

January 2021

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WITH YOUR PHYSICIAN**

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JANUARY 23

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JANUARY 30

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Stat!

Medical News & Info



When Doing Good Boosts Health, Well-Being

Performing acts of kindness and helping other people can be good for people's health and well-being, according to research published by the American Psychological Association. But not all good-hearted behavior is equally beneficial to the giver. The strength of the link depends on many factors, including the type of kindness, the

definition of well-being, and the giver's age, gender and other demographic factors. The researchers found that random acts of kindness, such as helping an older neighbor carry groceries, were more strongly associated with overall well-being than formal prosocial behavior, such as scheduled volunteering for a charity. Also, women showed stronger relationships between prosociality and several measures of well-being compared with men. The study was published in the journal *Psychological Bulletin*.



Guard Against Seasonal Affective Disorder (SAD)

Seasonal affective disorder (SAD) is a type of depression related to changes in seasons. For most, people with SAD begin to feel symptoms in late fall or early winter that affects their energy, mood, and behavior through the end of winter. With fewer hours of sunlight and less socializing with others right now, SAD symptoms may affect many of us this year. Rather than brush off the "winter blues," recognize that you are not alone and that you can take steps to steady your mood throughout the year. Lifestyle and home changes (such as making your environment sunnier, getting outside, and exercising) can alleviate milder SAD symptoms. And while it's normal to have some days where you feel down, you should see your doctor if you feel down for days at a time or you can't get motivated to do activities you normally enjoy. To read more about SAD symptoms and treatments, visit www.mayoclinic.org. For 24/7 treatment referral and information, contact the SAMHSA (Substance Abuse and Mental Health Services) Helpline at 800-662-HELP (4357).



Does Your Dog Have Bed Privileges?

If you're a dog owner who snuggles up with your four-legged friend each night, you're not alone. A new study at Canisius College finds that nearly half (49%) of the study participants reported sleeping with their dog in their bed. Another 20% indicated their dog slept in the same bedroom but not in their bed. Older participants were more likely to bed share with their dogs, as were singles and individuals who had small dogs rather than medium- or large-sized dogs. Bed size also impacted the likelihood of bed sharing. The study also found that more than half (65.6%) of participants indicated that their dog "rarely" or "never" disturbs their sleep. However the study found that women were three times as likely to transition from an inactive state to an active state if their dog moved during the preceding minute. Interestingly, however, women only recalled their dog disturbing their sleep on 22 of the 124 nights studied. This discrepancy suggests that despite the disturbances canine bed partners create, they may be fulfilling a psychological need for feeling safe and secure during sleep periods.

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Throughout the ages, there have been many important advances in mobility. Canes, walkers, rollators, and scooters were created to help people with mobility issues get around and retain their independence. Lately, however, there haven't been any new improvements to these existing products or developments in this field. Until now. Recently, an innovative design engineer who's developed one of the world's most popular products created a completely new breakthrough... a personal electric vehicle. It's called the **Zinger**, and there is nothing out there quite like it.

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—Kent C., California

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WHEN TO BREAK UP WITH YOUR PHYSICIAN

and How to Find One That's Right for You

by Kimberly Blaker

YOUR PHYSICIAN is one of the most essential people in your life when it comes to your health. Your doctor should be someone with whom you feel comfortable discussing any health-related matter and whose knowledge you trust. You need a doctor who cares about your well-being and is accessible when you need one. Yet, sometimes, we fail to remember that a physician's main job is to service and treat patients to the best of the doctor's ability. If you feel that isn't happening, it's both your right and responsibility to your health to find a better fit. Still, choosing to leave your physician can be a big decision. So consider all of your options before making the big leap.

Reasons you may need to leave your doctor

- ❖ ***Your doctor stopped taking your insurance:*** Sometimes, physicians make changes to the coverages they accept and discontinue accepting specific insurance plans. Patients may also be affected if the practice cuts down on Medicare or Medicaid patients or if their provider changes practices by either opening a new one or joining another.
- ❖ ***Your situation has changed:*** Many life changes may leave you needing to leave your current physician. Maybe your insurance plan has changed because you got married, divorced, or started a new job. Also, if you move, visiting your old doctor's office may be impractical or impossible.
- ❖ ***Your physician is not meeting your needs:*** There are many reasons why your doctor may not be the best match for you anymore. Perhaps you've developed a new medical condition that requires a more specialized background. You may also come to realize your doctor's treatment philosophy differs from yours. For example, you may prefer a more holistic approach or want a more definite diagnosis requiring testing your doctor is not willing or able to do.

❖ ***It's challenging to get appointments:*** If your physician is very busy making it difficult to schedule appointments when you need them, you may want to consider a new provider. Getting care when you need it is often vital.

❖ ***It just doesn't feel right:*** It's essential that patients trust their physicians, feel confident in their doctors' abilities and current knowledge, feel heard, can communicate openly without judgment, and feel safe in their provider's care. If you don't have this experience with your doctor or just have a gut feeling that it isn't a good fit, listen to your instincts.

When it comes to your health, you need to do what's best for you.

How to find a new physician

Once you decide to leave your current healthcare provider, you should begin your search for a new one immediately, even if you don't need to see one right away. It's often several weeks to several months for new patients to be seen. After your new patient visit, future appointments are typically scheduled in a reasonable time frame. When calling around, you might want to ask what is typical for scheduling appointments once you become an established patient.

Before you begin your search, jot down the reasons you're leaving your current doctor. This can help you avoid those same problems in the future. Then make a list of what you want or expect from your new physician.

The first crucial step in your search is to narrow it to providers who take your insurance. Otherwise, you won't be covered or may have to pay more out of pocket for your visits. On the other hand, if you can change insurance if necessary, you might consider physicians outside your insurance network.

Your insurance provider can help you search for physicians and practices with whom they have an agreement. You can narrow your search to fit your criteria. Then contact doctors' offices directly to determine if they are a good match for you and accepting new patients.

Once you've found a good fit, check your state's online licensing board website. Most providers can continue practicing despite problems in their history, including malpractice. If the doctor you're considering comes from another state, check that state's licensing board as well. You can also do an internet search for the doctor to see what information is available or read reviews. Online reviews are unreliable, however, for many reasons. So don't put too much weight on them.

Also, there's no harm in trying out a new physician, or a few, before making a final decision. If the doctor doesn't end up fitting your needs, you can always continue to your search. Just be careful not to overdo the trials. You want to have a physician who knows you and your history, especially if you have particular health concerns. Seeing the same doctor will help ensure consistency in your treatment. Not to mention changing doctors can be a bit of a process because you'll need to transfer all of your health records and complete new patient paperwork.

Kimberly Blaker is a freelance lifestyle writer. She's also founder and director of KB Creative Digital Services, an internet marketing agency, at kbcreativedigital.com



When is it time to see a specialist?

Your primary care physician may not be able to meet all of your needs, therefore, requiring you to seek a specialist. The process of finding a specialist is similar to that of finding a new physician. However, you can also get recommendations or a referral from your primary care doctor. If you're confident in your doctor, this may be the best way to find a specialist you can trust.

Some conditions or situations for which you might want to see a specialist include:

- ❖ more complex chronic conditions
- ❖ rare or unique diseases or conditions
- ❖ a life-changing diagnosis
- ❖ conditions that require specialized surgery or intervention
- ❖ certain health conditions, such as cancer
- ❖ symptoms that aren't getting better or have returned repeatedly

In addition, if you are a senior with multiple chronic health conditions or have health concerns related to your age, you may be better served by seeing a specialist. In this case, you might want to see a geriatrician instead of, or in addition to your primary care physician.



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Mauthausen Concentration Camp: Because Turning Away is Never an Option

Article and photos by Fyllis Hockman

Main entrance to the camp

Yes, of course, the four Central European capitals we visited on our Danube River Cruise with Grand Circle – Prague, Czech Republic, Vienna, Austria, Bratislava, Slovakia and Budapest, Hungary – overwhelmed with their impressive history, expansive promenades and architectural grandeur. But it was an experience in Linz in Upper Austria that most impacted me – a visit to the Mauthausen Concentration Camp, one of the first to be built and the last to be liberated.

By way of a little background, as a teenager I had my first visual exposure to the horrors of the Holocaust in some newsreel depictions of the liberation of some camps after the war – the emaciated survivors with their sunken eyes, gaunt bodies and harrowed auras. I called my mother, who had told me of the Holocaust my whole life, and said: “Mom, I finally understand.” Now 6 decades later, I came to understand even more.

Mauthausen, one of the largest of the camps, was built high upon a hill in Linz, where Hitler was once a resident, near a large quarry. The rationale behind concentration camps evolved over the war years from imprisoning people, enslaving them and engendering fear among the general populace to simply one of extermination. Mauthausen was considered a Level 3 Camp where the guiding principle was that no one left – everyone was to be killed in some way or other.

The roots of genocide, according to our guide, were fostered in anti-Semitism, an us vs. them mentality, a de-humanization of others who are seen as “less.” It was hard not to draw some parallels to today’s world.

Many bodies engulfed “the stairs of death” leading to and from the quarry where malnourished and mistreated prisoners were forced to carry very heavy stones up very high stairs and often died in the process. Others were simply

pushed down the steps. It becomes difficult to hear the stories as they became so visually enshrined.

Other cases involved prisoners forced outside during winter over whom cold water was poured – a particularly appealing entertainment for the SS guards who delighted in “showering” people to death. Because any SS who shot an inmate trying to escape got extra days off, a favorite party trick was to entice prisoners into situations where they might appear to be escaping – and then shoot them. Stomach cringing continues.

Others, sick and beaten, simply died during daily roll call, a grueling process of standing in the heat or cold for 4-5 hours at a time, and being forced to do exercises when most of them could no longer stand. It is hard to hear all of this – and my stomach clenched and my eyes teared and I was overcome by a sense of helplessness and disbelief that these things actually happened – and no one cared. ➔



A school group touring the camp

In the barracks hundreds were housed in such horrendous conditions the term unsanitary does not begin to describe the degradation. On the wall is a quote depicting the “wheezing, hissing, moaning, sobbing, snoring” that filled the night-time air in 20 languages. More gut-wrenching stomach-churning.

And then we went through the gas chambers where thousands were killed and then the ovens where their remains were buried, with a side visit to the infirmary where unspeakable “experiments” were carried out.

And yet the neighbors and surrounding community ostensibly didn't know what was happening, despite being within earshot of the thousands of prisoners suffering and screaming. In fact, some complained about the noise – but not about why it was occurring. The grandmother of our guide, who was seven at the time, said she could smell the stench of the burning bodies; she knew something bad was happening but nobody talked about it.

Of the 200,000 prisoners who occupied Mauthausen from 1938-1945, about half were killed. There were only 20,000 survivors when liberation finally came on May 5, 1945, with another 80,000 already too ill to benefit from the end of the war. Not surprisingly, the liberators were shocked at the condition of the prisoners. I imagine so too were the community members when they were finally exposed to what was really happening in their backyard. At this point, my stomach was in perpetual decompression mode.

The sleeping area was crammed with bunk beds. Some barracks also had lockers. As a rule, two prisoners had to share a sleeping berth. In other areas of the camp there were no beds and prisoners had to sleep on the floor. The time allotted for sleeping was often no longer than six hours, and even then was frequently shortened as a result of harassment by SS personnel or prisoner functionaries.

Descriptive sign of conditions in barracks

There were signs on walls from visitors in multiple languages: RIP, Never Again, and You won't be forgotten. A simple drawing of an eye with a tear coming down was the one I most related to.

Most of the guards went home after the war suffering no consequences and little was said about what they had done. No one talked about it. According to our guide, it took Austria four decades to acknowledge its part in the Holocaust.

There were multiple school groups of teenagers at the camp and I felt thankful they were learning of the atrocities they otherwise would probably have no knowledge of. History will now change as there soon will be no survivors, no one to say this is what actually happened, and the Holocaust will be relegated to the status of other historical occurrences which the young will learn about in school but will not relate to. There will be no visceral understanding. It will have nothing to do with them. There will be nothing to keep it from happening again. I only wish I could call my mother and tell her once again, that now I REALLY understand.

For more information, visit "Romantic Blue Danube: Budapest to Prague" at <https://www.gct.com>.

EDITOR'S NOTE: Holocaust Remembrance Day is January 27.



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Mary Cane: Gambler's daughter

by Lani Duke

Stories about pioneer Mary Cane are many; few are substantiated. Separating myth from fact is easier with ever growing digitized databases, but still many "facts" in the story of Mary Cane must be taken with grains of salt varying in size..

Sometimes called "the mother of Shreveport," she preceded Captain Henry Miller Shreve to the bend in the Red River where a city would soon take root.

Mary Doal Cilley Bennett was the child of Samuel Bennett and Comfort Batchelder, born in Chichester, Merrimack, N.H., according to Ancestry.com. The record shows her as having one child, James H. Bennett.

A Find-A-Grave contributor wrote that Mary's father was a professional gambler who "played chequers unusually well" but believed that playing for the sake of the game was a waste of time without \$10 or more at stake. He became a land and slave owner in Alabama, the writer indicates, but does not say whether those possessions were the result of successful wagers.

When Capt. Henry Miller Shreve arrived at the Red River to begin clearing the "Great Raft" debris from its channel and make the waterway navigable, he found the trading post of Mary and William Smith Bennett and James Huntington Cane already established on Bennett's Bluff (today's riverfront up to the Spring Street Museum.



Mary Bennett Cane circa 1835

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The trading post, well enough established by July 1, 1832, to have created its own currency, evidenced by remaining paper “money” bearing the claim it was due and payable “at Cane & Bennett’s Post,” on display at the Louisiana State Exhibit Museum. At the trading post, hunters, trappers, and Texas-bound emigrants purchased supplies; so did settlers who recognized that the river-deposited soil was rich in nutrients and capable of supporting substantial harvests.

When a small group of speculators formed the Shreveport Town Company, buying Larkin Edwards’ claim of approximately 640 acres including the land on which the trading post stood, the “commercial firm of Bennett and Cane” owned one of the shares in it.

Supplying the needs of Shreve’s four steamboats and crew of some 160 men boosted the profits of Bennett & Cane as the river opened to navigation in 1837. The influx of travelers and laborers inflated the local population enough for the Louisiana Legislature to split Caddo Parish out of Claiborne Parish in 1838. That year, the Louisiana Compiled Marriages list includes Mary’s wedding to James Huntington Cane June 28. [William Bennett was apparently deceased.]

Local historian Clifton D. Cardin in an online Brief Bossier City History wrote that more than 200 wagonloads of settlers were passing through Bossier City by 1850, moving to further western lands and “steamboat loads of cotton, corn, and sweet potatoes” left the Cane’s Landing “plantation port” for markets in the south and east. The fertile soil induced some to stay. They bought supplies from Mary Cane, now a widow again. She sold supplies to Confederate soldiers during the War Between the States and her house was a hospital for soldiers wounded during the 1864 Battle of Mansfield.

By 1874, Mary was the only living member of the foursome who had started the trading post. The store spread over three operational bases -- Shreveport, Canton, and Homer --, buying and selling groceries, produce, cotton, and feed.

Mary Cane occupied a pivotal role in Shreveport development throughout her life. Historian Gary Joiner credits Mary as the city’s first patron of the arts, financing the first theater; her lifespan stretched from the War of 1812 to the year before the Wright brothers made their first powered flight.

On her daughter Jennie’s death, Mary took charge of Jennie and Harfield McCormick’s children, Anna, Willamine, William, and infant Grace. The 1873 yellow fever epidemic killed both the boy and the baby. It was the last major “yellow jack” outbreak in Shreveport; Shreveport enclosed its water and sewer system soon afterwards, leaving disease-bearing mosquitoes much reduced breeding grounds.

Mary Cane died in 1902 at the age of 89. Among her gifts to the city are Oakland Cemetery, where she is buried, and Princess Park, the city’s first public park,

History du Jour tells stories drawn from northern Louisiana newspapers, some amusing, some dramatic, some tragically human, as a bend in the river, choked with logs and debris, transitioned to a city on its way to an innovative future.

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Domestic Abuse Battery Affects All Ages

by Judge Jeff Cox

Every day in court, dockets are being filled with domestic abuse battery cases. In fact, in reading recent newspaper articles, we have seen where domestic disputes have escalated to shootings of one spouse or the other, or other household members who live in the home. A portion of cases involve spouses that get into an argument with each other and an altercation starts between them. In some cases, elderly parents are involved in situations where a child or caregiver is the person who is alleged to have done the battery to the elderly parent. Although other crimes can be charged if a caregiver or child abuses an elderly person, a battery can be charged if the elderly person was battered. In all cases, the court takes a serious stance on these types of crimes due to consequences that may arise out of a domestic abuse situation.

These cases are also taken very seriously by the law enforcement community due to

the fact that any call regarding fights or batteries between parties in a home can lead to serious injury or death of one of the parties. In addition, law enforcement officers are at significant risk due to the fact that parties involved in these disputes may be armed and may turn their weapons upon the officers who are called into these situations. Any time an officer is called upon to intervene in a domestic abuse battery situation, law enforcement officers, under new mandates, may be required to take one of the parties to jail. In some cases, both parties are arrested and taken to jail. When a party is arrested and taken to jail on these types of crimes, they will be held until a bond is set by a judge. Law enforcement officers want to make sure the party, or parties, alleged to have caused the trouble in the home is removed from the home so no further trouble or injury can be caused.

Louisiana Revised Statute 14:35.3 states Domestic Abuse Battery is “the intentional use of force or violence commit-





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ted by one household member upon the person of another household member without the consent of the victim". This violence can involve arguing whereby one party forcefully pushes the other or in more severe cases, the person hits the other person involved in the dispute. As stated earlier, this usually involves spouses. However, domestic abuse can occur between persons who are considered household members and have ever lived in the home. This can include a parent who gets into a fight with an adult child who has not lived in the home in a number of years. The Legislature has also passed domestic violence laws which apply to Dating Violence and have similar provisions as the domestic violence laws with a few exceptions.

In the courts, we usually see younger to middle aged couples involved in these types of crimes. However, as America ages, we are seeing a few more cases involving the elderly. In the future, more of these cases may involve elderly couples due to the fact that elderly spouses may start to suffer from diseases such as dementia or other diseases which may affect their ability to reason and may make them hostile to their spouse or persons who are trying to care for them in the home.


If a person is charged with and found guilty of domestic abuse battery, they can be ordered to spend up to six months in jail depending on how severe the battery was that occurred. Sentences and fines can be enhanced to felonies if the injuries are serious. The first ten (10) days of that sentence are to be served without benefit of probation, parole, or suspension of sentence. In addition, they are ordered to attend counseling, can be fined, and are ordered to surrender any firearms in the home while they are on probation. In addition, depending on the conviction, they can lose their rights to carry or possess firearms for up to ten (10) years. Second and other offenses are naturally considered more severe and will be treated that way according to the law and by the court if the person alleged to have committed the domestic abuse battery is convicted of the crime.

The lesson in this situation is to try to remove yourself from the situation if an argument becomes heated. Let cooler heads prevail. If a person is suffering from a mental infirmity, try to let that person cool down if they are not threatening you in a manner that may cause serious injury. Do not continue to argue to the point that a physical altercation happens. Not all situations can be avoided, but do the best you can to avoid the situation.

However, if the situation does get out of control, do not hesitate to call your local law enforcement agency. Situations where a person gets out of control and starts to push or hit can cause serious injury or death to the person on the other side of the battery. A person involved in these situations must protect themselves from abuse. *Judge Jeff Cox is judge of the Louisiana Circuit Court of Appeal for the Second Circuit.*



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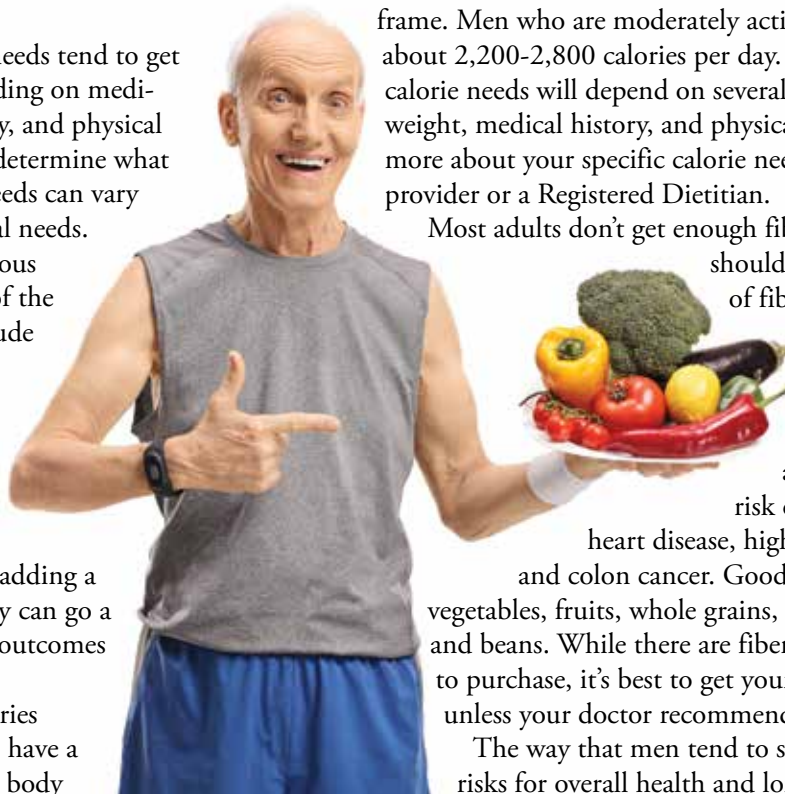
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Men Have Special Nutritional Needs, Too

by Abigail McAlister

As we age, our nutrition needs tend to get more specialized, depending on medical history, family history, and physical activity level. Even our sex can determine what we need, as men's nutritional needs can vary greatly from women's nutritional needs. Men tend to suffer from numerous chronic diseases. In fact, some of the top causes of death in men include heart disease, diabetes, stroke, and chronic liver disease. These are all diseases that can either be prevented or managed through healthy lifestyle changes. Sometimes, medicine is needed for management, but adding a healthy diet and physical activity can go a long way for overall health and outcomes of these diseases.

Men typically need more calories than women do, as they tend to have a higher muscle mass and a larger body



frame. Men who are moderately active on a daily basis need about 2,200-2,800 calories per day. Of course, each person's calorie needs will depend on several factors, like height, weight, medical history, and physical activity level. To learn more about your specific calorie needs, ask your primary care provider or a Registered Dietitian.

Most adults don't get enough fiber in their diet. Men should consume about 38 grams of fiber each day, and once they hit 50 and older, they should consume about 30 grams per day. Fiber is important, as it helps to decrease the risk of developing diabetes, heart disease, high cholesterol, and prostate and colon cancer. Good sources of fiber include vegetables, fruits, whole grains, nuts, seeds, legumes, and beans. While there are fiber supplements available to purchase, it's best to get your fiber from food sources unless your doctor recommends a fiber supplement.

The way that men tend to store body fat can pose risks for overall health and longevity. As men age, they

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tend to gain more weight in their abdomen, which is also known as the “apple shaped” body. This differs from women, who tend to have a pear shape, meaning they gain weight in their buttocks, thighs, and breasts. The fat that accumulates in the abdomen can pose more health risks than fat that is stored in other parts of the body. Too much abdominal fat may increase one’s risk for type 2 diabetes, high blood pressure, heart disease, and some cancers. For men, it’s important to keep your waist circumference less than 40 inches to lower your risk for these diseases. To reduce your abdominal fat, try to eat a balanced diet, watch portion sizes, keep your calories in count, and get enough exercise each week. It’s recommended that adults get 150 minutes of moderate intensity exercise each week, or about 30 minutes five days of the week.

Sometimes it seems more reasonable to wait to make lifestyle changes until your primary care provider raises concerns, but the truth is that maintaining healthy habits now can lead to lifelong health and fewer doctor’s visits. Knowing your specific nutritional needs and following the recommendations can decrease your risk for numerous health issues and increase your overall longevity.



McAlister

Abigail McAlister is a Registered Dietician and nutrition agent with LSU AgCenter for Caddo and Bossier Parishes. Her focus is adult nutrition education and promotion. Contact her at amcalister@lsu.edu.

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Organ Donations and Other Adventures at the DMV

by Lee Aronson

Chrissy (all names have been changed) was brain dead. After the doctors made the brain death determination, someone from the Louisiana Organ Procurement Agency met with her family and told them that she had elected to be an organ donor when she had gotten her driver's license.

At first, Chrissy's mom was against the idea because she did not want her daughter "cut on." But after further discussion, her mom, her dad and her brother all agreed to honor Chrissy's wishes and allowed her organs to be donated.

Six months later, while cleaning out Chrissy's room, her mom found her daughter's driver's license. As she looked at it closely, she noticed that it did NOT say that Chrissy wanted to be an organ donor. Here's what had happened: Chrissy actually had 2 driver's

licenses. The one she had in her wallet at the hospital said she DID want to be an organ donor, but it had expired a year or two before Chrissy had been hospitalized. Chrissy's current non-expired driver's license, the one that her mom found in her room, did NOT say that Chrissy wanted to be an organ donor.

So Chrissy's family sued for wrongful organ removal. And they won \$30,000. (Well, to be technical, the dad didn't win. He was dropped from the case "upon discovering that he was not [Chrissy's] biological father."

\$30,000: sound fair to you? The Organ Procurement Agency sure didn't think so and quickly appealed.

The appellate court seemed to have a real problem with Chrissy's brother. He told the Judge that he had taken Chrissy to the DMV to get her license renewed. He said that Chrissy specifically told the DMV worker that she



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did not want to be a donor. Yet when the organ donation people were talking to Chrissy's family at the hospital, the brother made no mention of this at all.

But the appellate court's biggest problem wasn't with the brother. There is a little-known law that says when it comes to organ donation, it's almost impossible to sue anyone "for any loss or damage caused by any act or omission." In other words, Chrissy's family didn't get the \$30,000.

Everything I've told you so far is based on a real-life Louisiana case that happened many years ago. But what I'm about to ask is not true. It did not happen. What if Chrissy had shown up at the DMV to renew her license and she was drunk? Apparently, that really does happen a lot in Louisiana. So much so that the DMV had to come up with an official policy: "An analyst shall not issue a driver's license to an applicant who appears to be intoxicated or overly medicated, even if it is for a renewal or a duplicate license. There is too much danger that the applicant may assume that he is immediately free to operate a motor vehicle. The applicant should diplomatically be advised to return at a later date."

Getting back to organ donation, let me tell you about one final case: When Jack died at the hospital, he died alone. He had no family what-so-ever. The only person who seemed to care at all was a friend in Arizona. Can this friend donate Jack's organs? According to Louisiana law, if you haven't made a decision about organ donation, then when you die, there is a list of people who can make this decision for you. Most of the people on the list are family members. But if you don't have any family, then "an adult who exhibited special care and concern" can authorize organ donation.



Aronson

Lee Aronson is an attorney in Shreveport, Louisiana, with Gilsoul & Associates, LLC. His practice areas include estate planning and elder law.



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Jacqueline Bisset's Sizzling Career

By Nick Thomas

Now in her seventh decade as a film actress, British beauty Jacqueline Bisset first hit the big screen in the mid-1960s and was soon on her way to becoming a household name after dramatic roles later in the decade in films such as "Bullitt" with Steve McQueen.

Although her role was small as McQueen's sizzling love interest and she didn't appear in the film's action sequences, Bisset was on set to witness some of the legendary driving scenes often performed by McQueen, a keen race car enthusiast.



Steve McQueen and Jacqueline Bisset in a publicity shot for "Bullitt" (Warner Brothers-Seven Arts)

"Watching those cars jumping in the air on the streets of San Francisco was amazing," Bisset recalled from Los Angeles. "There were also some scenes where I had to drive Steve around in a yellow convertible and remember thinking God Almighty, I don't want to mess this up with a race car driver next to me!"

She says McQueen, a major star at the time, was "very patient with me and we would go out for meals with the director and producer when we'd break for lunch. He didn't like getting caught in crowds and would often just jump on his bike and get the hell out of there."

Also memorable for Bisset – and audiences for her wet T-shirt scenes – was "The Deep" a decade later. Noted for its stunning underwater sequences, the actress still has mixed feelings more than 40 years later when she speaks of the aquatic adventure.

"As a child, some stupid kids tried to dunk me and ever since I've been fearful of the water and swimming around others," she explained. "But the diving crew on 'The Deep' were amazing and I found it a beautiful experience even though the thought of drowning was still a daily worry. I had a stunt double for some



underwater shots, but she looked nothing like me so it meant I attempted more stunts that I would have liked. When you're 90 feet underwater you have to solve any problem right there – you can't just shoot to the surface."

In one scene, her character attempts precisely that after encountering a moray eel (her stunt double did the eel sequence).

"It was complicated to film and very frightening – I actually thought I was going to drown. The others didn't know if I was acting or in real trouble, which I was. I got through it, but even as I speak of it now, my throat tightens!"

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for 2021, Bissett has remained a busy actress throughout her career and in recent years has tackled personal roles such as 2018's "Head Full of Honey" with its Alzheimer's theme.

"My mother got dementia in her early 50s and lived with it for 35 years, so it's something I knew a lot about," she says. "The film approaches the subject with a little humor because that can sometimes help families dealing with it. It's painful humor but can make it more bearable."

Nick Thomas teaches at Auburn University at Montgomery, Ala., and has written features, columns, and interviews for over 850 newspapers and magazines.



With Nick Nolte and Robert Shaw in "The Deep" - Columbia Pictures



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Vegetarian Ramen Zoodle Bowls

Servings: 4

4 large eggs
ice water
2 cups fresh water
1 quart vegetable broth
5 ounces (3 cups) broccoli florets, cut into bite-size pieces
10 ounces (4 cups) spiralized zucchini
5 ounces (5 packed cups) baby spinach
1 tablespoon, plus 2 teaspoons, white miso paste

¼ teaspoon kosher salt, plus additional, to taste, divided
1 tablespoon toasted sesame oil, plus additional for garnish, to taste
2 cups mung bean sprouts, for garnish
chili garlic sauce, for garnish
1 cup shredded raw carrot, for garnish
4 tablespoons crushed peanuts, for garnish

In large saucepan of gently boiling water, cook eggs 7 minutes then transfer to bowl of ice water.

Drain cooking water from saucepan then add broth and fresh water. Bring to simmer over medium-high heat. Add broccoli and cook 3 minutes then add zucchini and spinach. Continue cooking until spinach is wilted and zucchini is crisp-tender, 2-3 minutes. Remove from heat.

Ladle about ½ cup broth from saucepan into small bowl. Add miso paste and ¼ teaspoon salt; whisk to combine. Return mixture to soup, add sesame oil and stir to combine. Add additional salt, to taste. Cover to keep warm.

Remove eggs from ice bath; peel then cut in half lengthwise. Ladle 2 cups soup into four serving bowls. Top each portion with one egg and ½ cup sprouts. Drizzle with chili garlic sauce and additional sesame oil, to taste. Top each serving with ¼ cup shredded carrot and 1 tablespoon crushed peanuts.

Nutritional info per serving: 10 grams net carbs; 17 grams total carbs; 7 grams fiber; 16 grams protein; 13 grams fat; 253 calories.



Broccoli and Bacon Egg Bites

Servings: 4

Nonstick cooking spray

5 slices (4 ounces) no-sugar-added bacon

5 large eggs

3 ounces cream cheese

2 tablespoons feta cheese

1 tablespoon hot sauce

½ teaspoon kosher salt, plus additional, to taste, divided

4½ ounces broccolini (5-7 stalks), stalks and florets thinly sliced

1 tablespoon water

1½ cups baby arugula

1 tablespoon lemon juice

1 tablespoon extra-virgin olive oil

freshly ground black pepper, to taste

1 cup fresh blueberries

Preheat oven to 350° F. Lightly coat eight silicone egg-bite mold cups or eight cups of standard nonstick muffin tin with nonstick cooking spray and set in large baking pan.

In large nonstick skillet, cook bacon over medium heat until golden, about 5 minutes per side. Transfer to paper towel-lined plate to drain. Chop bacon into small pieces.

In blender, puree eggs, cream cheese, feta cheese, hot sauce and ¼ teaspoon salt until smooth.

Pour off all but 1 tablespoon fat from skillet. Add broccolini, water and ¼ teaspoon salt. Cook over medium-high heat, stirring frequently, until broccolini is tender, 3-5 minutes. Remove from heat.

Fill each egg cup with 1 teaspoon bacon and 1 tablespoon broccolini. Top with egg mixture, filling cups to about 1/8 inch from top. Add just enough boiled water to baking pan to come halfway up sides of molds.

Bake egg bites until set, 20-25 minutes. Take pan from oven then take molds from water bath. Let egg bites cool then remove from molds.

In medium bowl, toss arugula, lemon juice, oil and salt and pepper, to taste. Place ¾ cup salad, two egg bites and ¼ cup blueberries on four plates and serve.

Nutritional information per serving: 9 grams net carbs; 11 grams total carbs; 2 grams fiber; 14 grams protein; 34 grams fat; 400 calories.

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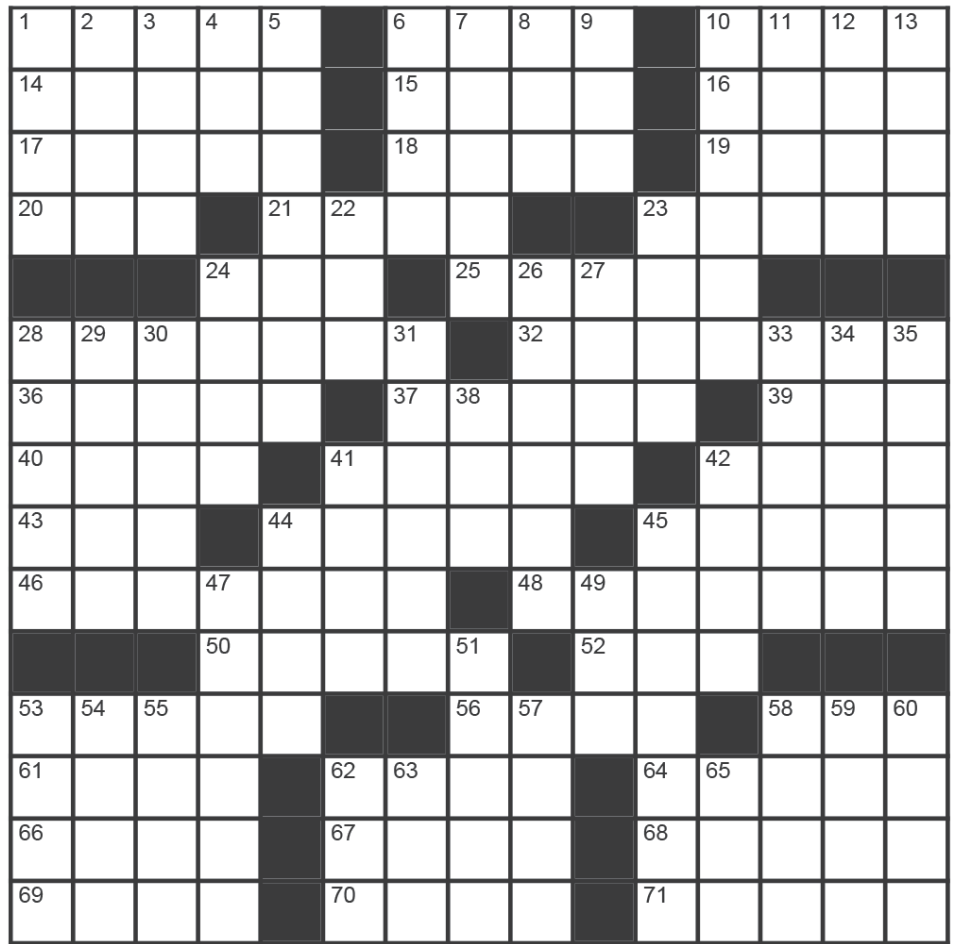
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Across

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| 45 Station | 41 Ride the waves |
| 46 Responds | 42 At this point |
| 48 Shock | 44 Equipment |
| 50 Sword handles | 45 Stilettos |
| 52 Sensitive subject, to some | 47 Type of ship |
| 53 Transparent | 49 Browning work? |
| 56 Picture card | 51 Go around |
| 58 It's a gift | 53 Dressed |
| 61 Veg out | 54 Easy gait |
| 62 Surrounded by | 55 "If all ___ fails ..." |
| 64 Adhesive | 57 March time |
| 66 Basilica part | 58 Much of Mongolia |
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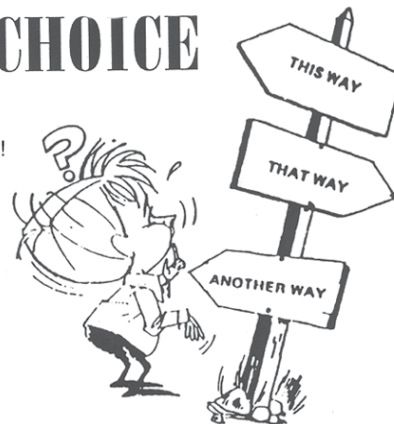
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— Janet F.

Have you ever said to yourself "I'd love to get a computer, if only I could figure out how to use it." Well, you're not alone. Computers were supposed to make our lives simpler, but they've gotten so complicated that they are not worth the trouble. With all of the "pointing and clicking" and "dragging and dropping" you're lucky if you can figure out where you are. Plus, you are constantly worrying about viruses and freeze-ups. If this sounds familiar, we have great news for you. There is finally a computer that's designed for simplicity and ease of use. It's the WOW Computer, and it was designed with you in mind. This computer is easy-to-use, worry-free and literally puts the world

at your fingertips. From the moment you open the box, you'll realize how different the WOW Computer is. The components are all connected; all you do is plug it into an outlet and your high-speed Internet connection. Then you'll see the screen – it's now 22 inches. This is a completely new touch screen system, without the cluttered look of the normal computer screen. The "buttons" on the screen are easy to see and easy to understand. All you do is touch one of them, from the Web, Email, Calendar to Games– you name it... and a new screen opens up. It's so easy to use you won't have to ask your children or grandchildren for help. Until now, the very people who could benefit most from E-mail and the Internet are the ones that have had the hardest time accessing it. Now, thanks to the WOW Computer, countless older Americans are discovering the wonderful world of the Internet every day. Isn't it time

NEW

Now comes with...

Enhanced Video Chat

Faster Email

Larger 22-inch hi-resolution screen – easier to see

16% more viewing area

Simple navigation – so you never get lost

Intel® processor – lightning fast

Computer is in the monitor – No bulky tower

Text to Speech translation – it can even read your emails to you!

U.S. Based Customer Service

FREE

Automatic Software Updates

you took part? Call now, and you'll find out why tens of thousands of satisfied seniors are now enjoying their WOW computers, emailing their grandchildren, and experiencing everything the Internet has to offer. Call today!

- Send & Receive Emails
- Have video chats with family and friends
- Surf the Internet:
 - Get current weather and news
- Play games Online:
 - Hundreds to choose from!

Call now toll free and find out how you can get the new WOW! Computer.

Mention promotional code 113961 for special introductory pricing.

1-888-671-9845

The **WOW!** Computer

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Answers from the Experts



EXPERTS: If you would like to help your community by answering a question here, call 636-5510
READERS: Send your questions to The Best of Times, Box 19510, Shreveport, LA 71149

My mother has been recently diagnosed with Alzheimer's disease, does she qualify for hospice care under her Medicare benefits?

Medicare will pay 100% for hospice services for Alzheimer's disease and any diagnosis where patients are determined to have a life expectancy of less than six months. Our hospice would need to obtain a physician's order to evaluate your mother to see if she meets the hospice Medicare guidelines of a 6 month prognosis to qualify for hospice care services.



Toni Camp
Regional Hospice Care
Group
8660 Fern Avenue, St. 145
Shreveport, LA 71105
(318) 524-1046
See our ad on page 21, 32.

What is a "floater" and can they be treated?

A floater is debris in the vitreous fluid behind your lens. Vitreous is a clear fluid that allows light to pass all the way from your lens to your retina. Everyone has a little debris in the vitreous that floats around. When this debris passes through light it casts a shadow onto your retina and you see that as a floater. Some floaters are black dots, some look like strings and others can look like clouds that float across your vision. If we can see the floaters in the vitreous fluid and they are not too close to your retina, we can use a laser to break them up so you don't see them as much.



Chris Shelby, MD
WK Eye Institute
7607 Youree Dr.
Shreveport, LA 71105
(318) 212-3937
See our ad on page 14.

My shoulder hurts. Should I play through the pain?

Over 12 million people visit a doctor's office for a shoulder problem annually. Athletes are particularly prone to shoulder injuries due to repetitive, cumulative stress/injuries. Injuries occur during sports, as well as every day home and work activities. Most shoulder problems involve muscles, tendons, and/or ligaments and can be treated effectively with exercises, medications, physical therapy, etc. Steady pain, limitation of motion, difficulties with work activities of daily living or difficulty with sleep should alert you to seek an orthopedic surgeon for help in diagnosing and treating your shoulder pain.



John J. Ferrell, M.D.
Mid South Orthopaedics
7925 Youree Drive;
Suite 210
Shreveport, LA 71105
(318) 424-3400

PUZZLE answers (from pages 26 & 27)

A	W	F	U	L		Z	U	N	I		A	D	I	T
R	A	I	S	E		E	V	E	N		B	U	O	Y
G	I	V	E	N		R	U	T	S		D	A	N	K
O	L	E		I	D	O	L				P	U	L	S
				N	E	O		A	S	P	I	C		
M	A	R	I	N	E	R		T	A	C	T	I	C	S
E	D	I	C	T		E	P	I	C	S		N	A	M
D	O	C	K		S	T	A	L	E		H	E	R	O
I	R	K		G	U	E	S	T			D	E	P	O
A	N	S	W	E	R	S		S	T	A	R	T	L	E
				H	A	F	T	S		A	G	E		
C	L	E	A	R			K	I	N	G		G	A	B
L	O	L	L		A	M	I	D		E	P	O	X	Y
A	P	S	E		L	O	R	E		R	U	B	L	E
D	E	E	R		L	O	T	S		S	T	I	E	S

2	8	5	7	9	4	1	3	6
1	9	4	8	6	3	2	7	5
7	6	3	2	1	5	4	9	8
3	1	7	5	2	6	8	4	9
9	4	2	3	8	7	6	5	1
8	5	6	1	4	9	3	2	7
5	2	1	9	3	8	7	6	4
6	7	8	4	5	2	9	1	3
4	3	9	6	7	1	5	8	2

W	T	J	Z	V	J	K	R	C	M	T	E	M	W	N	E	V
G	Q	L	A	N	Y	A	R	D	S	E	J	E	B	X	M	N
P	V	E	D	F	H	N	N	A	L	U	F	H	D	E	C	K
E	E	W	X	F	C	V	A	N	C	Q	R	E	Z	F	X	A
V	G	N	V	L	I	A	T	N	A	P	H	M	E	H	T	C
A	L	L	N	T	K	Z	G	O	A	T	T	A	G	E	R	J
Z	L	D	I	A	E	I	Z	F	E	B	W	A	N	O	O	G
C	E	F	M	B	N	K	G	E	Z	N	S	H	W	N	P	N
O	T	N	A	C	E	T	L	S	E	M	A	S	T	G	K	D
C	L	W	E	V	L	V	V	T	H	Y	N	N	C	R	E	W
K	E	U	B	Z	Q	E	T	Q	G	E	T	A	C	C	F	Q
P	C	W	F	U	I	A	A	J	S	B	V	S	W	H	C	A
I	R	K	E	F	B	E	R	T	H	M	I	H	A	P	O	M
T	E	P	L	P	F	H	E	U	O	H	P	E	O	L	R	K
N	L	L	E	E	K	R	L	O	J	U	O	L	E	L	R	F
M	L	W	Y	A	N	L	B	Y	J	D	G	M	B	D	E	A
I	I	W	F	J	W	B	Y	A	W	G	N	A	G	Q	W	G
U	T	I	U	R	U	D	D	E	R	K	P	Z	G	E	L	J

SHREVEPORT *Then & Now*

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The M.L. Bath Company was founded in 1905 by M.L. Bath. Originally located at the corner of Spring and Travis Streets in the old Armory building, it moved to the old Masonic Building at 401 Market Street in 1911. In 1921 the Bath building at 610-612 Market Street was built. Notice the old brass plaques on the building.

That's Mark Mangham pointing to it in the blended picture. The plaque that he's holding is one of those plaques! Keith Todaro and workers discovered both of them hidden in a "cubby hole" in the basement of the present day building years ago. When they found them they were completely covered with dirt and soot. They thought there were just scrap metal until one of the workers accidentally spilled his bottle of water on one of them and it revealed it was actually brass and that there was writing on it! After they wiped off the dirt, they were shocked to see what it said.

Todaro immediately knew what he had! They had been stored and forgotten for over 80 years! He had them repainted to their former glory and now they look exactly like they did years ago. What an awesome story! The American Tower in Downtown Shreveport is now at 401 Market!



FOOD FOR SENIORS

Catholic Charities Food for Seniors is the sole agency of Louisiana's Commodity Supplemental Food Program (CSFP) which will provide monthly nutritional food boxes to seniors who are 60 years old or older and meet Federal Income Guidelines with nutritious USDA foods. Find out if you qualify for Food for Seniors monthly boxes by going to: www.ccano.org/food-for-families-seniors and selecting the link under Client

Resources or call us at

800-522-3333

Stand Up Straight and Feel Better

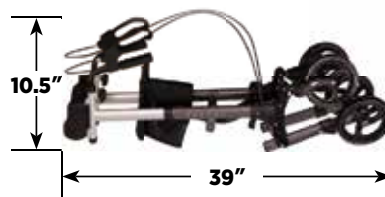
Discover the Perfect Walker™, the better way to walk safely and more naturally



It's a cruel fact of life, as we age, gravity takes over. Our muscles droop, our bodies sag and the weight of the world seems to be planted squarely on our shoulders. We dread taking a fall, so we find ourselves walking less and less— and that only makes matters worse.

Well, cheer up! There's finally a product designed to enable us all to walk properly and stay on the go. It's called the Perfect Walker™, and it can truly change your life.

Traditional rollators and walkers simply aren't designed well. They require you to hunch over and shuffle your feet when you walk. This puts pressure on your back, your neck, your wrists and your hands. Over time, this makes walking uncomfortable and can result in a variety of health issues. That's all changed with the Perfect Walker™. Its upright design and padded elbow rests enable you to distribute your weight across your arms and shoulders, not your hands and wrists. Helps reduce back, neck and wrist pain and discomfort. Its unique frame gives you plenty of room to step, and the oversized wheels help you glide across the floor. The height can be easily adjusted with the push of a button to fit anyone from 5' to over 6'. Once you've reached your destination you can use the hand brakes to gently slow down, and there's even a handy seat with a storage compartment. Its sleek, lightweight design makes it easy to use indoors and out and it folds up for portability and storage.



Easy Folding Compact Design

Why spend another day hunched over and shuffling along. Call now, and find out how you can try out a Perfect Walker™ for yourself... in your own home. You'll be glad you did.

Perfect Walker™

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