



Senior Tidings

Crawford County Council on Aging, Inc.



November 2006

Crawford County
Council on Aging, Inc.
200S. Spring St.
Bucyrus, Ohio 44820

419/562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

[http://
crawfordcountyaging.com//](http://crawfordcountyaging.com/)

Topics of Interest

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Council on Aging notes....

Medicare Drug Plan

As we prepare for the Medicare Part D open enrollment, during the *Annual Coordinated Election Period*, each one of you should remember these three words:

Learn—Learn how your current Medicare & Part D coverage works.

Compare—Find the differences among plans and do a comparison of your existing plan to those available for 2007.

Choose—If you decide to make a change in 2007, make a decision and enroll in the new plan no later than December 8th, 2006. This will ensure that you will receive new plan information packets and ID cards before coverage begins on January

1st. It will also give the plans and CMS time to update their computer systems so that enrollees can access their benefits the very first day of the year without delays.

Annual Coordinated Election Period

- November 15 thru December 31 every year.
- Person who does not have a Medicare drug plan can enroll.
- Person who currently has a Medicare drug plan can switch.
- Change effective January 1st.
- Beginning 2007 (and thereafter) Medicare patients can only make one change the first three months of the calendar year.

Health & Nutrition....



Improve Your Health Through Exercise

The healthiest thing you can do for yourself is exercise! Continued physical activity is important to good health. Research studies suggest that by not exercising, older adults

are at risk of losing the ability to do things on their own. It just doesn't happen because you age, it happens because you become inactive.

But, don't be discouraged, you can stay healthy by doing simple activities in your everyday life. Things like

walking at a brisk pace, gardening, or simple household chores are easy ways to retain balance, flexibility, endurance, and strength. These are important areas of overall health.

Exercise is not just important for the young or old, it is just as important for people who are 90 and over. In some cases, exercise can even improve health for people who have diseases and disabilities. To be helpful, exercise needs to be done on a regular basis. There are four types of exercise that help older adults:

- ☑ **Endurance** exercises increase breathing and heart rate. These are things like climbing stairs and grocery shopping. These may delay or prevent diseases such as diabetes, colon cancer, heart disease, and stroke.
- ☑ **Strength** exercises build your muscles. They give you strength to do things on your own and may even help prevent osteoporosis.
- ☑ **Balance** exercises are important for fall prevention. Falls are a major cause of broken hips and other injuries that often lead to the loss of being independent. One balancing exercise is simply standing on one leg.
- ☑ **Flexibility** exercises stretch your muscles. By doing simple stretches each day, you can prevent injuries from happening. Flexibility can also help prevent falls.

If you are not currently physically active, remember to start slow. You may want to check with your health care provider about what types of exercise would be good for you. Too much physical activity too quickly can also be a bad thing. Start with one or two exercises and build up to more. Make physical activity easy by incorporating it into your everyday activities.

Success can come from exercise by setting realistic goals for yourself. The U.S. Surgeon General's Report states that you are more likely to keep your exercise goals if you think that you will benefit from the activity, that the activity you choose is

fun, and that you can fit the activity into your daily schedule.

Start today to improve your health through regular physical activity. You can receive a free workbook that includes simple exercises to get you started from the National Institute on Aging. Call toll free: 1-800-222-2225 and ask for *Exercise: A Guide from the National Institute on Aging* or e-mail niais@jbs1.com

Source: *Senior HOTLINE*, Volume 12, Issue 3, Senior Series, a partnership between Ohio State University Extension & Ohio Aging Network professionals.

Snack for Good Health



Snacks can provide energy, make us feel better, and help with the growth and repair of body tissue. Medical experts often suggest eating several small meals daily (snacks) instead of two or three larger meals.

There are no bad foods. However, eating too much of some foods can lead to health issues over time. Foods that are high in calories, fats, and sweets and low in vitamins, minerals, and other nutrients can fill the stomach and satisfy the appetite. They may also crowd wholesome foods such as fruits, vegetables, low-fat dairy products, and whole grains from the diet.

Want to make your snacks count toward better health? Here are some ideas:

- Change is hard. Make dietary changes in small steps and spread them out over time. Too many (or too drastic) changes at once can make you feel deprived and wreck your plan!
- Choose snacks using *My Pyramid* as a guide. Check out <http://MyPyramid.gov> for ideas.
- Look for ways to include whole grains in your snacks and meals.
- Eat fruit instead of drinking juice. Although

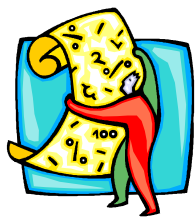
healthier than sodas, even 100% fruit juice is higher in sugar and calories and lower in fiber and other nutrients than the fruit itself.

- Make it easier to choose healthful foods than junk foods. Keep healthful snacks on hand and ready to eat. The reward of good health is worth the time and effort spent cutting and storing fruits and vegetables.
- Junk food is expensive and can lead to poor nutrition. Poor nutrition can lead to poor health—and more money spent on health care.
- Do not make any food or group of foods “off limits” except for medical necessity. Remember that “forbidden fruit” is always more attractive than the “legal” choice!
- Match snacks to your activity level.
- Think you’re hungry? Many people mistake the feeling of thirst for hunger. Try drinking a glass of water before you reach for a snack. If you’re still hungry in a few minutes, you can always grab a healthy snack!

Remember that snacks are a part of your daily food intake. Make them count toward good nutrition.

Source: *Senior HOTLINE*, Volume 12, Issue 3, Senior Series, a partnership between Ohio State University Extension & Ohio Aging Network professionals.

Nursing Home Ratings....



Consumer Reports Launches Nursing Home Ratings Site

Consumer Reports, a national consumer publication, unveiled a new Web site, the *Consumer Reports Nursing Home Quality Monitor*, that identifies facilities in every state that rank among the best and worst, lists facilities that have been fined for violating state or federal regulations and provides

general consumer advice on selecting a home for yourself or a loved one.

Consumer Reports has published reviews of nursing homes since 2000 and cites that there has not been a significant increase in overall quality of nursing facility care in the past five years.

Key findings in the latest report, based on an analysis of inspection surveys, staffing and quality indicators:

- Nonprofit homes are more likely to provide good care than for-profits.
- Independently run homes are more likely to provide good care than chains.

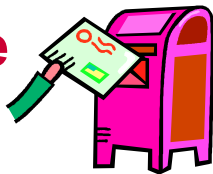
Consumer Reports cautions against relying exclusively on online resources, including those provided by state and federal governments, for help in selecting a nursing home, as these sites may provide information that is out of date or too brief to be useful.

Instead, *Consumer Reports* advises that Area Agencies on Aging should be the first call consumers make. These agencies can provide a list of local nursing facilities, as well as, contact information for the Long-term Care Ombudsman. Crawford County consumers can call toll-free **1-800-860-5799** to be connected to our local area agency.

The *Consumer Reports Nursing Home Quality Monitor* is available at www.consumerreports.org/nursinghomes. The Ohio Long-term Care Consumer Guide (www.ltcoho.org) provides similar information for the state, as compiled by the Office of the Long-term Care Ombudsman.

Source: *Aging Connection*, A Newsletter for Ohio’s Aging Network, aging.ohio.gov/connection, September 2006.

Marci's Medicare Answers....



Dear Marci,

My father has cancer and his doctor said he will not live much longer. Can Medicare help?

—Maria

Dear Maria,

Your father may qualify for hospice or “end-of-life” care, which helps to relieve the symptoms and pain related to a terminal illness, but not to cure it. To qualify your father must have Medicare Part A and a terminal illness, and his doctor must certify that he will live less than six months. Your father must also agree in writing that he does not want treatment to cure his terminal illness, though he can receive treatment to cure any other condition. If he qualifies, Medicare will cover hospice care that is provided through a Medicare certified hospice agency as long as the agency’s director or physician agrees that your father will live less than six months. The hospice benefit includes a range of services such as skilled nursing, skilled therapy, and durable medical equipment. If your father lives longer than six months, and still meets the requirements for hospice care, he can continue to receive hospice benefits. Call 1-800-MEDICARE to find Medicare-certified hospice agencies in your area, what services are covered and how much you have to pay for them.

—Marci



Dear Marci,

I was just diagnosed with diabetes and prescribed insulin that I inject with a needle. My Medicare drug plan covers insulin. But how do I get the needle?

—Molly

Dear Molly,

In addition to insulin, your Medicare drug plan must cover the supplies you need to inject it yourself. These include needles, syringes, alcohol swabs and gauze. Some plans may also cover other diabetes medications that are used at home. Always check with your plan to make sure it covers the medications you need.

—Marci



Dear Marci,

I did not sign up for a Medicare private drug plan (Part D) last year because I like the drug coverage that I already have. Is there any reason for me to join a Medicare drug plan for next year?

—Roy

Dear Roy,

You should find out from whoever provides your current drug coverage (for example, your employer) whether it is considered “creditable,” or as good as or better than the Medicare drug benefit. If it is not creditable, and you decide to sign up for a Medicare drug plan in the future, for as long as you have the Medicare drug benefit you will have to pay a premium penalty based on the amount of time you delay enrolling in a Medicare drug plan. If your current drug coverage is creditable you will not have to pay a penalty as long as you are not without “creditable” drug coverage for more than 63 days before signing up for a Medicare private drug plan. You can call the insurer you get your drug coverage through to find out whether or not it is creditable.

—Marci

Source: *Marci's Medicare Answers* is a service of the *Medicare Rights Center* (www.medicarerights.org), the nation’s largest independent source of information and assistance for people with Medicare, November 2006. To sub-

scribe to “DearMarci,” MRC’s free educational e-newsletter, simply e-mail dear-marci@medicarerights.org.

Case Flash: Transitioning from Cobra coverage to Medicare

Mrs. J has had Parkinson’s disease for nine years. Three years ago, she lost her job and as part of her severance package, her former employer offered to pay for her full COBRA coverage premiums for three years. Less than a year after she stopped working, Mrs. J became eligible to receive Social Security Disability Insurance (SSDI). After she had been receiving SSDI for two years, Mrs. J automatically became eligible for Medicare. She had spoken with a representative at the Social Security Administration who, even after Mrs. J made it clear that she was no longer working, told her that as long as she was still covered by her employer, she did not have to take Medicare Part B. As a result, when Mrs. J received notice that her Medicare coverage would soon begin, she declined Part B. A few days later, Mrs. J read the Medicare & You handbook that came with her “Welcome to Medicare” packet and found out that unless she was receiving coverage from a current job, Medicare was the primary health insurance.

Mrs. J spoke to another Social Security representative and found that she actually needed to take Medicare Part B now, during her initial Enrollment Period, or she would have to wait until the next General Enrollment Period, with coverage beginning in July. With her COBRA coverage ending in January, Mrs. J would have to go for seven months without health insurance if she waited that long to sign up. And because she was already eligible for Medicare, Mrs. J would have to pay a late-enrollment premium penalty of an extra 10 percent of her monthly Part B premium every month for as long as she has Medicare.

Fortunately, Mrs. J was still in her Initial Enrollment Period, even though she had declined to take

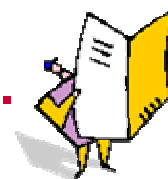
Medicare Part B once during the period, she was still eligible to enroll. Mrs. J went to her local Social Security office and enrolled in Medicare. Her coverage began a few months later, before her COBRA coverage ended and she did not have to pay a late enrollment penalty.

Note: Generally when people have COBRA coverage, it will only cover them until they:

- a) Become eligible for Medicare, or;
- b) Begin to receive coverage from Medicare or another form of private health insurance that will cover their pre-existing conditions. However, your employer can choose to extend COBRA coverage beyond that point.

Source: *Medicare Watch*, a bi-weekly electronic newsletter of the Medicare Rights Center, Vol. 9, No. 22: October 24, 2006.

Medicare Options....



Original Medicare

The Original Medicare Plan is one of your health coverage choices as part of the Medicare Program. The Original Medicare Plan is a fee-for-service plan managed by the Federal Government. This means you are usually charged a fee for each health care service or supply you get. For some services, you will pay an amount called a deductible before Medicare pays its part. Then, when you get a Medicare-covered medical supply or service, Medicare pays its share, and you pay your share, called the coinsurance or a co-payment.

The Original Medicare Plan includes Part A and Part B. Part B is optional. Many people in the Original Medicare Plan also have a Secondary Insurance:

- **Group Health Plan**-insurance from a former employer or union that supplements Medicare.
- **Medicare Supplement Insurance**-policy that is offered by private companies to help pay

health care costs that the Original Medicare Plan doesn't cover.

- **Medicaid**-State assistance for those with limited income and resources.

Medicare Advantage:

Medicare Advantage Plans are health plan options that are an alternative to the *Original Medicare* program. Medicare Advantage Plans are run by private companies. They give you more choices, and sometimes, extra benefits. These plans are still part of the Medicare Program and are also called "Part C." They provide all your Part A (Hospital) and Part B (Medical) coverage. Some may also provide Part D (prescription drug) coverage.

To join a Medicare Advantage Plan, you must have both Medicare Part A and Part B and live in the plan's service area. The plan may have special rules that you need to follow like seeing doctors that belong to the plan or going to certain hospitals to get services. You may also have to pay a monthly premium for the extra benefits. Medicare pays a set amount of money for your care every month to these health plans.

Beginning in 2007 (and thereafter), enrollment/disenrollment is only permitted during the annual coordinated election period (November 15-December 31) and once during the first three months of the calendar year.

Medicare Prescription Drug Coverage (Part D)

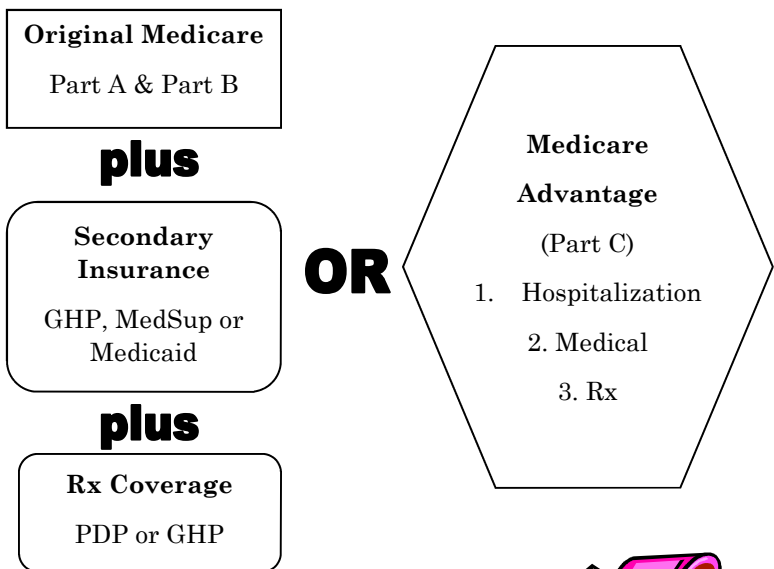
You can get prescription drug coverage no matter how you get your Medicare health care. There are two types of Medicare plans that provide insurance coverage for prescription drugs.

1. **Medicare Prescription Drug Plans (stand-alone plan).** These plans add coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service

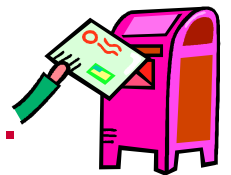
Plans, and Medicare Medical Savings Account Plans, if you join one.

2. **Medicare Advantage:** Prescription drug coverage that is a part of Medicare Advantage Plans and other Medicare plans. If you join one, you would get all of your Medicare coverage through these plans, including prescription drug coverage.

Medicare Options



Marci's Mailbox....



This article is a continuation of "Marci's Medicare Answers", which explains in more detail about the upcoming enrollment period in choosing a Medicare plan.



Dear Marci,

All my friends are buzzing about the upcoming enrollment period and I've started getting promotional materials in the mail again from Medicare plans. I'm losing my retirement benefits and am not sure what to do. Which type of Medicare plan do most people choose?

—Joseph (Portland, OR)

Dear Joseph,

The vast majority of people with Medicare (over 85 percent) choose the Original Medicare program. That is the traditional program administered by the government that allows you to go to virtually any doctor and hospital in the country. The rest are enrolled in a Medicare private health plan (HMO, PPO, PFFS, POS or PSO), often because that is the only way their former employers provide retiree benefits.

Most people with Original Medicare **also have some form of supplemental insurance**—either received from a former employer (called “retiree coverage”), through a government low-income assistance program (Medicaid or a Medicare Savings Program), or purchased themselves (called “Medigap”).

Supplemental insurance (or secondary coverage) pays after Medicare pays. It helps pay for the portion of the cost that Original Medicare does not pay for covered services, such as coinsurance and deductibles.

If you do not have access to supplemental coverage from another source, you can buy a **Medigap** policy from a private insurance company. There are 12 different standardized Medigap plans, labeled A-L (except in Massachusetts, Minnesota and Wisconsin). Each offers a different set of benefits. Premiums vary, depending on the plan you choose and the company you buy it from. **Not all plans are available in all areas.** Medigap plans K and L are new, high-deductible plans that became available in 2006.

If you are over 65 years old, you have a guaranteed right to buy a Medigap policy during the six months after you first enroll in Medicare Part B, or when you lose or end certain types of health care coverage, like your retiree benefits. No company can turn you down, regardless of your age or health. Some Medigap companies may even allow you to buy a policy outside of that time frame, but they are not required to by law.

However, some states have added additional times you have the legal right to buy a policy. For example, in New York you have the right to buy a Medigap policy at any time, regardless of your age or health status (including disability).

For more information about your right to buy a policy, the benefits of each type of plan and a list of companies selling policies in your area, call your State Insurance Department or your State Health Insurance Assistance Program (SHIP). **The Council on Aging also has this information for you, call 419/562-3050 or 1-800-589-7853.**

Source: *Marci's Medicare Answers* is a service of the *Medicare Rights Center*, Volume 5, Issue 43.

For Your Information....

When You Vote, Take I.D.



When you vote on November 7th, you'll be asked something new at the polling place.....to show your identification.

Ohio law protects your right to vote. State law changed recently to require all voters to show identification at the polling place. At the polls when you verify your address, poll-workers are trained to accept several different types of identification.

Acceptable forms of I.D. are:

- Bank statements
- Utility bills
- Paychecks, and
- Any government issued document showing your current address.
- You may also use your Ohio driver's license or Ohio photo I.D., even if it shows a previous address.

For more, visit www.TakeIDOhio.org, which offers resources and information on voting requirements and rights. This web site also contains information

about the electronic voting equipment in use in Ohio. If you want to learn about voting equipment in your county, simply use the interactive map accessible for the Voting Machine Information link.

The right to vote gives us all the opportunity to change our world. Because knowing what to expect is an important part of exercising that right, remember: ***When You Vote, Take I.D.***

Source: Staff of the *Office of the Ohio Secretary of State*, 180 E. Broad St., 16th Floor, Columbus, OH 43215.



Stay Connected Consumer Coalition

The following letter was sent by *The Office of the Ohio Consumers' Counsel* in asking for your support in the following initiative:

- Raise income eligibility guidelines for HEAP to 200% of FPL.
- Increase funding for winter heating assistance-\$55 million.
- Find a more permanent funding solution.
- Support legislation for a weatherization fund for 151%-200% of FPL.
- Create a legislative task force for long term solutions.
- Urge local utilities not to disconnect if temperature falls below freezing.

The Office of the Ohio Consumers' Counsel (OCC) has initiated the *Stay Connected Consumer Coalition* to forge alliances across the state and work toward helping those in need. The OCC hopes that you will join this coalition to advocate for increased funding to support low-income heating assistance programs and raise the eligibility requirement to at least 200 percent of the poverty level on a permanent basis.

The additional \$75 million in funding allocated by

Gov. Bob Taft from the *Temporary Aid for Needy Families* (TANF) supplemented the existing \$100 million available from HEAP resources for 2006. Gov. Taft also raised the eligibility requirements to include those up to 175 percent of the poverty level, which made energy assistance available to 70,000 more households. This type of assistance was desperately needed and appreciated by those who serve low-income consumers throughout the state of Ohio.

It also was announced that Gov. Taft already has set aside \$45 million of TANF funds to supplement this year's HEAP program. This demonstrates that the executive office is aware of the need and recognizes that many Ohioans continue to work hard but struggle to make ends meet. The challenge, however, is to find a more permanent funding solution for the next winter, and the one after that.

So that we can have an impact on this winter's heating season, the OCC is requesting that each of you send a letter to your state Senators and Representatives imploring them to continuously appropriate increased funding levels for home heating assistance programs and raise the eligibility requirement to at least 200 percent of the poverty level.

How you can help:

1. Send a letter of support to your State Representatives and State Senators. You may find your legislator at <http://www.legislature.state.oh.us/> or you may call toll free at 1-800-282-0253 and ask for the information.
2. Provide a copy of your letter to the OCC at:

Linda Walls Rominski
Office of the Ohio Consumers' Counsel
10 W. Broad Street, 18th Floor
Columbus, Ohio 43215
3. Send your letter between **Wednesday, November 8 and Friday, November 24, 2006.**

If you're interested in writing a letter of support, please contact the Council on Aging, 419-562-3050 or 1-800-589-7853, for some letter writing tips. We will be happy to give you information/facts to better assist you in writing the letter. For this letter to be effective, it's important to share your personal experiences and write the letter in your own words.

VITA: Volunteer Income Tax Assistance



The Crawford County Volunteer Income Tax Assistance (VITA) will host a free course in completing Federal, State, and Local income tax forms for the 2006 tax season. The course is conducted by an IRA approved instructor who was an auditor for IRS until retirement.

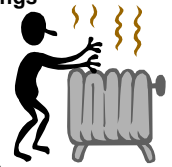
The course will be held at the Board of Education Office, 630 Jump St., Bucyrus, OH. Classes will be held Monday thru Friday, from 9am-4pm, beginning Monday, January 8th, 2007, thru Friday, January 26, 2007.

If you are unable to attend all of the classes you do have the option of completing a self-study at home. You will learn all of the updates and changes pertaining to the tax laws and will become more confident in preparing your own tax returns.

To sign up for the Income Tax course, you may call the Crawford County Council on Aging, Inc. at 419-562-3050 or 1-800-589-7853, so course material can be ordered for each person wanting to take the classes or to do a self-study at home.

We look forward to meeting you and hopefully the opportunity of adding another key to the continued success of the Crawford County Volunteer Income Tax team.

Paying Off your PIPP Balance



Natural gas customers of Columbia Gas of Ohio, Dominion East Ohio and Vectren Energy Delivery of Ohio will have an opportunity to reduce or eliminate their *Percentage of Income Payment Plan* (PIPP) balance. The PIPP program allows income eligible customers to pay a percentage of their income towards their monthly natural gas bill year-round. Any remaining account balance is carried over each month and the amount owed continues to accumulate.

With the program, if a PIPP customer:

- Pays the PIPP amount on time and in full each month for one year, the company will reduce the PIPP balance that the customer had at the beginning of the 12-month period by 33 percent.
- Pays the PIPP amount on time and in full each month for 24 months, the company will forgive 50 percent of the remaining balance.
- Pays the PIPP amount on time and in full each month for 36 months, the company will eliminate the entire debt.

After participating in the program for three years, if the customer continues to pay the PIPP amount on time and in full, the company will forgive the customer's entire debt following each 12-month period. If at any time a customer misses a payment, he or she must start the process again and pay on time (by the due date) and in full for one year before the company will reduce the PIPP balance by 33 percent.

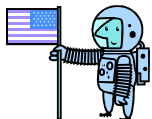
Remember to pay the PIPP amount each month even if the actual bill is a lower amount. Customers can contact their natural gas company toll free for more information at:

☎ Columbia Gas of Ohio, 1-800-344-4077.

Consumers with utility questions can contact the Office of the Ohio Consumers' counsel toll free at 1-877-PICKOCC (1-877-742-5622), Monday

through Friday between 8:30 a.m. and 5:30 p.m.

Source: *Office of the Ohio Consumers' Counsel*, Residential Utility Consumer Advocate; the state agency also provides information and respond to consumers' questions about their electric, natural gas, telephone and water services.



America, How You've Changed

Population experts estimated that the number of Americans topped 300 million last month. The last similar milestone was in 1967, when the U.S. Population topped 200 million. The nation sure has changed since then.

—In 1967, 19.1 million Americans were 65 or older. Today, that number is 36.8 million.

—The average life expectancy in 1967 was 70.5 years. Today it is 77.8 years.

—In 1967, the average household had 3.3 people. Today, 2.6 is the average.

—In 1967, 51.1 percent of adults had at least a high school diploma. Today, 85.2 percent do.

—In 1967, 41 percent of women 16 or older were in the workforce. Today, 59 percent are.

—In 1967, the average price for a new home was \$24,600 (\$149,147 in 2006 dollars). Today, that price tag is \$290,600.

—In 1967, 63.6 percent of the population owned their own homes. Today, that rate is 68.9.

—In 1967, there were 3.2 million farms in America. Today, there are just 2.1 million.

—In 1967, there were 98.9 million registered motor vehicles. Today, there are 237.2 million. Ironically, there were 5 fatalities per 100 vehicle miles in 1967, compared to just 1.5 today.

—In 1967, a gallon of gasoline cost \$0.33 (\$2.00 in 2006 dollars), compared to \$2.25 today.

Source: *Aging Connection*, November 2006.

Thanksgiving Facts:



- Last year, 2.7 billion pounds of turkey was processed in the United States.
- Turkeys have great hearing, but no external ears. They can also see in color, have excellent visual acuity and a wide field of vision (about 270 degrees), which makes sneaking up on them difficult. However, turkeys have a poor sense of smell (what's cooking?), but an excellent sense of taste.
- Turkeys sometimes spend the night in tress.
- Turkeys can have heart attacks: turkeys in fields near the Air Force test areas, over which the sound barrier was broken, were known to drop dead from the shock of passing jets.
- The ballroom dance known as the Turkey Trot was named for the short, jerky steps a turkey makes.

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