

# Aching back? It could be caused by daily stress

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Back pain is one of the most common health issues in the United States, affecting millions of people each year.

In fact, up to 80% of adults will experience low back pain at some point in their lives. About one in four adults in the U.S. experience low back pain, while approximately 14% of adults suffer from neck pain. These conditions are not only widespread but also persistent — nearly 14% of Americans report back pain lasting two weeks or more each year.

The impact of back pain goes beyond personal discomfort. It's one of the top reasons people visit their doctors and the second most common cause of hospitalization. Every year, about 30 million Americans seek professional care for a spine-related issue, highlighting just how significant this problem is.

While many may be quick to rush to their doctor to get treatment, the cause of back pain may not be something your general physician can handle. It may be time to call your therapist.

Stress is a proven cause of back pain. Studies have shown that the many physical manifestations of stress can cause a long list of health struggles. Let's discover common signs of stress-related back pain and how you might learn to manage both your stress and your back health.

### Physical signs of stress

Stress can affect the body in many ways, and it's a common contributor to back pain. Here are some of the ways stress may show up physically:

- Poor posture: Stress often leads to slouched shoulders and shallow breathing, which can strain the upper and middle back.
- Muscle tension: Tight, stiff muscles—especially in the back—can develop as your body responds to stress.
- Reduced blood flow: Constricted blood vessels during stress can limit circulation to your back muscles, contributing to pain or fatigue.
- Inflammation: Ongoing stress may trigger inflammation throughout the body, including in the spine.
- Increased pain sensitivity: Stress can heighten your nervous system's response to pain, making discomfort feel more intense.

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# Learn the basics of insurance policies

By Brad Briner  
FOR THE CHARLOTTE POST

I have a confession to make.

Last month, I took a financial literacy quiz that is used for high school competitions in North Carolina.

And I did not get a perfect score... probably not a good thing to admit if you are state treasurer.

In my defense though, the competitors don't get perfect scores either, and the question I missed was about insurance. In my view, insurance is easily the most complicated financial literacy topic out there. In many cases, it's like learning a foreign language... deductibles, co-insurance, co-payments, actuarial values and on and on. It can feel like the complexity is designed to confuse...

So, we thought we would take a stab at insurance this month. While there are literally thousands of types of insurance out there (a personal favorite: Oklahoma requires commercial turtle catchers to buy insurance... I didn't know there was such a profession), the basic building blocks of insurance are what are important for you and me.

There are really two things that are meant by insurance today, and it's important to distinguish between them. The first definition is the historic definition - a way to share catastrophic risk so that it doesn't ruin your life if it occurs. Think about how terrible it would be for your house to burn down. That's a risk that few people can handle on their

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### «RIDES

# Mazda CX-5 is in transition for 2026, but the 2025 turbo model is a fine machine

By Winfred Cross  
FOR THE CHARLOTTE POST

Mazda's CX-5 has been around since 2017.

It will be totally redesigned for 2026 but don't sleep on the 2025 model, especially the turbo edition. It has plenty of power and, like most Mazdas, is a blast to drive.

So, let's talk about the so-called bad stuff first. This thing has been around since the last decade. Generally, that means it may lack some of the latest tech newer cars have. Also, lots of improvements have been made to engine performance, fuel economy and ride quality that could be part of the CX-5's re-do.

The CX-5's biggest prob-

lem is space. The rear seat and cargo area are a bit tight for this day and age. The new version is said to be larger.

That aside, the CX-5 remains Mazda's best-selling vehicle. It has flaws, but the goodness is enough to keep its warts hidden. All Mazdas drive well and the CX-5 may be the best driver, especially with the turbo engine.

Forget about the standard 2.5 naturally aspirated engine. It's good but doesn't have the snarl of the turbo. Splurge on premium gas and the turbo will put out 256 horsepower with 320 pounds feet of torque. You can use regular gas and get 29

fewer horses, and torque is reduced by 10 pounds-feet.

Whatever fuel you choose, you will have enough power to negotiate traffic without a problem. The CX-5 is an absolute delight to drive. The turbo spools up power quickly with little lag. It shaves more than a second off the 0-60 miles per hour time of the naturally aspirated engine. The six-speed transmission can be shifted like a manual. By doing so you can squeeze every bit of the car's performance out to great satisfaction. Take the CX-5 through traffic and then only thing to stop you is traffic buildup. The CX-5 just feels light and



JOSHUA KARTARGES | UNSPLASH

Grilling hamburgers and hotdogs are a staple of high school football games, but some campuses go above and beyond the usual fare with unique menu offerings inside stadiums as well as food trucks.

# Friday night delights: A menu of gridiron classics

*High school football's hungry work. We sample the best eating*

By Cameron Williams  
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Concessions are a staple of high school football.

It doesn't matter if you eat before games or plan to afterward, the smell of burgers meandering through the stands can easily overcome a fan, even of the strongest will.

As a reporter who covers high school football, mostly in Charlotte, but other counties, I have had the opportunity to sample a lot of different schools' concession offerings, and a few media spreads as well.

There are a few that stand out. **West Charlotte fried wings and fish** At West Charlotte High School, the Lions serve up piping hot fried chicken wings — with Louisiana

hot sauce and ranch dressing. Also, fried fish served with white bread, hot sauce and tartar sauce.

Not only is this unique for high school concessions, but the Lions also have food trucks as well. It's becoming a bit more common, but the type of food truck at West Charlotte on game nights is all too good. Endless Soul Food and Catering, which parks in front of the stadium gates, serves their entire menu.

My personal favorite is the croaker plate, a whole piece of fried crispy fish on two pieces of white bread served with two sides. I'd say go for the mac and cheese

and fried okra. Get a little hot sauce and you are good to go. Watch out for bones in the fish, but the taste is out of this world good.

If you aren't in the mood for fish, the food truck also fries up chicken wings. Again, served with hot sauce and ranch. Or, if you are really hungry, they even have the chicken and fish combo. It's more than one person should consume, but they give you a bag anyway. What you don't eat, box it and take it home.

### Myers Park pretzels in a bag

It sounds odd, I know. But, once at a Myers Park High game as half-time neared, I scanned the concession options: run of the mill chicken sandwiches, burgers, Please see **FRIDAY** | 2B



Williams

# An age-old fear: 'I'm going to die alone'

By Judith Graham  
KFF HEALTH NEWS

This summer, at dinner with her best friend, Jacki Barden raised an uncomfortable topic: the possibility that she might die alone.

"I have no children, no husband, no siblings," Barden remembered saying. "Who's going to hold my hand while I die?"

Barden, 75, never had children. She's lived on her own in western Massachusetts since her husband passed away in 2003. "You hit a point in your life when you're not climbing up anymore, you're climbing down," she told me. "You start thinking about what it's going to be like at the end."

It's something that many older adults who live alone — a growing population, more than 16 million strong in 2023 — wonder about. Many have family and friends they can turn to. But some have no spouse or children, have relatives who live far away, or are estranged from remaining family members. Others have lost dear



ZENDA | KFF HEALTH NEWS

friends they once depended on to advanced age and illness.

More than 15 million people 55 or older don't have a spouse or biological children; nearly 2 million have no family members at all.

Still other older adults have become isolated due to sickness, frailty, or dis-

ability. Between 20% and 25% of older adults, who do not live in nursing homes, aren't in regular contact with other people. And research shows that isolation becomes even more common as death draws near.

Who will be there for these solo agers as their lives draw to a close? How

many of them will die without people they know and care for by their side?

Unfortunately, we have no idea: National surveys don't capture information about who's with older adults when they die. But dying alone is a growing concern as more seniors age on their own after wid-

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MAZDA

Mazda's CX-5 is transitioning to a new model next year, but the 2025 version is a blast to drive.

precise. You can zip find exit ramps quickly or through traffic with ease, simply pass the slowpokes.

The CX-5's four-wheel in-

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# Friday night delights: Menu of gridiron fare

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chips, nachos, etc. But, as I got my chicken sandwich and Diet Coke, I saw two big words: “SOFT PRETZELS.”  
I thought to myself, “Hmm, a soft pretzel would be a nice little pairing for my sandwich.” So, I asked the lady to add it to the order. Like when ordering a pretzel at a professional sports event, I am expecting it to come out on a plate or wrapped in wax paper with salt coming off the side.  
I was mistaken.  
The lady came back and asked, “salted or cinnamon sugar?” I had a bit of a sweet tooth that evening and so I went with the cinnamon sugar.  
To my surprise, I got a big soft pretzel wrapped in a pre-packaged plastic bag, for lack of a better term. On the front it read, “cinnamon sugar.” I thought briefly to myself, “I just paid \$7 for this?” Once I got back to the press box, it was all worth it. It was warm to where the sugar formed a glaze on the entire pretzel. It was a very odd, yet good experience.  
**Lincolnton media spread**  
I enjoy covering Charlotte-Mecklen-

burg schools, but you best believe you won’t be eating for free as a member of the media. I don’t expect it and I don’t think anyone should, but there are schools in surrounding counties that provide better food for media than the professional teams in Charlotte.  
A few years back I went to a Lincolnton-South Point game and brought a turkey sandwich to eat assuming wouldn’t be provided. Well, the stares I got when I brought out my sandwich was quite cold. It was as if the folks at Lincolnton were insulted.  
The public address announcer came up to me and said — and I’m paraphrasing — “Son, we have all that food in the back for media and press box workers. go get you a plate.”  
Ha! One plate wouldn’t fit all the options that they had. Moving from left to right across the long table where the food was spread out there was chicken fingers and wings, seasoned fries, pulled pork, brisket, potatoes and cole slaw, and banana pudding.  
I thought to myself, “If it wasn’t a hike up here, I’d write about Lincolnton every time they were at home.”

# Back aching? Determine if it’s linked to stress and manage pain

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We all experience moments of stress throughout our lives, but if stress happens regularly or is non-stop, it will take its toll on your health, both physically and mentally.  
**Identify stress-induced pain**  
If you’re trying to understand whether your back pain might be caused by stress or a physical issue, asking yourself the right questions can help clarify the likely source. Here are some questions to consider:  
Possible signs of stress-induced back pain:  
• Has my back pain started or gotten worse during a particularly stressful time, like a tough period at work or personal challenges?  
• Do I notice the pain tends to flare up when I’m feeling anxious, overwhelmed, or emotionally drained?  
• Does the pain ease with relaxation techniques like deep breathing, stretching, or taking a warm bath?  
• Am I holding tension in my shoulders, neck, or jaw throughout the day?  
• Am I experiencing other signs of chronic stress, such as headaches, fatigue, digestive issues, or trouble sleeping?  
Possible signs of physically induced back pain:  
• Did the pain begin after a specific movement, physical activity, or injury?  
• Is the pain constant or getting worse regardless of how stressed I feel?  
• Is the pain sharp, shooting, or radiating into my legs, hips, or arms?  
• Do I have numbness, tingling, or weakness in any part of my body?  
• Have I had a recent illness, infection, or unexplained weight loss?  
• Does the pain improve significantly with rest, physical therapy, or specific

medical treatments?  
Your answers can help you identify patterns and determine whether stress management techniques, lifestyle changes, or a medical evaluation might be the most effective next step.  
**Stress management techniques**  
If you know that you experience stress regularly, there are some lifestyle changes you can choose to make that will help you better manage and eliminate stress.  
One of the simplest and most effective ways to reduce stress is to make time for daily movement. Gentle stretching, walking, yoga, or low-impact exercises can help release muscle tension and improve circulation. Even a few minutes a day of physical activity can support both your mental well-being and your back health.  
Breathing exercises and mindfulness practices are also powerful tools. Slow, deep breathing can help calm the nervous system and lower the body’s stress response, which may reduce muscle tightness and discomfort.  
Meditation, even in short sessions, can train your mind to respond to stress more calmly. Apps and guided recordings can be a great way to get started, especially if you’re new to the practice.  
Lastly, don’t underestimate the importance of good sleep and healthy boundaries. When you’re well-rested, your body is better equipped to heal and handle daily stressors.  
Establish a consistent sleep routine and limit screen time before bedtime. Throughout the day, try to build in breaks, set limits on overcommitting, and make space for things you enjoy. Managing stress isn’t about eliminating it completely—it’s about giving your body and mind enough support to cope more comfortably.

# Take time to understand basics and benefits of insurance policy

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own, and one that is fortunately unlikely to occur.  
But the modern definition of insurance – primarily in health insurance – is often just a way to prepay relatively routine expenditures. There are, of course, elements of catastrophic coverage in health care, but most of the expenditures are predictable and consistent (think prescription drugs).  
It’s important to distinguish these concepts as you think about insurance. In my view, protecting yourself from a catastrophe is a must, and pre-paying for routine expenses requires some study each time.  
Part of that study is understanding the basics of how the insurance company works. The basic recipe for insurance companies is to collect premiums, hold them for some time to make investment returns off the pre-

miums, and pay claims later. Insurance companies make money in two ways – underwriting profits and investment profits.  
Underwriting profits are what’s left over after the company pays expenses and claims out of the premiums received. And investment profits are what they make while they hold the money in the period between receiving the premiums and paying out claims and expenses.  
Many insurance companies don’t make much, if any, underwriting profits. Between their claims and their costs to administer, they spend as much as they take in from premiums.  
In many lines of insurance, particularly in health care, there are strict limitations on underwriting profits, so it is most often the case that insurance companies are encouraged to pay claims appropriately. But you



MELINDA MYERS  
Butterfly weed (Asclepias tuberosa) has red, orange, or yellow flowers and can be late to emerge in spring.

# Mark the location of late emerging perennials

By Melinda Myers  
FOR THE CHARLOTTE POST  
As you prepare your gardens for winter, consider marking the location of late emerging perennials to avoid accidentally weeding them out next spring.  
Use bulbs, commercial or DIY plant labels, stones or simply leave their stems intact to help guide your cleanup efforts next spring.  
These late emerging perennials may have you worried they died overwinter. Lingering winter weather and cooler than normal spring temperatures can further delay their appearance. Be patient and know this adaptation allows them to avoid damage from late spring frosts as they wait for the soil to warm and begin growing.  
Hardy hibiscus, balloon flower (Platycodon), leadwort (Ceratostigma), Crocosmia, Red-hot poker (Kniphofia), whirling butterflies (Gaura lindheimeri), Butterfly bush (Buddleia), Russian sage (Perovskia atriplicifolia), and blue spirea (Caryopteris x clandonensis) are a few you may have growing in your garden.  
Many native plants like butterfly weed (Asclepias tuberosa), swamp milkweed (Asclepias incarnata), black-eyed Susan (Rudbeckia), Culver’s root (Veronicastrum), Indian pink (Spigelia marilandica), Joe-pye weed (Eutrochium spp. formerly Eupatorium), asters, liatris, and goldenrods can also be late to emerge. It’s easy to accidentally weed these out during spring clean-up.  
These plants are worth the wait since they add extra color to our mid and late season gardens. They extend the beauty, pollinator appeal and food source for many insects, and songbirds visiting your gardens.  
Try leaving the stems or a portion of the stems of these plants intact until the new growth emerges. Unfortunately, many of us have accidentally removed these, too.  
Plant tags will identify the plant and

mark their location but can be unsightly. Try placing a colorful dowel rod, golf tee or short bamboo stake at the base of these plants. Number each and mark them on your garden plans to help track the plant’s identity.  
Stones or shells, where they are abundant, can be placed next to or surrounding these plants to mark the location. These tend to stay put and may be less obtrusive than plant tags. Just be sure to alert anyone helping in the garden of their purpose and that they need to stay put.  
Or mark their spot with bulbs. Plant spring flowering bulbs like daffodils, hyacinths and alliums next to these plants to extend your garden’s bloom time and help prevent damage to the perennial plants.  
Avoid tulips, crocus and other bulbs that animals love. Squirrels, chipmunks, rabbits and deer may move or eat your marker.  
Consider using a mix of early, mid and late spring flowering bulbs to further extend the color in your garden. Or skirt these late emerging plants with early spring blooming perennials like woodland and creeping phlox, candytuft or rockcress. You’ll enjoy the added color as you wait for the other plants to make their appearance later in the spring.  
When spring arrives, exercise patience as you wait for the return of beautiful, late emerging perennials.  
*Melinda Myers has written more than 20 gardening books, including the Midwest Gardener’s Handbook, 2nd Edition and Small Space Gardening. She hosts The Great Courses “How to Grow Anything” streaming courses and the nationally syndicated Melinda’s Garden Moment radio program. Myers is a columnist and contributing editor for Birds & Blooms magazine and her website is www.MelindaMyers.com.*

# States jostle over \$50B rural health fund as federal Medicaid cuts trigger scramble

By Sarah Jane Tribble  
KFF HEALTH NEWS

WASHINGTON — Nationwide, states are racing to win their share of a new \$50 billion rural health fund. But helping rural hospitals, as originally envisioned, is quickly becoming a quaint idea.  
Rather, states should submit applications that “rebuild and reshape” how health care is delivered in rural communities, Centers for Medicare & Medicaid Services official Abe Sutton said late last month during a daylong meeting at Washington, D.C.’s Watergate Hotel. Simply changing the way government pays hospitals has been tried and has failed, Sutton told the audience of more than 40 governors’ office staffers and state health agency leaders — some from as far away as Hawaii.  
“This isn’t a backfill of operating budgets,” said Sutton, CMS’ innovation di-



HEALTH POLICY FUTURES LAB  
Abe Sutton, director of the Centers for Medicare & Medicaid Services Innovation Center, speaks to state officials and corporate sponsors at the Rural Health Transformation Planning Summit in Washington, D.C., in late September.

rector. “We’ve been really clear on that.”  
Rural hospitals and clinics nationwide face a looming financial catastrophe, with President Donald Trump’s massive tax-and-spending law expected to slash federal Medicaid spending on health care in rural areas by \$137 billion over 10 years. Congressional Republicans added the one-time, five-year Rural Health Transformation Program as a last-minute sweetener to win the support of conservative holdouts who worried  
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# An age-old fear: ‘I’m going to die alone’

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owhood or divorce, or remain single or childless, according to demographers, medical researchers, and physicians who care for older people. “We’ve always seen patients who were essentially by themselves when they transition into end-of-life care,” said Jairon Johnson, the medical director of hospice and palliative care for Presbyterian Healthcare Services, the largest health care system in New Mexico. “But they weren’t as common as they are now.”

Attention to the potentially fraught consequences of dying alone surged during the covid-19 pandemic, when families were shut out of hospitals and nursing homes as older relatives passed away. But it’s largely fallen off the radar since then.

For many people, including health care practitioners, the prospect provokes a feeling of abandonment. “I can’t imagine what it’s like, on top of a terminal illness, to think I’m dying and I have no one,” said Sarah Cross, an assistant professor of palliative medicine at Emory University School of Medicine.

Cross’ research shows that more people die at home now than in any other setting. While hundreds of hospitals have “No One Dies Alone” programs, which match volunteers with people in their final days, similar services aren’t generally available for people at home.

Alison Butler, 65, is an end-of-life doula who lives and works in the Washington, D.C., area. She helps people and those close to them navigate the dying process. She also has lived alone for 20 years. In a lengthy conversation, Butler admitted that being alone at life’s end seems like a form of rejection. She choked back tears as she spoke about possibly feeling her life “doesn’t and didn’t matter deeply” to anyone.

Without reliable people around to assist terminally ill adults, there’s also an elevated risk of self-neglect and deteriorating well-being. Most seniors don’t have enough money to pay for assisted living or help at home if they lose the ability to shop, bathe, dress, or move around the house.

Nearly \$1 trillion in cuts to Medicaid planned under President Donald Trump’s tax and spending law, previously known as the “One Big Beautiful Bill Act,” probably will compound difficulties accessing adequate care, economists and policy experts predict.

Medicare, the government’s health insurance program for seniors, generally doesn’t pay for home-based services; Medicaid is the primary source of this kind of help for people who don’t have financial resources. But states may be forced to eviscerate Medicaid home-based care programs as federal funding diminishes.

“I’m really scared about what’s going to happen,” said Bree Johnston, a geriatrician and the director of palliative care at Skagit Regional Health in northwestern Washington state. She predicted that more terminally ill seniors who live alone will end up dying in hospitals, rather than in their homes, because they’ll lack essential services.

“Hospitals are often not the most humane place to die,” Johnston said.

While hospice care is an alternative paid for by Medicare, it too often falls short for terminally ill older adults who are alone. (Hospice serves people whose life expectancy is six months or less.) For one thing, hospice is underused: Fewer than half of older adults under age 85 take advantage of hospice services.

Also, “many people think, wrongly,

that hospice agencies are going to provide person power on the ground and help with all those functional problems that come up for people at the end of life,” said Ashwin Kotwal, an associate professor of medicine in the division of geriatrics at the University of California-San Francisco School of Medicine.

Instead, agencies usually provide only intermittent care and rely heavily on family caregivers to offer needed assistance with activities such as bathing and eating. Some hospices won’t even accept people who don’t have caregivers, Kotwal noted.

That leaves hospitals. If seniors are lucid, staffers can talk to them about their priorities and walk them through medical decisions that lie ahead, said Paul DeSandre, the chief of palliative and supportive care at Grady Health System in Atlanta.

If they’re delirious or unconscious, which is often the case, staffers normally try to identify someone who can discuss what this senior might have wanted at the end of life and possibly serve as a surrogate decision-maker. Most states have laws specifying default surrogates, usually family members, for people who haven’t named decision-makers in advance.

If all efforts fail, the hospital will go to court to petition for guardianship, and the patient will become a ward of the state, which will assume legal oversight of end-of-life decision-making.

In extreme cases, when no one comes forward, someone who has died alone may be classified as “unclaimed” and buried in a common grave. This, too, is an increasingly common occurrence, according to “The Unclaimed: Abandonment and Hope in the City of Angels,” a book about this phenomenon, published last year.

Shoshana Ungerleider, a physician, founded End Well, an organization committed to improving end-of-life experiences. She suggested people make concerted efforts to identify seniors who live alone and are seriously ill early and provide them with expanded support. Stay in touch with them regularly through calls, video, or text messages, she said.

And don’t assume all older adults have the same priorities for end-of-life care. They don’t.

Barden, the widow in Massachusetts, for instance, has focused on preparing in advance: All her financial and legal arrangements are in order and funeral arrangements are made.

“I’ve been very blessed in life: We have to look back on what we have to be grateful for and not dwell on the bad part,” she told me. As for imagining her life’s end, she said, “it’s going to be what it is. We have no control over any of that stuff. I guess I’d like someone with me, but I don’t know how it’s going to work out.”

Some people want to die as they’ve lived — on their own. Among them is 80-year-old Elva Roy, founder of Age-Friendly Arlington, Texas, who has lived alone for 30 years after two divorces.

When I reached out, she told me she’d thought long and hard about dying alone and is toying with the idea of medically assisted death, perhaps in Switzerland, if she becomes terminally ill. It’s one way to retain a sense of control and independence that’s sustained her as a solo ager.

“You know, I don’t want somebody by my side if I’m emaciated or frail or sickly,” Roy said. “I would not feel comforted by someone being there holding my hand or wiping my brow or watching me suffer. I’m really OK with dying by myself.”

# States jostle over a piece of \$50B rural health fund

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about the bill’s financial fallout for rural hospitals.

Yet, the words used by CMS Administrator Mehmet Oz and his agency’s leaders to describe the new pot of cash are generating tension between legacy hospital and clinic providers and new technology-focused companies stepping in to offer new ways to deliver health care.

It’s “what I would call incumbents versus insurgents in the rural space,” said Kody Kinsley, a senior policy adviser at the Institute for Policy Solutions at the Johns Hopkins School of Nursing.

Applications are due Nov. 5. The money will be awarded to states by the end of the year and distributed over five years.

Half of the \$50 billion will be divided equally among all states with an approved application; the other half will go to states that win points. Of the second half, \$12.5 billion will be allotted based on a formula that calculates each state’s rurality. The remaining \$12.5 billion will go to states that score well on initiatives and policies that mirror the Trump administration’s “Make America Healthy Again” objectives.

The application identifies specific policy goals such as implementing the Presidential Fitness Test and restrictions to food assistance, as well as broader investment strategies around remote care services, data infrastructure, and consumer-facing technology tools, which CMS identified as “symptom checkers and AI chatbots.”

In September, after CMS officials released the appli-

cation, Republican members of Congress from states with Democratic governors called for fairness, concerned their states might direct the money to urban areas. In a letter to Oz and Health and Human Services Secretary Robert F. Kennedy Jr., they said the money “will serve as a lifeline for rural and at-risk hospitals in our communities that are already struggling to keep their doors open.”

Smaller hospitals fear they will get “a tiny little slice” of each state’s share, said Emily Felder, who leads the health care practice at Brownstein Hyatt Farber Schreck, a law firm whose clients include rural hospital systems.

“There’s a lot of frustration,” Felder said.

But Kinsley, who was previously North Carolina’s secretary of health and human services, said using this money only to shore up a balance sheet “is really just throwing good money after bad.” In contrast, he said, insurgents such as technology-driven startups can offer new strategies.

One of those companies vying for funding is Homeward Health, a Silicon Valley-based company that contracts with Medicare managed care insurers. Using artificial intelligence analytics, Homeward helps patients get care in their home and with local providers.

The company manages the health of 100,000 rural Michigan patients enrolled in insurance, said Homeward co-founder and chief executive Jennifer Schneider. The company was a sponsor for the Wategate summit. It also has ongoing meetings with Oz

and his team, Schneider said.

“They’re doing their job, and they’re talking to a lot of people in the ecosystem and really eager to learn from those of us that have been in the system,” Schneider said. “We’re one of many in that position.”

KFF Health News requested an interview with Alina Czekai, director of the newly created Office of Rural Health Transformation. CMS spokesperson Alexx Pons said the agency was “unable to accommodate facilitation of any interview.”

Instead, CMS provided an emailed statement from Oz saying the program “will help states and communities reimagine what’s possible for rural healthcare.”

Brock Slabach, chief operations officer of the National Rural Health Association, the largest organization representing rural hospitals and clinics, said the money would best be used to help pay for transformation that isn’t “sexy” or “revolutionary.”

“If what we end up with is we have a wearable for every rural patient, I don’t think that’s transformational,” Slabach said, referring to digital health monitors such as fitness-tracking watches.

Slabach, a one-time small-hospital chief executive and an unofficial adviser to hundreds of rural facilities nationwide, named a few ideas for the money — including paying for capital improvements such as electronic health records or equipment, loan repayment programs to aid workforce development, and creating “SWAT” teams that rescue rural hospitals on the brink of closure.

# Mazda CX-5 in transition for 2026, but the 2025 turbo model is a fine machine

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dependent suspension helps keep the car planted during vigorous driving. This thing corners extremely well with little body roll. Find a stretch of twisty road and the CX-5 rewards you. Look for a piece of clear pavement and just hit the gas. The CX-5 accelerates briskly and the car tracks straight as an arrow.

The CX-5’s ride is surprisingly smooth. It takes very large bumps to upset the excellent suspension. Small road imperfections don’t faze the car at all. Noise levels are pretty low from the road, wind and tires, so you get to enjoy the Bose stereo system all the more.

I’ve not seen the new CX-5, but I’m sure it will be much improved. This is going to be a boon for anyone looking to buy one this fall. If you don’t like the price increase or the new look, you should be able to get a great deal on a 2025 model. Yes, it has problems, but they do not hurt the car’s goodness.

The CX-5 is available in a plethora of trims. I’d select one with the turbo. My car

was a turbo premium, which is one step below the top dog Signature. You get a lot of standard stuff such as the turbo engine and AWD.

Other features include leather interior, Bose audio system with 10 speakers and a subwoofer, Apple CarPlay and Android Audio, heated mirrors, keyless entry, glass moonroof, adaptive cruise control, power steering, heated steering wheel, rear air ducts, wireless charging, satellite radio four-wheel ABS, blind spot and lane departure warnings, stability control, traction control and daytime running lights.

Turbo Premium trim starts at \$38,000.

Pros:

- Excellent handling
- Powerful engine
- Smooth ride quality
- Good fuel economy
- Smooth transmission

Cons:

- Limited cargo space
- Tight interior
- A bit long in the tooth



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**Jessica Merary Martinez Sorto -v- Jose Efrain Escalante Martinez**  
**To: Jose Efrain Escalante Martinez**

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**H. Esteban, Attorney at Law**  
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Science finally pays attention to music’s healing power

By Christina Larson  
THE ASSOCIATED PRESS

Nurse Rod Salaysay works with all kinds of instruments in the hospital: a thermometer, a stethoscope and sometimes his guitar and ukulele.

In the recovery unit of UC San Diego Health, Salaysay helps patients manage pain after surgery. Along with medications, he offers tunes on request and sometimes sings. His repertoire ranges from folk songs in English and Spanish to Minuet in G Major and movie favorites like “Somewhere Over the Rainbow.”

Patients often smile or nod along. Salaysay even sees changes in their vital signs like lower heart rate and blood pressure, and some may request fewer painkillers.

“There’s often a cycle of worry, pain, anxiety in a hospital,” he said, “but you can help break that cycle with music.”

Salaysay is a one-man band, but he’s not alone. Over the past two decades, live performances and recorded music have flowed into hospitals and doctors’ offices as research grows on how songs can help ease pain.

Scientists explore how music affects perception

The healing power of song may sound intuitive given music’s deep roots in human culture. But the science of whether and how music dulls acute and chronic pain — technically called music-induced analgesia — is just catching up.

No one suggests that a catchy song can fully eliminate serious pain. But several recent studies, including in the journals Pain and Scientific Reports, have suggested that listening to music can either reduce the perception of pain or enhance a person’s ability to tolerate it.

What seems to matter most is that patients — or their families — choose the music selections themselves and listen intently, not just as background noise.

How music can affect pain levels

“Pain is a really complex experience,” said Adam Hanley, a psychologist at Florida State University. “It’s created by a physical sensation, and by our thoughts about that sensation and emotional reaction to it.”

Two people with the same condition or injury may feel vastly different levels of acute or chronic pain. Or the same person might experience pain differently from one day to the next.

Acute pain is felt when pain receptors in a specific part of the body — like a hand touching a hot stove — send signals to the brain, which processes the short-term pain. Chronic pain usually involves long-term structural or other changes to the brain, which heighten overall sensitivity to pain signals. Researchers are still investigating how this occurs.

“Pain is interpreted and translated by the brain,” which may ratchet the signal up or down, said Dr. Gilbert Chandler, a specialist in chronic spinal pain at the Tallahassee Orthopedic Clinic.

Researchers know music can draw attention away from pain, lessening the sensation. But studies also suggest that listening to preferred music helps dull pain more than listening to podcasts.

“Music is a distractor. It draws your focus away from the pain. But it’s doing more than that,” said Caroline Palmer, a psychologist at McGill University who studies music and pain.

Scientists are still tracing the various neural pathways at work, said Palmer.

“We know that almost all of the brain becomes active when we engage in music,” said Kate Richards Geller, a registered music therapist in Los Angeles. “That changes the perception and experience of pain — and the isolation and anxiety of pain.”

Music genres and active listening

The idea of using recorded music to lessen pain associated with dental surgery began in the late 19th century before local anesthetics were available. Today researchers are studying what conditions make music most effective.

Researchers at Erasmus University Rotterdam in the Netherlands conducted a study on 548 participants to see how listening to five genres of music — classical, rock, pop, urban and electronic — extended their ability to withstand acute pain, as measured by exposure to very cold temperatures.

All music helped, but there was no single winning genre.

“The more people listened to a favorite genre, the more they could endure pain,” said co-author Dr. Emy van der Valk Bouman. “A lot of people thought that classical music would help them more. Actually, we are finding more evidence that what’s best is just the music

Please see SCIENCE | 6B



KEVIN THOMAS

Kevin Thomas of Charlotte created this hand-crafted diorama of Frederick Douglass as part of Black Xperience 365, a travel exhibit depicting major events and people in Black history.

Champion of preserving, teaching Black history

Kevin Thomas turned his passion into creation of a traveling exhibit

By Charles K. Harris  
FOR THE CHARLOTTE POST

Since late 2020, anti-Critical Race Theory measures have been enacted in cities and school systems in almost every state in the country.

Like millions of Black people who cherish their heritage, Kevin Thomas is alarmed at the growing disregard for the history of an entire race.

“I noticed a concerted effort to limit, change, or erase Black history and the stories behind it,” said Thomas, 46, of Charlotte.

A lifelong Black art and history enthusiast, Thomas spent years collecting art and artifacts related to Black history from across the world. But once he realized that there was an organized effort to extinguish that history, he decided to turn his personal passion into a tool for educating and preserving it.

“[First] I wanted to show my daughter, and children like her, that the enslaved people who built the White House are just as important as those who lived in it,” Thomas said. “I [also] realized I wanted to find a creative way to share some of my collection with others. Two years ago, that vision became a reality. I decided to make it a traveling museum.

“I traveled across the country visiting museums and historical sites that represent Black history,” he recounts. “I drew inspiration from these visits and [bought] unique art and artifacts.”

The traveling exhibit, which Thomas named Black Xperience 365, was a labor of love. Outside of literally creating parts of the exhibit with his own hands, Thomas poured personal time, resources and energy into bringing his vision to life. One of his earliest hurdles was funding.



Kevin Thomas of Charlotte is founder of the Black Xperience 365 traveling exhibit.

“I’ve learned that people don’t invest in dreams; they invest in results,” Thomas said, adding, “I had to spend a significant amount of my money and time to develop this, but it has been the best investment I could have made.”

In addition to contributing his own finances, Thomas has created 15 meticulously researched and hand-crafted dioramas for the exhibit. The Birmingham Jail, Emmett Till’s funeral, Frederick Douglass’ parlor and a slave cabin are some of the three-dimensional recreations he created in miniature.

While funding and spare time have been hard to come by for Thomas, the passion for his project has never been in short supply.

“My love for Black history dates back to when I was 12 years old,” Thomas said. “It began with a lesson

I like to call ‘The Outhouse.’”

Thomas recalled being suspended from school for fighting and sitting on the porch with his grandfather, who he affectionately called “Bo.”

“He asked me why I had gotten into a fight, and I told him, ‘I fought because some kid was picking on my clothes, and I’m tired of being poor,’” he said. “Bo looked at me and smiled, saying, ‘You are not poor; you have a bathroom.’”

Thomas says that when he countered that his household of eight was serviced by only one bathroom, his grandfather smiled and said, “When I was your age, I used an outhouse.”

“This conversation turned into a history lesson about how far my family, and Black families like mine, have come,” Thomas said. “That was the moment my fascination with Black history began.”

That fascination was a large reason that Thomas, who was born and raised in Miami, ended up in Charlotte and Johnson C. Smith University.

“I wanted to attend a school that celebrated my passion for history,” he said. “JCSU offered me that opportunity, and I was eager to leave Miami and carve my own path.”

Thomas made Charlotte home after graduating. For the last two decades he has worked in various human resources roles, specifically in diversity, equity and inclusion. Currently, Thomas is director of DEI for the Charlotte Regional Visitors Authority.

While Black 365 Xperience has already staged successful exhibits, Thomas’ hope is that word will continue to spread, generating greater interest not just in his pet project, but Black history as a whole.

Please see CHAMPION | 6B

«MOVIE REVIEW

This ‘Frankenstein’ will leave you in the cold

By Dwight Brown  
BLACK PRESS USA

Frankenstein  
2 stars

In the end, why is such an overwhelming production an underwhelming experience?

The legend of Frankenstein dates to the 1818 book by Mary Shelley, a novel that told the story of a mad scientist, Victor Frankenstein, who built a creature from reanimated body parts. An act that forced the book’s readers to consider the ethics of such a deed and how blind ambition can make men do callous, uncaring and dehumanizing things.

Fact: the creature was never called Frankenstein; it had no name. But many to this day think that’s the case.

That’s the lure that attracted Thomas Edison’s company to produce a short film of the same name in 1910. However, most horror genre aficionados will point to the OG 1931 film “Frankenstein,” which starred Boris Karloff as the monster, and was a scary, gothic and haunting production. Since then, successors have included “Bride of Frankenstein” (1935), satires like Mel Brooks’ “Young Frankenstein” (1974) and British actor/director Kenneth Branagh’s artsy “Mary Shelley’s Frankenstein” (1994).

There’s been around 50-plus versions. So, how will a new one break



NETFLIX

Oscar Isaac in a scene from Guillermo del Toro’s version of “Frankenstein.”

away from the pack?

In Oscar-winning writer/director Guillermo del Toro’s (“The Shape of Water”) mind, the strategy is to harp on the creator/created father/son aspects of the legend. Then pour on excess amounts of artful, stagey production elements. Like dousing a small story with lots of perfume. From the first images of a snowy, freezing Arctic, bombastic music blares (Alexandre Desplat,

“The Shape of Water”), the sets, indoor and outdoor, feel gigantic (Tamara Devorell). The dazzling cinematography (Dan Lausten, “The Shape of Water”), not hiding like a fly on the wall, is so obtrusive it should command second billing.

That’s the approach. Aesthetics as a sledgehammer, not as subtle assistance. And add in incessant voiceover

Please see FRANKENSTEIN | 6B



# Champion of preserving, teaching Black history

Continued from page 5B

"It offers an opportunity for people to engage with and appreciate Black culture, art history and achievements," he said. "It serves as a platform for important discussions around race, equity and social justice that can benefit everyone in society."

Thomas also sees the exhibit as a way to counter efforts to curtail course studies about Black history in schools across the nation.

"This initiative fosters an environment for learning," he said, adding, "Promoting understanding and respect among all communities."

Besides celebrating diversity and cultural collaboration, Thomas feels that the exhibit fosters a feeling of pride and inspiration for Black people when they study the "stories of resilience and success" in the exhibit.

"Overall, Black Xperience 365 not only highlights the significance of Black history and culture but also serves as a reminder of our shared humanity and the importance of inclusivity," he said.

Although Thomas' collection of artifacts and objets d'art continues to grow, he has no plans of seeking a permanent location to house the Xperience.

"I remember when I was in high school, my art club took a field trip to a museum. I told myself that one day I would own a museum," Thomas said, "[But] I have decided to keep this a traveling exhibit, as it will allow more people to experience Black history in a personal and impactful way."

Charlotteans interested in receiving that personal impact will soon have the chance. On Dec.13, Thomas will host a Black Xperience 365 Christmas Exhibit at the James B. Duke Memorial Library at JCSU.

In addition to the Black 365 exhibit featuring some 200 pieces, the Christmas program will open with a special

one-man play titled "Lessons From Souls of Old" delivered by Thomas himself.

"Lessons From Souls of Old... weaves together the stories of my family and the profound lessons I've learned throughout my life," he said. "I aim to emotionally connect with the audience and ignite a passion in them to share their own narratives with their children."

Again, Thomas credits his grandfather with inspiring him to work toward preserving Black history.

"My grandfather once told me that the blood in my body is not truly mine," he said. "It has been passed down through generations, carrying the hope that each new generation will have a better chance at life than the last."

To that end, Thomas has also started offering customized, in-person Black history courses. They employ storytelling, music, artifacts and visual arts to take a deep dive into Black history such as ancient Egypt, the Transatlantic Slave Trade and fresh takes on familiar figures like Sojourner Truth and Harriet Tubman.

Courses, which Thomas describes as "magic" are available for churches, schools and community centers, among others, with the option of tailoring each class to specific interests or needs.

"I take great pride in taking those stories I learned on my grandfather's porch and building something unique to extend their legacy," he said. "Together, we can ensure that Black history lives on, rich and relevant for future generations."

For more information about Black Xperience 365 exhibit and history courses visit [blackx365.com/](http://blackx365.com/) or email [theblackx365@gmail.com](mailto:theblackx365@gmail.com).

Tickets for Black History Xmas at JCSU are on sale at [www.ticketleap.events](http://www.ticketleap.events).

# 'Frankenstein' underwhelms

Continued from page 5B

narration that becomes a crutch.

In 1857, the scientist Victor Frankenstein (Oscar Issac) seeks refuge on a boat stuck in the freezing Arctic. He's hiding from something. A scared crew and its Scandinavian captain (Lars Mikkelsen) shield him. A tall and menacing figure, with brute strength, approaches the vessel. Not bothered by the ammunition, firepower and manpower thrown its way.

The entity advances. Frankenstein shivers. What's before him is an enraged creature (Jacob Elordi). A freak he created from bits and pieces of humans and one that's out for revenge and to set the story straight. A recollection emerges and it's hard to believe. It's filled with blind ambition, a disregard for human life, attempted murder and abandonment. "My maker told his story... and I will tell you mine."

For the next 150 minutes, del Toro retells one of the most famous horror narratives of all time. At his film's core is a struggle between two adversaries: A callous, narcissistic smart guy (a la Elon Musk).

A creature struggling to harness feelings, command its power and go after the guy who done him wrong. That vindictive spirit is the only plot device that provides momentum. Exploring Victor's warped childhood is interesting, but not fundamental.

Adding in a young brother (Felix Kammerer) doesn't amount to much, though the brother's wife (Mia Goth) comes in handy as a woman who finds the soft, sensitive side of a monster shunned by its maker. It's a romance that has some staying power.

All is in place for a period drama of operatic proportions. Little of it speaks to the scare factor and action that fans of the genre will expect. Too much talking and fancy scenery. Not enough movement that's exhilarating, except for a battle with wolves, who turn out to be toothy, growling but fuzzy-looking canines that give CGI a bad name.

The monster gets in some fights, runs from burning buildings, but none of it gets the heart racing continuously. The grainy black and white 1931 film left

audiences mesmerized by a haunting feeling. That eeriness is absent here.

Also, the central protagonist isn't imposing or spooky. Not like Boris Karloff. Elordi is too thin and willowy to be threatening. He's handsome, lanky and poised like a supermodel on a Paris Fashion Week runway wearing blue makeup and swathed in designer shawls.

His physicality is all wrong. In the least, he needed a bodysuit. Dwayne Johnson wore one in "Moana," to bulk up his musculature. It can be done. In his defense, Elordi knows how to shape a believable character, that doesn't look like him. He did so as Elvis in the movie "Priscilla."

At a skinny 6-foot-5, he didn't have the same physical attributes as the rock icon who was 6 feet tall, yet he created a persona so convincing, it felt like Elvis' soul was on the screen.

In this venture, he can't muster the threatening physique or aura the film needed. Couldn't scare a fly. He's been miscast and misguided.

A smart casting director would have sought out a big bulky man, like wrestler-turned-serious-actor Dave Bautista ("Knock at the Cabin Door"). Standing at 6-foot-6 and weighing 240 pounds, he's becoming a great actor. Just add lifts in his shoes, the right prosthetics and makeup and he'd easily become the monster this film deserved.

Isaacs, as the cad Victor, seems more like a frustrated misunderstood painter than the villain he needed to be. Goth as the love interest may be the most perfectly cast in the film. Sensitive, sweet, caring.

Charles Dance as Victor's harsh dad and Christoph Waltz as a benefactor are both suitable but dispensable.

This film's visual spectacle is impressive. Wish the same attention to detail had been channeled to the horror and action elements. The kind that genre fans (teens, adolescents, twentysomethings) expect. This "Frankenstein," a stagey adult art film, is underwhelming. A movie that will leave some as cold as the Arctic.

Visit film critic Dwight Brown at [DwightBrownInk.com](http://DwightBrownInk.com).

# Science finally investigates the soothing and healing power of music

Continued from page 5B

you like."

The exact reasons are still unclear, but it may be because familiar songs activate more memories and emotions, she said.

The simple act of choos-

ing is itself powerful, said Claire Howlin, director of the Music and Health Psychology Lab at Trinity College Dublin, who co-authored a study that suggested allowing patients to select songs improved their pain

tolerance.

"It's one thing that people can have control over if they have a chronic condition — it gives them agency," she said.

Active, focused listening also seems to matter.

Hanley, the Florida State

psychologist, co-authored a preliminary study suggesting daily attentive listening might reduce chronic pain.

"Music has a way of lighting up different parts of the brain," he said, "so you're giving people this

positive emotional bump that takes their mind away from the pain."

It's a simple prescription with no side effects, some doctors now say.

Cecily Gardner, a jazz singer in Culver City, California, said she used music

to help get through a serious illness and has sung to friends battling pain.

"Music reduces stress, fosters community," she said, "and just transports you to a better place."

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