

Golden Roundup

March 2013

Kiss The Cook

See page 8

CLEAN YOUR PLATE
&
KISS THE COOK!

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The Roundup

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Karen Quick Announces Retirement



Karen Quick, Regional Aging Services Program Administrator, will retire March 29th.

By Tie Shank

After 28 years of employment with the NW Human Service Center, Karen Quick, Regional Aging Services Program Administrator, announces her March 29th retirement date.

Quick began her career in June of 1975 as a Social Worker for Towner County Social Services in Cando, ND, where she was employed for nearly ten years. In February 1985 she began working for NW Human Service Center in Williston and has touched the lives of many people.

Quick has held three very important and fulfilling roles during her career in Williston:

- 1) Admissions – for the Therapy Unit
- 2) After Care Coordinator – where she helped to transition people from hospitals in to the community.
- 3) Regional Aging Services Program Administra-

tor for Divide, McKenzie and Williams counties – where half her time is spent overseeing contracts for congregate & home delivered meals and health maintenance, a quarter of her time is spent doing Options Counseling for those 60 years of age and older and the remaining time is spent providing Family Caregiver Support Services.

Although Quick tremendously enjoys her job and helping others, she's happy to be moving closer to her two adult children and grandchildren in Roseville, MN with her husband of nearly 35 years.

When asked what she'd miss the most about her position, Quick replied "I'll miss the close connections I've made with the elderly, their interesting stories and words of wisdom and I'll miss the professional people I work with."

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VA Montana Welcomes Their New Director

**Submitted by
Terrie Casey**

The Director for VA Montana Health Care System, Christine A. Gregory, FACHE was introduced to the employees during a Town Hall Meeting held Monday at the Medical Center by Veteran Integrated Service Network (VISN) 19 Director Ralph Gigliotti. Gregory is a native of Miles City, Montana. Ms. Gregory has an extensive background executing a variety of progressively responsible administrative and clinical assignments. Ms. Gre-



New Director Christine Gregory and Director Ralph Gigliotti.

gory has been a member of the Executive Team at VA Central Iowa Health Care System, Des Moines, IA serving as the Associate Director Patient Care Services. She has completed assignments as the Acting Director of the VAMC in Fargo, ND, Associate Director Patient Care Services in San Francisco, CA and Network Mental Health Service Line Nurse Executive. She has led and participated in a variety of national, network and facility governing councils, committees and task forces. Ms. Gregory is board certified in health care management and a Fellow of the American College of Health Care Executives, a professional society dedicated to promoting the highest standards of professional,

educational and leadership performance.

Ms. Gregory graduated from Custer County High School. She began her professional education at St. Vincent's School of Nursing in Billings, MT. She received her undergraduate degree in nursing from Montana State University in Bozeman, MT and subsequently completed a graduate degree in nursing from the Ohio State University, Columbus, OH and a graduate degree in business administration from Iowa State University, Ames, IA. Gregory is a graduate of the Federal Executive Institute, Interagency Institute for Federal Health Care Executives and the University of Pennsylvania, Wharton Fellow Program in Management for Nurse Executives.

Ms. Gregory has received the VA Secretary's Hero Award and Commendation in recognition of her efforts at the first VA Federal Medical Shelter during the aftermath of hurricanes Katrina and Rita and another VA Secretary's Commendation for exemplary professionalism and commitment to caring for Veterans created by the Midwest Flooding of 1993. Ms. Gregory was the National Recipient of the VA Secretary's Award for Excellence for the Advancement of Nursing Programs in recognition of the development and utilization of a nursing financial database. She received the VA National Office of Nursing Service Innovation Award for her leadership of a Network Clinical Team Communication Collaborative.

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Wanted: Names of Montana Centenarians

DPHHS would like to honor Montana Centenarians this spring

The Department of Public Health and Human Services (DPHHS) would like names submitted of Montanans who this year turn age 100 or older so they can be honored at the annual Governor's Conference on Aging held in Glasgow and Great Falls during the first full week in May.

The deadline to submit Centenarian names to DPHHS for the upcoming conference is April 1, 2013.

Centenarians are encouraged to attend either the Glasgow luncheon on May 7, or the Great Falls luncheon on May 9 to be honored.

"Our Montana Centenarians deserve to be recognized," said DPHHS Director Richard Oppen. "They all have such great stories to tell about their long and distinguished lives. We all can learn something from our state's Centenarians. Please send us information about your Centenarian today!"

Those who reply will receive a Centenarian's recognition proclamation from Governor Steve Bullock.

If you are a Centenarian or are aware of one and would like them to be recognized, please supply DPHHS with the following information by April 1, 2013. Submitted high-quality photos are also requested for use in the event program, in addition to replies to the following questions:

1. Centenarian name and address.
2. Where and when they were born? If not born in Montana, what is their story on how they got to Montana?
3. What is the secret to their longevity?
4. What has been the most amazing event in their life that they would like to share?
5. What would their favorite quote be?
6. Anything else they would like us to know?
7. Will they be attending the luncheon? If so, in which city, Glasgow or Great Falls?

Please send your information to:

Governor's Conference on Aging - Centenarian
DPHHS – SLTC

PO Box 4210

Helena MT 59604-4210

Or e-mail it to crehbein@mt.gov.

Additional conference information can be found online at www.aging.mt.gov. Or, call the DPHHS Office on Aging toll-free at 1-800-332-2272 or 406-444-4077.



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• *March 2013* •

13 - Dr. Lane Lee

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14 - Dr. Emad Dodin

- Interventional Cardiology

19 - Dr. Alexandre Kindy

- Orthopedist

21 - Dr. Mark Noel

- ENT (Ear Nose Throat) - Otolaryngology

26 - Dr. Erdal Diri

- Rheumatologist

Dr. Jessica Mugge

- Behavioral Health - Psychology

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- Behavioral Health - Psychology

Dr. Samir Turk

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Making Healthcare Make Sense

Can you explain the better health insurance choices coming this October 2013 that I've heard called the Health Insurance Marketplace? Is this a part of the Affordable Care Act or what has been called Health Care Reform?

When key parts of the health care law (the Affordable Care Act) take effect, there'll be a new way to buy health insurance for yourself, your family or your small business: the Health Insurance Marketplace. Whether you're uninsured or just want to see what's available, the Marketplace offers more choice, more transparency, and more control over your health insurance options.

To clarify, this health insurance is not for those who have Medicare, as Medicare beneficiaries already have health insurance. This is for those individuals, families and small businesses who do not have health insurance through an employer or as an employer, or they cannot get health insurance benefits.

The Marketplace is designed to help you find health

insurance that fits your budget, with less hassle. No matter where you live, you'll be able to buy insurance from qualified private health plans that cover a comprehensive set of benefits, including doctor visits, preventive care, hospital visits and prescriptions. New laws mean plans must treat you fairly and can't deny you coverage because of pre-existing or chronic conditions.

One application, one time, and you and your family can explore every qualified health insurance plan in your area. You'll be able to take control with better information to help you choose, including details about benefits and price presented in clear language you can understand, so you know what your premium, deductibles, and other costs will be before you make a choice. At the Marketplace, you'll also get information about Medicaid, the Children's Health Insurance Program (CHIP), and a new kind of advance tax credit you can use right away to lower your monthly health plan premiums. In fact, more people than ever before will be able to get a break on costs – you may even qualify for free or low cost plans. You'll see all the programs you're eligible for right after you apply.

When enrollment in the Marketplace starts in October 2013, you'll be able to find insurance that fits the way you live, at a price you can be comfortable with. You can enroll directly through our website at HealthCare.gov.

Enrollment starts October 2013. Sign up now at HealthCare.gov to get email or text alerts to keep you on track.

The Marketplace will let you compare health private plans and check eligibility for several low-cost and no-cost insurance affordability programs all in one place, with a single application. The Marketplace at HealthCare.gov will be much more than any health insurance website you've used before. Insurance companies will compete for your business on a level and transparent playing field, with no hidden costs or misleading fine print. When open enrollment starts in October 2013, you'll have no more choice, more control, and more clout when it comes to health insurance. And if you have difficulty finding a plan that meets your needs and budget, we're working to make sure there'll be people in local communities who can give you personal help with your choices.

Keeping checking back for more information about the Health Insurance Marketplace, and sign up for updates to get ready to enroll in the Fall.

STAMPEDE

By Jerry Palen



"He can't talk right now.
'Duck Dynasty' is on."

Adequate Zinc Eases Pneumonia In Elderly

ARS News Service
Agricultural Research Service, USDA

A high proportion of nursing facility residents were found to have low serum (blood) zinc concentrations during an observational study funded by the Agricultural Research Service (ARS) and the National Institute on Aging. The scientists found that those with normal blood zinc concentrations were about 50% less likely to develop pneumonia than those with low concentrations.

The study was led by Simin Nikbin Meydani, Nutritional Immunology Laboratory director at Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA), Tufts University in Boston, MA. ARS is the chief intramural scientific research agency of USDA.

HNRCA researchers have been studying immune response and respiratory infections in about 600 elderly residents in 33 nursing facilities in the Boston area. Meydani and colleagues previously reported that among the facility residents, those who consumed 200 international units (IU) of vitamin E daily for one year were 20% less likely to get upper respiratory infections, such as colds, than those who

took a placebo.

The secondary analysis of data from the same clinical trial showed a high proportion of the residents had low serum (blood) zinc concentrations at baseline and after one year of follow-up. All participants had been supplemented with half of the recommended dietary allowance of essential vitamins and minerals, including zinc, during the trial.

Those with normal zinc status were not only less likely to develop pneumonia, they also had fewer new prescriptions for antibiotics, a shorter duration of pneumonia, and fewer days of antibiotic use compared with residents who had low zinc levels. In addition, mortality was lower in those with adequate blood zinc levels.

The study suggests that supplementation of zinc-deficient elderly may result in reduced risk of pneumonia. Still, the authors note that controlled clinical trials are needed to test efficacy of zinc supplementation as a low-cost intervention to reduce mortality due to pneumonia among vulnerable populations who already have low zinc levels.

These study results were published in the American Journal of Clinical Nutrition.



Dedicated to keeping you and your family healthy.

Sidney Health Center has expanded its walk-in clinic to include weekdays with the addition of Jesse Belville, PA. Mr. Belville has several years of experience working in urgent care settings as well as emergency.

The Weekday Walk-In Clinic is located in the **Medical Arts Building** near the hospital ER entrance on 12th Avenue Southwest in Sidney.

Note: Payment is due at time of service.

Weekday Walk-In Clinic Hours

MONDAY	7:00AM - 4:00PM
TUESDAY	7:00AM - 4:00PM
WEDNESDAY	- CLOSED -
THURSDAY	11:00AM - 7:00PM
FRIDAY	7:00AM - 4:00PM

Weekday Walk-In Clinic

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The SATURDAY Walk-In Clinic will continue to be located in Suite 110 from 9:00AM - 12:00PM with rotating providers.

Hillesland Publishes Recipe Book

By Ashley Harris

Supper time is a favorite time for many families throughout the world, especially when it is a home cooked meal. In the Hillesland home, that was exactly how it went. Home cooked meals, plenty of company, always ending with dessert.

Harriet and Alton Hillesland, of Sidney, have many memories in the kitchen and at the dining table. So do their children Tom, Jeff, Chris and Sana, who have been begging for their mother's recipes. As her son Tom stated, "Mom was not afraid to try new recipes or make her own recipes," which usually made for at least one not so good turnout. As son Chris recalls, dad Alton was the judge of this. You would know if it wasn't so

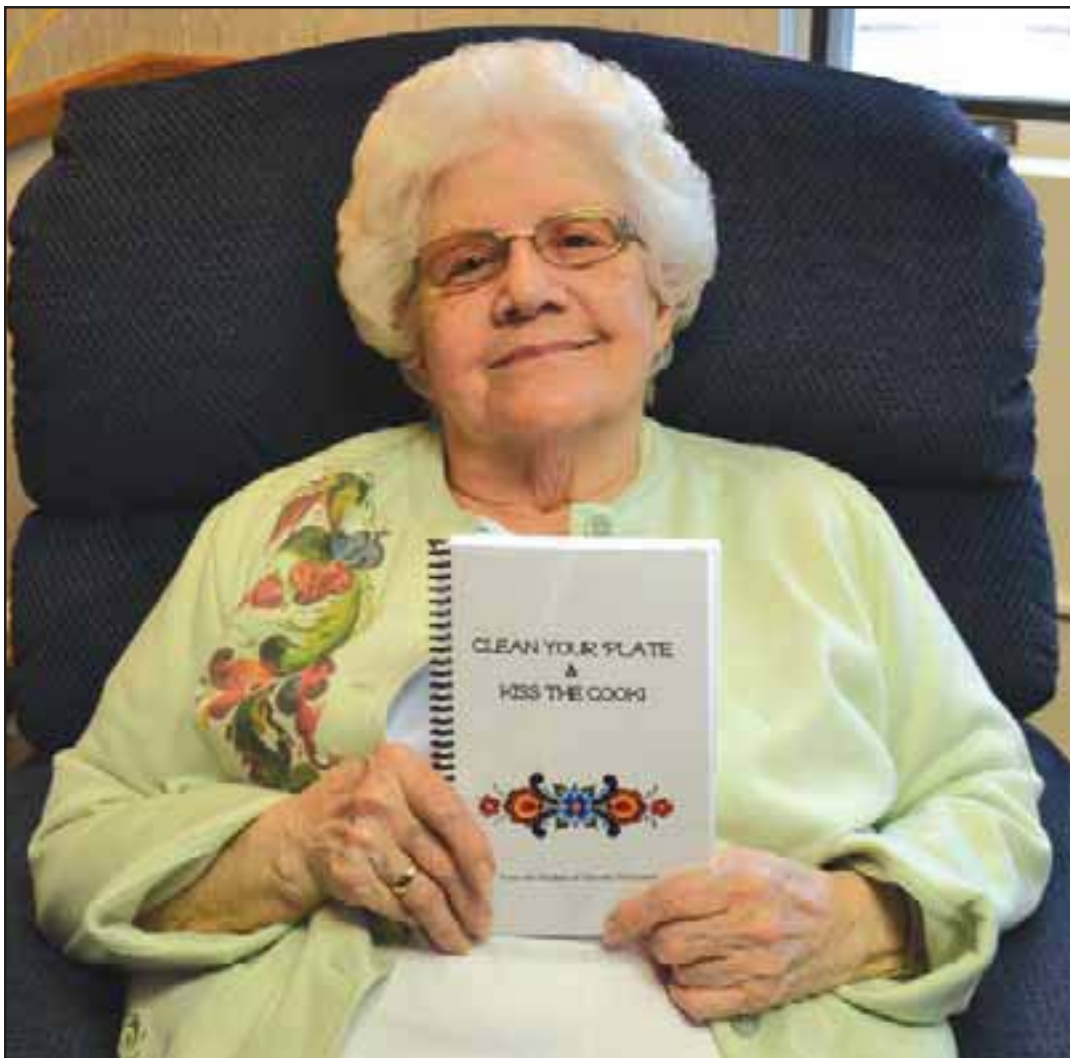
good when he replied with "it was good, but I don't think you need to make it again."

After practically begging for her recipes, Jeff bought Harriet a small tape recorder so she could verbally convey her recipes that weren't yet on paper. At last her kids were going to get her recipes. As Harriet quickly found out, it was going to be a little more challenging than expected. A lot of her recipes were measured in pinches and scoops, which she had to turn into exact measurements.

One of Harriet's 12 grandkids heard that she wanted to get them all recorded and, knowing the passion she had for cooking, knew she had to help. During a visit, Harriet and her granddaughter Brianne talked through and photographed each recipe, which was then typed up and compiled.

When Harriet talks about her book, her family, or her passion for cooking and sewing, she just lights up. It is evident how much love is put into all of it, including this book. Harriet has been blessed with a rather large family, including her 4 children, 12 grandchildren, and 4 great grandchildren. Asking Harriet what her favorite recipe is could almost be compared to asking her which family member means the most to her. Needless to say, she couldn't decide on just one recipe.

There were always two things the kids never had to ask. One was when supper would be served, which they all knew



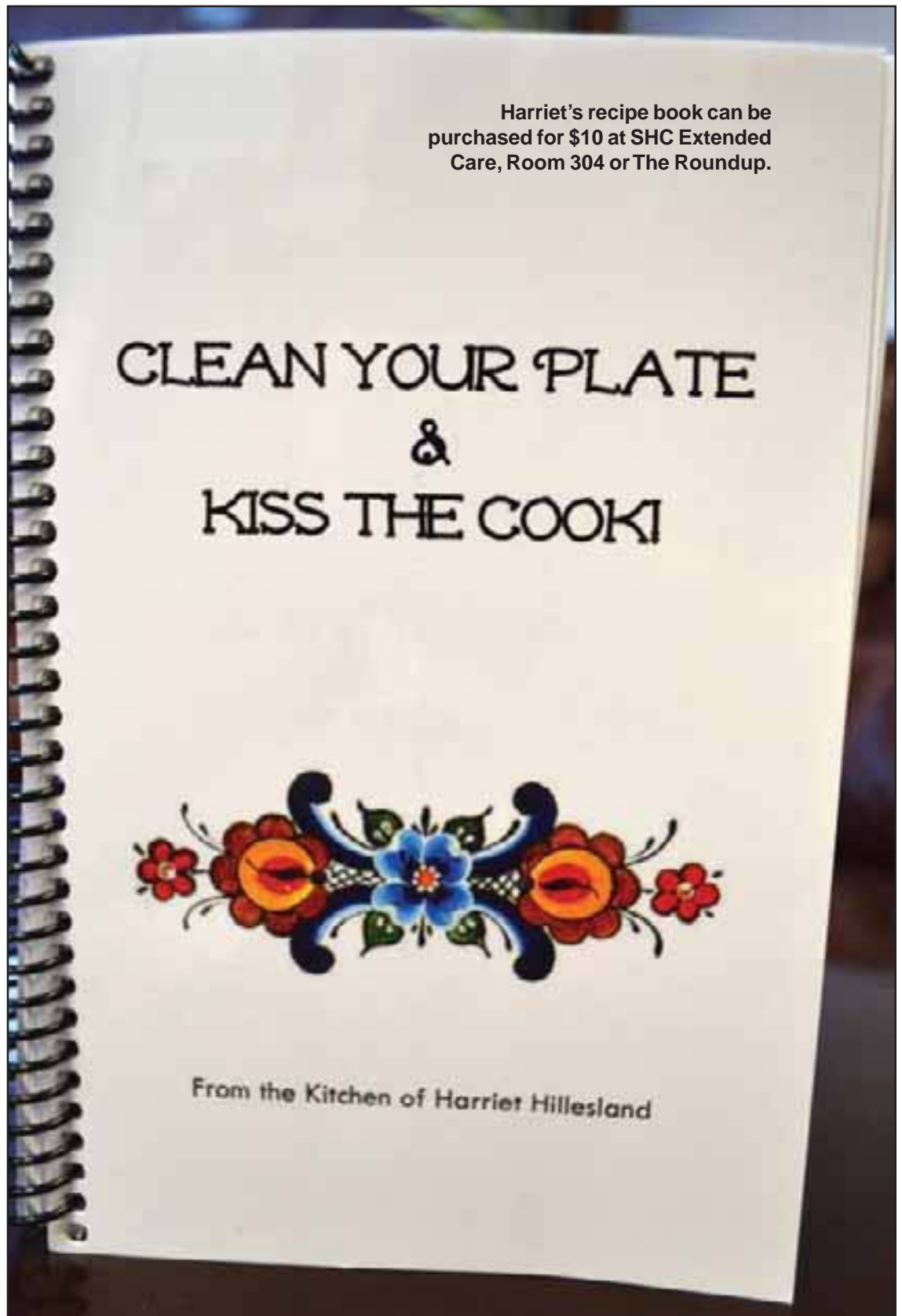
Harriet Hillesland with her new recipe book 'Clean Your Plate & Kiss The Cook!'

was served at 6 sharp. The other was what was for dinner, as you could smell it before you would get an answer. As Harriet's daughter Sana recalls, "I really thought it was cool when I would walk home after Brownies or Girls Scouts and be able to smell 'supper' even before I got in the house."

There's nothing quite like coming home to one of Harriet's home-cooked meals, which if the directions are followed correctly can happen. Harriet's recipes are all recorded and have now been published into a book. 'Clean Your Plate & Kiss The Cook!' is 144 pages of Harriet's personal recipes. The book has many categories including: beverages, breads, breakfast, jams, salads, entrees, dressings, soups, cakes, candy, crisps, snacks, cookies, bars, pies, and desserts.

'Clean Your Plate & Kiss The Cook!' can be purchased for \$10 at The Roundup, 111 W. Main in Sidney or directly from Harriet at Sidney Health Center's Extended Care, Room 304. Any profits will be donated to help fund a water well project in Africa.

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Don't Let These Myths Rain on Your Retirement Party

(BPT) - Do you dream of the day you can retire, but aren't sure how to get there? You're not alone. Many people find it easier to avoid reality when it comes to planning for retirement.

"That can lead to big mistakes in their retirement income planning," says Zachary Gipson, vice president of retirement and wealth planning at USAA.

Here's a look at five common myths that could derail your expectations for income when you retire.

Myth 1: You won't be around long enough to go through your money

The reality: Life expectancies are at record highs in the United States, so it's important to acknowledge that you or a family member may spend as many years in retirement as you did working. According to a 2010 report by the National Academy of Social Insurance, for a 65-year-old married couple, there's a 48 percent chance that one spouse will live to age 90.

To help stretch your money, consider incorporating immediate and deferred annuities into your planning. Created to provide guaranteed, lifelong income in retirement, they can also offer guaranteed growth while you're saving for it, Gipson explains.

A long retirement extends your exposure to one of financial planning's most subtle enemies: inflation. As you invest, it's important to seek a mix of assets that guard against the declining value of the dollar and that is in line with your risk tolerance and goals.

Myth 2: You should get out of stocks when you retire

The reality: Stocks can help provide the long-term growth you need to make your assets last longer since your retirement could span several decades.

You've probably heard you should reduce your investment risk as you age. But with traditional pensions being replaced by 401(k) plans, you're wholly responsible for making asset allocation decisions. As Gipson puts it, "Everyone now has to be a pension fund manager with their own money, and most people just aren't equipped to do that."

Gipson agrees with the notion of dampening portfolio risk at retirement, but that doesn't mean getting rid of stocks entirely. Rather, regularly reviewing, and if necessary, rebalancing your portfolio based on your

risk tolerance can lock in gains from strong-performing asset classes and allow you to buy those that underperform at cheaper prices.

Myth 3: You can just keep working

The reality: Counting on being able to work as long as you want is dangerous, Gipson says. Employers are feeling pressure to cut costs, and with high unemployment, finding work is always a challenge. A disability also could force you to stop working prematurely.

Many people think they can simply work longer if they don't have enough money to retire. According to a recent survey by the Employee Benefit Research Institute, 74percent of workers plan to work at least part time during their retirement years, and Schaffer notes working in retirement has become a necessity for many.

Good planning doesn't rely on good fortune. Rather, your plan should both keep you from having to work the rest of your life and deal with the consequences of unexpected surprises that prevent you from earning a paycheck.

Myth 4: An inheritance will bail you out

The reality: You may be hoping for an inheritance as a potential retirement boost. But hope is not a strategy, and counting on an inheritance can create big problems if it doesn't come through.

Many people who expect to inherit money never do so, Gipson says. And even for those who do inherit money, it's often too little or comes too late to make a difference in their retirement planning, he adds. The safer thing to do is to treat an inheritance as an unexpected bonus rather than relying on it.

Myth 5: Your taxes will be lower in retirement.

The reality: Big government deficits make future tax increases much more likely. Also, taking money out of retirement accounts, such as traditional IRAs and 401(k)s, creates taxable income that can push you into higher tax brackets.

One suggestion Gipson offers is to consider converting part of your eligible retirement assets to a Roth IRA. By doing so, you'll pay taxes now, but you'll create a tax-free pool of money to tap in retirement. Diversifying with both Roth and traditional IRAs is a possible way to handle future tax uncertainty.



It's Bingo Time!

Harriet Hillesland just after she won the black-out game at the Sidney Health Center Extended Care on March 7th.



Elda Glaser during a game of Bingo at Extended Care on March 7th.

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Making Medicare Make Sense

Answers To Some of The Most Commonly Asked Medicare Questions

What are the actual changes to Medicare in 2013? There's been a lot of talk, but I want facts, and I'm confused about my benefits.

Medicare is stronger than ever now, and recent events have not changed your benefits. There are some changes for 2013, as there are every year. But Medicare is here for you, and in many ways has better benefits than ever before. Most of the improvements are due to the Affordable Care Act.

For example, Medicare's wide-ranging preventive services, many of which are provided to you with no out-of-pocket cost, are available now, and unchanged. In fact, Medicare Part B now has improved benefits for those trying to quit smoking in the new year. Eight face-to-face counseling sessions for smoking cessation are now covered. Part B also offers obesity screening and counseling. In some cases, co-payments apply for these.

In 2013, people with Medicare Part B will also pay less out of pocket, for outpatient mental health treatment. The co-payment is now 35%, down from 50%. For the initial diagnosis, you'll continue to pay 20%. Medicare pays the rest.

And Medicare Part D (prescription drug) plans are now allowed to cover benzodiazepine and barbiturate medications, such as those used to treat chronic mental disorders, as well as cancer and epilepsy. Prior to this year, Part D coverage was not allowed for these prescription drugs, unless your plan paid the entire cost.

People with Medicare Part D plans will also see a greater discount for their medications, once they reach the coverage gap, or "donut hole." The discount has increased from 50% in 2012, to 52.5% for brand-name medicines your plan covers, and from 14% in 2012 to 21% for generic medicines, in 2013. These discounts will be applied automatically at your pharmacy or mail-order supplier. You don't have to ask for them.

Those with Original Medicare will begin to see newly-designed, easier to understand quarterly Medicare summary notices starting later this year. The language is simpler, the print is larger, and there are clear definitions right on the form. There are also step-by-step instructions for you to check the form's accuracy, appeal anything that is wrong, or report potential fraud

in your account. It's one more way Medicare is safeguarding your benefits - and taxpayer dollars. The new forms will be phased in between February and June, depending on the state you live in.

Medicare premiums and deductibles have increased slightly in 2013. By law, the premium must cover a fixed percentage of Medicare's expenses. Premium increases are in line with projected cost increases. Medicare Part B premiums have gone up slowly over the past five years - an average of less than 2 per cent per year. The Part B premium for most people in 2013 is \$104.90 per month, up \$5, and the annual Part B deductible is \$147, an increase of \$7, compared to 2012. The Part A deductible, if you are admitted to a hospital, is \$1,184, an increase of \$28.

For more information, call 1-800-MEDICARE, which is, 1-800-633-4227. Medicare's national toll-free helpline is available 24 hours a day, seven days a week, or visit www.medicare.gov.

Golden Roundup INFORMATION

Mail or email your comments about the Golden Roundup publication or any of the stories we carry.

We ask our readers to submit stories, photos and advertising for publication. Photos are always welcome.

The address is P.O. Box 1207, Sidney, MT 59270 and the email is info@roundupweb.com or any of the other emails we have listed. The phone number is 1-406-433-3306 or toll free 1-800-749-3306. We also appreciate your advertising.

The Golden Roundup is distributed the Wednesday closest to the middle of each month. The April news and ad deadline is April 9.

Jody Wells, Publisher

Dianne Swanson, Marketing Director

Erin Wells, Business Manager

Laurie Nentwig, Marketing Representative

Ashley Harris, Reporter

Fairview Memories

The Fairview News

Thursday, March 27, 1952

An Independent Newspaper

**The Fairview News
Thursday,
March 27, 1952**

Emergency Wanes As County Plows Snow to Livestock Areas

"Operation Snowbound" has nearly been completed in Richland County according to information Thursday noon from the Richland county commissioners, who stated that most roads into the isolated livestock areas had been opened and unless there was further snowfall or drifting, the situation would soon be in hand.

Ranchers and farmers throughout a wide area had actually been snowbound for weeks and a heavy snow about 10 days ago had made the situation critical. Supplies and mail shortage had been overcome by occasional trips out but getting feed into to livestock meant opening roads for truck use.

The Richland commissioners in special session had asked help from the state. Funds were allotted this county as well as several others in the eastern section and bulldozers and other special equipment were immediately hired and began "round the clock" shifts to open side roads.

On Thursday it was stated that the \$7,000 allotted to Richland had been used

and additional funds would be requested to complete the job. A few localities were still isolated. An emergency existed north of Richey where Toby Milne was without feed for his stock. Oil cake and other supplies were being flown in on Thursday.

The commissioners stated that one bulldozer was working in the Hillcrest and south of Brockton communities, one of the special units were north of Lane and Richey and there was one in the Girard-Andes area. They have opened about 250 miles of road thus far, said Commissioner L. Sedlacek.

In addition to these, county outfits are plowing out roads in the Savage community and across the river from that locality. A county outfit is also working in the Sioux Pass and Four Mile community and one is alerted in the Sidney area to handle special emergencies.

The overall work is in charge of County Road Supervisor Frank Kappel. The three special units used in the emergency operations are those of Roy Bean, Savage; Kellevig Brothers and the LaLonde Co. of Sidney.

Because of the heavy and lengthy winter feed supplies are reported by many stockmen to be running low. The only livestock requirement in the locality that is getting scarce is said to be hay. Until a week ago, there seemed to be an ample amount but the supply is

dwindling.

Both sheep and cattle men report that this has been an unusually costly winter. Not only were prices high but the feed requirements were great. Several stockmen have informed the News that it has cost about twice as much to get through this winter as a year ago.

Feed is one of the chief factors in determining a profitable livestock enterprise and along with the extra high costs this year, is the fact that the price of stock on the hoof dropped and most feeders will acknowledge a financial loss this season.

**The Fairview News
Thursday,
March 27, 1952**

Oil Engineer Will Talk To Lions Tuesday Night

Gaston Peek, prominent petroleum engineer, who is presently located at Glendive, will give a talk on the oil industry at the regular meeting of the Fairview Lions club, scheduled for Tuesday night, April 1.

Mr. Peek is considered an authority in the petroleum industry and is versed in the known facts of the Williston basin which includes much of eastern Montana and western North Dakota.

It is certain that the

local Lions will get much information from the speaker and will be up to date on basic knowledge of the petroleum industry. The speaker will come to Fairview with Jim Carter, prominent Glendive Lion, who assisted in bringing Mr. Peek to the city.

The program which will include Mr. Peek's talk will follow the regular dinner in the Lions hall next Tuesday.

**The Fairview News
Thursday, March 27,
1952**

John Deere Diesel School Held Thursday; One of Few In State

John Deere diesel tractor school was held in Fairview at the Civic Center Thursday afternoon and was attended by a good representation of dealers and diesel customers in eastern Montana and western North Dakota.

The school was conducted by John Deere factory representatives from Waterloo, Iowa. It included instruction in lubrication, operation and preventive maintenance of the John Deere model R diesel tractor.

The Fairview meeting was one of three similar schools held in Montana and dealers and customers from a wide area were in attendance.

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Preventing Medication Fraud and Abuse Starts at Home

(BPT) - Prescription drug abuse has reached epidemic proportions across the United States. More than 6 million Americans abuse prescription drugs and much of the abuse begins at home, according to a national survey on drug use and health. In fact, more than 70 percent of those who illegally use prescription pain relievers obtained them through friends or family, including surreptitiously raiding the home medicine cabinet. However, a recent study revealed that only 19 percent of parents are concerned about the misuse of narcotic pain medicines in their own families, showing that many do not recognize the severity of the problem.

The most commonly abused prescription drugs are opioids or narcotic pain medications. When used along with other prescription medications like benzodiazepines and muscle relaxers, they deliver a cocaine-like high. Abuse accounts for 84 percent of patient-related prescription drug fraud, according to research by Express Scripts, the nation's largest pharmacy benefit manager.

"Narcotic pain killers can be essential in the treatment of a variety of serious medical conditions; unfortunately they can also ruin lives when used improperly or abused," says Jo-Ellen Abou Nader, senior director of Express Scripts' Fraud, Waste and Abuse program. "Ending the national epidemic of prescription drug abuse demands constant vigilance and this includes proper storage and disposal of these medications."

Abou Nader offers some simple do's and don'ts you can follow at home to reduce the risk of drug fraud and abuse:

Do:

* **Keep drugs out of reach:** Be sure to store your medications in a locked area out of children's reach. Ask your pharmacist if they can provide medication bottles with child-resistant caps.

* **Keep track of your treatments:** Keep a list of the medications in your home, especially those prone to abuse. Periodically count the medications remaining in the container and make sure that it's the correct amount according to the prescribed dosage.

* **Dispose properly:** If specific disposal instructions are provided on the label, follow them. Otherwise, remove the medication from their original containers or vials, mix them with an undesirable substance such as used coffee grounds, kitty litter or saw dust and place them in a sealable bag that can be disposed in the trash. Also, people should take advantage of the next DEA Drug Take-Back Day on April 27.

Don't:

* **Make it easy:** Don't store narcotics or potentially addictive drugs in a medicine cabinet. If that is the only option, add a lock to the cabinet and hide the key.

* **Save for next time:** Once your condition has been treated and your prescription regimen complete, properly dispose of the drugs. Never keep extra medication for potential use in the future.

* **Share your medicine:** The specific drug and dosage was selected specifically for the person it was prescribed for and could lead to dangerous drug interactions and serious side effects if used by someone else.

By following these simple steps you can help protect your family and friends against the nation's costly problem of prescription drug fraud and abuse. For more resources and information about prescription fraud and abuse, visit Express Scripts' Healthcare Insights blog at lab.express-scripts.com.



Foundation For Community Care Accepting

2013 Grant and Scholarship Applications



Staci Miller

By Staci Miller

Each year, the Foundation awards nearly \$250,000 in grants to our community and thousands more in healthcare scholarships to promising men and women aspiring to share their talents in the healthcare community.

In May, the Foundation for Community Care's volunteer board of directors will provide financial support for local healthcare through grants and the Healthcare Scholarship program. The Foundation is able to offer grants by distributing a portion of the earnings from its Endowment Fund. The Endowment Fund is supported completely by gifts from donors. \$229,543.74 was awarded to sixteen area organizations in 2012. These resources have the potential of directly impacting the health of over 17,000 MonDak residents.

The second program offered by the Founda-

tion for Community Care is the annual Healthcare Scholarship program. Area residents pursuing a college degree in a healthcare field who intend to live and work in the area are encouraged to apply for funding. The scholarship program exists to encourage local individuals to become healthcare professionals and to stay here or return here to work after graduation.

Each of these programs assists the Foundation in reaching its mission of helping to ensure the continuance and quality of local healthcare services. Applications can be downloaded from the Foundation's web-site, www.foundationforcommunitycare.org or by calling the Foundation at 406-488-2273. In order to be considered for funding, submissions must be returned to the Foundation for Community Care by 4:00 PM on April 26, 2013.

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Dr. Douglas Clark, M.D.

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