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AN OCCASIONAL MAGAZINE FOR ACTIVE ADULTS FEBRUARY 2008



Ice gold.

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debuts winter games | 8-9

ANDY CARPENEAN

**Outdoor enthusiast and
Wyoming Senior Winter Games
participant Amber Travsky.**

Better with age

BY JOANNE BOWLBY

This issue marks the start of our fifth year of publication—my, how time flies.

Over the years we have tweaked our format and expanded our topics. Fortunately, it seems you like the changes we've made. But, as always, I extend the offer to you to let us know what you think. Tell us your ideas for stories or issues that we should cover. Let us know whether you like our look and our work. It helps us become a better and more interesting paper, so please send us an e-mail to Sage@aarp.org or call us at (866) 663-3290.

There's something for just about everyone in this issue. Business owners and managers will find some tips to keep their workers, and why it makes sense to help employees save for their retirement—rather than help them out the door, studies show it makes them happier and more pro-

ductive at work.

And, for those of you who have been contemplating long-term care insurance, there are a few things to consider listed on page 12.

Readers who are thinking more about their bodies and minds can get information on two big events: The very first Wyoming Senior Winter Games in Pinedale; and the AARP National Spelling Bee in Cheyenne.

You will find all of this and much, much more inside.

We hope you enjoy this issue of the *Sage*. ■

If you would like a free e-subscription to the *Sage* where you will get the latest issue delivered directly to your in-box, send an e-mail to Sage@aarp.org from the account you want to sign up and we'll activate your subscription right away. If you ever want to unsubscribe, just send us another e-mail. It's that easy. Sign up today!

drop us a line

A conversation piece

EDITOR:

I just want to thank you for the *Sage*. It's a great magazine. There's always something useful in there for us "geezer." I always read it and it makes for good conversation at our recreation center.

WES WESTPHAL, CLARK

EDITOR:

I am 88 years young and find interesting articles in your paper—es-

pecially the one about hospice. May the Lord bless you.

JESSIE HARRIS, GILLETTE

EDITOR:

In regards to the discounted hunting and fishing licenses mentioned in the October *Sage*, we checked with Wyoming Game & Fish, the 30 years must be consecutive. My husband, age 71, has well over 30 years, but went in the U.S. Air Force, so he won't be able to qualify until 2012!

JAN & STAN MILLER, SHERIDAN



Be heard. Loud and clear.

Let AARP Wyoming keep you informed on the issues you care about. Change is possible if we stand together. Get national and state policy updates at www.aarp.org/getinvolved.



Not ready to slow down?



No rush.

With 99,363 members, joining AARP Wyoming can make your later years your best years yet. Give us a try. Call (866) 663-3290.

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sage

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Facts & figures

Health insurance for a state government retiree under the age of 65 and their spouse costs \$1,221.56 a month or \$759.27 a month for those eligible for Medicare.

The average age of a Wyoming state employee is 46 versus 38 in the private employment sector.

About 1,700 of Wyoming's 7,842 state employees will be eligible to retire in 2009.



Convening at the Capitol

This is your chance to get involved in the state's future. Learn about issues before the Legislature and then let legislators know what you think. The 20-day budget session begins Feb. 11 in Cheyenne. Visit legisweb.state.wy.us to learn about bills, schedules and to access information regardless of whether you can make it to the Capitol.



COURTESY OF THE WYOMING TRIBUNE-EAGLE

State retirees hope for help

The Wyoming Legislature will decide whether to help offset rising health-insurance premiums for retired government workers.

BY SAGE STAFF

Last year, the Wyoming Legislature recognized that state government retirees needed help. Health insurance premiums had risen so sharply that they were about to exceed the average monthly pension check.

With the support of Gov. Dave Freudenthal, the Legislature gave about 1,500 retirees in the state health insurance plan an average of \$173 a month—about 15 percent of the cost of insurance for a couple. The amount received is based on their years of service to the state.

In February, the Legislature will decide whether to continue the program for the next two years. The timing is crucial: The average age of a state employee is 46 and one out of every five workers will be eligible to retire in 2009.

“We have an older workforce that’s poised for retirement right now,” Wyoming Employees Group Insurance Manager Ralph Hayes said. “I believe we’ve

got people who are working just because of the cost of health insurance.”

AARP Wyoming is asking state government retirees to share their stories with legislators and explain how the stipend has helped them.

“I believe we’ve got people who are working just because of the cost of health insurance.”

“Real, personal stories really bring life to an issue that is otherwise just about numbers,” AARP Wyoming Director Rita Inoway said.

Legislators’ e-mail addresses are available at legisweb.state.wy.us or by calling AARP Wyoming at (866) 663-3290.

Protect yourself

Three easy steps to help you avoid identity theft.

Identity thieves are becoming more sophisticated. You can dramatically cut your chances of becoming a victim by following these three simple steps—plus you'll live a more stress-free life.



RYAN BRENNECKE

Bill Benseal pours over documents detailing the theft of his identity by a man in Miami.

Step 1: "Opt out" and cut back on unsolicited mail.

Under the Fair Credit Reporting Act, the Consumer Credit Reporting Companies are permitted to include your name on lists used by creditors or insurers to make firm offers of credit or insurance that are not initiated by you. But you have the right to "opt out," which prevents Consumer Credit Reporting Companies from providing your credit file information for these types of offers. It's easy. You have two choices: You can opt out of receiving them for five years or opt out of receiving them permanently. Call toll-free

(888) 5-OPTOUT (888-567-8688) or visit OptOutPrescreen.com for details.

Step 2: Sign up for the "Do not call list" and stop unsolicited phone calls.

The National Do Not Call Registry gives you a choice about whether to receive telemarketing calls at home. Most telemarketers should not call your number once it has been on the registry for 31 days. If they do, you can file a complaint. You can register your home and/or mobile phone for free at www.DoNotCall.gov or by calling (888) 382-1222.

Step 3: Freeze your credit information to stop thieves from using your identity.

If you live in Wyoming, you may now choose to place a "freeze" on your personal credit file. A freeze helps ensure that your personal credit information will not be used to open a credit account without your approval. Most businesses will not open a new account or extend credit without checking a consumer's credit file first. If your credit files are frozen, even someone who has your name and Social Security number will not be able to take out credit in your name. You can download a free guide and forms from the state from AARP.org/WY or get them mailed to you by calling the Wyoming Attorney General's Consumer Protection Unit at (800) 438-5799.

More now qualify for home heating help

The state raised income limits so more people in Wyoming can qualify for home-heating help this winter. A person making up to \$1,829 a month or couples earning up to \$2,453 a month may be eligible. Benefits are based on household size, income and the fuel that's used as a home's primary heating source.

Help is also available for weatherizing, such as insulating an attic, adjusting a heating system, wrapping pipes and water heaters, caulking and sealing off major air leaks. Call the Wyoming LIEAP program at (800) 246-4221 for an application. The deadline is Feb. 28, so don't delay.

A more secure retirement

More than half of all workers have less than \$60,000 saved for retirement. Many employees, overwhelmed by the decisions savings plans require, don't enroll. AARP and others are asking businesses to automatically enroll their workers in a 401(k) plan to help get them started on the path to a more secure retirement. By automating 401(k) enrollment (with a provision to opt out of the plan), businesses have seen employee participation rates spike to between 85 and 95 percent, particularly among those least likely to participate: women, minorities and low-income workers. Administrative costs remain the same, and businesses are more able to pass nondiscrimination tests. To learn more, visit RetirementMadeSimpler.org.



LARRY BRINLEE

AARP Tax-Aide volunteer Helen Oates helps Art Reese complete his tax forms at the Cheyenne Senior Center in 2007.

Free tax help

It's tax season again, and AARP is ready to help you file your returns. AARP Tax-Aide sites will be open between Feb. 1 and April 15 in Buffalo, Cheyenne, Cody, Greybull, Guernsey, Laramie, Lander, Pinedale, Powell, Riverton, Sheridan, Torrington, Wheatland, and Worland. Additional sites run through the similar VITA program will be open in Casper, Cheyenne, Gillette, Jackson, Powell and Rock Springs. Trained volunteers will help you complete your tax forms and get them filed for free.

The AARP Tax-Aide program helps low- and middle-income taxpayers with special attention to those age 60 and older. The AARP Foundation administers it in conjunction with the Internal Revenue Service. Visit AARP.org/taxaide for more information or call Vern Ellis in Torrington at (307) 532-8871 to become a volunteer or to find a site near you.

Short staff? Keep who you have.

Research indicates that most in Wyoming plan to work past retirement age.

Wyoming's labor shortage is being felt in all communities—large and small. But if you're a manager looking for skilled and experienced workers, you might not have to look any further than your own staff.

Research shows that eight out of 10 AARP Wyoming members, who are currently working plan to continue working well past the traditional age of retirement. So what does that mean for you? It means you shouldn't assume that your employees will retire at a certain age. They may want or need to stay employed—but they may want to do it in a different way.

Here are some tips to help you keep your best workers on the job:

Take inventory. Document past turnover rates and what's projected. List the skills of the employees you think you might lose and record the results. The AARP Workforce Assessment Tool is free and confidential and asks a series of questions that will help you see the bigger picture. You can fill out the questionnaire online and get an individualized report right away that provides an overview, maps out areas for improvement and highlights strengths that can be used to enhance your retention and recruitment efforts. Visit AARP.org/WorkforceAssessment to use the free tool.

Talk to your employees. Ask if they need help caring for a loved one. More than a quarter of turnover nationally is attributed to family caregiving, and those numbers may be even higher in Wyoming. Workers, especially women, leave their jobs because of inadequate child care or elder care, or simply because they are feeling overwhelmed by the demands of being a caregiver. Make sure your employees know what services are offered locally and see if you can partner with other businesses to help expand or start ones that are lacking.

Nurture your workforce. Make it clear that all ages are welcome in your workplace. Encourage managers not



JOSH BOUDREAU

Recognizing the value of Bill Reed's work, Schrader Metal and Design in Cody adjusted his schedule to keep him on the job while allowing him to be semi-retired.

to be threatened by hiring someone with more experience than them and not to write off an applicant as old or outdated. Explain the benefits of mentoring and team leadership that allows one generation to share with another. Recognize the broad attributes of each generation, but treat each employee as an individual.

Help workers plan for their future. Many workers feel trapped by their current finances, and it affects their job performance. Rising health-care costs and everyday expenses diminish people's ability to retire or make any kind of move in their career. Provide long-term savings options, like a 401(k), and hold or encourage employees to attend outside financial planning sessions. Bottom line: Secure workers are happy workers, and happy workers are productive workers.

Be flexible. Recognize that workers need some flexibility and find ways to meet your needs and theirs too. Talk to your workers about what they want

Learn more

AARP offers tips and advice for business managers online at AARP.org/EmployerResourceCenter.

Be the first

in Wyoming to be recognized as an AARP Best Employer for Workers 50+. Apply before Feb. 15 at AARP.org/BestEmployers.

and how they think they can best meet the needs of the job. Each employee may want something different and it's okay to offer different options based on the function they need to perform. Some may want to work part of the time from home. Others may want to work early in the morning, or late at night. You may find two employees who want to reconfigure their jobs so they can share duties and be able to cover for one another in times of sickness or vacation.

"I can't overstate the importance of talking with your employees," AARP Manager of Workforce Issues Tim Wollerman said. "They will feel more valued, and you'll be able to match their needs to yours to keep them engaged and on the job."

Wollerman said that there is a pervasive myth about older workers that isn't true.

"Most say they want to be challenged; they want to try something new," he said.

And in the case of those who just can't wait to retire, he said, "It's important to maintain communication with your retirees. Wait a few months and you might find that they are going stir crazy and would be very willing to come back and work a few days a week or for a short term assignment."

Digital TV: Get set!

If you don't have a digital television, there's no need to panic. By law, all TV stations will switch their broadcasting signals from analog to digital by Feb. 17, 2009. Cable and most satellite subscribers won't be affected. If you have an analog TV and can't or don't wish to buy a digital set or sign up for cable or satellite service, converter boxes will be available and are expected to cost between \$50 and \$70 each. To help cover the cost, the federal government will offer two \$40 coupons per household toward the purchase of the converter, but you must get the coupon before buying the box. For more information, visit dtv2009.gov or call toll-free (888) 388-2009.

A model employer

The Dept. of Health, Dept. of Workforce Services and the Wyoming Business Council have agreed to serve as "pilots" for the next year to incorporate workplace policies that will help them retain and attract workers age 50-plus. Most of these concepts will appeal to workers of other generations too, and should help these agencies become model employers in the state.

Secondhand smoke a cause for concern

BY DR. BRENT SHERARD

When it comes to secondhand smoke, the controversy continues to rage in Wyoming. The old arguments about smokers' and nonsmokers' rights come to the forefront as the pros and cons of community and statewide smoking bans are debated. Let's try to put the secondhand smoke question into perspective: At its heart, it is a personal and public health issue.

In the over 20 years that I practiced clinical medicine in Wheatland I often wondered why some people who developed new lung cancers never gave a history of smoking.

I also never understood why other individuals who presented with a heart attack never gave a history of high blood pressure, high cholesterol, diabetes, or had a positive family



DR. BRENT SHERARD is director of the Wyoming Department of Health and Wyoming's state health officer

history of coronary artery disease. Were some of the children that I treated with new onset asthma exposed to secondhand smoke, and did the secondhand smoke trigger their asthma? Was a tragic SIDS death that I dealt with one morning in the emergency room possibly related to parental smoking?

We know so much more now than even just a few years ago about the health effects of secondhand smoke. In light of the compelling new data that is accumulating on the

subject, I believe more firmly than ever that secondhand smoke was a contributing factor in many of my patients' troubles.

Let's look at the health facts regarding secondhand smoke:

- Secondhand smoke contains at least 250 chemicals known to be toxic, including more than 50 that can cause cancer.
- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25-30 percent and their lung cancer risk by 20-30 percent.
- Breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk of heart attack. People who already have heart disease are at especially high risk.
- Secondhand smoke exposure causes respiratory symptoms in children and slows their lung growth.
- Secondhand smoke helps cause sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children.
- There is no risk-free level of secondhand smoke exposure. Even

brief exposure can be dangerous.

Unfortunately, our general approach to health care in this country can be compared to "closing the barn door after the horses have escaped." Instead of taking care of our health today, we tend to abuse ourselves and then look for solutions to our health problems later. Sometimes it is too late to find an answer. Treatment is also often expensive and many individuals lack the appropriate access to medical care they desperately need.

Prevention and health promotion should take center stage as we wrestle with the health issues – including secondhand smoke – that confront us each and every day.

Secondhand smoke is quite simply, unhealthy. Those who are exposed should give careful thought and consideration to the serious and potentially life-threatening conditions that may occur as a result of working and living in such an environment.

I encourage everyone to jump on the bandwagon now, and promote a healthier environment and lifestyle for all in Wyoming. Remember, "Commit to your health."

Health care improves

Mountain-Pacific Quality Health announced new statistics from the Centers for Medicare & Medicaid Services show Wyoming's health care improving in several areas.

Nationally, nursing homes are getting better at treating pain in long-term residents, but Wyoming's improvement was exceptional, with pain rates reduced from 13 to 7 percent between quarter two 2004 and quarter four 2006. Wyoming also reduced physical-restraint use and incidence of pressure ulcers.

Home health agencies, meanwhile, made gains assisting clients with breathing difficulties: The percentage of improving patients increased from 60 to 77 between October 2005 and July 2007. Agencies also improved in the areas of pain, managing oral medications and

improving ambulation.

Hospital care for heart and pneumonia patients is tracked by individual components and also by an overall appropriate-care measurement. Wyoming's 74 percent in the fourth quarter of 2004 rose to 83 percent by the first quarter of 2007.

"As Wyoming's Medicare quality-improvement organization, we're privileged to assist these providers," said Mountain-Pacific Quality Health's Wyoming Program Director Jan Pope, whose agency sponsors educational events, workshops, and teleconferences, offers consulting and resources, and assists physicians in adopting information technology.

See more health-care statistics by agency in the Compare sections at www.medicare.gov.

Don't let the flu get you

The U.S. Centers for Disease Control and Prevention (www.cdc.gov) offers tips to stay healthy this winter.

Stay Healthy: Eat a balanced diet, exercise and get plenty of sleep.

Stay Home: If you have a cold or flu, avoid spreading the illness to others.

Wash Hands: Use waterless hand sanitizers when soap and water isn't available, especially after coughing, sneezing or blowing your nose.

Clean Up: Flu viruses can live two days on surfaces. Clean doorknobs, desks, etc., with soap and water.

Keep a Distance: Sometimes handshakes aren't appropriate. Stay three feet from others in a crowd. Use phones and videoconferencing to reduce travel.

Wyoming gets center

The University of Wyoming's College of Health Sciences received a grant from the federal government to open the state's first Geriatric Education Center on the university's Laramie campus. The center, which opened in October, will get about \$200,000 each year for the next three years from the U.S. Dept. of Health and Human Services to operate. The center says its programs will serve students and working health-care professionals across the state. The center says a survey showed three out of four Wyoming health professionals lacked formal training in geriatrics, but were often serving older patients. They will now be able to access specialized training sessions in person and online. For more information, call the center at (307) 766-2719.

Dust off that dictionary

Test your skills against the best adult spellers in the country at the AARP National Spelling Bee June 13 & 14 in Cheyenne. Competition is open to anyone age 50 and older, except previous winners. For more information, visit SeniorSpellingBee.com or call (866) 663-3290.

Saving for that rainy day

End of life doesn't have to mean the end of savings

BY KAREN MOCKLER

It's cruel when someone facing the end of life has to face the end of their life savings as well. When those savings confront catastrophic medical bills, what took decades to earn can evaporate in a matter of weeks. In those cases, a sad inevitability also becomes a financial tragedy—made more tragic, sometimes, by the fact that it might have been avoided.

Most people don't go broke. After all, one of the purposes of Medicare, the federal program that provides health care for people over 65, is to also provide a social safety net for millions.

"Medicare has no caps on it, so as long as it's a medically necessary service, they're going to have the backstop of that federal program," explains Lloyd Wilder, who works for the Wyoming Insurance Department.

A select few seniors don't receive Medicare. Firemen, for instance, don't pay into Medicare, so don't qualify for it upon retirement. Wilder calls those cases "pretty rare." Yet medical bankruptcy happens.

When the social safety net doesn't catch them—when they don't qualify for programs due to age or employment history, people are left struggling to pay for medical procedures in their last desperate weeks—or their families are left to pay later. Toni Turcato is an oncology social worker in Laramie who tries to help terminally ill patients pay less.

"If they are insured—which is a big if—usually their financial situation is better than those without insurance," she says. "But you get to the point, with or without insurance, (the cost of) your medications can be unbelievable."



Other costs can include emergency room visits, X-rays, diagnostic testing, lab work, specialists, PET scans, motels, gas money.

"Even if you do have insurance, you've got that 80/20 situation—your deductible plus 20 percent of \$200,000 is a lot of money. You could easily spend that much on a catastrophic illness," Turcato says. "We could certainly absorb their entire life savings."

Sometimes it's easier to get assistance when you don't have insurance, she adds. When that happens, patients often rely on local fundraisers. But Turcato says there's additional help if people know where to look. For instance, Some pilots fly critically ill patients for free, the American Cancer Society may offer help, physicians sometimes write off fees, hospitals set up payment plans, and utilities offer rate reductions.

"All it is is communication," says Turcato. "In this state, there's a lot of cooperation. It's the ones who avoid the phone calls that get in trouble. They're afraid. They're overwhelmed. Call your Department of Family Services (office) and see if a social worker can help you. There's assistance out there."

Wilder encourages people to take a few steps before they get sick. He is project director for Wyoming's Medicare-sponsored state health insurance information program or SHIP, where a network of 90 volunteers in 23 counties counsels seniors for free about their options for insurance and assistance. To schedule an appointment, call (800) 856-4398.

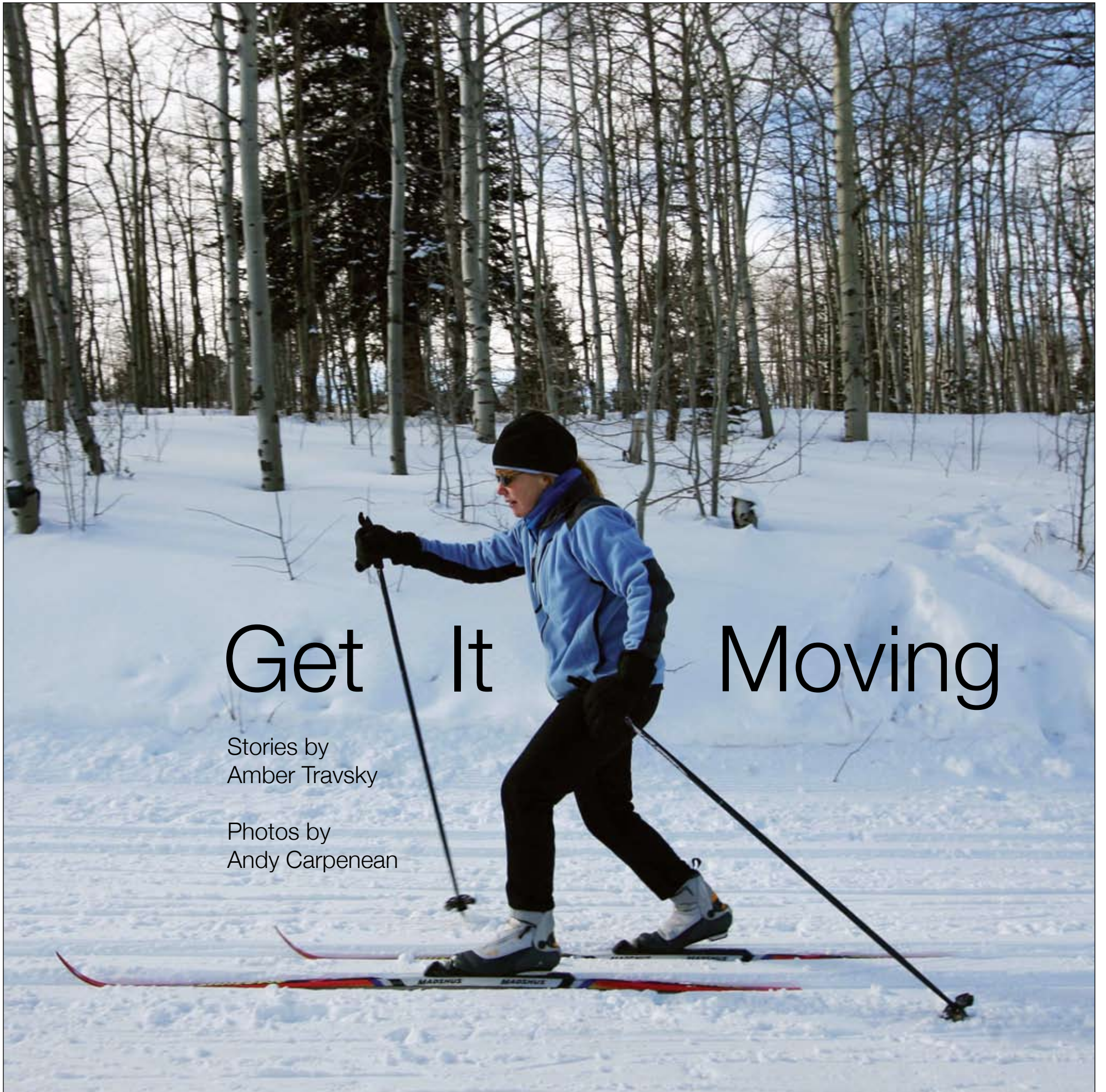
But sometimes when it comes to end-of-life costs, the problem lies in expensive procedures that the patient may not even want. If an individual has a living will or advance health care directive, it helps to express how they want to spend their funds, Wilder says. "Where quality of life was an issue, (a living will) could mitigate the amount or level of medical care that could be provided to an individual."

Whether expressed in a living will or not, when the end is in sight, an individual might opt for hospice care. Once patients go into hospice, they no longer get curative treatment, but Hospice makes them comfortable and provides counseling to them and their families. Once a person is accepted into hospice, Medicare pays up to 90 percent of services, but most private insurers cover the costs as well.

"The time to decide what you want at the end of your life is when you're healthy," AARP Wyoming Director Rita Inoway says. "Expressing your wishes in a living will is a gift you give to your family, and it gives you the peace of mind that your wishes will be followed."

AARP Wyoming worked with several groups and the state Legislature to create a free standard living will form. Download it at AARP.org/WY or call the Aging Division at (800) 442-2766 to get a copy mailed to you.

Voters say health care and financial security are top concerns for the 2008 elections. See where the presidential candidates stand on these topics and more at www.DividedWeFail.org.



Get It Moving

Stories by
Amber Travsky

Photos by
Andy Carpenean

Above, Amber Travsky practices on trails outside of Laramie in preparation for the inaugural Wyoming Senior Winter Games Feb. 10-17 in Pinedale. Right, Travsky stretches to prepare for the many events she plans to enter.

Need motivation to get into shape? This sporting event may be just the ticket.

The route went uphill. “You’ve got to be kidding,” I muttered under my breath. Two miles down; One to go.

The Wyoming Senior Olympics triathlon had started about an hour earlier with a quarter-mile pool swim, followed by a 15-mile bike ride on an out-and-back course. The bike route was pleasantly flat except for a real gut-busting climb near the finish. And, despite its winding route, the 5-km run was going well until I came to that hill—a personal Mt. Everest.

My speed dropped to a shuffle and finally a walk, but eventually I conquered that mountain and made it to the finish line.

While catching my breath, I cheered on the other competitors as each crossed the finish line. This is the spirit of the Senior Olympics.

Learn more

To learn more about the Wyoming Senior Winter Games, visit www.wyswintergames.com or call (307) 367-2832.

There’s the competitive edge, to be sure, but it’s more about participation. Getting out there and doing it is just as important as doing it fast. Even though the triathlon field was small, it was enthusiastic and it seemed like each person gave their all. In a way, it felt like a team effort.

Although it’s hard for me to admit that I’m old enough to participate in the Senior Olympics, I hit the big 5-0 two years ago. I’ve entered twice and have a silly little goal to compete every year until I’m dead and buried.

In the early 1990s, Laramie hosted the Senior Olympics and as mayor, I had the honor of participating in the torch run through town. It was a great time and the competitors obviously enjoyed themselves. I vowed that I



would join in once I was old enough.

Now I’m a Baby Senior. I compete in the 50 to 54 age group, and my hope is to hang in there through as many age groups as possible.

Laramie’s Ester McGann is in the 60 to 64 age group and she’s been participating for about 10 years. We met back in the late 1970s when we both had healthy knees and gray-free hair. More than 30 years later, we

both enter the Senior Olympics and share similar reasons for being there.

“I exercise every day because it’s as much a habit as brushing my teeth,” Ester said. “The Senior Olympics is just enough of a competitive outlet to push my workout beyond exercise for its own sake. It’s a celebration of optimism that improvement is possible with work, and a celebration of acceptance of ourselves wherever we are on life’s continuum.”

The Senior Olympics aren’t just for fitness fanatics, though. Anyone, even novice exercisers, can find an event that meets his or her abilities.

The best thing about the Senior Olympics is that it gives me a reason to get up off my duff and push myself. The Olympics provide a target and a goal. Even if the only aim is to cross that finish line, first I have to get to the starting line.

Now I’m training for the Winter Senior Games being held in Pinedale from Feb. 10-17. Thanks to the cross-country ski events, I’ve been out on the trails near Laramie, pushing to improve my technique even in sub-

zero temperatures. Staying inside on a cozy sofa would have been more comfortable but with the Games looming, I head out the door.

Pinedale’s Ken Konicek, who also serves on the Wyoming Senior Olympics board of directors, said the games really are about participation—just giving it a go.

“There are certainly those who come to compete and they race hard,” Konicek said. “But there are also those who enter just to give it a try and have a good time.”

Konicek plans to illustrate that point himself at the upcoming Wyoming Winter Games. While Konicek is a marathoner, who competes in running events at the Summer Olympics, he plans to attempt several of the Nordic ski events.

“While I have the aerobic fitness part down, I don’t necessarily have the best ski technique,” he said. “But I’ll try anything as long as it gets my heart rate up.”

That’s what the Senior Olympics is all about: participation, camaraderie and pushing ourselves to do what we can—however we can.

Winter games kick off Feb. 10 in Pinedale

Dig out the ski wax and sharpen your skates! Come join the fun and competition for the first ever Wyoming Senior Winter Games (WSWG) slated for Feb. 10-14 in Pinedale. A hockey tournament will be held from Feb. 15-17.

David Bell, WSWG chairman, said the residents of Pinedale are pulling out all the stops to make this inaugural year a wonderful experience for all participants.

“Pinedale is the logical place to host the games,” Bell said. “Not only do we have great facilities and local support, but we also have the longest winter with some of the best snow in the state of Wyoming.”

All of the Nordic and Alpine ski events, as well as the snowshoe run, will be held at White Pine Ski Resort. Speed skating, the hockey shoot and the hockey tournament will be held at the Sublette County Ice Arena.

Alpine skiers can enter either the short or long slalom,

as well as the giant slalom. Nordic skiers have events in both classic and skate techniques in a variety of distances ranging up to a 5 km. Biathlon, which combines cross-country skiing with rifle shooting, is also being offered with guns provided for anyone wanting to give it a try.

All participants will have free access to the new Pinedale Aquatic Center (PAC) with its lap pool, climbing wall, running track and fitness equipment.

“We’ll also have some indoor activities, including racquetball, pickle ball and some guest speakers at the PAC,” Bell said.

Since it’s the first year for the Winter Games, Bell said they plan to adjust events and possibly add new ones next year. “We welcome all input,” he said. “This year is a starting point but we hope to make this an annual event.”

A forced divorce

Faced with a tough decision, one couple traded their marriage for health-care coverage.

BY KAREN MOCKLER

They met in a Casper bar, one no longer standing. They danced. Talked. Found out they had a lot in common. Fell in love.

They married in 1986, and celebrated their 20th anniversary last year. George and Jean Kohl had a good run, at least by some modern standards, and they were determined to have a better one, to stay married until death.

“Before our marriage, we said we could never divorce, and could never die,” said Jean Kohl, 64. To their surprise, they had to choose.

On Sept. 22, 2007, they divorced. Here’s why.

He has diabetes. She has multiple sclerosis. Together, they make just over the Medicaid disability income eligibility limits; divorced, they both qualify.

Wyoming calls its Medicaid program Equality Care. The irony, to the Kohls, at least, is obvious: married and unmarried folk are not treated equally. A married couple can earn up to \$956 a month and still qualify for Equality Care. Two unmarried residents can each earn up to \$637 (or \$1,274 together) a month and still qualify.

So the Kohls faced an unusual choice: Divorce, or lose medical coverage.

How unusual that choice is is hard to say. No one seems to keep statistics on how many American couples divorce in order to keep their medical benefits. But odds are the Kohls are not the first, or the last. And as harrowing as their decision was, they



ANDY CARPENEAN

George Kohl takes hand to an oil painting while his ex-wife, Jean, watches in their living room in Casper.

knew that with both of them in poor and declining health, losing medical coverage was akin to suicide.

For a long time, George received Supplemental Social Security Income, federal aid for certain people on disability. As a result, he was automatically eligible for Medicaid, what George called “real good insurance.”

That worked for him until this past September, when his 62nd birthday loomed. At that point, George received notice that because he was on disability, at 62, he would have to apply for regular Social Security. For the Kohls, that meant a little more income. What looked like good news on the surface was, in fact, the opposite.

The Kohls learned that if they stayed together, they would receive too much each month – \$39 too much – to be eligible for Equality Care.

“And that’s called a death sentence,” George said.

But, George said, a man working in Casper’s Social Security office said they had a choice: If they divorced, they could have separate accounts, which meant higher qualifying limits for Equality Care – \$1,274 versus \$956.

George said, “You’re telling me if we get a divorce ... I’ll still be eligible for Medicaid? He said, ‘yeah.’”

George can’t get Medicare until he’s 66. Without government assistance, he can’t afford what he needs to live.

“Our doctor told us that if I’m without the 12 different medications and two different types of shots for diabetes, if I don’t have those, I’m dead in six months. So we had a choice from the federal government, or I’m dead.”

But the Kohls may have had another choice if they had acted sooner or had been in contact with their local Dept. of Family Services office, which administers Equality Care.

“We would always look to see if they would qualify under another program,” Equality Care Senior Eligibility Manager Linda O’Grady said. “We all do our best to help people understand everything that’s available, but it can be very complicated.”

Complicated and frustrating, George said.

“It is hard to get an appointment with them. First you have to go there and pick up the paperwork, fill it out, bring it back to their office and hope to get an appointment in three or four weeks,” he said. “That’s not easy for a man in a wheelchair and we didn’t have that kind of time.”

George explained that if he didn’t file for divorce before his birthday, their health insurance would have lapsed—and that was a risk he wasn’t willing to take.

Four days before George turned 62, they got their divorce.

It was easily done, but the decision to do it, said George, was “very, very, very hard. It finally came down to us thinking... what is marriage anyway, but a piece of paper? In our hearts, we still love each other. Even though we can’t live as husband and wife, we still love each other.”

Jean said, “I was widowed twice before, and divorced twice before, and with a fifth marriage, hey, I’m keeping him alive, I don’t care what I have to do.”

Actually, she did care. Quite a bit.

“Who wants to get a divorce when you’re happily married?” she asked.

Failing health

George has a long history of bad health. He’s got coronary artery disease. He’s suffered three heart attacks. Thirteen years ago, he underwent angioplasty, a surgery to clear blocked arteries. Since then, he has developed adult-onset type-2 diabetes. He also has diabetic neuropathy, a degenerative disease that has destroyed the nerve endings in his feet and lower legs, and now is at work on his hands.

“No feeling from the knees down, which makes it real interesting walking,” he said.

Jean was diagnosed with multiple sclerosis, or MS, in 1990. She’ll have a seizure or recurrence, go downhill and gradually come back up, “but never up all the way,” George said. “So it’s a gradual stairway going down.”

MS attacks the nerve coating, grad-

ually destroying the nerves. When Jean fell about five years ago, tearing a 3- to 4-inch patch of skin across her shin bone, the doctor discovered she had no feeling inside her leg. She almost lost that leg, George said.

The same year Jean was diagnosed, George suffered his first heart attack.

“The doctor said, ‘Well George, you’re retired.’ At the age of 45, not many people are prepared for retirement.”

He closed his roofing business, just when it was starting to earn a name for itself. (A business with one cardinal rule, said Jean: “If you fall off the roof, you’re fired before you hit the ground.”)

In the ensuing years, when George could no longer work, he went back to school. Vocational rehabilitation paid his bills and George got student loans. Ten years later, he has five associate degrees, a triple-major bachelor’s degree and is working on a master’s degree in history. His goal is to get the master’s, then go on for a doctorate.

“If I have to, I can teach in a wheelchair,” he said.

He also took up the paintbrush and became an award-winning artist.

“Natural for a house painter, but on a smaller scale,” he said.

“We’ve been hit really hard several times by several things, but God never gives you anything you can’t overcome, can’t live with,” he said.

Making waves

And the Kohls have learned to live with their situation. Unlike most divorced couples, they continue living together.

“We don’t feel like we’re divorced, really. But we are,” George said. Rather than living in sin, “We’re living in lust,” he added.

But though they’ve learned to live with it, even joke about it, they’re also trying to change it.

“The people at Social Security said, ‘We know this law isn’t fair but we can’t change it.’ Everybody in Wyoming tells us Social Security is such a big mess,” said George. “My thinking is, if you take care of one small problem here and one small

problem there, before you know it there are no big problems left.”

Why the married and unmarried limits don’t match up is unclear (calls to the Casper Social Security office were not returned). What is clear is that those limits can only be changed by Congress.

Toward that end, the Kohls have formed an organization called Senior Citizens for Equality. They’ve already contacted Wyoming’s two senators and single congresswoman. They plan to send out letters to additional senators, to find out who is going to actively work to correct this.

“There had always been, when I was growing up, the penalty against the unmarried people,” George said. “The penalty [now is] against the married people. We’re asking all the senators across the country to just make all the numbers equal. The answers we get back are that Social Security is a mighty big problem, and blah, blah, blah. Sounds nice, but it’s so much pap.”

Only after divorcing did the Kohls learn of an additional benefit to filing separately—additional financial assistance. The couple previously got about \$17 a month in food stamps, but when they began filing separately

they started receiving about \$300 a month. It’s another aspect of the inequity that he believes needs to be changed.

George said he learned the good fight from his mom, who still teaches tap dancing at 86. She told him, “Don’t ever make waves. But if you have to make them, make them real big.”

George, who also fights to see Casper observe the Americans with Disabilities Act requiring the city to install curb cuts on many of its sidewalks, doesn’t seem to mind wave action.

“I fight 100 battles every year, and they laugh at me downtown, because I lose 98 battles, but the way that I look at it, that’s two battles I don’t have to fight next year.”

The Kohls manage their own share of laughs. While they were engaged, he asked her if she knew how to pop a clutch. She did, but in the midst of doing it, she broke his toe. “She made me lose one night of bowling, and I still married her,” he said.

“Our whole relationship is we do funny things,” Jean said. “That’s the only way you can handle being in this world—you have to be half nuts. George and I qualify.”

Contributor receives NEA grant

The Wyoming Sage is pleased to announce that one of our writers has won a prestigious national award. Karen Mockler, who has been a contributor to the Sage since it began publication five years ago, recently received a grant from the National Endowment for the Arts.



According to the National Endowment for the Arts, its Literature Fellowships are its most direct investment in American creativity, encouraging the production of new work and allowing writers the time and means to write. The agency received more than 777 applications for its 2008 Creative Writing Fellowships in Prose. Forty-two writers will receive fellowships of \$25,000 each.

“Just as time is money, money is time,” says Mockler, who plans to complete her second novel with the time her grant money will buy her. Her first novel, *After Moses*, was published by MacAdam/Cage in 2003. It was a Barnes & Noble “Discover Great New Writers” selection that summer, and the “One Book Billings” reading selection last spring.

To buy or not to buy?

A financial planner talks about the long-term-care dilemma

BY ELLEN THOMPSON

Deciding whether to buy long-term care insurance – and what kind of policy to buy – is a complex equation with plenty of variables to consider.

At University of Wyoming's Money Matters conference, Colorado financial planner Mary Anne Heyman shared the advice she gives clients.

Should you buy?

Most people should consider long-term care insurance and many should buy it, Heyman said. This insurance pays for care for people who, due to age, illness, injury or disability, cannot perform basic daily functions. Care can range

from a couple hours of in-home help to residential care, but regardless of its form, it can be very costly.

with a low income and few assets may qualify for care through Medicaid, she said. For everyone else, long-

AARP offers a guide

to help people determine if long-term care insurance is right for them. Visit aarp.org/longtermcare.

The average cost of nursing home care in Wyoming is about \$57,000 a year. According to Heyman, average yearly cost increases of 6.2 percent mean someone who is 65 now could pay \$209,500 a year when they are 85.

People who are wealthy enough may be able to pay out-of-pocket, and people

term care insurance may be a necessity. The AARP long-term care insurance guide suggests people look at a policy and only buy if they can afford it without changing their lifestyle or sacrificing a necessity.

Heyman has quantified this. She said if the premium would cost more than 6 percent of a person's income or their projected income in retirement, it's not for them.

Long-term care myths

Myth One: Long-term care insurance is for the elderly.

Premiums are lowest when people are younger and healthy. AARP recommends people consider insurance in middle age.

Myth Two: Medicare and health insurance pay for long-term care.

Health insurance and Medicare cover short-term care as part of rehabilitation only. For people with low income and few assets, the state's Medicaid program will pay for long-term care.

Myth Three: Long-term care insurance is for nursing home care

About 80 percent of long-term care coverage goes to in-home care or elder daycare services. Some policies can even pay family members or friends who provide in-home care.

Long-term care advice

AARP suggests that any policy you consider ...

Clearly explains when you will be eligible for coverage and how your eligibility will be determined

Does not require that you spend time in a hospital before receiving benefits

Will be renewed as long as you pay the premiums

Lets you stop paying premiums once you begin receiving benefits

Has one deductible for the life of the policy

Automatically covers pre-existing conditions if you disclosed them when you applied

Offers choices for inflation protection including an automatic increase in your benefit on an annual basis or a guaranteed right to increase your benefit

Allows you to downgrade your coverage if you cannot afford the premiums

Includes coverage for dementia

Provides at least one year of nursing care and home-health-care coverage

Allows the right to cancel the policy for any reason within 30 days of purchase and receive a refund

What to buy

Laramie resident Tiger Adolf, 40, after attending Heyman's lecture, said she still wasn't sure if insurance was for her.

Several others at the conference had decided to buy a policy and turned to Heyman for advice.

The most important thing is to ask for "specimen policies" from several companies and compare benefits and rates, Heyman said.

While policies vary by detail, there are some common decisions that need to be made. Heyman recommended choosing inflation protection that raises benefits over time.

The choice between a daily and monthly benefit is less cut-and-dried, she said. A daily benefit means, during an illness, an expensive service or procedure could cause a person to exceed their benefit limits on a given day, forcing them to pay the remaining costs out-of-pocket. A monthly benefit, on the other hand, decreases the likelihood of having to pay out-of-pocket.

Policies also have a benefit period. According to AARP, those generally last from one-year to life. Heyman said reaching the end of a benefit period does not have to spell disaster. At the point where a policy is exhausted, that person may qualify for Medicaid.

Most couples, she said, should opt for a shared plan that allows one spouse to transfer benefits to the other and purchase more coverage at the previous premium.

She said the best overall advice is, when possible, to shop for a policy while in middle age and healthy when premiums are lowest.

"There's nothing more sad to me than when I get a client in front of me who says 'I've just been diagnosed with this disease,'" she said. "An insurance company is not going to take you if you are high risk."

Though she was Heyman's star pupil for seeking the answer at a young age, after all this Adolf still wasn't sure if she needed coverage.



LARRY BRINLEE

Exercise your right

Questioning candidates, learning policies, writing lawmakers – democracy is both our privilege and our responsibility

BY RITA INOWAY

If you're like me, you're already feeling exhausted by the presidential race. So many candidates, so much time. But, please, don't give up on the election just yet.

We live in a society that allows us to question authority and our political candidates. It allows us to speak our mind and share our ideas. So, please, rather than turn a deaf ear to the process, step up and get involved. Learn about the issues. Question the candidates – not about their personal lives, but about the pressing issues of our time, like health care and financial security. Spread the word about what you learn, and then get out and vote.

Maybe you might even be inspired to volunteer for a campaign or a cause. Getting involved in the process and exercising your constitutional right to free speech, is much more fun than sitting back and watching the whole parade pass you by.

But, don't stop with the presidential race. In Wyoming, we have the opportunity to

help shape where our state is headed. The Legislature begins their 20-day budget session on Feb. 11 in Cheyenne.

Whether or not you live near the Capitol, you can take part in the process. Visit the Legislative Services Office's Web site to read about bills that are proposed. Talk to your representatives before they head to Cheyenne. Track bills online and tune into a live broadcast of the House and Senate debates. And, call legislators to let them know how you think they should vote. Remember, they are elected to represent you, and the best way for them to do that is to hear from you.

Who knows, maybe when the election season rolls around again, you might decide to run for office.

Issue information is posted on www.aarp.org/wy and www.DividedWeFail.org or by calling the AARP Wyoming office at (866) 663-3290. You can read and track bills, tune into live broadcasts and get legislators' contact information at legisweb.state.wy.us.

Q&A with Max Maxfield: Protect your earnings

Secretary of State Max Maxfield wants Wyoming residents to protect the money they invest. His office has teamed up with AARP Wyoming for The Campaign for Wise and Safe Investing, a national effort to help people avoid investment scams, schemes and fraud.

Q: Does investment fraud happen in Wyoming?

A: Wyoming is not immune from investment scams. Unfortunately many of our residents have fallen victim to enticing "get-rich-quick" schemes.

Q: What types of fraud has occurred here?

A: There have been a wide variety of scams that have occurred in Wyoming. Many follow current headlines, which lends credibility to their pitches. Given the price of oil, the most popular now seem to be related to oil and gas ventures. We've seen start-up companies with patents, but unproven technology



MAX MAXFIELD

that say they will revolutionize the industry. We've also seen a lot of Ponzi-like schemes that are spread through family, friends and social and religious groups. Ponzi schemes entice a person to invest some money, promising a big return, but once a second investor gives them money, they use that money to pay

a little back to the first investor, who tells their friends and family about this great opportunity. The chain continues until the organizer gets enough money to skip town with the rest of the cash.

Q: What can investors and potential investors do to protect their money?

A: The best first-step is to verify that the company or broker selling investments has a valid and active license in Wyoming – you would be amazed at how many scams could be avoided by taking that simple step. Our office provides that information for free to people who call (307) 777-7370. While you have us on the phone, let us know if you have any concerns about what you've been offered and we'll let you know if it we've heard any complaints about that broker or investment company. It's easy and worth your time. Give us a call.

A health-care plan on the open range

Long ago in Wyoming, cowboys chipped in for a doc to cure their snakebites and broken bones.

BY PHIL ROBERTS

During the ongoing discussions of health care in various states, Wyomingites might be misled into thinking that such novel ideas shouldn't even be thought about here. In fact, a form of "universal" health care started right here—among cowboys and cattlemen on the open range of Wyoming in the middle 1880s.

In 1885, during the height of the cattle boom on the Wyoming range,



PHIL ROBERTS
is a historian at the University of Wyoming.

dozens of range cowboys and their employers got together and formed the Fetterman Hospital Association. Each cowboy who subscribed would have \$1 taken from his paycheck each month. It

was a considerable sum when the average wage was, at the most, \$80 a month. In exchange, the cowboy was promised the full range of medical services.

During its first six months, the association signed up 219 individual cowboys. The 20 largest cattle companies in the area agreed to enroll each of their cowboys. Group rates ranged from \$25 from the Douglas Willan-Sartoris ranch west of Laramie to \$100 from the CY Ranch owned by Joseph M. Carey.

With the money coming from the ranch companies and the several hundred subscribers, the association bought an abandoned army barracks at Fort Fetterman, near Douglas, for their hospital. The association remodeled the building into a hospital and paid two attendants to staff the facility.

As medical doctor in charge of the hospital, the association hired Dr. Amos Barber, a recent graduate



Those rugged individualists who were the first people in America to form a health care association don't get the credit they deserve.

of a Pennsylvania Medical School, who came out on the train to take the job. Barber was paid \$100 per month. During his first year, Barber treated 149 patients—all but 14 were subscribers. The members were treated for free. Non-members were charged \$2.50 per treatment and extra for surgery.

Association records show how dangerous cowboy work was on the open range. Cowboys were most often treated for broken bones. That first year, Dr. Barber handled five broken arms and a fractured skull. Four were treated for "cold" and two for "poisoning." Six were treated for gunshot wounds.

In its second year, the hospital treated 340 patients. Among injuries were several cases of rattlesnake bite. Barber became expert at treating snake bites.

The association thrived at first. Cowboys saw health care as an important job benefit. But after the harsh winter of 1886-87, many cattle companies had to lay off cowboys. Paying for health benefits no longer was financially possible for many.

In mid-1888, after almost three years of successful operation, the association, losing subscribers from cowboys, advertised for subscribers outside of the cattle industry. Two small coal mining companies signed up their employees, but it didn't equal the number of cowboys dropping out.

Sometime in 1889, Barber quit the association and started up his own practice in the nearby town of Douglas. The association was not insolvent, but because it was unable to hire a replacement doctor, it dissolved. Barber later went into politics. He was acting governor of Wyoming during the Johnson County War.

Today, were it not for the association's records in the Wyoming Pioneer Museum in Douglas, and newspaper clippings about it in various Wyoming State Archives files, the Fetterman Hospital Association would be entirely forgotten.

Those rugged individualists, the open range cowboys, who were the first people in America to form a health care association, don't get the credit they deserve. The cowboy on the open range of 19th century Wyoming was no fool when it came to health care. It's a pity Wyomingites think such universal health schemes are foreign. The first one in America, after all, started right here—among cowboys in the "Cowboy State."

The mind is willing; the body not so much

If 50 is the new 30, somebody better tell it to my knees ... and my eyes, and my figure, and ...

BY SARA NEYER

I first saw it on TV news in 2005 and then in popular magazines: “50 is the new 30.” Accompanying these stories were photos of men with bushy, graying hair blissfully gazing at radiant women who were the dream of L’Oreal’s advertising department: slender with no gray hair, but obviously no longer 30.

I’m all for the whole idea of 50 becoming 30. I mean, how can any baby boomer complain? If 50 is 30, 70 becomes 50, and 90 will be 70—no problem to be vital and active all the way to 100! We’ll really only be 80 then, and we all know vigorous 80-somethings. My mom was very active way beyond 80, walking two miles a day and reading book after book while doing crossword puzzles and going to church. So, we boomers will be glad to enjoy this 20-year readjustment!

But, wait. While my mind is on board with the idea of 50 being the new 30, my body is not so sure:

My figure

Okay, so I’ve never worked hard at it, but my figure is quite different from its 30 version. I’m heavier, and most everything is lower. I hear comedienne’s joke about where their body parts started and where they’ve ended up—we laugh because we recognize the truth. How is my figure



supposed to regain its 30-ness? Perky it’s not, especially not the way it was. I used to be able to skip a bra if I felt like it. Now, no way! Not only is it unattractive not to “control myself,” it’s downright dangerous! And that’s just the top end. Don’t get me started on the bottom. Oprah can praise those fancy new body-shapers all she wants, but I don’t think my behind and thighs will regain their 30-something tone, not ever, not even with industrial-strength spandex. It ain’t gonna happen!

My eyes

Sometime in my early 40s I lost my 20-20 vision. I hadn’t needed

corrective lenses since the 8th grade, but now all of a sudden I couldn’t see to record my high school students’ grades. I called my optometrist in a panic thinking I needed a do-over of my eye exam from a month before. He chuckled and said to come in and pick out frames. I hadn’t lost more visual acuity; I’d just tried to do a task that had become too much for my presbyopic eyes. Add those lovely lineless multivision lenses, and I’ve been fine ever since. However, these are not the eyes I had in my 30s. They’re fundamentally different. They are slower to focus, and they demand correction for the simplest, close-up work. I prefer the glasses to arm extensions, but one

or the other I must have! Out in the distance I’m almost as good as I was in those bygone years, but up close, fuggedaboutit!

My knees

In my 30s, I could drop to the floor and get back up with little effort. As a teacher I spent a good deal of time crouching beside students’ desks helping with their writing. I was one who volunteered to sit on the floor at meetings when we had too few seats for those attending. Lying down beside the dog to play or cuddle with him was fun, not the precursor to an engineering problem: Where can I crawl to get enough leverage to raise myself from floor level to standing? My knees seem unwilling to go along with this 50/30 reverse-metamorphosis thing. They swell, ache, and buckle, but they don’t act as they did 20 some years ago. I’ve had some surgery on the left one this month, and we’ll see if that helps, but I’m skeptical!

So, the question remains: If 50 is the new 30, who’s going to tell my knees—and my eyes and my figure? They’re not responding at all to my triumphant pronouncements!

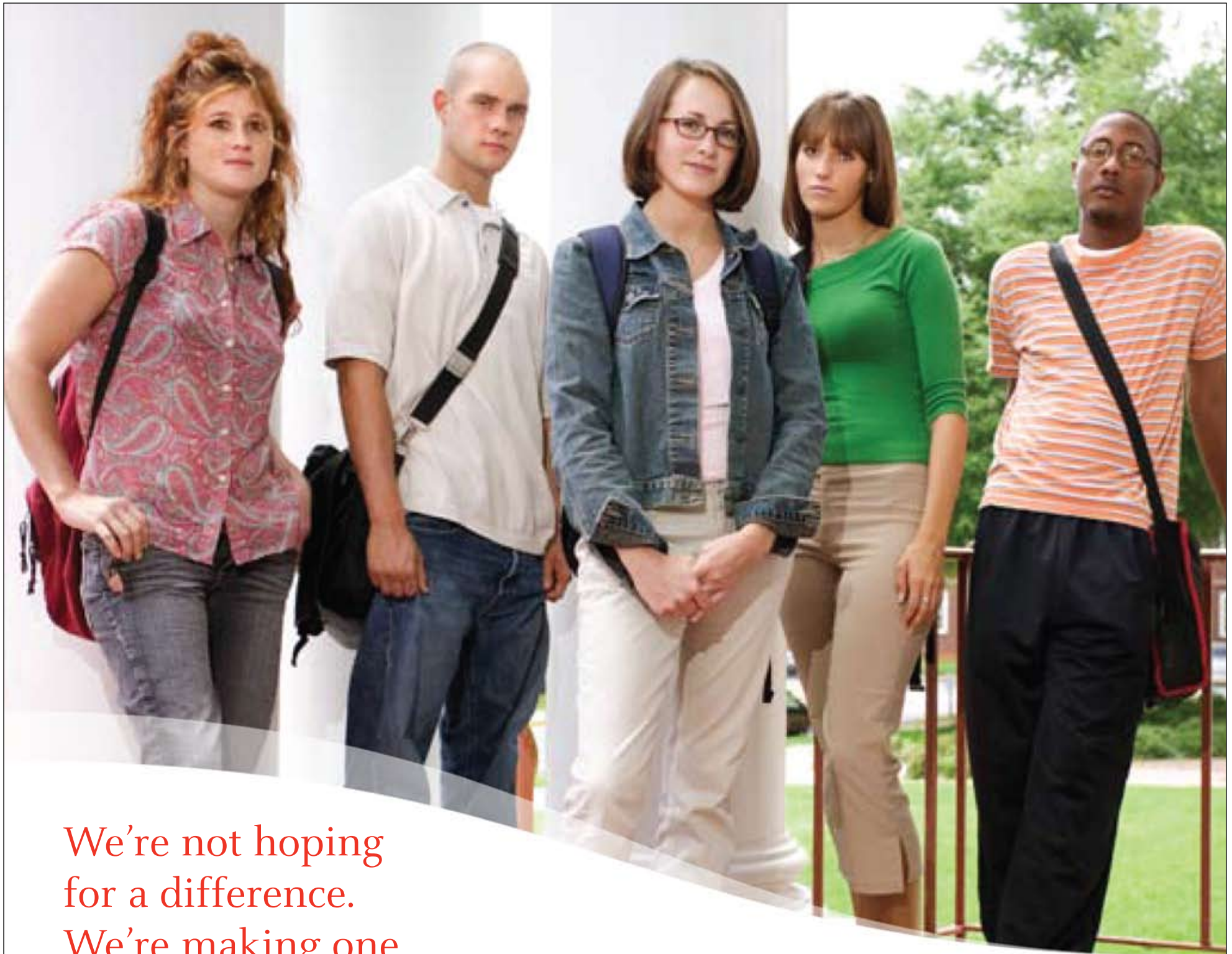
Sara Neyer is a Wyoming Sage reader who lives in Gillette where she dreams tongue-in-cheek about the aging of her generation — the baby boom.

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**We're not hoping
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Thousands of Americans struggle every day with the rising cost of health care and saving for retirement. Families like yours want peace of mind and want to know they won't outlive their savings or have a health emergency cause financial ruin. That's why AARP has launched Divided We Fail, an initiative to give voice to millions of Americans who are tired of letting Washington gridlock stand in the way of affordable, quality health care and lifetime financial security.

As we look for solutions, we need your stories and experiences. We will be taking these stories to the halls of Congress, the Oval Office and corporate boardrooms throughout America. And we'll even be publishing some of them as the campaign spreads across the nation.

Join millions of other Americans demanding action and answers. Visit DividedWeFail.org today.

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