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Surviving
heart surgery
complication
with healthy
attitude

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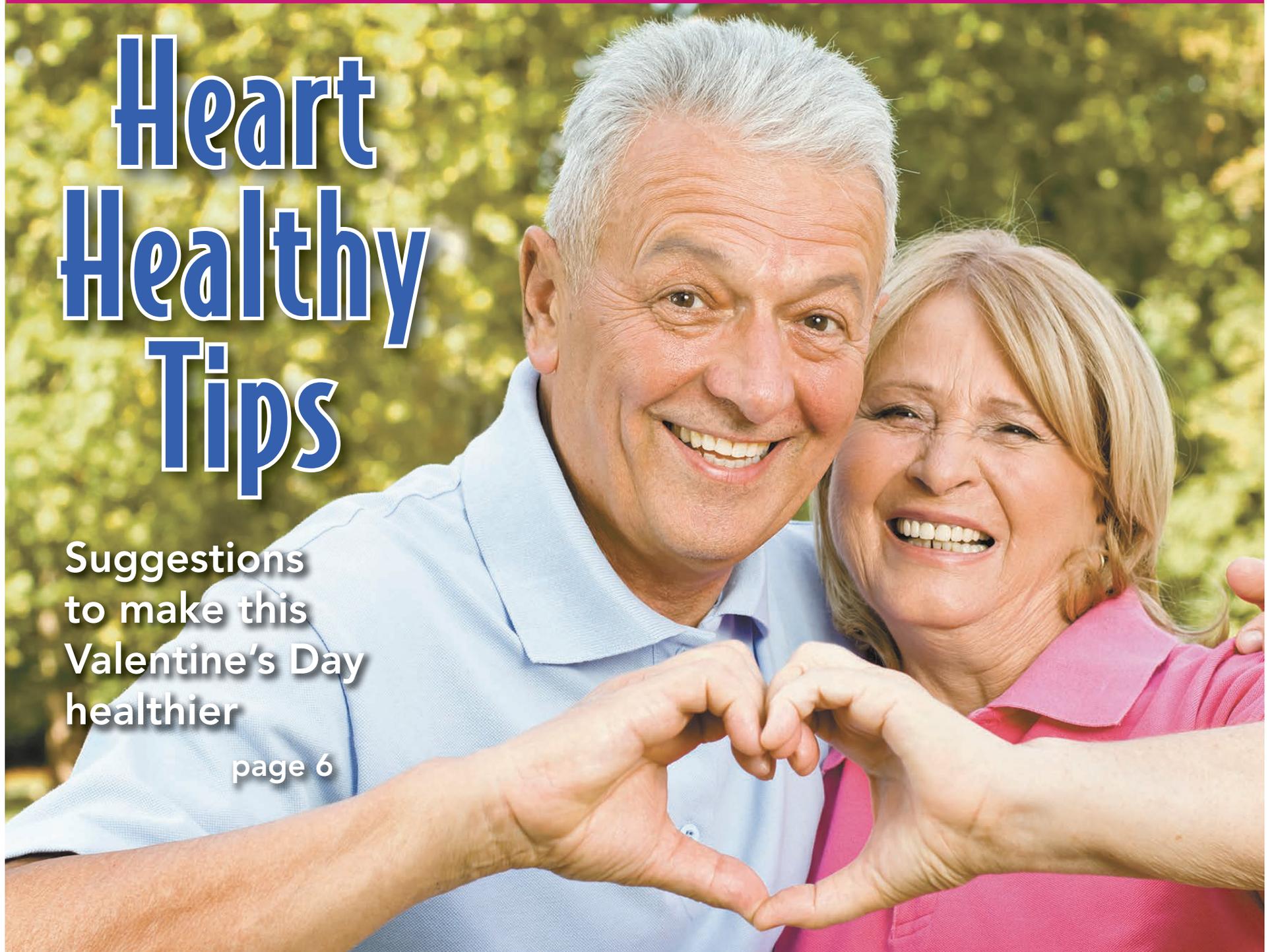
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Suggestions
to make this
Valentine's Day
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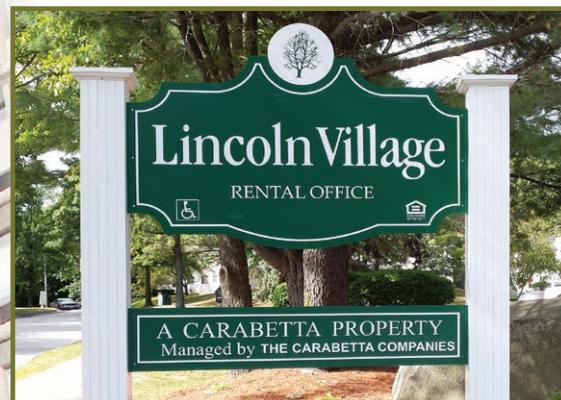
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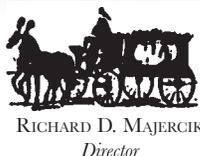
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Surviving heart surgery complication with healthy attitude

By ED KARVOSKI JR.
CONTRIBUTING WRITER

No one was more surprised than Diane Thaler of Stoughton when she suffered a massive heart attack. She had no heart disease risk factors, so some people might speculate that its occurrence was due to the ill-fated date: Friday, Dec. 13, 2013.

“Everybody was totally shocked because I ate well, exercised, wasn’t overweight, wasn’t diabetic and didn’t have high blood pressure,” said Thaler, now age 68. “It was quite a surprise to everyone – most of all, to me.”

While February is American Heart Month, Thaler welcomes opportunities year-round to share her experience including an American Heart Association (AHA) fundraiser in Boston this past October. Although the surgery had a complication, she’s now feeling well and wants to help spread a positive message.

“It’s important for people to see survivors,” she said. “I also want people to be aware of how the AHA is continuing their research with the resources it has.”

It was in the middle of the night that a severe pain awakened Thaler. Her husband immediately called 911 and paramedics rushed her to the nearest hospital, Good Samaritan Medical Center in Brockton. After a series of tests, she was transported to St. Elizabeth’s Medical Center in Brighton for surgery.

“A team was waiting for me at St. Elizabeth’s,” Thaler relayed. “A surgeon told my husband that my chances were not very good and that most people that have this type of heart attack don’t even wake up; they just die in their sleep. It was touch-and-go for about 48 hours. The nurses, doctors and aides were wonderful. I couldn’t have gotten better care anywhere else – as good probably, but not better.”



PHOTO/SUBMITTED

Diane Thaler

For five weeks Thaler remained in the intensive care unit where the staff tried to stabilize her typically low blood pressure. Next, she was transferred to the cardiac floor for three weeks. There, she began basic physical therapy with seated leg and arm lifts.

She was discharged from St. Elizabeth’s and admitted into Spaulding Hospital for Continuing Medical Care Cambridge for two months. That facility was chosen because its nursing staff could support both her rehabilitation and intravenous heart medication. Again, Thaler was satisfied with the care she received.

“I had the best physical therapist,” she declared. “I told her to work me like she’d never worked a patient before. I was determined to get home as quickly as possible.”

Thaler needed additional medical care. A balloon pump had been inserted into one of her legs for the heart surgery to help circulation. However, blood clots broke off and migrated to her feet. The compro-

“Everybody was totally shocked because I ate well, exercised, wasn’t overweight, wasn’t diabetic and didn’t have high blood pressure.”

Diane Thaler

mised circulation led to dry gangrene.

“It wasn’t pretty,” she acknowledged. “Tissue died and my feet turned black. I couldn’t move them at all.”

The vascular surgeon who heads the department told her that some degree of amputation was necessary. She sought two

other opinions and got the same response. Within a four-month period, she underwent amputations of both legs from about the mid-calves. Now, she has prosthetic legs.

“It’s the best of a bad situation,” she shared. “I’m walking, driving and went back to work.”

Thaler works as a real estate agent for Coldwell Banker in Canton. She’s also a professional tutor for students who need help with individual subjects and standardized test preparation.

Meanwhile, she periodically meets with her cardiologist.

She’s also seeking more opportunities to publicly share her experience with others.

“Whether you’re looking at me as a heart disease survivor or a bilateral amputee, there is a life after a catastrophic event,” she said. “My life has obviously changed, but it didn’t end. You have to dig down, find that strength and be determined that it’s not going to be the end of your life.”

Thaler is aware that some people might be discouraged to learn she suffered a heart attack after living what is generally considered a heart-healthy lifestyle.

“There are the cynics that will say, ‘She was in good shape and still had a heart attack, so what’s the point?’” she noted. “The point is that my heart surgeon told my husband that I would not have survived if I had not been staying fit.”

For information about the AHA, visit heart.org and on Facebook at facebook.com/americanheart.

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14 Heart Healthy Tips for Valentine's Day

PROVIDED BY THE AMERICAN HEART ASSOCIATION

One of every three deaths in the U.S. in 2013 was from heart disease, stroke and other cardiovascular diseases, while heart disease and stroke were the number one and two killers worldwide, according to American Heart Association's 2016 *Heart Disease and Stroke Statistics Update*. In the U.S. the data showed:

- cardiovascular diseases claimed 801,000 lives;
- heart disease killed more than 370,000 people;
- stroke killed nearly 129,000 people;
- about 116,000 of the 750,000 people in the U.S. who had a heart attack died; and
- about 795,000 people had a stroke, the leading preventable cause of disability.



Here are some suggestions to make this Valentine's Day healthier:

1. Rather than tempting your beloved with chocolates, con-

sider a gift that has more permanence. Search for a poem that describes your feelings and write it on beautiful paper for a handmade Valentine.

2. Quality time is one of the most meaningful gifts. Bundle up and plan an active outing such as sledding, ice skating, gathering wood for a fire, or a simple winter walk.

3. Cooking at home is an excellent way to control the quality and amounts of what you eat. Take a date to a local cooking class to practice your skills or learn a new technique and prepare a romantic candlelit dinner.

4. Give to one another by giving back. Ask a date to volunteer with you at a local charity. Giving back is a healthy habit that will boost your mood and beat stress.

5. Still craving something sweet? Send a fruit basket to your loved one that has natural sugar as well as healthy nutrients instead of sending sweets with added sugars.

6. Spice it up – try cooking at home with healthier seasonings and avoid prepackaged mixes that may contain a lot of salt. Instead, add some spice with some fresh hot peppers. Remove the membrane and seeds first, then finely chop them up.

A little goes a long way.

7. Sharing is caring – if you do go out for a romantic dinner date, order one entrée to share. Many restaurant servings are enough for two – splitting will keep you from overdoing it.

8. Don't forget to love Fido, too! Give your pet a Valentine and remember to walk or exercise them daily – getting active will benefit your health and your bond with your pet.

9. Take it slow – if you were gifted a luxurious box of chocolates from your sweetie stick it in the fridge or freezer and enjoy in moderation over several weeks.

10. One of the best things you can do for your heart is to give up smoking or help a loved one quit. Smoking is the most preventable cause of premature death.

11. Rekindle an old flame – try preparing one of your less-favorite foods in a new way. Google is a great place to start looking for new recipe ideas.

12. Stay hydrated – staying properly hydrated helps you feel (and look) better and water is a great alternative to high-calorie, sugar-sweetened drinks. Treat yourself to a fun new water bottle to encourage the habit – if it's always handy, you're more likely to drink up. Or try one of the many new herb teas that are now available.

13. Get active inside – there are plenty of ways to get moving indoors that don't involve a gym membership; start mall walking, hit the stairs at work, or check out a yoga video from the public library or online. (YouTube is a great source!)

14. Make a change – pick one small thing you can change about your daily diet – start drinking green tea, order the nonfat latte, skip the afternoon vending machine visit or add an extra veggie to your dinner plate.

For more information on heart-healthy eating, visit www.Heart.org/Nutrition or contact the American Heart Association at inquiries@heart.org or 800-242-8721.

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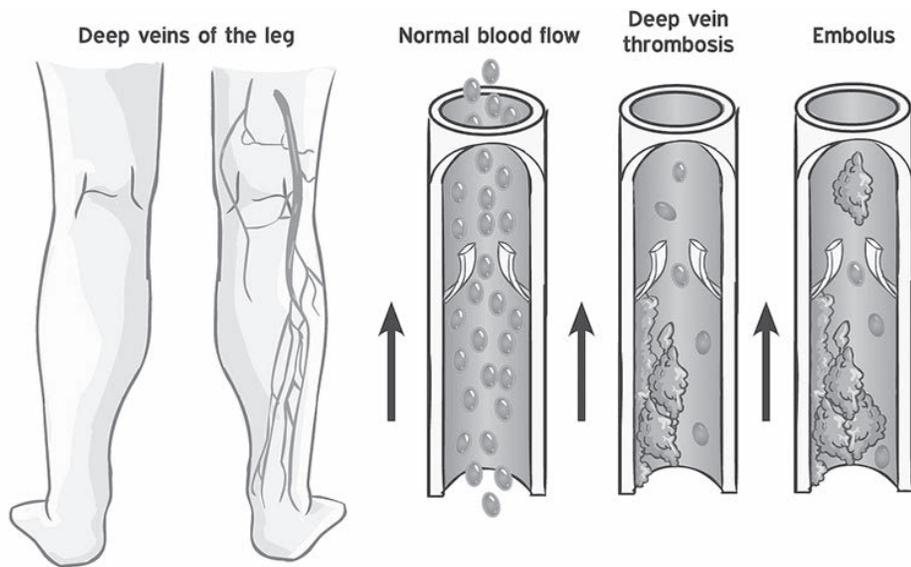
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What is Deep Vein Thrombosis and how can it be treated?



By DR. BORIS BERGUS, M.D., R.V.S.

As we age, our circulation system can lose efficiency, causing a variety of problematic conditions. One such problem is that of undesired clots in the legs. Although clotting is an important safeguard from injury, an unexpected clot can cause

pain and swelling and can often be the precursor to a more serious health condition.



Dr. Boris Bergus M.D., R.V.S.

According to statistics,

over 2 million Americans develop blood clots per year. In general, clots are more common in veins than in arteries and they are most likely to appear in the veins of the legs due to the effects of gravity. When blood pools in the leg's superficial veins, it is generally minor and is commonly referred to as varicose veins. Clots in the deeper veins are of much more concern. The common term for this type of clot is Deep Vein Thrombosis (DVT).

Some of the symptoms that point to DVT are tenderness and a general heaviness in the lower leg. The calf area may also swell and feel warm. In approximately 30 percent of these cases there are no obvious symptoms.

In addition to the discomfort, there is also a concern that the clot can grow and travel, ulti-

mately arriving at the lungs. This is why we suggest you seek the expertise of a vascular specialist known as a phlebologist.

Diagnosis is key

When it comes to understanding the severity of DVT, visual diagnosis can only go so far. Diagnostics using vascular ultrasound is the best way to evaluate a condition because it provides the phlebologist with physiological information about the blood flow through the veins and arteries. As part of our diagnosis, we perform an ultrasound procedure known as vein mapping that provides a blueprint for future treatment as well as a benchmark to assess progress. Other benefits of ultrasound diagnosis are that it is painless, safe and cost-effective.

Once a thorough evaluation is performed, the vascular specialist will prescribe a treatment plan. Typically the treatment will involve a regimen of blood thinners and in some cases the insertion of vein filters.

The first and most important step is to advocate for yourself and let your healthcare provider know you are concerned. From there, your phlebologist can best assess the treatment options that will meet your goals.

Dr. Boris Bergus, M.D., R.V.S. is the director of Americas Vein Centers located in Norwood, Southborough, and East Greenwich, R.I. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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The diagnosis is Alzheimer's disease: Now what?

By MICHA SHALEV
MHA CDP CDCM

Are you kidding me, I have what?! It can't be true. It has to be a mistake.

When you or your loved one first receives a diagnosis of Alzheimer's



Caregiving Tips

disease (AD), it can feel like the world is slipping away from you. It can be hard to move at all, much less stay positive and start making the future plans that will make the later stages of the disease easier both for you and those around you. You may also feel really very "angry."

It's normal to have these feelings but the important thing is to find ways to cope, and continue

to "have fun and laugh."

There are several methods and diagnostic tools to help determine fairly accurately whether an individual with memory problems has "possible Alzheimer's disease," "probable Alzheimer's disease," or some other memory or neurological problem. "Possible Alzheimer's disease" is defined as a dementia that could be due to another condition. "Probable Alzheimer's disease" means there are no other causes for the symptoms that can be found. Some individuals with memory problems have a condition called amnesic mild cognitive impairment (MCI) that often precedes AD. Individuals with MCI have more memory problems than normal for individuals their age, but their symptoms are not as severe as those seen in AD.

It's important to know that not all individuals with MCI develop AD. At this time, a definitive di-

agnosis of Alzheimer's disease can only be determined by an autopsy of the brain after death. However, at specialized centers, doctors can diagnose AD in a living person correctly up to 90 percent of the time.

A physician can diagnose Alzheimer's in a living person by:

Asking questions about the individual's overall health, past medical history, ability to perform daily activities, and changes in behavior and personality

Conducting memory tests such as problem solving, attention, counting, language skills and other abilities related to brain functioning

Carrying out medical tests on blood, urine, or spinal fluid

Collecting information provided by family members or other caregivers about changes in a person's day-to-day function and behavior which may help in the diagnosis

Performing brain scans, such

as magnetic resonance imaging (MRI), positron emission tomography (PET) scan or a computed tomography (CT) scan

A complete diagnostic workup for AD is lengthy and costly and may take as long as a year or more before a final diagnosis is made. After the diagnosis is made, the family and patient may need considerable guidance and counseling. Family members often wonder whether they should tell their loved one of the diagnosis. While it is devastating to learn that your loved one has AD, it is frequently more stressful to be aware of the signs and symptoms and yet have no answer for the problem. The family and the patient should agree before the diagnosis is made so appropriate actions are taken. Not knowing always presents the risk of the person finding out accidentally. Open and honest communication is usually the

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The diagnosis is Alzheimer's

Alzheimer's
Continued from page 8

best, but some families have their own reasons for choosing a different path. Families often look to healthcare professionals for guidance, and it is important to respect their decisions; however, physicians are advised to disclose the diagnosis to their patient.

The American Psychiatric Association (APA) recommends advising Alzheimer's disease patients and their families of the need for financial and legal planning due to the patient's eventual incapacity (e.g., power of attorney

for medical and financial decisions, an up-to-date will, and the cost of long-term care).

(<http://www.guidelines.gov/content.aspx?id=11533> Last Accessed: August 3, 2011)

In the long run, however, most people find that the best thing to do with an Alzheimer's diagnosis is to stay as proactive as possible, and to try to keep a sense of humor, especially when they're having a bad day. Most patients will have good days and bad days. If you're having a bad day, just hold on, because a good day will come along soon.

Micha Shalev MHA CDP CDCM CADDCT is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park, 101 Randolph Road, Worcester, as well as the new state of the art Oasis at Dodge Park. He is a graduate of the National Council of Certified Dementia Practitioners program, and well-known speaker covering Alzheimer's and Dementia training topics. The programs at Dodge Park Rest Home specialize in providing care for individuals with dementia and Alzheimer's disease. The facility holds a FREE monthly support group meeting on the second Tuesday of each month for spouses and children of individuals with dementia and/or Alzheimer's disease.

Shalev can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com. For more information, visit www.dodgepark.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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Both seniors and children benefit from the Foster Grandparents Program

By JANE KELLER GORDON
CONTRIBUTING WRITER

BOSTON – Monday through Friday, Aziline Booth, 66, looks forward to seeing her “grandchildren” at the Community Action Agency of Somerville (CAAS) Head Start Program in Cambridge. For the past four years, sometimes leaving at 6:30 a.m., “Miss Aziline” travels by three different buses from her Cambridge home to the program at the Frisoli Center.

She is a foster grandmother, part of the Foster Grandparent Program (FGP), run by the Massachusetts-based Senior Corps through the Corporation for National Community Service (CNCS).

Now in its 50th year, the Senior Corps boasts 270,000 volunteers nationwide who participate in the FGP, Senior Companions, and RSVP, a volunteer network.



Above:
Miriam Manning, 91,
has been a Foster
Grandparent at the
ABCD Dorchester
Head Start center for
more the 20 years.



Right: Aziline Booth

There are 8,600 volunteers in Massachusetts, including 780 foster grandparents who support over 4,400 young people with special needs, according to Sherry McClintock, Massachusetts’ State Director at CNCS.

The foster grandparent program seeks seniors with limited incomes, and provides a small tax-free stipend for those who are eligible. Older volunteers (55+) are screened and trained to mentor and support these special children. They spend from 15 to 40 hours a week, mostly in schools, but also in after-school programs, and health care centers.

“To hear a child enter a classroom and say ‘Good morning, Grandma’ is priceless,” McClintock said. “A value cannot be placed on the impact the Foster Grandparent Program has on the children they serve.”

“FGP volunteers serve students

Grandparents page 16

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Exploring the Czech Republic: Prague

BY VICTOR BLOCK

Part one of a two-part series

Most visitors to the Czech Republic confine their stay to Prague, and with good reason. Known as “the city of a hundred spires,” although it’s actually decorated by nearly a thousand towers and steeples, it challenges the most magnificent capitals of Europe in its beauty, and boasts a history that stretches back over a millennium. In addition, since the Middle Ages Prague (Praha) has been recognized as one of the most vibrant cultural settings on the continent.

Little wonder that the city was ranked fifth in the TripAdvisor 2014 list of best destinations throughout the world. That claim to fame was based in part on its collection of major museums, numerous theaters, and hundreds of concert halls, galleries and other arts and entertainment venues.

During my recent visit to the Czech Republic, I spent three days exploring and enjoying a number of Prague’s major attractions, and could have stayed much longer. That splendid city overwhelms visitors with its architecture, which provides a feast for the eyes, then envelopes them in an aura of living history. Just when you think you’ve seen the most majestic building possible,



Prague Castle

PHOTOS/SUBMITTED

“That splendid city overwhelms visitors with its architecture, which provides a feast for the eyes, then envelopes them in an aura of living history.”

you turn a corner and come upon another gem that surpasses it in grandeur.

It’s rare to find an architectural treasure-trove as rich and varied in such a compact area. The profusion of ancient palaces, castles and cathedrals creates a rich mosaic of outstanding masterpieces in styles that stretch back over 1,000 years. Romanesque chapels stand in the shadow of soaring Gothic cathedrals. Baroque palaces are neighbors to late 19th-

century Art Nouveau buildings and examples of the early 20th-century Cubist style.

As a result, it’s easy to understand why the entire city center has been designated as a UNESCO World Heritage Site for its cultural and physical importance. The fact that its buildings survived World War II remarkably intact, unlike many throughout Europe, adds to its appeal.

Few cities have major sites, - and sights - in the number

and diversity of those that await exploration by visitors to Prague. At the same time, strolling through its hidden back streets and off-the-beat-en-path neighborhoods provides introductions to very different, yet no less enticing, attractions.

The 13th century “Old Town” (Stare Mesto) consists of a labyrinth of winding alleys and picturesque squares, as does the not-quite-so-old “New Town” (Nove Mesto), which dates back to 1348.

A famous landmark in the Old Town’s central square is an imposing tower which has looked out over the setting for nearly seven centuries. A crowd of both visitors and city residents gathers each hour from dawn to dark to watch the 15th century astronomical clock put on its brief but impressive show. A small door opens and a miniature statue of Christ marches out followed by his disciples, as the skeleton of death tolls the hour on the clock’s bell.

The Lesser Town (Mala Strana), also known as the Little Quarter, is clustered around the foothills on which the Prague Castle is perched. The neighborhood was born in the eighth century as a market settlement. Its cobbled

Travel page 13

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Exploring the Czech Republic: Prague

Travel

Continued from page 12

streets are lined by small shops, traditional restaurants and pubs, and restored ancient buildings.

The sprawling Prague Castle, which claims the title of the largest medieval castle complex in the world, dates back to 880 A.D. It served as the seat of power for a parade of kings and emperors, and today is the official residence of the president of the Czech Republic.

The castle buildings and courtyards sprawl over an area of 18 acres. In addition to four palaces, there are other residences, cathedrals and churches, defensive towers and several museums with collections of art, toys and historic artifacts.

A ditch that encircles the castle, which was dug to provide added protection, is called the Deer Moat, named for the animals that early rulers kept confined there. Adding color to the setting are six



An aerial view of Prague

terraced gardens, including the Renaissance Garden which was laid out in 1534.

Those plantings provide only a hint of more than 200 gardens and parks that are dotted throughout the city. The oldest were founded in the Middle Ages and were attached to monasteries, palaces or houses of the wealthy.

Another must-see for visitors to Prague is the graceful Charles Bridge, which well deserves its reputation as one of the most beautiful stone bridges anywhere. It has spanned the Vltava River since the 14th century, and today is one of more than 30 within Prague. A line of statues that were placed along its balustrades in the

17th and early 18th centuries depicts saints who were venerated at that time.

Throughout the day, the bridge is packed with throngs of tourists who traipse across it, pausing to check out souvenirs, jewelry and other goods which are displayed in stalls, to listen to the sounds of musicians playing to earn tips and simply to enjoy the beautiful view of Prague Castle in the distance.

It's hard to beat the excitement and enjoyment of taking in the major attractions of Prague, as well as strolling through its lesser-known areas. Visits to other history-rich towns throughout the Czech Republic that share similarities, yet which also have their own unique stories to tell, add much to a trip to that enticing nation. Next month's story will take you to several of them.

For more information about visiting the Czech Republic, visit czechtourism.com.



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Important steps to avoid a house fire and stay safe

By JANE KELLER GORDON
CONTRIBUTING WRITER

REGION - Lieutenant Annmarie Pickett, a representative of the Worcester Fire Department (WFD), recommended several steps for fire safety: install and maintain working smoke and carbon monoxide alarms within 10 feet of every bedroom door; be familiar with two exits from the home; and practice home fire escape plans.

"Everyone's living environment has unique hazards," Pickett said.

Pickett stated that every four minutes someone dies from fire in the United States. During 2015, there were five fatalities from three fires in Worcester. According to Pickett, all five were older adults, living in homes with non-working smoke alarms.

Pickett, 51, a lifelong resident of Worcester, is a third-generation firefighter who wears her father's badge. Working as a paramedic since 1985, she joined the WFD in 2000 as a firefighter.

Out of approximately 400 firefighters in Worcester, Pickett said that there are six women, with potentially more in training.

As the WFD public education officer, she has led the department's Education and Outreach Division since it was formally established in 2009. Through recordkeeping and evaluation tools, Pickett said that there is now better allocation of resources. She added that every firefighter in Worcester participates in fire

safety education.

Pickett is non-stop in her quest to educate the public, from preschoolers to older adults. Her department has led over 1,000 school workshops. In 2015, she said that they conducted approximately 150 fire safety home visits.

Pickett will do whatever it takes to gain funding for the smoke alarms. She applies for grants, and has received donations from Kidde, a smoke-alarm manufacturer. She also collaborates with the

American Red Cross, St. Paul's Outreach and Family Services of Central Massachusetts.

Acknowledging her dedication, the National Fire Protection Association (NFPA) named Pickett the 2015 Fire and Life Safety Educator of the Year.

Pickett said she believes that "Fire is everyone's fight"- the motto of Vision 20/20, a National Strategy for Fire Loss Prevention.

"I can't prevent a fire in your home; you can," she said.

Here are some more safety tips from Pickett:

- Escape a fire within three to four minutes. Today's synthetic fibers are highly flammable so you don't have much time.
- If you live in a home built before 1940, assume that a small fire has spread through gaps in your walls. Get out quickly.
- If you are deaf or do not wear your hearing aid during the night, your smoke alarm must include a strobe light and a bed shaker.
- Check the battery in your smoke alarm using a broom handle to hit the test button. Change the battery once a year, and replace the alarm every 10 years.
- When cooking, never leave a pan unattended. Always roll up your sleeves and tie your apron in the back, not the front where the strings can catch fire. Keep your stove clean.
- Smoking is the primary cause of fatalities from fire – extinguish your butts.
- Safe operation of a space heater requires 3 feet of open space all around. Turn the unit off when you sleep, and never leave it unattended.
- If you light a candle, pay attention to it, and leave a foot clear around it.
- Don't leave fuel sources near your furnace, such as empty cardboard boxes and flammables.
- Shovel snow from around your fire hydrants and outside vents. If you can't do this, ask a family member, friend or neighbor.
- Make sure that your house number can be seen from the street so firefighters can find your house.

For more information, contact Pickett at 508-799-1754. For more information on fire prevention, visit mass.gov.com.



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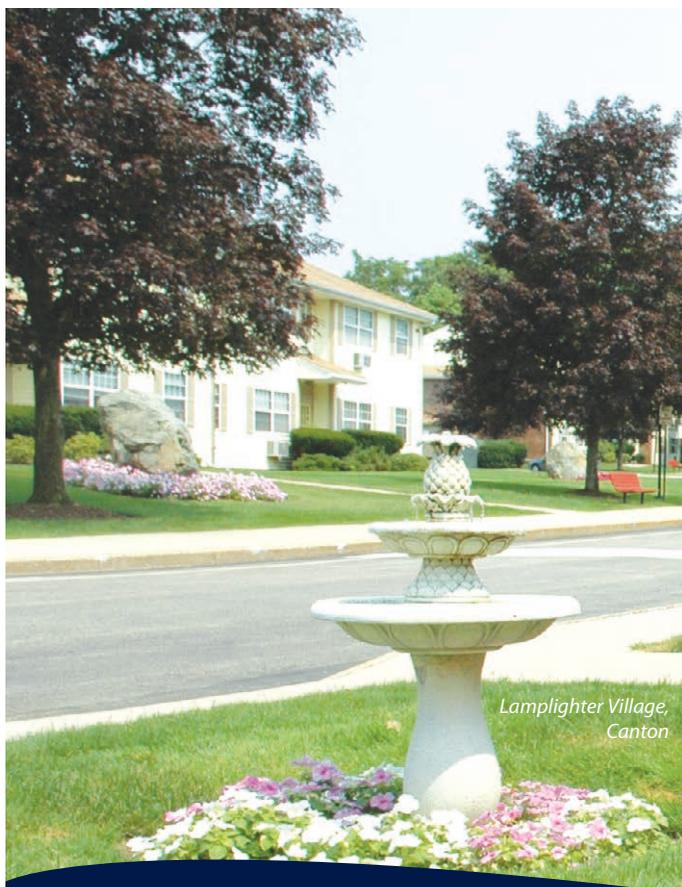
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Do not gargle from the finger bowl

By JANICE LINDSAY
CONTRIBUTING WRITER

It has occurred to me that novels like Jane Austen's *Pride and Prejudice* and *Sense and Sensibility*, movies made from them, and other such period dramas, are popular partly because they depict a society where people were expected to be polite.



Inklings

In our atmosphere of rude contentiousness on most sides of most issues – and movies and TV replete with mayhem and excesses of all kinds – it's a relief to escape into a world where good manners mattered.

One day as I made one of my occasional forays into the odious pastime of dusting, I came across a little book published in 1860 called *Chesterfield's Letter Writer and Complete Book of*

Etiquette. Ignoring my husband's observation that dusting should never be left to book lovers (fine by me), I set the dust rag aside and delved into the world of nineteenth century etiquette.

It appears that ladies and gentlemen in the nineteenth century were expected to refrain from offending, annoying, or imposing upon each other in any way. Gentlemen were to be solicitous of ladies' welfare. Ladies were pleasant and decorous. Conversation in mixed groups was refined, impersonal, and non-controversial. Personal matters and unpleasant details of everyday life were kept private.

Some of the rules in the etiquette book seem quaint. Some seem rather up to date.

For example: "The object of conversation is to entertain and amuse, and society, to be agreeable, must never be made the area of dispute."

Further: "No well bred person will ever make remarks of any kind upon the habits, faults or

foibles of a family where they are paying a visit; and to drop these remarks after they have left only shows that they were not deserving the attentions they received. Criticizing the acts of any member of the household, or the domestic management generally, is in very bad taste, even though it may be done with utmost good nature."

Ladies and gentlemen were expected to call on their acquaintances regularly. Each type of call had its own etiquette. A fashionable lady might make a "morning call" in, of course, the morning. But she would not take off her bonnet or shawl, and she would not stay more than twenty minutes.

Furthermore: "To carry children or dogs with you is altogether vulgar. It is necessary to leave one's dog in the anteroom; the nurse who holds the infant must also be left without the drawing-room."

A formal dinner party brought its own set of rules: "Finger glasses, when used, come on with the dessert, and are filled with warm water. Wet a corner

of your napkin, and wipe your mouth, then rinse your fingers; but do not practice the filthy custom of gargling your mouth at table, albeit the usage prevails among a few, who think that because it is a foreign habit it cannot be disgusting."

Finally, a caution about introducing friends to each other: "It is the common custom among a certain class, particularly in New England, to introduce friends or acquaintances to everybody they meet. This is not necessary or desirable, for an introduction is a sort of social endorsement of the person introduced; and how wrong it would be to introduce a casual acquaintance who should afterwards prove to be anything but a desirable one."

As I said, some of these nineteenth-century rules of etiquette seem quaint and outmoded. Others seem pertinent for our behavior today. In order to avoid turning this column into an area of dispute, I will leave you to form your own opinion as to which is which.

Both seniors and children benefit from the Foster Grandparents Program

Grandparents
Continued from page 10

with special and exceptional needs. They help with academics, but also provide support in the development of fine and gross motor skills. The 'grandparents' are able to demonstrate life lessons in a supportive and caring environment," McClintock added.

There are seven locations in Massachusetts with FGP programs. These are: Action for Boston Community Development (ABCD); Citizens for Citizens, Inc., Fall River; Merrimack Valley Community Service Corps Inc., Greater Lawrence/Haverhill; Community Teamwork Inc., Lowell; Coastline Elderly Services, Inc., New Bedford; Urban League of Springfield; and Catholic Charities - Greater Boston, Somerville.

Kathleen Keenan, director of

Catholic Charities' FGP, noted said that her group has 41 active volunteers, and two volunteers who are about to rejoin the effort.

"[The volunteers] are a fascinating group of individuals - each with their own story - who have strength, resilience, experience, and wisdom. Over the years, I have come to know them, their families, their struggles, and their accomplishments," she said.

Keenan added that many of the volunteers live alone, and the program provides them with important social connections, a sense of purpose, and a boost to their self-esteem.

She said that the children benefit from the intergenerational relationship.

"Many of these children may not have contact with their own grandparents or elders in general. Besides the emotional support

offered by someone whose day-to-day presence states 'I see you, I hear you, I believe in you,' academic support is offered ranging from assisting with fine motor skills to the three R's," said Keenan.

Tracie Morrissey is the lead teacher in the Head Start classroom where Booth volunteers. Morrissey said that Booth retired as a former teacher at the Frisoli Center, and after some time, came back as a foster grandparent.

"She's awesome. I don't have enough praise to give her. She's great with kids and knows the ins and outs of our program because she used to work here," Morrissey said. "She is the only foster grandparent that I will ever have in my classroom. I will have been spoiled."

Booth works with three boys

and a girl, all who speak English as a second language. She focuses on helping these students prepare for kindergarten. She provides constant positive reinforcement, and builds self-esteem. She helps them develop their pencil grip by writing their names, and cutting.

"I love [being a foster grandparent]. It gives me something to do every day. I like being with kids instead of sitting at home," she said.

When asked about Morrissey she noted, "I like the way she talks to the kids. We always have fun. I wouldn't leave her and go to another classroom."

If you are interested in learning more about the foster grandparent program, contact McClintock at 617-565-7006 or SMcClintock@cns.gov. Visit www.nationalservice.gov for more information as well.

feeling healthy

Physician Focus: Protect your hearing

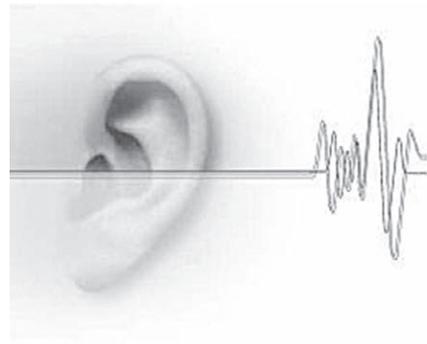
By JEFFREY S. BROWN, M.D. AND
THEODORE P. MASON, M.D.

Hearing loss is one of the most prevalent medical conditions affecting Americans of all ages, with more than 30 million Americans age 12 and older having some level of impaired hearing, according to the National Institute on Deafness. Among Americans 45 and older, hearing impairment is one of the most common chronic conditions and can lead to social isolation, functional decline, and even depression.

Hearing loss, unfortunately, is something we can't avoid. As we age, our hearing naturally declines, beginning at about age 30. Other factors besides aging affect our hearing, including ear infection or injury; head injury, genetics, and – perhaps most of all – exposure to loud noises.

Hearing loss from exposure to loud noises – a major cause of impaired hearing for people of all ages – can be prevented. Unfortunately, noise-induced hearing loss is becoming much more common, as noise becomes more pervasive in all aspects of our lives – at home, at work, and especially in our recreational activities.

Sound is measured in decibels, and the higher the decibel level, the louder the noise. A refrigerator, for example, has a level of 40 decibels; conversational speech



around 45-50; city traffic about 80; a leaf blower or power saw, 110; a jet engine, 140; and loud car stereos, 145. Some professional sports stadiums and racetracks have been known to approach 140 decibels during a game, concert, or other event.

As sound gets louder, the human ear can tolerate it less and less. The important thing to remember is that the louder the sound, the less time it takes for damage to occur. Hearing damage can begin to occur around 85 decibels, depending on the duration of exposure. Even a single blast of sound at a very high level can cause permanent damage.

Without protection, loud noises gradually destroy the nerve endings in the inner ear, resulting in permanent damage that cannot be medically or surgically reversed.

For some people who experience hearing loss, a few remedies are available.

There is a tendency for people to assume that hearing aids are a

bad option for remedying hearing loss. Fortunately, major new developments in technology have dramatically changed them for the better. They are smaller, more efficient, and provide better quality and more pleasing sound. Many are now unnoticeable. The key to finding the right hearing aid is to find an audiologist who knows them well and can fit the right device to the patient.

For patients with severe to profound hearing loss, a cochlear implant – an electronic device that is surgically placed into the inner ear – can provide enormous benefit. The procedure, which is covered by insurance, takes about an hour and is done on an outpatient basis. These devices are well-tolerated by most patients and have transformed the lives of many people, especially the elderly, who had become isolated or depressed because of their severe lack of hearing. Unfortunately, many people who could benefit from such a procedure may not even know about it or that they are eligible for it. An appointment with an otolar-

yingologist (ear, nose, and throat physician) will help to determine which hearing intervention is best for any individual.

The best step to take to protect against hearing loss is one that's recommended in most other areas of medicine: prevention. People exposed to loud noises at work or play should use hearing protection on a regular basis. Common protective devices, such as ear muffs worn over the ears or foam ear-plugs that are inserted into the ears, are inexpensive, small, and easily transported.

Those who are exposed to loud noise on a regular basis and can't use protection for a variety of reasons should try to limit exposure and have a thorough, comprehensive hearing test on a regular basis to monitor their hearing.

For more information on hearing loss, visit the patient health section of the American Academy of Otolaryngology-Head and Neck Surgery at www.entnet.org. For a video discussion, visit www.physicianfocus.org/hearingloss.

Jeffrey S. Brown, M.D., a physician with ENT Consultants in Winchester, is President of the Massachusetts Society of Otolaryngology-Head and Neck Surgery. Theodore P. Mason, M.D., a physician with Ear, Nose, and Throat Surgeons of Western New England in Springfield is President-Elect of the Society and the Founder and Director of the Cochlear Implant Program at Baystate Medical Center. Physician Focus is a public service of the Massachusetts Medical Society. Readers should use their own judgment when seeking medical care and consult with their physician for treatment. Send comments to PhysicianFocus@mms.org.

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Dealing with the problem of noise

Dr. Mason says:

When office workers are asked about distractions on the job, temperature and noise top the list. The same room that's sweltering for some is freezing for others, just as the Bach concerto playing quietly in the background is a maddening racket to those attuned to Rap.

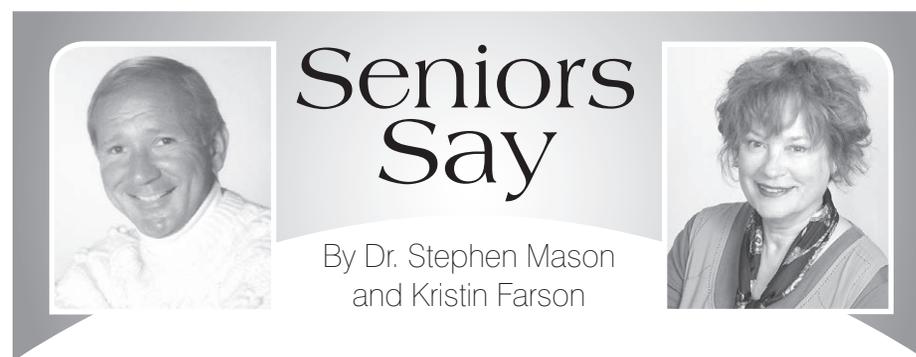
But how could anyone object to Bach you ask? Sound may be thought of in terms of quantity and quality. Quantity can vary from a jet engine on takeoff to another passenger's tinny ear bud squeak while quality includes acoustical pattern from conversation to a brass band. Noise then, is more than decibels so even though that barking dog is more than a mile away it can still incite a murderous rage.

Curiously, the absence of sound, as in a sensory deprivation chamber, can have the same disorienting effect as attending a heavy metal concert though the latter will actually damage the ear making it harder to hear. This means the idiot blasting his stereo will, over time, become even more of a nuisance.

One way to overcome noise is with more noise. A white noise generator creates a hiss that adds enough volume to obscure the pattern. The next time a guest in the hotel room next to yours is watching TV while you're trying to sleep, tune your set to any empty station and turn up the static.

As for living with a hearing-impaired spouse, you can at least get that annoying Jimmy Fallon (or your own least favorite talk show host) out of your bedroom by equipping your Honey with a TV head set. It can save your marriage...trust me.

Write to Dr. Mason at DrS-BMason@aol.com.



Q: Everywhere I go it seems noisy. Even the libraries seem noisier than they used to be. It doesn't bother my wife, but she's a little hard of hearing and can't even go to sleep at night without blasting the TV. *Where's the peace?*

Kristin says:

Public life is indeed getting louder. People used to go out for a quiet dinner; now they have to stay home for one.

My mother once asked a store clerk why the music was so loud. The reply: "The manager likes it." So what about the customers? Retailers want our business. That includes the library. If it's not conducive to reading books, tell the librarian. Lots of complaints might bring about stricter rules.

So when does a sound become a "noise?" A good rule of thumb is when you feel a negative physical or emotional reaction to it. Duration of an unpleasant sound also determines our reaction. A baby screaming for a minute might be only jarring. But if it goes on for an hour you can feel like you're going to pop!

We need balance in our lives. If we experience only quiet, our brains will interpret normal sounds as intolerable noise. That's the inherent problem with "quiet" senior communities. It overly sensitizes one to the real world, like children playing ball and a lawn mower firing up.

On the other hand, on-going exposure to loud noises activates the fight or flight response, causing our heart rate to accelerate,

our blood pressure to go up, and our nerves to feel jangled. Sirens from ambulances and fire engines can cause ringing in one's ears. If possible, cover them. Extreme sensitivity to noise and light can indicate a

serious health condition. So please see your doctor for these issues.

A recent study done on the stressors of modern life found that the number one stressor is a TV left on that no one is watching. And no one can watch TV and sleep at the same time. If you're still awake when your wife nods off, do both of yourselves a favor and turn it off.

Visit our website and leave Kristin a message at www.whatseniors-say.com.

Stephen Benedict-Mason is a psychologist, a former professor, syndicated columnist and radio talk show host. Mason is a member of MENSA and a recipient of CSICOP's Citizen Sane Award for promoting reason and skepticism in the media. An accomplished sailor and pilot, he lives with his wife Sheilah in Southern California.

Co-columnist Kristin Farson has compiled over 25 years of experience working with seniors, including co-hosting radio show "Better Times After 50" on AdviceRadio.com.

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Good fences make good neighbors

By MARIANNE DELOREY, Ph.D.

Robert Frost once wrote a poem called “Mending Wall” in which the property line between neighbors brings them together and yet keeps them apart. This



Housing Options

seeming contradiction is seen every day in elder housing. The best neighbors come together in times of need, but are aware of their own limits, or boundaries in the relationship.

Elders build friendships with neighbors and they form groups among themselves. In these groups, people bring forward whatever gifts they have. It might be a car or sometimes it is the physical ability to do certain tasks. With all the contributions from each member,

the group as a whole operates much like a traditional neighborhood. This informal network often fills the gaps in the available professional services.

These neighborhoods can create problems, too. The most interesting one I see is when the neighbors, they themselves elderly, are doing so much for their neighbors that they end up burning out. They then get frustrated with their neighbor, who they have enabled, the families, for not doing more, and with elder care professionals, for allowing some people to stay in an independent setting longer than they should.

Of course, this enabling is not a new phenomenon. It is, however, a reminder to elders and elder care professionals alike that allowing failure is sometimes necessary.

As uncomfortable as it may be, neighbors will need to step back if they have taken on too much responsibility. Those elders who are being served must be allowed to do for themselves or find the appropriate services

for themselves. If they refuse to recognize their own limitations they must be allowed to face the repercussions of their decisions. For instance, someone who refuses to accept help in the shower may have to fall in order to see the need.

This consequence, unfortunately, can be severe. However, until an elder is deemed incompetent, according to the laws of the land, they are free to choose to refuse help.

It is hard, however, to be the person who refuses to help. Most often, it is in their nature to be helpful and it is hard to stop doing what comes naturally. Moreover, very often the neighbor falls into this role gradually until they are in over their heads. Drawing the line is hard to imagine if you’ve been a primary support for so long. It is also hard to explain to the elder and/or their family why it has gotten to be too much. So

many may see it as a personal insult. Finally, these caregivers often don’t have good relationships with the elder’s family, and so can’t reach out to them to let them know when the frailer elder needs more.

In these situations, it is sometimes best to know your own limitations. Perhaps your weekly lunch date with your cousin is the one thing you won’t sacrifice. Perhaps you can’t help with anything that bothers your knees. Maybe you have to say no to helping someone with money in order to keep yourself sane or preserve your own financial future. Whatever it is, each neighbor is going to need to know where they draw the line so that they are aware when too much is being asked of them. This “fence” between your neighbor’s needs and your ability to help is vital and will make being a good neighbor even better.

Marianne Delorey, Ph.D. is the executive director of Colony Retirement Homes. She can be reached at 508-755-0444 or mdelorey@colonyretirement.com and www.colonyretirementhomes.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Local Tai Chi instructor shares his passion through teaching

By JACQUELINE JEON-CHAPMAN
CONTRIBUTING WRITER

SHREWSBURY - Shrewsbury resident Bill Riordan practices Tai Chi every day for at least 20 minutes. He has studied Tai Chi – a Chinese martial art that involves gentle physical exercise and stretching – for 23 years.

“I get a lot out of Tai Chi, and not just the physical benefits,” said Riordan. “A lot of my best friends are people I met through Tai Chi. It also keeps the mind going. Tai Chi is not all that physically demanding. The difficulty comes in remembering what to do.”

Riordan offers many affordable half-hour Tai Chi classes



PHOTO/JACQUELINE JEON-CHAPMAN

Bill Riordan practices Tai Chi every day for at least 20 minutes.

in the area. He teaches two classes at the Shrewsbury Senior Center. His class on Tuesdays at 8 a.m. is for beginners and intermediate. His advanced class meets at 8:30 a.m. on Wednesdays. Each class costs \$3.

On Monday mornings at the Boroughs YMCA in Westborough, he teaches an all levels class that is free to anyone with a YMCA gym membership.

At Millbury Mar-

tial Arts, he teaches four days a week. The classes cost \$125 for a 10-week course or \$19.99 for three classes and a t-shirt.

A typical class includes a warm-up, forms, weapons and exercise. Riordan teaches the Yang style.

“A lot of the people who come to class are in their 30s and 40s. One lady is even 90 years old,” said Riordan.

Riordan has been teaching Tai Chi for over 20 years. He offered free lessons at Dean Park during the summer for 22 years. This year, he stopped teaching at Dean Park due to waning interest. He also offered free lessons at his workplace during

viewpoint

Elders to MBTA: ‘Don’t create more shut-ins’

BY AL NORMAN

On Dec. 14 2015, elder rights groups, including Mass Home Care, testified at an MBTA hearing in Boston against a plan to cut The RIDE services for the elderly and disabled.



Push Back

For these riders, transportation is the key service that connects them to all the other services in the community: doctors’ offices, clinics, professional services, lawyers, grocery stores, basic shopping, etc. Transportation is the lifeline service in the community.

The MBTA Fiscal Management Control Board was considering whether or not to eliminate service for The RIDE for any so-called “premium” trips—those more than 3/4 mile from a bus or train line. The word “premium” makes it sound like these are non-essential trips, or some kind of luxury service. Nothing could be further from the truth. For those elders and disabled people who happen to live outside the 3/4 mile limit—The Ride is a neces-

sary essential mode of transport. We bring hundreds of thousands of meals into people’s homes—but we cannot bring doctors and other professionals into the homes of the elderly.

In parts of the state outside of the MBTA service area, our seniors rely on local or regional “demand-response” transportation that picks them up at their door, and returns them again after their office visit or grocery shopping. If the MBTA takes The Ride off the road, we will lose more than 210,000 trips that not only links elders to needed services but also reduces isolating those who live in their own homes but can no longer drive on their own. These elders may have given up their cars—but they should not be sentenced to imprisonment in their homes simply due to frailty. Residents in parts of at least 35 communities will fall into the “No RIDE Zone.”

It was painful enough for seniors to cope with the doubling of The RIDE fares in 2012—from \$2 to \$4 and \$5. A one way trip went from \$2 to \$4, and a new \$5 fare for “premium” trips and late-scheduled trips was introduced. The demand-response riders were burdened with a higher percentage rate hike than the fixed routes. You’ve heard the term “shut-ins.”

Well, no senior wants to be called a “shut-in,” but that’s exactly what the MBTA will be creating if they put the brakes on “premium rides.” Only people who are certified by the Transportation Authority (MBTA or RTA) are eligible for The Ride. Since October of 2012, eligibility for RIDE customers has required an in-person assessment by the MBTA. So elders don’t get this service unless they need it.

Last November, the MBTA Fiscal Management Control Board began reviewing options to cut The RIDE budget. On the list of cutbacks was a proposal to eliminate “premium” rides. People within 3/4 of a mile of a bus or train route would not be affected. Only those people further out—the ones most at risk of being stranded in their apartments—would be affected. Most of these people are poor, many on Masshealth. They have no alternative transit service. They can’t afford cabs, or wheelchair vans. They do not have family or friends to drive them. If they lose The Ride, they may skip a doctor’s visit, and end up being driven to the ER in an ambulance instead—just what health care reformers and taxpayers of this state are trying to discourage. In a perfect world, everyone

might be able to use the fixed route system. The very people who need the MBTA the most—the disabled and the elderly—are the biggest losers if they slash The Ride. They might as well lock seniors in their homes if they cut The RIDE. This would create a neighborhood of shut-ins for those who happen to live outside the invisible line. Use of The RIDE has plummeted by roughly 20 percent since fares were hiked in 2012.

A few years ago, the MBTA agreed to mitigate fare increases, and developed a means-tested fare pilot program, which began six months ago. Elders urged the board to continue to seek solutions that keep elders and disabled people on the busses - and not to kick them to the curb.

At the Dec. 14 meeting, the MBTA Fiscal Management Board decided they did not have enough information on the proposed cut backs, and decided to continue to study the impact of the cut. So The RIDE’s premium program is not dead—but it could come back up in the future.

If it does, the message from seniors will grow louder: “We have enough shut-ins in Massachusetts. We don’t need to create more.”

Al Norman is the Executive Director of Mass Home Care. He can be reached at 978-502-3794, or at info@masshomecare.org.

Local Tai Chi instructor shares his passion through teaching

Tai Chi
Continued from page 20

lunch break for 15 years.

“I just started it myself. You meet people during the coffee break in your department and other departments, and I said: ‘Well, I’m going to start teaching Tai Chi. Why don’t you come?’ So you know, then the word spreads a little bit. Some people got really into it. And that was just fun,” said Riordan. “It was a way to just cleanse

your mind, just give your mind a break, and give your mind something else entirely different.”

Ironically, when Riordan first started learning Tai Chi, he was reluctant to go.

“My wife suggested it. I really didn’t know enough about it, just that it was somehow related to martial arts. I actually resisted it a little bit, and then I thought, ‘It might be fun to learn something new in a mixed

group, something outside of our normal comfort zone,” said Riordan. “And it turned out we both liked it, so both my wife and I do Tai Chi.”

According to Riordan, Tai Chi builds strength, increases range of motion, improves balance and reduces stress.

“There’s an expression, ‘If you do Tai Chi every day for the rest of your life, you’ll be able to do Tai Chi every day for the rest of your life,’” said Riordan.

Answers to Super Crossword

(puzzle on page 18)

A	F	R	A	I	D	F	A	C	E	T	A	N	T	I	S	P	A	M	
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Grandpops sing at Retired Men's Club of Arlington and beyond

By ED KARVOSKI JR.
CONTRIBUTING WRITER

ARLINGTON – The Retired Men's Club of Arlington (RMCA) offers a number of unique activities including the Singing Grandpops, which recently celebrated its 25th anniversary. The vocal group performs regularly at senior centers, civic clubs, nursing homes and assisted living facilities. Its musical director, Frank Vaughan, has been active with the group since its founding in 1990.

"Getting together to sing absolutely helps us," he said. "A lot of us have aches and pains here and there, but that's all forgotten when we're up there singing."

Certainly qualified to lead the grandpops, Vaughan has 16 grandchildren and two great-grandchildren. He also has a longtime interest in music, which he developed at a young age while growing up in Somerville.

"When I was in grammar school, I was in the local church choir," he explained. "I could let off steam by singing as loud as I could."

Having lived most of his life in Arlington, Vaughan was pleased to learn about the retired men's club in town. There, he met musician Al Papazian, who formed the Singing Grandpops with about 15 to 20 men.

"Al put together songs from different eras, mostly the '40s and '50s," Vaughan recalled. "We typed up the words to the songs and it took off from there."

After Papazian passed away, Vaughan began as musical director about 20 years ago. Now, the Singing Grandpops consists of about 20 to 25 men ages 65 to 94. Vaughan is happy to be the direct group.

"I like seeing the guys enjoy themselves, and seeing the audiences enjoy the Singing Grandpops," he shared.

The Singing Grandpops rehearse twice monthly in a hall at St. Camillus Church located at 1175 Concord Turnpike, which



The Singing Grandpops

PHOTO/SUBMITTED

"I like the comradery and friendliness. Everybody gets together and enjoys spending time with each other."

Frank Vaughan

the RMCA rents for its ongoing activities and meetings. According to the RMCA newsletter, "If you enjoy singing and hamming it up, you will love this group."

Songs are occasionally added to their repertoire of classics such as "Take Me Out to the Ballgame" and "Don't Sit Under the Apple Tree." However, most musical selections remain deeply rooted in yesteryear.

"We don't do rock and roll – that's for sure," Vaughan emphasized. "We like doing the older songs from the 1940s and '50s. We like happy tunes that everyone knows and can sing."

Their repertoire also includes a number of patriotic songs including "America (My Country, 'Tis of Thee)" and "God Bless America." Throughout the years, most of the group's participants have been military veterans represent-

ing each branch of the armed services.

The Singing Grandpops entertain at an annual Veterans Day tribute for the RMCA members. They also regularly perform at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford and the Soldiers' Home in Chelsea. Their performances for veterans always include each military branch's service song.

"We want to put smiles on their faces," said Vaughan, an Army veteran. "Some of them will join in and sing along. They know all the words to the song of their particular branch of service."

In addition to Arlington, the Singing Grandpops travel to perform for councils on aging (COA) in several communities. The group's schedule includes an annual dinner-show at the Beech Street Center, home of the Bel-

mont COA. According to the center's website, "This event is one of the highlights of the center's year. The after-dinner treat is the Singing Grandpops, who not only have superb vocal talents, but regale us with costumed visual accompaniment."

Another annual commitment is a Memorial Mass at St. Camillus Church, which is hosted by the RMCA for its departed members. There, the Singing Grandpops perform hymns.

Whether singing or merely socializing, Vaughan appreciates what the RMCA offers.

"I like the comradery and friendliness," he said. "Everybody gets together and enjoys spending time with each other."

The RMCA is open to men who are retirees or will be soon. This nonprofit organization welcomes members from communities throughout the greater Boston area. Other RMCA activities include meetings with speakers, drop-in center, blood pressure clinic, book exchange, cribbage, bowling and golf leagues, and day and overnight trips. For more information about the RMCA and the Singing Grandpops, visit rmcarlington.org or call Vaughan at 781-648-0233.

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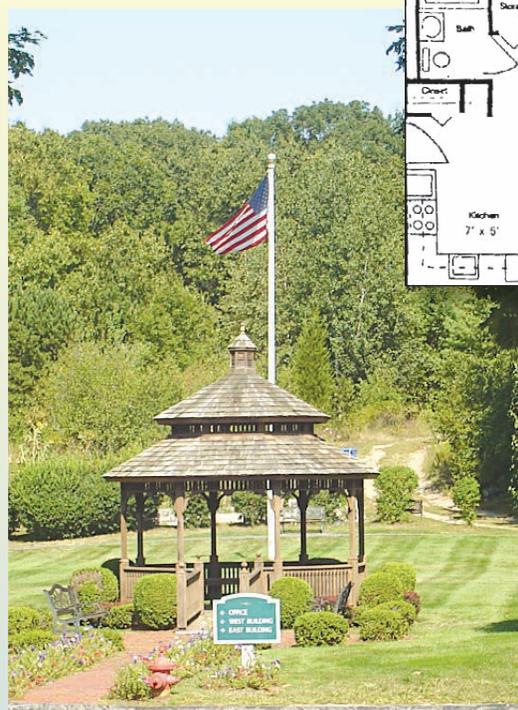
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