restrictions

affected their day-to-day life, with 12 reporting that they felt lonely or missed family. An 80 year old male felt "...under a pressure that is not normal. One could call it depression...". Similarly, a 68 year old female explained that her inability to go out made her "[feel] like [she] was in jail".

Although the majority of residents agreed that their routines were changed due to COVID-19, seven mentioned that they understood the precautions were necessary. They used terms such as "they're doing their jobs to keep us safe", "I didn't enjoy it but it was necessary", and "I understand the rationale". Sixty-percent of residents felt that the precautions such as masks and COVID-19 tests made them feel different. Ten residents spoke about the importance, safety and necessity of the masks and tests; 10 residents spoke about their dislike for the masks. Residents mostly explained difficulty understanding staff or being able to have a conversation with them.

Eighty-seven percent of residents felt that their overall experience living at the home had been positive. Conversely, 23% of residents felt that their feelings have changed due to "no more visitors", claustrophobia, and the "scary

nature" of the precautions.

When asked if their access to visitors has changed since COVID-19, 80% of residents answered yes. Residents spoke of their family (children and grandchildren) and friends and how much they missed them. A 99 year old woman described her first experience being away from her family for a prolonged period as "difficult and lonely" and "[she] felt sorry she couldn't see them". Eighty-seven percent of residents received the COVID-19 vaccine. Res-

idents felt that it "made them feel good" and were happy taking it "as long as it worked".

The majority of residents (73%) did not notice a difference in their activity level or motivation to be active since COVID-19. Just one male resident explained how his physical health had been disproportionately impacted by the restrictions. He spoke of how "the second lockdown tore [him] up. It really affected [him] physically and

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Golf gadgets that can help older golfers

By **JIM MILLER**
Savvy Senior

Dear Savvy Senior: Do you know of any golfing equipment that can help older golfers? My dad, who's 76, loves to play golf, but arthritis in his hands has made gripping the club challenging, and his fragile lower back makes stooping over to tee-up or retrieve the ball a problem too. Is there anything out there that can help? – *Golfing Buddy*

Dear Buddy: There are actually a wide variety of adaptive golf equipment that can help older golfers who struggle with injuries, arthritis or loss of mobility. Here are several golfing products that may help with different needs.

Gripping solutions

Gripping a golf club is a very common problem for seniors with hand arthritis or those who have hand or elbow injuries. To help alleviate this problem there are specially-designed golf gloves and grips that can make a big difference. Two of my favorite gloves are the Bionic Golf Gloves (www.BionicGloves.com) that have extra padding in the palm and finger joints to improve grip. And the Power Glove (www.PowerGlove.com), which has a small strap attached to the glove that loops around the club grip to secure it in your hand. These run between \$20 and \$30.



Save your back and use accessories like ZeroBend Golf company's Tee-Up Foldaway, a 34-inch long-handled tool that has a trigger-style handgrip and a jaw that holds the ball and tee for placement without bending down.
ZeroBendGolf.com

Another option is to get oversized grips installed on your dad's clubs. These can make gripping the club easier and more comfortable and are also very good at absorbing shock. Oversized grips are usually either one-sixteenth-inch or one-eighth-inch larger in diameter than a standard grip, and cost around \$10 per grip. You can find these grips and have them installed at your local golf store or pro shop. Or, for a grip-and-glove combination fix, check out Quantum Grip (www.QuantumGrip.com), which incorporates Velcro material recessed in the golf club grip and a companion golf glove that has mating Velcro material in the palm. Cost: \$25 per grip, and \$40

a glove.

Upright tools
For golfers with back, hip or knee problems, there are a number of different tools that can eliminate the repetitive bending and stooping that comes with playing golf. For example, for teeing up the ball without bending over, consider the Tee-Up Foldaway by Zero Bend Golf. This is a 34-inch long-handled tool that has a trigger-style handgrip and a jaw that holds the ball and tee for easy placement. It costs \$70 at www.ZeroBendGolf.com. For other stoop-proof tee-up solutions, see the Tee Pal Pro (\$70, www.TeePalLLC.com) and Joe's Original Backtee (\$25, www.UprightGolf.com). ZeroBend Golf and Upright Golf also offer ball pickup tools and magnetic ball marker products that cost under \$15.

Or, if you just want a great all-around golf picker-upper, consider the Graball GrabAll Jaw – sold through Amazon.com for \$10 for a package of two. It attaches to the handle end of your putter and chipper and is designed to pick up golf balls, flagsticks, putters and green side chippers.

Reflective golf balls
If diminished vision makes locating the ball challenging, Chromax golf balls (www.ChromaxGolf.com) can help. These are reflective colored golf balls that make them appear larger and brighter. Cost: \$10 for a three-pack.

Easy carts
There are also ergonomically designed golf carts that can help older golfers tote their clubs around the course. If you like to walk, CaddyTek (www.CaddyTek.com) and Clic-

gear (www.Clicgearusa.com) has a variety of three and four-wheeled push/pull carts that are highly rated for function and foldability. Costs typically range between \$150 and \$300. Or, for severe mobility loss, the SoloRider specialized electric golf cart (www.SoloRider.com) provides the ability to play from a seated or standing-but-supported position. Retailing for \$10,500, plus a \$600 shipping fee, this cart is lightweight and precisely balanced so it can be driven on tee boxes and greens without causing any damage. Federal ADA laws require that all public golf courses allow them. 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.

Let someone fish for you

If you are 65 or older, 70 percent physically disabled or blind, you are eligible for a fishing proxy. This means you may have someone else fish for you for most fish and shellfish, though proxy fishing for halibut is not allowed. For more information or to pick up a form, visit your local senior center or Dept. of Fish and Game office. Or visit the website <https://bit.ly/2ISozyl>. The Proxy Fishing Information Form can be downloaded, printed, then filled out, but it has to be brought in, faxed, or scanned in then e-mailed to an Alaska Fish and Game office for validation.

Send us your calendar items

Send to: Senior Voice, 3340 Arctic Blvd., Suite 106, Anchorage AK 99503
editor@seniorvoicealaska.com
Fax: 907-278-6724.
Deadline for July edition is June 15.

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Wasilla’s ‘Miles for Meals’ fundraiser returns

Wasilla Area Seniors, Inc.

Back in August of 1989, Wasilla seniors got together and planned their first Miles for Meals on Wheels 5K. The event was successfully carried out on June 2, 1990 and raised a little over \$5,000. There have been many changes over the past 31 years, but the Miles for Meals Fun Run, Walk & Roll 5K continues to be the largest fundraiser of the year for Wasilla Area Seniors Inc. (WASI).

Due to lingering concerns about group events, WASI will host this year’s 5K both in-person and virtually, in your space or at our place. The virtual 5K event will run from June 1 through June 26;

the in-person event will be held outdoors on Saturday, June 26. On that Saturday, check-in begins at the Wasilla Senior Center campus, 1301 S. Century Circle, at 9 a.m. and the race/fun run starts at 10 a.m. You can register online at www.wasillaseniors.com/miles-4-meals-on-wheels/m4m-re/or/stopby-the-Wasilla-Senior-Center. The cost is \$25, and t-shirts are available for \$12.

This year we have added a virtual silent auction which began May 15 and ends June 1, at 3 p.m. The silent auction will be the kick-off for our main fundraiser of the year, which as you know benefits Meals on Wheels of Mat-Su Valley. Follow us on Facebook or check our website <https://www.wasillaseniors.com> for more details.

Our Meals on Wheels program is on track to deliver over 120,000 meals this year, which is a 41% increase

from last year. With your help, we can continue to provide a daily wellness check by our staff and trained volunteers. Besides a daily meal, this greatly needed human connection is a lifeline for a lonely and sometimes forgotten group. Whether it is because of income, lack of mobility, or social or cognitive roadblocks, for many, Meals on Wheels is an essential part of their diet, budget, and social life. It may be the only full meal they get in a day. It really is that important.

If you would like to donate or sponsor this event, email marlenem@alaskaseniors.com or call us at 907-376-3104.



Jerry and Suzanne Edwards had a lot of fun last year walking in their space at their pace. Courtesy WASI



Lois Wier is appreciative of receiving meals and says they help her keep her independence. Courtesy WASI



Darlene Hogan walked several Mat-Su trails and asked her friends to sponsor her for the 2020 Miles for Meals. Courtesy WASI

Grant will preserve treasure trove of Native programming

Sealaska Heritage Institute

Sealaska Heritage Institute (SHI) has received funding to digitize a major collection of audio recordings that include a trove of interviews with notable elders, clan leaders and other Native people that date back more than 35 years.

The collection includes hundreds of recordings made for the award-winning public radio program Southeast Native Radio, which was broadcast by KTOO-FM in Juneau from 1985 to 2001. The recordings document Native history and action taken by Native elders, leaders and other people, and the hosts asked hard-hitting questions that brought out the vital issues of the day.

“These recordings are significant because they document Native people

The collection includes hundreds of recordings made for the award-winning public radio program Southeast Native Radio, which was broadcast by KTOO-FM in Juneau from 1985 to 2001.

speaking on issues that were important to the Native community at that time,” said SHI President Rosita Worl. “The collection is very noteworthy because it gives a record of our contemporary history.”

The station made the donation, which includes more than 400 recordings, in 2010 at a ceremony attended by most of the people who worked on the program. At the time, KTOO General Manager Bill Legere said his staff was honored to have the institute accept the collection.

“We know these recordings are very important, and for many years we’ve

been concerned about their safekeeping and their availability for historical research,” Legere said. “I know that Sealaska Heritage Institute will provide a safe and secure home and will treat the recordings with great care and respect. SHI has the knowledge and expertise to preserve these voices for the benefit of future generations.”

Southeast Native Radio was conceived as a way to educate Alaskans about Indigenous people in Alaska and to provide a community forum. It covered a range of topics, including politics, religion, subsistence, land claims, political move-

ments, women’s issues, cultural survival and language documentation.

The show was produced by a team of volunteers, including Arlene Dangeli, Joaquin Estus, Cy Peck Jr., Kathy Ruddy, Kim Metcalfe, Andy Hope III, Jayne Dangeli, Laurie Cropley Nix and Rhonda Mann, while KTOO provided the facilities and staff time to help with production and training.

The idea for the program germinated after a visit to Juneau’s prison, said Arlene Dangeli, a founder, producer and host of the show.

“There were over 60 percent Native inmates in that population,” Dangeli said. “We talked with the inmates about having a voice for our culture and having something to learn. We met with KTOO about our concerns. I then kept

going back to KTOO, until finally Southeast Native Radio was founded.”

The recordings include a 13-part series from 1986 on the history of the Alaska Native Brotherhood, which was founded in 1912 and is the oldest civil rights organization in the United States. The series was produced by Vern Metcalfe, who interviewed Judson Brown, Richard Stitt, Cyril George, Ethel Lund, Dr. Robert Cogo, Vesta Johnson, Esther Littlefield and John Hope among others.

The collection also includes Tlingit language segments—in one set of recordings from the annual “Live Day” produced by KTOO-FM, Nora Dauenhauer, Walter Soboleff, Cecilia Kunz, Selina Everson, Irene



Sorting and stirring up memories

By **MARALEY McMICHAEL**
Senior Voice Correspondent

January 15, 1963: Dear Mrs. Ridener. It is cold up there. I do not want too go. But I'll have to. I love you Mrs. Ridener. I love the collas too. Your frend Maraley

While going through boxes of family stuff in early June 2015, one of my sisters found this letter that I'd written to my second grade teacher. The fat, three-quarter-inch tall, penciled letters and misspelled words ('collas' instead of 'class') plainly showed I was happy with my life in Anchorage. But my dad accepted the position of plant foreman at Copper Valley Electric, so our family moved to Glennallen in January 1963.

It wouldn't have been an easy move. Who moves to interior Alaska when the temperatures hover around 40 below? And back then, the drive from Anchorage to Glennallen took five hours rather than the four it does now. We four kids were too young to be much help – my eight-month-old baby brother was the youngest and I was the oldest at seven years.

But it proved to be a life-changing move for the entire family. We kids attended the Glennallen schools and all graduated from Glennallen High School. Dad and Mom lived and worked there a total of 25 years before retiring to Homer.

For the first three and a half years, we lived in Copper Valley Electric Association housing located only a couple hundred feet from the power plant. Then Dad and Mom bought 17 acres on the outskirts of town. The property included a large old log house, where the floor boards were rippled and buckled from frost heaves and the roof needed repair even in 1966.

Dad replaced the roof and turned the old house into storage – very necessary for a family of six squeezed into a 10-by-60 foot trailer house with an additional "expand" living room. Perhaps

because of my parents living through the Great Depression and living a homestead-type lifestyle, nothing was ever thrown away – just put in storage for its practical or senti-

with 50 years of dust as well as plenty of mouse poop, bits and pieces of insulation, and broken glass. Most of the boxes had no lids, so the debris had filtered down through



Wearing dust and mosquito protection made snack time difficult for Maraley McMichael.

Courtesy Maraley McMichael

mental value.

Growing up, we kids were not allowed in the "old house" as we called it. It was the only thing off limits on the whole property, mostly because of the safety factor – rotten floor boards, sagging rafters and rusty nails. My youngest sister remembers the time she and our brother climbed the attached wooden exterior ladder to the loft/attic and played in the homegrown oats Dad had stored there. They both got spankings – something rare enough to be quite memorable.

Fifty years later, we three sisters had scheduled a week long work session with the energetic goal of cleaning out the "old house". The roof line sagged, the walls were twisted and leaning, and the floor boards were in such disarray we had to watch every step.

Ten years earlier, the main door had become unusable – jammed shut by the weight of the upper wall. So we entered and exited through a window opening from which the glass had been removed. The remaining windows all had some broken panes. Anyone attempting to walk on the rafters in the attic would have been foolish.

We worked very hard all week. Everything in the "old house" was covered

the contents.

Several boxfuls of stuff had mildewed from the bottom up because of contact with the bare ground. Judging from many piles

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Rambles

News from the Grapevine

Santa's Senior Center in North Pole is offering **waffles to-go** on Wednesdays. Call and place your order by Tuesdays of each week and pick them up Wednesdays between 11 a.m. and noon. Selections in May featured savory waffles (sausage gravy over waffle, melted cheese and tomato over bacon waffle, chicken and gravy over waffle) and for June, they're offering dessert waffles. The senior center's lunch cards may be used for payment. Volunteers are needed to assist with the team on Wednesdays, between 9 a.m. and noon. Call **Sharron** for details, 987-5591 ... In its May newsletter, the **Anchorage Senior Activity Center** notes being awarded a \$10,000 grant from the **Atwood Foundation** toward an **oral history project** featuring long time Alaska radio personality **Johanna Eurich** interviewing seniors in the **Pioneers of Alaska** organization, and a \$20,450 **Rasmuson Foundation** grant for 30 **electronic tablets** and improved internet connectivity. Two other grants will also help purchase more tablets: \$14,615 from the **Alaska Community Foundation**, and \$5,000 from **AARP** ... **Valdez Senior Center** is conducting its **annual survey**, and requests feedback. Response so far has been low, they report in their May newsletter. Let the center hear about how they are doing, what's working well, what needs improvement. The survey is a requirement for the center's reporting for continuation of its state grants. Look inside your latest Valdez Senior Center newsletter for the questionnaire, or call the center at 907-835-5032 ... Looking for some relaxation, something to offset worry and stress? Meet for coloring each Friday at

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Rambles

News from the Grapevine

continued from page 15

the Kenai Senior Center, 10:30 a.m. Hosted by **Cheryl Arrington**, who shares her love for coloring in the center's card/library room. Bring yourself and any art coloring pencils.... Here's some veteran retiree trivia: Alaska is the fifth-best state for **military retirees**, according to a May 24 press release from the loans and banking website **WalletHub**. Its research across 30 key indicators of retirement-friendliness produced these ratings for Alaska: 1st in veterans per capita; 6th in veteran job opportunities; 26th in housing affordability; 4th in percentage of veteran-owned businesses; and 1st in number of VA Benefits administration facilities per number of veterans. (No mention of location/proximity of these facilities, geographically.) Crunching these numbers produces the fifth-place average... In other veterans news, the state legislature just approved a bill to honor **Vietnam War helicopter pilots** by naming a pair of **bridges** on the Glenn Highway after them. The bridges span the Matanuska River and will be named the "Vietnam Helicopter Pilots Memorial Bridge". The bill was introduced by **Laddie Shaw**, R-Anchorage, who said in a sponsor statement, "I served two tours in Vietnam as a Navy SEAL and I know for a fact that there are members of my team who are alive today because of the bravery and skill of our helicopter pilots". The bill passed the House by a vote of 36-2, and unanimously in the Senate. It was headed to the governor for signature at press time.

Rambles is compiled from senior center newsletters, websites and reader tips from around the state. Email your Rambles items to editor@seniorvoicealaska.com.

House: Stirring up memories

continued from page 15

of poop throughout, some kind of critter had sheltered there in the past two years. Perhaps a lynx.

Many in these circumstances might solve the problem with a big bonfire or haul everything away by the truck load to the dump. But with the librarian, historian and sentimental bents we three sisters all have, that was not even a consideration.

When we called our brother to ask if he wanted any of his old hockey gear, knowing how rickety the building was, he advised us to run for the exit window if we felt an earthquake coming. Too bad we didn't get any video footage of us middle aged, grey haired sisters climbing over a 30-inch window ledge several times a day, dressed for hazardous work and mosquito protection. In defense against mosquitos, we wore long sleeves even on the 80-degree days and I frequently wore a head net.



The Old House on the Clayton homeplace in Glennallen.

Courtesy Maraley McMichael

Always gloves and many times dust masks.

Because the mosquitos were so ferocious, it was impossible to do any sorting in the "old house". One sister clipped the nearby willow bushes enough so that on the nice days we could spread things outside on a couple tables and on the ground. On the rainy or windy days, we wheelbarrowed the boxes in to the nearby modern garage for sorting.

This was not our first work session at the old home place but was certainly the longest. The process included excavating, emptying out debris, identifying, sorting and determining whether things would be divided, thrown away, saved for a museum, or paperwork to be taken care of at a future work session.

As we each worked our way through a box, we'd tell each other when we found something interesting – which meant there was constant conversation. Tears and laughter (sometimes hysterical) were part of our days as memories bombarded us from all angles. I had no internet, no TV, and very little radio the whole week and felt like I

was living in my past.

Many treasures were unearthed, including two unfinished quilt tops our dad's mother made, which had not seen the light of day since 1942. We never knew this grandmother. Numerous historical documents and photos as well as household treasures turned up. Vintage clothing of all sizes, books, magazines, personal letters, toys, old schoolwork, furniture, two toilets, two sinks, a glass windshield for some vehicle, tires, animal hides, building supplies, a boat motor, and even an airplane engine were all part of the mix.

We found nothing of great monetary value, but each came away with historical and sentimental items like my letter to my second grade teacher, Mrs. Ridener. According to that letter, I didn't want to move to Glennallen. But hindsight showed it was a great place to grow up. Memories from the 1960s and 1970s, stirred up during our 2015 work session, reinforced that mindset.

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

Donations wanted

to benefit OPAG and Senior Voice projects. Older Persons Action Group, Inc. is a non-profit organization. All donations are tax-deductible. Call OPAG at 276-1059 in Anchorage or toll-free statewide at 1-800-478-1059.



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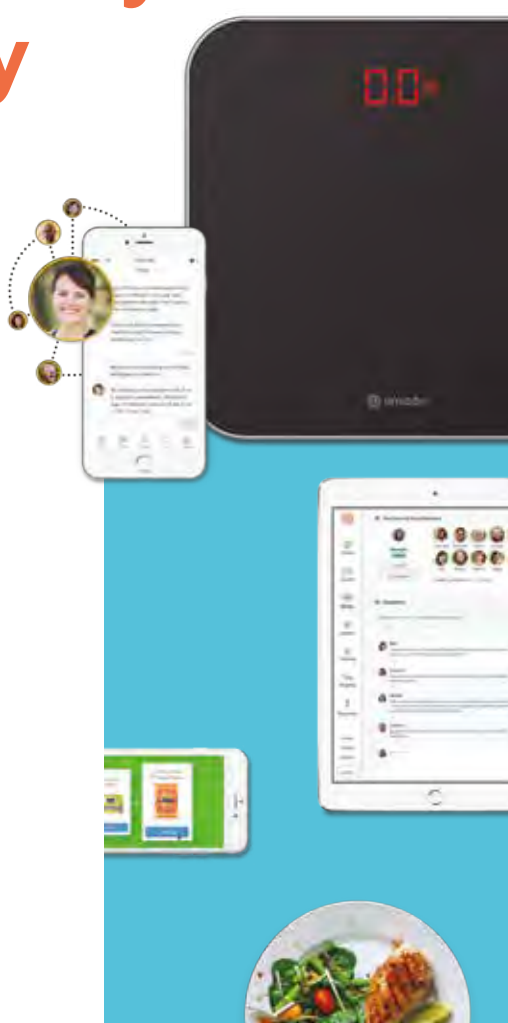
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Anchorage's Glaser recognized for service

Senior Voice Staff

Congratulations to Gordon Glaser, who was announced in May as the winner of this year's Ron Hammett Award for outstanding service to seniors in the Anchorage community. Gordon was scheduled to be presented the award at the Older Americans Month kick-off event May 26 at the Anchorage Senior Activity Center.

Gordon has served on the Anchorage Senior Activity Center's board of directors since 2011, six years of which as board president. He also serves on the Alaska Commission on Aging, currently as its board chair, and on the state's Pioneer

Homes Advisory Board. He had a long career with the state of Alaska, serving as Health Program Manager and Education Specialist with the Division of Public Health. His duties focus primarily on training public and private agencies on health promotion and injury prevention.

Ron Hammett was a well-known advocate in Anchorage, having served on the Senior Citizens Advisory Commission, was board chair for the Anchorage Senior Center, and volunteered for AARP. Ron passed away in 2004 and the Anchorage Senior Citizens Advisory Commission created the award in his honor.

Library delivers books, more in Fairbanks area

Senior Voice Staff

Fairbanks North Star Borough Public Libraries provides monthly delivery service to borough residents who are homebound or unable to access the library due to age or disability. Staff is happy to deliver hand-selected materials or specific requests.

Materials include books (regular or large print), audiobooks, DVDs, music CDs, puzzles.

The Bookmobile is re-

maining at the Noel Wein library for the time being as the curbside pickup point, and library staff are handling deliveries, including to outlying areas like Haystack, Goldstream, Ester, Salcha and Two Rivers. Check the website for scheduled delivery times to these locations, <https://fnsblibrary.org/>.

These delivery services are free.

For more information, call 907-459-1031 or email bookmobile@fnsb.gov.

Native: Digitizing

continued from page 14

Lampe, Helen Sarabia, Al McKinley and Richard McKinley among others conversed in Tlingit for half hour segments. These "Conversations in Tlingit," recorded over a period of seven years from 1995 to 2002, include three-and-a-half hours of conversation that spanned a wide range of subjects.

The late Richard Dalton of Hoonah made a recording on the Seagull clan; the late master weaver Selina Peratrovich made a recording on Haida basketry; and Fred Paul did a series on the history of the Alaska Native

Claims Settlement Act.

SHI received the grant from the Council on Library and Information Resources, which covers digitization of 270 of the recordings; the other 164 recordings in the collection were previously digitized. The institute will upload the recordings within a year to its online database, where they will be accessible to the public.

Sealaska Heritage Institute is a private nonprofit founded in 1980 to perpetuate and enhance Tlingit, Haida and Tsimshian cultures of Southeast Alaska. Visit www.sealaskaheritage.org for more information.

Calendar of Events

Editor's note: Due to COVID-19 safety concerns and restrictions, all events are subject to change or cancellation. Always confirm before attending.

June 5-26: Sitka Sitka Music Festival at Harrigan Centennial Hall & Stevenson Hall. Celebrating 50 years! Since 1972, the Sitka Music Festival has been Alaska's premier classical music festival. The finest musicians from around the world gather to excite your senses. Visit <https://sitkamusicfestival.org/events/sitka-summer-music-festival/> for a full schedule of events.

June 8: Juneau Rabies & Microchip Clinic at Juneau Animal Rescue, 2 to 5 p.m. (last check-in at 4:45 p.m.) Juneau Animal Rescue hosts a weekly Microchip & Rabies Vaccination Clinic via a new Walk Up Window with social distancing safeguards in place. Rabies vaccination \$30. Microchip \$40. <https://www.juneauanimalrescue.org/rabies--microchip-clinics.html>

June 11-13: Palmer Colony Days in downtown Palmer. Entertain yourself with fun activities for the whole family, including a 5k run, comical bed races, kids' carnivals, farmer's market and much more! www.palmerchamber.org/colonydays/

June 12: Soldotna Rain Barrel Workshop at Soldotna Creek Park, 1 to 4 p.m. Make your own rain barrel to conserve water, save money and support your garden or landscaping. Registration required by June 10. Materials are provided. Register at <https://kenaiwatershed.org/event/rain-barrel-workshop/>

June 12: North Pole Santa's Senior Center board of directors monthly meeting, 1 p.m. If interested in attending, contact the center at 907-488-4663.

June 14-20: Homer Taste of Homer Food Festival at local restaurants throughout the week and at the Kevin Bell Arena lot, Saturday and Sunday, 11 a.m. to 8 p.m. Come sample the fine, fresh, fun food of Homer's renowned restaurants with prix fixe menu specials all week or join the Food Truck Festival with beer and wine tasting on the weekend. <https://bit.ly/34bXcar>

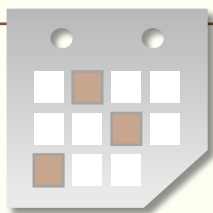
June 14: Nationwide Flag Day

June 16: Statewide "Black Lives in Alaska: See Me, Hear My Voice!" Black Art and Black Artists hosted by the Anchorage Museum online, noon to 1:30 p.m. Grassroots collective African American Artists of Alaska present a panel on discussion on Black and African American art and collectors. Free. Visit <https://bit.ly/3uicbdj> to register.

June 19: Fairbanks Midnight Sun Festival in downtown Fairbanks, noon to midnight. After pausing the event for the first time last summer, the 2021 Midnight Sun Festival is back. Featuring local live music, spaced out vendors and food trucks and hand sanitizing stations. Visit <https://www.downtownfairbanks.com/midnightsunfestival/>

June 20: Nationwide Father's Day

June 25: Kodiak Summer Picnic at Kodiak Senior Center, noon to 1 p.m. Enjoy a picnic of hamburgers & hot dogs, potato salad, baked beans and fresh fruit to welcome in the summer season with your friends. Call 486-6181 or visit <https://kodiakseniorcenter.org/event/summer-picnic/>



Send us your calendar items

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Settlers' early days in the Mat-Su Valley

By LAUREL DOWNING BILL
Senior Voice Correspondent

Long before the Matanuska Valley became one of the fastest-growing communities in the nation, Russians tried to establish agricultural settlements on its fertile soil. They taught the Dena'ina how to grow crops like potatoes, carrots, radishes and turnips.

In 1844, Russians founded settlements at Matanuska and Knik, as well as Kachemak, Kasilof and Kenai. Russian Alexander Herzen wrote in 1859:

“A handful of Cossacks and a few hundred homeless mujiks (peasants) crossed oceans of ice at their own risk, and wherever timeworn groups of them settled in the cold steppes forsaken by nature, the places would begin to teem with life, the fields would sprout forth with grain and herds....”

Prospectors and entrepreneurs dabbled in basic agriculture after the United States purchased Alaska from the Russians in 1867. Sometimes they even planted crops in the sod that insulated the roofs of their log cabins. Early photographs show hotels in Knik growing their own potatoes, residents cultivating oats and miners cutting hay for their horses.

The USDA established an experimental station one mile northwest of the town of Matanuska in 1917 and appointed Frederick Rader as its first agent. He oversaw the clearing of four acres of land, planting two with oats. Rader ran the station until Milton D. Snodgrass took over in 1923. Snodgrass, who stayed with the project until 1929, continued the effort to attract more farmers and ranchers to the area.

Col. Otto F. Ohlson, general manager of the Alaska Railroad since 1928, also had been trying to entice farmers to the Matanuska Valley in an effort to spur railbelt settlement toward Palmer, which had been founded in 1916 as a stop on the branch of railroad that went to the Chickaloon coal fields. But despite the area's fertile valleys and abundant sources of fresh water, set-



tlers didn't stream into the area. By 1929, only about 4,000 acres were under

cultivation. Ironically, it took the Great Depression of the

Early settlers of the Matanuska Valley Colony found tents awaiting their arrival in May 1935. President Franklin Delano Roosevelt approved a project known as the Matanuska Valley Colony in his New Deal in 1935. The idea of moving more than 200 families from Midwestern states like Minnesota, Wisconsin and Michigan to a community in the wilderness north of Anchorage stirred imaginations across the country.

Photo courtesy Alaska State Library, ASL-P270-130

1930s to jump-start the population growth of the valley. In an effort to take people away from rural districts, where poverty had prevailed long before the Depression, and move them into areas where they might lead more productive

lives, the Roosevelt administration designed many resettlement projects.

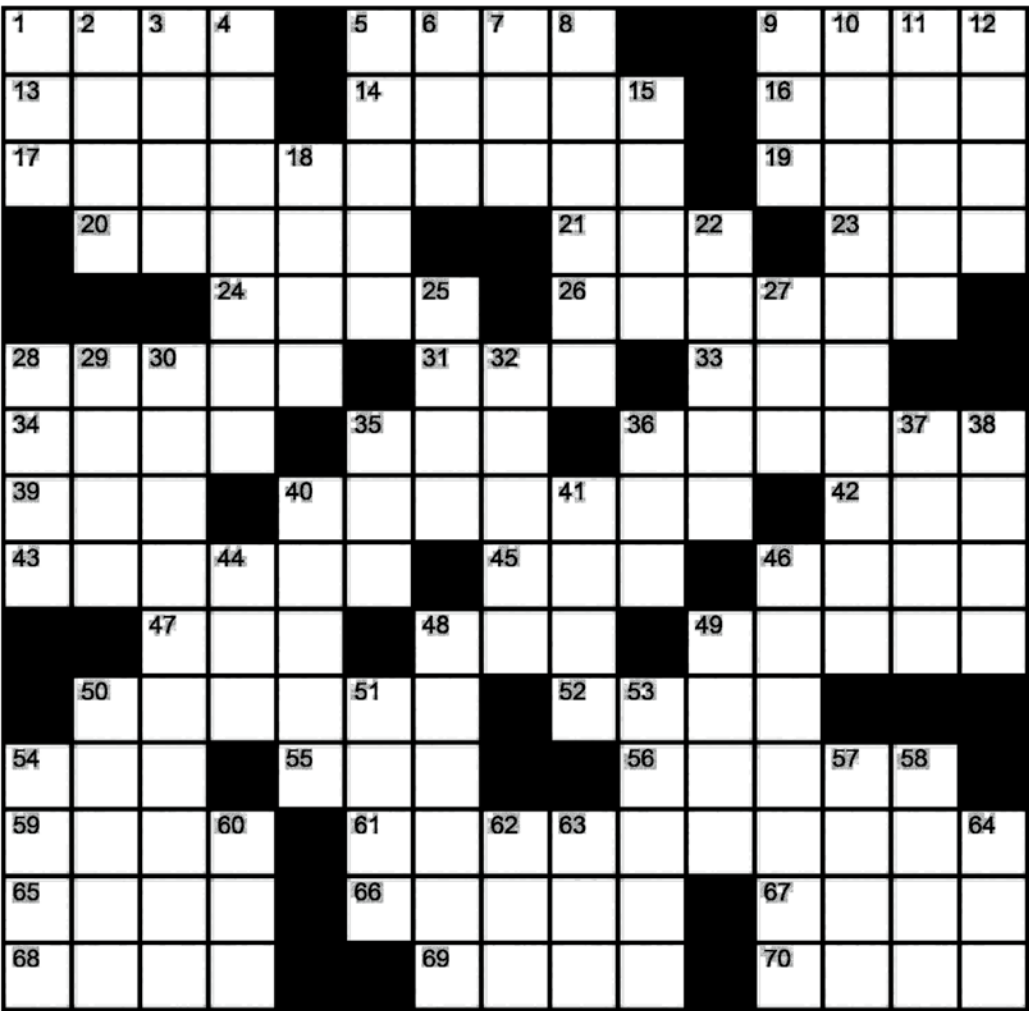
President Franklin Delano Roosevelt approved a project known as the Matanuska Valley Colony in

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Famous Folks

Across

- 1 Cousin of a herring
- 5 Wild hog
- 9 Stiff and sore
- 13 River to the Rhine
- 14 The soul (Hinduism)
- 16 Neighbor of Vietnam
- 17 Winston Churchill's wife
- 19 Last Stuart ruler
- 20 Semi-classical music of India
- 21 Metric linear units (Abbr.)
- 23 Rocky prominence
- 24 Narcissist's love
- 26 More garish
- 28 Flycatcher
- 31 Unlock, poetically
- 33 Long-jawed fish
- 34 Deuce topper
- 35 Put on TV
- 36 She's a real doll
- 39 Be bedridden
- 40 One Roosevelt
- 42 WWW address
- 43 Woman whose dancing beguiled Herod
- 45 Cyst
- 46 Venezuela river
- 47 Writer Tarbell
- 48 Some trial evidence
- 49 Errol of film
- 50 Salad green
- 52 ___ Bora (Afghan region)
- 54 Physics unit
- 55 Grassy area
- 56 San Diego baseballer
- 59 FBI guys & gals
- 61 Paradise residents
- 65 Lampblack
- 66 On the up and up



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- 67 Tarbell and Lupino, for two
- 68 European erupter
- 69 Auction actions
- 70 ___ the wiser

Down

- 1 Anatomical pouch
- 2 Gateman's shout
- 3 District
- 4 Jack in the ring
- 5 Humdrum
- 6 Legendary Giant
- 7 Chum in Paris
- 8 Stick in one's craw
- 9 ___ vapeur (steamed)
- 10 Geoffrey Chaucer's "The ___ Tales"
- 11 "Goldfinger" actress Blackman
- 12 River of Flanders
- 15 Jules Verne captain
- 18 Fencing sword
- 22 Before bowl or cane
- 25 Pâté part
- 27 ___ es Salaam
- 28 School orgs.
- 29 Orchid genus
- 30 He defeated Napoleon at Waterloo
- 32 Shrimp-like decapod
- 35 Brewed drink
- 36 ___ vivant
- 37 Steel ingredient
- 38 Panache
- 40 Modern letters
- 41 Kempt
- 44 Eccentric
- 46 Arabian Nights boy
- 48 Muffle
- 49 Kukla, ___ and Ollie
- 50 Grain disease
- 51 Butcher's offering
- 53 Milky gems
- 54 The good life
- 57 Change the decor
- 58 Actress ___ Rachel Wood
- 60 RR depot
- 62 Long ___
- 63 Harebrained
- 64 Compass pt.

Crossword answers on page 26



Turning 80, Hollywood's Diane McBain tackles new career

By NICK THOMAS

Tinseltown Talks

According to Diane McBain who turned 80 in May, it's never too late to begin a new chapter in your life. Along with co-author Michael Gregg Michaud (see www.facebook.com/michael.michaud.90), the 60s glamour gal published her autobiography "Famous Enough: A Hollywood Memoir" in 2014. She also recently penned her first novel, "The Laughing Bear."

"And I've got another ready to be published," said McBain from the retirement community in Woodland Hills, California, where she has lived for several years. "I have a cottage here and spend my time writing my heart



Diane McBain published her 2014 autobiography, "Famous Enough - A Hollywood Memoir," in 2014.

Publicist photo

out. So you can start a new career whenever you want."

2021 is also special for the actress since it was 60 years ago this year that her favorite film, "Claudelle Inglish," was released in

which she portrayed a 'good girl' who turns very bad.



Diane McBain with Elvis Presley in 1966's "Spinout."

MGM photo

"It was just my third film, so playing the title character gave me a great opportunity to test my acting wings," she recalled. "I had led a very sheltered life growing up in Glendale (California), so playing the bad girl was an interesting challenge."

McBain arrived in Hollywood as the studio system came to an end and appeared in over two dozen movies through 2001. She turned to television in the 60s appearing in dozens of shows, most notably co-starring in "Surfside 6," as well as guest-starring parts in TV classics such as "The Wild, Wild West," "The Man From U.N.C.L.E.," and "Batman" as the colorful Pinky Pinkston. Her first TV roles were alongside James Garner and Jack Kelly in episodes of "Maverick."

"They were both great Mavericks. Jack Kelly was really the first actor I worked closely with and was my first screen kiss. I was just a young girl and had never kissed a mature man before. But he was very sweet about it and I

just adored him."

A few years later, in 1966, McBain snagged another on-screen romantic moment, this time with Elvis in "Spinout."

"Women have asked me many times what it was like to kiss Elvis and I tell them it was just as wonderful as you would imagine. He was charming and a lovely person to work with. He didn't come on to me, which I appreciated because so many did throughout my career."

Diane discusses her personal and career ups and downs, including some truly traumatic times, in her book. In 2001, she left Hollywood after a bad experience serving on the board of directors of the Screen Actors Guild.

"I turned 60 that year and worked very hard to represent people in the industry and do the best I



Diane McBain with co-author Michael Gregg Michaud in June, 2019.

Courtesy Michael Michaud

could. But it's a very political organization so I found myself at real odds with others and under very stressful and nasty circumstances. The experience

really turned me off being an actor."

After her spell with SAG concluded she moved to Pine Mountain Village, about 90 miles northwest of Los Angeles.



Diane McBain and Van Williams in "Surfside 6."

ABC photo

"I got a little cabin, moved in, and lived there for 15 years. I just loved it and especially the white Christmases in the mountains. But age was catching up with me and I had some health issues so that's why I moved to the retirement facility. I still live independently and am enjoying my time here very much. It's serving my health issues well."

Obviously, says McBain, eating well and exercising as you are able can contribute to good health as you age. But a healthy mental approach is important, too, she stresses.

"It's a great time in your life to start over and maybe tackle something you always wanted to but never had the time. For me, it's writing. Your life is never over until you decide it's over."

Nick Thomas teaches at Auburn University at Montgomery, Ala., and has written features, columns, and interviews for over 850 magazines and newspapers.



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McBain co-starred in two episodes of TV's "Batman" as Pinky Pinkston.

ABC photo



Relief: Drug pricing has gone missing

continued from page 2

But wait! What's not in the package?

While the proposals include a significant home health care benefit for some seniors, the only health care provision in Biden's American Families Plan is a \$200 billion proposal for subsidies to those who purchase their own health insurance, intended to cut premium costs. What was left out of the infrastructure and families' proposals is perhaps more interesting.

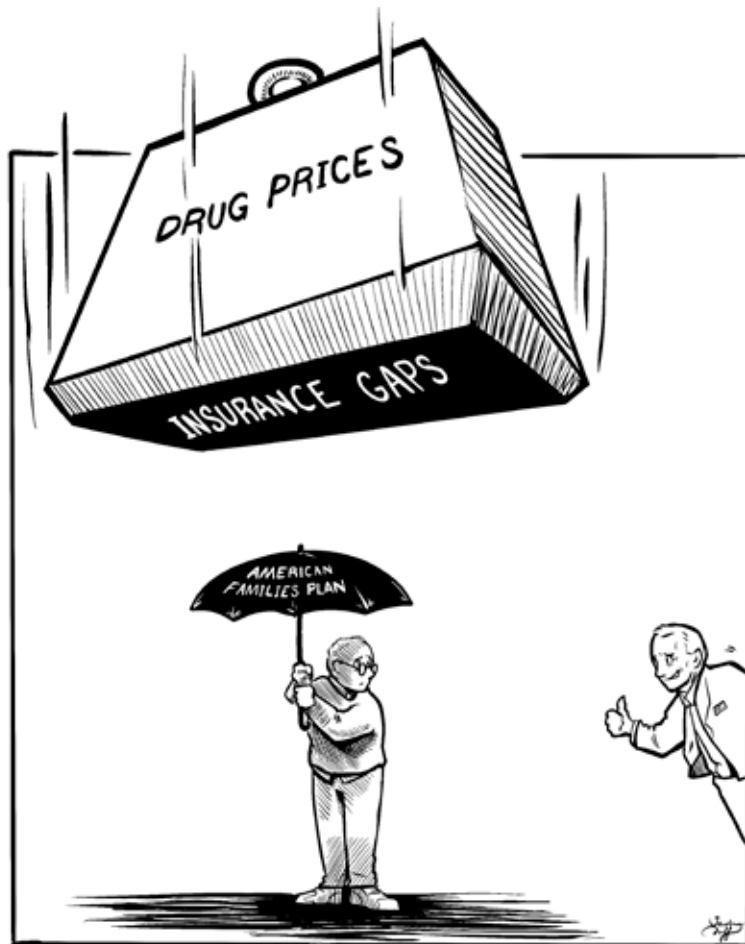
Biden's plans do not include four key provisions he campaigned on:

- ▶ The power to allow Medicare to negotiate for lower drug prices;
- ▶ Lowering the Medicare eligibility age to 60;
- ▶ His much-talked about public option for people to opt-in to government-oriented health coverage competing alongside private insurers;
- ▶ Any drug-pricing legislation.

Biden officials say the White House continues to support and push for these campaign pledges. In a recent speech to Congress, he specifically urged Congress to lower drug prices now, but left it to lawmakers to figure the details. Proponents of direct Medicare price negotiations with drug companies say the change would not only cut costs for consumers, but also free up money for the federal government to pay for their coverage.

But Biden's failure to include drug price cuts and not change the law to allow Medicare to negotiate bulk price discounts left progressives shaken and disoriented at the administration's words-without-action.

To change drug pricing legislation, Congress must first eliminate a clause in the 2003 law that created Medicare's pharmacy benefit but specifically barred the government from interfering in price negotiations among drugmakers and insurers. Lawmakers included that clause, at the time, in order to get drug companies to buy in to the creation of Medicare Part D, giving seniors drug



coverage. Congress has repeatedly failed to repeal the provision and give Medicare the power to negotiate for bulk drug price discounts. And this law was created well before \$1,000 pills became commonplace.

In 2019, the Democratic-majority House approved H.R. 3, giving Medicare the power to negotiate for lower prices and requiring commercial plans to adopt the prices that Medicare negotiates. It passed the House, but the bill did not survive in the Republican-majority Senate.

But now with slight Democratic majorities in the House and Senate, Democrats believe they might be able to get the legislation to lower prices to pass, as part of Biden's package, or separately.

At the same time, Americans continue to pay as much as two to four times more for 20 brand-name drugs as people do in Australia, Canada and France, a recent study found. While the drug industry's successful race to develop vaccines has softened public pressure over its pricing practices, drug prices remain the highest-polling health care issue with significant support in both parties, even if lawmakers do not agree on solutions.

A vast majority of both Democrats and Republi-

cans agree that it is time to address the high drug price issues. But they disagree on how far to push the drug industry for savings and have sharp ideological differences about what to do with the huge savings that would emerge if Medicare were able to negotiate for discounted prices and other reforms were implemented.

Biden's failure to include changing to allow Medicare to negotiate bulk discounts reveals just how difficult that might be to get through against the powerful pharmaceutical industry and strong Republican opposition.

While a toothless proposal to simply allow the HHS Secretary to negotiate drug prices might garner some support, it would not save the government any money. The White House knows its legislative proposals are already a heavy lift and adding the drug pricing to the mix might be another reason for reluctant members to peel off.

The bigger picture – Medicare for all vs ACA

The administration's failure to push for lowering the Medicare eligibility age to 60 or even as low as 55, as well as not including the drug pricing and the public option in its legislative proposals, reveals divisions within the Democratic ranks

and reinforces tensions around a package that is already facing no shortage of it. Lowering the eligibility age to 60 could allow 23 million more people to qualify for Medicare and cutting that threshold to 55 years old, would make 42 million more people eligible.

Roughly 100 House and 18 Senate members, led by Rep. Pramila Jayapal, D-Wash., and Sen. Bernie Sanders, I-Vt., urged Biden in a letter to include the overhaul as part of his Families package. Most of those progressives support a "Medicare for All" insurance system, that Biden had opposed during the campaign. Biden's proposals to fortify and build on the Affordable Care Act, did get support of some of the more centrist members of the Democratic coalition.

But neither idea gets at the biggest need – the 2.2 million people in states that didn't expand Medicaid, who are still uninsured, and who don't qualify for ACA marketplace coverages because they earn too little or for Medicaid because they earn too much. Experts suggest lawmakers will find somewhere in the middle – expanding the ACA to include those Medicaid states, but many health policy analysts warn that Congress

shouldn't be spending the drug price money before it's passed.

Republicans are not united in their point of view on many of these reform proposals. Many oppose most of the Biden packages, refreshing long-held deficit spending concerns that they completely ignored during the Trump administration. Others include a group of House Energy and Commerce Committee Republicans that have endorsed legislation that includes a series of reforms including a \$3,100 out-of-pocket cost cap for seniors on Medicare Part D, aimed at lowering costs on Medicare and Medicaid. It would also provide a share of Part D rebates to be delivered to seniors at the point of sale, if approved.

Facing the drug industry

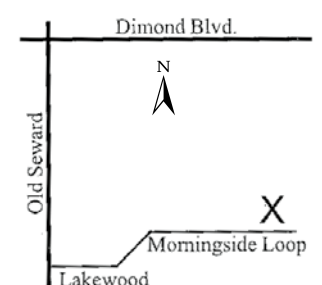
The drug industry will also be a huge barrier to any law getting passed. The Pharmaceutical Research and Manufacturers of America, known as Big Pharma, is not your average lobbying group. It is considered to be one of the most skilled and powerful in Washington. In 2020, the pharmaceuticals and health products industry in the United States spent

next page please

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Social Security update: Elder abuse, spousal benefits

Social Security Administration

World Elder Abuse Awareness Day is on June 15. On this day, and throughout the month, communities, seniors, caregivers, governments, organizations and the private sector unite to prevent the mistreatment of and violence against older people. Social Security imposter scams are widespread across the United States. Scammers use sophisticated tactics to deceive you

into providing sensitive information or money. They target everyone – even the elderly – and their tactics continue to evolve. Most recently, Social Security’s Office of the Inspector General (OIG) has received reports of phone scammers creating fake versions of the identification badges most federal employees use to gain access to federal buildings. The scammers may text or email photos of the fake badges to convince potential victims of their

legitimacy. These badges use government symbols, words, and even names and photos of real people, which are available on government websites or through internet searches. If you receive a suspicious letter, text, email or call, hang up or do not respond. You should know how to identify when it’s really Social Security. We will never:

- Text or email images of an employee’s official government identification.
- Suspend your Social Security number.
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- As part of our enhanced security when accessing your personal my Social Security account.

If you owe money to us, we will mail you a letter with payment options and appeal rights. We encourage you to report suspected Social Security imposter scams — and other Social Security fraud — to the OIG website at oig.ssa.gov. You may read our previous Social Security fraud advisories at oig.ssa.gov/newsroom/news-release. Please share this information with your friends and family to help spread awareness about Social Security imposter scams.

secure today and tomorrow with financial benefits, information and tools that support you throughout life’s journey. If you don’t have enough Social Security credits to qualify for benefits on your own record, you may be able to receive benefits on your spouse’s record. To qualify for spouse’s benefits, you must be one of the following:

- 62 years of age or older.
- Any age and have in your care a child who is younger than age 16 or who is disabled and entitled to receive benefits on your spouse’s record.

Your full spouse’s benefit could be up to one-half the amount your spouse is entitled to receive at their full retirement age. If you choose to receive your spouse’s benefits before you reach full retirement age, you will get a permanently reduced benefit. If you wait until you reach full retirement age to receive benefits, you’ll

Biden: Lower drug pricing

from page 20

\$306 million, compared to the second most – the insurance industry – which spend \$151 million. What makes it so effective is that it can call on its members – pharmacies in every community in the U.S. – to put local pressure on local lawmakers. And Pharma’s primary mission is clear: to preserve that provision prohibiting Medicare from negotiating for better prices. The industry thwarted President Donald Trump’s multi-pronged efforts to constrain its pricing power. Even though Trump came into office accusing drugmakers of “getting away with murder” and vowing he’d put a stop to it, the companies emerged from his term with just a few minor scrapes and cuts. However, many of Trump’s efforts were more publicity stunt than substantive efforts.

lawmakers, would place an inflationary cap on Medicare drug prices and restructure how the Part D program pays for drugs, saving what the Congressional Budget Office estimates is \$94 billion over 10 years. Wyden suggests a new version of this plan might also include a provision to allow Medicare to negotiate drug prices, perhaps saving even more money. But Grassley urges Biden to lower his sights a bit. He opposes giving Medicare negotiating authority but supports requiring drug makers to pay rebates for price increases above the inflation rate. But the real reason legislation to control drug prices stands the best shot of getting put back into the Biden proposals is because it could potentially raise substantial revenue to help pay for other priorities. Perhaps Biden has learned a valuable strategic lesson from his legislative past. By sidestepping the drug pricing issue, and deferring to Congress, Biden could avoid endorsing one faction over another while giving himself the flexibility to sign anything that Congress clears.

Also contributing to this column were the Washington Post, the New York Times, AP, Statnews.com, The Hill and KHN.

Politics of getting stuff through
What is most likely to emerge, at least on the drug pricing front, is a bipartisan middle ground proposal, floated previously by Senate Finance Committee Chairman Wyden and his Republican counterpart, Sen. Chuck Grassley, R-Iowa. Their proposal, worked out last year between the

Eligibility for spouse’s benefits
Social Security helps you

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Dealing with Medicaid has become a mess

By KENNETH KIRK

For Senior Voice

In 33 years as a lawyer, I've had to deal with all kinds of government agencies. It comes with the territory.

At various times I've wrestled with the IRS, child support enforcement, Social Security, the ABC board, various boards of professional licensing, and so many different state child protective agencies I can't even count (that was when I did interstate adoptions). I've been involved with everything from the local Zoning Board of Examiners and Appeals, up to the federal Benefits Review Board in Washington D.C. I've grappled, haggled, pleaded and fought with the APOC, OAH, DOJ, INS and BPOE.

Wait a minute, that last one might be the Elks Club. I'll have to check on that.

Up until a few years ago, if you asked me what the easiest government agency to deal with was, I would have said the Alaska Medicaid Division. But these days, if you ask me what the worst agency is to deal with, I would be saying it is the Alaska Medicaid Division.

What happened in the last, approximately, six years to turn such a good agency into such a bad one? It used to be that if I wasn't sure how to handle a Medicaid matter, I could shoot an e-mail over to one of the folks who work there, and I would get a clear, concise answer within a day or two. If that person couldn't answer my question, they would at least forward the e-mail to someone who could. They had a helpful attitude which was a joy to work with.

Let me give you an example of how far things went downhill. A few years back, Mrs. McGillicuddy applies for long-term care Medicaid, in the hopes that she can stay in her own home instead of moving into assisted living. All she needs is for the agency to provide some part-time help, doing chores and such that she is not physically able to do anymore, a few hours a week.



So Mrs. McGillicuddy files her Medicaid application. Within a few weeks, she gets a letter back which says her application is "pending" (which means it isn't really rejected, just held in suspense) until she does several things. The letter tells her that she needs a Miller Trust, that she has a bit too much in one of her accounts, and that she needs to provide bank statements for the last few months. Now she has a checklist of what she needs to do, and when she gets it all done a few weeks later, she submits it to Medicaid and gets approved. Nice and easy.

Fast-forward to the present. Mrs. McGillicuddy files her application. She waits around for two months. Then she gets a letter saying that the application was flat-out denied. The only reason given is that she needs a Miller Trust. So she gets together with a lawyer and gets a Miller Trust, and then has to fill out a whole new application and re-submit it.

Another month goes by, and she gets another rejection letter, telling her about having too much in that one account. So she fixes that problem and again has to file a whole new application. And then she gets another letter about needing the bank statements. If she gets that taken care of, she might qualify. On the other hand, six or eight months has gone by, in which she was not able to get coverage, and in the meantime she has probably given up in frustration.

Am I about to tell you that the best way to handle this is to go through a lawyer who deals with Medicaid regularly? That can definitely help, but is not always a complete solution. The Alaska Medicaid agency drives these

What happened in the last, approximately, six years to turn such a good agency into such a bad one?

lawyers up the wall.

People often assume that government agencies don't like lawyers. Actually, for the most part, the opposite is true. It is a lot easier for a government worker to deal with an experienced attorney, especially one who knows how things are done in that particular agency. The caseworker doesn't have to waste a lot of time dealing with the wrong forms being filed, or requests for discretion in situations where the caseworker doesn't have the authority to exercise discretion, or administrative appeals which waste everyone's time and have no chance of prevailing anyway. With an experienced attorney, they can get right to the point.

But with Alaska Medicaid, even the attorneys who deal with the agency regularly, are constantly guessing. The agency won't

always answer questions. If there is a change in the procedures or interpretations, the attorneys usually find out only because one of them has something rejected and passes the word around to the others.

In fact, it's embarrassing to be a Medicaid lawyer in Alaska. You regularly end up looking, in the eyes of your clients, as if you don't know what you are doing.

For example: There are various types of trusts that are needed for certain Medicaid situations, particularly special needs trusts and Miller trusts. Of course, it doesn't make sense for a lawyer to create every one of these specialized trusts from scratch, so they have templates which they modify for that particular client. And then after the trust is finalized, signed by the client, registered with the court, and so forth, they have to submit it to

Medicaid for approval.

And periodically, the same wording which has been approved for years, will be rejected because somebody at Medicaid decided to interpret some traditional language to mean something other than what it was always understood to mean. So they have to scramble and fix language which was always acceptable before.

Why has Medicaid gone from being such a helpful, user-friendly agency to being such a pain in the buttox? I don't know for sure, I can only speculate.

(By saying it that way, I make it a matter of opinion, not a statement of fact, so if I'm wrong they can't sue me for defamation. See, I told you I've been a lawyer for a long time.)

Almost two-thirds of the cost of the Medicaid program is paid by the federal government. That means that the more people in this state that qualify for Medicaid, the more federal money comes into

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Windows resets, text chats, and disk space apps

By **BOB DELAURENTIS**
Senior Wire

Q. A pro tech friend tells me that reset is no longer needed because of the way Microsoft does updates. Why do you feel it's beneficial, given the downsides?

A. If there is one universal truth in technology, it is the idea that people often disagree. I prefer to believe that this is a feature, not a bug. Compared to the centuries that people have been building tools, personal technology tools are very young. Tech changes faster than just about any other aspect of our lives. As a result, different people will have very different experiences.

There was an era in the PC's lifetime when it was routine advice to reset a computer about once a year. As PC designs improved, resets were needed less often. I agree that today's PCs are so refined that routine resets are overkill. That said, sometimes a PC is so broken only a full reset will bring it back to normal. As I have written previously, it is not for every PC owner or every situation, but it remains a useful troubleshooting technique.

I generally side with the advice that "if it ain't broke, don't fix it." I hope this answer clears up any confusion I might have raised in earlier columns.

Q. Why does the recipient's name sometimes appear in red when I try to text chat on my Mac? Chat-

ting with the same person works fine on my iPhone.

A. The Apple Messages app offers up the silent treatment when something goes wrong. Names highlighted in red in the address field mean that the message cannot be sent. There are a few reasons for this, usually involving typos. But there is also a problem when the person on the other end does not use an Apple product.

You should be able to switch the same chat session back and forth between your Mac and an iPhone. But it does not work if all you have is the other person's cell number. The iPhone can handle that just fine. The Mac is a different story. Most Macs cannot send text messages to phone numbers. There is a solution in the works, but it only works with the newest Macs.

Macs built in the last year fully support Apple's Continuity technology. Using Continuity, your Mac can use your iPhone to send text messages to telephone numbers. (For incoming telephone calls, it will also display the caller's name on your Mac's screen.)

Continuity has been around for a few years, and some older Macs support it. But exploring all the possible combinations of hardware and software it works with goes beyond the scope of this article. For more, see the link in Wander the Web below.

Q. How can I find the files on my computer that take

up too much space?

A. What you're looking for is commonly called a disk space utility or disk space analyzer. These apps scan your device's storage and present either a list or visual map to depict what is consuming your storage.

A caution first: Never remove a file unless you are absolutely clear on what it does. Otherwise, you could render an app unusable or lose treasured data. Most disk space apps have safety features to keep you out of trouble, but if you're not diligent you can still wreak havoc. Always backup your data first and be careful.

On Windows, I like Tree-Size Free, from Jam Software. If you have a really big collection of files, it might be worth upgrading to the paid Personal Edition, but try the free edition first.

On the Mac, check out Daisy Disk, from www.daisydiskapp.com or the Mac App Store. It is not free, but it works great. A free Mac app I also like is OmniDiskSweeper, at www.omnigroup.com.

I should also mention that both Windows and Mac have built-in scanners that will map your drive. To access it in Windows, open PC Settings > PC and Devices > Disk Space. On the Mac, choose About this Mac from

the Apple menu, and click on the Storage tab. Then click on the Manage button.

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

Wander the Web

Here are my picks for worthwhile browsing this month:

Idyllic Ringtones

Making your own ringtones can be fun sometimes, but it is hard to find a quiet one. These collections of ringtones are utterly delightful. Clear, elegant and short, they are a beacon of tranquility.

www.cleartones.net.

Troubleshooting Continuity

This tech support page explains the various functions that use Continuity on Apple devices and how to get them working properly.

www.support.apple.com/en-us/HT204681

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Go on and soak your bones this summer

Alaska has hot springs all over

By **DIMITRA LAVRAKAS**

Senior Voice Travel Correspondent

I hopped on my bike and pedaled to the hot springs toward downtown Tenakee Springs, only to be stopped by the sight of a couple frozen in fear, their faces blanched pale. “Luna (a neighbor’s dog) is barking at something up on the hillside,” they said.

I stopped my bike, looked and listened and pedaled on my way, glancing up at the hillside while singing a show tune.

No bear would deter me from those warm waters.

The restorative power of a good soak cannot be underestimated and sometimes just what we need when muscles tighten and bones ache.

If you visit a spring, please follow the posted rules as they are there for everyone’s safety and enjoyment. Do not be remembered, as was the boating family visiting Tenakee in April, who pushed past an elderly woman exiting the bathhouse, ignoring the fact that it was women’s hours.

I went down, down in the burning “Ring of Fire”

In Alaska there are lots of hot springs — chalk it up to being in the “Ring of Fire,” a string of at least 450 active and dormant volcanoes across the Pacific Rim. Alaska contains over 130 volcanoes and volcanic fields due to geothermal activity underground, such as volcanic activity or active hydrothermal heating from hot material in the ground. Hot springs result from water heated by underground geothermal activity finding its way to the surface of the land.

There’s close to 79 hot springs generously sprinkled across Alaska, a few



Sulphur water bubbles up from a fissure in the rock at the bath at Tenakee Springs.

Dimitra Lavrakas photos

being accessible by road, the remainder by water or air.

Pool temperatures can range from a comfortable 105 degree Fahrenheit in Tenakee to a searing 165 degrees as it comes out of the ground at Chena Hot Springs near Fairbanks, which thankfully cools when it reaches the pool.

Take your pulse regularly to make sure you’re not overstaying. I like to alternate between a hot springs and a cold-water shower. In the winter, I’ve found arthritic joints benefit from a quick application of snow.

Southeast boasts the most

Baranof Warm Springs is located 20 miles east of Sitka on the eastern shore of Baranof Island accessible by boat or floatplane. A U.S. Forest Service trail extends a half mile from the hot springs to Baranof Lake where a cabin is located by floatplane.

Chief Shakes Hot Springs is just off Ketili River, a slough of the Stikine River, about 12 miles upriver. Access using the Hot Springs Slough Route, one of several established canoe/kayak routes along the Stikine. There are two hot tubs plus an open-air tub with changing areas. The Forest Service has two cabins upriver. Go to <https://www.recreation.gov> to rent a cabin.

Goddard Hot Springs, on the outer coast of Baranof Island on Hot Springs Bay off of Sitka Sound, is 16 miles south of Sitka. The City of Sitka owns the property and maintains two modern cedar bathhouses. Boardwalks provide easy access and boaters can anchor in the bay and go ashore in skiffs. Take a nautical chart as there are lots of rocks and shoals.

Shelokum Hot Springs is close to 90 miles north of Ketchikan in the Tongass National Forest on the Cleveland Peninsula. A 2.2-mile trail begins at Bailey

Bay just south of Shelokum Creek to Lake Shelokum.

Tenakee Hot Springs, with a beautifully restored bathhouse and changing room with stained glass windows, is right in the middle of town across from the only market in town, stocked with an amazing array of gourmet goods. Thanks to the genius and craft of Kevin Alred, the old changing room was perked up with masterful carpentry and warm tongue and groove ceiling and walls. Mineral water flows at a constant rate of about seven gallons per minute and a temperature of about 105 degrees Fahrenheit. It bubbles

up in a vent in the rock and is accessed by concrete stairs connected to benches. Tenakee can be reached by floatplane, Alaska Martine Highway ferry, or private watercraft.

Trocadero Soda Springs is a treat of bubbles on the west coast of Prince of Wales Island about 12 miles southeast of Craig by boat. Wear boots on

this muddy trail as you cross into bear country and especially be cautious during salmon runs. Two giant golden steps of yellow tufa, the sediment of silica or calcium carbonate deposited near the mouth of a mineral spring, lead down to the pool. Mounds and craters, splashed with colors ranging from subtle yellow to iron red. The highly carbonated water is said to have “a sharp, pleasant taste” and has no unpleasant odors unlike, say, the sulphur springs in Tenakee that have the smell of rotten eggs (but you quickly get used to the smell).

White Sulphur Hot Springs, popular with commercial fishing and charter boat guests and kayakers paddling from Pelican, is in the West Chichagof-Yakobi Wilderness area, some 65 miles northwest of Sitka. Most visitors fly in to a small lake nearby and hike to the cabin or boat to Mirror Harbor and walk the easy, year-round 0.8-mile trail. Rentals at <https://www.recreation.gov>.

Take a day trip to these springs

Chena Hot Springs, is about 60 miles northeast of Fairbanks, employee-run since 2016, having been developed by Bernie Karl and Connie Parks-Karl, who used the geothermal resources to generate electricity and heat a hot

next page please



Hot springs appeal to wildlife as well as humans. Here, a rufous hummingbird patrols its territory of feeders from other hummingbird species at Tenakee Springs. Hummingbirds crowded into Alaska last month for breeding.



Long term care: Alaska seniors during COVID-19

continued from page 12

mentally. [He] felt like [he] was being punished and others could walk around and do as they pleased". These feelings were not unaccompanied, as a 77 year old female felt "[She] was not able to be socialized. [She] had to stay in [her] room and it made [her] less motivated".

Seventy-three percent of residents did not perceive a difference in their appetite or interest in food. On the other hand, seven residents used terms such as "I eat too much," "I have lost 50 pounds," and "I am less hungry". The majority (77%) answered no to a general question inquiring about a change in their well-being. Sixty-three percent of residents reported that they participated in the activities held at the home since COVID-19. The most common activities were singing and bingo.

Lastly, sixty-seven per-

cent of residents perceived that they had not noticed a difference in their overall health since COVID-19. Seven residents felt that their health declined since COVID-19 and one felt their health improved.

Discussion and conclusions of survey findings

Based on the global response to the virus, it was hypothesized that older adults in long term care homes were affected by COVID-19 precautions. Results of this survey in this Southcentral Alaska long term care home indicate that the social consequences heavily impacted these residents.

Eighty percent of residents in the study experienced a noticeable change in their ability to access visitors. As described in previous studies, long term care residents most commonly spoke about missing their children, grandchildren and family. This trend

was also seen in this study as residents spoke about longing for familial closeness difficult to achieve through window visits. Residents also complained of increased difficulty in communicating with staff.

The majority of residents in the study did not perceive that their activity level, motivation to be active, or appetite had changed since COVID-19.

This trend indicates that some older adults may have resilience factors that are unique to their generation and/or age group that protect them from the negative psychological effects of COVID-19.

Most reported no difference in their wellbeing/outlook on life.

These findings help point to some areas of interest for future studies. A

larger sample size, inclusion of multiple long term care homes, and identification of specific facilities is recommended.

The results of this study and review of other studies indicate a need for further research and advocacy on behalf of long term care resident health while infection control measures are implemented.

Social Security: Spousal benefits

continued from page 21

receive your full spouse's benefit amount, which is up to half the amount your spouse can receive. You'll also get your full spouse's benefit if you are under full retirement age, but care for a child and one of the following applies:

- ▶ The child is younger than age 16.
- ▶ The child has a disability and is entitled to receive benefits on your spouse's record. If you're eligible to re-

ceive retirement benefits on your own record, we will pay that amount first. If your benefits as a spouse are higher than your own retirement benefits, you will get a combination of benefits that equal the higher spouse benefit. For example, Sandy qualifies for a retirement benefit of \$1,000 and a spouse's benefit of \$1,250. At her full retirement age, she will receive her own \$1,000 retirement benefit. We will add \$250 from her spouse's benefit, for a total of \$1,250.

Want to apply for either your or your spouse's benefits? Are you at least 61 years and nine months old? If you answered yes to both, visit www.ssa.gov/benefits/retirement to get started today.

Are you divorced from a marriage that lasted at least 10 years? You may be able to get benefits on your former spouse's record. You can find out more by visiting www.ssa.gov/planners/retire/divspouse.html for more information.

Springs: Soak it up



Bathers frolic in Chena Hot Springs' large outside pool.

Courtesy Chena Hot Springs

from page 24

house that grows lettuce and tomatoes, as well as some fruit, for the resort's restaurant and employees on a year-round basis. There is an inside concrete swimming pool and an outdoor pond rimmed by boulders and featuring a sandy bottom, where you can watch the Northern Lights in warmth no matter the temperature. Go to

<https://chenahotsprings.com> or call 907-451-8104.

Manley Hot Springs, 151 miles from Fairbanks via the Elliott Highway, is open year-round and offers a lodge and campsites. One of its springs runs 35 gallons a minute with a temperature of 136 degrees Fahrenheit, another runs 110 gallons per minute at 135 degrees. Don't worry, by the time the water gets to you it's cooled down.

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COVID update: Reinfection in the young

continued from page 5

Center, has turned up some interesting clues. “Our findings indicate that reinfection by SARS-CoV-2 in healthy young adults is common,” said senior study author Dr. Stuart Sealfon, who is a Professor of Neurology at the Icahn School of Medicine at Mount Sinai. “Despite a prior COVID-19 infection, young people can catch the virus again and may still transmit it

to others. This is an important point to know and remember as vaccine roll-outs continue. Young people should get the vaccine whenever possible, since vaccination is necessary to boost immune responses, prevent reinfection and reduce transmission.” The study was conducted between May and November 2020 and it revealed that around 10% (19 out of 189) of participants who were previously infected with SARS-CoV-s

became reinfected, compared with new infections in 50% (1,079 out of 2,247) of participants who had not been previously infected. The study population consisted of 3,249 predominantly male, 18 to 20-year-old Marine recruits who, upon arrival at a Marine-supervised two-week quarantine prior to entering basic training, were assessed for COVID-19. Recruits who tested positive for a new second COVID-19 infection

during the study were isolated and the study team followed up with additional testing. The researchers found participants who became reinfected had lower antibody levels against the SARS-CoV-2 virus than those who did not become reinfected. The authors found the amount of measurable

SARS-CoV-2 virus in re-infected recruits was on average only 10 times lower than in infected seronegative participants, which could mean that some re-infected individuals could still have a capacity to transmit infection. The authors note that this will need further investigation.

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New Deal: Early days in the Mat-Su

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his New Deal in 1935. And the idea of moving more than 200 families from Midwestern states like Minnesota, Wisconsin and Michigan to a community in the wilderness north of Anchorage stirred imaginations across the country. The federal government, which wanted to increase Alaska’s population for defense purposes as well as help farmers in depressed areas, had high expectations for the project. By mid-1935, about 176 families had heeded the call from Washington for real “dirt farmers” to “go west” and subdue the untamed wilderness in the Matanuska Valley. The colonists worked hard to create a settlement and plant fields with financial help from the

U.S. government. The government gave each family a \$3,000 allotment (about \$57,000 today). A commissary dispensed the regular monthly allowance for provisions, with clothing and household articles issued from a warehouse. Each purchase was recorded with the expectation that the colonists would repay the government within 30 years with interest. Rumors spread that it cost around \$125,000 to bring each colonist to the valley. With taxpayers still reeling from the devastation of the Great Depression, it’s little wonder that many of them questioned the wisdom of establishing an agricultural community in remote Alaska. But Anthony J. Dimond, Delegate to Congress at the time,

stood firmly behind the colonization of the Valley. “The Matanuska Valley farm settlement plan is both humane and economically sound,” he said. “The fact is, if it be a fact, that mistakes made in the setting up of the colony give no reason to condemn it. The settlers are being helped to get into a position to help themselves and this is the best sort of aid.”

As a result of the federal government’s agricultural experiment, Alaskans have been enjoying fresh produce and milk ever since it began. Today there are a couple hundred farms in the Matanuska Valley and the farmer’s markets that sprout up every summer from Alaska’s “bread basket” are always a welcome sight. This column features tid-

bits 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.

Crossword answers from page 18

S	H	A	D		B	O	A	R		A	C	H	Y	
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Student loans: Problems and prospects for seniors

continued from page 12

checks of almost 114,000 Americans.”

Pretty scary, but it doesn’t end there. For the most part, this type of debt cannot be resolved by filing for bankruptcy. Consequently, being in default can also result in,

- ▶ sacrificed retirement savings
- ▶ delay in healthcare
- ▶ being forced to work beyond retirement
- ▶ impaired ability to obtain loans to buy a house or car, or for other purposes
- ▶ inability to financially help friends and family

Now gird your loins for a flood of good news. Hard to believe, but “help is on the way.” According to an excellent article from Investopedia published on their website April 22, 2021, entitled “How to Get COVID-19 Student Loan Relief,” the main points are,

- ▶ • “Borrowers with

loans owned by the U.S. Department of Education or through the Federal Family Education Loan (FFEL) Program automatically receive a new interest rate of 0% from March 13, 2020, through Sept. 31, 2021. No payments are required during this time. “If you’re behind on a loan owned by the Department of Education, your wages, tax refund and Social Security payments can’t be garnished and debt collectors can’t bother you right now.

“Some federal loans are not owned by the Department of Education but by commercial lenders. Borrowers who need relief on these loans—or on private student loans—can still get it, but they’ll have to request it, and it won’t be as generous.”

See the full article, readily available on the internet,

for details. And there’s more. President Biden has asked the Education Secretary to prepare a memo on the President’s legal authority to wipe out as much as \$50,000 each for all student loans. The pundits tell us we should know the details come June or July. It is not a sure thing, but the chances look better than they have in a very long time.

Finally, if you are pondering the question of signing or cosigning for a new student loan, take a look at the AARP article from February 10, 2021, “Should Seniors Take Out Student Loans to Learn New Skills?” The article provides a systematic and detailed series of discussion points to help you determine if that is a good idea or not.

No question about it,

these are difficult times. But this issue seems to be on the way to at least partial resolution for many thousands of seniors across Alaska and the lower-48.

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.

Medicaid: What a mess

continued from page 22

the state and feeds into the local economy. Conceivably the attitude a few years back was that this is a good thing, so we ought to help people get qualified for Medicaid. But then the Alaska economy took a hit with the drop in oil prices, and the attitude changed. Now the one-third the

State had to pay started to look like a lot of money. So (and again, I am only speculating here) the attitude became that we ought to make it as difficult as possible for people to qualify, so the state budget is not strained.

Could be, could be. The reasons for it are pure guesswork on my part. But Medicaid being a particu-

larly difficult agency to deal with? That’s a fact that I’ll stand by.

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. And that’s definitely not just an opinion.

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The State of Alaska, Division of Senior and Disabilities Services, administers the ADRC grant in partnership with the 6 regional sites. For more on the ADRC grant program, contact an ADRC Program Manager at 907-465-4798 or 1-800-478-9996.

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