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38th year

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Swapping chores enhances lifestyle

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Cape Ann TimeBank member Hank Beaudette pruning shrubs. Story page 4

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Time banks earn life enhancing dividends

By Brian Goslow

Former business owner Jan Innes, 67, of Cambridge, is a strong believer in the power of community. Disabled for the past 17 years, she lives in a cohousing community and has been a member of the Time Trade Circle for several years.

"Through Time Trade I've been able to receive rides to places I'm not able to drive, help with projects around my home that I cannot physically handle and, most important and wonderful, a steady supply of very healthy and delicious home-cooked food which I could not prepare myself," Innes said. "This keeps me eating very healthily at minimal cost — a blessing for a very tight budget."

Time Trade Circle, which has over 900 members in the Metro Boston area, is part of a rapidly expanding network of locally-based organizations in which members earn trade dollars with their specific skills; in turn, those dollars can be exchanged for the services of another member.


DiSalvo

It is a concept that also addresses some of the special needs of older community members.

Innes earns trade hours by co-administrating a Time Trade Circle subgroup and, to her great surprise, by mending people's clothes. "I had no idea so many people have so many piles of things to be mended that they've never gotten around to," she said.

The national TimeBanks movement started in 1995. With a central office in Washington, D.C., its stated mission is to promote equality and build community economies through the exchange of time and talent, declaring, "Work has to be redefined to value whatever it takes to raise healthy children, build strong families, revitalize neighborhoods, make democracy work, advance social justice, make the planet sustainable. That kind of work needs to be honored, recorded and rewarded."

There are currently 11 TimeBanks in Massachusetts: Valley Time Trade (Northampton), Co-Act of Berkshire County (Stockbridge), Cape Ann (Gloucester), BackBone Community (Boston), North Quabbin (Orange), Time Trade (Cambridge), Cape Cod (Harwich), Kiwanis Sharing Network (Marshfield), Worcester Time Trade, Foxwulf (Wales) and Salem.

Time Trade Worcester began as a graduate-level Clark University class project in 2011 that investigated how communities could support people economically when times are tough, as they are today.

"It's a good group that attracts people who like the idea of meeting new people in the community and learning new things from people," said organizer Aria DiSalvo, 25. "It allows them to be better connected to the city and the things people in the city can do."

Younger Worcester members tend to offer more difficult physical tasks such as shoveling snow and yard work.

"The older folks have loads of knowledge about a variety of subjects; what they know is a gift," DiSalvo said. "Some have math skills they learned from before computers were widely used. Alice, a 71-year-old Worcester member, knows lots about health and to be able to tap into what she knows is cool. We have guys over 50 who work on bikes who are able to guide and teach people about bikes."

Other Worcester Time Trade members offer computer training, tutoring or just give other members' children someone to talk to while their parents are busy. A Time Trade member who also volunteers at the Center for Nonviolent Solutions provides family mediation services.Worcester Time Trade has 124 members; their average age is in the mid-40s, with quite a few over 50.

Nancy Goodwin, 59, of Rockport, co-founded the Cape Ann TimeBank in 2006 with a local restaurateur who had been a large donor to the national office and played a key role in the development of the software program that allows member organizations to easily keep track of trade hours.

The concept was to mimic the Girl Scouts and have a national headquarters, but a very localized operation with a chapter in every town, Goodwin said. "I've been a long time community activist and always want to find ways to build community," she added. "The time bank seemed like a very good way to do that."

The Cape Ann TimeBank has been there for people in their biggest time of need. It has helped a couple in their 70s battling health challenges, brought meals to a woman in her 50s immobilized for an extended period of time while she recovered from foot surgery (she earned hours stuffing TimeBank envelopes) and provided company and cleaning services for North Shore Health Project clients.

"One of our very popular requests is getting a ride to the airport," Goodwin said, "and there's a couple that lives out on the edge of the marsh and the guy lets people use his kayak or takes people out kayaking in this pristine marsh." An older TimeBank member owns puppets from around the world and uses them in one-hour puppet shows intended to expose audiences to cultural diversity.

Mort Rubin, 90, said he enjoys doing small jobs just to keep busy and healthy. "I'm one of the lucky ones who is a member of TimeBanks out of choice," he said. "That said, I know many instances where the give and take between members makes the quality of life reachable in spite of the dollar cost otherwise."

Goodwin said Rubin is an amazing, old school, can-fix-almost-anything kind of guy.

Cape Ann TimeBank members (from l to r) Rachel Perlmutter, Cheryl Davis, Nancy Goodman, Carol Carlson and Roger Hussey

"He can put together kits of things," she said. "We bought a compost tumbler and were totally baffled by how to put it together. He was, 'You just jiggle this thing here, adjust this here and screw it together and you're in business.' He's done that with several things that were broken."

Joan "Jody" Shirley, 75, of Rockport, tutors, dog sits, does calligraphy and writes for the Cape Ann TimeBank website to earn her trade hours. "She'll take a photograph and has some software that can kind of convert it to a pen and ink drawing," Goodwin said. "She's making some greeting cards for me to use in my job. I could not do that; I'm not artistic."

In return, Shirley said, "TimeBankers have helped me organize my apartment, given me rides to shop, shared a vehicle, and contribute a lot to my ability to continue to live here on a tiny fixed income."

Shirley has also found the social aspect beneficial. "TimeBank is a good way to find a place in the community," she said. "The company is welcome and I've met a lot of people I might not have met otherwise."


Mary Ann Wenninger cleans fish at Cape Ann TimeBank Sustainable Dinner gathering.

Goodwin said it's common for new TimeBank members to be people who've recently moved to the Cape Ann region. The TimeBank strives to attract members of all ages so that there's a supportive balance of younger folk able to do more laborious chores with those with long lifetimes of knowledge to share.

"We're trying to not be a group just for elders," she said. "We want to be diverse and represent the community's different age groups, partly because different people of different ages are able to provide different kinds of services. The older people need help with physical kinds of labor but in trade have other skills to offer: language skills, phoning or (providing acts of) kindness."

Christie Wight, 60, recently moved to Rockport, in part due to a chance meeting with Cape Ann TimeBank members at the Gloucester Farmers' Market. "From that point on, I felt I could be friends with the woman whom I talked with."

Wight wanted to live near the seacoast in a community that allows for single adults to participate in a non-traditional fashion on a day-to-day basis where they were valued for the skills they had to offer. She's found that, thanks to the Cape Ann TimeBank. "You're encouraged to offer what you really like to do because then, your value will be mutual. You get something from it and they get something from it."

Her first official TimeBank experience was attending one of its monthly potluck get-togethers. "There were 30 people there, which was a surprise, even for them," Wight said. "A potluck is a group of people where some know each other and some don't. We each took two or three minutes to describe the services we were offering."

In Wight's instance, those services include animal care — she's looked after birds, cats and dogs — and yoga therapy sessions. "I'm a retired yoga teacher," she explained. "I assist people in yoga poses. It's a wonderful modality for and supporting them in being in touch with their bodies." She said some folks feel they don't have anything to give in return for services they receive. "TimeBanks help change that way of thinking by giving an equal value to any service provided that's a help to another member," Wight said. Earlier this spring, a lawyer provided advice and assistance to one member while she provided cleaning services for him.

While services are given equal weight for time given, members are allowed to charge for fuel needed for an extended ride or ingredients that went into a meal.

Being a stranger in a strange town, Wight has benefited from becoming part of a bigger whole. "I've gone from being a pretty isolated individual, which is the unhealthiest thing you can possibly experience, to thriving in a new community and I've hardly gotten off the ground yet," she said. "The social aspect is enormous."

For more information: www.timebanks.org; for contact information on a TimeBank near you, visit community.timebanks.org.

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Cheney's heart transplant: Less about age, more about personal freedom

By Sondra L. Shapiro

I was taken aback by my less than en-thusiastic reaction upon learning that former Vice President Dick Cheney had had a heart transplant. Was it his age — at 71, he was among the oldest transplant recipients — that upset me? Actually no, though news reports and pundits have pontificated on Cheney's age.

The majority of heart transplants occur in 50- to 64-year-olds, according to the United Network for Organ Sharing. In 2011, 2,232 people received heart transplants; 392 of them were over the age of 65.

Just My Opinion

What had initially disturbed me was a wrongful assumption that he had received special treatment — that he was moved to the top of the heart transplant list. I soon learned that Cheney spent 20 months waiting for a heart, compared with the average wait of six months to a year. So, he actually waited longer than most.

The interest in Cheney and his heart did get me thinking about what individuals in need of a transplant must go through in deciding to go ahead with the surgery, how they and their families cope during the wait and after the surgery. Especially for those who are older. And finally, if this personal choice is anyone's business anyway.

Suffering from congestive heart failure, Cheney had five heart attacks over the past 35 years. He had received bypasses, angioplasty, surgery on his legs and a pacemaker. After his last attack in 2010, he received an implanted left ventricular assist device (LVAD) to help keep his heart beating until a heart could be found for him.

Age is less of a risk today because the technology has improved so much. The survival rate for individuals over 65 is 84 percent in the first year — a high number to be sure. But should that be the only deciding factor when an older person is faced with the prospect of going through an organ transplant? There are intangible considerations associated with age that shouldn't be labeled ageist for suggesting them. "Most centers wouldn't put somebody on" at Cheney's age, said University of Pennsylvania bioethicist Art Caplan in a CBS News report. "I've been arguing for a long time that the system should pay more attention to age because you'll get a better return on the gift" since younger people are more likely to live longer with a donor organ, said Caplan, who has testified before panels on organ sharing issues.

There are more than 3,000 Americans waiting for a heart. More than 300 usually die each year before receiving one. The decision is literally a life and death one. Regardless of age, the person facing the journey — from the initial placement on the waiting list to hopefully receiving an organ — must go through an excruciating mental exercise, thoroughly examining the reasons and expectations of this life-altering event. I can't even imagine.

While, I could hardly compare a heart transplant to the less risky or critical procedures I have faced, whenever a doctor suggests a medical course of action, I ask whether the benefits outweigh the risk, expense and the impact of the recovery.

For, me, it is always about managing expectations. If I have this procedure, how will my life realistically change? Will it be for the better? Can I be happy with the limitations of the results? If I had a bad knee, but was no longer very active, should I really get a knee replacement? If I got the knee replacement, would I become more active?

If I were faced with having to decide about a heart transplant at 71, I'm not sure I would want to go through with it considering the risks and expense compared to the years and benefits I might get out of it. Not to mention the strain I could put on family members. But, that's just my initial reaction.

If it came to making a choice, I would try to be brutally honest with myself and run through the risks and benefits. In the end, it would be my decision and a very personal one at that.

So, at its core, Dick Cheney's decision to go ahead with a heart transplant at his age is his own business. We can debate it ad nauseam. But it was his personal choice and it would be ours, if we were ever in his position.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro.fiftyplusadvocate@verizon.net, follow her on Twitter at shapiro50plus or read more at www.fiftyplusadvocate.com

Don't wait for federal benefit checks in the mail

By Stephen Ohlemacher

WASHINGTON —

Starting next year, the check will no longer be in the mail for millions of people who receive Social Security and other government benefits.

The federal government issues 73 million payments a month, but is phasing out paper checks for all benefit programs. So beneficiaries will have to get payments electronically, either through direct deposit or a debit card for those without a bank account.

The changes will affect people who receive Social Security, veterans' benefits, railroad pensions and federal disability payments.

Tax refunds are exempt, but the Internal Revenue Service encourages taxpayers to get refunds electronically by processing those refunds faster than paper checks. — AP

High court has options on health care law

By Mark Sherman and Ricardo Alonso-Zaldivar

WASHINGTON —

The arguments are done and the case has been submitted, as Chief Justice John Roberts says at the end of every Supreme Court argument. Now the justices are wrestling with what to do with President Barack Obama's health care overhaul. They have a range of options, from upholding the law to striking it down in its entirety. The court also could avoid deciding the law's constitutionality at all, although that prospect seems remote at this point.

A look at six potential outcomes, from the simplest to the most complicated possible rulings:

Q. What if the Supreme Court upholds the law and finds Congress was within its authority to require most people to have health insurance or pay a penalty?

A. A decision in favor of the law would end the legal fight and allow the administration to push forward with implementing its provisions over the next few years, including the insurance requirement, an expansion of Medicaid and a ban on private insurers' denying coverage to people with pre-existing health problems.

The political wrangling, however, probably would continue as candidates for the Republican presidential nomination and lesser offices are calling for repeal of the law.

Q. What if, on the other hand, the court strikes down the entire law?

A. That would kill a costly new federal entitlement before it has a chance to take root and develop a constituency of beneficiaries and supporters, namely more than 30 million people who are supposed to wind up with health insurance because of the law.

In addition, some parts of the law already are in effect and would be rolled back. One popular provision allowing young adults to stay on their parents' insurance until age 26 has added nearly 2.5 million people to the coverage rolls, at no cost to taxpayers.

But there's no escaping America's double-barreled problem of excruciatingly high health care costs and many uninsured people, more than 50 million according to the latest estimates.

Whether it's dealing with the federal deficit, retirement security for seniors or even the Pentagon budget, elected officials would still have to confront health care at nearly every turn.

Congress would get to roll the ball up the hill again.

Q. What happens if the court strikes down the individual insurance requirement, but leaves the rest of the Affordable Care Act in place?

A. Knocking out the requirement that Americans carry insurance would not be the end of Obama's health care overhaul. There's a lot more in the 900-plus pages of the law.

But it would make the complicated legislation a lot harder to carry out, risking more complications for a U.S. health care system already seen as wasteful, unaffordable and unable to deliver consistently high quality.

Ten million to 15 million uninsured people who would have gotten coverage under the law could be left out.

The cost of individually purchased private health insurance would jump. That would make it more expensive for the government to subsidize premiums, although millions of middle-class people would still be entitled to such assistance under the law's remaining provisions.

If the individual mandate is struck, the law's Medicaid expansion would still cover millions more low-income people, mainly childless adults.

And a host of other mandates would stay in place. Starting in 2014, medium-sized and large employers would be hit with fines for not providing coverage to their workers.

Insurance companies would be required to accept people with pre-existing medical problems and no longer be allowed to cherry-pick the healthy to keep costs down. They would also be barred from imposing higher premiums on people in poor health and limited in what they could charge older adults.

If that happens, premiums in the individual health insurance market would jump anywhere from 10 percent to 30 percent, according to various forecasts from economists.

Experts debate whether or not such a cost spike would trigger the collapse of the insurance market for individuals and small businesses — or just make coverage even more expensive than it already is.

"Without a mandate the law is a lot less effective," said MIT economist Jonathan Gruber, who advised the Obama administration and, earlier on, then-Massachusetts Gov. Mitt Romney, who put such an insurance mandate in that state's health care law. "The market will not collapse, but it will be a ton more expensive and cover many fewer people."

Q. What if the court strikes down the

LAW page 7

Competition cuts down Medicare fraud

WASHINGTON —

A yearlong experiment with competitive bidding for power wheelchairs, diabetic supplies and other personal medical equipment produced $200 million in savings for Medicare, and government officials said they are expanding the pilot program in search of even greater dividends.

The nine-city crackdown targeting waste and fraud has drawn a strong protest from the medical supply industry, which is warning of shortages for people receiving Medicare benefits and economic hardship for small suppliers. But the shift to competitive bidding has led to few complaints from those in Medicare, according to a new government report.

The report found only 151 complaints from a total population of 2.3 million Medicare recipients in the nine metropolitan areas, including Miami, Cincinnati and Riverside, Calif.

As a result, the program is expanding to a total of 100 cities next year, along with a national mail order program for diabetes supplies such as blood sugar testing kits. Eventually the whole country will participate.

Medicare traditionally has struggled to manage medical equipment costs. Officials say the program often paid more than private insurers for comparable equipment and was vulnerable to fraud by unscrupulous suppliers ordering expensive but unneeded products for unwitting beneficiaries.

By shifting to competitive bidding with a limited number of approved suppliers in each area, Medicare will save nearly $26 billion from 2013-2022, the government estimates, and reduce costs for seniors without cutting benefits.

In its report, Medicare said it closely monitored the health of beneficiaries likely to use home equipment in the nine areas involved with the competitive bidding experiment. It then compared the results to data for beneficiaries in other similar areas where competitive bidding has not been instituted yet. Using yardsticks such as emergency room visits and nursing home admissions, it found no significant differences.

The report said the Medicare consumer hotline received 127,466 calls from beneficiaries about the competitive bidding program during 2011, less than 1 percent of the total volume of calls received. Most involved routine matters, such as locating a supplier.

Medicare defined complaints as dissatisfaction that could not be resolved by a call center operator. It registered 151 complaints for the year, the vast majority in the first six months of the program. Only six complaints were logged in the last three months of the year.

Medicare also called a sample of beneficiaries in areas where there was a sharp drop the quantities of supplies ordered for diabetes testing and for sleep apnea machines. The report said "in virtually every case" the beneficiary reported having more than enough supplies on hand, often several months' worth.

The nine metropolitan areas involved in the experiment were Charlotte-Gastonia-Concord (North Carolina and South Carolina); Cincinnati-Middletown (Ohio, Kentucky and Indiana); Cleveland-Elyria-Mentor (Ohio); Dallas-Fort Worth-Arlington (Texas); Kansas City (Missouri and Kansas); Miami-Fort Lauderdale-Pompano Beach and Orlando (Florida); Pittsburgh; and Riverside-San Bernadino-Ontario (Calif.).

Nine categories of medical equipment are included in the program: oxygen supplies, standard power wheelchairs, complex power wheelchairs, mail-order diabetic supplies, tube-feeding supplies and equipment, sleep apnea machines and equipment, hospital beds, walkers, and certain types of mattresses. — AP

US prescription spending again nearly flat

By Linda A. Johnson

TRENTON, N.J. —

Spending on prescription drugs in the U.S. was nearly flat in 2011 at $320 billion, held down by seniors and others reducing use of medicines and other health care and by greater use of cheaper generic pills.

Last year, spending on prescription drugs rose just 0.5 percent after adjusting for inflation and population growth, according to data firm IMS Health. Without those adjustments, spending increased 3.7 percent last year. The volume of prescriptions filled fell about 1 percent.

That continues a trend of restrained spending that began in 2007, when prescription spending dipped 0.2 percent. Before then, IMS generally reported annual spending increases of several percent. But since the Great Recession started, prescription spending has fallen or risen only slightly each year except for 2009.

IMS said it appears patients are still rationing their health care, with visits to doctors down 4.7 percent and hospital admissions down 0.1 percent. However, emergency room visits jumped 7.4 percent, a sign some people aren't seeking care until they are very sick.

"We think we've reached a tipping point, where people are thinking they're paying too much and they're changing their behavior" and getting less treatment, said Michael Kleinrock, head of research development at the IMS Institute for Healthcare Informatics.

Fewer visits to doctors and other health care providers results in fewer prescriptions getting filled, which holds down spending in the short term. But that doesn't bode well for future health care costs, because many of the medicines people are doing without are taken for years to prevent heart attacks and other expensive complications of chronic conditions such as heart disease and diabetes, Kleinrock said.

People aged 65 and older cut back on the number of prescriptions filled by 3.1 percent last year, particularly for medicines for high blood pressure. That was despite a 10 percent decline in average prescription co-payments under the Medicare Part D program, to $23.31, due to bigger discounts when patients hit the so-called doughnut hole coverage gap.

Kleinrock noted the company's data indicate both people with and without insurance are having trouble paying for medicines and other health care, so they are limiting or postponing treatments. For instance, insured patients spent $1.8 billion less out of pocket last year, at a total of $49 billion.

Meanwhile, use of inexpensive generic medicines continues to climb, hitting 80 percent of all prescriptions filled last year. That growth is fueled both by patients trying to save money and by the start of an avalanche of blockbuster medicines, many for chronic conditions, losing patent protection.

Cholesterol fighter Lipitor, the top-selling drug in history with a $13 billion-a-year peak, got its first U.S. generic competition on Nov. 30. This year, generic competition arrives for drugs taken by millions of people for high blood pressure, diabetes, asthma and allergies, depression, schizophrenia and prevention of blood clots that can cause heart attacks and strokes.

The institute's annual report shows patient restraint and increased use of generics are offsetting factors that usually push up spending on prescriptions significantly, particularly use of pricey, newly approved medications. — AP

➤ Law

Cont. from page 6

mandate and invalidates the parts of the law that require insurance companies to cover people regardless of medical problems and that limit what they can charge older people?

A. Many fewer people would get covered, but the health insurance industry would avoid a dire financial hit.

Insurers would be able to continue screening out people with a history of medical problems, such as diabetes patients or cancer survivors.

That would prevent a sudden jump in premiums. But it would leave consumers with no assurance that they can get health insurance when they need it, a major problem the law was intended to fix. Other economically developed countries guarantee health insurance for their citizens.

A related requirement limits premiums charged to older adults. Currently people in their late 50s and early 60s can face premiums as much as six or seven times higher than those charged to 20-year-olds. The law says insurers may charge older adults no more than three times what they charge younger ones.

Administration lawyers say the insurance requirement goes hand in hand with the coverage guarantee and cap on premiums, and have asked the court to get rid of both if it finds the mandate to be unconstitutional.

Q. What happens if the court throws out only the expansion of the Medicaid program?

A. Throwing out the expansion would severely limit the law's impact because roughly half of the more than 30 million people expected to gain health insurance under the law would get it through the expansion of Medicaid, the federal-state health insurance program for low-income people.

The law would effectively bring under Medicaid everyone making up to 138 percent of the federal poverty level. That works out to about $15,400 for an individual, $30,650 for a family of four. Most of those who would be added to the Medicaid rolls are low-income adults without children.

But a potentially sizable number of those low-income people might still be eligible for government-subsidized — though probably more expensive — private insurance under other provisions of the law. Private coverage will probably be more expensive for taxpayers to subsidize than Medicaid.

States suing to overturn the federal law argue that the Medicaid expansion comes with so many strings attached it amounts to an unconstitutional power grab by Washington, reaching directly into the wallets of state taxpayers.

The administration counters that the federal government is paying all of the initial cost of the expansion and 90 percent in perpetuity, well above what Washington contributes for regular Medicaid. Moreover, when Congress created Medicaid in 1965 it also served notice on the states that program rules could change in the future. This is only the latest of many such changes.

The Supreme Court took on this issue even though none of the district or appeals courts that heard health care lawsuits had any problem with the Medicaid expansion.

"We don't have any lower court that has struck down this (Medicaid) provision, so there is no precedent from the lower courts on how to handle it," said Diane Rowland, a Medicaid expert with the nonpartisan Kaiser Family Foundation. "They all upheld it."

Q. What happens if the court decides that the constitutional challenge is premature?

A. The wild card, and least conclusive outcome in the case, probably also is the least likely, based on what justices said during the arguments. No justice seemed inclined to take this path, which involves the court's consideration of a technical issue. The federal appeals court in Richmond, Va., held that the challenge to the insurance requirement has to wait until people start paying the penalty for not purchasing insurance. The appeals court said it was bound by the federal Anti-Injunction Act, which is intended to facilitate tax collections and keep the government operating. That law says federal courts may not hear challenges to taxes, or anything that looks like a tax, until after they are paid.

It remains at least possible that if the justices have trouble coming together on any of the other options they could simply decide not to decide the big issues.

Although the administration says it doesn't want this result, such a decision would allow it to continue putting the law in place and force postponement of any subsequent challenge until more of the benefits are being received. On the other hand, Republicans might have more ammunition to press for repeal of the law in the meantime. — AP

Make your voice heard about Medicare and Social Security

By Linda F. Fitzgerald

It's no secret: For the last year, Congress has been debating cuts to Medicare and Social Security as part of a deal to reduce the federal deficit. But, what Washington hasn't been discussing is how to make sure Medicare and Social Security can continue to provide the health and economic security that older Americans count on.

AARP and You

Albertha Herbert of Roxbury has a message for our elected leaders. She says, "My hope for you is that your legacy will be the protection, preservation and sustaining of Social Security and Medicare. But the people need to be part of the process. I think you should go and meet the people where they live, and talk with them in the language they speak. Knowledge of the people gets things done, the right way."

Like millions of AARP members across the country — and right here in Massachusetts — Albertha wants to make her voice heard. That's why AARP recently launched a national conversation about Medicare and Social Security called You've Earned a Say. Our goal is to take the debate about Medicare and Social Security out from behind closed doors in Washington and into communities across the country so that all Americans have a voice in the discussion.

Here are the facts: Social Security can pay promised benefits through 2033 with no changes to the system. After that, 75 percent of benefits can be paid. And, Medicare's hospital trust fund, which pays for inpatient and skilled nursing care, as well as the program's administration, is expected to fall short in 2024.

President Obama said in his State of the Union address that he "is prepared to make more reforms that rein in the long-term costs of Medicare and Medicaid and strengthen Social Security so long as those programs remain a guarantee of security for seniors."

On the campaign trail, some candidates have suggested substituting private retirement accounts for some or all of Social Security. Others have called for raising the retirement age, decreasing benefits for better-off older adults, or increasing the amount of income subject to the payroll tax. Proposed changes to Medicare have included raising the eligibility age, reducing benefits, increasing copayments, establishing a voucher system or reducing payments to Medicare providers.

It is time to give voice to the people who have a vital interest in the future of these programs as well as to those who earned their Medicare and Social Security benefits through a lifetime of hard work.

Irene Euchler of Springfield says, "We need to save Medicare and Social Security. It scares me half to death to see what might happen. If it wasn't for Social Security, I wouldn't have any money at all; absolutely none. I need Social Security desperately, and I know many other men and women who need it desperately as well." Euchler also relies on Medicare for her health care, as she battles serious illness.

Meanwhile, Ruth Villard of Dorchester says, "Please, keep Medicare and Social Security alive and well. It's very important to me and for my grandchildren — and grandchildren to come."

In Massachusetts, nearly a million seniors count on Social Security to help pay the bills, and on Medicare for guaranteed health care coverage. The average Social Security benefit is $14,000 a year, and in the Bay State, seniors typically rely on Social Security for more than half (56 percent) of their income. At the same time, the commonwealth's seniors pay about $6,800 out of pocket annually for Medicare premiums, co-payments and deductibles.

Jane Ahern-DeFillippi of Melrose says, "I am a nurse of 42 years. I've worked in long-term care facilities and community hospitals, where I've seen elders who cannot afford their own private insurance. I've also seen workers who've had to take early retirement because their jobs were eliminated and they have no retirement funds and no insurance options. We need to protect Medicare and Social Security."

Especially in this election year, we need to ask the tough questions, and hold politicians accountable for their views on Medicare and Social Security. The next president and the next Congress may well determine the future of these two pillars of retirement security. And, we all deserve to know where they stand.

As citizens who have paid into Medicare and Social Security throughout our working lives, it's no secret: We've earned the right to have our voices heard so we can protect today's seniors and keep Medicare and Social Security strong for future generations. We've earned a say. You've Earned a Say.

Visit earnedasay.org to make your voice heard. To participate in local listening sessions, community conversation or other You've Earned a Say activities, visit aarp.org/ma.

Linda F. Fitzgerald is the volunteer state president of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma, www.facebook.com/AARPMA and www.twitter.com/AARPMA.

Obamacare debate: The personal responsibility principle

By Al Norman

In July of 2005, then Gov. Mitt Romney filed health care legislation on Beacon Hill that eventually was signed into law, making the Commonwealth the first state in the nation to pass healthcare reform that requires all individuals (with some exemptions) to purchase health insurance coverage.

When he filed the bill, Romney told lawmakers: "Today we spend approximately $1 billion on the medical cost for the uninsured. Safety Net Care redirects this spending to achieve better health outcomes in a more cost-effective manner. With Safety Net Care in place, it is fair to ask all residents to purchase health insurance or have the means to pay for their own care. This personal responsibility principle means that individuals should not expect society to pay for their medical costs if they forego affordable health insurance options.

Push Back

Seven years later, the United States Supreme Court is debating this issue of the "personal responsibility principle" as part of its review of the constitutionality of the federal Affordable Care Act, known to its opponents as "Obamacare."

Beginning in 2014, the Affordable Care Act requires non-exempted individuals to maintain a minimum level of health insurance or pay a tax penalty. One of the key questions facing the Supreme Court is whether the federal government, under Article I of the Constitution, has the right to enact the minimum coverage provision. In past cases, the courts have ruled that the Commerce Clause empowers Congress to regulate activities that substantially affect interstate commerce.

The Massachusetts law passed in 2006 includes a mandate that all individuals who can afford health insurance purchase coverage. Our state law has been held up as the example that Congress used in passing the Affordable Care Act, (ACA).

Not surprisingly, in January of 2012, Massachusetts Attorney General Martha Coakley filed a 26 page "amicus" brief supporting the Affordable Care Act. Coakley argued that "the experience of Massachusetts … confirms a key Congressional assumption underlying the ACA: that by requiring individuals to be insured, and thereby preventing healthy people from foregoing health insurance until they are sick or injured (a practice often described as "free-riding"), a comprehensive reform program can spread risk, control costs, and reduce the financial burdens otherwise borne by health plans and free-care pools." Coakley said from the Massachusetts experience that "Congress had a rational basis for concluding that free-riding by individuals, taken in aggregate, has a substantial effect upon interstate commerce, and that reducing or eliminating free-riding has a salutary impact on the health insurance market as a whole."

Because more Massachusetts residents had health care, there was a sharp drop in state spending on the "free care" pool for the uninsured, which fell from $709 million in 2006, to $475 million in 2010. "The ACA," Coakley argued, "carefully balances federal economic interests with the states' interests in developing new ways to control costs while improving access to quality healthcare."

The attorney general also argued that Congress has the right to pass legislation that regulates the interstate features of the health insurance marketplace, like providing consumers with broader access to care, controlling costs and eliminating denials based on pre-existing conditions. Under the Constitution, Congress has the power to "make all laws which shall be necessary and proper in carrying into Execution" its powers.

If the Supreme Court strikes down the "individual mandate" section of the Affordable Care Act, it's only a matter of time before lawsuits are filed challenging the authority of Congress to require Americans to pay a Social Security payroll tax.

Al Norman is the executive director of Mass Home Care. He can be reached at 978-502-3794, or at info@masshomecare.org.

Most gas pedal accidents involve women

By Joan Lowy

WASHINGTON —

Accidents in which drivers mistakenly hit the gas instead of the brake tend to involve older female drivers in parking lots, a new government study has found.

One of the study's most striking and consistent findings was that nearly two-thirds of drivers who had such accidents were female. When looking at all crashes, the reverse is true — about 60 percent of drivers involved in crashes are male, the National Highway Traffic Safety Administration (NHTSA) study noted.

Another finding: Gas pedal accidents tend to occur more frequently among drivers over age 76 and under age 20. The age disparity showed up in both an analysis of more than 2,400 gas pedal accidents in a North Carolina state crash database and an analysis of nearly 900 news reports of such crashes. In the state database, accidents were almost equally likely to involve drivers under 20 as over 76, but in news reports about 40 percent of accidents involved elderly drivers — four times as many as young drivers.

Still, drivers under 20 were the most likely age group after elderly drivers to be involved in gas pedal accidents reported by the media.

There may be several reasons for the frequency of such accidents in those age groups, but it's possible that the areas of the brain that deal with driving aren't as robust in teenage and elderly drivers, researchers said. The areas of the brain that support executive functioning — mental processes such as planning, attention and organizing — are the last to develop and don't reach full maturity until early adulthood. On the other end of the age spectrum, older drivers were more likely to perform poorly on tests of executive functioning.

A majority of gas pedal accidents occurred in parking lots, parking garages and driveways rather than on roadways — 57 percent in the North Carolina database and 77 percent in news reports, the study said.

A panel of driver rehabilitation specialists interviewed by researchers theorized that there may be as many instances of misapplying the gas pedal on roadways, but drivers might have more room to recover on the road than in parking lots, given the proximity of other vehicles and objects.

Gas pedal accidents gained notoriety in 2003 when an 86-year-old male driver mistakenly stepped on the gas pedal of his car instead of the brake and then panicked, plowing into an open-air market in Santa Monica, Calif. Ten people were killed and 63 injured.

The study was conducted by TransAnalytics LLC of Quakertown, Pa., and the Highway Safety Research Center at the University of North Carolina under contract for NHTSA. Researchers drew on several sources of information: other studies of gas pedal accidents; several databases, including a national crash causation survey and a North Carolina state crash database; news reports; case studies of specific accidents; and interviews with driver rehabilitation specialists. — AP

An Amazon riverboat journey

By Victor Block

In ways, Railson resembles many 17-year-old boys. He likes to fish, helps with household chores and enjoys hanging out with his friends. But there are differences.

Railson's usual catch is piranha, the razor-toothed residents of South American rivers that can strip the flesh off a large animal in minutes. The house he helps clean is a wooden hut built on stilts in the jungle. And Railson and his buddies live in one of the most remote regions of the world — the Amazon basin of Brazil, hours by boat from the nearest large town.

Capuchin monkey

I met Railson while I was a passenger on a small riverboat in Amazonia, the massive rainforest that extends into nine countries, sprawling over an area about the size of India. The jungle is so dense that huge tracts of forest floor never see sunlight. A tangle of vines that would prompt Tarzan to howl with delight dangles from the highest branches. The treetops are alive with colorful flowers that bloom from seeds dropped by careless birds.

Only statistics can convey the size of Amazonia. The Amazon ecosystem contains one-tenth of the earth's vegetation and animal species, and one-fifth of its fresh water. The 4,000 mile long Amazon River has more than 1,000 tributaries, 17 of which are over 1,000 miles long.

With about 15,000 species of wildlife in the rainforest, some visitors anticipate seeing hordes of animals. Don't make that mistake. There are opportunities to view wildlife you've probably observed in zoos. But it's not like an African safari.

Many larger mammals hang out in undisturbed forest areas far from riverbanks. Others are elusive critters, or nocturnal creatures that keep different hours than most humans.

My fellow passengers and I did spot giant river otter, three-toed sloth and porcupine. Souza, our knowledgeable guide, taught us to distinguish caiman, small alligator-like reptiles, from the logs they resemble. He used a laser to point out long-nose bats clinging to a tree trunk.

More than 1,800 kinds of winged life make the region a bird-watcher's paradise.

Scarlet macaw, red-breasted blackbirds and green iIbis added brilliant splashes of color to the green background. We chuckled as we watched hoatzin live up (or perhaps down) to their reputation as builders of rather messy nests.

Hikes through the dense jungle also were productive. Souza pointed out what resembled a tree branch, until two beady eyes identified it as a snake. I marveled at the sight of the largest, most magnificent butterflies I've ever seen. And we came upon several of the 40 species of iguana found in Amazonia.

The treetops were alive with the chatter of squirrel monkeys and yipping sound of capuchins as they foraged for nuts. Howler monkeys lived up to their name, emitting noises that can carry for up to two miles.

Equally intriguing was life encountered during visits to isolated villages along the river. Most houses are made of crudely hewn wood planks. They rest on rickety stilts that keep them above water during the rainy season, when rivers can rise 40 feet and more. Small gardens provide vegetables, and the surrounding forest offers up fruits, nuts and medicinal plants.

Blue morph butterfly

As our launch approached each village, people came to the river's edge to greet us. Some offered to sell seed and shell necklaces, woven baskets and other handicrafts. We visited the tiny one-room school in each settlement, handing out supplies we had brought from home, which elicited squeals of delight.

Village house and garden

Our eight-day voyage began and ended at Manaus, a sprawling city of 1.7 million people carved out of the jungle 1,000 miles from where the Amazon River meets the ocean. During the late 19th and early 20th centuries it was a shipping point for rubber from Amazonian plantations to Europe and the United States. Wealthy barons built mansions and constructed a stunning marble opera house (*Teatro Amazonas*) which stands today as a reminder of those heady times.

If you go ...

When to go: The January to May rainy season brings heavy but usually brief downpours. The rivers rise dramatically, plants and trees bloom, and animals are attracted to the water's edge. During dry season, roughly June to December, rivers run shallow, and white sand beaches — excellent for a refreshing swim — appear. Animal watching is good near pools of water where wildlife congregates.

For more information, call Latin American Escapes at 800-510-5999 or visit www.latinamericanescapes.com.

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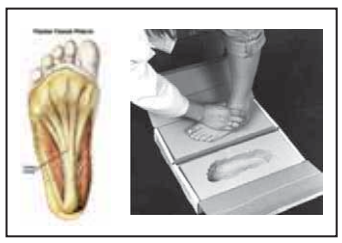

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Advice urges sharing heart care decisions

A heart device might save your life but leave you miserable. That awful possibility is the reason for new advice urging doctors to talk more honestly with people who have very weak hearts and are considering pumps, pacemakers, new valves or procedures to open clogged arteries.

Too often, patients with advanced heart failure don't realize what they are getting into when they agree to a treatment, and doctors assume they want everything possible done to keep them alive, according to the American Heart Association and other medical groups.

It calls for shared decision making when patients face a chronic condition that often proves fatal and they need to figure out what they really want for their remaining days. If they also have dementia or failing kidneys, the answer may not be a heart device to prolong their lives.

More than 5 million Americans have heart failure, and the number is growing as the population ages. It occurs when a heart becomes too weak — because of a heart attack, high blood pressure or other condition — to pump enough blood. Fluid can back up into the lungs, causing shortness of breath, weight gain, fatigue and swollen ankles.

Many high-tech treatments are available to treat advanced disease. But they usually don't slow its progression, they just keep people from dying. And that means living longer with steadily worsening symptoms.

The new American Heart Association advice takes aim at this problem. It urges:

- An annual talk between heart failure patients and doctors to set treatment goals for the present and for possible emergencies such as cardiac arrest.
- "Milestone" reviews after any big change such as hospitalization, a defibrillator shock, worsening kidney problems or dementia.
- Discussing not just survival gains but also potential problems from devices or treatments, such as side effects, loss of independence, quality of life and obligations on families and caregivers.
- Considering palliative care, which does not mean stopping treatment.

The goal is "not only living long, it's living well. People often make decisions about the 'long' without even considering the 'well,' " said Jessie Gruman, president of the Center for Advancing Health, a patient advocacy group. The American Heart Association asked Gruman, who has had several cancers and a heart problem, to review the advice from a patient's perspective.

The worst thing is to have no plan or clear goals when an emergency. — AP

Sandwich caregivers balance dual responsibilities

By Alicia Chang

LOS ANGELES —

The sun was barely up when Evelyn Volk, bleary-eyed with toothbrush in hand, tossed a pile of clothes into the washing machine, the first of several loads of the day. She glanced at the wall clock that was deliberately set 10 minutes fast. Time to rustle her two teenage kids out of bed and check on her elderly mother, who suffers from dementia.

The night before, Volk scribbled a checklist of chores to do — exercise, clean, supermarket run, personal errands — well aware that competing demands from her children and mother would make it nearly impossible to stick according to plan. Still, she soldiers on.

"On a good day, I feel like Superwoman," she said on a recent morning.

These bookend family responsibilities land Volk squarely in the "sandwich generation" — pressed between dual roles of supporting aging parents while rearing children.

About 66 million Americans take care of a parent, spouse, relative or other loved one. Roughly a third also are raising children, according to the nonprofit National Alliance for Caregiving.

With women having children later in life and the elderly living longer, aging and family experts say more people could be pulled into double-duty caregiving.

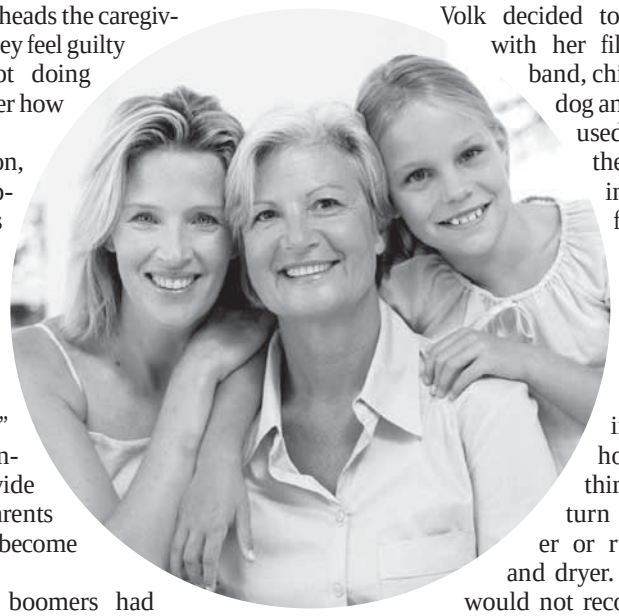
"This is an issue that's not going to go away," said Sandra Timmermann, executive director of the MetLife Mature Market Institute, which conducts aging research.

Supporting a loved one, particularly someone with a mind-robbing illness like Alzheimer's or other dementia, can be stressful. Caregivers often have to help their once-independent and alert parents eat, bathe, dress and deal with the unexpected, such as a fall injury. Add parenting duties and it can be overwhelming.

"They're being pulled in two different directions," Timmermann said. "It's caregiving times two."

The constant juggling often leads to feelings of inadequacy.

"They're struggling to find a balance," said Gail Hunt, who heads the caregiving alliance. "They feel guilty that they're not doing enough no matter how much they do."



Peter Rogerson, who studies population changes at the University at Buffalo, said some sandwich caregivers may find themselves part of the "stretched" generation, continuing to provide care for their parents even when they become empty-nesters.

Since baby boomers had fewer children than their parents, the next generation may feel more of a pinch with fewer siblings to share the burden, Rogerson said.

On a typical day, Volk, 52, rushes to drop off her kids before the school bell rings and then gets her 84-year-old mother, Maria, ready. Four times a week, her mother attends an adult day care center not far from their San Fernando Valley home. Monday is usually the most hectic day because her mother stays home and Volk plays the role of parent.

Volk's morning was going smoothly until she returned home and discovered her mother, who suffers from incontinence, had an accident. She promptly bathed her and cleaned up the mess. Every time it happens, Volk feels a tinge of sadness. Her mother, born in the Dominican Republic, used to be a strong, independent woman. After suffering a series of tiny strokes, she was never the same.

When her mother started showing signs of dementia and paranoia a decade ago, Volk decided to move her in with her film editor husband, children, two cats, dog and parakeet. She used to help around the house, preparing meals for the family even as she became increasingly forgetful. As her health declined, she stopped cooking and forgot how to do simple things like how to turn on the shower or run the washer and dryer. Sometimes she would not recognize her own house.

The burden fell on Volk, who felt the tug between nurturing her mother and tending to her kids. Volk still feels guilty that she was never a Little League mom. There was no time for that when the kids were growing up. This past summer, she broke some bad news: There was no family camping trip because Grandma could not be left alone.

Some days are so frenzied that Volk finds herself passing out in the middle of the day. There are some mornings when Volk, anticipating the day ahead, doesn't want to get out of bed. It's sometimes hard for Volk to focus because she gets easily sidetracked.

"Everything takes so much out of me. I don't like those days," she said.

The weekend before her mother's accident, Volk took time out to connect with other caregivers who gathered at the Cathedral of Our Lady of the Angels in downtown Los Angeles. It was a rare day off for Volk and her fellow caregivers. The group took a 10-second moment of silence for those who could not escape their responsibilities.

"We don't want anyone to feel alone," said Shawn Herz of the Los Angeles Caregiver Resource Center, which organized the meeting.

Volk caught up with several sandwich caregivers who were exercising their stress away. In between doing the Twist and boogying to *Rock Around the Clock* and *Hokey Pokey*, they traded stories about their kids and coping tips.

Though Volk is the primary caregiver for her mother, she recently started giving her 15-year-old son and 13-year-old daughter small chores to do. While she takes her daughter to acting classes every Thursday night, her son feeds his grandmother and helps her remove her dentures. Whenever Volk is busy, her daughter steps up.

The family spent Thanksgiving at her in-laws' vacation house in Lake Arrowhead, a mountain resort destination east of Los Angeles. Volk dropped her mother off with her brother for a few days. She caught up on sleep and spent time with the family, hiking and shopping.

Then it was back to reality. For some, caregiving lasts a finite amount of time. For others like Volk, she has a duty as long as her mother is alive and as long as her kids are at home.

"This is my lot in life," she said. "Sometimes I wonder, 'How long will this last?' "

National Alliance for Caregiving: http://www.caregiving.org; Fifty Plus Caregivers: fiftypluscargivers.com.

Facing the caregiver challenge, expected population growth

By Angela Rocheleau

Americans 65 years and older will quadruple in the next three decades. With this expected population growth many of us will be faced with primary or secondary caregiving for a loved one in the upcoming years.

Research reveals that family members provide nearly 82 percent of the necessary care for a senior family member. Oftentimes there is one primary caregiver. This person is most frequently the child/children or spouse. There may also be a secondary group of individuals offering support to the senior and the primary caregiver. They could be extended family members, as well as friends.

Often, the amount of caregiving increases with little warning as illness or disability progresses in an elderly family member. Along this journey of caring also comes a wide range of emotions and circumstances that the caregiver may experience, including emotional and physical fatigue, concern over end of life issues, misunderstanding the course of the illness, anger towards the senior, social isolation, sadness and grief.

Home Care Tips

If you take on the caregiver challenge remember to:

- Reward yourself with respite breaks often. Caregiving is a job.
- Watch out for signs of depression, and don't delay in getting professional help when you need it.
- Accept offers for help and suggest specific things people can do.
- Educate yourself about your loved one's condition and how to communicate effectively with doctors.
- Trust your instincts. Most of the time they'll lead you in the right direction.
- Grieve for your losses, and then allow yourself to dream new dreams.
- Stand up for your rights as a caregiver and a citizen.
- Seek support from other caregivers. There is great strength in knowing you are not alone.

There are numerous private, community and government sponsored resources for seniors and their caregivers. Home delivered meals (often called Meals on Wheels), adult day care centers, group living facilities, multicultural centers, religious programs, geriatric social workers and home health care agencies are examples. AARP, the National Council on Aging and local community senior and cultural centers also provide resources.

Hiring private duty home care helps normalize family relationships. Most families and patients appreciate the in-home caregiver taking over tasks such as bathing and incontinence care, which helps preserve the patient's sense of dignity and privacy.

With the professional caregiver taking over many care tasks, family have more time for their own needs. They are more likely to be mindful of their own nutrition and exercise.

Whether across the country or just in another room, family members feel much less anxiety knowing a competent caregiver is on hand to watch out for their loved one.

Taking on the challenge of caregiving for an aging individual can be highly rewarding. It may strengthen relationships among family members with numerous opportunities to work together. It is an opportunity to express love and appreciation for the support the senior has given you. Take good care of them. And take great pride in yourself, your family and friends.

Angela Rocheleau is the CEO of Home Staff LLC, an award-winning private duty home health agency serving the Central and Western Mass. regions and Greater Boston since 1977. Find them the web at www.homestaff.com or call 508-755-4600. Data adapted from recent census and consumer health research. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Retirees' withdrawal syndrome: How much to live on

By Dave Carpenter

CHICAGO —

Avoiding the nightmare financial scenario in retirement — running out of money — is getting trickier.

Rising life expectancy means having to pay for a longer retirement. The lack of a pension or frozen benefits translates to fewer, smaller checks from ex-employers. And the days of being able to count on averaging 10 percent annual returns from the stock market are over.

All that makes it even more important for retirees to know just how much they can take out of their portfolios every year without drawing them down too fast.

There isn't one model that fits all. It depends on individual circumstances, best reviewed with a financial adviser.

But the classic guideline long followed by many, and still respected, is widely known as the 4 percent rule. It holds that if you withdraw no more than 4 percent from your savings the first year of retirement and adjust the amount upward for inflation every year, you can be confident you won't run out of money during a 30-year retirement.

The strategy is credited to financial planner William Bengen, who published his research in the *Journal of Financial Planning* in 1994.

The twist is this: The father of the 4 percent rule says the complete number is actually 4.5 percent.

"A 4 percent rule is just so easy to think about. People just kind of ignore the extra half," chuckles Bengen, 64, who operates Bengen Financial Services in La Quinta, Calif.

Bengen spoke about his rule and the proper approach to withdrawals in a recent interview. Edited excerpts follow:

Q: How did the rule come about?

A: I started getting clients who were thinking seriously about retirement. They asked me, 'How much can I take out of my portfolio when I retire?' I really hadn't a clue. So I started looking and I found no substantial information anywhere. I looked at data on investments and inflation going back to 1926 and reconstructed the investment experience of retirees over the decades.

Q: *The Wall Street Journal* characterized your findings at the time as "scary for retirees and depressing for everybody else" because they suggested you can't squeeze nearly as much income out of retirement savings as had been thought. Did financial planners resist the new number?

A: It met a lot of resistance initially. I was surprised, too. People were assuming it was 6 percent, 7 percent. But they were

using average rates of return, which is very dangerous.

It's like the guy who drowned in a lake with an average depth of 3 feet. You go out to the middle of the lake and it's 10 feet. So that doesn't help you to know what the average depth is. You have to be able to survive worst-case scenarios.

Q: What has changed, if anything, since you did your research?

A: Not much. I still think the rule is valid, although we're in a period of time, which may challenge it.

People who retired in 2000 are of the greatest concern. They're the ones who started and had two major bear markets, which is unprecedented — two big 50 percent drops in the market. A lot of it depends on what happens to stock market returns and inflation over the next five years. The real problem will come about if we get a big boost of inflation (well above its historical average of 3 percent), in that retirees are required to increase their withdrawals. That may make it hard for the 4 1/2 percent rule to fly.

Q: What about the outlook for those retiring now?

A: If you're retiring today, you probably can't expect much more than 5 percent a year from U.S. stocks over the next five to seven years. That's a pretty bad start to your retirement. Bonds also don't look very good.

People retiring today have to be very careful. They may be better off not retiring for a couple of years. The greatest asset you have in an environment like this is a good-paying job so you're not dependent on the stock market or the bond market to support you.

Q: You mentioned having enough money in your scenarios for a 30-year retirement. With lifespans lengthening, is that a long enough period to use as a base?

A: If you feel you could live for 40 years in retirement, either because you're retiring early or you have an exceptional

WITHDRAWAL page 15

Now they're all calling it 'Obamacare'

By Ricardo Alonso-Zaldivar

WASHINGTON —

At least one part of the nation's health care debate is settled: Now they're all calling it Obamacare.

Since President Barack Obama's re-election campaign has lifted an unofficial ban on using the opposition's term for his health care law, Democratic activists chanted, "We love Obamacare" in front of the Supreme Court.

"It just rolls off the tongue much easier than 'We love the Affordable Care Act,' " said Lori Lodes, who supports the law and has been coordinating public outreach keyed to the court deliberations for the Center for American Progress.

But no presidential campaign makes such a move lightly. Obama's campaign is trying to use the weight of his opponents' rhetoric against them. Like martial arts or wrestling, except with words.

"It's rhetorical jujitsu," said Kathleen Hall Jamieson, an expert on political communication at the University of Pennsylvania's Annenberg Center.

Republicans coined the term as an insult, linking Obamacare to an apocalyptic litany of woes they contended it would bring about: rationing, soaring costs, unemployment, death panels — even if they were mentioned nowhere in the law.

As "Obamacare" became a household word, the president and his supporters faced a choice. They could keep snubbing the term, leaving it to the law's critics to define what it stands for. Or they could embrace it and try to put their own spin on it. That's what the campaign chose to do, going public in March on the second anniversary of the law's signing.

"It meets the voters where they are," said deputy campaign manager Stephanie Cutter. And it does show that Obama cares, she added.

"It's a word that is hugely popular with our supporters, who will fight to the end to defend the law," said Cutter.

Some Republicans are not exactly amused.

"It doesn't matter whether the president and his political campaign choose to use the term," said Michael Steel, spokesman for House Speaker John Boehner of Ohio. "I believe they have been confident since the beginning of the president's term that the new law would prove to be popular, and that simply isn't the case."

Jamieson said Obama's move makes sense from a practical standpoint.

"The word has moved into common usage," she said. "They can't afford to have their candidate's name tied to socialism, rationing and death panels. That means they've got to claim it and embrace it."

"Care" is a word that carries positive connotations. So Jamieson said the Obama campaign can now work on directly equating his health care law with Medicare. Denounced as a stepping stone to socialism when it was being debated in Congress, the health insurance program for seniors and disabled people is now considered politically unassailable.

In the official name of the law, the word "care" was somewhat overshadowed. Congress named it the Patient Protection and Affordable Care Act, or PPACA. Some lawmakers still refer to it by that acronym, pronouncing it pea-pah-cah.

Supporters have preferred to call it the Affordable Care Act, or ACA for short. But "ACA" doesn't convey anything about caring.

Last year, Rep. Debbie Wasserman Schultz, D-Fla., tried to block lawmakers from uttering the term "Obamacare" on the House floor.

Now the Obama campaign is selling "I Like Obamacare" T-shirts.

No matter which way the Supreme Court rules, they could become the next collector's item for political junkies. — AP

➤ Withdrawal

Cont. from page 14

genetic predisposition, you wouldn't want to take 4.5 percent, you'd want to take 4.1 or 4.2 percent. If on the other hand you expect a very short retirement — you have bad health — you could think about taking out 6 percent or 7 percent.

Q: What else can retirees do to help their savings last besides sticking to the withdrawal strategy?

A: Besides cutting back on expenses, there's a couple of things they can look at.

One is to utilize the equity in their home and consider a reverse mortgage. That could take the pressure off their withdrawals. If they can get some money out of their house, they can take less out of their investment portfolio.

The other is maybe convert a portion of their portfolio to a fixed annuity. If you're age 80, you can get a fixed annuity paying you 8 percent, and if you're 85, almost 10 percent. So you could take 10 or 20 percent of your investment portfolio and convert it to a fixed annuity and get a very high payout.

Q: Do you have any other financial advice for retirees?

A: Be conservative in both your living expenses and your investments.

It's also a good time to actively manage your portfolio. Buy and hold in this environment probably is counterproductive. It worked in the '80s and '90s and I think it'll work again someday, but not in this environment, where there are so many risks and threats to capital.

Protect your nest egg. Don't let anyone step on it. — AP

Feeling optimistic this spring? Might be the decor

By Kim Cook

In home decor, there's something about the start of spring. When life's renewing itself outdoors, we feel the urge to revive our interiors too.

Start with the palette. "Saturated" is a word being used a lot; it means ripe plum hues, intense tangerines, rich indigos, verdant greens, zingy turquoises, hot reds and peppy yellows.

Dee Schlotter, a color expert with PPG Pittsburgh Paints, said Exuberant Orange is No. 1 on her trend radar.

"It's full of joy and playful," said Schlotter, who also cites Geranium Pink as a hot hue. "It goes really well with orange, and it's a happy, girly color."

Teal and turquoise are back after a lengthy retirement, and with experience in mid-century modern and traditional decor, they've got legs that will carry them into fall.

Erin Olson loved the color family enough to devote a blog to it; the House of Turquoise follows all things blue-green.

"What I love about turquoise is that it can be paired with any other color, since it has both warm and cool undertones," she said.

"My personal favorite is using turquoise as a fun punch of color to an otherwise neutral space. A turquoise throw pillow, lamp or rug will instantly bring new life to your room, and can easily be switched out," she said.

Crisp clean white's a common counterpoint, but you'll see black as a foil as well.

Graphic prints pop in these bold colors: Zigzags and stripes are all over the home accessories marketplace. So are lattice and ironwork prints; big and little florals; and abstracts. African handblock, Moroccan and Silk Road patterns have crossed over from last season.

Not a fan of bright? Look for a whole world of calming neutrals such as soft putty, grellow (a gray/yellow blend), greige (a gray/beige), aqua, pewter, copper, vanilla and shell pink.

You'll see lots of texture in this category: weathered wood, animal hide, burnished metals, burlap and gauzy cottons. Honeycomb patterns, naturalistic motifs like twigs, leaves and birds, watery Impressionist prints and airy florals soothe the soul.

Neutrals are "taking the popular gray trend and moving it forward, by adding warmth with natural materials like jute and linen, and then giving it a real punch by adding a sunny pop of yellow," said Sherwin-Williams' color marketing director, Jackie Jordan.

Repainting walls in a fresh spring hue is one way to update a room, but if you're not ready to commit in a major way, small changes can also alter a room's mood. Try a lemony throw, clean white paint trim, a teal rug or sandy-toned drapery.

Go for a bright, candy-hued lamp base, and pick the color up again in a big fruit bowl. In the kitchen, replace cooking tools with new ones in luscious tomato red.

Flor's new spring collection of floor tiles features Fedora in a soothing palette of dusty turquoise, oatmeal, walnut and flannel. Used in a bedroom with lavender, cream or pale pink textiles, you'd wake up to spring's birdsong in the most serene of sleeping spaces.

Land of Nod has a cheery Watermelon Stripe duvet cover in a rainbow of fruity hues, as well as the Dot Matrix rug, composed of hundreds of rolled felt balls like colorful gumballs.

Black and white geometrics make a dramatic statement — you'll find them on dinnerware, patio umbrellas, candles and awning stripes at Z Gallerie, including a very Jonathan Adler-esque vase made of lacquered bamboo.

IKEA is offering its Expedit shelving in fire engine red; there's the new Varmdo rocking chair in the hue, too.

Loll Designs' cubby bench comes in a pretty grass green. And CB2's Go-Cart desk in vibrant blue would be a fun place to work. Their parlour atomic orange chair adds energy to a neutral room.

Pier 1's Liliana armchair has an ironwork pattern that's recurring in textiles and furniture detail this season. The Annie Black Bird wingback chair features a dramatic black and white nature motif that would pop against dark or white walls and wood floors. And a hanging lamp in caramel with leaves rendered in gold is the perfect addition to a restful room filled with tawny hues.

If you like strong patterns but prefer quiet colors, consider Blissliving Home's muted deep sea and celery chevron reversible Maru throw. DwellStudio's got a new collection of zigzag flat-weave wool and cotton rugs in lapis and citrine. And Galbraith & Paul's loop-embellished velvet pillows come in gentle shades of coral and nutmeg.

A hammered brass stool from India makes a cool side table, from Wisteria; there are Kuba cloth chocolate and white throw pillows and a great collection of cowhide stools, trunks and benches here, too. — AP

Spa therapies blending high-tech with tradition

By Beth J. Harpaz

NEW YORK —

Hyperlocal ingredients, a blend of technology and tradition, and treatments focusing not just on beauty but also on remedying stress and pain, are some of the trends turning up at spas nationwide.

Members of the International Spa Association (ISPA) offered examples of all of them at its annual trade show.

ISPA also released statistics showing the U.S. spa industry is starting to recover from the recession, with $12.8 billion in revenue in 2010, up 4 percent over 2009, according to an annual study by PricewaterhouseCoopers. Spa visits increased from 143 million in 2009 to 150 million in 2010. But spa locations decreased by 3 percent, from 20,600 to 19,900, suggesting that the industry could not support the number of existing spas even though demand was slightly up.

"We have to continue to wow people," said Jean Kolb, director of wellness at Kohler Co., which operates Kohler Waters Spas in Wisconsin and Illinois. "They're looking for something that's different and memorable."

Some spas are taking a cue from the locavore food movement by using locally grown ingredients. Aspira the Spa in Elkhart Lake, Wis., grows colorful flowers and herbs like chamomile and lavendar for use in a chakra massage, one of a number of yoga-related treatments offered by the spa (80 minutes, $190). The spa at the Oneida Nation's Turning Stone resort in upstate Verona, N.Y., uses "things indigenous to the area like pine, cedar and flowers," and even maple syrup in various treatments, products and massages, said Loretta Taylor, director of spa operations.

At the same time that they're going locavore and looking to traditional therapies, spas are also embracing technology. Miraval, located in Tucson, Ariz., is offering a unique treatment called Taiz Sensorium that combines aromatherapy, massage and sound. Guests listen to a soundtrack ranging from sounds of nature to composed rhythmic and instrumental music while vibrating wooden balls are applied to their shoulders, neck and other pressure points ($250 for 50 minutes). "Someone likened it to being a human tuning fork," said spokeswoman Maura Duggan. "People who aren't familiar with yoga or meditation, it allows them to quickly and easily reach that meditative state."

The Spa at Trump demonstrated a pulsating light treatment on hands at the ISPA event; the LED therapy is used in facials at Trump Hotel spas ($150 for 30 minutes at Trump Soho). The Trump team also showed off a sparkly new line of SpaRitual vegan nail polish (animal fat can be an ingredient in nail polish).

If you care to customize your massage in advance, Massage Envy has an app for that. The mall franchise, with 700 locations in 43 states, offers a free iPhone and iPad app that lets you create a massage targeting whatever hurts. You send your order in and the therapist is ready when you arrive. Massage Envy outlets give a million massages a month; a typical membership is $59 a month, which covers one massage.

"Back in the day, a massage was something you did to treat yourself," said C.G. Funk, Massage Envy's vice president for industry relations and product development. "Now it's to manage pain and stress. People are fitting this into their wellness regimen."

Water treatments have been an essential spa experience since Roman times, but Kohler Waters Spa is updating the tradition. Its Custom Vichy Shower can be preprogrammed for different water treatment settings so that "the therapist's hands never leave the guest," said Kolb. And Kohler's American Club Resort recently debuted the luxury Eau de Vie suite ($1,500 a night) with a deep whirlpool tub that lets you bathe in different hues of colored light at the touch of a button.

Spas are also zeroing in on specific symptoms and causes of stress. Gwinganna Lifestyle Retreat in Queensland, Australia, has a program "dedicated to sleep," said Tony de Leede, Gwinganna's founder. "People come for four days to learn how to sleep."

Asked for some quick tips, he said, "It's all about training people to get their minds to relax, teaching them ways and little tricks (to relax). It ties into what and when and how you eat, the amount of exercise you get — you don't want to exercise too vigorously at night — and also alcohol consumption." Rates vary depending on accommodations but the four-day program starts at about $1,810 U.S. per person, double occupancy. Another technique Gwinganna uses to help guests relax is Rockupuncture, a fusion of acupuncture and hot stone therapy.

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Diabetic women subject to greater hearing loss

By Robert Mario

Diabetes may cause women to experience a greater degree of hearing loss as they age, especially if the metabolic disorder is not well controlled with medication, according to a new study from Henry Ford Hospital in Detroit.

Women between the ages of 60 and 75 with well-controlled diabetes had better hearing than women with poorly controlled diabetes, with similar hearing levels to those of non-diabetic women of the same age. The study also shows significantly worse hearing in all women younger than 60 with diabetes, even if it is well controlled.

Hearing Health

Men, however, had worse hearing loss across the board compared to women in the study, regardless of their age or whether or not they had diabetes. "A certain degree of hearing loss is a normal part of the aging process for all of us, but it is often accelerated in patients with diabetes, especially if blood-glucose levels are not being controlled with medication and diet," said Derek J. Handzo, D.O., of Henry Ford's Department of Otolaryngology/Head & Neck Surgery. "Our study really points to importance of patients controlling their diabetes, especially as they age, based on the impact it may have on hearing loss."

According to the American Diabetes Association, nearly 26 million people in the U.S. have diabetes, and another 34.5 million have some degree of hearing loss. Signs of hearing loss include difficulty hearing background noises or hearing conversations in large groups, as well as regularly needing to turn up the volume on a radio or TV.

While the association between diabetes and hearing loss has previously been studied, Henry Ford researchers sought to learn more about hearing differences among patients with well-controlled diabetes, poorly controlled diabetes, and those who do not have diabetes.

The Henry Ford research team reviewed records for 990 patients that had audiograms performed between 2000 and 2008 at the hospital. Patients were categorized by gender, age (younger than 60 years old, between 60-75 years old and older than 75 years old), and if they had diabetes. Those with diabetes were divided into two groups: well controlled or poorly controlled, as determined by the American Diabetes Association guidelines that use HbA1C blood levels.

The Henry Ford team looked at patients' pure tone average, a measurement that determines hearing level at certain frequency, and speech recognition at different ages. The team evaluated pure tone average ranges that focus on the frequency at which most people speak and the very high frequencies used in music and alarms.

Women between the ages of 60 and 75 with poorly controlled diabetes had significantly worse hearing than those whose diabetes was well controlled. Among the women younger than 60, those with diabetes — regardless of whether or not it was being controlled — had worse hearing than non-diabetic women.

For the men in the study, there was no significant difference in hearing between those with diabetes in the well-controlled or poorly controlled groups, as well as those who did not have diabetes.

Dr. Robert Mario, PhD, BC-HIS, is the director of Mario Hearing and Tinnitus Clinics, with locations in West Roxbury, Cambridge, Mansfield and Melrose. He can be reached at 781-979-0800 or visit their website, www.mariohearingclinics.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com

➤ Blending

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Mohonk Mountain House in New Paltz, N.Y., has a series of "solutions for modern living," including the Texting Tension Tamer massage for multitaskers, focusing on shoulders, neck, hands and forearms (50 minutes, $120). And with "men making up 30 percent of the spa-going population," according to Nina Smiley, Mohonk's director of marketing, Mohonk is also offering "skin fitness for men," a four-step facial (50 minutes, $120). Smiley added that Mohonk is seeing a new type of man at the spa, "the retrosexual," with a traditional masculine style perhaps inspired by *Mad Men*.

The ISPA event also showcased two hotel spa concepts that depart from tradition. Suite Spa is a company that's developed a portable cart to bring a full spa menu to hotel rooms the way room service brings in meals. The carts enable therapists to provide massages, body wraps, manicures, facials and pedicures (including a foot smoothie to take care of rough skin, shown at the spa event). Suite Spa started at the J.W. Marriott in Grand Rapids, Mich., in 2009 and is now available at a half-dozen other locations including the Andaz Fifth Avenue in New York and the Park Hyatt in Washington, D.C.

In Miami Beach, the Eden Roc Renaissance Hotel recently opened the Elle Spa, partnering with *Elle* magazine. Spa director Timothy Williams says it's the first time a media publication has partnered with a hotel to open a spa. *Elle* beauty editors advise on unique boutique brands — like Ahava, a brand that uses minerals from the Dead Sea in masks and treatments — and help bring the New York fashion world aesthetic to Miami Beach. — AP

Nursing homes come to Hatch's aid

WASHINGTON —

A trade group representing nursing homes has given the Utah Republican Party $175,000 over the past year, money that could help Sen. Orrin Hatch stave off a tea party challenge and win re-election.

If he does, and if the Republicans take over the Senate, Hatch stands to chair the committee that has jurisdiction over the tens of billions of Medicare and Medicaid dollars that flow annually to nursing homes.

The trade group's money was used to boost attendance at the state's neighborhood caucuses recently, and analysts say the broad caucus turnout enhanced Hatch's prospects for winning his party's nomination for a seventh Senate term.

Nursing homes weren't alone in attempting to help Hatch, now the senior Republican on the Senate Finance Committee and likely to be its chairman next year if the GOP takes control from Democrats in the November election. A political action committee representing radiologists has spent about $77,000 supporting his candidacy through print ads and other activities conducted independently of the Hatch campaign.

The contributions show how some interest groups are demonstrating their support for Hatch beyond the $10,000 limit that political action committees must abide by when contributing directly to a candidate's campaign.

Such support could be particularly important next year if Republicans take control of the Senate. The Finance Committee has jurisdiction over Medicare and Medicaid spending, which is critical to both nursing homes and radiologists trying to fend off spending cuts in the coming fiscal year.

Nursing homes rely greatly on federal reimbursements to survive. The federal government's Medicare program is projected to spend about $31 billion on nursing home care in 2012. Medicaid, a federal-state partnership, will spend about $45 billion with nursing homes, according to Health and Human Services Department projections.

Officials at The Alliance for Quality Nursing Home Care declined to comment for this report. The alliance represents 12 companies owning about 1,400 properties throughout the county.

In past years, companies and lawmakers from Utah dominated the party's donor list. But in 2011, trade groups from Washington moved to the top of the list.

The Alliance for Quality Nursing Home Care provided the largest donation of the year, $100,000, records show. The group then kicked in another $75,000 this year, said Ivan DuBois, executive director of the Utah Republican Party.

The donations from the Alliance for Quality Nursing Home Care weren't solicited, he said, and the group didn't specify how the money should be used. But "they were excited to see the caucus participation increase," DuBois said. — AP

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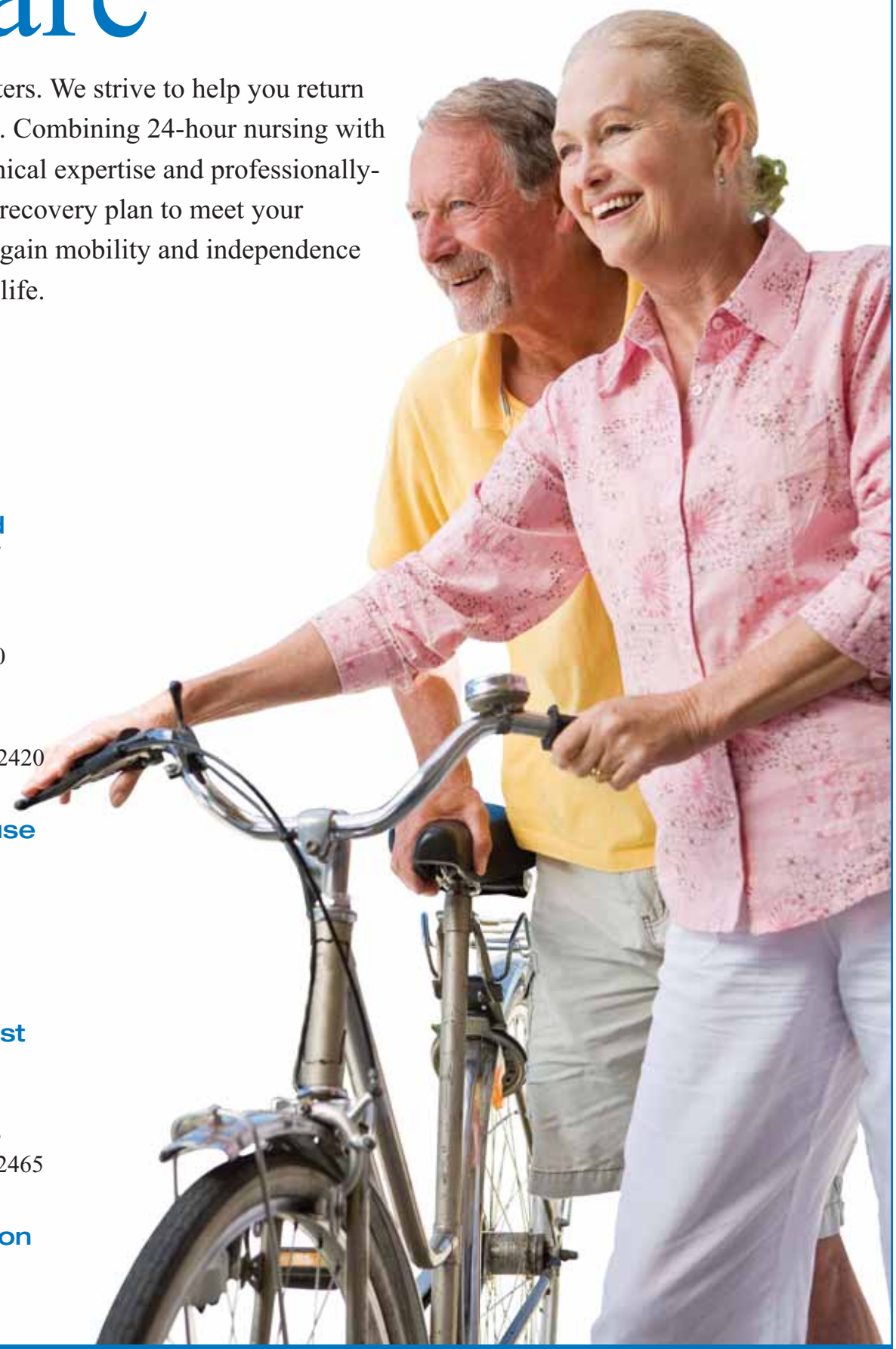

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