

Both campaigns jumped the tracks

We have reached the point in this long and at times boring presidential campaign where we are shoving the two Democrats aside and focusing attention on what others linked to their campaigns are saying. Pretty stupid.

We care not what others in the campaign say, but we do care what the two candidates themselves say. And frankly we see little difference between Sen. Barack Obama and Sen. Hillary Clinton. They agree on many of the issues and may differ a little on how to incorporate those plans.

Currently, the campaign insiders are kicking around names the young voters of today have never heard of. Ask someone in the twentysomething range, maybe even the thirtysomething range who Sen. Joe McCarthy was. "Huh?!" would probably be the response. And Sen. Phil Gramm? They wouldn't have the slightest idea. There are other old names being tossed around, and that's a problem.

All the while, the hotshots running the campaigns believe digging up old bones will have an impact on the race. It won't. It just goes to show how outdated so many of the people tied to the two campaigns really are.

We have taken healthcare, the economy, the war, guns, immigration, etc., out of the picture and are engaging in a war of worthless words.

All the while, Republican nominee (well, he won't be the nominee until convention time this summer in Minnesota), Sen. John McCain is going about his business while the Democrats are carving up the donkey. If this knock-down, drag-out continues it enhances McCain's chances of replacing the Bush furniture in the White House with his. He will be the 800-lb. gorilla in the room. But caution, there are still some conservatives who haven't bought into the McCain program. So, from that standpoint he's still got a lot of convincing to do within his own party. It's far from being a bed of roses.

Politics, as we watch it unfold today, certainly brings embarrassment to the very people the politicians say they are working for.

This campaign can be characterized as a "dirtpaign."

— Tom Dreiling

Adopt healthy sleep habits

Most adults need seven to eight straight hours of sleep each day, including those who work a night shift and sleep during the daylight hours. Stress, worry and anxiety can contribute to insomnia and interfere with getting a good night of rest. Thus, it is important to know and practice healthy habits in regards to sleep.

Maintaining a regular bedtime makes a big difference; go to bed and get up at about the same time no matter how tired you are. Avoid taking naps or dozing off near bedtime. Watch what you eat; heavy or spicy foods can keep you awake, as will caffeine products. Peanut butter, dairy products and apples can help increase sleepiness.

Perform only relaxing mental or physical activities right before bedtime. Watching television or working and playing games on the computer can be extra stimulation for the brain, which interferes with falling asleep, so turn those off at least an hour or more before bedtime.

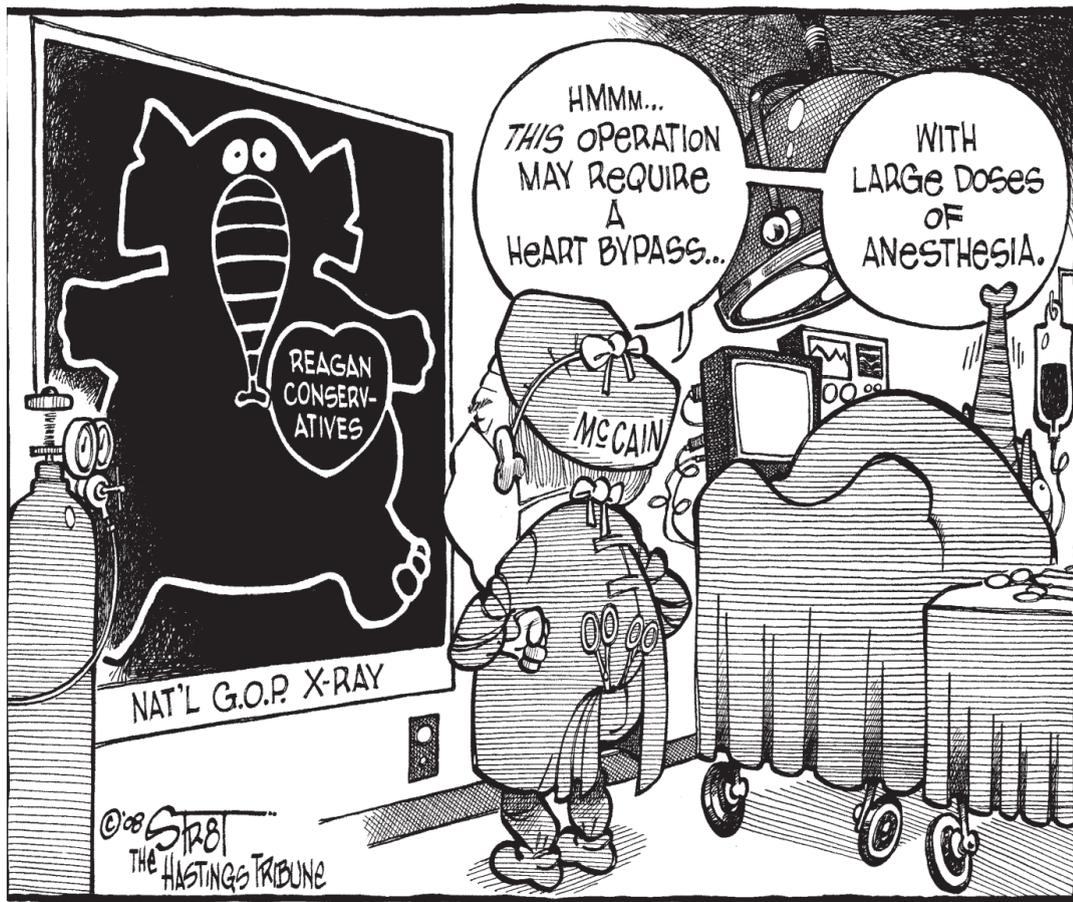
The bedroom environment is also a factor in getting to sleep. Be sure the mattress is adequately firm and comfortable. A dark quiet cool location is best; overly warm bedrooms are not conducive to quality sleep. In addition, learn to associate the bedroom with a place for relaxation and sleep. Do not work on the computer or watch TV in bed. Try not to lie in bed worrying about problems

High Plains Mental Health Karen Schueler

or challenges of the upcoming day, and avoid discussing problems on the phone in bed because this can result in that location becoming associated with anxiety and arousal.

If possible, avoid medications that can cause arousal and interfere with sleep including many over-the-counter remedies and herbal products. Read product labels well and learn more by discussing those medications with your doctor, psychiatrist or pharmacist. If you practice healthy sleep habits, yet are still excessively tired, or your sleep is still poor and fragmented, it may indicate a sleep disorder. Talk with your medical or mental health professional about these difficulties; sleep disorders are fairly common and very treatable.

(The views expressed here are those of the individual writer and should not be considered a replacement for seeking professional help. Mail to High Plains Mental Health Center, Plain Sense, 208 East 7th, Hays, Kan. 67601. Questions will be formatted and answered in a manner that insures confidentiality.)



Life-or-death situation part of this trip

It's true we change the lives of Mexican families in Juarez when we build them a house — but, never has our presence there been a life-or-death situation. This trip, however, was remarkable in the fact that a member of our team saved a woman's life.

It was the second day of building and all 25 team members were busy with different work assignments. Irma, the woman we were building for, had returned from the market with bags of groceries. She was hot and tired and went to her water barrel to splash some water on her face to refresh herself. As she leaned over the 55-gallon barrel, some coins from her shirt pocket fell into the water. Irma is about 5 feet tall and as she leaned into the barrel to retrieve the coins, she lost her balance and fell in, head-first.

No one saw this happen and Irma was submerged in the water for almost a minute before Rebekah, a girl on the team, saw Irma's legs sticking out of the barrel. She grabbed Irma and with the help of others, managed to pull her out of the water.

Everyone was visibly shaken but thankful the day had not ended in tragedy. Irma was almost hysterical after the rescue and it was later learned that she had lost a child to drowning several years before and she had relived that horror when she thought

Out Back Carolyn Plotts



she, herself, might die. We all cried with her as she showed us pictures of her baby that was "con Dios" (with God).

Irma recovered and spent the afternoon baking cookies for the team. I recognized them as Mexican wedding cookies. With ground pecans added, some call them Russian teacakes. They were nothing but butter and flour kneaded into a dough, shaped into little crescent shapes, baked and rolled in powdered sugar while they were still hot. The kids loved them — they just melted in your mouth.

The other thing I learned from Irma was how to make chili rellenos. A skill I have been trying to conquer for two years. I watched her "burn" the Pablano chilis on an open fire and steam them in a plastic bag. While the chilis cooled, she grated an onion and mixed it with ranchero cheese. She also separated eggs and whipped (with a fork) the egg whites until they were stiff and then folded the beaten egg yolks into the whites. After slipping the

skins from the chilis she slit them open, removed the seeds (that's where the heat is) and stuffed them with the onion cheese mixture. Next, she dipped the chilis into the egg mixture and then into very hot oil. As they fried, they puffed up. She fried them on both sides and then removed to a plate to cool.

Wrapped in a warm tortilla with just a touch of green chili sauce, they were "delicioso". Simple food, but so good.

After working with Irma in her kitchen, I determined she needed a few things to make her life a little easier. First on the list was a whisk to make beating egg whites a little easier. Next were hot pads — she did not have any and had burned her fingers several times trying to remove pans from the oven using only rags. I picked up a plastic cutting board and a new knife. I also added a dish towel and a butane lighter. You would have thought I gave her the moon, she was so happy with her gifts.

When we last saw Irma, her husband, Victor, and their three children, Manuel, Ana Christian and little Luis, they were sweeping the floor on their new three-room house. A happy family.

Lord, grant me the contentment Irma has with her simple life. And the gratefulness to appreciate the abundance I have. Amen.

Being rural shouldn't hinder healthcare

For many Kansans, finding accessible and affordable health care is not easy. Just because you live in a rural area, does not mean you should sacrifice high quality health care. Our rural communities in Kansas face unique needs and challenges regarding health care and it is necessary that Congress address these issues this year.

As a member of the Senate Finance and Health Committees and as the new co-chairman of the Senate Rural Health Caucus, I will continue to be a champion for rural health care in Kansas. Last June, I introduced critical rural health care legislation, named in honor of the late Senator Craig Thomas (R-WY), to help shoulder the financial burden rural health care providers have when caring for small communities.

This Craig Thomas Rural Hospital and Provider Equity (R-HoPE) Act of 2007, makes changes to Medicare regulations for rural hospitals and providers recognizing the difficulty in achieving the same economics of scale as large urban facilities. My bill provides additional assistance for small, rural hospitals who have a low-volume of patients. These hospitals often have trouble making ends meet under the Medicare payment system. It also extends two incentive programs aimed at improving the quality of care by attracting health care providers to underserved areas.

Finally, my bill recognizes that all providers play a great role in the rural health delivery system by increasing payments

From the Capitol

Sen. Pat Roberts



for Rural Health Clinics, home health agencies and ambulance services.

As a member of the Senate Finance Committee, we recently held a hearing on the president's budget proposal for 2009. Department of Health and Human Services Secretary Leavitt testified before our committee and took questions from senators on this budget proposal. I told Secretary Leavitt that I had serious concerns with this budget proposal, which cuts \$150 million in rural health programs, and proposes steep reductions in Medicare and Medicaid funding. This is unacceptable, and I will work to save this funding and programs as the needs of our rural communities continue to grow.

The high cost of prescription drugs still troubles many Kansas seniors today. At the Finance hearing, I took the opportunity to praise Secretary Leavitt and the Department of Health and Human Services for their successful work on the Medicare Part D program. Bottom line: Medicare Part D has helped seniors in Kansas afford necessary prescription drugs.

Two weeks ago, Health and Human Services announced that the enrollment for the Part D drug plans grew by 1.5 million beneficiaries in 2008 which brings the total number enrolled in a drug plan to 25.4 million. In Kansas, close to 250,000 seniors are participating in this prescription drug benefit program!

Unlike many government programs, while enrollment is up in the Medicare Part D program, the costs of this program are down. Since the program began in 2003, the costs have fallen by nearly \$244 billion. If only all government programs were this efficient.

The best news is that seniors are saving an average of \$1200 per year on their drug costs. And, independent surveys have shown that more than 85 percent of seniors are satisfied with the Part D benefit. Here in Washington, we cannot even get 85 percent of Senators to agree on when we can vote. I thank Health and Human Services for all they have done to administer the Medicare Part D program.

Any Kansan who has questions on their Part D plan, or wishes to enroll, please call 1-800-MEDICARE or visit www.medicare.gov. We hear a lot of unfair criticisms over the Medicare Part D program, but in Kansas, this program is a success.

If you would like to know more about issues before the Senate, please visit my Web site at <http://roberts.senate.gov>. For regular updates, be sure to sign up on my home page for a monthly e-newsletter, *The Roberts Report*.

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THE NORTON TELEGRAM

ISSN 1063-701X

215 S. Kansas Ave., Norton, KS 67654

Published each Tuesday and Friday by Haynes Publishing Co., 215 S. Kansas Ave., Norton, Kan. 67654. Periodicals mail postage paid at Norton, Kan. 67654.

Postmaster: Send address changes to Norton Telegram, 215 S. Kansas, Norton, Kan. 67654. Official newspaper of Norton and Norton County. Member of the Kansas Press Association, National Newspaper Association, and the Nebraska Press Association

Nor'West Newspapers

Dick and Mary Beth Boyd
Publishers, 1970-2002

Incorporating the Norton County Champion
Marion R. Krehbiel, editor



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