

# Amazing Aging!

**For Seniors and Those Who Love Them**

A free publication of the Jayhawk Area Agency on Aging, Inc.  
Advocacy, Action and Answers on Aging for Shawnee, Jefferson and Douglas Counties

FALL 2022



## *Our Mission*

Jayhawk Area Agency on Aging, Inc. advocates on aging issues, builds community partnerships and implements programs within Shawnee, Jefferson, and Douglas counties to help seniors live independent and dignified lives.

- Is a 501(c)3 non-profit organization
- Is funded by tax-deductible contributions, federal funds, under state general funds and funds through local governments
- Does not discriminate on the basis of race, color, sex, national origin, age, religion, or disability



**George Goff, rural Baldwin City, stands in one small corner of a room full of the toy trucks he collects and restores.  
(Story begins on page 3)**

# A Message from Susan Harris, JAAA Executive Director

Welcome to fall! I enjoy the cooler temperatures, and the beautiful colors of nature as the leaves change. Fall is a busy time for Jayhawk Area Agency on Aging as we move into Medicare Open Enrollment, celebrate National Caregiver Month, and complete end of the fiscal year activities.

October 15th starts Medicare Open Enrollment, which runs through December 7th. This is the time that Medicare Beneficiaries are given the opportunity to shop and compare Medicare Part D plans as well as Medicare Advantage Plans. We encourage all Medicare Beneficiaries to take the opportunity to review their cur-

rent Medicare Part D plan or Medicare Advantage Plan to see if that plan is going to continue to be the appropriate plan for you with regard to cost and coverage. Plans can change annually what they charge in premium, as



**Susan Harris**

well as costs you will pay at the pharmacy counter. It is in your best interest to review your plan and compare coverage options and make changes if necessary. We have a team of individuals ready and able to help you through this process.

National Caregiver Month is in November. We recognize the challenges that family caregivers face and how they manage them day and night. Over half of family caregivers are women. One out

of every four caregivers reports diminished family relationships. Most caregivers work outside the home either part- or full-time in addition to their caregiving responsibilities. Over a million American young people, aged 8 to 18, care for an adult relative on a daily basis. Nearly 70 percent of caregivers report they don't see their doctor regularly because of their responsibilities.

This November, we will remember and celebrate the people who lovingly give baths, clean houses, shop for, cook meals for, and comfort the millions of older adults and ill people who are friends and loved ones. We encourage every-

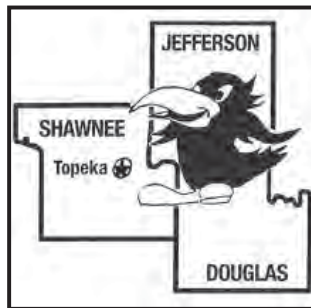
one to reach out to a caregiver for an older adult whom they know and ask what you can do to help make their job a bit easier. Something as simple as going to the grocery store for them or offering to be with their loved one so that they can have a break can go a long way to helping caregivers reduce the stress they can feel. As a caregiver the healthiest thing you can do for yourself is to fit naps into your schedule. Round-the-clock caregiving is never easy, but when your loved one takes a break, don't do another task, you take a break too. It's important to not wear yourself down or who will take care of you?

- Amazing Aging is a publication of Jayhawk Area Agency on Aging, Inc.
- Funded by annual contributions from readers like you, and advertising
- Copies distributed: 6,000+

You are encouraged to write us at:

Jayhawk Area Agency on Aging, Inc.  
2910 SW Topeka Blvd.  
Topeka, KS 66611-2121  
(800) 798-1366 or (785) 235-1367

Marsha Henry Goff, editor



Amazing Aging is a publication of Jayhawk Area Agency on Aging. Publishing of letters from readers, opinion columns or advertising does not constitute agreement or endorsement by this newsletter or Jayhawk Area Agency on Aging.

Jayhawk Area Agency on Aging does not discriminate on the basis of race, color, national origin, sex, age, or handicap. If you feel you have been discriminated against, you have a right to file a complaint with the Agency. In accordance with ADA regulations, every effort will be made to accommodate people with disabilities. If you need special assistance, please call **Susan Harris** at Jayhawk Area Agency on Aging, Inc.



**Amazing Aging** strives to provide readers with the information they need to live independent and productive lives. We also seek to feature stories of seniors who are active as workers, volunteers or engaged in hobbies. If you know a senior you would like to see featured in a future issue, please contact editor Marsha Henry Goff at [mhgink@netscape.net](mailto:mhgink@netscape.net) or write to her in care of JAAA, 2910 SW Topeka Boulevard, Topeka, KS 66611.



# George Goff: Collecting Toy Trucks and Beautiful Memories

By Marsha Henry Goff

George Goff, of rural Baldwin City, cannot tell you how many toy vehicles he has collected over the years but he can pick up any one of them and tell you when it was manufactured, where he bought it, how much he paid for it and what he had to do to restore it. His collection covers four walls, floor to ceiling, of a very large family room plus a tall and wide free-standing shelf.

Much of his collection is 30 years old while seven trucks are 60 to 65 years old, as old or older than he is. George is quick to affirm that he is a collector, not a reseller. "I'm not in it for a profit," he says before continuing, "because sometimes I'll use the best parts from three \$5 or \$10 trucks to restore one truck worth \$50."

He admits that he will sometimes buy the exact same model

of a vehicle he already owns and plans to sell one of them, but never does. His wife Barbara — who collects ice buckets — understands. "I don't mind," she says. "He gets a lot of enjoyment out of his trucks."

His parents purchased Tonka toy trucks for him when he was a child. George assumed that his trucks had been sold at one of the many garage sales his mother had a penchant for having. But when he grew up and left home, his mother sent a lot of boxes with him. He moved them from place to place and after several years decided he needed to see what was in them. TRUCKS! All his toy trucks had been preserved for him by his mother. "How those trucks did not make the garage sales, I'll never know," he marvels.

When he began adding to his collection 25 or so years ago, he was what he describes as a low budget collector. "I never was



George calls this truck with dragline a Frankenstein because it is restored from parts of eight different trucks.

the type of collector that had any fun buying off of eBay. I'd go out to flea markets, auctions, swap meets and garage sales and buy the beat-up and rusty ones

for 5 or 10 bucks when no one else wanted them."

Of course that meant that he had to learn to restore them

CONTINUED ON PAGE FOUR



Two large Winnebagos plus a mini and a box.



George with a rare private label (his is Carnation Milk) metro van in very good shape. Metro vans were manufactured in the mid-'50s for only a few years.



# Three stages of restoration

The red and yellow dump truck is now white and red.



## George Goff

CONTINUED FROM PAGE THREE

which was no easy task. Finding parts he needed to replace often required a long search. He had to learn to sandblast them and to paint them so they looked like new. Sometimes he changed the color as indicated by the yellow and red dump

truck that is now red and white. One he repeatedly sandblasted and painted until he realized that what he thought was a paint run was actually an imperfection in the mold.

George does not stop at simply restoring vehicles. Sometimes he makes dioramas for them. When he acquired a semi, the trailer was in good shape but the truck itself was

not. He restored the truck but only cleaned up the trailer. To show it off, he made a gas station diorama out of wood scraps complete with miniature gas pumps, signs and hidden Christmas lights.

He had an Army jeep but was happy to find an Air Force jeep which is rarer. Having that jeep in his collection is important and meaningful to him because

his father served in the Air Force. A photo of George Goff, Sr. in uniform is with the jeep, making it even more personal.

George calls his dragline truck a Frankenstein because he cannibalized parts from eight trucks to restore it. He says that he sometimes will buy aftermarket pieces to finish a restoration but not for this bad boy. The

CONTINUED ON PAGE NINE

# Rosie Cooper Shelton, one of the girls in the band then; A fitness guru now

By Marsha Henry Goff

Young Rosie Cooper made history 50 years ago when she was one of the girls who joined the University of Kansas marching band which had previously been all male. Although she had played her flute and marched in the band during her junior and senior years at Lawrence High School, she had never considered joining the KU band until she attended a KU Preview orientation the summer before she enrolled at KU in the autumn of 1972.

“I was spending the night at Gertrude Sellards Pearson when some girls came running in saying, ‘They’re opening the band to the girls!’ I had never even thought of joining the band but I just thought I will do it because I can.”

It wasn’t easy. While girls had been allowed to join the band during the war when so many of the men were in the service, that practice stopped in 1948, and most of the men in the band did not want the women there. “It was pretty ugly and my first experience of being treated differently.”

Thomas Gorton, Dean of the School of Fine Arts, said he felt that “an all-male band marches better, plays better — that men can make a better sound.” But Band Director Bob Foster was optimistic about the change: “It will allow people who want to be in activities to be in them based on their abilities, as it should be. There will be changes in our standards — they will go up. We will look better and

sound better than any band in KU history.”

In fact, neither Gorton nor Foster had a choice in the matter. The Chancellor had sent a succinct letter noting that the KU student handbook stated the KU bands were open to all students and that the practice of limiting the band to males violated both the University Senate’s Statement of Principle and the Chancellor’s Affirmative Action Policy Statement of April 4, 1972. The letter urged immediate compliance with KU’s non-discrimination rules. A week after receiving the letter, a press release announced the addition of coeds to the band for the fall semester and by September, Rosie and other women participated as equal members of the KU Marching Jayhawks.

She and other women who played flutes had to exchange their instruments for piccolos because the flutes were said to sound too soft. The band practiced daily from 3 p.m. to 5 p.m. except for Tuesday, but the women had to stay after practice for more practice which included running out of the stadium onto the field. They also practiced during finals. On game days, the band was there all day. Membership in the band gave students only one credit.

They marched in wool uniforms regardless of how hot the weather and they were given ponchos to wear when it rained. The women required custom-made uniforms. Rosie notes that she wore one of those custom-made uniforms for



Rosie Cooper Shelton — then and now.

five years “and I couldn’t gain weight.”

The band spent a lot of time traveling by bus. She recalls one

game with Missouri. “We always traveled with a Kansas Highway Patrol escort in the front and back

CONTINUED ON PAGE SIX





The caption on this unknown newspaper photo reads: After the rest of the band had gone home, Foster cast a critical eye at the newest members of the band (Rosie is at far left).

## Rosie Cooper Shelton

CONTINUED FROM PAGE FIVE

of our five buses. We were speeding because we were late and the Missouri Highway Patrol pulled over all the buses and gave tickets to the drivers. Apparently the Kansas Highway Patrol cars meant nothing to them."

She remembers that the fans of one team threw oranges at the band, breaking instruments and staining uniforms. That university had to pay for cleaning the uniforms. However, there were also perks along the way: the band had the opportunity to travel to two bowl games, the Liberty Bowl in Memphis, and the Sun Bowl in El Paso.

In college, Rosie majored in Physical Education. "I liked fitness and back in those days fitness wasn't a thing. I felt it left out a group of kids who didn't want to do sports."

She taught PE at Veritas in

Lawrence and later taught math after returning to KU to get her degree in Elementary Education. She was teaching Adult Ed when she was recruited by Kathy Fode, who worked for Lawrence Parks and Recreation, to teach a class of nighttime fitness in the late 1970s.

She once taught 13 classes which she says was "insane" but now teaches five classes in Life-long Recreation for those age 50 and up. Her Slimnastics class which focuses on strength, balance, endurance and flexibility training, meets three times a week with each session lasting seven weeks. She must be doing a good job because some people have been in that class for over 40 years. Two days a week, she teaches a Dance Fitness class.

The woman who now teaches fitness to others appears to have retained the energy and enthusiasm she had when she made history as a young girl. You've still got it, Rosie!



The caption on this unknown newspaper photo reads: Halfway through the final session of pre-season workouts for the KU Marching Band, Rosie Cooper and Marsha Bair were wondering when it all was going to end. They are among the first women in the band's formerly all-male history.



The KU Band's piccolo players (Rose is third from right on the front row).



# Caregiver Support

## Caregiver self-care is an important part of caregiving

By Michele Dillon  
JAAA ADRC Supervisor

I took a hiatus for a while but I'm back with Jayhawk Area Agency on Aging in a new role as the caregiver support specialist. I want to talk a little bit about the caregiver support program at Jayhawk Area Agency on Aging and what I will now be doing.

The caregiver support specialist helps caregivers in several ways. One important way is to provide respite care assistance either by finding services or using our grant program to help pay for some services. Services will be limited to which providers have staff available and the amount of time the service can be provided. It is a short term program to help through the hump of hospice care, recent discharge from the hospital or a general decline.

Caregiving for a loved one with some type of dementia can be especially hard. The respite program can help you start to introduce someone into the home that can be a new meaningful relationship for your loved one. I can offer support, resources, and guidance throughout your caregiving journey. We offer several

caregiver support groups in Topeka and Lawrence area and would like to serve Jefferson County with a support group also.

I am available to speak with caregivers about what is happening with the person they are caring for and how I can help. I have a training background in Alzheimer's and other related dementia and can be a resource for you to help with behavior and progression. I can also send out various tips as they come up through your email address. Jayhawk also is partnered with an organization called Trualta. Trualta is a website that offers caregivers tips and videos to help them



Michele Dillon

manage behaviors, falls, and other issues that arise during your caregiving journey.

Caregiver self-care is one of the most important parts of caregiving. Why is self-care important for caregivers? It helps you renew physically and mentally. As a caregiver, you are at a much higher risk of illness, hospitalization, and death than the average population. Caregiver burnout and compassion fatigue are two serious and preventable results of caregiving. Caring for yourself helps you to provide better care.

## JAAA gets around! Look for us!

### Our Caregivers' Support Groups are meeting again!

#### Shawnee County

##### Topeka and Shawnee Public Library

First Monday of each month, 3:30 p.m.

November 7 December 5 January 2

##### Topeka and Shawnee Public Library

Second Monday of each month, 3:30 p.m.

November 14 December 12 January 9

##### Topeka and Shawnee Public Library

Third Thursday of each month, 2:00 p.m.

November 17 December 15 January 19

#### Douglas County

##### Baldwin Methodist Church

708 Grove, Baldwin

1st Wednesday of the month, 1:00 p.m.

November 9 December 7 January 4

##### Westside Presbyterian Church

1024 Kasold Drive

4th Monday of the month, 3:30 p.m.

November 28 December 24 January 23



#### Events and Presentations

Grey Wolves in Meriden, United Methodist Church,

Third Tuesday of each month, 11 a.m.

November 17 December 15 January 19

Visit us online at [www.jhawkaaa.org](http://www.jhawkaaa.org)

# Medical Records – Do you know what information is in yours?

*Editor's note: This is a chapter from my book **Everything I know about medicine, I learned on the Wrong Side of the Stethoscope.** — Marsha Henry Goff*

The problem with medical records is that they are often incorrect. And the problem with erroneous medical records is that doctors, nurses and therapists tend to believe the written word.

My sister Lesta was shocked when she changed doctors and perused her medical records with her new physician. Her records stated that she had diabetes and MS (she has neither), had quit smoking (she never smoked) and — we loved this — one of her siblings (all female) had a vasectomy. Then we wondered, even if she had a brother who had a vasectomy, why would that information be relevant in a female patient's records?

"It's like we're dealing with two different people," her doctor exclaimed.

And sometimes you are! When I requested my husband's records from a cardiologist, I was stunned to see that the hospital record with Ray's name and birthdate showed that stents had been placed in his heart.

The cardiologist who performed a heart catheterization on Ray reported to me that the procedure showed he had "clean, healthy arteries and a heart that is functioning per-

fectly." But the erroneous information was in his records for all the world to see and the report also incorrectly said that stents had been placed in his heart on a previous occasion.

Not to worry. There was a second report in the envelope which actually did refer to Ray. But it made me wonder about the condition of the unknown man who actually had stents placed in his heart. Did his report say that he had clean healthy arteries and a heart that was functioning perfectly? If so, he would have known better, but would an emergency room doctor who read the report rely on that inaccurate information?

My mother's hospital records erroneously showed that she weighed only 70 pounds. "I told them when they weighed me in that sling," said Mom indignantly, "that my foot was still on the bed."

Mom, a petite woman, was re-weighed a couple of days later and posted her normal weight of around 90 pounds. But the 70 pound weight remained in her records and was picked up by other medical personnel who evaluated her condition without physically examining her, then cited her low weight in their own records as a failure to thrive. When Mom was discharged from the hospital to a nursing home for therapy before returning to her own home, the therapist read Mom's records and told me that my mother

would be a long-term patient. She had not even met Mom, but the records clearly showed, she said, that Mom likely would be there for the duration of her life.

"Mother will be here for two weeks," I said, "and then she's going home."

The therapist clearly thought I was delusional, but by the end of the first week, Mom was zipping all over that nursing home in her electric wheelchair and transferring herself to and from bed and toilet. Within two weeks, she was sent home where she continued to live independently.

Sometimes a problem occurs when records are not read in a timely manner. My brother-in-law Steve, hospitalized with cancer, called me one morning and asked me to come to the hospital because my sister Vicki needed me. He then said his oncologist had just visited and gave them the grim news that Steve had a week, or maybe only days, to live.

When I arrived, Vicki took advantage of my presence to go down the hall to a restroom to try to regain her composure. As I sat by his bedside, Steve moaned in agony. Finally, I went to the nurses' station and said, "I know Steve's pain is supposed to be better controlled than it is."

The nurse consulted the doctor's notes made on his visit about two hours earlier and noted that he had ordered an increase in Steve's morphine

dosage. She quickly moved to increase the amount of morphine in his IV and Steve became more comfortable. Should the doctor have mentioned the dosage increase to the nurse? Probably. Since he did not speak to the nurse, should she have consulted the doctor's notes immediately after his visit to a patient who was seriously ill? *I think so.*

The change to computerized records will help — at least as far as being able to read them is concerned. I once had a pharmacist show me the prescription my doctor with notoriously bad-penmanship had written and asked me if I could decipher the words. He was reluctant to call the physician and admit he could not read the prescription, but I insisted he do it anyway.

Computerized instructions need to be read in a timely manner and every effort must be made to enter all information correctly and for the right patient. As much as we like to blame computers, they don't make mistakes. However, the people who enter the information are all too human and they do.

I routinely acquire and keep records of all doctor and hospital visits as well as copies of all tests. To gain access to your records, simply call your doctor, the hospital where you were a patient or the facility where your test was performed.

CONTINUED ON PAGE 11



# George Goff

CONTINUED FROM PAGE FOUR

only aftermarket piece on this orange beauty is the dragline decal on the side of the turret.

Another orange beauty is a highway truck dubbed Big Mike after a Tonka executive. For years, George wanted one of those trucks but would not pay the price. He had earlier purchased a truck from a man in Topeka named Don Friend who called him a month later to ask if George wanted another Tonka and a story that went with it. "What have you got?" George inquired.

"And he said a Big Mike. I'm not just saying this because it's in my collection but that is the most expensive truck from 1957. He made me an offer I couldn't refuse. It was about a fourth of what it was worth and I asked 'Are you good with that?' He said he was because he had heard from several people that I collect and don't resell

so he was going to give me a good deal. I couldn't get it quick enough."

The story he told George was that in the late 1950s he bought that truck for his teenage nephew who was getting ready to go into the service. The nephew did not take any ownership so it stayed at his place. He offered the truck to his sons, grandsons and nephews, none of whom wanted it. George regrets that he never met him in person because Friend delivered the trucks to — and picked up payments at — the Kansas Lottery where George's friend Mike Todd works. George and Don Friend became fast friends on Facebook and when George learned his friend had died, he wrote a letter of sympathy to the family. The typed story will stay with the truck.

One of George's special



George's beautifully restored Green Giant truck is photographed along with the coupon offer which his mother used to buy it for him.



favorites is a Green Giant stake truck his mother purchased for him when he was a young boy. She responded to an ad with a coupon which offered the truck for \$2.50 and two labels from Green Giant canned vegetables.

George must have played with it a great deal because — after several decades — it required restoration.

Another of his favorites is a powder blue milk truck, a rare

CONTINUED ON PAGE 12



Restoration begins on George's well-loved Green Giant truck.



George's parents bought the Army jeep for him over 50 years ago. The Air Force jeep is special because of his father's service in the Air Force.

# What You Need to Know about Hospice

By Marsha Henry Goff

Hospice can help you die with dignity and grace and mostly free of pain and anxiety. My friend Gertrude was one of those hospice patients. Gertrude suffered from terminal cancer. She, as well as her family and friends, realized several months before her death that she was fighting a battle she could not win. The problem was that her doctor ordered hospice too late — only a week before she died. Her last months would have been so much easier had she been enrolled in hospice earlier.

Too weak to climb onto her high bed mattress, she slept on the living room couch with her husband sleeping on the floor beside her. When the doctor finally ordered hospice, a hospital bed was delivered to their living room and, while she was more comfortable in that bed, her husband moved to the couch which was more comfortable for him. Pain and anxiety medicines were administered enabling her to die as graciously as possible.

However, not everyone who is placed in hospice dies. According to a *Washington Post* article, more than one in three patients at hundreds of U.S. hospices drop the service before dying. Why? It is typical for hospices to release about 15 percent of their patients because their health unexpectedly improves. At one point in one state — Mississippi — 41 percent of hospice patients were released alive.

One such case of live dismissal from hospice was my

mother who had been hospitalized in ICU for a heart issue but, while being treated there for that illness, acquired a urinary tract infection and was treated for it with antibiotics. When the heart issue was taken care of, she was moved to a rehab floor. Unfortunately, they neglected to send orders for her to continue the antibiotics she was taking for the UTI and she developed sepsis, a dangerous and potentially fatal blood infection.

The hospice nurse who met us at the house the morning Mother came home by ambulance told me she would not last the day. I believed her because I could hear Mother breathing throughout the house. Two of my three sisters were with me when other hospice personnel came to enroll mother and explain the process to us. Their intent was to withdraw her curative medicines and give her only pain and calming medication. When I told them that we were going to continue to give her the antibiotic, heart and other curative medication, they quickly said, “Medicare won’t pay for those.”

We said we didn’t care, that we intended to give her every chance to recover, however slim that chance might be. They weren’t happy when, as I excused myself to sit by Mother’s bed, I told them we did not want her to know she was under hospice care. Prior to her hospitalization, Mother had been seen by visiting nurses for more than a decade and some of the hospice nurses were the same nurses she knew. I knew my

mother better than they did and I was sure if she was informed she was in hospice care that she would do what was expected of her: she would die.

From that day, two of we sisters were with her at all times. I think each of us was afraid to be alone in case of an emergency. I slept on the floor beside her hospital bed on my granddaughter’s Power Puff Girls air mattress. Mother was afraid to have a Foley indwelling catheter because she believed that is what had caused her UTI in the hospital.

When the nurse said she couldn’t come four times a day to catheterize her, I learned to do it. Amazingly, Mother began to improve and within just a few weeks no longer required oxygen and was dismissed from hospice. After her dismissal, I told Mother she had been under hospice care and she replied, “If I had known that, I would have died!”

For the next four months, my husband Ray, nephew Chris and I took shifts — Ray from 6 a.m. to 1 p.m. when I took over and stayed until Chris came to spend the night from 1 a.m. until Ray arrived. It was grueling for all of us but so worth it because Mother lived four more productive years.

It was not lost on any of us that — had the curative medicines been withheld as the hospice personnel wanted to do — she would have quickly died and we would have lost those precious years with her. It makes me wonder how many hospice patients might live if curative

medications were not withheld, certainly more than the 15 percent whose health unexpectedly improves. Perhaps most of those 15 percent are the hospice patients whose families insist on continuing necessary medications.

Medicare rules require that a hospice patient must have a life expectancy of only six months or less. But judging life expectancy is difficult to do and the time one can be on hospice is not set in stone. All that is necessary is that a doctor certify every six months that the patient needs to be on hospice. Hospices are designed to provide comfort to the terminally ill, not to heal them. For an individual like Gertrude, for whom all hope was gone, comfort and relief from pain were exactly what she needed. But only comfort and pain relief for my mother would have been fatal, causing her to lose four years of her life.

During recent years, Medicare has become concerned at the rising number of patients who are released alive from hospice. One concern is that some hospices appear to abandon patients if their care becomes expensive. Researchers say that 1 of 4 patients who leave hospice alive are hospitalized within 30 days.

Another Medicare concern is the practice of hospices enrolling patients who are not dying. It is believed that for-profit hospices are more likely to encourage or actually push people to enroll in hospice, but it can also happen with non-profit

CONTINUED ON PAGE 11



HIPPA (Health Insurance Portability and Accountability Act) gives every individual the right to access his or her medical records, receive copies of them (you may be charged a fee for copying), and request corrections or amendments to them. Policies do vary between states, doctors' offices and hospitals, but they cannot violate federal and state law. They cannot keep the records from you, nor can they refuse to allow you to correct them if you find mistakes.

**If the mistake is simply that your records say your nonexistent brother had a vasectomy, that usually is not a cause for concern. However, if the records say you have a disease or condition you do not have, that information needs to be corrected.** It took more time than it should have to remove my husband's name from the other patient's heart catheterization records. When I finally spoke to someone who had the power to change it, she said it was quite obviously a mistake. One doctor told me such mix-ups happen more often than you would think. "Usually, the hospital catches it right away and calls me," he said.

**To correct mistakes, call your provider or payer and ask if they have a form for correcting mistakes on your medical records. If so, ask them to send a copy to you. If the correction requires only a word or two, make a copy of that page of your records, strike through the incorrect words and hand-**

**write your correction. That will make it easy for the provider or payer to make the correction.**

**If the correction is complicated, you should write a letter citing why you think the information is incorrect and what the correction should be. If you write a letter, make sure you include your name, contact information and date of service. Attach your letter to the copy of the records page that contains the error.**

In the event the provider or payer does not send you a form, write a letter giving all pertinent information. Keep a copy of everything you send. You may mail, fax, or deliver the information in person. The provider or payer has 60 days to act on your request for a correction, although they may extend an additional 30 days if they provide you with a written reason.

In most cases, the provider or payer will make the correction. However, they are not required to make the change if they believe your request does not have merit. They must notify you of their decision in writing. If they refuse to amend your records as you request, you may submit a formal, written disagreement which they must add to your file.

Your records are also kept by the Medical Information Bureau, an organization that supplies information to health insurance companies, life insurance companies and other entities that have an interest in your combined health and credit records. Who knew? You will not have a file, however, if you have not requested an individually underwritten life, health, disability income, long-term-care or critical illness insurance

within the past seven years that will make it easy for the provider or payer to make the correction. That will make it easy for the provider or payer to make the correction.

You may request your MIB records free of charge online ([www.mib.com](http://www.mib.com)) or write them at MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. Should you find mistakes in your MIB records, you may correct them by following the procedure they have outlined on their website. It is similar to the procedure cited above for providers and payers.

My sister Lesta who previ-

ously had trouble with inaccurate records recently set up a patient portal that allows her to check her clinic medical records online. When she checked out her profile, my Caucasian sibling was surprised to learn that she is Black/African-American. "Medical records," she emailed, "strike again!"

I am betting Lesta doesn't have that mistake corrected. She is likely looking forward to seeing the looks on the faces of the medical professionals who read her records before they meet her.

## Hospice

CONTINUED FROM PAGE 10

hospices. A doctor must certify that the patient is terminal, but doctors are human and may be wrong. My sisters and I were told three different times, beginning eleven years before Mother actually died, that she could not survive an illness. That caused me to once joke that my mother had proved more doctors wrong than had trial lawyers.

In recent years, the federal government has tried to recover \$1 billion from hospices that it believes have illegally billed Medicare for patients who were not near death. Over one third of patients released from hospice alive were still living six months after release. Many families believe, rightly or wrongly, that drugs such as morphine,

which causes depression of breathing, resulted in the death of hospice patients who were not terminal and would have eventually been dismissed.

If you or a loved one are truly terminal, hospice is the place you need to be. Many patients, like Gertrude, realize they cannot possibly survive and prefer to go gentle into that good night. However, if you or your loved one have doubts that death is imminent, you do have the right to give curative medications at your own expense. If a hospice employee tells you they will not allow such medications to be given, find a hospice that will. Determining when someone will die is nearly impossible. I remember one gentleman who exceeded his doctors' expectations of his death by several years. Sometimes a chance is all you need.

Please visit us online at  
[www.jhawkaaa.org](http://www.jhawkaaa.org).





George's powder blue milk truck sits atop the hood of an actual powder blue milk truck. He is holding his truck at right.



travel trailers, one of which came with the original box. He notes that Tonka made a pumper truck that a boy pretending to be a firefighter could attach to a garden hose to put out an imaginary fire. Another wall houses large construction vehicles. The drag-line is on that wall as are many clamshell cranes.

George mentions the kindness of his mother-in-law, now in a rest home, who gave him some diecast collector trucks that have a huge sentimental value for him. Many of his vehicles do, whether they are

those he remembers from childhood, those given to him as gifts, or those like Big Mike that remind him of the friends he has made along the way because of his love of collecting and restoring toy trucks and other vehicles. But he does not restore every vehicle he acquires. He likes the patina of some old trucks. And, as he accurately states, "They are only original once."

It is often said that the only difference between men and boys is the price of their toys. But George is a wise man who knows he is blessed to be able to do what makes him happy. Even better, he does it on a budget.

## George Goff

CONTINUED FROM PAGE NINE

color to find. One day, after restoring his find, he was driving down a country road on his way home and spied sitting in a driveway a life-size powder blue milk truck. Painted on the side

were the image of a cow and the words FRESH MILK and NATURAL PRODUCT. The next time he drove down that road, he went to the door and asked if he could put his little truck on the big truck and take a photo.

George has a whole wall of fire trucks, rescue vehicles and not one, but two, Winnebago



The trailer of this semi was fine but the cab badly needed restoration.



George not only acquired a Big Mike he had wanted for years, he got a story and a good friend.



This gas station diorama made from oak scraps looks so real the driver may grab a Coke as well as gasoline.