

Golden Roundup

May 2013

Paulsons Say Goodbye



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Paulson Retires as SHC Chaplin

By Ashley Harris

Pastor Elwin Paulson, who has been the Chaplain at Sidney Health Center for the past eight years, has announced his retirement. During a going away party at Extended Care on May 7, residents and employees came to bid him farewell.

Paulson and his wife, Myrna, moved here 11 years ago from the church they were at in Laramie, Wyoming. Paulson worked in the hospital's billing department for three years prior to becoming chaplain. Paulson, who has a healthy sense of humor, had many jokes concerning the coincidence that he was a debt collector and a pastor.

The word "chaplain" originally referred to representatives of the Christian faith, which now translates to mean a cler-

gyman who is attached to a specific organization, business, branch of the military or, as in this case, medical facility.

A chaplain steps in when a patient or family either does not have a family minister or they have not arrived yet. The chaplain is available to help with the distressed families of critically ill or dying patients/residents, as well as to those patients/residents themselves.

As Chaplain, Paulson provided Sunday services and personal visits with residents at both the Extended Care and The Lodge. Paulson also made visits to patients in the hospital.

As well as being Chaplain, he also serves as pastor at the Church of the Nazarene.

Paulson stated he will be finished there on the 19th, when his replacement, Richard Evans will take over.

Paulson, who is originally from Oregon, and Myrna, who is from Washington, have 'pastored' in many different locations including Washington, Oklahoma, Oregon, Ohio and Wyoming. Paulson's wife, Myrna, joked that whenever they want to see a different part of the country they just move, instead of taking a vacation.

The Paulsons are retiring to Temple, Texas to be closer to their family, as their 14 grandchildren and 3 great grandchildren live fairly close. They are both very excited to be that close to their family, especially since they have not met their youngest great grandchild yet, who is now 5 months old.

Although he is formally retiring, Paulson does hope to fill in for other pastors as needed, "as long as they'll have me," he joked.



Above: Pastor Paulson and his wife Myrna, pictured here in front of the chapel at Sidney Health Center Extended Care where he performed services every Sunday.

Right: Pastor Paulson (R) is pictured here speaking with Sidney Health Center CEO Rick Haraldson at the going away party on May 7th.





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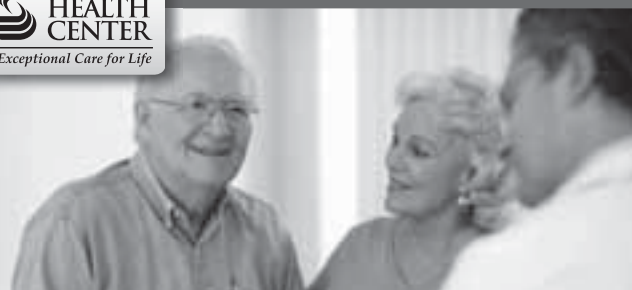
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Sidney Health Center expanded its walk-in clinic to include weekdays with the addition of Jesse Belville, PA. The Weekday Walk-In Clinic is located in the **Medical Arts Building** near the hospital ER entrance on 12th Avenue Southwest in Sidney.

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THURSDAY	11:00AM - 7:00PM
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Making Medicare Make Sense

Answers to Some of the Most Commonly Asked Medicare Questions

By Mike Fierberg

What is the new program beginning in July in certain areas across the nation where Medicare beneficiaries will pay less out-of-pocket for certain medical equipment and supplies if they purchase them through Medicare contract suppliers?

For years, Medicare and its beneficiaries have been paying too much for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). To reduce costs and the fraud resulting from excessive prices, the Centers for Medicare & Medicaid Services (CMS) introduced a competitive bidding program in nine areas of the country in 2011. People with Original Medicare who live in competitive bidding areas – or CBAs – will pay less for certain DMEPOS items and services such as wheelchairs, oxygen, mail order diabetic supplies and more. Competitive bidding for DMEPOS is proven to save money for taxpayers and people with Medicare while maintaining access to quality DMEPOS items.

The program has already been hugely successful, reducing money spent for equipment included in the program by over 42 percent in its first year of operation. Now the program's benefits are coming to you, and there is some important information you need to know. Expansion of the program is scheduled to begin July 1, 2013, and extends it to 91 new areas across the country, including Denver, Colorado Springs and Salt Lake City. People with Medicare in these areas will save an average of 43 to 47 percent on certain DMEPOS items. Medicare will also be implementing a national mail-order program for diabetic testing supplies on July 1st, and beneficiaries nationwide will save an average of 72 percent on these supplies.

How the program works:

Medicare generally pays 80 percent of the costs for durable medical equipment, prosthetics, orthotics and supplies used in the home under Medicare Part B. The person with Medicare pays the remaining 20 percent. Before this new program, the costs for most of

these items were based on historical charges, adjusted for inflation over time. Many studies have shown that the prices Medicare has paid for certain medical equipment and supplies are excessive – sometimes three or four times retail prices and the amounts paid by commercial insurers.

Under this program, suppliers of these types of supplies submitted bids for certain medical equipment and supplies that must be lower than what Medicare pays for these items currently. Medicare used these bids to set the amount it will pay for the competitively bid medical equipment and supplies and qualified, accredited suppliers with winning bids were chosen as Medicare contract suppliers. The good news is that since Medicare's payment amount to suppliers will be less, people with Medicare who use the equipment and supplies under the competitive bid program will have a lower co-payment too.

If you have Original Medicare, and your permanent residence is in a ZIP code that is part of a Competitive Bid Area, CBA, and you use items in one of the program categories, you generally must use a Medicare contract supplier to have Medicare help pay for the item. If you currently receive oxygen/oxygen equipment or rent certain other items from a non-contract supplier, you may be able to continue renting these items from your current supplier when the program takes effect, if the supplier decides to become a grandfathered supplier.

All contract suppliers must comply with Medicare enrollment rules, be accredited, meet applicable licensing requirements, meet financial standards and meet stringent quality standards to ensure good customer service and high quality items. These standards help to deter unscrupulous providers from becoming Medicare contract suppliers. 90 percent of contract suppliers are already established in the competitive bidding area, the product category, or both. This means Medicare beneficiaries will be getting the same high quality products and services but at lower prices. And, small

suppliers – those with gross revenues of \$3.5 million per year or less – make up about 63 percent of the contract suppliers in new markets.

The federal agency that administers the Medicare program announced on April 9, that 799* suppliers have been awarded contracts as part of the expansion of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program to provide certain medical equipment and supplies (such as scooters, wheelchairs and oxygen) to beneficiaries in 91 communities across the country. The winning contract suppliers have 2,988 locations to serve Medicare beneficiaries in these competitive bidding areas. Additionally, CMS announced 18 suppliers that accepted contracts to provide mail-order diabetic testing supplies at competitively bid prices nationwide. The National Mail-order Program contract suppliers have 52 locations to serve the entire country through mail or other home delivery.

This program really saves people with Medicare, and all taxpayers a lot of money. In just the first year, in just the first nine markets, the savings were over \$200 million. The expanded program is expected to save Medicare more than \$25 billion in the next ten years, and people with Medicare are expected to save \$17 billion more in reduced out-of-pocket costs and premium payments.

CMS's top priority is to ensure beneficiaries maintain access to high quality equipment and supplies at a fair price. Medicare contract suppliers signed contracts that included protections to ensure that they will furnish beneficiaries with necessary equipment and quality customer service. And, our extensive monitoring since the start of this program has shown that competitive bidding reduced spending without jeopardizing access to medical equipment and supplies.

Consumers, physicians and other providers can find a list of Medicare contract suppliers in their areas by visiting www.medicare.gov/supplier/home.asp or by calling 1-800-MEDICARE (TTY users should call 1-877-486-2048). People can also visit the local offices of the various partner groups for help in finding a Medicare contract supplier, such as their State Health Insurance and Assistance Program, Administration or Community Living and a number of community organizations that can provide information on the program.

For additional information about the Medicare DMEPOS Competitive Bidding Program, including all of the products and items that are covered under the Competitive Bidding Program, please visit: <http://www.cms.hhs.gov/DMEPOSCompetitiveBid/>.

Expansion of the competitive bidding program and the national mail-order diabetic supplies program will go into effect July 1, 2013.



Visiting Physicians

• *May 2013* •

14 - Dr. Jessica Mugge

- Behavioral Health - Psychology

Dr. Erdal Diri

- Rheumatologist

15 - Dr. Jessica Mugge

- Behavioral Health - Psychology

16 - Dr. Mark Noel

- ENT (Ear Nose Throat) - Otolaryngology

21 - Dr. Alexandre Kindy

- Orthopedist

Dr. Jessica Mugge

- Behavioral Health - Psychology

28 - Dr. Jessica Mugge

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Dr. Erdal Diri

- Rheumatologist

29 - Dr. Samir Turk

- Pacemaker Check

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Overcoming Silence



Staci Miller

Submitted by Staci Miller

In our world, with the increase of technologically advanced gadgets that can fill waking hours with information, entertainment and mind-numbing activity, most everyone has experienced that hour when a touch of pristine silence would be as good as gold. Silence seems almost impossible to come by.

It is ironic in an age when communication could be so meaningful – if not critical – to family, friends and loved ones, many Americans impose an almost unnatural silence. It is the silence imposed by the absence of a valid and updated last will and testament. And this is one occasion where silence is far from golden.

Filling The Silence

As is often the case when someone chooses not to speak, another voice will fill the moment. In other words, a judge will decide who should be appointed to oversee the final business of your estate. This can easily be someone to whom you have no personal connection – an individual without any knowledge of your specific hopes and dreams. This person will make every decision regarding who will serve as the guardian of any minor children, how specific assets will be divided among family and the final distribution of all assets.

And while all of this can be devastating enough to loved ones, the real heartache can easily come in

the fact that one final opportunity for a personal message went unused. Apart from the way we almost always think of a will –

as a legal document outlining asset distribution — the last will and testament can carry a message of hopes and specific wishes for those left behind. Even though it is a legal document, a will can contain personal communication and affords each of us a way to deliver a carefully prepared final letter.

Your Philanthropic Intent

The charitable voice has always been an important aspect of the last will and testament. Even a superficial glance around our communities testifies to the lasting impact of bequests to charitable organizations like the Foundation for Community Care.

Charitable bequests can be made in much the same way any transfer is made by will: it can be in the form of a specific amount or asset; as a percentage of the value of the estate; or value to be transferred through a trust designed to meet specific objectives over a designated period of time.

Whatever form it takes, the charitable bequest represents a lasting imprint of your will – an imprint that touches all who are touched by this organization from this day forward. These bequests are vital to our mission. We count it an honor and consider it an issue of stewardship to give tangible voice to your charitable intent and add you to our Legacy Society.

At the Foundation for Community Care we can help answer any questions you might have, help you identify options that will best fulfill your objectives and even provide you with a copy of our Guide to Planning Your Will and Trust to assist your own professional advisors. Of course, there is never any cost or obligation for the information and service we provide and it is in no way designed to replace the counsel of your personal advisors. If we can help, please call us at 406-488-2273, email at smiller@foundationforcommunitycare.org or stop by our office at 221 2nd St. NW in Sidney.

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Chronic Hepatitis C, Why Baby Boomers Should Get Tested

Submitted by Julie Brodhead

Why Should Baby Boomers Get Tested for Hepatitis C?

More than 75% of adults with Hepatitis C are baby boomers. Baby boomers are people born from 1945 through 1965. Most of them don't know they are infected. Baby boomers are five times more likely to be infected with Hepatitis C. Liver disease, liver cancer and deaths from Hepatitis C are on the rise. As baby boomers age, there is a greater chance that they will develop serious, life-threatening liver disease from Hepatitis C. Testing people in this generation will help them learn if they are infected and get them into life-saving care and treatment. Early diagnosis and treatment can help prevent liver damage, cirrhosis and even liver cancer.

Why Do Baby Boomers Have Such High Rates of Hepatitis C?

The reason that baby boomers have the highest rates of Hepatitis C is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of Hepatitis C were the highest. Since chronic Hepatitis C can go unnoticed for up to several decades, baby boomers could be living with an infection that occurred many years ago.

Hepatitis C is primarily spread through contact with

blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992 and universal precautions were adopted. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers do not know how or when they were infected.

What Should Baby Boomers Know About Hepatitis C?

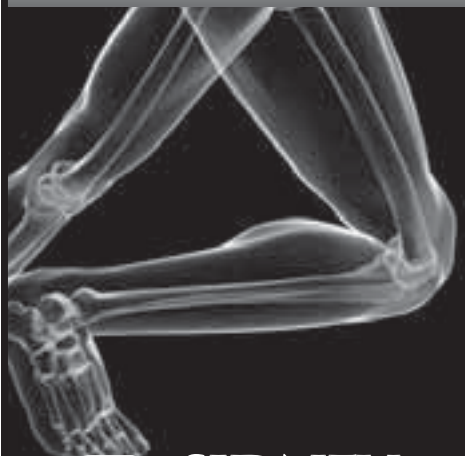
Hepatitis C is a liver disease that results from infection with the Hepatitis C virus. The disease can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants. People with Hepatitis C often have no symptoms, can live with infection for decades without feeling sick and can be successfully treated with medications.

CDC Now Recommends That Anyone Born from 1945 Through 1965 Get Tested for Hepatitis C

Is there a test for Hepatitis C? Yes, there is a simple blood test to determine if a person has ever been infected with the Hepatitis C virus. For more information, talk to your health professional, call your health department or visit www.cdc.gov/knowmorehepatitis.

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Caring Corner

More Than Just a Gift Shop

By Ashley Harris

Although it began as a Christmas store, the Caring Corner Gift Shop at Sidney Health Center has evolved to be a very unique boutique style store with a good cause.

Started by Kay Ashcraft, the Christmas store was originally run out of a small office but became so popular it quickly grew to offer more than just Christmas stuff.

Kathy Iversen played a huge part in getting the gift shop to where it is now. After managing the store for 17 years, she retired and now continues to volunteer her time at the store. The current manager, Diana Meehan, took over from Iversen. The manager is the only paid position associated with the Caring Corner Gift Shop, as it primarily operates with valuable help from volunteers.

The gift shop, which is considered a non-profit organization, does not keep any profits as it donates 100% of the profits back to the hospital which helps fund many projects for the hospital, both large and small. Last year they were able to donate \$225,000 to the first phase of the new Cancer Center, while the year prior they donated \$110,000 for the purchase of a new sterilization machine for the surgery department. Along with those big projects, they also donate to help fund new equipment throughout the hospital, including Healthworks.

Supporting Sidney Health Center is enjoyable, as you shop at this boutique style gift shop. As manager Meehan stated, "it's not your typical hospital gift shop." It carries unique items including jewelry, decorations, clothing and



Caring Corner is located in the Sidney Health Center next Clininc Pharmacy.

shoes, just to name a few.

As a matter of fact, the gift shop offers such a variety it has its own following, with loyal shoppers from surrounding towns including Froid, Medicine Lake and Glendive. The amount of support from the community of Sidney comes up second only to the employees of Sidney Health Center.

None of this would be possible without the extremely loyal group of volunteers. Volunteers work in the store at least once a month, while some volunteer once or twice a week.

There are currently 29 volunteers, most of whom have



Pictured above are the very valuable volunteers at The Caring Corner Gift Shop. Back Row (L to R) Manager Diana Meehan, Edna Rambur, Rae Jean Kimble, Pearl Reichenbach, Clarice Opsta, Ellen Rasmussen, Kathy Iversen, Sharon Rau, Joan Bell, Pat Winter, Karolyn Harper, Mary Ann Steinbeisser, Janice Norby and Bernie Casey. Front Row (L to R) Mary Jeane Johnson, Helen Sturgis, Darlene Hurley, Linda Wick, Doris Goebel, Deanna Stambaugh, Shirley Maltese, Audrey Herman. Not pictured: Pat Cundiff, Evelyn Poff, Judy Pierce, Lynette Leininger, Margaret Seitz, Ruth Pederson, Mary Forrester, Delores Barnhart and Deniece Schwab.

volunteered for quite some time. Some have actually been with the shop since its beginning. Shifts are three and half hours each, and include running the till, assisting customers and keeping up the store. Along with the 29 regular volunteers, there are a few who also volunteer sporadically to help with inventory, pricing and organizing.

Gift shop manager Meehan stated that she has "very little turn around" with her volunteers as it's a "very fun place to be."

The Caring Corner Gift Shop is open Monday through Friday from 9 am until 4 pm.

Following its beginnings, the Caring Corner Gift Shop hosts an annual Christmas Extravaganza the second week of November.

The gift shop also hosts a 'Christmas in July' sale in the Sidney Health Center lobby where they sell the prior year's Christmas leftovers at 75% off. This is a garage sale type event to prepare for the next season's décor.

To volunteer at The Caring Corner, call Diana Meehan at 488-2122.

The Caring Corner Gift Shop also has a sister-store here in Sidney, The Good Cents Store, which also donates its profits back to Sidney Health Center. Watch for this as the feature story in June's edition of the Golden Roundup.

Sidney Health Center offers numerous volunteer opportunities besides the Caring Corner Gift Shop. There are currently around 120 volunteers throughout the facility. Other departments where they serve include: chaplains, food service, activities at Extended Care and The Lodge facilities, the Good Cents Store, as well as providing and making baby burpers and hats for the Obstetrics department.



Caring Corner has a great selection of gifts & decor.



Clarice Opsta and Pearl Reichenbach enjoy volunteering in the store.

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PSC Urges Telephone Customers to Verify Lifeline Status

Submitted by Justin Post

A number of Montana telephone customers receiving Lifeline support were surprised in recent weeks to discover an increase in their phone bills after losing the monthly discount.

Although not all Montana Public Service Commissioners are in support of the program, the department as a body nevertheless encourages all Montanans previously enrolled in Lifeline to check their phone bills to determine whether they have lost the discount.

In an effort to curb waste, fraud and abuse, the Federal Communications Commission required those receiving the Lifeline discount to complete a form confirming continued eligibility. More than 6,850 of the 13,184 Montanans enrolled in Lifeline lost the discount either because they were no longer eligible or didn't respond during the recertification process. Those customers are asked to contact their phone carrier to re-establish eligibility.

Eighteen telephone carriers are certified by the PSC to offer Lifeline support in Montana. The carriers said they made efforts to contact the 13,184 customers as part of the recertification. Of those 6,363 customers responded and only 37 were determined to be no longer eligible for Lifeline.

Another 6,281 did not respond and were automatically de-enrolled from Lifeline. That means 6,858 Montanans, or 52 percent, lost Lifeline support during the recertification process.

Since December, the PSC has received numerous calls from customers who were unaware they needed to recertify. PSC staffers working in the Consumer Assistance Program have helped Montanans through the process of seeking to reinstate the discount.

Montana telephone customers previously qualified for Lifeline by receiving Medicaid. The FCC's 2012 Lifeline Reform Order widely expanded eligibility for telephone customers in the Treasure State.

Who Qualifies for Lifeline:

To qualify for the federal discount the consumer must have income below 135 percent of the federal poverty guidelines or participate in one of the following federal assistance programs: Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income, federal public housing assistance (Section 8), LIEAP, National School Lunch Program's free lunch program or Temporary Assistance for Needy Families. CenturyLink customers receiving Medicaid may qualify for the state Telephone Assistance Program, in addition to the federal Lifeline program.

Additional Lifeline discounts are available on tribal lands. To qualify, the consumer must have income below 135 percent of the federal poverty guidelines or participate in one of the following assistance programs: Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income, federal public housing assistance (Section 8), LIEAP, National School Lunch Program's free lunch program, Temporary Assistance for Needy Families, Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance for Needy Families, Head Start (only those households meeting its income-qualifying standard) or the Food Distribution Program on reservations.

The Link-Up program is available on tribal lands and provides a 100-percent reduction in the telephone service installation charge, up to \$100, for qualifying households with no telephone service.

For more information about the Lifeline and Link-Up, contact your local telephone service provider.

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DPHHS Urges Montanans Over Age 50 To Be Screened For Colorectal Cancer

Submitted by Jon Ebelt

Department of Public Health and Human Services (DPHHS) officials are urging Montanans age 50 and older to be screened for colorectal cancer.

Every year, 500 Montanans are diagnosed with colorectal cancer, and of those about 90 percent are over 50 years old.

If everyone who is 50 years old or older were screened regularly, as many as 60% of deaths from colorectal cancer could be avoided, said DPHHS Director Richard Oppen. About 180 Montanans die of the disease annually.

"Colorectal cancer screening saves lives," Oppen said. "Several tests are available to screen for colorectal cancer. Some are used alone; others are used in combination with each other. I encourage Montanans to talk with their doctor about this issue."

Screening can find pre-cancerous polyps (abnormal growths) that may be removed before turning into cancer. Screening can also find colorectal cancer at an early stage, when treatment is the most effective, said Kathy Myers of the DPHHS Cancer Control Programs.

The risk of having colorectal cancer increases with age. Colorectal cancer screening saves lives, but many people are not being screened according to national guidelines or are using their health insurance benefits.

The U.S. Preventive Services Task Force recommends these tests to screen for colorectal cancer:

- An annual stool test, either high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- Sigmoidoscopy (every 5 years)
- Colonoscopy (every 10 years)

Even though the proportion of Montana adults aged 50 years or older who report having ever had a sigmoidoscopy or colonoscopy has increased in recent years, nearly 1 in 3 Montanans in this age group still have never had this exam, Myers said.

The following are a few suggestions on how to pay for screening tests:

Many insurance plans and Medicaid and Medicare help pay for colorectal cancer screening. Check with your plan to find out which tests are covered. To find out about Medicaid coverage, call the Medicaid Help Line at 1-800-362-8312. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227).

Montana Cancer Control Programs provide access to colorectal cancer screening to low-income, underinsured, or uninsured men and women aged 50-64.

For more information call (800) 803-9343 or visit www.cancer.mt.gov

For more national information visit <http://www.cdc.gov/features/colorectalawareness/>

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Improving Family Connections With Better Hearing

(BPT) - Does this sound familiar? You tell your spouse all about the aggravating thing that happened at work today. He or she seems to be nodding in agreement, until you ask what you should do about the situation. Your spouse's response? "Um - could you repeat that?"

Beyond the emotional impact hearing loss has on you, there is the toll it takes on others in your life. Those who care about you would probably make allowances for your hearing loss, but if they don't know it's an issue, your seeming inattention quickly becomes grating.

By trying to hide your condition, you only succeed in making family members not want to talk to you anymore. This can quickly escalate to your spouse making important decisions without your input, extended family not inviting you to events, and children not calling. Soon you may find yourself alone in an increasingly silent world.

Ask yourself the following to learn if you should be concerned:



- * Are you getting fewer invitations to go to family events?
- * Do your children go to their other parent for advice?
- * Does your spouse seem aggravated with you frequently for seemingly no reason?
- * Are you being passed up for promotions, raises or other kudos at work?
- * Does your family complain about the volume level of your TV?
- * Have you stopped participating in the sports and hobbies you used to enjoy?

If so, it may be time to get your hearing checked. If you already know you aren't hearing as well as you used to, then it is probably time to buy a pair of hearing aids.

Next steps


The first step is to contact a hearing care professional who can assess your hearing loss and make recommendations for treatment.

If you have hearing loss, you will probably be advised to purchase hearing aids. The good news is the advances in hearing aid technology will surprise you. Be sure to ask your hearing care professional about the latest options, such as:

- * Virtually invisible hearing aids so that no one but you and those closest to you will know why your hearing has vastly improved.
- * Robust waterproof, dustproof, shock-resistant hearing aids (like Siemens Aquaris (R)) that let you fully participate in sports and other events with family and friends.
- * Remote controls and streamers for hearing aids that let you control the volume and listen to TV and audio devices without disturbing other listeners.


Once you can hear everyone, family, friends and business associates will no doubt welcome you back as an active and engaged participant in their lives.

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Elderlaw

"Eviction after 35 Years of Cohabitation?"

By Professor Michael Myers

"We always meant to get married," said the Senior Legal Helpline caller. "But something always got in the way."

Now her brother is in the way. "He's going to evict me from our house. Can he do that?" he asked. The answer: In most states, in the absence of a showing of an "equitable interest," the answer is yes. He may have to pack up and move out, even though, as he insisted: "We've always loved each other!"

The caller is in his mid-seventies, as is his long-time cohabitee. They have lived together in a house to which she held warranty deed and sole ownership for the better part of 35 years. She inherited the house from her parents. It is valued at \$125,000.

Six months ago she designated a brother as her agent under a power of attorney, deeded him the fam-

ily home and moved to an assisted living facility. "She didn't know what she was doing," contends the caller. "She is suffering from dementia." The brother, now named as the sole owner on the deed that was duly witnessed and notarized, has served the caller with a "notice to vacate letter." While the caller has spent more than three decades outside the responsibilities of marriage, he now finds himself outside the legal protections of a marriage contract recognized by state law.

"Cohabitation" is defined as "living together in a sexual relationship without marriage." Currently, we are told that 60 percent of all marriages are preceded by cohabitation, but fewer than half of cohabitating unions result in marriage. This one did not result in marriage. And while they may have viewed their relationship as an alternative to marriage, the law doesn't necessarily support that view. Cohabitees may not be able to make decisions in a medical emergency, or benefit from the other's retirement plan, or inherit the other's property. And if they decide to part, jointly purchased property may not be divided equally.

The caller may wish to challenge the transfer of the family home, contending that his partner was mentally impaired when she executed the deed. But without the protections of a marriage contract, it may not make any difference. He should, I advised, be prepared to relocate to another domicile.

My advice to cohabitating couples: "Put it in writing." Or, "get around to it" and make a trip to the courthouse.

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 June news and ad deadline is June 8.

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Make Your Home Asthma-Friendly

By Ludmila Keller

Over 8 million children in the U.S. suffer from asthma. It also the leading cause why children miss school. This disease, which is characterized by attacks of tightness in the chest, shortness of breath, wheezing and coughing, has no cure, but it can be controlled. To control asthma and prevent asthma attacks, it is important to understand what triggers attacks. Some common triggers that set off asthma attacks include cigarette smoke, pollen, pests, dust, mold, cleaning products, and the flu or colds. While there are some triggers in our environment we may not be able to control, we can control much of the environment in our own homes. If you or your child has asthma, there are certain action steps you can take to make your home asthma-friendly.

1. Dust

Start with keeping your home clean and clutter-



Cookbooks Are Back

By Ashley Harris

Back by popular demand, Harriet Hillesland's cookbook 'Clean Your Plate & Kiss The Cook!' is now available again. The cookbook, which has 114 pages of recipes, includes categories such as: 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 bought for \$10 at The Roundup in Sidney, the Long X Visitor Center in Watford City, or directly with Harriet at Sidney Health Center's Extended Care Room 304. The book will also be available for purchase and shipping on the Roundup website store at www.roundupweb.com for \$15. All profits will be donated to fund a water well project in Africa.

The full original story about Hillesland is available online at www.roundupweb.com

free. Have someone in your household without asthma do the dusting and vacuuming, as this cleaning process puts dust in the air. You can also wear a dust-mask if you are asthmatic. Homes are easier to keep dust free with hard floors, instead of carpeting. If you do have rugs or carpets, vacuum them often. It's also a good idea to store your belongings in boxes, instead of keeping them out in piles, since clutter collects dust. To keep down dust mites, wash your bedding and mattress pads every week with hot water. Water temperature above 130°F kills those pesky dust mites.

2. Animals

Pests can trigger asthma attacks. To control pests, such as roaches and mice, store your food away in containers, empty your garbage containers often, and wash your dishes right after using them. Our furry friends like dogs and cats can also trigger asthma. If you have pets inside, it's a good idea to have them stay away from your sleeping areas and couches.

3. Smoking

Cigarette, cigar and pipe smoke is not only problematic for asthmatic people, but also causes health problems in people without asthma. It is always the right time to quit smoking. You can call the free Montana Tobacco Quit Line Services at (800) 784-8669, contact the Sidney Health Center or Richland County Health Department for help. Otherwise, avoid smoking in your home, car and around children.

4. Mold

Mold is another annoying asthma trigger. To control mold in your home, keep it dry. Mold is often found in bathrooms, so it's important to run a fan or open a window when showering or bathing. You can also wipe down your shower walls to reduce moisture. Also, increase the airflow in your house or apartment by opening closet doors and moving furniture away from walls.

For questions or resources on healthy homes contact Richland County Extension Agent Ludmila Keller at 406-433-1206 or e-mail ludmila.keller@montana.edu.

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Fairview Memories

Mondak, Montana

Saturday, April 6, 1918

The Yellowstone News

The Yellowstone News Saturday, April 6, 1918

Is Your Clock Hour Ahead Now?

Government Shoved Whole Nation Sixty Minutes Forward To Gain Time

New Plan During Spring and Summer Months Will Save Coal, Electricity and Other Things That Are Worth Money These War Days; Line Up, Don't Be Time Slacker.

Time in Montana—not only in this vicinity, but in every section of the state—shot ahead an hour last Sunday, when every clock was set forward an hour in accordance with the order recently issued at Washington. Many Montanans have been wondering just who gave the order to make the sun stand still in the heavens an hour, and what is to be gained by the change. The answer is that congress passed the bill, the president signed it and it thus became a law. It will be in effect until next fall, when clocks all over the nation will be set back again to conform with the time of the sun.

The success of the movement was assured by virtue of the fact that it was a government regulation, and

if you want to keep time with the country at large, there is nothing for you to do but acquiesce, get up at 7 o'clock when you know it's only 6 a.m., and pretend that you are enthusiastic over it. The object of the movement is, of course, apparent to anyone. More daylight requires less gas, less electricity and gives more recreation time to the people.

Will Save Coal.

Here in Montana, where water power is used so extensively the saving will not amount to so very much, but the thickly-settled eastern and mid-western states will lay by many a ton of coal as a result of the order. To the farmer the new plan means that when he returns from the fields he will no longer be forced to take down the old lantern, fill it, trim the wick and "pail the cow" by the insufficient gleam of the oil flare. Old Sol will be right on the job at milking time.

To the city folks the extra hour of daylight means much, provided they go to bed by the clock. There's the whole thing in a nutshell—if you believe the clock. If you pull out your time piece, say to yourself that it's 11 o'clock and time to turn in you'll be all right. If, however, you look your chronometer in the face, call it a liar and stay up for another hour you are going to be the loser, because the rest of the world is going to pretend that it doesn't see through the flimsy

camouflage and is going to be about its business while you are grabbing off that extra hour's sleep.

Change is Welcome.

Advices from big business concerns, railroads—in fact, all business enterprises—are to the effect that the change is welcome. Employees will have more time for recreation during daylight hours and in the cities, golf links, tennis courts and twilight baseball will flourish. Your war garden will feel the effect of that extra hour. The places of amusement will probably suffer to some extent, for who wants to go to a movie at 6 o'clock and the last show will probably be attended only by those owls whose constitution refuses to allow them to retire until they have spent so much time under the sheen of the

electric lights.

This plan has been advocated for several years and has been adopted by many of the European countries with good results. It is to remain in effect until the last Sunday in October at which time the process will be reversed, the clock pushed back and everything readjusted to the old conditions. The only apparent drawback to the whole plan is that for weeks to come the press will be deluged with figures compiled by the irrepressible statistician regarding the amount of hours spent throughout the United States in turning the clocks ahead. The situation opens up fertile fields for this field to get in his handiwork. However, he will have daylight by which to make his computations.

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