

GENERATIONS

HAWAI'I'S RESOURCE FOR LIFE

MAGAZINE | VOL 12/4 • JUL/AUG 2022

A PIONEER IN NEUROSURGERY

Dr. William Won makes his mark in the history of brain surgery in Hawai'i.

Before the invention of the MRI and CAT scans, it was quite challenging to diagnose brain illnesses and injuries. "We had to rely upon our own clinical physical exams."

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Air of
Acceptance**

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Like There's No
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Many, if not all seniors, want to stay in their own homes as they age. The good news is that with the right help, they just might be able to do it. Staying in your own home as you get older is called “aging in place.” The US Centers for Disease Control and Prevention defines aging in place as “the ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability level.”

The pandemic may have changed the way people live and their feelings about home and community, but what COVID-19 hasn’t affected is older adults’ desire to stay in their homes as they age. Data shows that 77 percent of adults 50 and older want to remain in their homes for the long term — a number that has been consistent for more than a decade. But a recent report from AARP showed that only 65 percent of persons aged 60 to 70 and only 43 percent of those aged 70 and older find it very easy to live independently. So what are the keys to aging in place successfully?

As a service to our readers and the community, *Generations Magazine* has offered Aging in Place Workshops for the last 13 years; the popular annual workshops were temporarily postponed due to the COVID-19 pandemic in 2020 and 2021. The good news is, as we emerge from the pandemic, *Generations* and its partners will not only reinstitute its annual workshop this year, but also offer monthly mini-workshops on the third Wednesday of every month, offering seniors, and their families and caregivers the opportunity to meet with experts who are equipped to offer advice, help and resources seniors need to continue to live independently. Topics will include finance, gerontology, legal issues, nonprofit programs, government support services, fall prevention tips, long-term care options, reverse mortgages, healthy living, social security and many, many more.

The monthly workshops will be held from 8:30am to 12:30pm and 1:30pm to 4:30pm at the Ala Moana Hotel in Honolulu. The free, all-day annual event will be held on Oct. 1. The schedule will be published in an upcoming edition of *Generations Magazine*.

More details will be published at www.generations808.com as they become available, or check our Facebook page at www.facebook.com/genmag808.

Generations is also excited to announce that we will begin distributing to all of O’ahu’s Zippy’s Restaurants. **Look for *Generations Magazine* at your local Zippy’s.** ■



Stay safe. Stay well!
Debra Lordan, Associate Editor

Answers: Word Search, pg. 46

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E	R	W	Z	O	O	W	W	Q	M	O	B	M	Q	E	L	T	M
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F	H	E	F	S	Z	E	O	T	K	P	P	Z	E	K	O	T	N
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R	U	A	G	V	P	C	R	U	U	A	M	X	O	L	U	R	
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Who's Behind Generations Magazine?

Our dedicated writers. *Generations Magazine* relies on Hawai'i's experts—from financial and legal advisors to healthcare professionals and grandparents—to write articles that are important to seniors and their families. The magazine also works with trusted sources in the community to provide leads, story tips and valuable information. Here are some of the faces behind the scene:



JANE BURIGSA is the Public Affairs Specialist for the Social Security Administration in Hawai'i. Her area includes offices in Honolulu, Kapolei, Hilo, Wailuku, Līhu'e, American Samoa, Guam and Saipan. She gives numerous presentations about Social Security programs and serves as the liaison between community organizations, the media, congressional offices and other government agencies. She has over 25 years' experience with the agency in both technical and supervisory roles.



FAITH GIANAN is the general manager of Roselani Place Assisted Living on Maui. She also served as the memory care coordinator there for eight years. Previously, she was the executive director of the Regency Hualalai on the Big Island. She received her degree from the University of Southern California School of Gerontology. With 19 years of experience in the senior living industry, Faith continues to reflect on her professional and personal experience to bring humility, compassion and empathy in order to serve our kūpuna and staff in her highest and best capacity.



ANNETTE PANG owns two licensed adult residential care homes for the elderly, where she observes that many families are unable to come together to care for their loved ones. She developed 10 modalities for providing tools to families that help strengthen, relieve and heal family interactions. She also was a teacher at Hanalei School. As a relationship coach for families of seniors, she provides personal coaching in peacemaking and offers public service advice via her blog and podcasts at www.legendarywisdoms.com.



SUSAN MILLER retired in 2018 from the University of Hawai'i-Mānoa College of Education at the Center on Disability Studies, where she focused primarily on "workforce system change." Susan also worked with the state to reopen its former Waimano Training School and Hospital as a creative industry center for working artists and native Hawaiian practitioners. Currently, Susan consults with USDA's National Organic Program, organizing a Hawai'i-Florida team to create the nation's first certified organic farm technician program for high schools and community colleges.

A special mahalo to our additional contributors, whose dedication to the senior community is greatly appreciated. And also to our loyal contributing partners, whose presence continues to enhance this magazine's value.

KAHALA HOWSER | MARTHA KHLOPIN | NORMA KOP | CARLEEN MACKAY
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SCAN ME!



Jobs Then, Work Now

by Carleen MacKay, Emerging Workforce Expert

It's a new day and a new time in today's world of work. A shifting economic landscape continues to drive significant changes in the American workplace. Nearly every aspect of the country's workforce has changed in the last 50 years. The demographic makeup of who goes to work is radically different, along with the type of work individuals do, how they do it, where they do it and even how they save for retirement.

JOBS THEN

- One full-time job occupied one physical space.
- Requirements for different jobs were similar.
- Decision-makers were impacted by long-standing prejudices: age, hiring choices, etc.
- Limited use of flexible/temporary contributors.
- Virtual work was virtually unknown.

WORK NOW

- Workers may not be needed or hired on a full-time basis. More than 40 percent of the workforce are not employed on a full-time basis in regular jobs at a physical office/factory.
- Changing demands equals shifting qualifications and skills. The workforce must learn, unlearn and relearn lessons and skills in this new world of work. Skills are more important than degrees. Eight out of 10 opportunities do not require a degree, but all require updated skills.
- The retirement age of 65 is a remnant. The average lifespan has increased by over 17 years since Social Security (SS) began.

THINGS TO CONSIDER

- Without additional income, you are likely to outlive your money. Don't count on SS benefits as your major source of income. In fact, the future of Social Security is a serious concern.
- An increasing number of us will be alone as we mature because of a spouse's death or, even more likely, because of divorce. Will social isolation prompt you to seek some form of work?
- Research confirms that social engagement, working and learning throughout our lifetimes

help reduce the risk of cognitive decline.

SO LET'S

- Replace the word "jobs" with the word "work."
- Reach out to the community to learn new skills and invigorate our social connections.
- Work part-time, some of the time or remotely.
- Continue to live a balanced life that matters.

It's time to explore alternatives that are suited to our time of life in this fast-changing world. ■

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Zooming Into the Future

by Teri Pinney, Instructor, Kapi'olani Community College



The US Census Bureau has reported that people aged 65 and older will outnumber those under 18 years old by 2034. Every year, millions of these senior citizens look at life after retirement as an opportunity to expand their horizons and learn more. It's a time to take special-interest lessons or even earn a degree. For some, it may even mean going back into the workforce and starting a new career.

That's what I did as a 71-year-old retired high school assistant principal. I went back to college, earned another degree and eventually entered the workforce. What I immediately discovered, however, was the "Wild West" of technology. Every mode of learning or working involved online programs.

Colleges and universities were offering curricular courses via online sessions or what are called distance learning venues. Instead of sitting in a classroom surrounded by fellow students with the instructor in front of the class, I sat at home at my laptop with a cup of coffee and simply clicked a link I received in an email to enter an online grad class via Zoom. Zoom Meetings is a proprietary videotelephony software program.

Today, I have also become one of those people who work from home... better known as remote employment. Through Zoom, I partake in virtual meetings or have one-on-one conversations with clients. I also teach online, offering Power Point presentations via Zoom.

There are other video conferencing platforms, such as Microsoft Teams or Google Meet. However, Zoom right now is used the most in schools and the workplace. As long as you have a smartphone, tablet, laptop or computer—in other words, a camera, speakers and microphone—you have access to Zoom (once you download the program).

How did I learn to use it? As with many things in these rapidly changing times, I learned through trial and error. This, fortunately, has worked for me, but I'm not sure I'd recommend it. Instead, I'd

suggest taking a class or going to www.youtube.com, where you can watch video demonstrations on how to use Zoom or just about any other application, for that matter.

The year 2034 is just 12 years away. By then, distance learning or remote working will probably have advanced to three-dimensional holographic technology. Your teacher, boss or client will be visible before you in real-life form.

Ah, technology! Embrace it, delight in the benefits of it, and like me, just enjoy the fun of it! ■

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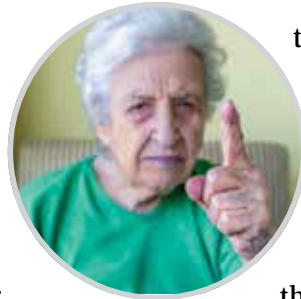
The Slap Heard Around the World

by Annette Pang, The Forever Family Communicator

Last March, many witnessed the slap that was heard round the world. The unrehearsed and unscripted incident played out in front of the planet's best actors, with 17 million viewers watching from home. It occurred in supposedly one of most civilized and curated places in the land. But everyone saw that even "winners" are not immune from knee-jerk reactions when messages perceived as offensive produce hurt feelings.

The incident will ultimately change the way we look at these shocking outbursts after words perceived as insults are spoken.

It will also be life-changing for another group of people out of the glare of the lights and cameras—family members who routinely slap others in their own homes. Ranging from verbal to physical abuse,



they push, bully and bruise mothers, fathers, siblings and children on a regular basis.

How should they react to regain balance? They can yell, strike back, disarm the incident with a humor or simply leave the scene, while hoping that the behavior will cease. But millions suffer in silence. They may become enablers of further violence if they don't know where or how to draw the line. There are words and ways to handle abuse so they can calmly take their rightful place as heroes, not merely survivors. ■

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Follow the Medicare Road

by Martha Khlopin, Host of "A Medicare Moment With Martha Radio Show"



Not too long ago, my extended family enjoyed getting all the cousins together to watch "The Wizard of Oz" every year. We loved watching Dorothy follow the yellow brick road to Oz. It was a great bonding activity. Now those same family members are calling to ask for help with Medicare. Where did the time go?

Recently, a relative called about a letter from his Medicare plan. It explained that a medication he takes regularly was covered as a courtesy but would not be filled again. My cousin was as shocked and disappointed as Dorothy was when she pulled the curtain back and found that Oz the Great and Powerful was not what she expected. My cousin blamed Medicare, the insurance plan and the sales agent. Here are the steps I offered.

Step One: Call the plan to determine if the drug requires prior authorization, is subject to quantity limits or step therapy rules.

Step Two: Contact the prescribing doctor's office and have them call the plan to provide additional documentation based on the drug coverage rules.

Step Three: Contact your plan to file an appeal and if necessary, ask for an expedited review.

My cousin learned his medication was subject to prior authorization rules. The doctor contacted the insurance company and it *will* be covered.

With a little help along the way, everyone should be able to follow the Medicare road and resolve any bumps along the way. ■

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Facing Age Discrimination

by Gary A. Powell, Founder & Executive Director, The Caregiver Foundation

While we are taught to treat those of a different race or religion equitably, seniors often face age discrimination. It first appears as an attempt to be helpful. Someone holds a door open for us. The bus waits a little longer for us to climb aboard. The bank teller smiles more as he hones his patience with our slowness.

As we get older, what at first seems to be respectful and benign behavior begins to morph into microaggressions. "He is way too old to be trying that!" "Look what she is wearing — at her age!" "Production will slow down if we hire him."


A microaggression is a comment or action that negatively targets a marginalized group of people, including seniors. Whether intentional or accidental, it's a form of discrimination. People who use microaggressions may mean no harm to a person or group, but it can still hurt.

If we are honest, it is easy to pinpoint our own feelings about aging. Aging does frequently result in restrictions and it often does impact our abilities. But just as with other forms of discrimination, the differences we note shouldn't be our primary impression.

Aging is natural. So, before you discover that old man or lady in the mirror looking back at you, learn how to relate to older individuals as individuals — not a silver tsunami, not a societal burden, not an obligation — as a person. ■

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The Rarified Air of Acceptance

by Susan Miller

Our friends, old and new, are sweetly awed when we tell them our love story. We met in college in the mid-'70s. We fell in love. We knew beyond a doubt that we were meant to be together. Yet, as fate would have it, we met at the wrong place and the wrong time for our relationship to flourish. As time has told, those feelings between Kathleen and I (Susan) have now endured for decades. But it was a long road to gain respect, visibility and equality.

The Stonewall Rebellion of 1969 marked the beginning of the gay rights movement's bloody, sacred, defiant crusade of "enough is enough." In the summer of 1991, West Hollywood's City Council passed a resolution in support of same-sex marriage, becoming the first city in the US to publicly affirm why marriage matters for all Americans. But many incremental steps taken by waves of activists had to happen in our country before "love won" in the 21st century. It wasn't until 2015 that the US Supreme Court Justices affirmed a constitutional right to marriage equality for same-sex couples.

It would be an understatement to say that the passage of the landmark Marriage Equality Act was a cosmic transformation in the lives of bisexual and transgendered peoples, gay men and lesbians, including myself.

Pre-MEA: Struggling to Belong

Before the MEA became law, only Jude, my best, straight high school friend, would ask me about the status of my long-term, same-sex relationship. I'd ask her about Jim; she'd ask me about my then-partner "Bette."

Being "closeted" was filled with a constant, intense fear of "being outed"—found out. I feared the consequences, even in the diverse, ultra-liberal, state of Hawai'i. In a place that culturally revered the sacredness of mahu—those who embody both male and female spirit—gay men were routinely assaulted outside gay bars by straight men. Even here in paradise, homophobia reigned.

And even though Hawai'i offered legal protection against employment discrimination, other equal protections under the law were limited.

In the late 1980s, "Bette" and I were raising her daughter, "Annie," together in Honolulu. Every day was a social and emotional struggle to fit in. I had a job with a leading nonprofit committed to strengthening community by empowering young people, improving health and well-being and inspiring community. I worked full-time in its at-risk youth drug prevention program, an innovative, cooperative partnership with middle schools, offered during school hours. Weekend group outings were also offered to kids in struggling family settings who were at risk for failure at school.

After passing the probationary period, I was offered vacation, sick leave, and healthcare and dental benefits. All my coworkers' families also enjoyed family benefit coverage. So filling out the paperwork for my new permanent position, I claimed "Bette" and "Annie" as my dependents, neither of whom had health or dental benefits.

My supervisor, Tony, was my exact same age—born on the same day and year. We became good friends. So it was difficult for him to explain to me, sheepishly and apologetically, that the nonprofit's administration had declined coverage for my dependents because we weren't married.

What may have been equally hurtful, if not more so, was that while my coworkers shared openly about their kids and spouses, there was never a mention about me, my feelings and my invisible family. They all knew I was gay; a lesbian with a family. But at workplace potlucks or before office meetings, nobody asked me, "How's da family?" The void was filled by a deafening, awkward silence. I was there—but not there.

It was back in the 1990s and domestic partnership and civil unions had yet to be recognized by the state. Eventually, benefits were extended to families of state employees, but it was still optional for private sector businesses.

Even so, we persevered through decades of being a despised, oppressed minority because of who we are and who we love. Lawful marriage was beyond unthinkable.



Freedom for All Americans

When the freedom to marry became the law of our land, we were liberated. No longer immoral outcasts, we belonged, for real, in mainstream America. Before Kathleen and I got married, we were domestic partners, and because I was employed in the University of Hawai'i system, my state employment benefits were extended to her.

But it wasn't until the federal right to marry was recognized in 2015 that the straight world became aware of the LGBTQ persons around them who were breathing their same air—and had loved ones and families and interesting and fascinating lives! The right to be married not only liberated LGBTQ people, but straight people, too.

Kathleen now has rights to my federal employment entitlements. We don't need wills or probate courts for either of us to keep our jointly owned belongings. Neither her family nor my family have rights to what we own together. But that wasn't always so.

The MEA extended close to 1,000 rights and benefits to LGBTQ married couples—rights we didn't even know we were missing until 1991, when University of Hawai'i law students began to research all the benefits and entitlements enjoyed by opposite-sex married couples. The same-sex marriage battle in Hawai'i lasted 23 years, and in the process, helped transform LGBTQ rights in the rest of America.

I was among those in the same-sex marriage battlefield in Hawai'i in the 1990s. We were the first state to mount a legal challenge that went to both the state and federal Supreme Courts. But it

(Left, R-L) Susan Miller and Kathleen O'Bryan first met in college in the mid-'70s. (Right) Kathleen and Susan were finally able to marry in 2019. Love won. Courtesy photos.

was New York that became the first state to grant same-sex couples the legal right to marry in 2015.

A Well-Deserved Golden Age

The first miracle for Kathleen and I was that we reunited in Hawai'i in a future that accepted our love for each other.

The second miracle was one we never dared to believe would happen in our lifetime. Forty years after we met, we could legally marry. We waited, we pondered and we talked before joining millions of LGBTQ couples who are now legally married.

Although we had to endure 35 years of living apart before coming back to each other, we finally married and settled happily in Upcountry Maui. Now in our 70s, we live as newlyweds. We're growing and discovering each and every day during our marriage journey.

We've ignited a change in society and society has changed. Winning the freedom to marry, nationwide, we all rose together.

Marriage equality gave us a new dignity. With societal shifts to more respected public identities came a plethora of socioeconomic benefits and legal protections codified in law—more social stability in our communities—a positive outcome.

And while successful marriages in the heterosexual population are in decline, the number of same-sex married couples has increased. Looking back from whence we came, we're living an American dream. And there's no going back to those suffocating closeted lives—we've done too much and come so far.

Our love moved all of us from objects of ridicule and scorn to dignity, now breathing the rarified air of acceptance—outside the closet forever, with our whole lives ahead of us. ■

Is It Worth Switching to an Electric Car?

by the Society of Certified Senior Advisors

Considering the rising costs of gasoline, is the initial price tag of an electric vehicle (EV) worth the extra money? EVs also impact the environment less and offer other potential benefits, but what about hidden costs?

If you are thinking about getting a new car, you have likely considered buying an EV. Whether or not to invest in an electric vehicle is a personal decision and one not to be made lightly, considering the cost of a car these days.

An increasing number of them will be hitting the roads as the auto industry transforms from producing primarily internal combustion engine (ICE) vehicles to electric models. Zero-emission vehicles will account for 70 percent of new passenger vehicles globally by 2040.

ICE engines generally cost less upfront, people are familiar with the operating systems, and refueling is fast and easy to access. On the other hand, EVs are better for the environment, cheaper to charge than fuel with gasoline and less expensive to maintain. But what are the real numbers?

■ **Maintenance:** The US Department of Energy commissioned research that examined the maintenance costs of EVs versus gas-powered vehicles. After accounting for all aspects of service, the study found that light-duty **gas vehicles cost 10.1 cents per mile** to maintain, whereas similar battery **electric vehicles could be serviced for 6.1 cents per mile**. That is a difference of \$8,000 if each car travels 200,000 miles, the average expected lifetime of a gas-fueled car. But EVs are made to last an average of 300,000 miles, putting the cost savings at \$12,000.

■ **Fuel:** Energy costs for gasoline, and especially electricity, vary from state to state. Currently, there is no gas tax for electric cars, although some states add a tax to EVs to replicate it. Since 2019, a special registration fee of \$50 is assessed for plug-in EVs in Hawai'i. According to AAA, the **average fuel cost for an EV is between 4 and 5 cents per mile**. If gas is \$3 a gallon and your ICE car gets 35 miles per gallon, then it costs 8.6 cents per mile to operate, or nearly double the EV

Maintenance Not Required for EVs

If you hate going to the mechanic, an EV may be for you. Your electric engine never needs an oil change and recommended routine inspection frequency for most drivers (under 14,000 miles per year) is once per year. One time every year! Here is what else your EV will never need done or checked::

- Replacing the spark plugs
- Changing out fuel filters
- Swapping the drive belts
- Replacing the water pump
- Carburetor flooding/issues
- Blown head gaskets
- Replacing belts/hoses
- Radiator problems
- Ring and cylinder wear
- Bearings/crankshafts/camshafts
- Exhaust system/pipes

fuel cost. As we have seen this summer, gas prices have risen much higher than that at over \$5 per gallon, making the **cost for a gas-powered vehicle over 14 cents per mile**.

Hidden costs associated with driving EVs

• **The cost of a home charger.** It is always cheapest to charge your car at home. Level 1 home chargers cost between \$300 and \$600. It can take up to 20 hours to charge your car. A faster Level 2 charger runs \$500 to \$700. Add \$1,200 to \$2,000 for the installation charge.

• **Commercial charging.** If you want to take your EV on road trips, if you travel more than about 100 miles from home or you forget to charge it, costs will rise significantly. Commercial charges cost three to four times that of residential rates; some charge a one-time fee to use them.

• **The EV tax.** Some states currently charge an EV tax to make up for the losses of taxable gas vehicles. Currently, Hawai'i does not assess this tax.



• **Deadhead miles.** These are hours you may spend driving around, searching for a charger. The "EV Stations Hawaii" app utilizes the Hawai'i State Energy Office's database of publicly available EV charging stations, which is also available online at www.electricvehicle.hawaii.gov.

■ **Subsidies:** Most EVs and plugin hybrids are eligible for up to a **\$7,500 federal subsidy** on the purchase price. The amount you get will depend on factors like battery capacity. Unfortunately, most Teslas are no longer eligible for the credit. Once the company sold 200,000 vehicles, the credit phased out. The Build Back Better Act, if passed into law, would include significant refundable tax credits that include Teslas. **Currently, Hawai'i does not offer state tax credits or rebates.**

■ **EV Fun Factor:** Driving one can be thrilling; they can accelerate amazingly fast. They are also at the forefront of the self-driving car movement.

Are EVs Really All That Green?

The short answer is yes. But just because EVs have no exhaust emissions does not mean that there are no associated environmental impacts.

■ **Power plants that rely on coal to generate electricity emit carbon pollution.** Energy generated by renewable resources such as wind and solar have an extremely small carbon footprint.

■ **Cobalt and lithium are required in lithium-ion cells.** Cobalt is mined largely in the Democratic Republic of Congo, where a large proportion of mines are unregulated. The mining produces waste that can leach into the environment. The smelting process can emit harmful air pollution. Lithium mining uses groundwater, reducing the

amount available for farmers and herders in mining areas in Argentina, Bolivia and Chile.

■ **Spent batteries are difficult to reuse and recycle.** While 99 percent of lead-acid batteries are recycled in the US, only 5 percent of lithium-ion batteries are recycled. Some 12 million tons of lithium-ion batteries are projected to retire between now and 2030.

The Choice is Yours: Maybe you are convinced that EVs are the way to go. Or will you just sit back and hold onto the old SUV in your garage another year, watching as more and more EVs roll out? Before you make up your mind, take these variables and a plethora of others into account. ■

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Clean Your Closet Like There's No Tomorrow

by Debra Lordan, GM Associate Editor

It's shocking! How did I accumulate all this stuff? An embarrassment of riches may be a first-world problem — having too much of too many good things — but it is a reality for many of us, even those who don't qualify as full-fledged hoarders. But even simple clutter has its own risks; for starters, the chronic and repeated stress caused by frantic and frustrated searching, and the risk of falling over precious possessions left in precarious places. In addition, clutter is distracting, saps time and energy, diminishes productivity and steals attention from more worthy endeavors. Overabundance can suck the pleasure right out of all this privilege.

The reasons why we clutter are numerous, some rooted deep in the limbic system of the brain. What would happen if we ran out? And who hasn't indulged in retail therapy to offset a bad day? It's actually kind of patriotic to support our economy, right? Another good rationale is holding onto the past. Out of guilt or sentiment, you can collect trunks of useless gifts, for example. And if you don't have a use for them, chances are very good that no one else will, either. But I think that if I dispose of something, I will need it, so there it sits, collecting dust and causing guilt.

Whatever the reason for our lifelong accumulation of treasures, sadly, the burden of clutter doesn't even end when we die. If you have ever been left with a loved one's home full of belonging, you may realize the impact that a cluttered home can have on others after we are gone. The process of disposing of an estate at an already stressful time can be costly and time-consuming.

No, Ingrid, you can't take it with you.

From the country that brought us an adult playground filled with budget-friendly, flat-packed DIY furniture comes a methodology that also exemplifies the sleek, stoic and sparse sensibilities of the Swedish lifestyle and hallmarks of Scandinavian minimalism.



Döstädning (pronounced duo-stad-ning), or Swedish death cleaning, is a decluttering and organization method stemming from the Swedish words "dö" (death) and "städning," (cleaning). As the name denotes, death cleaning is designed to help its practitioners prepare for death. But it isn't as morbid as it sounds. It is simply a way to make the downsizing process efficient and uplifting rather than overwhelming and depressing.

Döstädning is not about everyday dusting or mopping — it is about a permanent state of organization that makes your everyday life run more smoothly in the present, with an eye toward the future. The practical and pragmatic exercise involves getting rid of all the stuff you don't need anymore so that no one else will be burdened with the task after you are gone. As it has often been described, it is meant to help you "clean your closet like there's no tomorrow."

And no, you don't have to be Swedish to do it. The task of clearing out unnecessary belongings can be undertaken at any stage of life. But the goal is to do it well before others must do it for you... Unburdened by baggage (emotional and actual), you may find yourself less stressed and more focused once you're living in a clean, organized space.

So let go of what doesn't matter. Dig deeper into what is important. By "cleaning up your act," you will be doing yourself a favor as well as those who will survive you. And getting rid of items can serve as a reminder that things don't last forever, including us.



STEP 3: Next, organize your closets, clothes and shoes. Now is the time to get rid of all the things you have been holding on to "just in case." The rule is, if you have not worn it within the last year, donate or sell it.

How Do You Start the Cleanse?

There have been many recent books written on the subject. Just search the internet for "Swedish death cleaning" and you will come upon many books that capture this bit of Scandinavian wisdom, encouraging readers to embrace minimalism, put things in order and possibly even broach sensitive conversations. Some of them have step-by-step instructions in addition to a description of the philosophy behind the methodology. If you want to get going immediately, here is a starter from "The Gentle Art of Swedish Death Cleaning," and "Swedish Death Cleaning: A Beginner's Guide (with Tips & Things to Know)."

Approach the project with this in mind: *Which items will be of any value to others after you die?*

STEP 1: Once you have evaluated your intent and mindset, begin the process. Reach out to friends and family and gently inform them of what you are doing, assuring them that you are simply decluttering your home. Explain the philosophy behind this method — that this cleaning strategy is ultimately about decreasing *their* stress. Discuss which belongings they would be interested in preserving. Affirm that your feelings will not be hurt if they do not want a particular item.

STEP 2: Deal with items with high sentimental value last as to avoid getting lost in reminiscence. Put these aside for later. Start with items that you cannot see — belongings stored in attics, closets and drawers that are generally of little sentimental value and easier to part with. Move on to bigger items, such as furniture, collectibles and books. Donate or sell everything that your friends and family members do not want.

Just like other possessions, if a certain clothing item has sentimental value to you, ask a loved one if it is something they would like to keep. If their answer is no, donate or sell it. Take comfort knowing that your favorite dress will "spark joy" for its new owner. Neatly organize your remaining clothes.

STEP 4: Lastly, sort through sentimental items — photographs, heirlooms and letters. Again, discuss with loved ones which items they would like to keep; create a box for the rest. This box will contain those belongings that are special to you but insignificant to others. Leave instructions stating what should be done with the box — even if that means throwing it away. Remember, if any of the items you are keeping have significant value, leave instructions for whoever will clear out your home.

Remember, Swedish death cleaning is meant to be an invaluable gift that you can give your loved ones that simplifies their lives, as well as yours. ■



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The Brotherhood of Senior Softball

by Debra Lordan, GM Associate Editor

Seniors take their sports seriously, but with perspective gained over years of competition, the element of fun has become paramount for most players. Although they have a passion for playing, winning isn't everything. Camaraderie, reunion and 'ohana, fitness and fun are the most important elements of a senior's game plan.

Baseball may be America's pastime, but softball is the No. 1 sport among seniors in Hawai'i. There are a lot of fields and a lot of leagues. Each league has eight to 20 teams. There can be 20-plus players on a team roster. It can be played year-round, it doesn't cost much to play and costs nothing to watch.

Kūpuna softball has been played on O'ahu for the past 46 years. The goal is to keep kūpuna healthy and active through an activity they enjoy.

The seniors league runs year-round and is mainly played at the Patsy Mink Central O'ahu Regional Park (CORP) in Waipahu. There is also a seniors league in Kohala, Manoa, Ala Wai and others that play on different days of the week at other fields. There is a league of some kind just about every day of the week. Over 400 seniors participate in leagues throughout the islands.

Makua Ali'i Softball League

Fetuosasae "Fetu" Sua, 64, and Randy Madeiros, 69, have played together on teams and leagues in the past. Now, Fetu is the catcher and outfielder for Bad Company and Randy is the captain and pitcher for the Hawaiians.

"I play on a Friday league for 50-and-over players," says Randy, who has been playing softball since age 20 and in the senior league for 11 years. "I also play on a Saturday league at Kapi'olani, which is an 18-and-over league. I'm the old guy out there in that league. I also play in a co-ed league on Sunday in Kailua. I play a lot."

But the name of the slow-pitch softball league he enjoys on Wednesdays is the Makua Ali'i Softball League. There are 22 teams in the league on O'ahu that play all year long. Three other islands participate in the statewide league in addition to O'ahu: Kaua'i, Maui and the Big Island. Each is-



(L-R) Fetuosasae "Fetu" Sua, 64, and Randy Madeiros, 69, are looking forward to the 46th Annual Hawai'i State Senior Tournament. PC: Jeffery Kimoto

land has its own competition. Winning teams on each island meet up at the annual tournament.

Players must be 60 and over to participate in the league. Age brackets are 60 to 65, 65 to 70 and 70-plus. The older you are, the more age brackets you can play in. If you are a very competitive senior, you can play in a younger age group. But the younger players can't play in an older age group.

Each team is also allowed one 55 to 59 year old on the field. "The young whippersnappers want to hit it out of the ballpark—but consistency is the key," says Randy, who was 58 when he joined the league as the "young guy."

"A player 55 to 59 years old is considered to be a young puppy," says Randy. "There are many 70 and over players. We have a few players in their 80s. A retired fireman on the Firehouse team is still in the league at 87. Valued senior players are consistent and maybe place the ball over the second or third baseman's head instead of trying to hit out of the park... just out of his reach."

"There are guys over 70 who will play on the 60 to 65 team because they are competitive," says Fetu. "They may be 72 but they hit like they are 67," Fetu laughs. "But age takes its toll after a while." Fetu is in his third year in the Makua Ali'i Senior Softball League.



Hawaiian team members include (L-R) Jacob Thomas, 59, shortstop; Warren Ho'ohuli, second base/catcher; and John Iokia, 68, first base/third base. PC: Jeffery Kimoto

The Competition

"The Makua Ali'i Softball League can be a real competitive league," says Fetu. "Although I want to compete at the highest level, I also want to have fun. And anyway, any team on any given day can be the worst or can be the best. It depends on who shows up to play. As for me, I get good respect when I step into the batter's box. I am a pretty big individual."

"We're not getting paid for this... it's about bragging rights," Fetu adds. "You are really lucky if you get a trophy, too."

'Ohana & Exercise

"After a game, we talk about the game... the best hit you had, how fast you ran, great catches," says Fetu. "The next thing you know, we are having a barbecue and a few beers and talking story until midnight."

"At this age, instead of sitting around in a rocking chair, it is really good exercise," says Fetu. "We may not run as fast but we *do* try to run."

"The brotherhood of softball definitely requires some physical activity!" adds Randy. "At our ages, that's a good thing."

For Love of the Game

The competition level within each team depends on the team's philosophy.

"But the bottom line is, it's all for fun," says Randy. "When we unite together and play the game we love, it's awesome! I look forward to Wednesdays. Yes, it's mainly a fun thing, but then again, we don't show up on Wednesdays to lose! We have fun and we try to win. I look forward to participating every week and being part of the brotherhood of softball—players my age—and having a fun time."

"Competing is important, but so is just having fun," says Fetu. "We just want to go out there and have a good game. We may win or lose, but we wish everybody the best—for nobody to get hurt and go home safely to their families."

The statewide tournament will be held Tuesday through Friday, Aug. 2 to 5, at CORP on O'ahu. More than 60 teams may be participating.

How to Get On a Team

There are no tryouts for the Makua Ali'i Softball League. If you fit the age requirement, let the individual team know you have been watching and let them know you want to play ball. ■

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*The C&C of Honolulu is starting a 60+ senior league on Thursdays.



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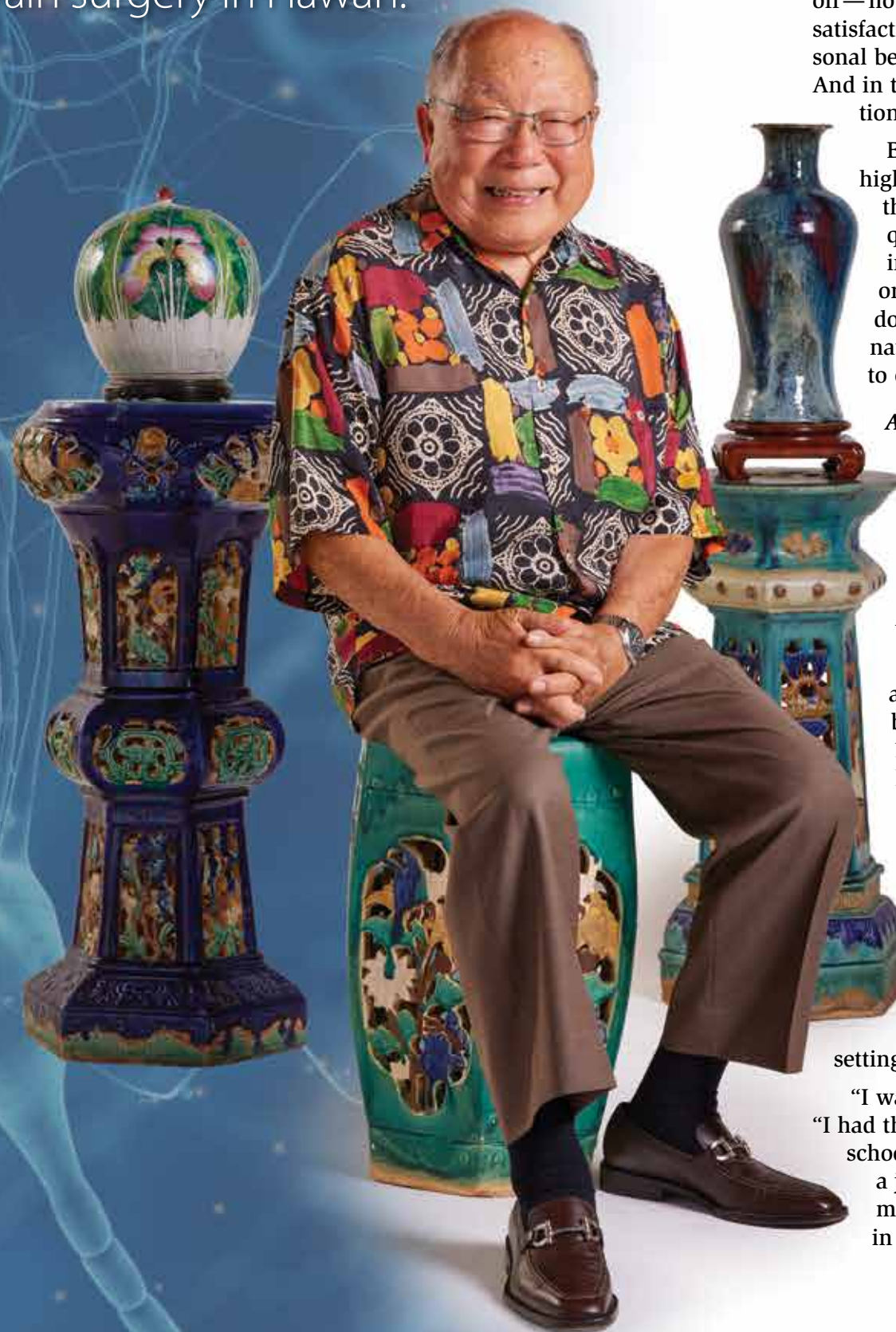
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A PIONEER IN NEUROSURGERY

Dr. William Won makes his mark in the history of brain surgery in Hawai'i.

by Debra Lordan, GM Associate Editor
Photography by Brian Suda

Dr. William "Bill" Won, one of Honolulu's foremost brain surgeons, was the first Hawai'i-born Chinese American neurosurgeon in the state and only the second person born in the state to become a neurosurgeon. Dr. Won, now age 90, practiced from 1965 to 1996. After a stellar career, the quiet and humble retired brain surgeon continues to contribute to the community through a scholarship fund that was made possible through a beloved, lifelong hobby.



Becoming a doctor remains one of the most challenging career paths one can embark upon. It requires extensive and expensive schooling followed by intensive residency training. One may go into the field of medicine anticipating that all the hard work will pay off—not only financially, but also in terms of job satisfaction. Then there's the immeasurable personal benefits of helping people and saving lives. And in terms of respect and prestige, few occupations rank as high.

But there are few professions that involve higher stakes or more serious responsibilities than the field of medicine. The consequences of a doctor's decisions can be immense, leading to either remarkable or dire results—life or death. Becoming a doctor requires the discipline and determination to stay the course, and live a life true to oneself and one's priorities.

An Ambitious Career is Born

Bill's grandfather was part of a group of Chinese laborers who emigrated from China to California near the end of the gold rush to find a better world with greater opportunities. Since their hopes for fortune weren't "panning out," they headed for the Kingdom of Hawai'i.

Bill's parents were born here in Hawai'i and raised their family in Kula on Maui before moving to O'ahu. The youngest of 12 children, Bill was ambitious. Although his parents didn't encourage him due to the Great Depression of the 1930s, he was determined to excel in the field of medicine and saw a way to become a standout by becoming a pioneer in the emerging field of neurosurgery.

Chasing the Dream

Bill graduated from President Theodore Roosevelt High School in 1949, setting a course to attain his dream.

"I was always a good student," says Dr. Won. "I had the highest grade point average in high school and also won the Harvard Prize Book as a junior. It was my ticket to Harvard, but ultimately, I chose to attend Columbia University in New York instead of Harvard in Boston."

The Harvard Prize Book, awarded to Bill in 1948, is given to an outstanding high school student who “displays excellence in scholarship and high character, combined with achievements in other fields.” Its goal was to attract the attention of talented young students.

Although he had been given this opportunity to attend Harvard University, money for room and board would still be necessary. He had no connections or accommodations in Boston, so one of his teachers suggested Columbia. Since he had two older siblings who lived in Manhattan, he could live with them during his early college years. Other expenses that were unmet by the scholarship were covered by Dr. Won’s siblings. As the youngest, he had 11 who could help him.

He first attended the University of Hawai‘i for two years as an undergraduate, then transferred to Columbia College in Manhattan.

“I knew that neuroradiology was an emerging field but I didn’t know very much about it,” says Dr. Won. “But I wanted to make a good living as an adult. Neurosurgery was not very popular because of its long residency — seven years. Most medical residencies were three or four years after internship. Not many people went into that specialty because it was so difficult — so unknown. I had no idea just how special neuroradiology was — but I soon found out.”

“Columbia later became the birthplace of the specialty of neuroradiology, which was non-existent at the time I started,” says Dr. Won. “Modern neuroradiology uses radiation to diagnose and treat disorders of the nervous system. But there were no X-ray scans of the brain at that time.”

After finishing his undergraduate years in 1953, he was admitted to the State University of New York Downstate College of Medicine in Brooklyn, New York, graduating in 1957.

He entered into a surgical internship at the Kings County Hospital in Brooklyn, New York, finishing in 1958. His neurosurgery residency program did not start until 1960 at the Neurological Institute of New York’s Columbia Presbyterian Medical Center, so in the interim, he was called into the US Congress’ Berry Plan military doctor draft. After completing two years of active military service in Japan as a general medical officer in the Air Force, he returned to New York City in 1960 to start his residency in neurosurgery at the



Neurological Institute of the Columbia Presbyterian Medical Center in Manhattan, completing his training in 1964.

All told, he had been away from Hawai‘i for 14 years while engaged in college, medical school, internship and residency training, and active military service overseas.

He began his private neurosurgery practice in Honolulu in 1965 — one of a handful of experts in the field in the state.

The Early Days of Brain Surgery

Even a cursory outline of the history of neurosurgery in Hawai‘i would not be complete without the names of the doctors who laid its foundation here. From its humble beginnings in the early 20th century to the present day, neurosurgery has a rich and fascinating history in the state and has experienced rapid growth. This history is particularly unique, given Hawai‘i’s remote location, indigenous population and military presence. However, the information available is relatively sparse before the state’s first full time neurosurgeon settled here in the late 20th century.

The field and its limited neurosurgical care became available during this period in the form of transient traveling surgeons, notably, Dr. Frederick Reichert. Dr. Reichert trained at Johns Hopkins before moving to Stanford University, where he became chief in 1926. From California, he would make annual trips to the Hawaiian Islands to provide care for the local population.

Dr. Ralph B. Cloward, Hawai‘i’s first full-time neurosurgeon, was arguably the most influential neurosurgeon in the state. The legendary physician made extensive contributions to neurosurgical clinical knowledge, pioneering multiple surgical techniques and operative instrumentation.



In ‘38, at age 30, Dr. Cloward began to practice neurology and neurosurgery in Hawai‘i at “the Clinic” (Straub) where his father had worked. Throughout the ‘40s, he provided unique contributions to the Kalaupapa community, relieving pain and returning function to leprosy patients. During the attacks on Pearl Harbor, Dr. Cloward literally worked under fire at Tripler Army Hospital at Fort Shafter, which filled with numerous head traumas within an hour of the initial bombing.

The ‘40s saw the arrival of additional neurosurgeons, including Dr. Thomas Bennet and Dr. John Lowrey. Drs. Cloward, Bennet and Lowrey worked together to provide neurosurgical care on O‘ahu for the next decade. They practiced at Queen’s Hospital, St. Francis Hospital and Children’s Hospital.

The ‘50s saw continued expansion of the field in Hawai‘i. Dr. Cloward continued to practice in the ‘60s and beyond, developing and subsequently refining his anterior cervical spine approach. This technique, which is used for the correction of cervical disk herniation, was ultimately termed the “Cloward Procedure,” in honor of its creator.

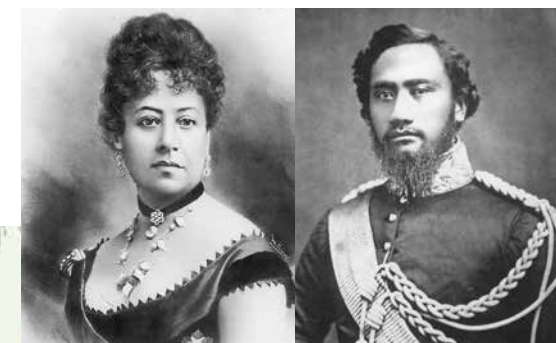
More than 160 years ago, in 1859, Queen’s Hospital was founded by Queen Emma and King Kamehameha IV “to provide in perpetuity healthcare and healing for the people of Hawai‘i.” In 1967, it was renamed The Queen’s Medical Center.

The Doctor Returns Home

The year of Dr. Won’s return as a neurosurgeon was the same year that the new University of Hawai‘i medical school opened its doors as the John A. Burns School of Medicine (JABSOM). Early in 1965, Dr. Won went into private neurosurgical practice and his wife went to work for Kaiser Permanente–Hawai‘i as an internist practicing primary care medicine.

“In the early ‘60s, all surgeons in the state had to obtain operating privileges at each separate hospital, except for Kaiser hospital, which was a fairly new kind of health maintenance organization,” says Dr. Won. Medical insurance was in its infancy. “The Queen’s Medical Center was the most important hospital in town. Once you were accepted at Queen’s, you could work at the other hospitals — St. Francis and Kuakini Medical Center — called the Japanese Charity Hospital until Pearl Harbor was attacked. We worked at all the hospitals, but we all started at Queen’s.”

“In the mid-‘60s, when I started in private practice, there were no physicians’ offices at hospitals,” says Dr. Won. “We all had to have our own private consultation offices somewhere nearby.”



There were no trained emergency room (ER) physicians in the '60s and early '70s in the US. Recently graduated interns and residents mainly staffed the ERs.

Dr. Won reported that he seemed to inherit the lion's share of pediatric neurosurgical cases in Hawai'i at that time. However, his practice included all age groups. He performed aneurysm clippings, trauma surgery, pediatric subdural taps, placings of shunts for hydrocephalous, myelomeningocele repairs, brain tumor removals and many diagnostic tests.

CAT and MRI scans were barely even in the concept stage back in 1966.

A Challenge for Doctors and Patients Alike

Before the invention of the MRI and CAT scans, it was quite challenging to diagnose brain illnesses and injuries.

"Whenever patients with any type of head injury came in, a neurosurgeon was always called in to evaluate the injury, no matter how minor," says Dr. Won. "Because there were no CAT or MRI scans available, we had to do specific neurological examinations and depend on what we found in physical examinations of the patient. We had to rely upon our own clinical physical exam and neurological exams that we learned to do in medical school. We had to work from scratch, because at that time, they couldn't see through the skull. They could just take plain X-rays that only showed the outside of the skull. It was very difficult."

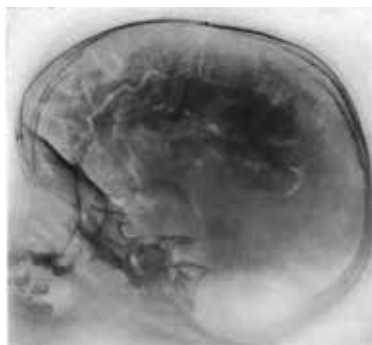
"Much of our training and residencies were spent performing diagnostic exams to find out what the problem was," says Dr. Won. "We had to do a lot of spinal taps. In order to do a really thorough test, we drained all of the spinal fluid out of the body and replaced it with air. Air shows up on an X-ray as black, so it outlined the brain and its convolutions—the grooves (sulci) and the folds (gyri). The pneumoencephalogram procedure gave patients a pretty bad headache.

Having been trained at the Neurological Institute in New York, Dr. Won was accustomed to the

use of the pneumoencephalogram chair, which could invert the patient upside down.

"Air rises, so if you wanted an image of the bottom of the brain, you had to turn the patient upside down," says Dr. Won.

It was Dr. Won who brought the chair idea to Hawai'i. "I was able to get the biomedical staff in St. Francis Hospital's radiology department



to build a rotating pneumoencephalogram chair adapted from an actual dental chair," says Dr. Won. His chair was equipped to safely turn the patient upside down. "I was the only one who was able to use the chair due to my experience at Columbia. And it was quite useful, especially when doing that diagnostic test in the pediatric age group under general anesthesia."

This was one of the best ways to study the internal anatomy of the brain and detect lesions of the nervous system before CAT and MRI scanning became available. Dr. Won's chair was the only such device in Hawai'i at the time.

"The chair was always in use because that was the only way to see inside the brain," says Dr. Won. Neurosurgical residents conducted all the X-ray tests because there was no neuroradiology specialty at that time. (The angiogram or arteriogram—injecting dye into an artery—was another way of imaging the brain.)

A Welcomed Obsolescence

But Dr. Won didn't have to use the pneumoencephalogram chair very long, because the CAT scan was developed a few years later, which made diagnosis easier "and the chair immediately obsolete" adds Dr. Won. "And all the tests that we were trained to perform were eliminated."

Computerized axial tomography (CAT, CT) uses a combination of X-rays and computer technol-

ogy to provide comprehensive images that help detect a number of neurological conditions. The MRI (magnetic resonance imaging) scan, which came later, was able to reveal even more than a CAT scan could. MRI scanning, using radio waves and a strong magnetic field to provide very clear images without ionizing radiation, is best for diagnosing and monitoring many neurological conditions affecting the brain.

A Day in the Life of a Brain Surgeon

"Neck and back surgery was also a large part of neurosurgery practice," says Dr. Won. "Anterior cervical fusion for cervical spine injuries and cervical disc degenerative disease was a 'popular' operation. Lumbar spine sur-



Neuroradiology: The Evolution of Brain Surgery

Neurosurgery was still in a relatively primitive state in the '60s and early '70s, until the CAT scan became clinically available.

The first CAT scan machine was installed at Queen's in the mid-'70s. It radically changed all of neurosurgical practice and firmly established the specialty of neuroradiology.

"The surgical microscope for neurosurgery was not available at St. Francis Hospital, where I did the major portion of my hospital practice in the early '60s," says Dr. Won. "It was not until the '70s that we were able to get some training for its use in treating aneurysms and skull base tumors. Individual neurosurgeons in private practice had to get special training in new procedures while attending our annual American Association of Neurological Surgeons and the Congress of Neurological Surgeons meetings on the mainland."

"In cases of extremely rare tumors or arteriovenous malformations, and in skull base and midline tumors, I would refer patients to the major medical centers on the mainland or to my neurosurgery training program in New York."

15 Minutes of Fame

In 1981, Dr. Won became a reluctant expert witness in an infamous court case that became a major media sensation. A circuit court judge was the target of a large public protest and was criticized by state officials when he overturned a 1979 jury verdict that found a drug dealer guilty of killing and then dismembering another drug dealer, saying discrepancies in testimony by key prosecution witnesses raised serious doubts. The judge said the jury was wrong and the verdict was wrong.



gery was also more common during those days than it is now."

Most major procedures were craniotomies for brain tumors, aneurysms and severe brain trauma—especially posterior fossa craniectomies—a surgical procedure to make an opening in the back of the head to gain access to the brain. Special head frames with bone pins were used.

"Head trauma made up the bulk of my neurosurgery work in those early days," says Dr. Won. "I worked 24/7, until the hospitals began to staff ERs with specialists who were fully trained MDs. Also, the availability of CAT and MRI scans replaced the necessity of having to do emergency carotid angiograms in the middle of the night. That was a great relief!"

"I did much of the pediatric work, for example,

Many attorneys thought the judge was correct, according to Dr. Won.

The following day, the judge was found semi-conscious from a head injury. Police said he had tried to commit suicide by falling or jumping off a table.

Although Dr. Won hoped not to be involved, the case came to St. Francis Hospital where he worked because the facility had the new CAT scanner. A CAT scan revealed bilateral skull fractures and a subdural hematoma. Bilateral skull fractures usually occur from two direct impact sites. The eyes and neck were also bruised and one of his collarbones was broken.

"If you fall down on one side, it will only fracture one side of the head, because of the big suture in the middle of the skull (fibrous tissue connects the bones of the skull)," says Dr. Won. "A fall on one side won't affect the other side. But the judge had a fracture on both sides of his skull, so he couldn't have just fallen. It was my opinion that the patient received several blows to the head while he was asleep."

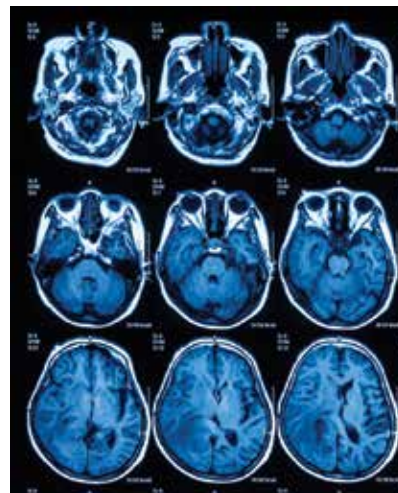
Dr. Won performed emergency lifesaving surgery on the judge and was called to testify in court regarding his opinion of the cause of the judge's suspicious head injury. "But the police department was not interested in my opinion regarding the judge's head injuries," he recalls.

The court case gave Dr. Won much more than 15-minutes of fame—including articles in The New York Times. "It was a very sensational case."



Current State of Neurosurgery in Hawai'i

A hundred years ago, the only way to positively diagnose many neurological disorders was through an autopsy. Today, modern medical imaging has allowed physicians and scientists to see the structure of the brain and changes in brain activity as they occur. Some of the most significant improvements in imaging have occurred over the past 20 years, providing sharper images and more detailed functional information.



Using X-ray, MRI and CAT technologies, radiology has become an important part of the diagnostic process within neuroscience. Modern neuroradiologists focus on interpreting scans of the central nervous system, which includes the brain, spine and spinal cord, face and neck, and peripheral nerves.

Neurosurgery has continued to develop in Hawai'i. JABSOM has a Division of Neurosurgery consisting of seven clinical faculty. The faculty operate at hospitals throughout Hawai'i and the Pacific, including Queen's and Straub. The faculty teach residents in the general surgery and orthopedic surgery residency programs, as well as medical students. Several from the latter group have gone on to neurosurgical residencies.

There are typically 13 to 14 neurosurgeons at any given time based at nine hospitals in Hawai'i. The majority of neurosurgical care is provided in Honolulu. However, neurosurgical services have also been available on Maui for the past several years. The most complex procedures are performed at Queen's, which has been home to a neuroscience institute since 1996, participating in numerous clinical trials and research projects.

Neurosurgeons are able to function with relative independence from mainland institutions. However, collaborations do exist. A recent partnership between Queen's and the M.D. Anderson Cancer Center in Texas has sought to expand the scope and quality of care available in the Pacific.

Neurosurgery has continued to grow at UH and its associated training sites, making the state one of the Pacific's premier destinations for such services.

Nurturing a New Generation

Dr. Won's interest in collecting Chinese antiquities began during his college and medical school days. He is a longtime member of the Society of Asian Art of Hawai'i. During his free time at neurosurgical conferences, he visited antique shops. Over the years, he acquired a collection of Chinese antiques, which he later auctioned off. That auction was an important milestone for the Wons, enabling them to create a financial aid fund for Punahou students in need of tuition assistance.

"We know the importance of education," said Dr. Won. "Now we can offer some help to others."



Punahou has served as a pillar in the Won family foundation since their only son started kindergarten there more than 40 years ago. He graduated in 1984; all of his children also attended.

"We come from humble beginnings," said Dr. Margaret Lai, Dr. Won's wife, "and we realize a lot of people need financial aid, so it's wonderful to be able to offer that."

Family Life

After he retired in 1996, Dr. Won continued to serve as the physician member of Hawai'i's Medical Claims Conciliation Panel (MCCP)—now known as the Medical Inquiry and Conciliation Panel.

In 2006, the Won's son and his wife and two daughters moved back to live with them.

"Because they are busy working parents—our son is a professor of accounting at the UH Department of Business and our daughter-in-law is a professor of geriatrics at JABSOM—we were very busy grandparenting," say the Wons.

Up to a few years ago, "Yeh-Yeh," as his grandchildren call him, was on the Punahou campus daily, providing afternoon chauffeuring, picking them up and delivering them to a variety of after-school activities. Margaret—"Nai-Nai"—cooked dinner for their extended family of eight, then six, when both granddaughters left for college. Now, their son and daughter-in-law have taken charge of nearly all of these activities.

After retirement, Bill and Margaret helped make deliveries for Hawai'i Meals on Wheels for over 15 years. The Wons also attend Kaimuki Christian Church and Bible studies, and contribute to Christian organizations and missionary doctors. They enjoy gardening, and meals with friends and family, and enjoy a regular walking routine.

"We give glory and thanks to God for all His blessings," they say.

Just Listen...

Dr. Won and Dr. Lai offer this simple guidance for future and current doctors: "Really listen to your patients and their families. Their descriptions of symptoms are an invaluable tool. When you listen carefully, patients know you care." ■

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WHAT IS NEURORADIOLOGY:

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Prevent Computer Vision Syndrome

by Steven Rhee, Medical Director & Cornea Specialist, Hawaiian Eye Center



Work-from-home “virtual” employees must take precautions in order to preserve the health of their eyes.

Computer vision syndrome (CVS) isn't a specific set of symptoms—it's an umbrella term to describe the

varying eye discomfort and symptoms caused by screen-related issues. It is almost impossible to avoid progressive vision issues with regular computer use. Adding some basic tools to your home office is vital to help maintain your ability to work via a screen on a regular basis.

Studies have estimated that between 70 to 90 percent of workers worldwide who use computers regularly experience symptoms related to CVS. CVS, also known as digital eye strain, can occur from extensive use of any device with a digital screen. Symptoms include dry eyes, blurred vision, headaches, and neck and shoulder pain. Any combination of the following factors can lead to CVS: uncorrected refractive errors (nearsightedness, farsightedness and astigmatism), poor lighting, screen glare, and poor workstation setup for posture and viewing.

Some experts believe daily computer use may be a contributing factor to the rise in nearsightedness and dry eye disease.

The first step in protecting yourself from CVS is to correct any refractive error by visiting your eye care professional. Having the proper glasses, contact lenses or surgery to correct these issues will decrease any added strain on your eyes.

Next, make sure to properly arrange your workstation by:

- Positioning your monitor between 20 and 28 inches away from your eyes.
- Adjusting your chair to allow you to view the screen's center just below eye level at 15 to 20 degree downward angle.

- Changing screen contrast and brightness to a level comparable to the surrounding light.
- Using screen covers, lower lighting and curtains or blinds to reduce glare.

Also, take regular breaks and blink frequently to rehydrate your eyes; every 20 minutes, focus on an object at least 20 feet away for 20 seconds (the 20/20/20 rule); and try over-the-counter lubricating eye drops.

If CVS symptoms become chronic, speak with your eye care professional about computer glasses or treatment for dry eyes. ■

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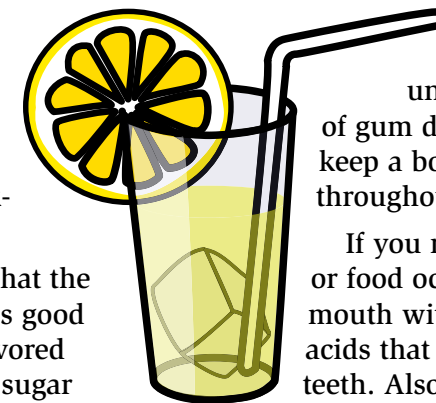
The Best Summer Drinks for Your Teeth

by Kahala Howser, Wellness & Events Manager, Hawaii Dental Service

Lemonade, iced tea, smoothies and juices all sound delicious during hot summer days. But beware of the sugar content, especially if you're drinking more than one glass a day.

You probably already guessed that the most important drink is water! It's good for your body and teeth. Most flavored and carbonated drinks have high sugar content, dehydrating additives and other chemicals to enhance flavor, and make you feel like you're quenching your thirst.

Water helps cleanse your palate, dilute the acids in your mouth, and rinse away bacteria or food debris from your teeth and gums. Water also regulates your brain function and energy levels and helps fight dry mouth caused by some medi-



cations. Dry mouth isn't only uncomfortable, it also raises your risk of gum disease and tooth decay. It's best to keep a bottle of water nearby and sip from it throughout the day.

If you must indulge in a sweet drink or food occasionally, be sure to rinse your mouth with water to flush out sugar and acids that can break down the enamel of your teeth. Also, be sure to brush your teeth twice a day, floss daily and see your dentist twice a year to live well and smile more at every age. ■

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Caregivers Must Ask Others for Help

by Eileen Phillips, RN, Attention Plus Care



When it's a family caregiver's sole responsibility to manage the care of a loved one, there will come a time when stress will get to a level where the caregiver becomes unable to perform self-care or continue to provide for their loved one. Getting others involved to help the caregiver will bring much-needed relief. Family caregivers can feel emotionally and physically drained with the constant tasks that come up, sometimes unexpectedly. Here are some examples of unexpected events:

FALLS: A loved one may be fragile enough to experience a fall that may result in some devastating outcomes, including head trauma, a broken hip or another broken bone. This would involve a trip to the emergency room and a call to the doctor to report the fall.

SKIN TEARS: Open skin is a magnet for infections, which will only serve to complicate care. Skin tears need proper attention.

URINARY TRACT INFECTIONS: UTIs are hard to recognize when caregivers are busy. A sudden change in behavior, more confusion than usual or hallucinations are among the first signs. Often, our kūpuna do not have strong immune systems that signal the presence of a UTI with a fever or other typical sign of infection.

These challenges are common when caring for an elderly loved one and family caregivers need to be prepared to manage them and also allow others

to step in to help as needed. Communicating the plan to others will make these problems seem less traumatic. Consider these recommendations for involving others when providing primary care for a loved one in need.

- Allow family members/friends to manage others that may be dependent as well, such as children, grandchildren or siblings.
- Seek out healthcare agencies that can provide respite and take over the family caregiver's tasks a few times a week for a number of hours, or even a full day.
- Ask friends to run errands, such as picking up prescriptions, food and supplies, etc.
- Keep family members informed of all situations so they know when the tasks will increase as the loved one needs more advanced care. Plans can be altered to include other family members and friends.
- Just because family lives far away does not mean they cannot contribute. Ask for funds to pay for services and supplies.
- Consider support groups, including those online, to prevent feeling isolated. You may learn some new ways to feel more at peace.
- Find something to be grateful for every day. Meditate on these before starting your caretaking day, so you have a centered heart.

As the family caregiver takes on more tasks for their loved one, a wider circle of support should be available to routinely step in to provide ongoing respite. Don't be afraid to ask for help! It will give both the caregiver and the loved one a better quality of life. ■

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by Attention Plus Care — a program providing resources for seniors and their families, covering different aging topics each month. For class information and upcoming topics, call 808-440-9356.

Talk Story: A Favorite Senior Pastime

by Faith Gianan, General Manager, Roselani Place Assisted Living



Talk story is a special and cherished activity among seniors at Roselani Place. Our activities director conducts a talk story twice a month and I also offer them from time to time. Talking story with our residents allows us to not only engage with them, but also encourages them to reminisce about the good old days, and learn more about one another.

Talk story — sharing history, ideas, opinions and the events of the day with others — is one of the great oral traditions in Hawai'i. Ancient Hawaiians were known to be great storytellers. Formal storytelling would usually take place in the chief's court, where renowned orators would

perform. Talk story continues to culturally sustain us and keeps us connected with others.

Talking story in today's world entails getting together with old friends or new acquaintances to socialize. Small talk and pleasantries naturally develop into in-depth conversations in which treasures of the past are recalled and revealed. Through talk story, we can discover and share where we grew up, where we are from, what school we attended, who we know and who we are related to. The reservoir of topics is endless.

And when I talk story with our residents, I realize just how memorable talk story can be. ■

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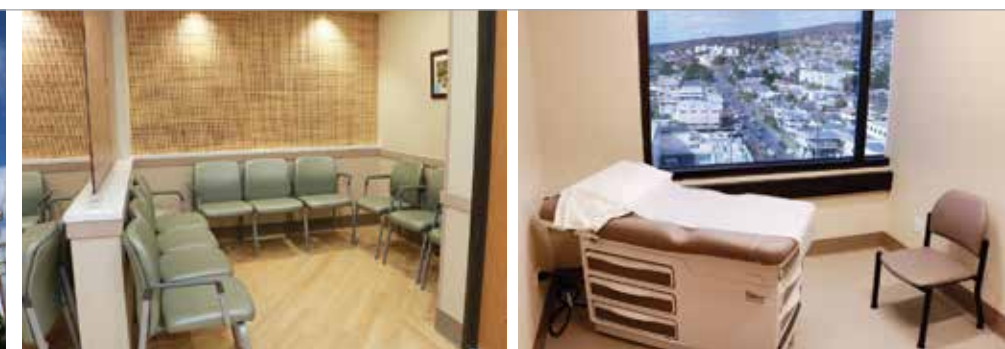
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Help Protect Our Kūpuna Against Crime

by Norma Kop, Director, Senior Medicare Patrol (SMP) Hawaii



Every year, Hawai'i residents are swindled out of money through many forms of crime. The Federal Trade Commission estimates that 2.4 billion robocalls made every month. Over 3,500,000 older adults are swindled out of nearly \$5 billion in personal savings each year. The average loss is \$34,200-plus for every senior who falls victim to a scam. More than \$17 million per year are lost to internet crimes (2021) — and cases are expected to rise by 10 percent this year. During the first two years of the pandemic, the US Office of the Inspector General received over 1,500 COVID-related complaints. In addition, Medicare loses \$70 billion per year to fraudulent claims.

Senior Medicare Patrol (SMP) Hawaii aims to mitigate those losses through the help of volunteers who educate and empower kūpuna and their 'ohana before they become victims of healthcare fraud or another scam.

You can help protect our kūpuna by becoming a volunteer. You can choose to be a counselor, presenter, information distributor, fair exhibitor or provider of clerical support. Training is available and volunteers learn at their own pace.

Gaining satisfaction from helping others without ever leaving home is just one of the benefits of becoming an SMP volunteer. Becoming a volunteer also offers the opportunity to stay informed of latest scams, such as phony government agencies, fake tech support, family or friends impos-

ters, online shopping gimmicks, romance scam artists... the list goes on. Volunteers can also sharpen their computer skills to become a tech savvy senior, and learn about Medicare and community resources while having fun and making new friends who also have an interest in championing a worthy cause. ■

SENIOR MEDICARE PATROL (SMP) HAWAII
Department of Health — Executive Office on Aging
250 S. Hotel St., Ste. 406, Honolulu, HI 96813
808-586-7281 | Toll Free: 1-800-296-9422
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This project was supported in part by grant number 90MPPG0053 from the US Administration for Community Living (ACL), Department of Health and Human Services, Washington, DC, 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

*Sources: Star Advertiser, March 27, 2022; Consumer Affairs, Nov. 25, 2021; Comparitech, Jan. 11, 2022



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Newborns & Social Security Numbers

by Jane Burigay, Social Security Public Affairs Specialist in Hawai'i

Getting a newborn a Social Security (SS) number is important for his or her future. Feel free to share this time-saving information with prospective parents.

If the child is born in a hospital, the easiest way to apply for a SS number is right at the hospital. When information for the child's birth certificate is given at the hospital, parents will also be asked whether they want to apply for a SS number for the child. If the parents say "yes," they will be asked to provide both of their SS numbers, if possible. Even if the parents don't know both of their SS numbers, they can still apply for a number for their child.

There are many reasons why a child should have a SS number. For example, a SS number is needed to claim a child as a dependent on income tax returns. A child may

also need a number if parents plan to do the following for the child:

- Open a bank account.
- Buy savings bonds.
- Get medical coverage.
- Apply for government services.

Read Social Security Numbers for Children at www.ssa.gov/pubs/EN-05-10023.pdf.

Applying at the hospital will allow parents to focus on the new family member. ■



800-772-1213 (TTY 800-325-0778) M–F, 8am–5pm
SSA Office Locator: www.socialsecurity.gov
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How Will Rising Interest Rates Affect You?

by Michael W. K. Yee, Financial Advisor and Certified Financial Planner

The Federal Reserve (the Fed) has begun what it says will be a series of interest rate increases in an effort to slow the economy and temper the current surge in the inflation rate. At the start of 2022, the federal funds rate stood at near zero percent. By May, the Fed moved the federal funds rate 75 basis points (0.75 percent) higher.

What does this mean for you and your money? While Fed actions directly impact large financial institutions, they also resonate throughout the financial markets. In indirect ways, your personal finances can be affected by Fed policy.

Four ways the Fed's rate hikes in 2022 could impact your bottom line:

1. HIGHER BORROWING COSTS

While the Fed's rate hikes don't directly affect most types of consumer loans, the direction the Fed sets on interest rates tends to carry over throughout debt markets. This could include:

- **Home mortgages:** Adjustable-rate mortgages will be the most directly affected, as they change in conjunction with general interest rate trends in the market. If you have a fixed rate mortgage, you won't see any change.
- **Automobile loans:** While a variety of factors affect how interest rates are set on vehicle loans, you can expect these rates to increase as well.
- **Student loans:** Federal student loan rates are set and will not be directly affected. However, borrowers working with private lenders will likely see rates move higher as they are tied to the Fed funds rate.

2. MODESTLY HIGHER SAVINGS RATES

Investors have not earned much in terms of interest on bank savings accounts, money market accounts or certificates of deposit in recent memory. While it seems reasonable to expect that yields may improve modestly, the change may not be dramatic. Even with historically low interest

rates, investors have directed significant sums to these types of vehicles. In the current market environment, some investors still have a desire for such "safe haven," high liquidity investments regardless of the interest rate earned.

3. THE BOND MARKET

Fed interest rates strategies don't impact the bond market directly, but Fed policy is watched closely by bond investors. This year, along with raising short-term rates, the Fed has also begun reducing the role it plays as a buyer in the broader bond market.

That action could lessen demand for longer-term bonds, which can drive up interest rates. Even before the Fed initiated its new policies, the bond market already anticipated the change and interest rates began moving higher on most types of bonds.

4. THE STOCK MARKET

The stock market also tends to react to the Fed's news, and with the central bank taking steps to slow the economy, investors anticipated the potential negative effects on publicly-traded companies. As a result of this and other factors, stocks lost value at the start of the year.

It may be a good time to talk with your financial advisor about whether any of the changes mentioned above require you to update your financial plan. ■

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Choosing a Dignified Death

by Scott A. Makuakane, Counselor at Law, Est8Planning Counsel LLLC

A Provider Order regarding Life Sustaining Treatment (POLST) says what measures should be used to keep you alive in a medical emergency. It is different from an Advance Directive in that it will be followed by emergency personnel, provided that they are aware of its existence. If you don't have a POLST, emergency medical technicians (EMTs) are required to do whatever they can to restore and stabilize your heartbeat and breathing and take you to an appropriate facility for treatment. They will not read your Advance Directive and try to figure out how it might apply to your situation.

In some cases, resuscitation is not appropriate or wanted. A POLST, being a medical provider's order, will be followed by the EMTs. Your Ad-



vance Directive will not come into play until you are in the hospital. At that point, the EMTs may not have done you any favors by keeping you alive. If you would not want to be resuscitated, talk with your doctor about having a POLST. If you would want the EMTs to follow normal life-saving procedures, you do not need a POLST.

Your POLST should be printed on lime green paper so it is immediately recognizable. Post a copy by your bed and carry one with you when you leave home. Make sure loved ones know where to find it in an emergency. ■

SCOTT MAKUAKANE, Counselor at Law
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Grief & Bereavement—Part I

by Stephen B. Yim, Attorney at Law

Grief is a natural response to the loss of someone special. The process of grieving allows the griever to adapt to a new world of existence without the loved one. If allowed to proceed through the grieving process with minimal guilt, anxiety, stress, unresolved issues and conflict, we can help each griever experience their grief fully and allow the griever to validate and honor the life of the deceased, and affirm and strengthen relationships with survivors.

When one thinks of making an estate plan, visions of rolling-hill estates and large brokerage accounts may come to mind. Clients often say that they want to establish an estate plan “to minimize tax and avoid probate.” Attorneys spend a great deal of time in post-graduate law school



to learn the complex tax and probate laws to help clients with these goals. When we examine these goals in more depth, we find that they often represent unmet human needs which are expressed by avoiding probate and minimizing taxes. Clients experience these needs with emotions and feelings.

In realizing that each one of us will die one day, to different degrees, we experience fear, anxiety and anticipatory grief, because unlike any other living species existing on the planet, we humans share an acute awareness of our ultimate demise. ■

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WORD LIST & DIRECTION: → ↓ ← ↗ ↘ ↙ ↚ Answers on pg. 6

ACCEPTANCE	DIVORCE	NEWBORN
ASTIGMATISM	DOSTADNING	POLST
BEREAVEMENT	ELECTRIC	SOFTBALL
BULLYING	FOOTPRINT	STORYTELLING
CAREGIVER	GIMMICK	WORKPLACE
DISCRIMINATION	NEURORADIOLOGY	ZOOM



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Alzheimer's is a journey, not a destination. Taking an active role to educate yourself about how your life may be impacted by getting a diagnosis of Alzheimer's disease or other dementia (or providing care) can be an empowering first step to taking control of your life. We offer a number of education programs that can help you understand what to expect so you can be prepared to meet the changes ahead and live well for as long as possible or thrive as a caregiver.

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