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# Senior Voice

A publication of Older Persons  
Action Group, Inc. Free

Serving Alaskans 50+ Since 1978

Volume 44, Number 10 October 2021

2021  
National Mature  
Media Awards<sup>SM</sup>  
Winner

**Thoughts on COVID, from  
Alaska's state pharmacist.**

- page 3

**Past meets present at  
the Alaska Zoo. - page 15**



Anchorage's Ron Stein models his attire, in character as "Sir Reginald Wingsworthy." Read how he's taken his interests in jewelry and accessories into a fantastical 'steampunk' realm. Story on page 13.

Michael Dinneen photo





# Forum looks at Anchorage health care access

Senior Voice Sta

“Age Smart – Let’s Talk”, the series of forums sponsored by AARP Alaska, Older Persons Action Group and the Anchorage Senior Activity Center, returns Oct.

12, from 6:30 to 7:30 p.m. Events are currently held virtually on the internet, using Zoom.

This month’s topic: “Project Access: What it is and How They Can Help”. The project’s stated mis-

sion is to increase access to health care for low-income, uninsured individuals by coordinating a network of committed and compassionate volunteer providers. The “Age Smart – Let’s Talk” series is a monthly

forum on a topic of interest and importance to Alaskans who want to be thoughtful about how to make good choices as they grow older. The series is developed to provide working age adults with information necessary to plan and fulfill a secure, healthy and satisfying “life After 60” (all ages are welcome). Each month the series highlights a partic-

ular topic with a variety of formats, including issue experts, panel discussions, interactive presentations, and plenty of time for questions. Admission is free and open to everyone. Presentation begins at 6:30. To sign up, go to AARP’s event page at <https://aarp.cvent.com/ASOCT122021>.

## Disability and Aging summit returns online, Oct. 5-7

Senior Voice Sta

The Alaska Disability and Aging Coalition will host the 7th Annual Disability and Aging Summit, October 5-7, 2021. The summit will be held virtually and include presentations on Aging Well in Alaska.

Topics include a keynote presentation on Positivity and Aging and workshops focused around mental health, aging and COVID

effects, and building resiliency. There will also be an elder panel and a legislative panel addressing topics such as the impact of COVID-19 on the aging population, budget assurance and the future of the work force for aging individuals with IDD.

The goal of the Aging and Disability Summit is to further discuss the national and state trends regarding

the aging population to include individuals with intellectual and developmental disabilities and how it relates to Alaska.

For a flier with the full agenda and other details, along with registration information, visit <https://bit.ly/3zLVSSm>

For more information, contact Joanna Paris at 631-836-2825 or [joanna@specialolympicsalaska.org](mailto:joanna@specialolympicsalaska.org).

### Older Persons Action Group Annual Meeting

**Nov. 18, 2021 at noon**

Held virtually online via Zoom. Details to be published in the November edition of Senior Voice and also on the Senior Voice website.

# Big benefits for seniors in ‘human infrastructure’ proposals

**ANALYSIS**  
By **ALAN M. SCHLEIN**  
Senior Wire



at the same time as they have the smallest margin of Congressional control in two decades.

This is happening with two different legislative packages – an infrastructure bill, where some Republicans are joining Democrats to xthenation’s crumbling bridges and roads – and a budget framework, which President Joe Biden calls his “human infrastructure” package, where Democrats will have to be completely united to shepherd the huge, detailed proposals through both chambers, without a single Republican vote.

The budget package is essentially Biden’s economic agenda, designed to remake broad swaths of the American economy. It pledges to expand Medicare, commit significant new money to combat climate

***To pay for all of these huge programs, Democrats are pushing a series of tax increases on upper-income earners, specifically those earning o er \$400,000 a year – and corporations to pay for the bill. It will likely also include changes in how estates are taxed so that heirs must pay more taxes on inherited assets, which is particularly important to wealthy seniors.***

change, raise taxes on the wealthy, and boost federal programs that aid low-income families and children, including paid leave and a direct cash allowance for raising children, which was approved temporarily in the coronavirus funding bills that lawmakers now want to make permanent.

But it will need to run the gauntlet, getting attacked, twisted and adjusted to get through the House, the Senate and finally signed into law. As it moves through each phase, no one knows what the final legislation will look like. It’s going

to take a while to play out and what emerges at the end may not resemble what things look like at this moment in time. Democrats have set self-imposed September deadlines, but inevitably, Congress being

Congress, things will take perhaps until November to work out all the details. Democrats hope the – nal result will be a law that promotes economic growth, with childcare subsidies that get parents back into the workforce, education spending to more equitably prepare all Americans to work, and job training to improve labor mobility. The proposal doesn’t create many new programs, but expands and re-orientes funds toward Democratic

page 20 please

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**Vision statement:**

“Promote choice and well being for seniors through legacy and leadership.”

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# Straight-talking Alaska pharmacist on COVID and seniors

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

Coleman Cutchins is a clinical pharmacist with Department of Health and Social Services. He has a Doctor of Pharmacy degree and is board certified in pharmacotherapy, the treatment of disease with drugs. He has a long history in research, and working with infectious diseases. I interviewed him September 6. These are some highlights.



**Alaska Dept. of Health and Social Services Pharmacist Coleman Cutchins.**  
*Photo courtesy Coleman Cutchins*

**What have you been focused on recently?**  
I've been on this [COVID] team since really right after the Wu Han flight landed. At least 80% of my time or so has been on COVID. In the last two, three weeks with cases being the way they are and hospitals being overwhelmed, it's been more like 150%.

**We hear a lot about the use of monoclonal antibodies for the treatment of COVID. Can seniors benefit from that?**  
With monoclonal antibodies, we're giving you synthetically produced antibodies that have a target on one side of it to the virus, and a target on the other side for your immune system. It's essentially not quite as good, but it's almost like if you could go back in time and vaccinate somebody.

But they're not nearly as effective as vaccine. They also have a very narrow window when they're most effective. As early as possible from symptom onset and testing positive is when they're most effective. You start to get a diminishing return to the point when somebody is in the emergency room about to get hospitalized. Then it's too late. They're not effective

*page 26 please*

# Protesters rally for state campaign finance reform

By **BEVERLY CHURCHILL**  
*For Senior Voice*

On Sept. 17, a group met outside the Federal Building and U.S. Courthouse in Anchorage with Senator Bill Wielechowski to protest a recent decision by the 9th District Federal Court that would strike down several provisions of Alaska's campaign finance law.

The decision of the court strikes down three limits set by the law: a \$500 per year, per person limit on contributions to a single candidate; a \$500 per year per contribution to a political group; and a \$3,000 per year limit on money donated to candidates from all out-of-state donors combined. A judge from the court called for a reconsideration of the decision and the state was asked

to submit arguments on this reconsideration. Sen. Wielechowski had written a letter, signed by several other senators, to Governor Dunleavy asking him to please press for a reconsideration. Gov. Dunleavy would not.

The campaign finance law was passed in 1996 and reaffirmed by a citizens' initiative in 2006, the year Sen. Wielechowski was elected to the legislature, Wielechowski pointed out.

The year 2006 was also when FBI agents began investigating the Alaska legislature for taking bribes from the oil industry. By 2008, six Republican legislators had been indicted on corruption charges. The group became known as the "Corrupt Bastards Club".

The citizens who gathered in September were

protesting the court's decision and are calling for the state legislature and for Congress to amend the U.S. Constitution to once again allow states to regulate money in political campaigns. Alaska Move to Amend organized the event. The group states their mission is to educate Alaskans on the issue of

unlimited money in politics and why it is bad for our democracy, and to call for an amendment to the U.S. Constitution.

Meanwhile, if the court's decision stands, it leaves open the opportunity for unlimited amounts of money to come from outside the state by wealthy donors, including

multi-national corporations, putting Alaskan politics at great risk of corruption, according to Sen. Wielechowski.

*Beverly Churchill is a member of Alaska Move to Amend, whose mission includes educating Alaskans on constitutional issues regarding personhood and money as a form of free speech.*

## Correction

The lead in our story on senior housing in the September issue included errors. The correct wording should have been:

Since its inception 47 years ago, Cook Inlet Housing Authority (CIHA) has seen the state's elderly population skyrocket. According to CIHA statistics, in 1990, Alaska's overall population stood at 550,000 and the state's median age was 29. Approximately 6 percent of the state's population was over age 60 at the time. Of those, about 1,200 Alaskans were over the age of 85. Some 47 years later, the state

population now stands at 731,000; the median age has grown to 36, and the 60 and over population has more than tripled from 1990 to represent 19 percent of the overall population, representing a near 300 percent growth rate over the period.

Also, the captions were applied to the wrong photos for the story. The photo of Willow Green in Soldotna, for the caption on page 20, actually appeared on page 22 with a caption for Qevu Village, and vice versa.

These errors have been corrected for the online edition at [www.seniorvoicealaska.com](http://www.seniorvoicealaska.com).

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## Recruiting help when you're the 'designated' caregiver

By KAREN CASANOVAS

For Senior Voice

**Q:** Why am I always the one everyone expects to take care of Uncle Joe? Just because I don't have a family, it doesn't mean there aren't work or personal demands on my time.

**A:** Demands of caregiving while working is a tough juggling act. Stress and resentment are common emotions while managing interruptions to your daily routine.

Inequity in caregiving is experienced by relatives of older adults across gender, cultural expectations, socio-economic status, ethnic identity or employment status. Caregiving is often managed by a child that is the closest in proximity, a relative that has financial means, or someone with a flexible schedule who can render assistance when needed.

While not knowing if you are the sole provider of informal caregiving, evidence suggests that financial costs are generally not shared equally. With palliative care as an example, friends or family provide mainstay care, often while balancing a full-time job. In pandemic times, these pressing re-



pital under medical supervision. Caregivers may be overseeing care for a person with a chronic condition, while working at home managing their own work schedule (sometimes from the same location), or in other situations via video or telephone communication.

Financial remuneration isn't always possible by family members, or if contributions are made, not always an equal distribution of funds. Informal caregivers on average spend \$7,000 annually taking care of family or friends. Contact a financial planner or a CPA for your personal situation. Also, AARP provides general guidance for claiming older adults as dependents.

Taxpayers have long been able to claim tax credit for children up to age 16. Unlike a deduction, which

***In pandemic times, these pressing requirements for filling medications traveling to medical appointments with the person requiring attention, or fielding questions from providers can make one feel especially overwhelmed, underappreciated, riddled with anxiety, or even depressed.***

quirements for filling medications, traveling to medical appointments with the person requiring attention, or fielding questions from providers can make one feel especially overwhelmed, underappreciated, riddled with anxiety, or even depressed.

The economic value family members provide is regularly overlooked, and often not charted. A 2015 Canadian study found that those providing end-of-life care spend twice as much time as an unpaid caregiver than if the person would have remained in the hos-

lowers your taxable income, a tax credit directly reduces your tax bill. The 2017 federal tax law expanded the Child Tax Credit (CTC) to allow taxpayers to claim up to \$500 as a nonrefundable "Credit for Other Dependents," including elderly parents.

Under this provision, in effect through the 2025 tax year, the Internal Revenue Service allows family caregivers to claim some individuals related by adoption, blood or marriage — and even some friends — as

page 11 please

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# Supportive staff, programs at Center for the Blind

By **DIMITRA LAVRAKAS**

For Senior Voice

When my mother lost her sight at the age of 85, it seemed sudden but in fact it was a gradual loss with providers ignoring her complaints of flo tters, fl shes and jaw pain. A rare autoimmune disease, temporal arteritis, had her seeing only shadows and disrupted her circadian rhythm, the physical, mental and behavioral changes that follow a 24-hour cycle, so she never had a full night's sleep again.

Having retired to Texas, the town she was in offere little in the way of services related to her illness, but had she been in Alaska she would have had access to a wide array of resources.

For Nate Kile, program director and assistive technology specialist at the Alaska Center for the Blind and Visually Impaired, his blindness came suddenly



**Program Director and Assistive Technology Specialist Nate Kile and his dog, Edgar.**

*Courtesy Alaska Center for the Blind and Visually Impaired*

in a hunting accident as a teenager.

Now, at 45, he oversees programs to help others cope with their vision loss.

When I called to talk to him, I asked if he would prefer an email with questions, but then I thought that would not be possible. However, technology has made great strides in im-

proving communications for those with vision loss.

Programs offer that technology to Alaskans through monthly meetings, private consultations and clinics. There is even a grant for Braille technology in schools and three times a month virtual support groups concerning vision loss on Zoom.

The center helps people navigate getting a guide dog, and devices like iPho- ne magnification and talking book services. They also offer a \$100 grant to help purchase new glasses.

## Serving Alaska for 44 years

Since 1977, the center has been the only non-profit vision rehabilitation center in Alaska. It serves the entire state of Alaska through the Rural Outreach Program. The center has a suite of services for blind and low vision Alaskans at its facility in Anchorage, as well as the Mat-Su and rural areas (see sidebar).

Attached on Kile's emails is a quote from

Hellen Keller, "Knowledge is light, love and vision." And Kile fulfill that by sharing his knowledge and journey with others.

Kile will be speaking at the Living Well with Vision Loss group meeting at 1 p.m. on Tuesday, Oct. 19, at

the Wasilla Senior Center, 1301 Century Drive, Wasilla, (907) 745-5454, and at the Palmer group meeting on Thursday, October 21, at the MatSu Senior Services' Palmer Senior Center at 1132 S Chugach Street, Palmer, (907) 745-5454.

## Alaska Center for the Blind and Visually Impaired services

ACBVI offers Alaskans experiencing blindness and visual impairment a complete program to help them to thrive in their daily lives.

**Assisted daily living.** Training in personal and household management for independent living.

**Orientation and mobility.** Safe travel in business and residential areas.

**Assistive technology.** Adaptive communications involving the use of computers and related electronic devices

and reading and writing Braille.

**Manual skills.** Use of tools and development of problem-solving skills.

**Vocational services and worksite evaluations.** Job preparation and vocational training for employment success.

**Visually Impaired Senior Alaskans (VISA).** Living Well With Vision Loss support groups and services providing support to seniors to increase their home

*page 12 please*

## Time to review and compare your Medicare drug plan

By **SEAN MCPHILAMY**

For Senior Voice

The end of another summer is fast approaching and one thing that means is Medicare's Open Enrollment Period (OEP) will be happening soon. Each year from Oct. 15 through Dec. 7, you can make changes to your Medicare insurance here in Alaska, primarily if you have Prescription Drug (also known as Part D) coverage, in order to meet your needs for calendar year 2022. As long as you make your decision and request any coverage changes by Dec. 7, the insurance coverage will be effective on January 1. You may be able to receive better drug coverage at a more affordable price. Even if you are satisfied with your current Part D plan, you should check to see if there is another plan in your area that offers your desired prescription drug coverage at a better price.

## Medicare and You Handbook

If you are current-

ly enrolled in Medicare, watch for the 2021 Medicare & You handbook in the mail and review your health care benefits. If you do not receive one, you can call 1-800-633-4227 (1-800-MEDICARE) and request that a copy tailored for Alaska be mailed to you. You may also download the general handbook at [www.medicare.gov](http://www.medicare.gov). You can also contact one of the Certified Medicare Counselors at the State of Alaska's Medicare Information Office by calling either 800-478-6065 or 907-269-3680 for answers to any questions about Medicare benefits. To learn about your employer-provided retiree benefits and/or Medicare Supplement Insurance (Medigap) plan coverage, call your plan directly or read your specific plan's handbook.

## Prescription Drug coverage

If you have a Part D prescription drug plan, you

*page 25 please*



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## Protecting aids from damage



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

Any exposure to water, humidity, condensation or perspiration can cause serious damage to a hearing aid. While many of today's hearing aids are designed to be highly water and oil resistant, it is difficult to protect hearing aids from all oil and moisture hazards.

The first step to preventing moisture damage is to avoid accidental exposure to water. Hearing aid users should adhere to a routine when it comes to their daily use of their devices. For example, if you typically shower first thing in the morning, leave the hearing aids in their storage case, preferably not in the bathroom, in order to avoid forgetting to take them out before bathing or accidentally knocking them into the sink or toilet.

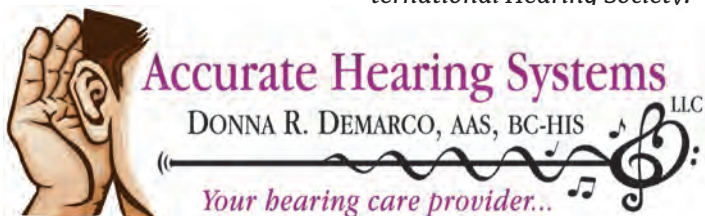
At night, hearing aid battery doors should be left open to allow air to flow through the device; this has the added benefit of preserving battery life.

### Physical damage

To prevent damage, hearing aids should be stored in a consistent, safe manner nightly. They should be placed out of the reach of small children and pets, as animals tend to be drawn to the devices due to the human scent. When damage occurs, gather all components of the hearing device and schedule an appointment with your hearing healthcare professional as soon as possible. The devices should not be worn if there is damage to the casing as sharp edges may cause irritation or abrasion to the ear and surrounding areas. Damage to the tubing, either tears or pinches, should be addressed as soon as possible as that can have severe effects on the sound quality of the hearing device.

For more information and to schedule a free hearing test, call 907-644-6004.

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



### ADVERTISEMENT

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.

# Fall health fair events are here with the weather

By **SHARON PHILLIPS**

*Alaska Health Fair, Inc.*

October is one of our busiest months for health fairs. We continue to provide pre-scheduled, appointment-based services to communities and worksites, and at our Fairbanks office October community events include Anchorage, Delta Junction, Fairbanks, Houston, North Pole and Valdez and many worksite events. COVID seems to have a mind of its own, and so we continue to work around these ever changing circumstances in our communities, state and nation in a safe and effective manner. We provide important services to all event attendees using solid health, safety and sanitation protocols.

Check out our full schedule at [www.alaskahealthfair.org](http://www.alaskahealthfair.org) and look for the city of your choice. Due to COVID numbers, our schedule can change on a moment's notice and we appreciate your patience and understanding. A brief listing of the coming month's events that are open to the public is shown

below (with more detailed information found on our website).

### Anchorage and Southern region

Oct. 2, Enlaces Latino (all are welcome to attend), Abbott Loop Elementary

Oct. 6, Anchorage Museum

Oct. 9, Valdez Community and Swam Symposium, Valdez Civic Center

Oct. 9, Houston Mid-Valley Senior Center

Oct. 13, Hope Community Resources (Anchorage)

### Fairbanks and Northern region

Oct. 2, Delta Junction, Mt. McKinley Bank

Oct. 9, North Pole, North Pole Plaza

Oct. 16, Fairbanks Veterans Stand Down, Pioneer Park Civic Center

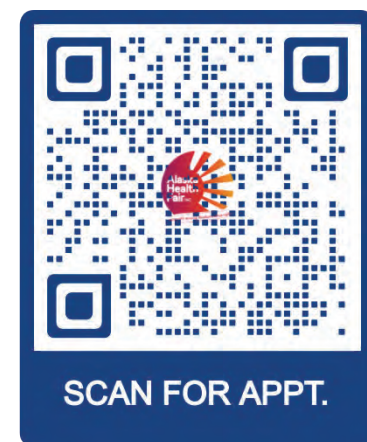
Fairbanks Health Fair office dates: Oct. 5, 12, 13, 19 and 26

### Staying informed

Our health newsletters, seasonal schedules, announcements, agency updates and more are easily within your reach. The

best ways to stay informed include:

- Visit [www.alaska-healthfair.org](http://www.alaska-healthfair.org),
- Sign up for the Alaska Health Fair newsletter,
- Catch agency/event information on Facebook,
- Read Senior Voice monthly (hard copy edition) or online at [www.seniorvoicealaska.com](http://www.seniorvoicealaska.com),
- Hover your smartphone camera over our QR Code and quickly access our website.



The Alaska Health staff – Andrei, Betty, Jodie and Sharon – hope you have a wonderful fall.

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

## 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 re-

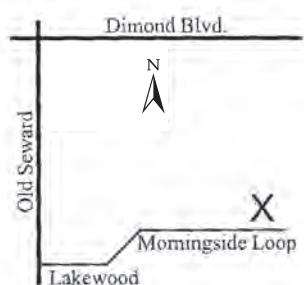
serves the right to edit for content and length. Space may be made available for longer opinion piece essays up to 400 words. Contact

the managing editor at [editor@seniorvoice-alaska.com](mailto:editor@seniorvoice-alaska.com) to discuss this. Copy deadline is the 15th of the month prior to publication.

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# New health clinic opens in Shishmaref

By REBA LEAN

Norton Sound Health Corporation

A new 5,400-square-foot clinic is open and operating in Shishmaref after about 16 months of construction amidst a pandemic.

On Sept. 10, Norton Sound Health Corporation hosted a ribbon cutting ceremony at the new clinic and welcomed the community to celebrate the new building. Residents enjoyed cake and refreshments and socially distanced tours through the new space.

The new facility replaced a clinic that was originally built in 1983 and renovated in 2014. It was only 1,850 square feet.

"In 2014, we renovated the old clinic, and we were so excited when that project was done," NSHC President/CEO Angie Gorn told the Shishmaref crowd



Shishmaref residents arrived by four-wheeler and on foot to gather outside the new clinic for a ribbon cutting ceremony Sept. 10. Photo courtesy Norton Sound Health Corporation

on Friday. "But I remember coming to one of your annual meetings, and we heard loud and clear from your community that you needed a much bigger

clinic."

The new space boasts three exam rooms, a laboratory/pharmacy space, trauma bay, specialty clinic exam room, large dental

suite, an office for the village-based counselor, an employee break room and conference room, as well as additional office space for clinic staff members.

The clinic design is the same used in the Savoonga and Gambell clinics, which opened in 2017.

Preston Rookok, NSHC Board Chair, made some opening remarks during the ceremony as well.

"Building state-of-the-art facilities in our communities is a vision of the board," he said. "We know that the community waited a very long time for a new clinic, and this dream has become a reality today."

Rookok noted that Shishmaref's new facility is the fifth clinic NSHC has built in five years. A clinic in St. Michael is currently under construction, and construction is expected to begin on the new Wales clinic next summer.

The Shishmaref project did see some impacts due to COVID-19 when construction crews were required to

page 27 please

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# Effects of exercise and where you live on longevity

## Also: Using technology for Parkinson's disease

By JOHN SCHIESZER

Medical Minutes

### It's never too late to get active

A study in more than 30,000 heart patients shows that becoming active later in life can be nearly as beneficial to survival as continued activity.

"These encouraging findings highlight how patients with coronary heart disease may benefit by preserving or adopting a physically active lifestyle," says study author Dr. Nathalia Gonzalez of the University of Bern, Switzerland.

This study investigated activity levels over time and their relationship to the risk of death in patients with heart disease. The meta-analysis included 33,576 patients with coronary heart disease from nine groups. The average age was 62.5 years and 34% were women. The median follow-up was 7.2 years. Activity was assessed at baseline and follow-up using validated questionnaires and participants were classified as active or inactive at the two time points.

Definitions of active and inactive varied across the studies but were in line with recommendations for healthy people: At least 150 minutes a week of moderate intensity, or 75 minutes a week of vigorous activity, or a combination. Patients were divided into four groups according to their activity status at baseline and follow-up: Inactive over time, active over time, increased activity over time, and decreased activity over time. All the studies define "increased activity over time" as moving from the inactive to the active category and "decreased activity over time" as moving from the active to the inactive category.

Compared to patients who were inactive over time, the risk of all-cause death was 50% lower in those who



were active over time, 45% lower in those who were inactive but became active, and 20% lower in those who had been active but became inactive. Similar results were observed for death due to cardiovascular disease. Compared to those who remained inactive, the risk for cardiovascular mortality was 51% lower among those who remained active and 27% lower for those whose activity increased.

"The results show that continuing an active lifestyle over the years is associated with the greatest longevity. However, patients with heart disease can overcome prior years of inactivity and obtain survival benefits by taking up exercise later in life," said Gonzalez.

### Tailoring wearable technology and telehealth for Parkinson's disease

Wearable health technologies are vastly popular with people wanting to improve their physical and mental health. Everything from exercise, sleep patterns, calories consumed and heart rhythms can be tracked by a wearable device. But timely and accurate data are also especially valuable for doctors treating patients with Parkinson's disease.

A new study from the Southern Medical Program (SMP), based at the University of British Columbia in Canada, has examined the use of wearable health technology and telehealth to treat patients with Parkinson's disease. Dr. Daryl Wile, a movement disorder specialist and SMP clinical assistant professor, routinely uses telehealth to connect with Parkinson's patients across the vast landscape.

"Even prior to the pan-

dem, telehealth helped deliver specialized care to patients living in remote and rural settings," says study investigator Dr. Wile. "But with the complex nature of Parkinson's, we wanted to enhance these appointments to better understand how movements vary throughout a patient's entire day."

To add a new layer of health information, Dr. Wile and his research team added wearable technol-

***This study offers a glimpse into possible drivers of longevity including climate, pollution, crime, traffic safety and more***

ogy to the equation. They recruited Parkinson's patients with either tremors or involuntary movements. The patients were then divided into two groups, with some using telehealth and device-based health tracking and others attending traditional face-to-face appointments. The telehealth group wore wear-

able devices to track their movements, involuntary or not, throughout waking hours. The reported data was then reviewed during telehealth appointments to identify peak times patients experienced Parkinson's symptoms.

"With the integration of

next page please

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# Longevity

from page 8

accurate and reliable data from wearable devices, we were able to tailor a patient's medication to better manage their symptoms throughout the day," says Dr. Wile. As part of the study, patients were asked a series of questions from the standardized Parkinson Disease Quality of Life Index. Both study groups were assessed at intervals of six weeks, three months and six months. Overall, the patients using the wearable devices reported positive experiences and health outcomes in combination with telehealth appointments to access specialized care. The study showed there is a strong case to leverage multiple technologies to improve a patient's quality of life and limit the added stress and cost associated with travel.

## Where you live may matter more than you know

Living a long and healthy life may include picking the right city. It turns out that where you live, not just how you live, can make a big difference. That's the finding of an innovative study co-authored by an MIT economist, which examines older adults across the United States. The study showed that some locations enhance longevity more than others, potentially for multiple reasons.

When a 65-year-old moves from a metro area in the 10th percentile, in terms of how much those areas enhance longevity, to a metro area the 90th percentile, it increases that person's life expectancy by 1.1 years. That is a notable boost, given that mean life expectancy for 65-year-olds in the U.S. is 83.3 years.

"There's a substantively important causal effect of where you live as an elderly adult on mortality and life expectancy across the United States," says study co-author Amy Finkelstein, a professor in MIT's Department of Economics.

Researchers have long observed significant regional variation in life expectancy in the U.S., and often attributed it to "health

capital" — tendencies toward obesity, smoking, and related behavioral factors in the regional populations. The current study was able to isolate and quantify the effect that the location itself has on residents.

This study offers a glimpse into possible drivers of longevity including climate, pollution, crime, traffic safety and more.

"We wanted to separate out the role of people's prior experiences and behaviors, or health capital, from the role of place or environment," Finkelstein says. The researchers analyzed Medicare records from 1999 to 2014, focusing on residents between the ages of 65 and 99. Ultimately, the research team studied

6.3 million Medicare beneficiaries. About 2 million of those moved from one U.S. "commuting zone" to another, and the rest were a random 10% sample of people who had not moved over the 15-year study period. The Census Bureau define about 700 commuting zones nationally.

The study found that many urban areas on the East and West Coasts, including New York City, San Francisco, and Miami, have positive effects on longevity for seniors moving there. Some Midwestern metro areas, including Chicago, also score well. By contrast, a large swath of the Deep South has negative effect on longevity for seniors moving there, including

much of Alabama, Arkansas, Louisiana and northern Florida. Much of the Southwest, including parts of Texas, Oklahoma, New Mexico, and Arizona, fares similarly poorly.

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](mailto:medicalminutes@gmail.com).

## Protect yourself against abdominal aortic aneurysms

By JIM MILLER

Savvy Senior

**Dear Savvy Senior:** Can you tell me about stomach aneurysms? My father died from one about 10 years ago and I'm wondering if that can increase my risk of developing one myself. - Almost 60

**Dear Almost:** While you don't hear much about

them, stomach aneurysms, also known as abdominal aortic aneurysms, are very dangerous and the 10th leading cause of death in men over 55. They also tend to run in families, so having had a parent with this condition makes you much more vulnerable yourself.

page 12 please

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# Free training, support for family caregivers

Senior Voice Sta

The Kenai Peninsula Family Caregiver Support Program has moved into a new office located at 35477 Kenai Spur Highway, Suite 205 (located in the

4D Professional Building). You can call them at 907-262-1280 or email [kpfcsp@soldotnaseniors.com](mailto:kpfcsp@soldotnaseniors.com).

Caregiver support group meetings will be held at the following locations and times in September. Please

join to share your experiences as a caregiver or to support someone who is a caregiver.

**Oct. 14** Sterling Senior Center, 1 to 3 p.m. Caregiver training, “Alive Inside,” from 1 to 2 p.m. with a caregiver support meeting from 2 to 3 p.m.

**Oct. 15** Soldotna Senior Center, 1 to 3 p.m. Presentation topic “Complaints of a Dutiful Daughter,” from 1 to 2 p.m., followed by a caregiver support meeting from 2 to 3 p.m.

**Oct. 19** Kenai Senior Center, 1 to 3 p.m. Presentation topic “Can Alzheimer’s Be Stopped?” from 1 to 2 p.m., followed by a caregiver support meeting from 2 to 3 p.m.

**Oct. 27** Nikiski Senior Center, 1 to 3 p.m. Presentation topic “Stress: Portrait of a Killer.” from

1 to 2 p.m., followed by a caregiver support meeting from 2 to 3 p.m.

Support meetings allow you to share your experiences as a caregiver, or support someone who is a caregiver. If you are helping a family member or friend by being a caregiver, learn what kind of help is available. There is no charge for these services and everyone is invited to attend. Call with suggestions and ideas for upcoming trainings or follow on Facebook, @KPFCS.

The Homer Area Caregiver Support Group has resumed its monthly meetings on the second and fourth Thursdays (Oct. 14 and 28) in the Homer Senior Center multi-purpose room. Enter through the main entrance on Svedlund Street. For more informa-

tion, call Pam Hooker at 907-299-7198 or Janet Higley at 907-235-4291.

## Statewide

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

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

## Caregiver Tip of the Month

No doubt about it, we are living during some very stressful times. If you’re also caring for a loved one on top of everything else, you may be feeling stressed out, anxious or uncertain. We’ve all been there. When these feelings come on strong or last too long, it can be hard to imagine feeling grateful. But positive emotions such as gratitude actually help to boost your resilience to stressful times. Nancy Calhoun, Managing Editor at Journeyworks Publishing, has written about ways to add gratitude to your daily life.

- ▶ Slow down and notice your surroundings. What makes you smile?
- ▶ Find a few moments every day to engage in an activity that you enjoy.
- ▶ Pick one day a week when you try not to complain about anything.
- ▶ Do something nice for somebody else.
- ▶ Spend time with positive people.
- ▶ Use mealtimes as a reminder to think about or share things you felt grateful for during the day. Maybe you felt grateful to talk to a friend, or maybe you simply felt glad to see the sun shining.
- ▶ Tell someone what you appreciate about them.
- ▶ Say thank you more often. Don’t forget to thank yourself for working on healthy habits.
- ▶ Start a gratitude journal. Or create a list on your phone. Try to add a few things every day. You can write detailed descriptions or keep it simple and just make a list.
- ▶ Post images on social media of something you are grateful for – and let people know why.
- ▶ Look online for other ways you can practice gratitude.
- ▶ Go to sleep thinking about the best thing that happened to you today.

Ms. Calhoun also writes that when stress, worry or negative self-talk fill your mind, it can make you feel drained and defeated. After a certain point, you run out of energy and you don’t feel so good. When you focus on what you are grateful for, your attention shifts to the positive, which can reduce or replace the focus on what is wrong or missing. Being grateful doesn’t make the hard stuff in life disappear, but it can change the way you respond to it.

Studies show that people who practice gratitude have less depression and anxiety, are more likely to achieve their goals and may even have better health. But when things feel stressful, gratitude may be the last thing you can imagine feeling. Gratitude is something you can practice and get better at.

– Dani Kebschull, Kenai Peninsula Family Caregiver Support Program



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# Caregiver

continued from page 4

“other dependents” on their federal tax return if both parties meet IRS requirements.

The IRS has an interactive tool to help you determine if a dependent qualifies you for a tax credit.

## Takeaways

**Establish a routine.** If Uncle Joe is an early riser and might like a phone call early in the morning, make it a regularly scheduled event. Predictability can aid both of you in having questions prepared in advance, and from getting unexpectedly disrupted at work. Establishing boundaries and frequent conversation can make a caregiver feel less “used” at a moment’s notice.

**Communicate with other family members.** Does Uncle Joe have children, or are the nieces and nephews the main source of caregiving? Talk to relatives and discuss the financial costs. If you are

frequently giving Joe rides to medical appointments, could the family reimburse you for gas? Can the family pay you for running errands or being the main point person? Sometimes others are willing to fund expenses, but they have never been asked to contribute. Find out what the limits are.

**Provide family updates on Uncle Joe’s health status.** Consider establishing a family Slack workspace, and creating several channels (#medical #financial #COVID) to eliminate multiple text strings. Group chats are sufficient for general updates, however, find a way to post detailed information you can share one time, categorized for ease. Also consider a #resource channel where you could post books or articles of interest to guide the family in providing optimal care. The Notion app is another useful tool for organizing information across platforms.

**Plan and be prepared.** One fact that is certain, the unexpected will happen. The more proactive you are

in your uncle’s care, the better equipped to handle that occasional emergency room visit, a medication snafu, or an additional provider appointment. Keep notes on your computer, in a notebook, on your phone or written in a calendar—whatever works for you. The more organized you are the less likely surprises will cause you frazzle.

**Practice self-care.** Inevitably if you are a caregiver, you will feel waves

of emotion, challenges in your duties, lack of focus, or wanting to quit the caregiving job you perhaps never wanted in the first place. Take time for yourself. And ask other family members to share some responsibilities, to spread out the numerous tasks one undertakes when caring for another.

**Know that every day won’t be perfect or run according to plan.** By keeping in communication with other family members and

leadership at your workplace, you will be managing care for Uncle Joe in the best way possible. And that is all anyone can expect. You are valued. Take it one day at a time. Tomorrow is a new day.

Karen Casanovas, PCC, CPCC, is a restorative coach. Contact her at [info@karencasanovas.com](mailto:info@karencasanovas.com) and follow her on Twitter (@KarenCasanovas) and Instagram (@karencasanovas).

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# Nine years without a cold?

By DOUG CORNELL, PhD

CopperZap

Scientists have discovered a natural way to kill germs fast.

Now thousands of people are using it against unwanted viruses and bacteria in the nose and on the skin.

Germs, such as viruses and bacteria, can multiply fast. When unwanted germs get in your nose they can spread and cause misery unless you stop them early.

In the last 20 years, hundreds of studies by government and university scientists show the natural element copper kills germs just by touch.

The EPA officially declared copper to be antimicrobial, which means it kills microbes, including viruses, bacteria, and fungus.

The National Institutes of Health says, “The antimicrobial activity of copper is now well established.”

Ancient Greeks and Egyptians used copper to purify water and heal wounds.

They didn’t know about microbes, but now we do.

Scientists say the high conductance of copper disrupts the electrical balance in a microbe cell by touch and destroys it in seconds.

Some hospitals tried copper for touch surfaces like faucets and doorknobs. This cut the spread of MRSA, and other illnesses, by over half and saved lives.

The strong scientific evidence gave inventor Doug Cornell an idea. He made a smooth copper probe with a tip to fit in the bottom of his nose.

The next time he felt a tickle in his nose that felt like a cold about to start, he rubbed the copper gently in his nose for 60 seconds.

“The cold never got going,” he exclaimed. “That was September 2012. I use copper in the nose every time and I have not had a single cold since then.”

“We don’t make product health claims,” he said, “so I can’t say cause and effect. But we know copper is antimicrobial.”

He asked relatives and friends to try it. They reported the same thing, so he patented CopperZap® and put it on the market.

Soon hundreds of people had tried it. The feedback was 99% positive if they used the copper within 3 hours after the first sign of unwanted germs, like a tickle in the nose or a scratchy throat.

Early user Mary Pickrell said, “I can’t believe how good my nose feels.”

“What a wonderful thing!” exclaimed Physician’s Assistant Julie. Another customer asked, “Is it supposed to work that fast?”

Pat McAllister, 70, received one for Christmas and called it “one of the best presents ever. This little jewel really works.”

Frequent flier Karen Gauci used to suffer after crowded flights. Though skeptical, she tried copper on travel days for 2 months. “Sixteen flights and not a sniffle!” she exclaimed.

Businesswoman Rosaleen says when people around her show signs of unwanted germs, she uses copper



## Copper can stop germs before they spread.

morning and night. “It saved me last holidays,” she said. “The kids had crud going round and round, but not me.”

Attorney Donna Blight tried copper for her sinus. “I am shocked!” she said. “My head cleared, no more headache, no more congestion.”

A man with trouble breathing through his nose at night tried copper just before bed. “Best sleep I’ve had in years!” he said.

In a lab test, technicians placed 25 million live flu viruses on a CopperZap. No viruses were found alive soon after.

Some people press copper on a lip right away if a warning tingle suggests unwanted germs gathering there.

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# Aneurysm

continued from page 9

An abdominal aortic aneurysm (or AAA) is a weak area in the lower portion of the aorta, which is the major artery that carries blood from the heart to the rest

difficul to detect. However, large AAAs can sometimes cause a throbbing or pulsation in the abdomen or cause a deep pain in your lower back or side.

The best way to detect an AAA is to get a simple, painless, 10-minute ultrasound screening test. All men over age 65 that have

**Most health insurance plans cover AAA screenings, as does Medicare to beneficiaries with a family history of AAAs, and to men between the ages of 65 and 75 who have smoked at least 100 cigarettes during their life.**

of the body. As blood flow through the aorta, the weak area bulges like a balloon and can burst if it gets too big, causing life-threatening internal bleeding. In fact, nearly 80 percent of AAAs that rupture are fatal, but the good news is that more than nine out of 10 detected early are treatable.

## Risk factors

Around 200,000 people are diagnosed with AAAs each year, but estimates suggest that another 2 million people may have it but not realize it. The factors that can put you at increased risk are:

**Smoking.** Ninety percent of people with an AAA smoke or have smoked.

**Age.** Your risk of getting an AAA increases significantly after age 65 in men, and after age 70 in women.

**Family history.** Having a parent or sibling who has had an AAA can increase your risk to around one in four.

**Gender.** AAAs are five times more likely in men than in women.

**Race.** White people develop AAA more commonly than people of other ethnicities.

**Health factors.** Atherosclerosis, also known as hardening of the arteries, high blood pressure and high cholesterol levels also increase your risk.

## Detection and treatment

Because AAAs usually start small and enlarge slowly, they rarely show any symptoms, making them

ever smoked, and anyone over 60 with a first-degree relative (father, mother or sibling) who has had an AAA should talk to their doctor about getting screened.

You should also know that most health insurance plans cover AAA screenings, as does Medicare to beneficiaries with a family history of AAAs, and to men between the ages of 65 and 75 who have smoked at least 100 cigarettes during their life.

If an AAA is detected during screening, how it's treated will depend on its size, rate of growth and your general health. If caught in the early stages when the aneurysm is small, it can be monitored and treated with medication. But if it is large or enlarging rapidly, you'll probably need surgery.

## AAA protection

While some risk factors like your age, gender, race and family history are uncontrollable, there are a number of things you can do to protect yourself from AAA. For starters, if you smoke, you need to quit – see SmokeFree.gov or call 1-800-QUIT-NOW (1-800-784-8669) for help.

You also need to keep tabs on your blood pressure and cholesterol levels, and if they are high you need to take steps to lower them through diet, exercise and if necessary, medication.

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.

# Services

continued from page 5

safety for independent living.

**Rural outreach.** Through a state grant, the center provides rehabilitation training in communities statewide. When vision loss begins impacting daily life like reading, travelling, cooking, or using the computer, the proper rehabilitation training and assistive technology can help. From Utqiagvik to Ketchikan, over 100 Alaskans per year attend the center's low-vision clinic and receive training at no cost in their community or nearby hub. Up to \$100 of low-vision devices is provided to each individual as needed. While many are referred by their eye doctor, no referral is needed to benefit from rural outreach. Center staff typically visit a community once a year and rely on community partners to get the word out and host low-vision clinics. Optometrists, nurses, care coordinators, Lions Club members and many others help make the program a success by connecting those in their community who are blind or have vision loss to services.

**Low-Vision clinics.** The low-vision clinic provides education about vision loss, rehabilitation training and appropriate assistive technol-

ogy. Clinics are held regularly in Anchorage and in Wasilla. A typical appointment has the individual meet with a low-vision optometrist who will provide recommendations on devices for magnification, reducing glare and other ways to optimize useable vision. The client then meets with a low-vision therapist and has the opportunity to learn about and try low-vision devices such as handheld magnifiers, screen readers and other devices to increase independence with daily tasks. For low-vision clinics in Anchorage and the Mat-Su Valley, a doctor referral is preferred.

**The Bright Path program.** Vision rehabilitation, vocational training, job preparation, assisted daily living and supervised social activities for youth ages 14 to 21.

**Blindness sensitivity training.** An educational seminar for businesses, organizations and other groups about how to approach blind and visually impaired people in a public setting. Please call to schedule.

Alaska Center for the Blind and Visually Impaired is located at 3903 Taft Drive, Anchorage. Call 907-248-7770 or go to <https://www.alaskabvi.org/>.

In the Mat-Su Valley, email Mat-Su Outreach Coordinator Jacque Olsen, [jolsen@alaskabvi.org](mailto:jolsen@alaskabvi.org)

Living Well with Vision Loss groups meet monthly in Wasilla and Palmer. Call for information, 907-745-5454.



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# Steampunk powers his imagination

By **MICHAEL DINNEEN**

For Senior Voice

Weddings usually change the couple that decide to unite their lives and set themselves off on new lives and adventures. For Anchorage DJ Ron Stein, aka Rockin' Ron, his cousin's wedding gave him a new direction as well, creating "Sir Reginald Wingsworthy, Airship Battlegroup Fleet Commander of Steampunk," a title he has proudly worn for the past 14 years.

Inspired by that steampunk-themed wedding at the UAA Planetarium, he created a "contraption" of his DJ booth just for the event.

Stein, 68, had already been creating jewelry and such for his Alaska Souvenirs business. He changed the direction of that effort to cater to the edgier, darker and gothic elements of Steampunk. Stein creates pocket watches, cyborg masks, blasters for kids, jewelry and gothic nger armor, mechanical skeleton pocket watches, as well as celtic and traditional jewelry.

Stein says that steampunk is a timeless idea and has been quite the hit in



**Anchorage's Ron Stein takes on a character persona he's named "Airship Battle Group Fleet Commander Sir Reginald Wingsworthy". His attire includes a half cyborg mask and battle decorations. Stein makes steampunk-themed jewelry, apparel and accessories and sells them at outdoor markets and other events.**

*Michael Dinneen photo*

Europe since the mid-1980s. Steampunk "is sub-genre of science fiction. It's kind of a Jules Verne vision of the future," he says.

Or, as Wikipedia puts it, steampunk is influenced by

and often adopts the style of the 19th-century scientific romances of Jules Verne, H. G. Wells, Mary Shelley, and Edward S. Ellis's "The

Steam Man of the Prairies".

Stein has seen war surplus items that were turned into two-to-three story marionettes operated by human bicycle power, and entire parades of these creations.

As Wingsworthy, Stein does 25 to 30 shows a year and maintains a Facebook site named Ron Stein. He just worked the Pyrah's Pio-

neer Peak Farm Fall Harvest Festival, where he says he was quite successful. Next up is the State Fair Holiday Market Oct. 16 and 17 at the fairgrounds in Fairbanks; a "Walking of the Zombies" event Halloween night in Anchorage (at 16th and Turpin Street); and the Mat-Su Holiday Market at the Menard Center in Wasilla Nov. 6 and 7.



**Some of Stein's other creations: A tin top hat with antique finish and a functional jeweler's loupe; vintage style pocket watch and bib necklace; stylized Nerf gun.**

*Photos courtesy Sir Reginald Wingsworthy*



**Stein's display at an Anchorage event features ornate finer jewelry, goggles and gas mask. Stein's masks are functionally certified with replaceable filters and outfitted with steampunk accessories**

*David Washburn/Senior Voice*

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Art of the North Galleries photo by Oscar Avellanada-Cruz





# Adjusting to life with commercial power

By **MARALEY MCMICHAEL**  
*Senior Voice Correspondent*

Late one evening in early October 2005, I stood at the top of the stairs in my home in Slana, unsure of what to do. Having just finished working on one of my quilts, I had switched off the lamp intending to go downstairs, but found myself in total blackness. Should I blindly feel my way down, holding onto the railing, or should I turn the lamp back on, run downstairs, turn a lamp on, run back upstairs, turn that lamp off, and then be able to descend the stairs in safety? “Commercial power is great,” I thought, “but what I need right now is one of my old trusty flashlights.” I chose to descend in darkness, but only that once.

Although our beautiful 25-year-old log home was



Using the stairs in the McMichael’s home would be difficult in total darkness.

not wired for electricity, every room was plumbed for propane lights. When we moved there in 1999, we found only four light switches, and those existed on interior upstairs walls, two in very inconvenient locations.

Although my husband, Gary, had done much to improve the electrical wiring in that house, there were still no switches to flip when entering either the front or backdoors. It hadn’t seemed necessary to remedy this because once the generator was turned on out in the generator shed, and the lever pulled to energize the house, Gary then walked back to a home already lit up. We always allowed a single bulb to burn continuously in each of the main downstairs rooms to give the generator the minimum load it needed.

At night with the generator off, strategically located flashlights were a daily part of our lives. Heaven help the person who didn’t return a flashlight to its designated home. None of this even mattered during the long daylight hours of the summer months. Early on, we fell into a routine where Gary turned the generator on when he got up in the morning and I turned it off before I went to bed at night.

Switching to commercial power when it became available in May 2005 brought

many changes to our household. Gary was exuberant about not having to deal with generator maintenance any more, and we both immediately appreciated the sound of silence.

Within days, we removed the car battery and battery charger from behind the couch. It was no longer needed to power our phone answering machine. Soon after that, I got out the box of banished electrical equipment and hooked up our old portable phone unit and our clock radio. We still couldn’t get decent radio reception, but the clock now kept accurate time. We saw no more flashing times on the TVs and the VCRs, and the microwave no longer told us how many hours it had been since we turned on the generator.

After we first moved to Slana, I boxed up my electric skillet, not knowing if the problem was the skillet or the generator power. Newly resurrected, I found the



Maraley and Gary McMichael in front of their generator shed with new commercial power hookup. *Maraley McMichael photos*

skillet worked just fine. As I cleaned up after bed and breakfast guests, I no longer had to juggle whether to use the vacuum, washer, dryer or dishwasher. I could use all four appliances at once, if I so chose. One day I realized I was running the vacuum upstairs while Gary vacuumed downstairs. Our generator power would never have allowed that.

Not all adjustments were

easy. When we first returned to Slana that spring of 2005 from being “snowbirds”, we noticed the newly installed power poles along the Nabesna Road. I was shocked by how ugly they looked. But I grew to accept that as one of the prices of convenience.

Also, after living almost six years in a home that was always semi-lit whenever

page 16 please

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*Paid for by Beck for MatSu Mayor,  
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# Alaska Zoo stays true to its roots

By **KATIE LARSON**

For Senior Voice

In August of 1969, the Alaska Children's Zoo opened its doors with a baby Asian elephant, a seal, black bear, fox, goats and a few other animals. At the time, zoo founder Sammye Seawell envisioned a place where the public could come to learn about animals who were taken in because they needed homes. Over the years, generations of Alaskans brought their kids to the zoo and those kids grew up to bring their kids. While the look of the zoo has changed and the animal collection has grown, the mission is still the same. Zoo visitors were able to see our mission in action over this past summer as orphaned and injured animals made their arrivals with wildlife agency biologists.

In May and June of 2021, the annual march of zoo



*Alaska Children's Zoo founder Sammye Seawell with Annabelle the elephant. The vintage photo was taken in 1969 by Bob Pate, an original board member when the zoo opened and who stayed involved as the historian and photographer until his passing in July, 2021.*

*Photo courtesy Alaska Zoo*

babies began. Staff cared for two black bear cubs, one porcupette (baby por-

cupine) and five moose calves. Biologists brought each of these animals to us from different situations in different areas of the state. One of the black bears, nicknamed "PW", was rescued from the frigid waters of Prince William Sound by a tour boat operator and brought to the zoo by troopers. The porcupine was brought to the zoo after a local man named Phil found him alone and being harassed by teens. We were so grateful to

*page 17 please*

## Rambles

News from the Grapevine

Congratulations to **Ken Losser**, who was recognized by the **Soldotna Area Senior Citizens, Inc.** board at their recent annual meeting for his 27 years of service working at the **Soldotna Senior Center**. According to the center's September newsletter, Ken "was bestowed with a pie, cards, gifts and a caricature of himself." It looks a lot like a fluorescent monkey stuffed animal. (*Senior Voice would like to thank Ken, too, for all the help he's given us over the years providing photos and news details.*) The senior center board also honored **Barbara Trombley** as the 2020 **volunteer of the year**. The newsletter notes that Barbara went to the food bank each day to obtain food that the kitchen could use, saving the center thousands of dollars. She also picked up individual food bags which she personally delivered to various seniors in the community. She set aside a table at the center to give away the frequent donations she had obtained from Walgreen's. Her name has been inscribed on the perpetual plaque in the center's lobby ... In more news from

*page 16 please*



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## Rambles

News from the Grapevine

*continued from page 15*

**Soldotna, Loretta Knudsen-Spalding** is the senior center's new **executive director**. Stop in and tell her hello ... **Crafters** get together to share their projects at **Wasilla Senior Center** Wednesdays, 1 to 3 p.m. in the library. Call for more details, 907-206-8800 ... **Kenai Senior Center** is offering donated hand-made "**fidge blankets**" for seniors with Alzheimer's disease and dementia. The blankets have been found helpful for restless hands, alleviating agitation by providing something sensory on which to focus. If interested, contact **Kayla** at the center, 907-483-4156 ... New **senior housing** is on the way in **Juneau**. In September, a groundbreaking ceremony was held for **Riverview Senior Living**, an assisted living facility that will provide almost 100 beds. With construction underway, the project is expected to be ready to open its doors in spring of 2023.

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

## Adjusting

*continued from page 14*

the generator was on, I found it hard to relearn the basic rule: turn the light out when leaving a room. But I was exasperated when, in his efforts to conserve, Gary would sometimes turn the light off while I was still in a room. At that time, with Slana's 21 cents per kilowatt hour (KWH) compared to Glennallen's 15 cent KWH and Chugach

Electric's 11 cents per KWH, it was hard to blame him. Even so, he figured our electric bill cost less than fuel for the generator.

We still weren't, however, connected to a "grid". Alaska Power and Telephone, out of Tok, had installed a large community generator system on the Slana School property and during "phase I" had only energized the core area of Slana. Our home was located between the school and the grocery store, so that included us. After more

than five years of no electric bills, we started receiving a monthly bill from AP&T.

Having commercial power made another major change for us. The previous two winters when we traveled to Homer to visit my dad for a few months, we took our freezer with us. Our motto became "Have Freezer, Will Travel." It was either that or rely on a neighbor to come over when the temperature got too warm and crank up the generator to keep the food frozen. With commercial power, neither option was necessary.

Following my experience of being stranded at the top of the staircase, I remembered there were such things as nightlights. I dug out the box of nightlights from storage and placed them all over the house. No more blind groping in the dark.

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



Newly installed power poles detract from the view along the Tok Cut-Off Highway.

*Maraley McMichael photo*



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# All phone calls to require the area code

Senior Voice Sta

Starting on Oct. 24, 2021, the FCC has mandated all phone calls will require dialing the full 10-digit phone number, including area code. This means all Alaskans, regardless of their

service provider, will need to dial 907 before seven-digit phone numbers, even when making a local phone call.

Be sure to update your contacts, and reprogram any call forwarding to lead with "907" before Oct. 24.

## Networking for Anchorage, Mat-Su area providers

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, sponsored by Older Persons Action Group, Inc., is an opportunity for all the above. Informal, early and free, the month-

ly event currently meets virtually online via Zoom. The October meeting is Oct. 13, hosted by attorney Constance Aschenbrenner. 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.

## Zoo

continued from page 15

Phil that our sta named the porcupine after him.

One of the moose calves was orphaned after its mother fell from a cliff near Homer. Each animal comes with a story, each in need of care. Some will have a permanent home at the Alaska Zoo, while others get stronger each day and prepare to be transferred to other zoos where companions await their arrival.

Zoo staff take great pride in helping these animals grow and thrive, however caring for them is only half of the story. Through signs and programs, visitors are taught about these animals and the situations that land them in our care. They learn

about the species, conservation issues and become more aware of ways they can co-exist with wildlife. From the youngest camper in summer zoo camp to the eldest visitor, there are lessons to learn and fun observations to make on every trip to the zoo.

The zoo nds itself in the fall season again, only no longer in 1969. Although many things have changed, the mission that mattered over five decades ago still matters to us today. We are proud to be carrying on our traditions of care, education and conservation. We plan to be here for the community and visitors for decades to come, and we will stay true to our roots.

Katie Larson is the Alaska Zoo Marketing and Communications Manager and former Education Director.



The Alaska Zoo continues its original mission to take in and educate the public on orphaned animals, like these black bear cubs earlier this summer.

John Gomes/Alaska Zoo

## 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

**Oct. 5: Statewide** Local elections in many boroughs and towns

**Oct. 11: Fairbanks** University of Alaska Fairbanks Indigenous Peoples' Day Celebration. Virtual online event to honor Alaska Native people, culture and knowledge. The event begins at noon and will be broadcast online. For links and other information, visit <https://bit.ly/3m7dp9p/>.

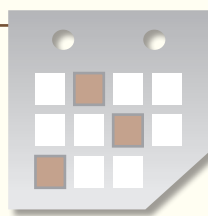
**Oct. 11: Nationwide** Columbus Day federal holiday

**Oct. 11-17: Seward** Wellness Week. A community-wide week of events and activities such as blacklight yoga, meditation, free mental health checkups, family dance party, historic walking tours, and much more. Sponsored by the Seward Prevention Coalition. Seward Senior Center will host several events, including a Ukelele Jam on Oct. 13 at 1 p.m. Call 907-224-5604 for more info.

**Oct. 17-20: Statewide** First Alaskans Institute 38th Annual Elders and Youth Conference. Held virtually online with keynote speakers, a virtual community hall featuring Alaskan Native artists and community organizations and much more. Will be livestreamed and televised statewide. For more information and online registration (free this year), visit [www.firstalaskans.org](http://www.firstalaskans.org)

**Oct. 18: Statewide** Alaska Day

**Oct. 19: Wasilla** Wasilla Area Seniors, Inc. (WASI) annual membership meeting, 12:45 p.m. Attend in person or virtually. Call 907-206-8800



### Send us your calendar items

Send to: Senior Voice, 3340 Arctic Blvd., Suite 106, Anchorage AK 99503  
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# Immigrant puts the right foot forward

By **LAUREL DOWNING BILL**  
Senior Voice Correspondent

One of Anchorage’s now-closed department stores can trace its roots to the Gold Rush days of the Klondike when a young Swede hunkered down with pick and ax and chipped out a small fortune.

John W. Nordstrom arrived in New York City from his native Sweden in 1887. With \$5 in his pocket, and not a lick of English on his tongue, the 16-year-old made his way to Michigan where he labored in an iron mine. He eventually migrated to the West Coast.

While making \$1.50 a day as a logger and sawmill hand in the Puget Sound, he read in the Seattle Post-Intelligencer that gold had been found in Alaska. Like thousands of others, he headed to the Klondike.

Nordstrom landed first at Skagway and then crossed the infamous Chilkoot Pass. The young immigrant then floated the Yukon River and landed in Dawson in 1897.

He laid claim to a promising piece of land, and for the next couple of years, worked in the gold fields with some success. After selling his gold claim, Nordstrom traveled back to Seattle, via the newly completed White Pass and Yukon Railroad to Skagway, with a nest egg of \$13,000.

The young gold miner attended business school, spent \$2,500 to build two rental houses on Capitol Hill and married Hilda Carlson in 1900. He then joined a shoemaker friend, Carl Wallin, in a new shoe store venture.

The men opened Wallin & Nordstrom on Fourth and Pike streets, next door to Wallin’s shoe repair shop, in 1901. It flourished during the next 20 years, because both Wallin and Nordstrom believed in offering exceptional value, quality, selection and service to their customers. That philosophy proved so successful that the men opened a second store in the University District in 1923.

Sons Everett and Elmer took over the business after John retired in 1928. They bought Wallin’s interest the next year. Son Lloyd joined the company in 1933. The second-generation Nordstroms developed the business into the largest independent shoe chain in the United States, and the downtown Seattle store became the largest shoe store in the nation.

The company started expanding into other areas of merchandise in the 1960s when third-generation Nordstroms took over. It bought Best’s Apparel, a high-quality women’s clothing store, and then began purchasing clothing outlets and opening stores all over the



Carl Wallin and John W. Nordstrom opened Wallin & Nordstrom in Seattle in 1901.  
Photo courtesy University of Washington, SEA1013

country. The company is now one of the largest department store chains in America.

To set it apart, the corporate cul-

ture of the company emphasized customer service. Even today, new employees are told they’ll never be criticized for doing too much for a customer, only too little.

The company went public in 1971 and changed its name to Nordstrom Inc. By 1975 it was in Alaska and had moved into the competitive California market by 1978.

The first store on the East Coast opened in 1988 in Virginia.

Beginning with John Nordstrom,

who died in 1963 at the age of 92, family members have always been involved in the company. Fourth generation Nordstroms were co-presidents until 2020, when Erik Nordstrom became the sole CEO.

And although the finest department store in Alaska closed its Anchorage doors in September 2019, the town still enjoys a Nordstrom Rack in the Midtown Mall.

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

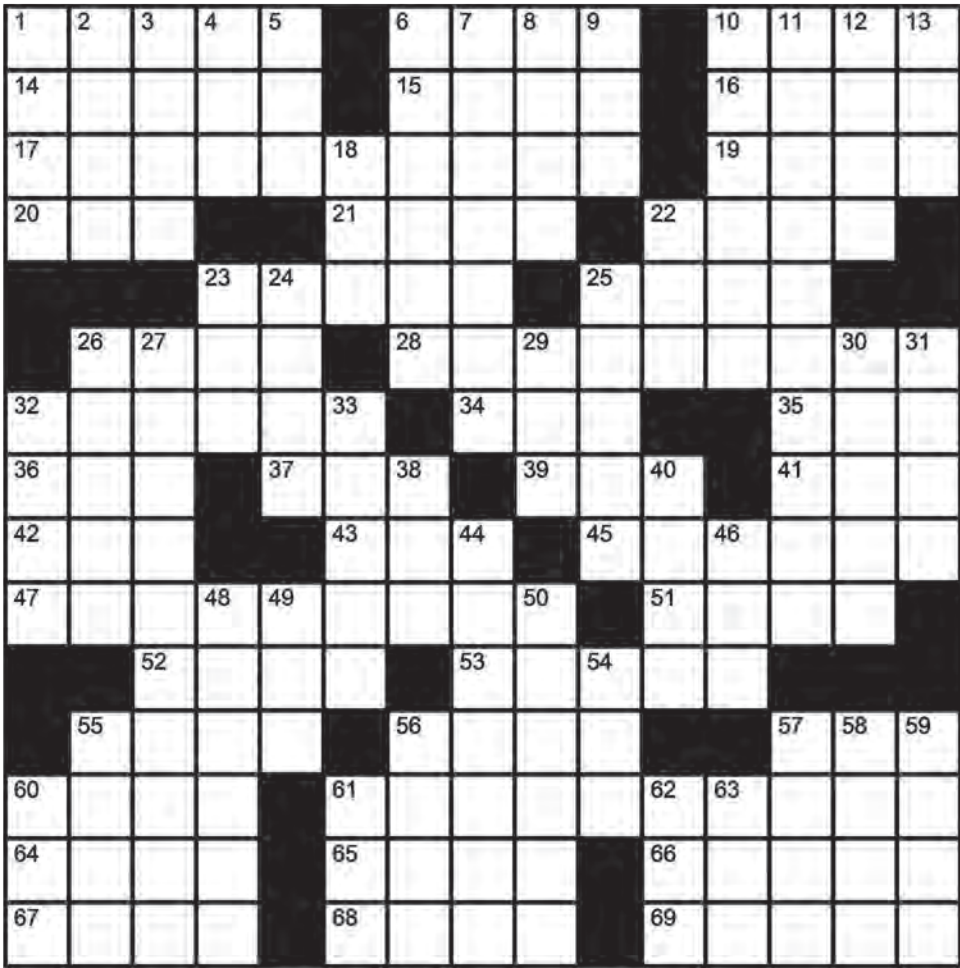
### Just Horsing Around

#### Across

- 1 Cultural values
- 6 Vaulted recess
- 10 Drinker’s sound
- 14 Kind of paper
- 15 High spirits
- 16 The last Mrs. Chaplin
- 17 Kind of carriage
- 19 Strait-laced
- 20 Roulette bet
- 21 Scout groups
- 22 Pugilist’s weapon
- 23 Eucharistic plate
- 25 Elder or alder
- 26 Decorative pitcher
- 28 Aquarium denizens
- 32 Noah’s landfall
- 34 Pi follower
- 35 Before, of yore
- 36 Yoga class need
- 37 Grazing spot
- 39 Antenna holder
- 41 Protein source
- 42 Dined
- 43 Time div.
- 45 Understands
- 47 Rough stuff
- 51 Assist in crime
- 52 Knife handle
- 53 Swarms
- 55 Shed
- 56 Group of two
- 57 Sweet potato
- 60 Legal wrong
- 61 Old West shoot-’em-up
- 64 Scots Gaelic
- 65 Latin 101 verb
- 66 Give voice to
- 67 Have to have

#### Down

- 1 Canyon sound
- 2 Trampled
- 3 Rancher’s concern
- 4 Saturn’s wife
- 5 Bishop’s jurisdiction
- 6 Goes along
- 7 Jennifer Lopez flick, “The Wedding \_\_\_\_”
- 8 Stitches
- 9 Poetic time of day
- 10 Office machine
- 11 Sagacity
- 12 Complex dwelling
- 13 School of whales
- 18 Banned pesticide
- 22 To’s partner
- 23 \_\_\_\_ capita
- 24 Asian sea name
- 25 Flip-flop
- 26 Sister of Calliope
- 27 2007 Emily Watson fantasy, “The \_\_\_\_”
- 29 Triumphant cry
- 30 Blow one’s top
- 31 Tennis units
- 32 Chinese nurse
- 33 Beguile
- 38 Have a bug
- 40 Coal carrier
- 44 Untouched
- 46 Tummy muscles
- 48 Like some peanuts
- 49 Eastern newt
- 50 Brewery supply
- 54 Dutch city
- 55 Oliver’s request
- 56 Major-\_\_\_\_
- 57 Himalayan legend
- 58 Harmonia’s father
- 59 Stallion’s mate
- 60 Ring count
- 61 W.W. II general \_\_\_\_ Arnold
- 62 “Days of \_\_\_\_ Lives”
- 63 Educ. group



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Crossword answers on page 26





# Mummy and Cartwright launch new 'Lost in Space' book

By NICK THOMAS

Tinseltown Talks

If you were a child growing up during the 1960s and a fan of sci-fi television of the day, the nostalgic value of shows like "Lost in Space" can't be overstated. Cast members Bill Mummy and Angela Cartwright recognize the connection many seniors may have to the series and have updated and expanded their 2015 "Lost (and Found) in Space" book into a new volume, released September 14 (see [www.NCPBooks.com](http://www.NCPBooks.com)).

"The new book is now 350 pages and contains over 900 photographs," said Bill Mummy, who played plucky junior astronaut Will Robinson in the series, from his home in Los Angeles. "The original was largely a scrapbook with a few captions, but this one contains a lot more stories



Angela and Bill as Penny and Will Robinson from season one.

CBS publicity photo

about the show as well as the intertwining lives of Angela and me who have remained friends for over 50 years. Much of the credit for the expanded book goes to (the late producer, director and screenwriter) Kevin Burns."

Angela Cartwright, the show's genial and imaginative space-teen Penny Robinson, says Burns called her after acquiring the CBS photo archives of

the show.

"We were planning to update the book with maybe 50 additional pages, but it ended up so much more with all these never-before-seen photos," she explained from her Los Angeles art studio. "Bill and I got on the phone and began writing down all

the personal memories the photos brought back."

"I was 10 when the show began," recalled Bill. "Angela and I were at school together for four years, we went through puberty together, we became each other's first loves, traveled the world together, and went on to have our own families. So, it's both a book on 'Lost in Space' and our

long friendship."

Why the show, and science fiction in general, remains so popular with audiences is no mystery to Mummy. "Sci-fi is just a canvas for the imagination. And because our show had children, kids watching could relate to those characters and go along on the space adventures with us each week."

After the three-season show ended in 1968, Mummy and Cartwright continued to act, including cameos in the new Netflix "Lost in Space" series. But both have enjoyed successful careers beyond the screen in other artistic areas. Mummy is a respected musician and singer/songwriter (see [www.billmummy.com](http://www.billmummy.com)) while Cartwright is a noted photographer and painter (see [www.angelacartwright-studio.com](http://www.angelacartwright-studio.com)). However, the pair never distanced themselves from the iconic sci-fi series

"The props, the cast, the stories – I loved every minute working on the show," recalled Bill. "We've been

living through a hard time on this planet lately, so a little nostalgia can take you back to a happy time. 'Lost in Space' even inspired people to go into the space program."

"When we visited NASA to watch the Discovery liftoff, an experience I'll never forget, that's what technicians told us," added Angela. "We just made this little show but it really captured the imagination of the youth of the day. Now, people in their 50s and 60s have introduced it to their

page 26 please



Angela Cartwright with the new book.

Provided by the publisher



"Lost in Space" cast from season three.

CBS publicity photo

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## Infrastructure

continued from page 2

priorities. However, to Republicans, the Democrats' plan is nothing short of socialism. GOP lawmakers say they are concerned that the plan is financially unsustainable and would undermine economic growth, by rendering Americans too dependent on the government for their basic needs.

### What's possible for seniors?

What the bill contains is vital for seniors. It is the vast majority of the healthcare blueprint Biden campaigned on in his race for the White House. Here are some of the most important areas:

**Medications.** It would attempt to lower drug prices, in part, by allowing Medicare to negotiate drug process and impose penalties on drugmakers that hike prices faster than inflation.

**Medicare.** It would also, for the first time, expand Medicare to include dental, vision and hearing benefit – which private Medicare advantage plans do, but traditional Medicare has never done – as well as lower the eligibility age down to as low as 60. It's unclear if any or all of these plans will make the final legislation. Nearly half of Medicare beneficiaries, or 24 million people, did not have dental coverage, as of 2019, according to a recent Kaiser Family Foundation report.

**Health insurance subsidies.** The legislation would also extend the enhanced Affordable Care Act subsidies contained in the coronavirus relief bill Congress passed last spring. Those subsidies reduce the amount Obamacare enrollees have to pay to no more than 8.5% of their income – particularly useful for frail elderly Americans – and make assistance available to more Americans.

**In-home services.** The proposal also could help older folks who live in their homes, by larger investments in home and community-based services and for home-care workers. Biden had tried, unsuccessfully, to include those in his roads-and-bridges infrastructure bill, but that was rebuffed. But it is part of the pro-

posed human infrastructure package.

**Medicaid expansion.** The legislation also calls for creating a new federal health program for Americans who live in states that have not expanded Medicaid under the Affordable Care Act. A dozen states have yet to do so. More than 2 million low-income adults fall into that coverage gap.

To pay for all of these huge programs, Democrats are pushing a series of tax increases on upper-income earners, specifically those earning over \$400,000 a year – and corporations to pay for the bill. It will likely also include changes in how estates are taxed so that heirs must pay more taxes on inherited assets, which is particularly important to wealthy seniors.

### The political potholes

This legislative concoction is one of the greatest political gambles of recent times, playing out in front of everyone. Democrats argue that bigger is better – and the ever-changing price tag on these packages are in the trillions with a 'T' – of dollars. But even Democrats are sharply divided on just how big is enough. Where they are united, however, is on the desperate need to re-weave the social safety net, after decades of expanding income inequality, stagnating wealth and depleted government resources, especially in the light of the worst public health crisis in a century.

But what succeeds legislatively may not be what succeeds politically. The one inflexible deadline is the November 2022 mid-term elections. Congressional Democrats will have to campaign on what they've accomplished and so far in Biden's term – that's coronavirus funding, which has yet to fully fix that issue. Democrats have had virtually no other major accomplishments. The underlying dynamic is that this may be the party's one and only chance to make a big mark before they potentially lose power in Washington.

To get these infrastructure bills passed, Biden and the Democrats have no room for error. In the Senate,

page 26 please

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# Facts and fallacies about stock dividends

By ARTHUR VIDRO

Senior Wire

Some folks think stock dividends are a measurement for how well or poorly a company is doing. That is false.

Some folks think all companies pay dividends. That is false.

Some folks think dividends are not taxable. That is usually false.

Still, dividends remain an important factor in stock ownership.

What are dividends? One simplistic explanation often heard is that when a corporation has a profitable year, they share the profit with shareholders, in the form of dividends. But that's not true. For when a corporation has a less profitable year, they do not reduce the dividend. And when a corporation has a year in which it loses money – it has no profit at all – the corporation seldom halts the dividend.

This is because if a dividend gets cut or eliminated, investors react by selling the stock, sending its price downward. To keep the stock price from plummeting, corporate bigwigs are loathe to cut or eliminate a dividend. Too often they care more about pleasing their investors than about fiscal responsibility.

About 20 years ago, I recall a telecommunications

company going through hard times. It was losing money. When it came time to pay its dividend, this firm didn't have the money. Rather than cut or eliminate the dividend, the company borrowed money solely for the purpose of paying its dividend.

ExxonMobil had a horrible year in 2020 – its losses exceeded two billion – that's billion, not million – dollars. But it kept paying its full dividend. Fortunately, it had the cash reserves to do so, and its fortunes have since rebounded. Still, the oil industry was going through difficult times, and the stock price of Exxon (and of its competitors) dropped significantly.

Many stocks don't pay dividends. Not paying dividends used to be unusual. But that changed significantly in the 1990s, which ended with a stock mania not seen since the 1920s; the dot-com bubble was expanding, and simply owning stocks seemed to promise investors future financial success.

But it was not to be. What goes up must come down, and the stock market is no exception. What made the dot-com bust more painful is that dot-com stocks did not pay dividends. These were, by and large, businesses without storefronts or factories. They conducted

business entirely via computer. The first of them to post a profit – and it took quite a few years – was Amazon. Which still doesn't pay dividends, despite its great wealth and success.

I recall the year 2000, when I bad-mouthed a stock because it didn't pay dividends. A colleague looked at me in mock askance and said, "Dividends? How quaint. Does anybody still pay dividends?" In that colleague's world of dot-com boom (and later bust), dividends were a non-factor. It

was almost a sign of weakness to be paying dividends, at least in her view, because we were at the dawn of a new century and had advanced beyond mere dividends, and we now focused purely on stock price, etc. But I never stopped championing dividend-paying stocks.

Whether a stock goes up or down in price, you are much better off if that stock pays you dividends.

Often you may choose to reinvest the dividend, which means spending it to buy more of the stock in

question. Or you can choose to receive your dividend check (electronically or on paper). Personally, I use a combination of the two. It's nice to increase one's stock holdings effortlessly by reinvesting a dividend. But it's also nice to receive a check – income for which you haven't lifted a finger in labor – every quarter.

Dividends, when in effect, are paid quarterly. If you try to time your purchase of stocks in anticipation of

page 27 please

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# Advance directive: Gotta do it, like it or not

By KENNETH KIRK

For Senior Voice

I used to do a lot of litigation – trial lawyer work – and I still read the decisions the Alaska Supreme Court sends out each week. There was one this spring which had me shaking my head in amazement, and which sent me back down the memory trail, to a case I handled.

The year was 2008. An Anchorage woman had choked on some food, suffered anoxia – a temporary loss of oxygen to the brain – and fell into a coma. A mere nine days later, the hospital decided that her chances of survival were nonexistent, and that her life support should be removed. At this point she was not “brain-dead”, she still had brainwave activity, but she was in a coma and the neurologists believed it would be permanent.

The patient had a husband, and he thought they should wait a bit longer, to give her a chance to recover. Disagreeing, the hospital disconnected the life support. It was after hours when it happened.

And this is where it got weird. The husband knew an attorney, and the attorney knew how to find a judge’s home address (I’m not going to say how, or every judge in Anchorage is going to become my enemy). The attorney showed up on the judge’s doorstep in the middle of the night, asking for an emergency order to temporarily continue life support. The judge was not very happy about it, but he granted the order and set a hearing.

At this point the attorney contacted me and asked if I would join him as co-counsel on the case, which I did. It was not an easy case. Judge Grumpy, apparently not happy to have been aroused so late, took it out on us and made it extraordinarily difficult to present our case. Among other things he kept setting hearings a short while out, and then moving up the dates, making it impossible for us to arrange for an independent medical evaluation. Then he would chew us out at the hearing for not



having the evaluation yet.

Eventually the judge ruled against us. We took an expedited appeal to the Alaska Supreme Court, which reversed the decision on technical grounds, and sent it back to the trial judge to re-hear the matter.

And then the second strange thing happened: Despite five neurologists insisting that the patient would never wake up, she woke up. At that point the litigation was “amicably resolved”.

The case had an effect on me. The woman in question did not have an advance health care directive. I felt that if she had had an advance directive, the entire case would have likely been unnecessary. And so I became an evangelist for having an advance directive. I have told literally thousands of people that they should have one. I often tell them that it doesn’t matter to me whether they want life support removed if they have so much as a hangnail, or if they want to be kept on life support until there’s nothing left but a skeleton, as long as it reflects their wishes.

And I sometimes wondered whether it would take a major lawsuit against a hospital to really get them to pay attention. Well, it happened.

I wasn’t involved in the case that came out this spring. I won’t tell you the name of the hospital, because the facts in these cases are always complicated, and I don’t want the medical providers to feel that they have to respond to this column in order to protect their reputations. But this is straight from the Alaska Supreme Court.

The patient in this case did, in fact, have an advance health care directive. It named his mother as his health care agent, that is

***I sometimes wondered whether it would take a major lawsuit against a hospital to really get them to pay attention. Well, it happened.***

to say the person who was authorized to make medical decisions for him. He had a bad reaction to some medications the doctors put him on, and at one point he was even catatonic. His mother wanted him taken off the medications which, she believed, had caused his condition to deteriorate.

The hospital disagreed and believed he should stay on those medications. Instead of taking the legal steps they could have taken, the hospital declared that the medical team would now be making all of his decisions, and they would be ignoring his mother’s directives.

Eventually the patient’s medical issues got sorted out, and he was moved out of the hospital. He then sued the hospital for not following his mother’s directions. The hospital asked the trial judge for “summary judgment” – a determination that even if

the facts are as the plaintiff claims, the defendant would still win. The judge granted the hospital’s motion and threw out the case.

But the Alaska Supreme Court reversed and sent it back down. The hospital, and the judge, had relied on a section of the Alaska Health Care Decisions Act which, in their interpretation, meant that the hospital could not be sued as long as it had acted in good faith. But the Supreme Court pointed out that the statute only gave them immunity if they were acting in good faith in regard to who is entitled to make the decision. The hospital, it said, was trying to broaden the statute to effectively mean that no one could ever sue a hospital as long as it believed it was doing what was best for the patient.

But that is not what the Alaska Health Care Decisions Act calls for. The Act, the Supreme Court pointed

out, was specifically intended to strengthen the right of patients, and those acting on their behalf, to make their own health care decisions. The hospital’s interpretation would have weakened patients’ rights to self-determination.

So having an advance directive matters.

If you don’t already have an advance health care directive, get one. You can print one out for free from my website, KirkAlaska.com. Or get another one, there are plenty of perfectly good versions floating around out there. But get one from somewhere.

Because you don’t want to be the subject of one of these cases. Trust me, you don’t.

*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. Are you still sitting here reading this? Go get a directive in place.*



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# Emoji dictionary and device chargers

By **BOB DELAURENTIS**  
*Senior Wire*

**Q.** Is there a dictionary for Emoji?

**A.** What a delightful question. There is not just a dictionary, but an entire encyclopedia! Point any web browser to [emojipedia.org](http://emojipedia.org), your one-stop shop for all things emoji.

While many people know about emoji, fewer people know that there is a constantly changing universe surrounding emojis. New emojis are added regularly, and illustrations for existing emoji characters change over time. For example, a recent change to the syringe character removed the red drops suggesting blood, expanding the usefulness of the syringe to communicate about vaccines.

These kinds of changes are documented on Emojipedia. Emojipedia is a labor of love founded by one person, Jeremy Burge, who refers to himself as the Chief Emoji Office of Emojipedia. Jeremy's site contains a wealth of information, both current and historic.

There is a searchable index of character descriptions, character lists grouped by occasion, news, release schedules, and much more.

The visual style of an illustration for each emoji character varies. A smiley face looks one way on an iPhone, and a different way on a Google phone. Some software companies also develop their own interpretation of the emoji character set.

Personal computing has come a long way from ASCII marks like :) to denote a sideways smile. Today, the right emoji can add depth and meaning to any text.

**Q.** Are smartphone chargers interchangeable? Can I reuse my existing charger with a new device?

**A.** The easy answer is sort of, but not always. Read on to get the whole story.

The power charger tale mirrors many other stories in tech. Some things get better. Some things get worse. And there is plenty of confusion to maximize the suspense.

It does appear that the days of finding a power charger in the smartphone box are numbered. What was once considered a necessity is now an accessory.

Besides quality, the difference between chargers comes down to two things: the USB connector and the power capacity. You will need a cable that matches the connectors on the adapter and your phone.

When it comes to power, a little larger is better than a little too small. Your device will only draw the amount it requires. Reusing an older charger is fine if it is powerful enough.

The latest technology in power adapters is gallium nitride, usually abbreviated GaN. These adapters tend to be smaller and more powerful than previous

chargers. Some of them are powerful enough to handle a Chromebook or a couple of phones at the same time. Unfortunately they require USB-C.

If you need a suggestion for your new smartphone, the Anker Nano II 45-watt charger is a great choice.

One word of caution: Avoid the temptation to go for a bargain-priced power



adapter. Safety margins matter. Even a well-designed high-quality adapter can develop problems. Bargain-priced adapters are no bargain in the long run.

*Bob has been writing about technology for over three decades. He can be contacted at [techtalk@bobdel.com](mailto:techtalk@bobdel.com).*

## Wander the Web

Here are my picks for worthwhile browsing this month:

- Arts and Culture**  
Harness the power of Google to explore arts and culture around the world and across the Internet.  
[artsandculture.google.com](http://artsandculture.google.com)
- Apple Data Collection**  
Visit this site and click the "Request a copy of your data" link to download everything Apple knows about you.  
[privacy.apple.com](http://privacy.apple.com)
- Who Let the Dogs Out?**  
Enjoy this long list of dog actors, dog mascots and dog heroes. Or scroll down to the link that reveals a similar list of cats.  
[en.wikipedia.org/wiki/List\\_of\\_individual\\_dogs](http://en.wikipedia.org/wiki/List_of_individual_dogs)



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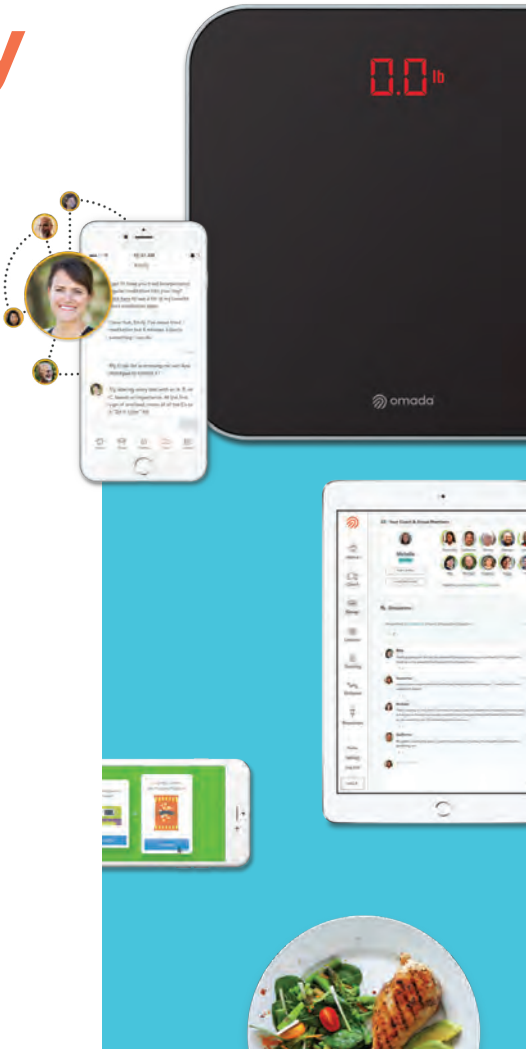
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# Travel gets more complicated, more technical

## Keeping up requires a strong will

By DIMITRA LAVRAKAS

Senior Voice Travel Correspondent

I have prided myself over the years on learning new technology, starting in 1992 when I first encountered a Dell computer at work and figured it out. Then through the years, from Boston to Alaska, I entered newsrooms with unknown computer programs I had to learn by myself, as there was no training.

At the newspaper in Wasilla, I arrived in the newsroom to find no one knew I was coming, I had no desk assigned and the computer I was given did not have the application I needed to do my job, sending me on a hunt to corral the computer technician.

Those years have worn me down and I no longer wish or feel the need to keep up with technology — particularly with phones. My son begs me to get an iPhone, but I live in Tenakee Springs and we have no cell phone coverage except for a small patch of ground downtown where people wander around forlornly trying to pick up a signal.

I spent the first four months of our move leaving my desktop computer at a friend's, which meant climbing approximately 55 stairs up a steep incline to use it, or huddle outside the library with my laptop in minus-35 degree weather



An officer from the Chicago police rides his Segway on patrol at the Seattle airport.

Photos by Dimitra Lavrakas

with the wind roaring down Tenakee Inlet.

But I've had some second thoughts after traveling to Chicago in early August to visit my son, his wife and my precocious four-year-old granddaughter. I may have to conform.

### The curse of the QR

At the Seattle airport I was confronted by the need of a smartphone when I saw people using theirs instead of a paper boarding pass.

There are now big QR code images on maps within the airports and you get directions on your phone to where you want to go by hovering the phone over the code symbol.

But most alarming were the QR codes on the tables in restaurants where you viewed the menu — no more paper menus unless requested. And maybe this is a good thing environmentally, with conserving paper, therefore trees, resulting in more oxygen in the air.

I did purchase a flip phone on Amazon, but failed to get it up and running because, frankly, I didn't feel I needed it. I had a computer with me and so I emailed or called or messaged people through Messenger, the application through Facebook.

Next year, Tesla, the company that makes electric cars, batteries and now a macho personal space program, will launch a communications satellite

geared for rural areas. We have signed up for it, putting down \$500 for equipment and will pay \$100 a month for service when it comes on line. Right now, the antenna up the back hill delivers a good connection but only if it's not foggy or windy. I have no answer as to why that is.

### Other changes

Aside for the need to wear a mask in the airport and on planes, travel has changed in interesting ways.

For example, police in some airports, while there are still foot patrols, now ride a Segway. It's positively space age.

There are now all-gender restrooms, but that doesn't mean it's a large one like the men's or women's, just a room like the family or disabled bathrooms.

And like so many products in America that have shrunk and cost more — M&Ms, candy bars, Oreo cookies — so has the toilet paper in airport bathrooms. The paper is narrower even though the average American has gotten larger.

In most airport bathrooms all the facilities are automated, which is a good thing considering the ongoing pandemic.

Seasonally in Alaska, visitors add a certain danger now with the new delta COVID strain. And I'd forgotten until I was in line at the Seattle airport that late

summer is the time when hunters come up from the Lower 48 and like to posture with their camo outfits and not wear masks. I felt sorry for the two petite airline clerks checking people onto the plane when those guys went through. Where is a cop on a Segway when you need one?

### Testing is as easy as one, two, three

Although Alaska leadership has not mandated special entry or travel testing requirements, there are some immunization and testing offers that visitor or returning Alaskans can receive for free.

All travelers as of June 1, 2021, can receive a free COVID-19 vaccine at clinics and at airports. Those not fully vaccinated, and also those fully vaccinated, can get a free test upon arrival.

Individuals currently positive with COVID-19 cannot travel to Alaska until they have been released from isolation by a medical provider or public health agency. Testing is not recommended for individuals who have tested positive for COVID-19 within 90 days.

Individuals are fully vaccinated two weeks after the receipt of one dose of a single-dose COVID-19

vaccine, or the second dose in a two-dose series.

Participating airports include Anchorage, Fairbanks, Juneau, Ketchikan, Sitka, Wrangell, Petersburg, Cordova, Yakutat and Gustavus.

### Yes or no, Europe?

On Aug. 30, the European Union removed the United States from a "safe list" of countries whose residents can travel to the 27-nation bloc without additional restrictions, such as quarantine and testing requirements. The suggested restrictions, made by the European Council, is not mandatory for member countries, where it will remain up to those countries to decide whether to impose them.

Most European countries reopened their borders to Americans in June, more than a year after imposing a travel ban, hoping Americans would visit this summer and help its tourism industry recover.

In essence, the European Union gave the United States a summertime pass to encourage tourism, despite the relatively high infection rates in parts of the country.

For the U.S. to be reinstated on the safe travel list it must have fewer than 75 new COVID-19 cases daily per 100,000 people over the previous 14 days. The United States is well above that.

On the other hand, the United States has remained closed to Europeans, which has caused some ill will.

And all these conditions are ever-changing, so hold onto your seats.



This new designation doesn't mean you'll be in a room with people of different sexes, just that anyone can use it.



The now ubiquitous QR code on an airport map at the Seattle Airport.



# Medicare

continued from page 5

should receive a notice called an Annual Notice of Change (or ANOC for short) and an Evidence of Coverage (EOC). Your plan should send you these notices by September 30. If you do not receive these notices, contact your plan to request copies. These notices list any changes for your plan in 2022.

There are three kinds of changes to look for in an ANOC or EOC. First, look for changes to your plan's costs for the upcoming year. Costs such as deductibles and copayments can change each year. Second, look for changes to the plan's network; make sure to see if your preferred pharmacies will still be in network in 2022. And third, look for changes to the plan's formulary, which is the list of drugs the plan covers. Formulary changes can happen from

year to year, meaning your drug may not be covered in 2022 even if it was covered in 2021. Even if it is still on the plan's formulary, the cost of your drug may have changed.

After reading about the changes to your coverage for 2022, decide whether your plan will still be able to meet your needs in the upcoming year. If you decide to change your coverage, then you may to enroll in a new Part D prescription drug plan during Medicare's Open Enrollment, which again is Oct. 15 through Dec. 7.

## Medicare Plan Finder Tool

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area. To access the Medicare Plan Finder, visit [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). The Plan Finder gives you the option to do either a personalized search or basic search. The person-

**From Oct. 15 through Dec. 7, you can make changes to your Medicare prescription drug (Part D) coverage in order to meet your needs for calendar year 2022.**

alized search requires you to log in to your Medicare account or make an account if you do not have one. To log in or create an account, click on the button that says "Log In or Create Account." Once you are logged in, Plan Finder will save your search results and you can access them later. The basic search requires some personal information like your ZIP code, a list of medications you take with their dosages, and your preferred pharmacy. Your search results will not be saved or accessible once you close the page. To access the basic search, click on the link that says "Continue without logging in." Once you enter your information, you will be able to compare a list of plans available across Alaska.

Before using Plan Find-

er, be sure to collect your prescription drugs in order to have the Plan Finder search available plans using your exact list of prescribed medications. Also, you may select a list of pharmacies which you prefer to use, either locally or by using mail order. This will allow you to compare your options and select a Part D plan that is right for you.

For any Medicare related questions or help with reviewing your Part D plan during the Open Enrollment Period, please feel free to contact the State of Alaska Medicare Information Office at 800-478-6065 or 907-269-3680; our office is also known as the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP) and the Medicare Improvements for Patients and Providers (MIPPA) program.

Sean McPhilamy is a Volunteer Medicare Counselor with the Medicare Information Office

## Free Medicare assistance

Get help through the Medicare maze from experts at the Alaska Medicare Information Office. Call to learn more about their "Medicare Monday" and other online trainings

in October, which can be attended by phone or by webinar or Zoom. Call 907-269-3680 in Anchorage or toll-free statewide, 1-800-478-6065.

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825 L St., Ste 200, Anchorage, AK 99501  
907-343-7770 [www.muni.org/adrc](http://www.muni.org/adrc)

### Kenai Peninsula/Kodiak Island/Valdez/Cordova

Independent Living Center  
47255 Princeton Ave., Ste 8, Soldotna, AK 99669  
907-262-6333 / 1-800-770-7911 [www.peninsulailc.org](http://www.peninsulailc.org)

### Southeast Alaska

Southeast Alaska Independent Living (SAIL)  
3225 Hospital Dr., Ste 300, Juneau, AK 99801  
1-800-478-SAIL (7245) [www.sailinc.org](http://www.sailinc.org)

### Mat-Su Borough

LINKS Aging & Disability Resource Center  
777 N. Crusey St., A101, Wasilla, AK 99654  
907-373-3632 / 1-855-355-3632 [www.linksprc.org](http://www.linksprc.org)

### Fairbanks North Star Borough

Fairbanks Senior Center - North Star Council on Aging  
1424 Moore St., Fairbanks, AK 99701  
907-452-2551 [www.fairbanksseniorcenter.org](http://www.fairbanksseniorcenter.org)

### Bristol Bay Native Association

Aging & Disability Resource Center  
1500 Kanakanak Rd., Dillingham, AK 99576  
907-842-4139 / 1-844-842-1902



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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.





# Pharmacist

continued from page 3

So, with seniors and monoclonal antibodies, I would say not everyone is a good fit for these drugs. They're difficult to deliver. They're either given via

intravenous infusion or subcutaneous injection. And you have to have a one-hour observation time afterward, because there is a very rare risk of anaphylaxis, similar to what we think of with vaccines. [However,] a lot of seniors will qualify -- unvaccinated for sure. Vac-

inated, I always think of it more like the people... with immunocompromising conditions. They are probably going to benefit a lot more from monoclonals, but really, you have to make that decision with each patient. If we're standing on the edge of a cliff, a good guardrail is our vaccine. It prevents us from falling over the cliff. Monoclonals are sort of like a safety net about 10 feet down. It's a lot safer to not fall over that cliff in the first place, but that safety net 10 feet down is better than falling all the way down. Vaccine is really the best tool we have. And 25% of those over 65 in this state are unvaccinated. That is that is not a small number of people. Who would we see to be evaluated for the monoclonal antibodies treatment? As soon as you test positive talk to your primary care provider. If you don't have a primary care provider, or if your primary care provider isn't educated on monoclonal antibodies, then our state vaccine hotline has been converted to a vaccine and

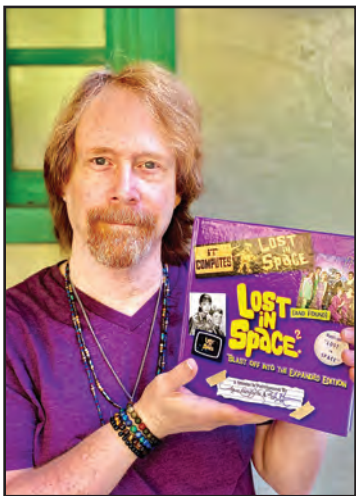
monoclonal hotline. That's 907-646-3322. Monoclonal antibodies are the only therapy for people not admitted in the hospital, proven to be safe and effective. And it's the only one recommended by medical guidelines. There's a lot of misinformation out there about other drugs, and nutritional supplements and vitamins -- none of those have any evidence to support their use. It's scary to me because here we have a drug, and this is what people should be seeking out if they need treatment. Do you have any last comments that are really important for the readers? I think the thing right now that's really disheartening for me is how much misinformation there is about any other drugs or vitamins or nutritional supplements. You know, we're at a really different time in the pandemic now. I think we have more hope than ever right now. If you think about where we were a year ago, we didn't have vaccine, we didn't know about monoclonal antibodies, we didn't

have a very good protocol for treating hospitalized patients. It was scary a year ago. Now you fast forward to where we are. Now we have vaccine, which is our best tool. We have monoclonal antibodies, which are sort of that safety net, and we have a much better idea on how to treat hospitalized patients. Moving forward, as long as we can get our vaccine rates up and keep our hospitals from being overwhelmed, we have a much better idea how to treat and manage people with this virus. Please look at the reliable sources like the Food and Drug Administration, Centers for Disease Control and Prevention, National Institutes on Health, Infectious Diseases Society of America, and not fall victim to social media and these other websites that are touting treatments and cures that are not evidence-based and not grounded in any type of research. 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.

# 'Space'

continued from page 19

children and grandchildren. In 30 or 40 years when we're all no longer around, there will probably be new generations still watching it with fond memories. So, we're grateful for the fans and hope the book brings back a snippet of their childhood." And as the stars have aged, so have their fans. "That's a special connection we have with them," noted Angela. "They've even been very forgiving about my white hair." "We've told our story and told it honestly," said Bill. "'Lost in Space' just



Bill Mumy with the new book. Provided by the publisher makes people happy." Nick Thomas teaches at Auburn University at Montgomery, Ala., and has written features, columns, and interviews for numerous magazines and newspapers. See [www.getnickt.org](http://www.getnickt.org).

# Infrastructure

continued from page 20

Democrats possess only a tie-breaking majority at 50-50. So, they are confronting the reality that they may have to compromise some of their own ambitions, not to overcome opposition from

Republicans, but rather to quiet dissent among their own ranks. Think of it as a multi-dimensional chess match with several opponents, who are also allies. How lawmakers succeed will depend on how well lawmakers can construct their legislative omelets. Watch for a lot of broken eggs.

## Crossword answers from page 18

E	T	H	O	S		A	P	S	E		C	H	U	G
C	R	E	P	E		G	L	E	E		O	O	N	A
H	O	R	S	E	D	R	A	W	N		P	R	I	M
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## Clinic

continued from page 7

quarantine before working. The building was built by Paug-Vik Development Corporation, an Anchorage-based company. The entire project cost \$8.6 million, which includes a \$300,000 increase due to COVID-19 costs. Of that total, \$2 million of the project

was funded by an Indian Health Service Small Ambulatory Clinic grant.

The new Shishmaref clinic opened its doors to patients on Aug. 30. With its ribbon cutting celebration out of the way, the clinic's staff is ready to stretch out and get comfortable while taking care of needed health services in the community.

*Reba Lean is the Norton Sound Health Corporation Public Relations Manager.*



**Shishmaref Mayor Howard Weyiouanna, Elizabeth Nayokpuk, NSHC Board Chair Preston Rookok, NSHC Shishmaref Director Mollie Ningeulook, and NSHC Executive Committee Member Matilda Hardy celebrate the moment the ribbon is cut to the new Shishmaref clinic on Friday, Sept. 10.** Photos courtesy Norton Sound Health Corporation

## Dividends

continued from page 21

dividends shortly getting paid out, you won't be doing yourself any favors. When a company pays a dividend, its stock price gets reduced correspondingly. That is one reason the dot-com stocks did not pay dividends. Those companies focused solely on the share price of their stock. The higher it went,

the more its executives could puff their chests and perhaps collect bonuses. Many of those companies cared more about share price than turning a profit.

Some dividends are described as a percentage, such as "Company X is paying a 6% dividend," which sounds great compared with bank interest. But I advise ignoring these percentages, which are calculated based on the momentary inverse relationship between a

stock's price and its per-share dividend. Because the stock price constantly fluctuates, this can be misleading. A very high dividend percentage could be a sign of a troubled, perhaps collapsing, company that just hasn't gotten around yet to cutting its dividend.

Bonds also spin off dividends, but they're a different ball game.

*Arthur Vidro is an author and editor who worked for a decade in the stock industry.*

## Social Security spouses' benefits

*Social Security Administration*

Did you know your spouse's benefit amount could be up to 50% of your spouse's full retirement age benefit amount? If you qualify for a retirement benefit from your own work history and a spouse's record, we always pay your own benefit first. You cannot receive spouse's

benefits unless your spouse is receiving their retirement benefits (except for divorced spouses).

If you receive your retirement benefit before your full retirement age, while waiting for your spouse to reach full retirement age, your own retirement portion will be reduced. When you add your spouse's benefit later, the total retirement and spouse's benefit together

will be no more than 50% of the worker's amount. You can find out more about this at [www.ssa.gov/benefits/retirement/planner/apply7.html](http://www.ssa.gov/benefits/retirement/planner/apply7.html).

Knowing about these benefits can help you plan your financial future. Access a wealth of useful information on our retirement portal at [www.ssa.gov/benefits/retirement](http://www.ssa.gov/benefits/retirement).



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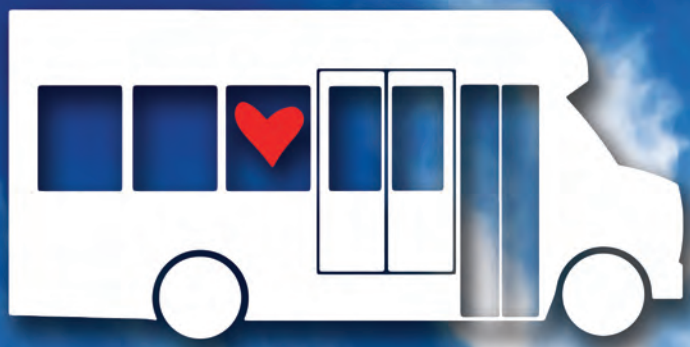
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