

United in marriage

JACOBS-DEWALD

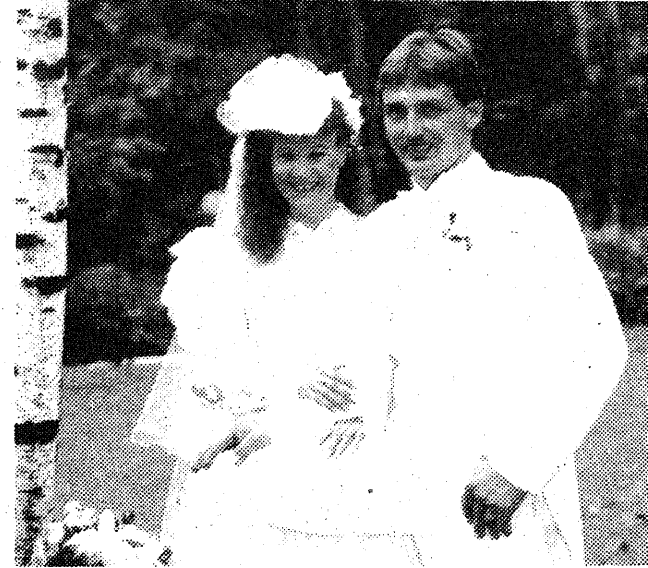
Tamara Sue Dewald of Unionville and Allen Brian Jacobs of Millington united their lives in marriage on Saturday, Sept. 14, 1991 at the home of the bride and groom in Caro.

Rev. Olaf E.A. Andersen performed the double-ring ceremony in a natural outdoor setting by a bridge and pond.

Parents of the bridal couple are Mr. and Mrs. Fred Dewald of Unionville and Mr. and Mrs. Andrew Jacobs of Millington.

Given in marriage by her father, the bride wore a white satin gown with sheer yoke, wedding band collar, basque waist and Juliet sleeves featuring satin puffs accented with pearls.

The full skirt, highlighted with a center front applique, swept into a chapel train edged with lace and folds of



satin forming a ribbon effect down the back. She wore a satin hat adorned with pearls and sequins with attached veil.

The bride carried a cascading bouquet of day lilies, alstroemeria and mauve sweetheart roses, accented

with a pearl spray and trailing ivy, surrounded by white lace and satin ribbon.

Matron of honor was Sandy Ruppel of Akron, sister of the bride. Bridesmaids were Sheri Dewald and Cheryl Dewald, sisters-in-law of the bride.

Flower girls were Amy Ruppel and Diana Dewald, nieces of the bride and Alicia Duffy.

Dutch Burrows of Vassar, was best man assisted by groomsmen Dale Dewald and Mickey Dewald, brothers of the bride.

Following the service, the newlyweds greeted guests at a reception held at the Fairgrove VFW Hall. After a honeymoon to the Pocono Mountains in Pennsylvania

they are making their home in Caro.

The bride is employed at Active Feed Company, Pigeon and the groom is employed at R & R Construction, Vassar.

Top bowler named

The Thumb Area Womens Bowling Association's Bowler of the Week award for Jan. 12-18 was awarded to Bea Harwood with a score of 579.

Harwood bowls for the State Bank of Port Hope team at Kinde Lanes on the Wednesday Nite Ladies League.

Other 550 games bowled were Pam Corcoran 669, Charmont; Sheila Morin 553, Bad Axe; Rose Stiebe 567, Kinde; Mickey Gordon 552, Bad Axe.

13 seniors graduate to home health care

Thirteen Thumb Area senior citizens, age 55-plus, successfully completed a 75-hour course in Home Health Care on Jan. 16.

The graduating seniors were part of a first-time joint training venture between the Thumb Area Consortium, Allen Health Care and Green Thumb, Inc.

Training topics included patient care such as feeding and bathing, as well as the use of assistive devices like canes and walkers. Seniors also learned how to take and record basic vital signs — temperature, pulse and blood pressure — while maintaining patient comfort and dignity.

Sheldon Pharmacy and Medical Supply of Sandusky provided portable equipment such as hospital beds, wheelchairs, mechanical lifts and transfer belts for

hands-on learning.

Allen Health Care agreed to hire interested graduates upon successful completion of the training course.

The health care agency would offer contingent employment based on graduate availability and patient census. A comprehensive exam was given the final day of class with all 13 seniors passing with an "A."

The 13 graduates include: Magalene Gunden of Pigeon, Elaine Martin of Sebawaing, Laurence Beatenhead of Unionville, Marla Southerland of Caro, Helen McNeil of Mayville, Arlene "Lucille" June and Juanita Koehler of Lapeer, Valora Leschuk of Snover, Luella Osterhout of Columbiaville, Dorothy Trumble of Sandusky and Crosswell residents Patricia Powell, Frances Schroeder and Lucille Stolzenfeld.

Elkton Mayoral race on the Primary ballot

By AMY HEIDEN

Voters in the Village of Elkton will go to the polls this coming Monday, Feb. 16 for the Primary Election, to narrow down the field for the general election on March 9.

In the primary, voters will choose between two Republican candidates for Village President. The winner's name will be placed on the ballot in the March contest.

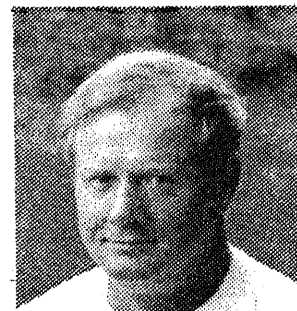
George Willoughby, the incumbent, is facing challenger and former council member Barbara Thompson, for a two year term.

Six candidates will be

vying for three two-year seats on the Village Council. Five Republicans and one Democrat are seeking the seats, and in the primary, the field of Republicans will be narrowed to three.

Democratic candidate Forrest Gilson will move on to the general election, while incumbents Terry Heck, James Jaworski, and Brenda Wichert will face challengers Frank Kolar and James Wilson.

We asked the candidates for the office of Village President for their views on several questions:



GEORGE WILLOUGHBY
(Incumbent) Age 44
Occupation- State
Police Officer



BARBARA THOMPSON
Age 54
Homemaker

1. Continue making government more accountable to the citizens and making the operation more efficient.

2. Low taxes, clean town, beautiful park.

3. (1) Recycling and environmental issues. (2) Development of industrial park. (3) Providing the best service possible to the community.

4. The leadership given to council in order to assure we do the best we can for the village.

5. Completion of current projects being developed: (1) Industrial park (2) Downtown Development Authority (3) Operational rules and regulations.

6. During the past two years a great deal of our time has been spent on getting the operation of the village defined. We have established how the budget is prepared, how expenditures are made, who is responsible for what, and what each member of the council is responsible for in the councilman's handbook that was developed.

Your taxes have been lowered and so has the sewer rate. Yet at the same time, we are in the process of development of the Industrial Park. The development of the Industrial Park is an expensive project; however, this is essential to the future of Elkton. This investment in Elkton's future is being done by council because if we refuse to invest in ourselves, how can we expect or hope anyone else will?

It is my feeling that we can no longer run the Village without written policy and procedures. We can no longer keep doing things that are not permitted by the Village Charter or laws. We must keep up to date on the new laws and the numerous

concerns that need to be addressed by council. We can no longer keep doing things just because that is what we have always done.

I believe that people need to be informed about what is going on and why. I believe the entire council should be informed of all matters concerning the village in order to assure the best decisions possible can be made in the best interest of the village. I have made every effort to keep everyone informed and we have made considerable progress in making government more accountable to you, the citizens, which is the primary goal I stated during the last election.

There is more to be done. If you like what has been accomplished and the direction we are taking, I need your support. What happens in your village and who represents you is your responsibility. Take the time to evaluate who is running for office and exercise your right and responsibility by casting your vote Feb. 17.

1. What are your goals in seeking the Elkton Village President's position?
2. What advantages and favorable qualities do you believe the Village of Elkton has?
3. What problems or needs do you believe the Elkton Village Council could be addressing?
4. Why should you be elected to the President's position?
5. What do you see as the greatest challenge to the Village during your upcoming term, if elected?
6. Do you have any other comments?

3. We need to have good communication with the village employees and the community as a whole. I think that is very important.

We need to work with the parks and recreation committee. That area has been on the back burner for some time.

4. Availability is a big factor in this position. I will be here.

If elected, I feel I can do the job to the satisfaction of the people. I will be truthful and honest. I will be fair and have time to listen.

Past experience has been a good teacher.

5. My greatest challenge is to try to change a few things back to the basics. Things went very well in the past years. We must remember we are not the big city of Detroit.

Another challenge is to improve the working conditions for village employees and assure them they will have my respect and trust.

6. If elected, I will represent the Village of Elkton with pride, the Village with a Smile that makes everyone feel welcome. That is what Elkton is all about.

OFFICIAL PUBLIC NOTICE
Village of CASEVILLE Caseville, Michigan

PUBLIC HEARING of the CASEVILLE VILLAGE COUNCIL
JANUARY 27, 1992

Public hearing called to order by President Pro-Tem at 3:00 p.m. ROLL CALL: present - Williams, Rose, Merideth, Goslee. Absent - Malosky, Lecznar, McCormick, Hart.

Public Hearing called for comments on the proposed 1992-1993 fiscal year budget.

Second Public Hearing set for February 10, 1992 at 7:00 p.m. Motion to adjourn. All ayes. Motion carried. Meeting adjourned at 3:30 p.m.

PAMELA J. STAHL - Village Controller/Deputy Clerk

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Thumb Area club news and notes

CASEVILLE RETIREMENT CLUB

The Caseville Retirement Club met on Feb. 4 at the American Legion Hall with 107 members present.

Vice-President Mike Scally conducted the meeting and asked all to stand and greet their neighbors, then led in the Lord's Prayer before lunch. The Pledge to the Flag opened the meeting.

Donors of the "earlybird" goodies were thanked by Scally.

Ray Gerrard announced the need to sign up now for the Campbell Soup Trip planned for April 7 and 8.

Scally reported John Kavalor was honored in a Bad Axe Tribune article.

Birthdays were celebrated by Avis Cregeur, Edward Fitzpatrick, Leonard Watchowski and Albert Janes.

It was reported that Henry

Zakrzewski and Marge Heckman are doing well.

The 50/50 raffle was conducted by Frank Janes.

ELKTON SENIOR CITIZENS

President Mike Remm called the Feb. 4 meeting of the Elkton Senior Citizens to order with 37 members and guest, Dorothy Woodward present. Welcomed back after being absent were Mary Mathews and Grotta Grigg.

Ardis Gemmel gave the table prayer before the potluck dinner.

Clayton and Ardis Gemmel were in charge of music for the afternoon session.

"America" was sung followed by the Pledge to the Flag.

The Birthday Song was sung for Doris Beaver and Fern English. The wedding anniversaries of Earl and Mayme Kasserman (49 yrs)

and Roy and Bessie Furness (50 yrs), were recognized with the Anniversary Song.

The minutes of the Jan. 28 meeting were read and approved.

A thank you letter was read from Forgotten Man Ministries for the donation the group gave at Christmas time. Cards were signed for Mel Baerwolf and Mildred Renn.

Roy and Bessie Furness presented a program of old time songs on the uke and harmonica. Edna Wakefield led the group in exercises.

Next week, Mark Green of Green Photography will show slides of historical sites of Huron County.

PIGEON CONSERVATION CLUB

A record turnout of 350 was reported at last Saturday's annual Pigeon

Conservation Club Wildlife Dinner, held at the Pigeon VFW Hall.

Karl Hosford, chief of the Wildlife Division of the Michigan Department of Natural Resources, spoke on "Michigan Black Bear Research." Also in attendance were Regional Wildlife Biologist Tom Prodzich and Bud Jarvis, local biologist.

Huron County Sheriff Michael Gage gave a short address, along with Paul Wendler of Saginaw, former president of Michigan Conservation Clubs.

Steve Fosdick, president of the Pigeon Conservation Club, said, "I am well pleased to see such a large amount of support for the local club's pheasant-raising project."

BAD AXE BPW GROUP

Bonnie Perry was nominated to represent the Bad Axe Business and Professional Women as the group's "Woman of Achievement" for 1991-92, joining 45 other women nominated statewide at the Women of Achievement Banquet held at the Fall BPW Board of Directors meeting in Traverse City.

She was selected because of her continued leadership roles in her career, social life and community affairs. Perry served as Executive

Secretary for the Huron County Sheriff's Department for 17 years and in 1989, formed her own non-profit organization entitled "Citi-

zens Community Corrections Organization," which develops and coordinates programs for law enforcement agencies throughout Michigan.

In other activities, the Bad Axe BPW has used a "Focus on the Future" series of monthly speakers, including Carl Miller, Dale Carnegie speaker, "The Power of Attitude and Appreciation; Clark D. Brock, North Huron High teacher, spoke in October about "Saving the Environment," discussing the importance of recycling and detailing news about the Thumb Area Nature Center.

Judy Nichols, an advocate for victim's rights, spoke about violent crimes against women and the importance of the "Crime Victim's Rights Act (Public Act 87 of 1985).

The Bad Axe BPW held a Christmas Party at Greenfields, attended by 35 members and guests.

Special guest at the January meeting was Joann Yott, geriatric and TASS Coordinator at the Huron County Health Department. She spoke on statistics involving the growing number of senior citizens in the Thumb and the impact this growth will have on health care, home care and other social services.

The Bad Axe BPW presently has 43 members who meet at monthly dinner meetings the second Monday of each month from September through June.

Anyone wishing to make a

dinner reservation may call Carol Hunter or Arlene Brown at 269-9531, ext. 246.

AMERICAN LEGION AUXILIARY

The Feb. 5 meeting of The American Legion Auxiliary was opened at 7 p.m. by President Norma Farver.

Minutes of the last meeting (December) were read and approved. The Financial report was given by Treasurer Marion Parent. The report was approved and filed for audit.

"Thank you" notes and letters were read from Bruce Orjada, Chris Murdock, James and Kathy Henderson, Colleen Poisson and Marie Quinn, chairpersons for Caseville Community Christmas Fund.

Sunny Acres hostesses for Feb. 17 and 27 are Francis Gorski, Norma Farver, Helen Guster, Velma Meyers and Marion Parent.

The Blood Mobile will be held at the Caseville American Legion Hall on March 12, from 2 to 6:45 p.m. The St. Roch Women Society will supply the canteen.

The next meeting is March 4.

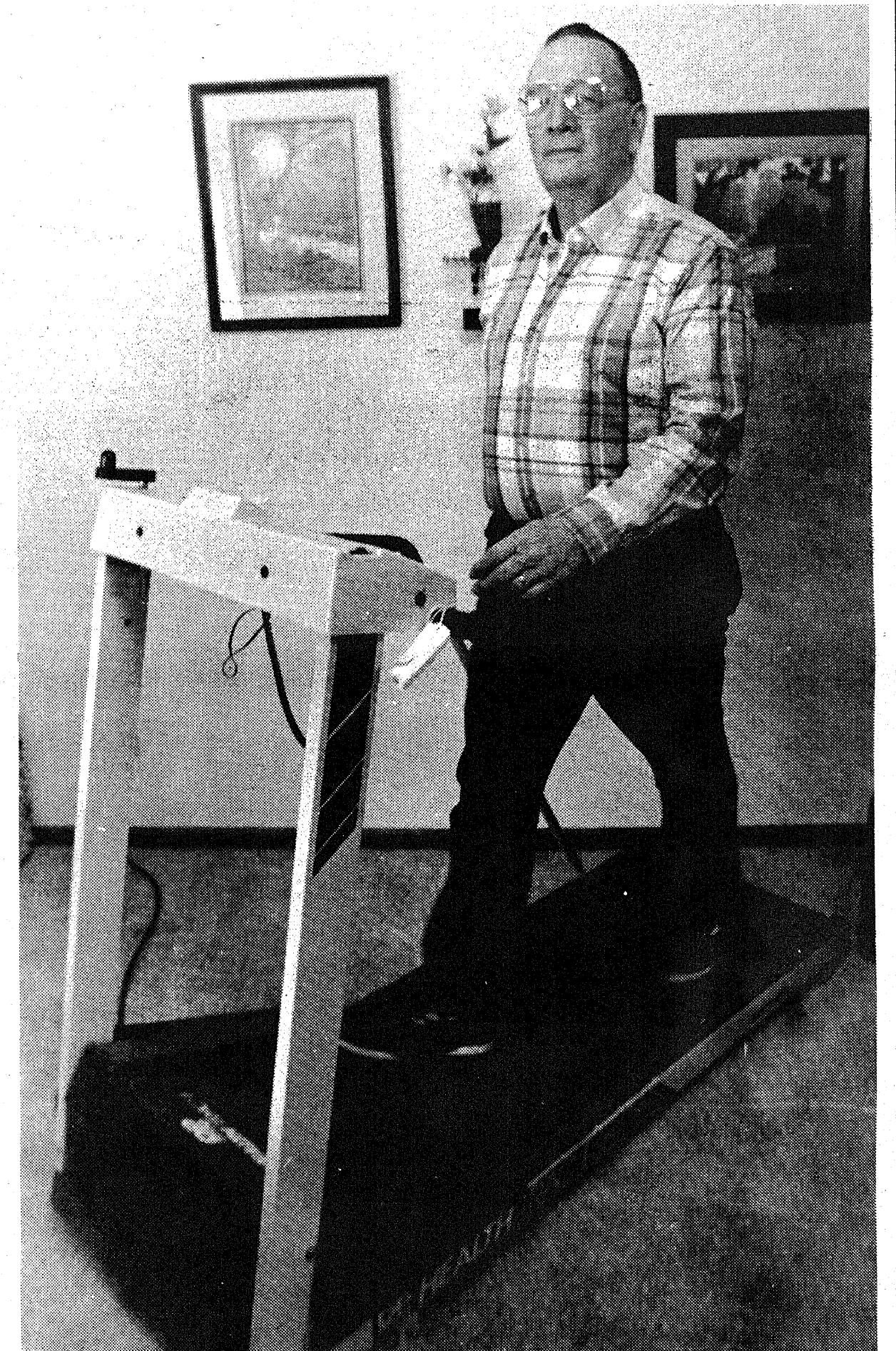
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Read his story, and learn about the way he's walking his way back to good health on Page 2...



Page 11

Sebewaing's Mike Holland has learned to enjoy his life to the fullest, while he lives with diabetes...

Page 7

Karen Whaley is using her personal experience to help her work with cancer patients today...

Page 10

A new state aid program makes quality pre-natal health care a reality for women in the Thumb...

Page 4

Linda Wiltse has learned that heart disease is as serious a threat to younger as to older adults...

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Linda Wiltse Of Sebewaing Knows... You're Never Too Young To Take Care Of Your Heart

By WALT RUMMEL
If you suddenly experience sharp shooting pains in your chest, pains that radiate into your arms, pains that come and go, Linda Wiltse of Sebewaing has 2 pieces of advice:
1. Don't Wait!
2. See your Doctor right

away, and Don't be Afraid to Tell the Doctor Everything!
That was what Linda went through one day in January, 1990. She felt the pains and they became increasingly severe until about 10 pm when they stopped suddenly. That

was good news to Linda, her husband, Robert Wiltse, and their 2 young sons, Ryan and Adam. But, the next morning the pains started all over again, and Bob said they're not waiting any longer. He called the ambulance, and soon Linda was on her way

to Bay Medical Center. The doctors looked closely into her family history. She was 30 years old, and a moderately-heavy smoker. Her father, Don Heider, had died of heart problems at 54 and he had been a heavy smoker. Linda's mother, Beatty,

was having heart problems. She, too, was a smoker. Tests showed some blockages around Linda's heart, and among the medical procedures undertaken was the "balloon treatment", known as angioplasty. Linda was in the

hospital about a week, and before discharge she was advised to have checkups annually.
RESPITE FOR 5 YEARS
For 5 years Linda expected
LINDA WILTSE CONTINUES ON PG. 5



LINDA WILTSE, her husband, Robert, and sons Ryan and Adam, have altered their family menu to include foods with low fat and cholesterol levels, and many more salads and vegetables.

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Linda Wiltse

Continued From Page 4

perienced no problems until that day in January, 1990, when she felt pain and pressure. That time she and Bob decided to call the ambulance immediately. They brought her to Bay Medical just as she was suffering a heart attack. She was put on a blood thinner medication and advised that she should have a catheterization as quickly as possible. That examination, performed in early February, showed a 60% blockage in some areas around her heart.

Linda was released with the admonition to continue checkups and to report any pain.

One thing she noticed especially was that she "got out of breath" often without great effort.

"I walked to a friend's home one evening in October. It was dark and cold and very windy, and sud-

denly I got a strong eerie feeling. I had to fight to reach home, and immediately made an appointment to see my doctor", Linda explained.

Back to Bay Medical she went, where she flunked a thallium stress test. During another heart catheterization it was discovered that the arteries that had been blocked 60% in February were nearly closed—to 90%—in just 8 months.

Another angioplasty procedure was set up for December 13 at St. Mary's Hospital.

Linda knew what to expect, but when it ran 15 minutes, then 30 minutes past the usual time, she became concerned.

Linda could read alarm in the nurse's eyes, but she didn't know that one of her arteries had collapsed. Suddenly the call went out for "Dr. Heart! Catheter Lab

3. STAT!"

In the waiting room outside, Bob heard the call, but he didn't know in which lab Linda was undergoing the procedure.

AND THE SURGERY BEGAN...

Everything was being readied for surgery and by mid-afternoon Linda Wiltse was in the operating room.

By Thursday night when she was beginning to revive, she was in the Intensive Coronary Unit, and a relieved family was waiting for Bob to bring them word about Linda's condition.

Friday morning, December 14, Linda heard the public address system paging Bob, and she wondered why the staff needed to locate her husband. She didn't have to wait long.

Soon an ICU nurse rushed in and told Linda that her monitors showed she was having internal bleeding.

She had to go into surgery again immediately, and since Bob hadn't arrived yet, Linda was asked to sign her own permission form for surgery.

Linda grasped the pen and scrawled her name on the sheet.

And "whoosh", she was off into surgery again, for the 2nd time in 18 hours. The operation didn't reveal where or why she had

internal bleeding.

Continued monitoring showed that by Friday afternoon the bleeding had not stopped, and she was returned to surgery again—her 3rd operation in 2 days.

That time a worried Bob was there to sign the release and Linda was whisked back into surgery. Surgeons didn't discover the source of the bleeding, but, miraculously, the

drainage was slowing down.

AND THEN THE RECOVERY

By Saturday morning her condition was improving, the respirator was removed, and Linda began feeling better.

After 7 days she had recovered enough so she

LINDA WILTSE CONTINUES ON PG. 14

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You could save a life. Heart attack claims approximately 500,000 lives annually.

But the tragedy is every year many who die might have lived if they, or someone like you, had only known what to do.

The average individual having a heart attack often denies what is happening and waits more than two hours before getting help. Local hospitals and health care centers join the American Heart Association during February, American Heart Month, in emphasizing the importance of recognizing the warning signs of a heart attack and taking action.

A heart attack can strike anyone, anywhere, anytime and the symptoms may vary. But the usual warning signs are:

- Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting two minutes or longer.

- Pain spreading to the shoulder, neck or arms.

- Pain with lightheadedness, fainting, sweating,

nausea or shortness of breath.

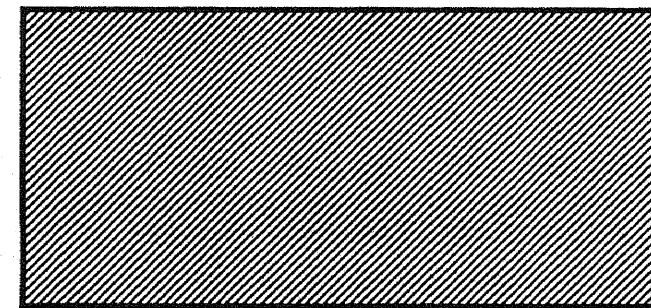
These signs may not occur in every heart attack.

But if you or someone else has these symptoms, act quickly. It is an emergency that demands urgency.

- Call the emergency medical service system. Depending on your community, this could be the fire department or an ambulance service.

- If you can get the individual having the heart attack to the hospital quicker by driving yourself, do so.

If you think you're having a heart attack, DON'T DRIVE—ask someone to drive you. Go to the nearest medical facility with 24-hour emergency cardiac care.



- If necessary and if you're properly trained, give CPR (mouth-to-mouth breathing and chest compression) to the individual having the heart attack while you're waiting for an emergency vehicle to arrive.

The thought of having a heart attack is scary, so expect a heart attack victim to deny what is happening.

Also, they may be afraid to risk the embarrassment of a "false alarm." The attack may be dismissed as indigestion.

Take steps to find out what is really wrong. It may not be a heart attack. But if it is, your taking action may dramatically increase the chances of the victim's survival and recovery.



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She's Cancer-Free; Wants to Help Others

By SALLY RUMMEL

Karen Whaley's battle with cancer seems like a long time ago, but the memories of her treatments and long-felt anxiety give her an edge on compassion and empathy with patients facing cancer today.

Whaley, who works as a Patient Account Representative at Scheurer Hospital in Pigeon, can often be found away from her office desk on the hospital floor comforting patients and talking with their loved ones about what to expect with various treatments.

Even though she has been cancer-free since 1978, she has developed a keen sense of people's needs — and she knows when to talk, and when to listen.

Whaley's compassion was borne from her own experiences, and her memories are so vivid she can still smell the stench of illness in her hematologist's office where she used to receive chemotherapy for treatment of Hodgkin's Disease — cancer of the lymph glands and blood.

Her own personal battle with cancer began when she was just 20 years old and newly-married, living in the Detroit Area, when she started to lose weight and was feeling exhausted.

A visit to her gynecologist detected lumps in her neck, which were diagnosed as Hodgkin's Disease. She immediately began a regimen of radiation everyday for 30 days until her doctor felt she was free of disease.

Whaley had a child, Jennifer, and the family moved to the Thumb, where her

husband Fred had family roots and the couple could raise their daughter in the safe surroundings of the Pigeon Area.

A false sense of security and a clean bill of health kept Whaley from keeping her regular six-month check-ups.

Then her real nightmare of illness began.

Whaley got a cold that just wouldn't go away. She returned to her hematologist, who immediately hospitalized her after finding a lump on the opposite side of her neck.

She was put through a battery of unpleasant tests, which gave the awful diagnosis: a recurrence of Hodgkin's Disease.

Because more radiation might result in paralysis of her neck and arm, her doctor recommended a chemo-regimen twice a

month for six months, that came in pill form and through IV.

So after Fred would drive her to Detroit on alternate Fridays, she would immediately begin a battery of blood tests. Saturday morning would find her at the doctor's office for her 20-minute IV treatment and often she wouldn't make it out the door before beginning a vomiting session that would last six to seven hours.

"Chemotherapy is one of the loneliest things a person can go through," explains Whaley, with the voice of experience. "There was a point during that time that I wanted desperately to stop chemo, but my doctor and family kept encouraging me."

In January, 1978, Whaley felt weak and ill. A bad snowstorm extended the 2

1/2 hour drive to Detroit to 4 1/2 hours, but the worst was yet to come.

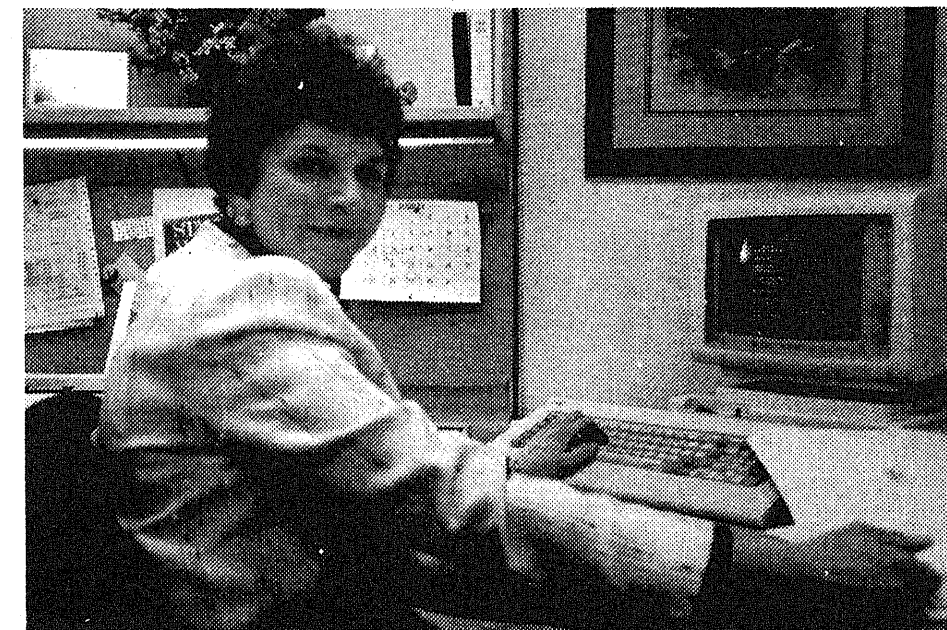
Her doctor immediately put her in the hospital for blood transfusions, because her body was making no platelets and her hemoglobin count had sunk to eight (when it should be 14).

Whaley spent the next several months resting at her parents' home in Detroit, while young Jenny, age 11, grew up fast learning to cook and keep house in her mother's absence.

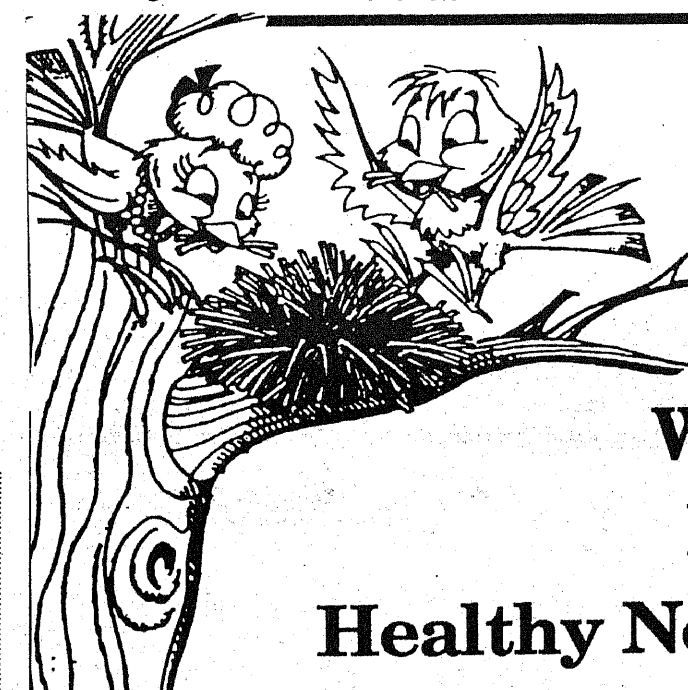
Whaley's health took another bad turn at Easter that year when she needed more transfusions, but from that time until now, she has been cancer-free and is considered "cured."

Whaley has been employed at Scheurer Hospi-

KAREN WHALEY CONTINUES ON PG. 15

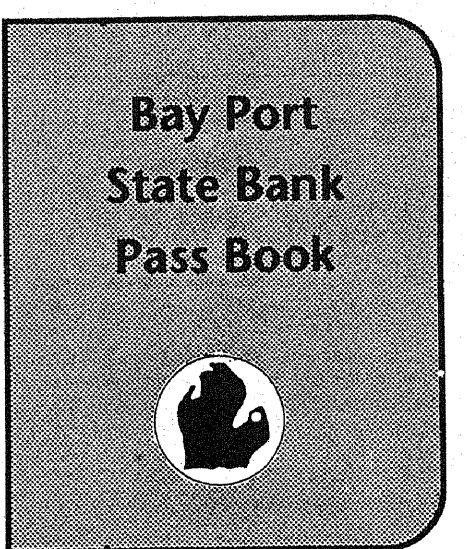


WHEN KAREN WHALEY talks with patients about the fears and loneliness of cancer treatment, she speaks from personal experience. Her private battle with the disease began when she was just 20-years-old.



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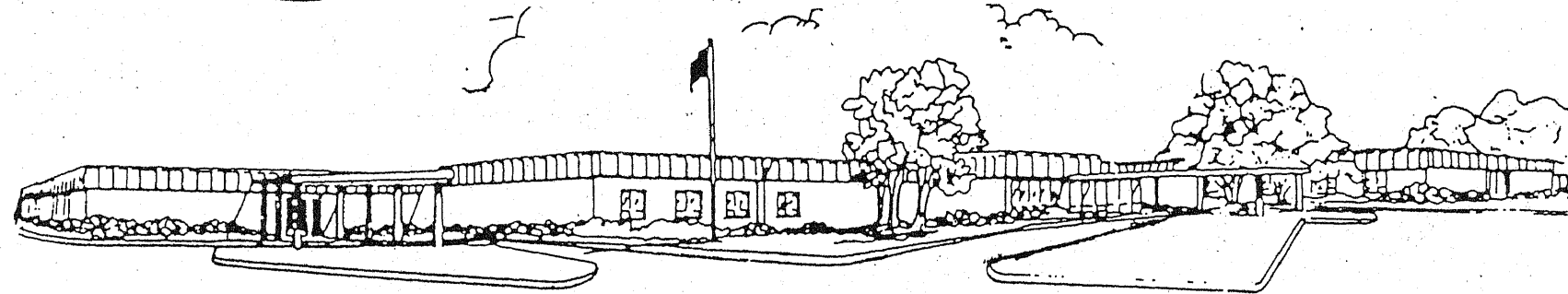
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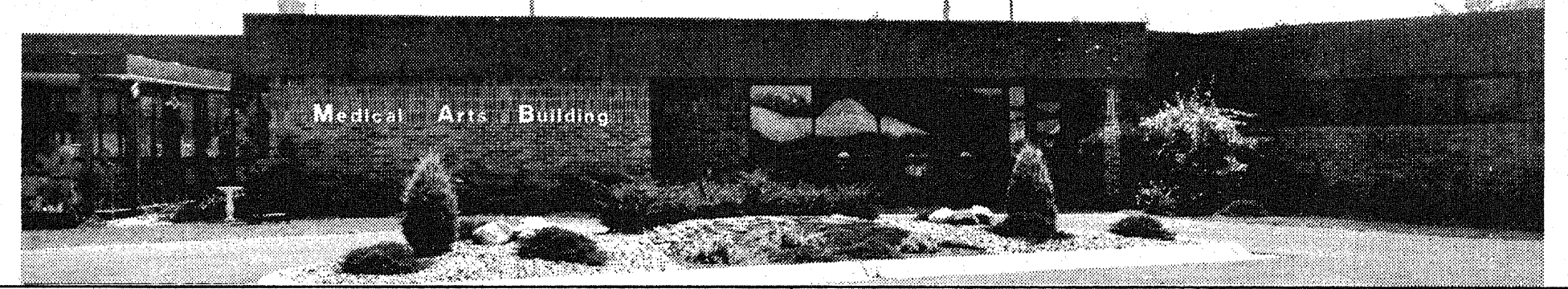
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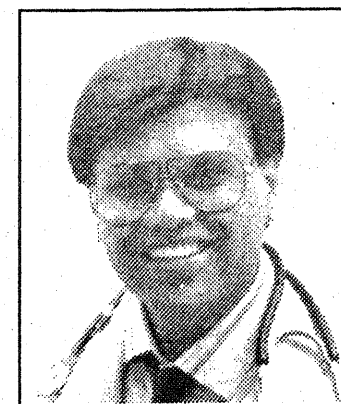
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Prenatal Care Should Be Right, Not Privilege

Prenatal care should be a right, rather than a privilege, for every woman in the state of Michigan.

That's the sentiment behind Michigan's Maternal Support Services, a state-funded program begun four years ago.

This unique program, offering free pregnancy sup-

port services to pregnant women on Medicaid, is now available to Western Thumb Area women at Scheurer Hospital in Pigeon, the only private sector health facility in the Thumb to offer such services.

Scheurer Hospital applied last year to the state Department of Social Services and the Michigan De-

partment of Public Health, who jointly administer the program, in order to begin offering Maternal Support Services.

All three county health departments in Huron County, Tuscola County and Sanilac Counties also offer Maternal Support Services. For pregnant women on

Medicaid, the support program offers free:

- Access to the services of registered nurses, dietitians and social workers, in addition to a physician supplied through Medicaid;
- Coverage for both mother and child up to 60

days after delivery;

- Vouchers for travel to and from pregnancy-related tests.

Muriel Crow, R.N., coordinator of Maternal Support Services at Scheurer Hospital, says the program is a real life-line for women

who often fall through the cracks of the traditional health system.

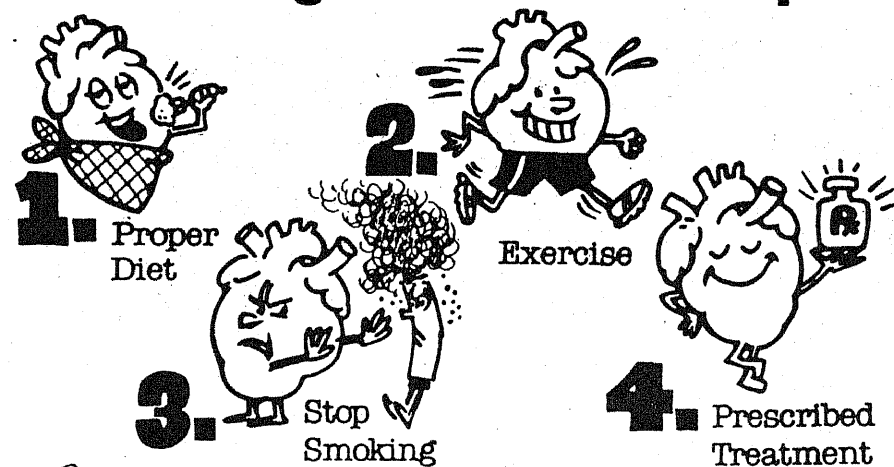
"Some women have no insurance and can't afford

PRENATAL CARE CONTINUES ON PG. 16



NURSE MURIEL CROW weighs-in an expectant mother taking part in the Maternal Support program. Crow feels the state service is a real lifeline for women who are unable to take advantage of the traditional health care system.

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Did Diabetes Slow Him Down? Not A Bit!

By **WALT RUMMEL**
A mother was sitting in the doctor's consultation room, weeping inconsolably.

"Diabetes! It's the worst thing in the world! And my little daughter has it!" The doctor told her softly, "Yesterday there was a young mother sitting in that very chair you're sitting in, and I had to tell her that her child has leukemia. I couldn't tell her how it would turn out. But I can tell you this, diabetes, even juvenile diabetes, can be lived with."

In early December, 1980, Don and Patricia Holland had noticed some worrisome symptoms in their 9-year-old son, Mike. He had lost weight. He had a burning thirst.

His 4th-grade teacher told Mike's mother that he "is becoming short-fused and doesn't like to lose."

Mike was developing dark circles under his eyes. One day he threw up, something he'd rarely done before.

Mike was drinking lots of pop, lots of orange juice and seemed constantly hyped up.

One night Don and Pat

heard Mike traipsing down the stairs several times, going to the bathroom.

"Tomorrow I'm taking him to the doctor", Pat told Don.

Early next morning, a worried Patricia called a family friend whose son had developed diabetes several years earlier. Admittedly the 2 mothers had no medical backgrounds, but both agreed that the symptoms sounded like diabetes.

Driving to the medical clinic, Mike looked at himself in the side-view mirror and told his mother, "Mom, I don't look right to myself".

Three hours later she was sitting in the doctor's consultation room in Sebawaing Medical Clinic, and heard the "worst news possible" from the doctor.

"Mike's blood sugar level is 660, and we're admitting him to the hospital immediately. He looks like a sure case of diabetes!"

And so it was, that Mike Holland, 9, became a patient at Scheurer Hospital, Pigeon, on December 7, 1980.

By 10 o'clock that evening, after insulin injections, his blood glucose level had dropped to 250.

Next morning it had elevated again, and the battle of balance and dosage had begun.

Mike was in the hospital 6 days after which he was released to return to his home.

The doctor had held long conferences with Mike and Pat and Don, telling them about diabetes and insulin and letting them practice giving "shots" into an orange to get the feel of the injection needle.

"To me, the most troubling news of the whole ordeal was that Mike will have to have a shot every day for the rest of his life", Pat recalls now.

WHAT DIABETES IS --

Diabetes is caused by the inability of the pancreas to secrete sufficient insulin to store and burn the sugar absorbed in the blood. An excess of sugar in the blood results, and the kidneys give off some of the excess into the urine.

The symptoms of diabetes include increased thirst and hunger, and frequent urination. Often the urine may be reddish-yellow in color, high in specific gravity and usually containing a measurable percentage of glucose.

The illness of diabetes has been known for centuries, with evidence that humans suffered from diabetes—and most of them died of it—many centuries ago in Bible times. There are many levels of severity, and for the more severe cases, death was the usual result.

Two Canadian scientists, Dr. F.G. Banting and Dr. C.H. Best, discovered and prepared a hormone, insulin, that regulates the body's use of sugar.

Experimenting with dogs in which diabetes had been induced, the famous duo of Banting and Best be-

came the first known medical scientists to treat diabetes successfully.

In 1922 they used insulin successfully for the first time in humans.

When treated and when glucose levels are kept within prescribed limits, today's diabetes patients can live and enjoy a normal life. Many adapt to the

diabetics' regimen well, and some patients claim that a diabetics' diet and activities are more health-

MIKE HOLLAND CONTINUES ON PG. 12



COLLEGE STUDENT MIKE HOLLAND maintains an unusually busy schedule, and still has time to enjoy favorite sports that include hunting, fishing and water skiing.

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MIKE HOLLAND
CONTINUES FROM PG. 11

ful than the average person's life style.

NOW BACK TO MIKE . . .

As Mike was adapting to his new life, it wasn't all smooth sailing. Frequent blood tests were required, for which his mother drove him to the hospital.

When lab technicians approached him he called them vampires. Home-testing was done with the familiar "test tape".

Between the doctors and Pat and Don, Mike quickly became familiar with what he could eat and what was on the "no" list. They also laid out a prescribed pattern of exercise and activities, the 2nd vital rule for diabetics.

Mike soon regained his pre-diabetes energy and vigor, and he made up his mind he was going to join in all the activities his friends enjoyed.

Once in a while he had an insulin reaction, caused by too much physical activity or by an occasional cold. Once in a while he overate for a special occasion, or he wasn't careful in his choice of treats. Then his blood glucose level shot up.

But Mike was alert to notice what was good for him and what wasn't. His parents kept him close to the rules, and Pat made a list of other parents' names whose children also had diabetes. They often consulted and advised each other.

Well-known for his hearty, good-fellow upbeat attitudes, Mike determined that he would enjoy life to the fullest.

He's maintained good grades in school, has held jobs during summers, weekends and after school, and he's active in athletics and outdoor sports.

Now 19 and a sophomore at Ferris State University, Mike has these activities on his resume:

* Basketball team in grade school, first-string catcher on USA High School baseball team and summer baseball, USA graduation;

* Enrollment in Ferris State's criminal justice department.

* Jobs include stock boy for Sebawaing's biggest supermarket, hauling hay and hoeing beans on farms, a long list of lawn-mowing customers, and many others;

* In college, he works 2 nights each week as security guard for his dorm complex;

* A long list of friends, including a home-town "steady" who attends CMU;

* He lives for hunting—deer, pheasants and geese are among his trophies, plus fishing and boating, he's an excellent swimmer and he "loves" water-skiing;

Over the recent holiday season he drove to Florida to visit his maternal grandparents.

One of Pat's sharpest memories recalls a busy

summer day when Mike's baseball team was in a playoff series. She suddenly remembered that Mike hadn't had his morning insulin injection.

She packed up the dosage and syringe and sped to the baseball field.

By that time Mike had remembered, too, and when he saw her driving up, he raced toward her car, jumped in beside his mother, and the insulin shot was given quickly. He bounded back to the diamond, and resumed play. And his team won the game, too.

Looking back, Pat says that in 11 years "there's never been a day when he didn't get his shot", although she admits that day at the ball park nearly spoiled his record.

"For Mike," she says, "Diabetes never seemed

to stop him from doing anything".

Nevertheless, there are sobering conditions connected with being a diabetic patient.

Out-of-condition diabetics can damage their eyes, heart and kidneys quickly; out-of-condition patients don't heal well when injured.

Two years ago Mike broke his leg, and there was family concern over the healing time. Nevertheless, the broken leg healed well and Mike was back in action promptly.

"That was a good sign, we felt", Pat declared.

On the negative side, Mike knows he'll never be able to pilot an airplane. To this, Pat and Don responded that "most people don't, so that isn't too serious".

Another "downer" is that "partying", as many young

people understand it, can be fatal to a diabetic, so diabetics have to combat peer pressure constantly.

For diabetics, most insurance rates are higher, and, there is considerable cost to supply insulin, needles, test strips and modern metering systems.

Nevertheless, the summary of being a diabetic is positive and upbeat, all 3 Hollands agree.

Good control of glucose levels means better health,

for diabetics and for everyone. Not only the right foods are vital to a diabetic, but the wrong foods or drink are "strictly forbidden. Along with that, a rigid exercise system is required, too.

Those are good rules for everyone to follow, the Hollands agree, for non-diabetics AND diabetics.

So, diabetes can be lived with—and Mike Holland is proving it!

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Insure Long-Term Health Care With Caution...

A few years ago, health insurance to pay for long-term care of the elderly or others disabled by illness was non-existent. Now such insurance is available, but the patient may not always be able to collect.

A study by William Weissert, Ph.D., of the University of Michigan's School of Public Health, found that only half of the long-term care policies he studied in many areas of the United States, including Michigan, were likely to pay benefits.

More than 1 million policies have been sold since the mid-1980s by more than 100 companies. "The dependent elderly population is expected to double in the next 12 years, so the market is likely to increase," Weissert said. But he warns that "savvy consumers should look long and hard before they settle on a policy."

Currently the cost of basic nursing home care averages about \$25,000 a year, but in 1987, Medicare only paid 2% of national nursing home care costs and private health insurance paid 1%. Medicaid paid about 45% and patients and their families paid "at least half," Weissert said.

More than 50% of the nation's elderly will enter a nursing home and more than 50% of those only stay a short time before death or discharge.

Weissert suggests that people buying a long-term care policy should consider these basic issues:

- A reasonable annual premium for people age 65 and older ranges from \$700 to \$1,400. Since this type of insurance is to protect the estates of the elderly, Weissert feels their children should pay the premi-

ums. "Not everyone will agree with that, of course," he said.

- Select a policy with the maximum number of benefit years you can find. Some policies only cover three or four years.

- Policies that require a prior hospitalization adversely affect the chances of a payout. People with chronic conditions who have not been hospitalized will be at a disadvantage. Likewise, some home care policies require the patient to have been in a nursing home first.

- Choose a policy with as long a grace period as possible between hospital discharge and nursing home admission. A longer time allows a comprehensive search for the right nursing home.

The best policies offer four levels of nursing care,

some of which will not be appropriate for the patient. Consumers should seek policies that cover immediate and custodial care, not just skilled care. Your coverage should not require a skilled stay first.

- Look for policies that will cover Alzheimer's disease, even if they exclude other kinds of mental illness.

- It might be best to choose a policy with a higher premium and fewer deductible days because some patients will experience several short stays and may have to meet the deductible each time.

- Look for policies that will waive the premium if the patient is confined to a

nursing home for longer than three to six months. For more information, contact Deborah Gilbert at the University of Michigan at (313) 747-4411.

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