

the wyoming sage

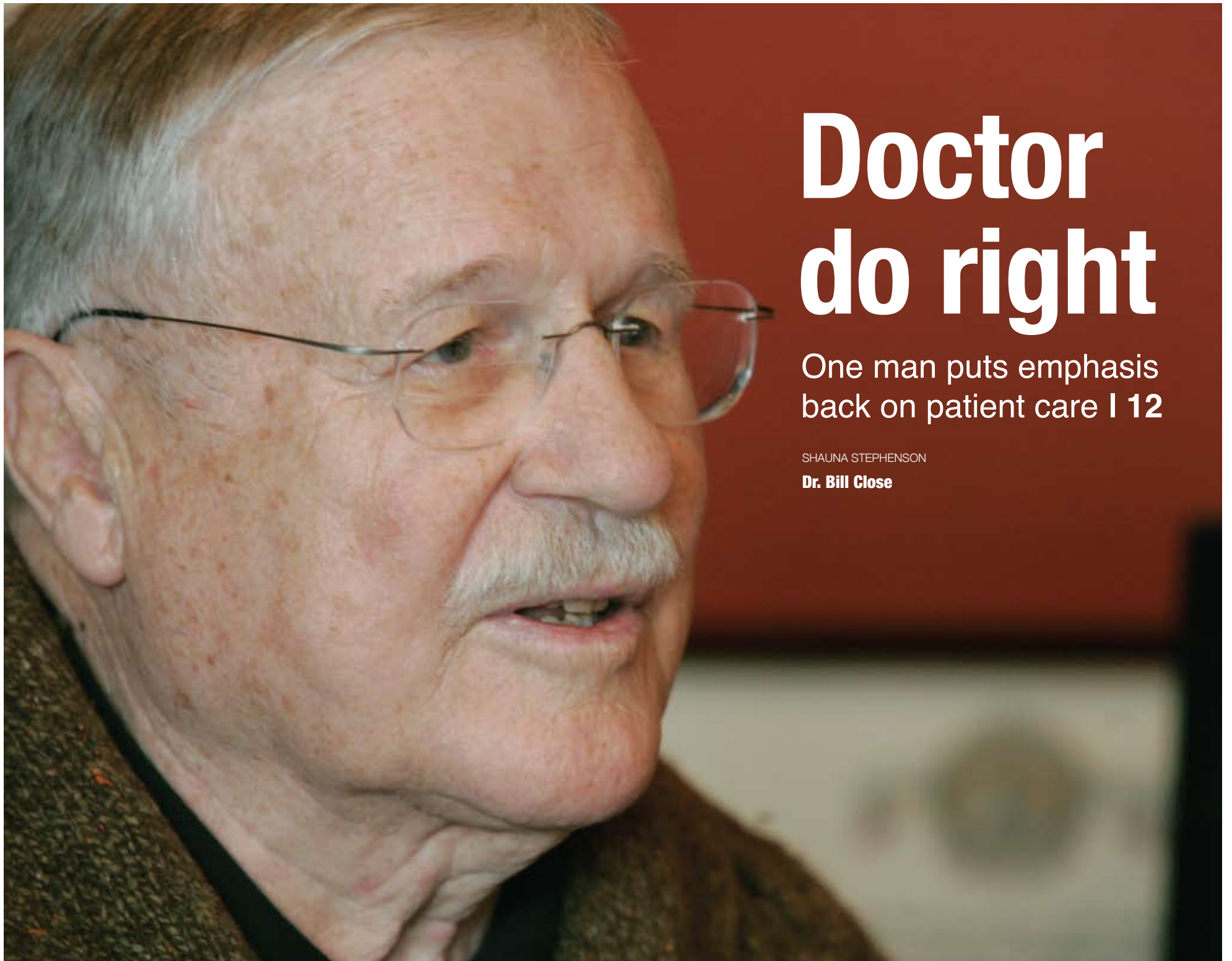
Find out who won the spelling bee | 3

Needy horses find a home in rescue | 8

Family care replaces nursing homes | 11

Letting go of clutter is a struggle | 14

AN OCCASIONAL MAGAZINE FOR ACTIVE ADULTS JULY 2007



Doctor do right

One man puts emphasis
back on patient care | 12

SHAUNA STEPHENSON

Dr. Bill Close

Let's fix the system

BY JOANNE BOWLBY

Many of you have told us that you are sick and tired of dealing with a broken health-care system. You feel ignored. Neglected. Like just another number. Now is your chance to voice your opinion and demand better.

AARP and several other organizations have created the Divided We Fail movement. The first step is collecting stories. Real stories from real people like you. Tell us about the frustrations you and your family face with the current health-care system and what you think needs to change. Send your stories to sage@aarp.org. We will use the information you send to push for change.

In this issue of *The Sage*, you will read about one Wyoming doctor who got fed up with the government paperwork involved with billing patients and decided to return his practice to what it was in a simpler time – one where doctors and patients converse and where patients pay what they can, when they can. Not every doctor can afford to run that kind of practice, but he's challenging his peers to do what they can to make patient care more about

patients and less about billing codes and formulas.

A new study highlighted inside shows a significant increase in the amount of long-term care being provided by American family members. As a caregiver, I understand the stress and joys involved in caring for an aging loved one. If you are a family caregiver, send us your tips (sage@aarp.org) so we can share them with other readers who are caregivers too.

If you have an aging loved one – and most of us do – you will want to read the story on page 6 that explains why some older adults seem “foggy” or “out-of-it.” Many older patients are being over-medicated or misdiagnosed because symptoms can change as we age.

But this issue isn't just about health care. Our centerfold details one woman's passion for rescuing abused and neglected horses, and there are tips on making the most of your money. Readers liked the clutter story in our last issue and asked for another, so for those of you looking for more tips to simplify your life, read page 14.

Thank you for your feedback. Keep it coming. ■



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the wyoming
sage

Published by

AARP Wyoming
2020 Carey Ave.
(mezzanine)
Cheyenne, WY 82001

Publisher

Rita Inoway

Editor

Joanne Bowlby

Art Director

Eric Rohr

Copy Editor

Dave Kingham

Contributors

Bret Baugh
Renee Gamino
Tim Summers

Questions or comments

about this magazine should be directed to Joanne Bowlby at (866) 663-3290 or at sage@aarp.org. This publication is funded by AARP Wyoming and does not accept paid advertisements.

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SHAUNA STEPHENSON

Susan Hartner reacts after the judges confirm she won first place, beating Randy Hilfman, left, in the 12th annual AARP National Senior Spelling Bee June 16 at The Plains Hotel in Cheyenne.

The word

At senior spelling bee, 'bharal' spells victory

BY JOANNE BOWLBY

In the end, it came down to goat vs. dog.

Susan Hartner, 62, of Hillsboro, Ore., correctly spelled *bharal*, a goat-like mammal of the Himalayas, and waited as Randy Hilfman, 56, of Woodinville, Washington, struggled with *vizsla*, a breed of Hungarian hunting dog.

When Hilfman missed it and the final bell sounded, Hartner looked surprised and said, "You mean, I won?"

Now, Hartner, an administrative assistant at

Pacific University, has all the bragging rights entitled to the winner of AARP's 2007 National Senior

Spelling Bee because I'm competitive, but realistically I didn't think I would once I heard the words," Hartner said.

"The volunteers who put together the word list take their jobs seriously, and each year it's been matched by the intensity the spellers bring to the bee."

Spelling Bee held June 16 in Cheyenne.

"I was sort of stunned. I always anticipate winning

The AARP National Senior Spelling Bee began in 1996 when six AARP members in Cheyenne

created a fun way to challenge their peers and keep their minds sharp in retirement. In the spirit of inclusiveness, they opened the competition to anyone age 50 or older in the country. At first, most competitors hailed from nearby locales, but over the years the bee has evolved into a renowned national event drawing spellers from as far away as Florida and Alaska. This year saw the first international participant, from Canada.

Although the reach of the AARP National Senior Spelling Bee has grown since its inception, the rigor of the word list has remained steady throughout the years.

"It's a tough competition," AARP Wyoming Director Rita Inoway said. "The volunteers who put together the word list take their jobs seriously, and each year it's been matched by the intensity the spellers bring to the bee."

After 13 rounds, the field of finalists was narrowed to four: Michael Petrina Jr., of Arlington, Va.; Marlene Harry, of Brownsburg, Ind.; Hilfman; and Hartner.

Petrina won a spell-off for third place, leaving Hartner and Hilfman in the 15th round to battle for the top spot. Hartner correctly spelled *bharal*, and Hilfman missed *vizsla*.

As the 2007 Champion, Hartner appeared live on the "CBS Early Show." That media exposure, together with coverage in *AARP the Magazine*, should make next year's event even bigger.

To learn more, visit www.seniorsspellingbee.com or call toll-free at (866) 663-3290. ■

Finalists

2007 AARP National Senior Spelling Bee Finalists in order of final placement with age, hometown and word that knocked them out of competition

1. Susan Hartner, 62, Hillsboro, Ore., (winning word: *bharal*)
2. Randy Hilfman, 56, Woodinville, Wash., (*vizsla*)
3. Michael Petrina, Jr., 62, Arlington, Va., (*towhee*)
4. Marlene Harry, Brownsburg, Ind., (*gluhwein*)
5. Rodney Murray, 53, Middletown, Del., (*arrhythmia*)
6. Joe Dickmann, 63, Richmond Heights, Mo., (*zoisite*)
7. Steve Dornseif, 58, Fort Collins, Colo., (*paresthesia*)
8. L. Kaleo Elia, 59, Salt Lake City, Utah, (*lithotripsy*)
9. Terry Harsney, Fairlawn, Ohio, (*alula*)
10. Bill Long, 54, Salem, Ore., (*troupiat*)
11. James Pearce, 60, Vancouver, British Columbia, (*verruca*)
12. Darrell Noe, 64, Arlington, Texas, (*chukar*)
13. Larry Grossman, 54, Northwood, North Dakota, (*urticaria*)
14. Mary McClintock, 62, Fort Collins, Colo., (*corrigenum*)
15. Mary Ann Hungerford, 55, Granville, Ohio, (*hornswoggle*)

Several lose on product

Patented but unproven ProDril was too tempting for investors

BY JOSH MITCHELL

If it sounds too good to be true it probably is. A fool and his money are soon parted.

These cliches could be mottos for Tom Cowan's job.

Cowan is director of the securities division for the Wyoming Secretary of State's Office in Cheyenne.

He spends a lot of his time investigating investment scams in which people are led to believe if they put money toward the development of a product they will make a lot of money one day.

Before investing in someone's product, a person should research it to make sure it is a valid idea, Cowan said.

"Just because something has a patent doesn't mean it's going to sell," Cowan said. "There are a lot of patents out there for good ideas that never got off the ground, and never earned anyone any money."

Patents are registered with the U.S. Patent and Trademark Office where a description and ownership of a particular patent are available for review, he said. Before a company can seek investors for its product, the company is required by law to develop

and file a prospectus that contains certain criteria.

Most prospectuses are about a hundred pages long, and provide details about the investment being sold and the company making the product, Cowan said. Potential investors should ask the company for a prospectus and read it before investing their money. Prospectuses are filed with the Federal Securities and Exchange Commission and the secretary of state. Having no prospectus is a red flag that the investment may not be on the up and up, Cowan said.

"A prospectus contains just about everything an investor wants to know," he said.

Cowan said his office receives 60 to 80 complaints and inquiries a year about potential investment scams. He said his office prosecutes about one or two a year and is working on one now. He could not talk about his current investigation, he said.

But in a recent case that was settled in Cody, several hundred people in Wyoming and other states invested a total of \$6.4 million into the development of a product

called ProDril. The product was intended to drill through rock in oil fields faster than other drills. But unfortunately, despite its patent, ProDril failed to produce for its investors.

Before people invest in a product they should make sure there is a working prototype, Cowan said. Otherwise, investing is risky.

But whether ProDril would work or not wasn't the only problem in this case.

ProDril owner Hal Curlett failed to register ProDril's stock with the SEC before attempting to sell shares to investors and he never filed a prospectus as was required by law. Curlett hired salesmen to solicit investments to develop ProDril, and the salesmen pitched ProDril to everyday people like custodians, contractors and welders, Cowan said.

People basically invested their money in ProDril after hearing about it from the salesmen or through word of mouth, Cowan said. Cowan said the people who invested in ProDril were intelligent but didn't consider thoroughly the risk of investing in an unproven technology, and didn't check to see that

the company had taken the proper steps to research, complete and file the required paperwork before marketing its product.

The time and work involved in developing a prospectus is often enough to show that a product or idea won't work as is, Cowan said. "The additional research required for a prospectus can show flaws in an otherwise great idea and save potential investors from losing their money," he said.

Curlett was prosecuted in federal court last year for felony conspiracy to sell unregistered securities and received six months in prison. ProDril salesmen David Nall and Dan Elsom received probation for misleading investors, Cowan said.

Although Curlett was convicted of the crime, investors in ProDril didn't get their money back, Cowan said. "That's often the case," he said.

Curlett was trying to make the product a viable one, Cowan said, pointing out that it was not a typical scam where the investor's money was stolen.

"It was a real good theory; it received a patent, but it wasn't developed to the point the bit would work," Cowan said. ■

Editor's note: Curlett and attorneys for ProDril did not respond to requests for comment.

Investing wisely and safely

Wyoming Secretary of State's Securities Division Director Tom Cowan offers the following tips before investing your money in an idea – even if it is patented.

1. Read about the patent and who owns it: www.uspto.gov.
2. Ask for a detailed prospectus, explaining the product, the company producing the product, what the investor will own, how the company is financed, who manages and owns the company and risks of making an investment in that product.
3. Call the Secretary of State's Securities Division at (307) 777-5348 to make sure an investment or a person selling an investment is properly registered in Wyoming.
4. Fight the urge to invest on the ground floor of an idea, and first thoroughly understand the risks of the product and its technology and whether such an investment would be suitable for you.
5. Take time to investigate potential investments before sending money, not after your check is written and mailed.

\$955 Average monthly Social Security check received by Wyoming retirees.

Tax refunds available

BY SAGE STAFF

Although tax season is a long way off, summer is the time for older and disabled state residents to apply for a tax refund.

Income limits have increased, so the Wyoming Department of Health is encouraging potential applicants to apply even if they may have been turned down by the program in the past.

The Tax Refund for the Elderly and Disabled Program provides an allowance to help cover sales and use taxes, property taxes and utility and energy costs paid by qualified state residents in 2006. Refund amounts are based on actual income, with the maximum benefit

“One thing to keep in mind is that new applications are needed each year.”

for a qualified single person currently set at \$800 and \$900 for qualified married couples.

“Many older and disabled people in Wyoming could use the extra financial help this program can provide,” said Diana Martin, manager of the tax refund program. “People who think they may be eligible should apply, even if they may not have qualified in the past.”

To be eligible, applicants must be age 65 or over, or be totally disabled and age 18 or over with a 2006 income of less than \$13,500 for single persons or \$22,000 for married persons.

“One thing to keep in mind is that new applications are needed each year,” Martin said.

Local senior centers around Wyoming have applications and details about the refund program. More information is also available from the Wyoming Department of Health by calling (866) 571-0944. Applications must be postmarked by Aug. 31.

Eligibility is determined by the Wyoming Department of Health and checks are mailed beginning in December.



Driver discount

Save 10% on your auto insurance! All Wyoming drivers age 55 and older who successfully complete the AARP Driver Safety classroom course get a 10 percent discount on parts of their auto insurance – regardless of which insurance company they use. Visit aarp.org/driversafety or call (866) 663-3290 to learn more.

Tips to save you money

Think snow

- Summer is the perfect time to winterize your home. That's right: It's time to think about snow and cold temperatures again.
- While the weather is warm, look for cracks and gaps around your foundation that could be sealed with spray foam insulation.
- Apply weather stripping to windows and doors.
- Plant trees and bushes to block winter winds from hitting your home.
- Wrap your water heater with an insulation blanket.
- Insulate crawl spaces, attics and basement ceilings.
- Putting in a little work now, could save you a bundle this winter. Or, you could wait until the snow starts to fly and bundle up instead.

Identity protection

Learn how to place a security freeze on your personal credit information.

BY JOANNE BOWLBY

A new law went into effect July 1 allowing Wyoming residents to lock identity thieves out of their personal credit information.

Wyoming residents may now place a “freeze” on their information held by the three major national credit reporting agencies. A freeze protects your personal credit information from being used to open a credit account without your knowledge.

“This is one significant way to help prevent identity theft,” AARP Wyoming associate director for advocacy Tim Summers said. “It gives Wyoming consumers control over who has access to their personal credit information and when they can see it.”

Most businesses cannot open a new account or extend credit without checking a consumer's credit file first.

“When your credit file is frozen, even someone who has your name and Social Security number will not be able to take out credit in your name without

your knowledge,” he said.

Placing a freeze costs \$10 per credit reporting agency for a total of \$30, but is free to identity theft victims who have proper police report documentation. The freeze stays in effect until the consumer decides to lift it, Summers said.

“Consumers may lift the freeze temporarily in order to apply for a loan or new credit card, or they can lift it permanently,” he said. If the consumer wants to replace the freeze later, they will have to pay another \$10 fee per agency at that time.

“It may sound expensive and cumbersome,” Summers said. “But when you compare it to the potential cost and time involved with cleaning up charges racked up during an identity crime, it's worth it.”

For more information about how to sign up for a freeze, including sample letters to send to each agency, visit aarp.org/wy or call the Wyoming Attorney General's Consumer Protection Unit at (800) 438-5799.

Simple steps to be healthy

Getting outside

Summer is a great time to get outdoors. Warm weather makes it easier to start those fitness plans you've been putting off all year. If you haven't been exercising lately, talk to your doctor about some options that might be right for you.

- Take your dog (or a neighbor's dog) for a walk around the block.
- Pull out that old rusty bicycle, shine it up and hit the streets.
- Take a swim in the local pool.
- Hike a trail and see if you can identify some of the plants along the way.
- Toss a Frisbee or a ball with the kids in your neighborhood.
- Whatever your form of exercise, get out there and do it. You know you will feel better afterwards.

Is it the flu or just a cold?

As you get older, symptoms for the two can often change.

BY KAREN MOCKLER

Like everything else about us, our symptoms change with age.

Take fever. In children, a fever of 103 is fairly common. In older people, fevers often don't register on the "normal" scale at all. The infection may be there, but without that symptom to flag it, it's harder to find.

"The diagnosis of illness in elderly people can be challenging and not always follow those classic textbook guidelines you read about in medical school," says Dr. Brent Sherard, Wyoming Department of Health director and state public health officer.

Sherard's background is internal medicine, not geriatrics. Like many doctors who understand elderly care, Sherard comes by his knowledge through experience. The United States faces a deficit of doctors and other professionals who specialize in elderly care – an unfortunate fact, since as Sherard knows, diagnosing the elderly can be particularly difficult.

Like Sherard, Dr. Cindy Works is a family practitioner in Casper who provides a lot of geriatric care, though it's not her

trained specialty.

"One big mistake that doctors with little knowledge of geriatrics make is that [patients] feel this way, just because they're old," she says.

Works scoffs at that notion.

"All the studies show that having a primary care doctor keeps you living longer and not falling ill."

"It can't be just because they're old. It can be because they have Alzheimer's, or weak pelvic muscles, or inner ear problems. Getting old used to be the diagnosis – now I'm not so convinced."

A lot of times elderly patients have confounding conditions, for instance, heart disease, emphysema and kidney problems all at once. Other times, they are confused. If they're unable to relate their own symptoms, such confusion can make the patient harder to treat. But the confusion itself is often a symptom, Sherard says.

"Confusion can be the first manifestation of a serious underlying problem, often difficult to diagnose

and recognize. It can be a symptom of medication problems. It can be a symptom of a problem with depression or mental illness or even substance abuse."

Depression in the elderly actually looks much like depression in younger

people: a lack of interest in children, grandchildren, and life's daily events. Yet in the elderly, standard symptoms – difficulty sleeping, increased anxiety and nervousness, problems with appetite and weight loss – may be more likely to be mistaken for some other health problem.

Likewise, the substance abuse that may accompany elderly depression can be hard to diagnose. For one thing, it's seldom out in the open. For another, many people are less likely to associate the elderly with substance abuse.

When it comes to medications, the elderly can get into a lot of trouble, says Sherard, "particularly when they don't understand their medication regimen,

when it's not administered properly." In these cases, the patient's initial confusion just grows worse.

Even when patients follow their regimen correctly, reactions with other medications may cause problems. Medications are most likely to conflict "when elderly have multiple physicians and physicians aren't coordinating the care with that elderly person," says Sherard.

"The specialists don't all know what each other is giving," Works adds, "[and the patient] ends up with 10 drugs."

Works also sees hospitalizations due to medication side effects, medication often given by specialists. For instance, "Cardiologists always want a blood pressure that's low, no matter what your age, but then the person falls."

She calls it over-treatment – the other big mistake in treating older patients. "The most common thing I see and have to correct is that they're overmedicated and not following the principles of what an aging body can handle and not handle."

Any time a new medicine starts and a new symptom starts, it's time to look at the medicine, Works says. Instead, "the patient feels nauseated and goes back to their doctor and guess what? They get another medicine."

The result, says Works, is what's called a "prescribing cascade." Once the patient is

\$350 billion Health care provided by American family members today

overmedicated and becomes disoriented, the result, again, is blamed on aging. Ironically, sometimes it's the medications that age the patients.

She supervises doctors in training at the Wyoming Medical Center. "A resident talks to me and says, 'Remember that woman who looked 65 when she came in? When she left, she looked 90.'"

In an era when medicine is trending toward specialists and away from primary care, Works sees her role with patients as more critical than ever.

"The specialist knows their EKG or their nerve function; I also know their family function. The primary-care doctor knows the patient. ... A lot of what I try to do is teach the residents not to run away from geriatrics, not to be depressed by it. I love it."

She thinks a primary care doctor should coordinate all the specialists' care and, if appropriate, challenge them.

"So many children think they're doing their parent a big favor if they take them to a specialist," Works says. "All the studies show that having a primary care doctor keeps you living longer and not falling ill."

Likewise, a patient's self-assessment (or an adult child's assessment of a parent) can help get their care back on track.

"I think sometimes children and their observations are incredibly valuable and incredibly valuable to the geriatrician when it comes to helping make a diagnosis in [someone] elderly who's been failing," Sherard says. "If something seems awry or not quite right ... trust your instincts." ■

How to diagnose

Tip 1: Any time a new medicine starts and a new symptom starts, suspect the medicine.

Tip 2: Fogginess is seldom a result of "old age." Mental fogginess blamed on age can actually be caused by conflicting medications, depression, urinary tract infections or pneumonia, a thyroid disorder, even the wrong amount of insulin at the wrong time.

Tip 3: Forget fever. Elderly people often won't run an elevated temperature, even though they're sick, so look for other symptoms of an infection, such as pneumonia (increased coughing, shortness of breath, difficulty walking, hypersomnia), advanced urinary tract infection, or UTI, (pain, frequent urination) or flu (body aches, general fatigue).

Tip 4: In the elderly, changes in sleeping, apathy, decreased energy, trouble concentrating, increased anxiety and nervousness, problems with appetite or weight loss can spell depression or could be the result of their medication.

Tip 5: If a patient fails to mention rather private symptoms, problems like recurring UTIs can be misdiagnosed.

Avoid those 'skeeters

In the heat of summer, it's important to stay vigilant

BY SAGE STAFF

Summer's here and the Wyoming Department of Health is reminding people – especially children, the elderly and those with compromised immune systems – to take precautions against West Nile virus.

West Nile virus is a mosquito-borne disease that can cause a potentially serious illness in humans. Mosquitoes spread the virus after they feed on infected birds and then bite people, other birds and animals.

Most human infections in Wyoming occur in late summer and early fall.

Last year there were 65 cases reported in Wyoming with two deaths. There were 12 human cases with two deaths in 2005; 10 human cases with no deaths in 2004; and 393 human cases with 12 deaths in 2003.

More information about West Nile virus can be found on the Wyoming Department of Health's "Bad Skeeter" Web site: www.badskeeter.org. ■

5 D's of preventing West Nile Virus

DAWN and DUSK: Most mosquito species prefer to feed at dawn or dusk, so avoid spending time outside during these times.

DRESS: Wear shoes, socks, long pants, and a long-sleeved shirt when spending time outdoors or when mosquitoes are most active. Clothing should be light-colored and made of tightly woven materials to keep mosquitoes away from the skin.

DRAIN: Mosquitos breed in shallow, stagnant water. Reduce the amount of standing water on or near your property by draining and/or removing it.

DEET: Use an insect repellent containing DEET. When using DEET, be sure to read and follow the instructions on the product's label. Avoid excessive use or over-application. In most circumstances, products with 10 to 35 percent DEET provide adequate protection for adults. Spray clothing with repellents containing permethrin or DEET because mosquitoes can bite through thin clothing. Permethrin should not be used on bare skin. Another insect repellent, Picaridin, is also highly effective.

Enough is enough on health care

AARP taking action with 'Divided We Fail' campaign

AARP and others have joined forces to say enough is enough. Divided We Fail is a movement intended to cause lawmakers, businesses and the health-care industry to make changes that will allow Americans to live without the fear of losing everything they own to one major illness. Join the movement. Visit DividedWeFail.com and sign the pledge to push for change. Divided We Fail, Together We Can Do Anything.

For more information on similar events planned for a town near you, call Renee Gamino in the AARP Wyoming office at (866) 663-3290.



Helen Boreczky has her purpose in life: rescuing horses – many of them sometimes lame – through her spacious barn in Torrington, Wyoming, the home of Wyoming Horse Rescue.

“These horses give me a purpose for living,” she said. “I couldn’t live without them.”

Boreczky is comfortable in jeans and a denim shirt. She is slender and tanned, and her smile, laugh lines and short bob haircut belie her 70 years. She said her age doesn’t show on her in shape.

Her passion for horses began about eight years ago when she noticed five horses in Torrington that appeared to be starving and reported

The

These abandoned horses in Helen Boreczky’s care

to the sheriff. The horses were taken from the owner and placed in her care. She did all she could for them, but they were severely undernourished.

“One died the day after we got them up,” she said.

When Boreczky asked the Wyoming Livestock Commission for procedures and licensing required to start a horse rescue operation, she was surprised to discover there were no regulations.

“They said, ‘Just do what you so I did,’” she said.

It took a while to get the barn built, but in 2001, the Wyoming Horse Rescue was born.

Wyoming Horse Rescue is now a regular operation, supported by Boreczky, who employs a bookkeeper, accountant, veterinarian and secretary. The expertise of the rescue is great: veterinarians

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oned, abused animals may have found their equine heaven
Boreczky's rescue operation. **Story and photo by Mary Angell**

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vitamins and supplements like
Weight On, Mare Plus and three-
way corn are costly, and hay is
\$10 a bale. To meet the expenses
of the not-for-profit operation,
Boreczky relies on her own
financial resources and cash or in-
kind donations.

She names rehabilitated horses
– Judy and Deb, for example –
after people who have in some
way contributed to Wyoming
Horse Rescue.

Over the years, Boreczky has
seen some sad cases of abuse and
neglect.

"The first two horses I got in,
they said, 'It'll be one year before
you fatten them up,'" she said.
"One horse was so bad the vet
wouldn't take enough blood to do
a coggins test. Even the man from

the livestock board was almost in
tears, it was so bad."

The horses that come to
Boreczky probably think they've
died and gone to heaven. Her
barn, beautifully paneled and
impeccably clean, is fully heated
and equipped with fans and
automatic watering tanks.

"You won't find a horse rescue
barn like this anywhere," she said.
"My horses are always fat. They
come in skinny, but they leave
fat."

Her tack room is decorated
with photos of horses she's cared
for and restored to good health, a
framed letter from then-Gov. Jim
Geringer commending her for
establishing the Wyoming Horse
Rescue, and photos of 4-H kids
with the horses she's provided
them.

After Boreczky nurses the

horses back to health and gets
them in good condition, she adopts
them out to people who will give
them good homes, usually kids in
4-H and FFA programs.

"I won't take horses unless
they come from law enforcement,
unless they're signed over to
me, to Wyoming Horse Rescue,"
she said. "I bring them in, fatten
them up, get them ready to go
and try (with the good horses) to
give them to kids in 4-H who can
afford to feed them but not pay for
them."

"If they keep the horses for a
year and take good care of them,
I will turn them over," Boreczky
continued. "I've got horses all
over, pretty much – 4-H horses,
companion horses. I gave one
horse to a rehabilitation center for

Downs Syndrome kids in Casper."

At the time of the interview,
Boreczky was caring for seven
rescue horses. Two were mares
that were bred at the time she
rescued them. She takes in an
average of five horses a year,
which she said is enough.

"I'm only one person," she said.
Boreczky has always loved and

The Wyoming Horse Rescue is the only
not-for-profit organization in the state dedicated to rehabilitating mistreated horses. Information
is available by calling (800) 720-1615 or writing Wyoming Horse Rescue, P.O. Box 3, Jay Em,
WY 82219.

rescued animals. She grew up
in Connecticut with horses, but
developed an allergy to them when
she was young. She stayed away
from them for about 15 years, but

when she and her husband John
came to Wyoming in 1989, she
took up horses again.

She worked with a vet in a small
animal practice for a few years.

"I'm not a nutritionist, but I
know what to feed them," she
said, adding that sometimes she
feeds ailing horses whole wheat or
oat bread.

"When I get them in and they're
really, really bad, I sleep in the
barn," she said. "I have to feed
them a little at a time. You can't
just throw food at them or they'll
die. I give them a cupful of grain
every hour or so. It takes a couple
of days to get them going."

But according to Boreczky,
there's a lot more to rescuing
horses than just fattening them up.

She recalled one horse that
came to her in good condition, but
the abuse he had suffered made
him afraid of people.

"He'd been tied up and beaten,"
she said. "You couldn't touch his
head."

She also remembered a horse
that would kick through the fence
or stick her head out of the fence
and try to bite.

"I found a home for her with a
gal in Powell. She's as mean as
the horse," Helen said. "Now the
horse is fine. She rides her and
does real well with her."

In addition to nursing neglected
or abused horses, Helen
sometimes helps find a good
home for horses that are older or
crippled and no longer wanted.

"People call me and say they
have a horse they don't want to
put down, but he's old or lame and

they want to give it to people for a
companion horse," she said.

Because she's also contacted
by people who want a horse to
have just to pet and love, she's

able to give each the other's phone
number so they can get together.

"Four weeks ago, I got a call
from a man in Torrington who
had an older horse and he wanted
to find a home for it," she said. "I
said, 'Hold on to it. There's a gal

**"Everybody is so
afraid I'm going to
get killed, but I have
a cowgirl attitude."**

who came through who wanted
an older horse for her daughter.'
So I called her. The horse is up
in Sundance now, and they're
happy."

Handling horses – particularly
those soured by abuse – may
sound like dangerous business, but
Boreczky is undaunted.

"Everybody is so afraid I'm
going to get killed," she said, "but
I have a cowgirl attitude."

And she's tough. Boreczky
still rides and likes to drive teams
of horses. She drove a team in
Wyoming's Centennial Wagon
Train in 1990, traveling 274 miles
in a wagon 36 inches wide and six
feet long.

"Everyone said, 'That old lady
is going to give up,' but I didn't,"
she said. "These two young guys
did. They lasted only three days.
They couldn't take it."

Boreczky will be there for the
horses who need her as long as

she's able.

"Everybody jokes with me
about what I do, but I don't care,"
she said. "I'm happy with what I
do." ■

It's time to do something about savings accounts

AARP supports a plan requiring employers to offer their workers access to an IRA through payroll deductions.

BY DAVID SLOANE

What does it say about us as a nation when millions of hardworking people equate retirement with financial anxiety? It says we are doing too little to make saving for retirement simple, automatic, and available for every worker.

Our personal savings rate is abysmal, not because people are selfish or short-sighted, but because saving is difficult to do. According to an AARP survey, many Americans find retirement saving just as hard as quitting smoking and harder than losing weight. Making things even more painful is that almost half of all working Americans – about 75 million – have no access to any kind of retirement savings plan at work, where the overwhelming majority of retirement saving takes place.

Traditional employer-provided pensions have been disappearing at an alarming

rate, and too many workers have been unable to make the transition to personal savings to fill the gap. The consequences are dire.

For the first time since the Depression, the personal savings rate sank below zero in 2005, meaning we are spending more than we earn. A comfortable retirement requires an annual income of about 70 percent of pre-retirement earnings, and Social Security currently covers only about 40 percent. That's not enough to buy peace of mind.

AARP members are fearful not only for their own future, but also for the future of their children and grandchildren who fail to save. Stories like the following are all too common:

I am a single woman of 58, and I am running scared. I have worked all my life since the age of 13. I have nothing to show for it, and I have nothing for my old age. I am sure there are millions more people like me in the same boat I am.

She's right. There are millions.

Fortunately, we finally have a chance to turn the trend around.

Americans need to feel secure about their retirement plans, and that's why AARP is supporting the Automatic IRA Act of 2007. This legislation, just introduced in the U.S. House and Senate, will allow employees who do not have access to an employer's retirement plan to save for retirement through payroll deductions deposited in an individual retirement account.

Employers with 10 or more employees, who have been in business for at least two years, would be called upon to offer their workers this saving option, but they will not have to sponsor the plan. Such an approach is practical, effective, and low-cost, with great advantages for both employers and workers.

Employers need not make contributions to the account, and they are compensated with a tax credit to help

offset the costs of setting up the payroll deductions. They are also protected from liability for a worker's individual investment choices.

Employees have an opportunity to opt out of the plan, but it is expected that most will participate. They can choose their own IRA or take part in a diversified default plan. They will not be forced to navigate the confusing market of thousands of IRAs with their complicated array of fees and requirements. Because the deductions are automatic, investors are more likely to stay with it. Even small amounts

type of retirement plan or IRA. Surely we ought to be able to do this much to help hardworking people build a secure retirement.

Your representatives who will be voting on this proposal probably this year need to know about the risks many Americans are facing. How are you doing saving for retirement? If you are retired, are you worried you might outlive your funds?

We are collecting these stories as part of our Divided We Fail campaign, AARP's effort to demand action, answers, and accountability on health and financial security from our elected officials and the 2008

“Surely we ought to be able to do this much to help hardworking people build a secure retirement.”

contributed regularly and allowed to compound over the years add a significant boost to a retiree's resources.

Enacting an automatic IRA is one of the most important next steps to help Americans build a secure retirement. If passed, this proposal would provide a much-needed boost to our historically low rate of personal savings.

The public understands the problem. AARP's polling shows that 79 percent of Americans believe employers should be required to offer some

presidential candidates. With your permission, we will post these stories on our Web site and share them with policymakers to ensure that all of us get the lifetime financial security we deserve. Please go to www.dividedwefail.org to contribute your story.

For the millions in peril of financial insecurity, passing the Automatic IRA Act is the least we can do. ■

David Sloane is AARP's senior managing director for government relations and advocacy

Money Matters uwyo.edu/consumerconference

Learn how to make the most of your money at a UW conference Sept. 27. Call (307) 766-5249.

Nursing homes no longer the only game in town

An AARP report shows family caregivers are not only providing needed services, but are also playing a role in the economy.

BY LES ENGELTER

Many people think that nursing homes provide most of the long-term care services in this country, but that isn't true. In reality, family caregivers provide by far the majority of long-term care services and support received by people with disabilities.

AARP's new report on caregiving shows that the contributions of family caregivers to loved ones and friends are not only the foundation of our nation's long-term care system, but also an important component of the U.S. economy. The report, "Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving," estimates the economic

value of family caregiving in the U.S. at \$350 billion in 2006. In Wyoming, it's \$570 million.

It's easy to see how this number could be so large. Millions of caregivers provide care to adults with a limitation in an activity of daily living, including

bathing and dressing, or instrumental activity of daily living like help paying bills or managing medication. The report shows that these caregivers provided an average of 21 hours of care per week, or 1,080

hours per year.

But, the \$350 billion in care they provide comes at a cost to the caregiver—physical, emotional and financial.

AARP continues to advocate for ways to help family caregivers. Family-friendly workplace policies

that include flextime and telecommuting, referral to supportive services, and caregiver support programs in the workplace can help.

But family caregivers need more support from government programs, too.

"The cost to support these family caregivers is small in comparison to the cost of not having them at all."



A good start would include expanding funding for the National Family Caregiver Support Program (NFCSP) and providing adequate funding for the Lifespan Respite Care Act. NFCSP provides information and assistance, respite care, counseling, training, and other services to family caregivers.

And once funded, the Lifespan Respite Act will help more people access respite care regardless of the age, disability, or condition of their loved one.

Informal unpaid caregiving is the backbone of our nation's long-

term care system. These caregivers help prevent or delay the use of costly nursing-home care with important implications for the budgets of both Medicare and Medicaid, saving money for all taxpayers.

The cost to support these caregivers is small in comparison to the cost of not having them at all. Family caregivers in the U.S. support some of the most frail and vulnerable among us. It's only right that as a nation we provide support to them. ■

Les Engelter is AARP Wyoming's volunteer president

Learn what's in store for 2008

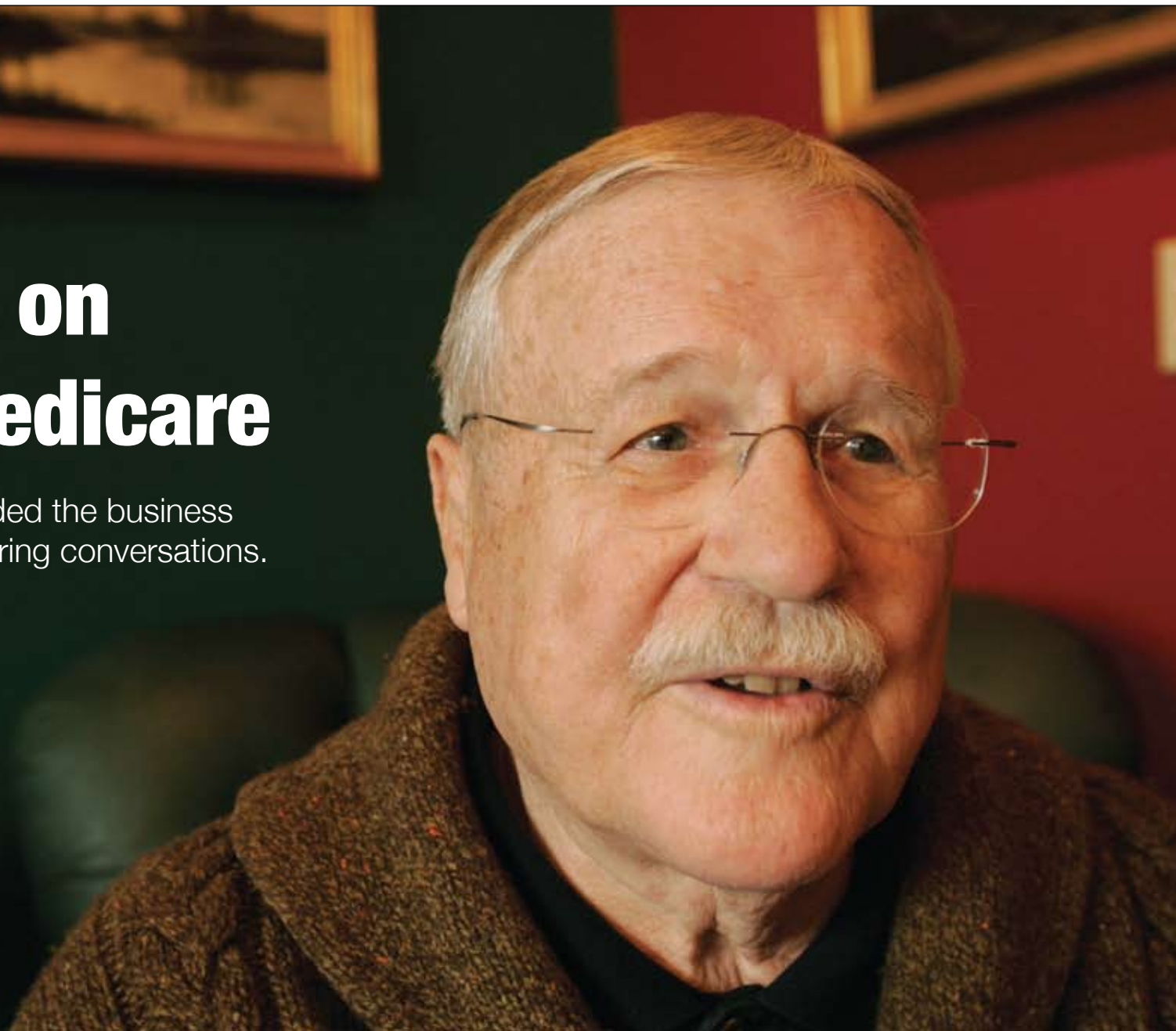
Retired teachers, administrators and school personnel: Join others like you for the Wyoming Retired Educational Personnel state convention Sept. 20-21 in Cheyenne. **Call Mary Lou Derby in Lander at (307) 332-3883 to register.**

Moving on from Medicare

One doctor has traded the business of paperwork for caring conversations.

SHAUNA STEPHENSON

**Dr. Bill Close at home
in Big Piney.**



BY JESSICA LOWELL

Dr. Bill Close's office in western Wyoming is like a slice of his native Connecticut, built and furnished and decorated with an eye to Yankee tradition.

His vision of medical care evokes another Yankee hallmark: the nostalgic illustrations of Norman Rockwell, who spent the last decades of his life

in New England.

"It's a picture of a doc drinking a cup of coffee with a patient," he says, summing up his ideal vision of an "office" visit.

In his office on a little bluff of land overlooking Big Piney, Close is miles and decades away from his early years as a surgeon, but the years of his experience are not clouded by rose-

colored memories. Close wrote vividly in "Beyond the Storm" about the 16 years he spent as a surgeon in the Democratic Republic of the Congo, just as the nation won its independence from Belgium, and through the administration of Mobutu Sese Seko, who changed the country's name to Zaire.

Close recently traveled to Brussels to attend the launch of a French translation of the book, which he said was a great honor. In the book, he recounts caring for both the poor and the powerful, including Mobutu.

But in one important way, the practice that Close – who turns 83 this year – runs is not so very far away from the medicine that was practiced in his youth.

Deanne Bradley, Close's partner in treating his patients, had tried to set up a home hospice, but the paperwork smothered the attempt.

Close made a radical move; about a decade ago, he withdrew from the Medicare program for a simple reason. The practice of medicine had become the management of paperwork and not the

treating of patients.

"We tried the government way, and it was the total antithesis of patient care. If you are a doc and was brought up in the generation I was, you are expected to do the best you can, and have people who respect the work that you do."

That attitude, he says, has been replaced by one of antagonism and fear. Close has seen that firsthand. He's had two major cancers and two hip replacements.

Patient care, in some large hospitals and teaching facilities, is taking a back seat, and health care is being

About Dr. Bill Close

More information about Dr. Bill Close and his home care is available online at www.williamtclosemd.com.



SHAUNA STEPHENSON

Dr. Bill Close plays with his dog, Max.

made into a commodity.

With his decision to withdraw from the Medicare system, Close says he has found a way to care for patients in the rural part of Wyoming where he and his wife, Bettine, and his beloved dogs have lived for three decades.

The patients that he and Deanne Bradley care for are mostly older, mostly independent-minded people who have lived in Sublette County for years – long before the state’s current energy boom brought more people to the rural western Wyoming county.

Doc and Dea make house calls to those who need to be looked in on. And Close is learning cribbage from a patient he’s treating; it’s a way to have a conversation about how the patient is feeling.

Because they don’t submit paperwork through Medicare, their pay depends on what their patients have. It might be in trade. Or it might be a donation to the Community Health Care Program, a branch of the foundation he created while in Africa.

“The thing that is extraordinary is that if we have a new patient chances are we know the family. They

won’t get a bill, but they can make a donation. People are very generous.”

Close, who is also a writer, has captured the essence of his approach to medical treatment in each of his four books. His early work, “A Doctor’s Life,” recounts his time in New York at the beginning of his career, his time in Africa, and his life in Wyoming.

He writes movingly about the end-of-life care he gives to his older patients, people who want to die with a little dignity and not after a series of invasive and heroic medical treatments in hospitals far away from family and home.

Close said he sees some hope in the generation of doctors who are nearing the end of tolerance for the paperwork that their practices demand and are considering retirement.

He says those doctors could do what he does: provide a high standard of care to older, rural populations. There is, he says, a tremendous need for skilled physicians in home health care, especially in the rural West.

“Our motto is: ‘We take care of ourselves and each other because sure as hell no one else will.’” ■

Regretting retirement

Many Wyoming residents are having trouble in their golden years, as medical bills and other expenses accumulate.

BY JESSICA LOWELL

In her retirement, Norma Campbell has one main regret: she retired.

“If I had it to do over again, I wouldn’t do it,” Campbell said.

Eight years ago, she was 62. Her husband, who is older than she, had already retired, and they wanted to spend time together and do things “before we got decrepit,” she said.

She had a good job at the community college, and she and her husband had prepared as well as they could for the years after they stopped working. But they never imagined the cost of their health care would escalate so much or so fast.

“Neither one of us had any major health problems,” she said. But her husband had major surgery and the resulting monthly prescription bills run about \$300.

Now 70, and facing a financial pinch, Campbell said she’s forced to go back to work.

Campbell was one of about 100 Sheridan area residents who attended an AARP sponsored meeting with their state lawmakers at the end of April to talk about the legislative session that just ended – one that brought supplemental payments to state retirees for their health insurance premiums, but not as much as they thought.

A lot of Wyoming

residents are finding their golden years are starting to tarnish. And even as they struggle to cope with changing times and rising costs, they are concerned about how their children and grandchildren will fare in an environment of growing uncertainty.

Even in the good economic times the state is enjoying now, families are struggling to get by. One of Campbell’s children has a good job with good benefits and is saving for retirement. But another is struggling to make ends meet.

As concerned as they are about themselves, some are very concerned about whether the system that has supported them so well will support their children and grandchildren.

Take the case of the Smith family (not their real name; they asked that it not be disclosed). Their daughter-in-law’s failing health has required two organ transplant surgeries. While she’s unable to work as much as she did before she fell ill, she’s not considered disabled and therefore doesn’t qualify for disability payments. Their son works 16 hours a day as a contractor in a building boom, and they still can’t make ends meet.

Darlene Elliott is well set in her retirement. Her late husband’s pension from Montana Dakota Utilities pays her monthly prescription bills. If she didn’t have that, she said,

she would spend her entire monthly Social Security check on pills.

But Elliott has four grandsons, and she worries how they will fare when they are facing retirement in 40 or 50 years.

“One is in the Navy, so he has all that,” she said. Another has a good job. One is in college and one has not yet settled on his career.

Elliot said when she was their age, she gave some thought to retirement planning, but she’s concerned her grandsons are not thinking about it enough or about how they will pay for health care.

Between her generation and her grandsons’ sits the Baby Boom, a generation which, in her experience, as a whole doesn’t have much experience going without what they want.

Around Sheridan, she said, the hilltops are filling up with million-dollar homes; at the same time, the homeless shelters are full.

“I am concerned for this coming generation and how they are going to pay for things. If they have a catastrophic illness, how are they going to pay for that?”

The answer might lie with the politicians who are charged with setting policy, but Elliott said she doesn’t think it does.

“They’re covered. They don’t have to worry about it.” ■



A clash with clutter

Holding on to the paperwork can make you less productive. Best to show it the door.

BY JESSICA LOWELL

If you want to keep a clean desk, many people will tell you with great self-assurance, you must touch each piece of paper only once.

Carolyn Paseneaux has heard that. “It’s a wonderful theory,” the volunteer lobbyist and consultant says. But it’s not one she can follow.

“I’ve heard that, too,” professional organizer Stephanie Pyle says.

It sounds good, but it

doesn’t work in practice.

“I think I have talked to one person that’s worked for,” Pyle says.

The problem with that theory is that it doesn’t take into account the individuality of people – their lifestyles, learning styles and preferences.

“One size doesn’t fit all. People don’t work that way,” she says.

People also don’t always know what to do with their stuff, and that’s not limited to their bedrooms

and family rooms.

Offices, both professional and home, are rife with opportunity for papers, periodicals, pens and pencils to run amok. The same kind of impulse that drives people to fill their homes with stuff also persuades them to print out another copy of a document rather than find the version that’s buried in a pile of files and mail.

Paseneaux says she would like to learn the practical secrets of becoming organized.

Pyle, who runs an organizing business under the name Organizing by Design, specializes in offices.

“The world is full of great tips,” she says. But if people don’t apply them, they are worthless.

“We have these great intentions,” she says. “But we don’t know how to follow through.”

Even when the stakes are high – exercise and diet changes to ward off heart attacks or stroke – people

find not doing those things to be easier. “People know what the consequences are, but they still prefer to sit on the couch and watch TV.”

Paseneaux’s consequences are not so dire. The circumstance of her disorganization is a recent move to a new place. She brought a computer hutch designed to house a desktop model (she has since switched to a notebook computer), a desk and a filing cabinet she’s not making good use of.



PHOTOS BY SHAUNA STEPHENSON

Carolyn Paseneaux, left, and some of the items she needs to squeeze into her home office, above.

“I’ve got all this stuff that worked some place else,” she said. “I’m going to have to have a yard sale and what does not fit should go.”

While she surfs the Internet looking for information, she also has a lot of books and magazines that she draws from when she’s putting together presentations and speeches.

“I have a paper problem,” she says.

She wasn’t always this way. In college and law school she was more focused on that aspect of her work, and when she headed up an agency, she

was able to follow the master filing list that was provided to her.

Paseneaux says she would

only one cupcake at a time.

Pyle says when she works on projects she likes to have the materials she needs around

“We have these great intentions. But we don’t know how to follow through.”

like to have an office that she can work and be comfortable in. What she has, she says, is like an oven that’s so caked over, she can use it to bake

her. But when she’s done, she puts them away. “The test of any system is how soon you can get your system back to where it needs to be.” ■

Problematic piles

How do I know when clutter is negatively affecting my life?

1. When you cannot find what you are looking for within a reasonable period of time.
2. When you are distracted by the clutter in your life, whether it be “stuff,” paperwork, or even a cluttered schedule.
3. When you have duplicate items as a result of not being able to find things.
4. When you forget important things and/or when meeting deadlines or keeping commitments becomes extremely stressful.

What are some solutions to overcome these struggles?

1. Scrutinize your life. With “stuff” ask yourself:
 - a) Do I use it?
 - b) Do I love it?
 - c) Does it add value to my life? Use a similar process for scrutinizing your time and paperwork.
2. Simplify your life.
3. Establish standard operating procedures for the significant aspects of your life. (*Examples:* household routines, work routines, kids’ activities)

How will this benefit me?

How will this benefit me?


1. You will live a less stressful life.
2. You will be more productive in all areas of your life.
3. You will save money.
4. You will have more time and energy for the important things in life.



Wyoming Senior Olympics

Do you have what it takes?

Test your abilities at the Wyoming Senior Olympics, July 26-28 in Sheridan. Visit wyseniorolympics.com for a list of events and locations. The event is open to anyone age 50 or older. **Call (307) 673-0000 for more details.**



Whenever grandpa says
the word “retirement,”
he always uses those
little finger quotes.

$$1+2=3$$

The need to contribute runs deep in all of us. And whether or not you choose to retire, AARP can help you find ways to keep giving back. You can volunteer with one of our many community programs. You can also help by contributing to the AARP Foundation’s efforts to protect those in need. You don’t need to be rich or have a specific skill. You just need a desire to help others. To learn how, visit aarp.org. And join us in championing your future and the future of every generation.

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