

# The RASCAL Register

April 2017

Issue 44

## RASCAL Luncheon June 20th 2017

**Retzlaff Winery**  
1356 S. Livermore Avenue  
Livermore, CA

BBQ'd Pork Spareribs  
Herb Dusted BBQ'd Chicken  
with bbq sauce assortment

Spinach and Strawberry with Feta Cheese

Potato Salad

Garlic Bread

Dessert Assortment

Bottled Spring Water · Lemonade · Sweet Tea · Iced Tea  
Wine may be purchased

Includes

Plastic and Paper Products  
Delivery · Set-up · On-site Staff

**\$30.00 Per Person**  
Payment Deadline is June 17<sup>th</sup>  
RASCAL PO Box 18, Livermore 94551

Occasional Services  
Peggy and Rick Lamb  
pegglamb@sbcglobal.net

For those retirees that prefer a vegetarian meal, we can accommodate you. But you will have to let us know when you sign up. Just specify Vegetarian on your check or let Roger know with an email to [roger.everett@sbcglobal.net](mailto:roger.everett@sbcglobal.net) and specify your preference.

## *Staying Fit*

*By Noel Baggett*

### THE BACK STORY

I was an overweight, uncoordinated, short-of-breath person in high school. I had nobody at home to teach me anything athletic. My nickname was "the brain". When I went off to college I decided to become athletic and started working out and running. I vowed to run a mile in less than 6 minutes. It took me a year and a half to do it. I found out later that I had a genetic anemia (thalassemia) and that is why running was so difficult for me. I first got a personal trainer when I was 64. He said he had never seen an older person in the shape I was in and encouraged me to compete in senior fitness events. I had been competing in long-distance running and freestyle wrestling (competing in both in the 2006 Gay Games). From age 18 to the present time I have been consistently working out and running.

### TODAY

Up to age 67 I could work out or run or wrestle 7 days a week. Now it is strictly workouts and some running 3 or 4 days a week. My body needs more recovery time. I mainly work out with a younger group supervised by a personal trainer. I compete in senior fitness events, but can't do much planning since the event mix seems to differ from competition to competition. I've competed in the following events: push-ups, pull-ups, rope climb, dead-lifts, standing long jump, Farmer's Walk (carrying 150 lbs, i.e. more than I weigh), planks, bar dips, and a number of other events. My results in the

past few years have been a 7 minute plank and a 6'1" standing long jump (I'm 5'7"). Since age 18 I have restricted my average daily calorie count. It is currently at 2200 calories/day. I eat 10-12 servings of fruits and vegetables every day and restrict salt, sugar, and fat. I hate to cook, but do the best I can. I do 2 sessions a month with a personal trainer where we concentrate on exercise form and some aging areas. Currently I'm focusing on balance and explosive power. In the past year I have gotten a certification in Kinesiology at Mira Costa College in Oceanside (I was the oldest graduate) and also have become a certified personal trainer and a certified health coach. I did an internship at the Healthy Adventures Foundation in San Diego as part of the coursework.

### *Thank You*

**We want to thank all of you who have contributed articles and photos on your vacation, hobbies, moves to new locations, and other informative subjects. We really need your excellent contributions to the Newsletter. Keep them coming!**

The late Walter Bauer wrote the following article for the April 2003 Newsletter. We thought that the information was useful and might be of interest to our current readers.

### *A Primer on Medical Imaging*

*By Walter Bauer*

*Reviewed by Stephanie Ball, M.D.*

Several of my retiree friends have asked me to write this article based on my personal experiences in bicycle accidents and cancer. In addition, I am a physicist and taught a class at UCLA on the interaction of radiation with matter giving me a good technical background for the techniques.

Almost every one of us, as we progress in age and interact with the medical community find ourselves exposed to medical imaging. There have been incredible advances in the field of imaging that enable physicians to accurately assess almost every ailment.

What are these different techniques and on what physical principles are they based? We shall look at X-rays, CAT (or CT) scans, MRI, PET scans and ultrasound. Other more specialized techniques such as the use of radioactive isotopes in nuclear medicine and fluoroscopy will not be covered.

A useful reference for those interested in more detail and history is in a book entitled "Naked to the Bone" by Bettyann Holtzmann Kevles published by Addison Wesley, 1998. The Internet also provides a wealth of information.

#### **X-Rays**

Almost every one of us has been exposed to a simple chest X-ray or dental X-rays. The idea here is to have a source of X-rays, usually a high voltage tube that shoots electrons into a target and produces X-rays. These are

generally well collimated and then strike the part of the body that is to be imaged and a film is placed in the other side. The X-rays are preferentially absorbed by higher density material such as bones. So the film images quite accurately bone structure and other high-density features. Its great advantage is its low cost and speed and it is frequently used for broken bones, chest X-rays, and specialized uses such as cancer, mammography, and dentistry.

#### **CAT Scans**

CAT stands for computerized axial tomography. This is also an X-ray procedure and combines a series of images with the aid of a computer to generate cross sectional views. These can be presented as threedimensional images of internal organs and structures. The equipment consists of a large donut shaped machine that takes images at many different angles as the body slides through the axis of the donut. And each picture is seen as a slice of the body as it is recorded. Occasionally contrast material is used to enhance different parts of the body that are of particular interest to the physician. CAT scans although they take longer than X-rays are still quite fast. They cost more than X-rays, but they are in general use everywhere.

#### **MRI**

MRI stands for magnetic resonance imaging. The MRI machine is considerably larger than the CAT scanner but has a horizontal tube through the magnet. Many of you will never forget your first experience if you had an older MRI machine with a small bore as compared with the newer and open MRI. They are easier on folks with claustrophobia but do not have the best resolution. MRI provides

an extraordinary level of detail compared to other imaging techniques. It is based on a measurement of the hydrogen density in the body; hence it can highlight soft tissue such as ligaments and organs in great detail. MRI machines are quite expensive and the procedure takes considerable time. Hence, it is also more expensive than CAT scans.

### **PET Scans**

PET stands for positron emission tomography. It is a relatively new technique and is now coming into general use. Almost every hospital either has one or has services available from a portable trailer. Its greatest single value is that it assesses metabolic function in real time using a variety of radioactive elements that emit positrons. PET scans are primarily used with a certain class of cancers and brain disorders. The device is similar to a CAT scan donut and has

a ring of detectors that can accurately locate the particular metabolic active tumor of interest. A very new and modern add-on is the use of a simultaneous CAT scan. Your author had the pleasure of undergoing the lengthy procedure with negative results. The PET and associated cyclotron (to make short lived radio isotopes) are very expensive; hence, the procedure is costly and used for special situations.

### **Ultrasound**

Ultrasound uses sound waves generated by a small source and a microphone to pick up the reflected sound. The devices are generally quite small, portable and used by physicians in their offices as well as in hospitals. They provide low cost real time imaging and generally used for a variety of applications.



We're sure you have noticed at least two things concerning the current issue of the RASCAL Register.

First, it is a bit short. Can you imagine why? Yup, you guessed it, we have tried and tried, but just can't seem to get ENOUGH of the retirees to provide any information to publish. Over the years, many of you have written nice articles and we are all eternally grateful. Without your input there can not be a newsletter. We have pleaded, coerced, and threatened previously and see no reason to do it again.

Another large handicap we now have that was not a hindrance earlier: Sandia no longer supplies any information about RASCALs to retirees. Therefore, there is no clear way to announce our existence. Resulting in a small to smaller possibility for growth.

Second, the price of the Luncheon has increased. We have investigated different venues and whatever means we could think of to keep the costs down. The winery is a nice setting and our present Caterer is very, very reasonable with excellent gastronomical delights, I.E. The food is really good.

*For Information and to Contact  
Sandia Health, Benefits, and  
Employee Services (HBE):*

HBE Customer Service Phone:  
(800) 417-2634, ext. 844-4237 or 505-844-  
HBES(4237)

HBE Customer Service Web Site:  
<http://hbe.sandia.gov>

OneExchange:  
1-888-598-7809  
<https://medicare.oneexchange.com/sandia>

**Recent Deaths:**

<u>Name</u>	<u>Date</u>
Robert Bradshaw	11-20-16
Ron Allen	02-18-17
Christine Andreski	02-25-17
Tadao "Tabo" Hisaoka	04-01-17

**RASCAL Board Members:**

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