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# National Alzheimer's campaign finally puts disease on the map

By Sondra L. Shapiro

It was Christmas, more than 20 years ago, and my husband and I volunteered at a local nursing home to allow workers time off to be home for the holiday.

We were assigned to the Alzheimer's section at lunch time. I was at the other end of the room helping to feed a patient when I heard a commotion. The gentleman my husband, David, was assigned to feed was writhing on the floor, choking. I immediately recognized the man as the grandfather of one of my friends. I hadn't even known he had the disease, let alone was in the last stages where swallowing is often difficult, if not impossible.

It was a horrible scene and one that has stayed with us for years.



## Just My Opinion

That Christmas incident was the first direct contact I had had with an Alzheimer's sufferer. Sadly, it hasn't been the last. Through the years I have met dozens of the afflicted and have been honored to interview the family members charged with their care. Two come to mind:

- The wife who still got her husband up and meticulously dressed (the way he always liked it) everyday to take a walk. The love and adoration she had for this shell of a man was as inspiring as it was sadly touching.

- The friend who gave up her full-time job to assume the care of her mother-in-law, a last stage Alzheimer's sufferer. The older woman moved in with the family, who still had young children living at home. Near the end, my friend slept in the woman's room where she was frequently awakened by her mother-in-law's blood curdling screams.

These two stories are not anomalies; far from it. They aptly depict the insidious assault on the brain of Alzheimer's sufferers and the seemingly super-human dedication of those who care for the afflicted. There are seven stages of this disease, according to the Alzheimer's Association — going from the first stage where there is no discernable memory loss, to the final stage when there is severe cognitive decline and sufferers lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement.

The disease is the sixth leading killer and there is no cure or sufficient treatment. Nor is there adequate support for caregivers. There are some minor treatments that temporarily ease some symptoms.

There are 5.4 million Alzheimer's sufferers in the United States and without research or breakthrough treatment, those numbers are predicted to rise to 16 million by 2050.

So, it will surprise many to learn that there hasn't been a real national effort in terms of funding and support until now. Last month the Obama administration launched a national strategy that sets a deadline of 2025 to find sufficient

treatment or ways to at least stall the disease.

The National Alzheimer's Plan, which involves collaboration between government and non-profit and private partners, will focus on future treatments, early diagnosis and provide resources to help families care for loved-ones at home.

The campaign kicked off by creating a one-stop website, [www.alzheimers.gov](http://www.alzheimers.gov), that offers information and suggests where individuals can get help in their own communities.

At a recent meeting between Alzheimer's researchers and the National Institutes of Health (NIH), it was recommended that the testing of potential therapies should begin prior to evidence of full-blown Alzheimer's symptoms, when it has been too late to make a difference.

### Related Story on page 11.

"We need to figure out exactly where is the best window of opportunity to battle back Alzheimer's," Dr. Francis Collins, director of the NIH, told scientists at the Alzheimer's Research Summit, using as an example that cardiologists don't test cholesterol-lowering drugs on people already near death from heart failure.

Dr. Reisa Sperling of Harvard Medical School told those gathered at the meeting that Alzheimer's quietly brews in the brain, killing off cells, for 10 years or more before symptoms appear.

The Alzheimer's Plan will include:

- A planned \$8 million study — funded by the NIH — of an insulin nasal spray that pilot-testing suggests could help treat/forestall/prevent Alzheimer's. It's based on growing evidence that diabetes and Alzheimer's are related, damaging how the brain is fueled. The insulin nasal spray can reach the brain without affecting blood-sugar levels.

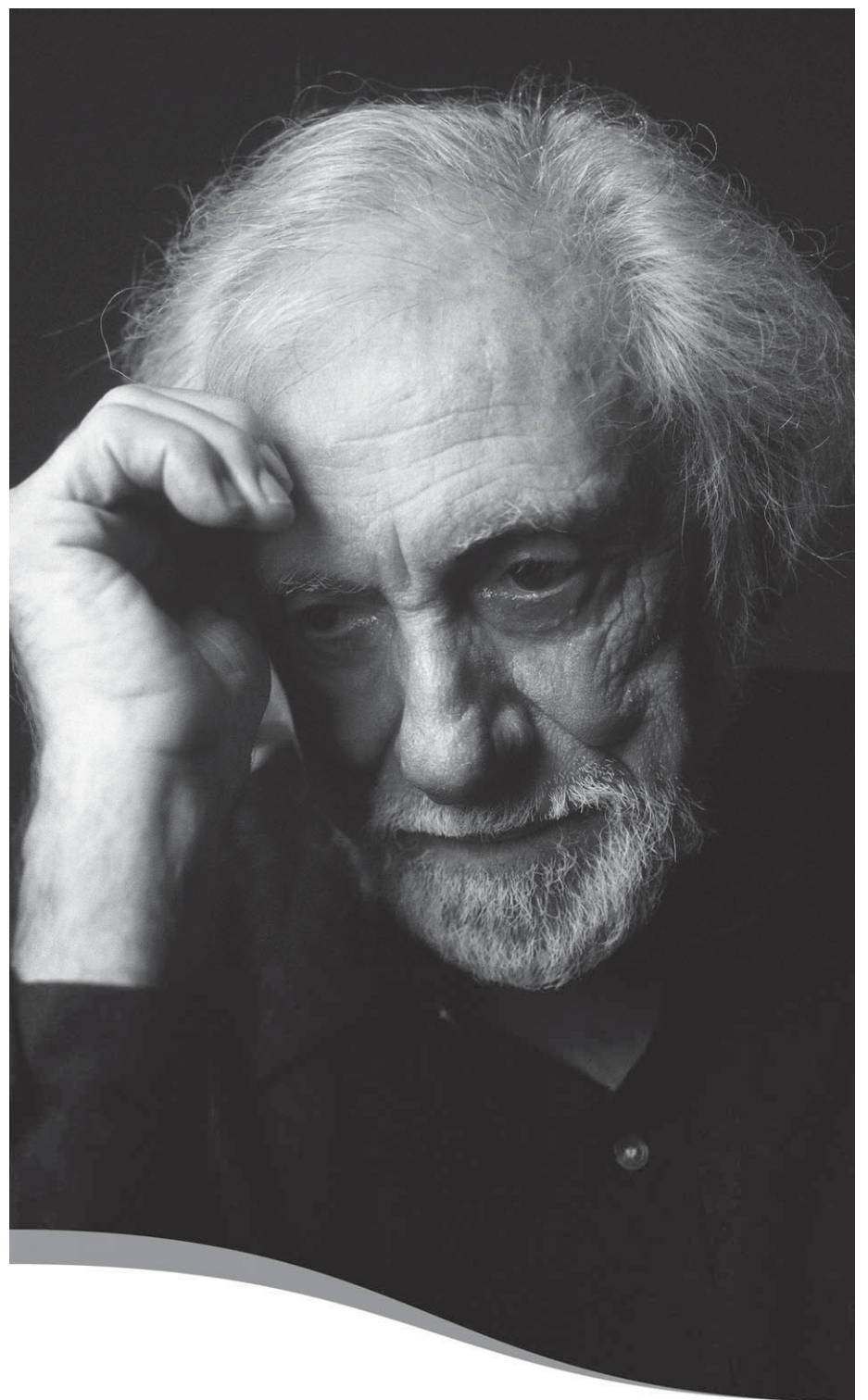
- The NIH is contributing \$16 million to an international study of whether a treatment targeting amyloid, Alzheimer's hallmark brain plaque, could prevent the disease. The study will include people at highest risk genetically of the disease, including Americans and a unique group in Colombia.

- The government will begin offering training to doctors and other health providers on the best ways to care for patients and their families.

This effort is long overdue. Until now, funding for and attention to Alzheimer's disease has been mostly overlooked as dozens of other life-threatening afflictions have received attention. There is a long way to go to catch up and the challenge will be greater because of it. The population is getting older and the disease seems to affect every family at some level. Everyone I know seems to have a story about a family member, friend or co-worker caring for a sick family member.

The Alzheimer's Plan should be a catalyst to combat a disease that has too many sad stories attached to it.

*Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at [sshapiro.fiftyplusadvocate@verizon.net](mailto:sshapiro.fiftyplusadvocate@verizon.net), follow her on Twitter at [shapiro50plus](https://twitter.com/shapiro50plus) or read more at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com). Associated Press material was used.*



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# Corporate eldercare employee programs face challenges

By Brian Goslow

As the nation ages, more workers are juggling jobs with the care of an elder family member. Recognizing the trend, companies stepped in by offering programs and services to help beleaguered employees.

But, when the county began experiencing economic instability, many companies began cutting back on those perks.

The percentage of companies offering eldercare programs dropped from 22 percent in 2007 to 9 percent in 2011.

Similarly, the percentage of companies offering eldercare-related resource and referral programs dropped from 23 percent in 2003 to 9 percent in 2011, while the percentage of employees taking advantage of paid family leave to assist elder loved ones dropped from 33 percent in 2007 to 25 percent in 2011.

These are among the findings of "Best Practices in Workplace Eldercare," a study conducted by the National Alliance for Caregiving for ReACT (Respect A Caregiver's Time), a coalition of corporations and organizations that addresses the challenges faced by employee caregivers and helps to reduce the impact on companies that employ them.

Resource and referral services are at the center of most eldercare programs, including assistance with information and paperwork related to Medicare, Medicaid and other insurance programs; some also offer geriatric care management services. Among benefits provided by some, but not all of the companies offering eldercare programs are paid time off, flexible approaches to time off and discounted backup home care for emergency needs.

Participating companies in the study came from professional/non-profit associations, health care providers, higher education, the financial industry and insurance, manufacturing, media, pharmaceutical and IT-related industries. One-third of the responding companies started their eldercare programs over the past three to five years.

Referring to companies that have cut back their eldercare programs, Gail Hunt, president and CEO of the National Alliance for Caregiving, said,

"We can hope that when the economy turns around that they will bring those programs back. They had a similar drop-off in childcare. (These are) programs that are easier to get rid of. We hope that that will turn around but even at its heyday, we're talking 23 percent."

Employers began offering programs to assist caregivers over a quarter-century ago. "They did it based on the childcare model," Hunt said. "It was sort of assumed (at first) that the eldercare issue was pretty much the same as the childcare issue. You needed

to have some kind of childcare, regular or specialized, somewhere between your work and home."

However, it turned out eldercare issues are much more complex than childcare: Employees not only need counseling related to the challenges of balancing work, family and looking after a parent, but a better understanding of the help their older relative needs in order to be able assist them properly and secure the necessary help they need to live comfortably. Some businesses offer geriatric care management programs.

"The companies are essentially paying for a geriatric care manager to go into the home to assess what the issues are and design a care plan for the older person and then to work to kind of set it up in place," Hunt said. "That's really the gold standard."

While many employees have eldercare responsibilities, the number of them utilizing available services in the workplace has always been low, ranging from 1 to 4 percent. Explanations for these low numbers vary.

One reason is some workers believe that they'd be penalized by supervisors who perceive their caregiver obligations will make them less able to fulfill their work duties, whether that's truly the case or not. Employees were found to be reticent to ask for time off if they had to explain their situation to a supervisor — even when the company made flextime available.

Donna L. Wagner, associate dean at Health and Social Services College at New Mexico State University, believes workers do have reason for concern.

"(Employers) definitely hold that (having caregiving responsibilities) against them; there's no two ways about that," said Wagner, who also worked on the study. Whether there's a worse "stigma" with respect to eldercare than childcare, is not clear, she said.

Past research found employees were worried about repercussions and whether they should even take their family matters into the business arena. Wagner feels that as growing numbers of older boomers become commonplace in the workplace, companies will act to ensure employees aren't penalized for taking time off to look after loved ones when necessary.

She compares current attitudes to decades ago when growing numbers of women wanted to enter the workforce and employers considered not promoting them — or even not hiring them — if they felt they would eventually have children, causing them to have to take time off from their job.

In a prior study, Hunt said they found that people don't use available corporate eldercare services until they're in dire straits. "Maybe their boss is complaining about all the time they're taking off or telling them they seem distracted at work," she said. "Maybe then, when it really starts to interfere with things at

work, they'll start to use the program. They just don't see this as a workplace issue (until it becomes a highly noticeable problem)."

In some instances, employers have added paid time off for caregivers, in addition to vacation, sick and personal days, to their benefits package; others allow employees to use the traditional earned days for caregiving purposes.

The study suggested eldercare program utilization could increase if workplace "gatekeepers" — the line supervisors and managers — were sensitized to the issue and that the overall attitude of an organization's corporate culture was important to an eldercare program's success.

It stated that employers of all sizes "are well advised to plan for a growing number of employees who will have eldercare responsibilities in the future," in part, at least, because as the study notes, recent surveys have found that 60 to 70 percent of the current workforce plans on working past the standard age of retirement.

Another possible reason for the low utilization rate of existing eldercare programs is the coupling of a lack of marketing with a lack of knowledge among employees on how the program will benefit them.

"Employees must understand what the program will do for them, need the services or policies that are offered, trust that using the programs or even revealing their caregiving responsibilities will not lead to negative workplace consequences and be assured that direct supervisors and managers, as well as co-workers, will not hold it against them if they need to make workplace accommodations," the study stated.

None of the employer respondents in the study mentioned having programs in place to train supervisors and managers about eldercare issues nor were there systematic evaluations to ascertain whether the programs were meeting the needs of both employers and employees.

In terms of employees who participated in the "Best Practices in Workplace Eldercare" study, Hunt said many of the respondents that already had some level of caregiving responsibilities said they didn't use the services offered at their workplace because they didn't feel as if their situation was so dire.

The study suggested that as today's caregivers retire, they'll be replaced by workers who'll have higher expectations from their employers, due to the benefits and policies instituted over the past 30 years, including those tied to child-raising and eldercare. "Strong work/family programs and flexible policies will ensure that employers continue to be attractive to younger workers in the future," the report stated.

Perceived benefits to corporate eldercare program participants included reduced absenteeism, improved productivity, better retention rates, improved recruitment,

reduced stress in the workplace and enhanced employee loyalty.

Effective responses to assisting employee caregivers "does not have to be expensive or elaborate" and a good flex-time policy can help the majority of employees who are having difficulty managing work and caregiving, according to the study. "Paid time off and allowing employees to use their sick days and vacation days for caregiving purposes is also a family-friendly policy that sends a supportive message to employees," said the report.

The study found a growing number of companies were moving away from "full-service" comprehensive one-vendor workplace elder services to utilizing programs by more than one vendor that are supplemented by internal staff or Employee Assistance (EAP) programs.

An increasing reliance on technology to provide informational and support services to caregiving employees is also being seen. In the United Kingdom, employers have "tele-lunch and learns" where employees sign into a live chat room where they can ask questions of an expert on that day's topic. Those that couldn't participate in the live webinar sign on when it's convenient for them to watch the program and read what issues were covered.

Hunt said this idea could easily be adopted as part of a company's eldercare assistance program here in the United States. For example, if a hospital holds a noontime event, daytime workers are the ones most likely to be able to participate. Technology allows those working other shifts to watch or review the presentation at a more convenient time. "That's the chance you have to reach them with the information," she said.

Asked what they would do if resources were not a factor, employers said they'd increase the number of subsidized days of home care, provide more paid days off, provide assistance on long term care decisions through access to elder law professionals who provide more in-depth information, expand seminar programs, start a geriatric care management program and provide more hours of paid time for caregivers to meet to support each other.

In light of the low employee participation numbers, workers will have to speak up if eldercare programs are to be maintained and expanded. "It has to have a little bit of bottom up as well as having the recognition by the VP of HR of a big company," Hunt said. "The employees, the working caregivers, have to be receptive to this. They have to start thinking about going to their HR department."

And, in those instances where companies don't have programs available, workers dealing with eldercare issues should know they could always go online and search for their local eldercare number at eldercare.gov.

"If they only have that one number, in the end that will at least get them started," Hunt said.



Hunt



Wagner

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# Scams targeting seniors continue to proliferate

By Brian Goslow

Something about the tone of the phone call between her husband and the unidentified person on the other end of the line didn't seem right. A person claiming to be their son was trying to strike up a friendly conversation.

"He said, 'Hi Dad. How are you?' and my husband said, 'Who's this?' The voice just wasn't right," said Marilyn Budnik, 81. "And he said, 'This is Rob.' Now we call our Robbie, Robbie. We don't call him Rob."

Budnik took the phone from her husband, Edward "Bud" Budnik, 83, and began asking the caller about his whereabouts. "He said, 'Hi mother' and that isn't what Robbie calls me," Marilyn Budnik said. "I said, 'Where are you?' He said, 'I'm in Cancun. I got a free ticket, all expenses paid and I flew out Saturday.'"

Thinking quickly, she told him, "I forgot. When is your birthday?" And with that, he shut down.

The Budniks benefited from the not-as-fortunate experience of friends who a few years earlier had received a similar call and in the process, convinced that their grandson was in trouble in another country, wired \$3,000 to a location in Canada. By the time they had second thoughts — no more than an hour later — the money had been picked up and lost forever.

Similar stories are occurring on a daily basis.

The Massachusetts Council on Aging

website lists a series of current scams to be aware of: calls claiming to be on behalf of Medicare asking for Medicare or Social Security numbers; a medical card scam in which the caller tells the person they need an additional medical card to take to their doctor's office and then asks for confirmation of their name, address and name of their bank; and an automated phone call claiming to be from their bank (sometimes correctly giving the name of the bank) in which their debit card number is requested.

The Federal Deposit Insurance Corporation (FDIC) recently sent out a series of warnings about e-mails claiming to come from them (as well as Publishers Clearing House) in which recipients are requested to click through to a website address, the end result of which could result in the installation of malicious software intended to gather personal and confidential information, such as passwords and account numbers.

The advent of social media as a main source of communication among friends and family members has resulted in an unintentional sharing of information that can be used to trick people into giving up information — or money — they wouldn't otherwise have done.

That's where Spencer Police Chief David Darrin believes many of those perpetrators of the "grandparent" phone scam are getting the information they use to try to convince people they're their grandson or granddaughter.

"A lot of times, they pick out the names on



social media, people just getting involved in Facebook or whatever (site they use) so they at least know the information," Darrin said. "That's 99 times out of 100 where they're getting the names of relatives."

While most grandparents are "pretty good" about not listing personal information that could be used to compromise their bank accounts and credit cards, when it comes to grandchildren, online, as in person, they can't help wanting to gush about them.

"They'll say, what's the harm with putting a grandson's name (on the section for relatives' names on their Facebook page) or even where their grandchildren may be traveling," Darrin said.

Similarly, he said it's surprising how many people put when and where they're going on vacation on their Facebook page — thus tipping off potential thieves to their absence.

People also unwittingly give criminals access to their e-mail and social media accounts. Many people use answers such as their mother's maiden name or first school for their account passwords — while "sharing" that information through their Facebook page. "Social media is one of those things that supplies the crook with a lot of clues into someone's life and how they go about their business," Darrin said.

Users of social media websites would do well to regularly check their privacy settings and general information to ensure that information they don't want publically available isn't easily accessible. This could include e-mail addresses and phone numbers, which sometimes can be added to your page, without your knowledge, if you haven't set your privacy settings properly and a friend has your information stored in their smart phones that they unknowingly transfer onto your page when updating their contacts.

As these kinds of crimes escalate, it's harder for law authorities to keep up with them. "With the Internet, it's almost daily," Darrin said. "You can't even warn anybody anymore because, for the most part, somebody's trying to hack into your information almost on a daily basis."

Everyone needs to be on guard these days, whether they're online, answering the telephone or being solicited by a person offering to repave a driveway for \$50.

"Use the general rule of thumb: If some-

SCAMS page 11



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# Medicare disruptions seen if health law is struck

By Ricardo Alonso-Zaldivar

WASHINGTON —

Tossing out President Barack Obama's health care law would have major unintended consequences for Medicare's payment system that handles 100 million monthly claims from hospitals and other service providers, the administration has quietly informed the courts.

Although the law made significant cuts to providers and improved prescription and preventive benefits for seniors, Medicare has been overlooked in a Supreme Court debate focused on the law's controversial requirement that individuals carry health insurance. Yet havoc in Medicare could have repercussions in an election year when both parties are avidly courting seniors.

In papers filed with the Supreme Court, administration lawyers have warned of "extraordinary disruption" if Medicare is forced to unwind countless transactions that are based on payment changes required by more than 20 separate sections of the Affordable Care Act.

Opponents argue that the whole law should go. The administration counters that even if it strikes down the insurance mandate, the court should preserve most of the rest of the legislation. That would leave in place its changes to Medicare, as well as a major expansion of Medicaid coverage.

Last year, in a lower court filing on the case, Justice Department lawyers said reversing the Medicare payment changes "would impose staggering administrative burdens" on the government and "could cause major delays and errors" in claims payment.

Medicare payment policies are set through a time-consuming process that begins with legislation passed by Congress. Even if Obama's overhaul were completely overturned, the government still would have authority under the previous law to pay hospitals, doctors, insur-

ance plans, nursing homes and other providers.

"There is an independent legal basis to pay providers if the Supreme Court strikes down the entire law," said Thomas Barker, a former Health and Human Services general counsel in the George W. Bush administration.

But reversing the new law's payment changes from one day to the next would be a huge legal and logistical challenge, raising many questions. How would the government treat payments made over the last two years, when the overhaul has been the law of the land? Would providers have a right to refunds of cuts that had been made under the legislation?

Former program administrators disagree on the potential for major disruptions, while some private industry executives predict an avalanche of litigation unless Congress intervenes.

"Medicare cannot turn on a dime," said former administrator Don Berwick, whose confirmation was blocked by Senate Republicans opposed to Obama's law. "I would not be surprised if there are delays and problems with payment flow. Medicare has dealt with sudden changes in payment before, but it is not easy."

It's not just reimbursement levels that would get scrambled, Berwick said. The law's new philosophy of paying hospitals and doctors for quality results instead of for sheer volume of tests and procedures has been incorporated into some payment policies.

Tom Scully, Medicare chief during former President George W. Bush's first term, does not foresee major problems, although he acknowledges it would be a "nightmare" for agency bureaucrats.

"It is highly unlikely in the short term that any health plan or provider would suffer," said Scully. "They're probably likely to get paid more going forward. If you look at the way the law was (financed), it was a combination of higher taxes and lower (Medicare) payments. That's what

you would be rolling back."

Administration officials say they are confident the entire law will be upheld by the Supreme Court and there is no planning to address what would happen if all or parts of it are struck down. Sharp questioning by the court's conservative justices during public arguments has led many to speculate that at least parts of the law will be struck.

Opponents of the law argue that Congress overstepped its constitutional authority by requiring most Americans to have health insurance, starting in 2014. The administration says the mandate is permissible because it serves to regulate interstate commerce, underpinning another provision of the law that requires insurance companies to accept people in poor health. A decision is expected by early summer.

Former officials say it's likely that some form of high-level assessment and contingency planning is discreetly going on within the administration. It's happened in the recent past.

Last year, when the GOP-led House was threatening to block funding for carrying out Obama's law, Health and Human Services Secretary Kathleen Sebelius wrote to Congress outlining potential consequences. She highlighted the possibility of suspending payments to Medicare Advantage plans, popular private insurance alternatives that cover about one-fourth of all beneficiaries. The overhaul law also included major changes to the payment formula for Medicare Advantage plans. But Scully dismissed the notion that the program would be jeopardized if the Supreme Court throws out the law.

Repeal of the law would also mean that seniors would lose some new benefits, including the closing of the prescription coverage gap called the "doughnut hole," and no-charge preventive services such as an annual wellness physical. — AP

## Ending Medicare as we know it, yet again

By Al Norman

A report by the health care advocacy group Families USA says if the House Republican budget proposal unveiled by Congressman Paul Ryan, R-Wis., in late March were to become law, it would undermine the health care for millions of seniors and the disabled, and cost Medicare beneficiaries in Massachusetts \$38.8 million annually in lost prescription drug benefits.

Families USA warns: "(The Ryan plan) ends the Medicare program as we know it and replaces it with an inadequate voucher program. And it will also increase the number of uninsured Americans by

eliminating Medicare coverage for 65- and 66-year-olds while simultaneously eliminating other sources of coverage by repealing the Affordable Care Act."

The proposal calls for \$205 billion in cuts over the next 10 years. The most significant potential harm to current beneficiaries comes from repealing the Affordable Care Act, which would expose millions of current Medicare beneficiaries to higher prescription drug costs and expenses for preventive care.

Under the Affordable Care Act, the cover-

age gap in the Part D prescription drug program, often referred to as the "donut hole," is gradually closing. In 2011, nearly 3.8 million seniors and people with disabilities who had substantial prescription drug costs received a 50 percent discount on name-

brand drugs while in the donut hole. In Massachusetts, 65,500 seniors received financial

benefits in the Medicare drug coverage gap. Re-opening the donut hole is projected to raise each beneficiary's drug costs by up to \$6,000 per year by 2020.

The Republican proposal itself transforms Medicare into a voucher program. Under the proposal, called "premium support," starting in 2023, seniors and people with disabilities enrolling in Medicare would be allotted a set amount of money to purchase insurance, using their vouchers to pay for premiums for either private health insurance plans or traditional Medicare. The growth of these vouchers is capped and would likely not keep up with health care costs, leaving beneficiaries to make up the difference. The value of the voucher would decline each year relative to the value of current Medicare coverage. According to the Congressional Budget Office, by 2030, the voucher would be worth only 77 percent of current Medicare coverage, and the value would decline to 58 percent by 2050. Beneficiaries who wanted high-quality insurance would have to pay additional premiums out of their own pockets. Even though the traditional Medicare

program would still exist, under the Republican voucher plan, it would become weaker and more expensive over time. Older and sicker beneficiaries would be more likely to remain with traditional Medicare because of its nearly unlimited choice of health care providers and good coverage for complex conditions. Premiums in traditional Medicare will rise to cover the costs of caring for these older and sicker beneficiaries. As premiums rise and more people leave the program, it will be less able to negotiate lower prices on services, which will result in higher health care costs.

The Republicans' solution is to cut Medicare and push health care costs onto seniors and people with disabilities. This is not a solution; it is just a cost shift. Medicare faces rising costs because health care costs are rising overall, both for private insurers and for public programs like Medicare. Medicare is, by design, serving an increasing number of seniors as baby boomers get older and join the program.

The Ryan Medicare plan would fundamentally violate the promise that Medicare has made to current and future generations of seniors that they will have access to comprehensive care at a time in their lives when they are most vulnerable.

Cut this article and send it to your member of Congress, urging him or her to oppose the Ryan Budget because it's bad for your health, and the health of all Americans.

Al Norman is the executive director of Mass Home Care. He can be reached at 978-502-3794 or at: [info@masshomecare.org](mailto:info@masshomecare.org).



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Scientists hunt ways to stall Alzheimer's earlier

WASHINGTON — Look for a fundamental shift in how scientists hunt ways to ward off the devastation of Alzheimer's disease — by testing possible therapies in people who don't yet show many symptoms, before too much of the brain is destroyed.



The most ambitious attempt: An international study announced last month will track whether an experimental drug can stall the disease in people who appear healthy but are genetically destined to get a type of Alzheimer's that runs in the family. If so, it would be exciting evidence that maybe regular Alzheimer's is preventable too.

A second study, based on separate research linking diabetes to an increased risk of Alzheimer's, will test whether a nasal spray that sends insulin to the brain helps people with very early memory problems.

The new focus emerges as the Obama administration adopts the first national strategy to fight the worsening Alzheimer's epidemic — a plan that sets the clock ticking toward finally having effective treatments by 2025.

"We are at an exceptional moment," with more important discoveries about Alzheimer's in the last few months than in recent years, Dr. Francis Collins, director of the National Institutes of Health (NIH), said during the announcement.

There is no cure, and the five medications available today only temporarily ease some symptoms. Finding better

ones has been a disappointing slog: Over the last decade, 10 drugs that initially seemed promising failed in late-stage testing.

Moreover, scientists still don't know exactly what causes Alzheimer's. The chief suspects are a sticky gunk called beta-amyloid, which makes up the disease's hallmark brain plaques, and tangles of a protein named tau that clogs dying brain cells. One theory: Amyloid may kick off the disease while tau speeds up the brain destruction.

Previous studies of anti-amyloid drugs have failed, but that new international study will test a different one, in a different way: About 300 people from a huge extended family in Colombia, who share a gene mutation that triggers Alzheimer's in their 40s, will test an experimental drug, Genentech's crenezumab, to see if it delays onset of symptoms. The study also will include some Americans who inherit Alzheimer's causing gene mutations.

Meanwhile, there are brain-protective steps that anyone can take that just might help, Dr. Carl Cotman of the University of California, Irvine, told those gathered at the NIH meeting.

"It's just a well-kept secret," he said. The advice: •Your brain is like a muscle so exercise it. Intellectual and social stimulation help build what's called "cognitive reserve," the ability to withstand declines from aging and dementia.

•Getting physical is crucial also. Clogged arteries slow blood flow to the brain, and people who are less active in middle age are at increased risk of Alzheimer's when they're older. "Any time your heart is healthier, your brain is healthier," said Dr. Elizabeth Head of the University of Kentucky.

•Don't forget diet, she added. The same foods that are heart-healthy are brain-healthy, such as the omega-3 fatty acids found in fish. — AP

try to ascertain) whether it's something that has to be acted on or it's a scam."

Many of these scams are being carried out by people who aren't in the United States, making tracking them down, never mind prosecuting them for their crimes, difficult for law enforcement agencies.

"It really is about, if it doesn't sound right, you should pause, especially before you part with information," Darrin said. "You should never part with your information, (just as) you should never part with (money from) your checkbook until you've checked it out."

Meanwhile, the Budniks, who called the police right away, are telling everyone they know to stay alert.

"You've got to stop it in the bud," Marilyn Budnik said. Whether it's asking for the person's middle initial, birthday or similar personal information, such a question tends to throw the caller off. "If you think of these, they'll shut right down. They'll know that you've got them," said Marilyn Budnik.

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## Boomers finding space for team, fitness sports

By Betsy Blaney

LUBBOCK, Texas —

The country's largest generation is running, walking, swimming and using exercise machines in hopes of changing the face of aging.

Baby boomers — the 78 million Americans born between 1946 and 1964 — are working to counteract the effects of getting older. They grew up watching Jane Fonda workout videos and were the first generation where large numbers exercised from their early years onward.

"Are the boomers playing more sports than 20 years ago? I think the answer to that is yes," said Tom Cove, president of Sports Goods Manufacturers Association. It annually surveys Americans about their exercise activities. "The boomers are dramatically more active and the numbers are much more skewed to fitness and outdoor activities."

They sign up for swimming classes and will pay to play basketball or hockey at odd hours in facilities used by youth during the day. People tend to do the same activities as in their youth, said Bill Beckner, research manager for the Virginia-based National Recreation and Parks Association. That could mean new sorts of senior activity centers.

"I keep waiting to see the first senior skate park," he said. "I won't be surprised when it shows up."

And while boomers like their exercise to be social, the number participating in organized team sports is growing slowly because scheduling the time can be difficult. Across all ages, the percentage of people participating in team sports grew by low single digits in the most recent survey in 2011, ending a two-year decline in sports such as tackle football, soccer, basketball and baseball. Participation had suffered due to the economic slowdown, Cove's survey states.

There is also the problem of availability: Many communities don't have enough fields for everyone who wants to play organized sports.

"Where ballparks are at a premium ... usually they have a priority for the kids," Beckner said.

Les Clemmons, 58, of Lubbock, played softball as a youngster and was happy eight years ago when he found an over-50 league. It grew so popular a few years ago — some games were starting at 10:30 p.m. — that players had to move beyond the one field the city gave the league one night a week. The league, now about 120 players strong, plays at an older city park where it gets two fields one night a week.



The games provide more than just exercise, Clemmons said. Good friendships get built and are "the most important thing," he said. "It's more about camaraderie, teamwork."

His 57-year-old league colleague, banker Gary McCoy, agreed but said players also

enjoy the competition. "It gives us that competitive relief, sometimes comic," he said. "It's not the chronological age; it's how you feel."

Boomers also find themselves playing basketball and soccer early in the morning or late in the day. Where facilities are in higher demand,

there is some squeezing out for space. That's where being older literally pays and businesses fill the void.

Take senior softball leagues, where participation is booming. Games are often played at privately owned and operated facilities.

"They're for-pay, first-class facilities," Cove said. "There is some evidence there is some crowding out (of youngsters). They're looking for who will pay and frankly the older ones are willing to pay."

Hockey facilities in some areas are tough to find for any age, he said.

"There aren't enough hockey rinks in the world," said Cove.

At health clubs, boomers are outpacing younger generations, said Dr. Vonda Wright, an orthopedic surgeon at the University of Pittsburgh Medical Center and a spokeswoman for the American Academy of Orthopaedic Surgeons. Those 55 and older are joining at a rate of 34 percent a year, while the rate for ages 35 to 55 is growing by only 18 percent a year, she said.

A million boomers joined health and fitness clubs between 2007 and 2010, according to a survey from the International Health, Racquet & Sportsclub Association.

Wright said research shows that 70 percent of how we age is lifestyle choices, while 30 percent is genetic.

Doctors say boomers who've been active most of their lives and are reaching their late 50s or early 60s can continue to do so but with modifications. For those who have been sedentary much of their lives, they say, it's never too late to start moving.

It is important for boomers to work to strengthen the muscle groups around joints, like knees and hips, to avoid injury.

Numbers crunched by the orthopedic surgeon's group show boomers are already feeling the ouch. Doctors' visits for symptoms and diseases of the musculoskeletal system and connective tissue in 2009 for boomers were markedly higher than five years earlier.

BOOMERS page 14

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# How can I get rid of my glasses? Part 3

By Dr. Jean Keamy

**P**hakic Intraocular Lens or Phakic IOL presents another option for glasses free vision. With over 10 years of history, hundreds of thousands of phakic IOLs have been performed worldwide. In 2009, Stephen Holcomb, member of the 2010 Olympic USA Bobsled Team, had Phakic IOL procedure with the Visian lens since he no longer could wear contact lenses and could not have LASIK. He went on to win the Olympics the following year.



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patients with moderate to high degrees of myopia.

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The FDA has approved the procedure up to age 45; however, patients over 45 can have the procedure if they understand it is off label. Phakic IOLs can be

inserted in patients with thin corneas.

Patients with any retinal pathology, glaucoma or cataracts are not good candidates for elective refractive procedures. All refractive surgical options should be discussed with a refractive surgeon.

*Dr. Jean Keamy is a board certified ophthalmologist specializing in LASIK, PRK,*

*refractive surgery, cataract surgery, eye lid surgery, diseases of the eye and routine eye exams. She owns Keamy Eye & Laser Centre on 24 Lyman St. in Westborough and can be reached at 508-836-8733. Learn more at [www.seemedrkeamy.com](http://www.seemedrkeamy.com) or [www.facebook.com/Keamyeye](http://www.facebook.com/Keamyeye). Archives of numerous articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).*

## ► Boomers

Cont. from page 12

Numbers of hip and knee replacements also are up.

Wright's suggestions for boomers are to work on flexibility, do aerobic exercise regularly, carry a load that uses muscles in three planes of motion, rather than using weight machines, and equilibrium and balance.

"I believe we are saving lives by saving mobility," Wright said.

Dr. Mimi Zumwalt, a 50-year-old orthopedic surgeon at Texas Tech University who has injured both of her shoulders during fitness competitions, said active boomers need to think smarter about their bodies.

"You can't slow down the aging process but at least you can protect" your body better, she said. "You need to preserve whatever your body has left and respect it."

That's what Sandy Collins is doing. A Lubbock resident who works in the Texas Tech athletics department, she played on the Women's Tennis Association tour in the 1980s and 1990s, climbing to No. 17 in the

world. Because of the wear and tear, she has had surgeries on her left shoulder and four on the same knee. She no longer plays competitively but hits with her teenage daughter.

"You learn your limitations quicker and you listen to them more," Collins said. "I understand my limitations and accept them because I don't plan on having any more surgeries."

Exercise doesn't stop with the boomer generation, though. Athletes near the century mark say it can be the proverbial fountain

of youth. Houston's Harry Pepper played baseball, football and some tennis in his younger years.

At 101 he's still competing. Last year he was the sole entrant in the 100-year-olds' division at the senior games. He had to compete to win his division, so he bowled with the 95-year-olds, besting their bronze medal winner's score.

"If you want to live, you've got to move your body," Pepper said. "You lose it if you don't move it." — AP

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# Las Vegas offers more than gambling

By Victor Block

My first stop was the Eiffel Tower, where I oohed and aaahed over views from the observation deck 50 stories above ground. Next I wandered among splashing fountains and graceful statues reminiscent of ancient Rome.

Then came a gentle canal ride as a gondolier serenaded his passengers in Italian. Finally, I decided, it was time for lunch.

This truncated around-the-world tour wasn't the result of magical time travel. Instead, I was in Las Vegas, where touches of other cities and countries, present and past, are among the wealth of wonders that await visitors.

While Vegas is known primarily as a gambling Mecca, I was there for everything else it has to offer, and what a full menu there is. One could spend days experiencing the strip, the four-mile stretch of Las Vegas Boulevard where most of the largest hotels are located. Many properties offer a list of things to see and do, some free and others reason-



"The Rat Pack is Back"

ably priced, that can fill hour after hour of nonstop activity.

The Eiffel Tower that soars above the scene is a half-size replica of the Paris original. My Roman sojourn took place at Caesars Palace resort, where Julius himself might feel at home. The gondola rides winds through the lobby of the Venetian Hotel.

Each hotel offers its own inducements to attract people to stop by and hopefully spend a few — or not so few — dollars in the casino. A corner of the Bellagio's lobby is transformed into a botanical garden of extensive floral displays that change with the seasons. Nearby is a gallery of fine art where works by the likes of Andy Warhol and Roy Lichtenstein are displayed.

I spent an hour and could have stayed longer at the Shark Reef Aquarium at Mandalay Bay. While sharks are the major attraction, gold crocodile, endangered Komodo Dragons and schools of colorful Caribbean reef fish are among the other inhabitants.

Both land and sea life await visitors to Siegfried & Roy's Secret Garden and Dolphin Habitat at The Mirage. Outside, pools are home to several dolphins, and an underwater viewing area offers oppor-

tunities to admire those endearing creatures up close and personal.

In the land section of the garden, leopards, white and snow tigers, and white and tawny lions prowl in habitats that are enhanced with trees, climbing rocks and waterfalls.



A gondola ride winds through the lobby of the Venetian Hotel.

After dark, La Vegas earns its reputation as "Entertainment Capital of the World." On any night, performers such as Elton John, Jerry Seinfeld and David Copperfield might be appearing on stage.

A nod to nostalgia directed me to *The Rat Pack is Back*, which recaptures the time when Frank Sinatra, Dean Martin, Joey Bishop and Sammy Davis, Jr., worked the stages, and nightclubs, of the city. Realistic impersonators sing, dance and banter and "Marilyn Monroe" adds to the fun with a show-stopping appearance.

By day, a choice of nearby attractions beckon visitors to leave the strip. The Springs Preserve is a short drive, but very far in terms of setting and experience. One exhibit depicts the geological and biological formation and history of the Mojave Desert. Another illustrates how animal and plant life adapt to the harsh, barren environment. Outside, an eight-acre botanical garden and over two miles of gentle walking trails provide opportunities to explore various desert environments and to view native plant, animal and bird life.

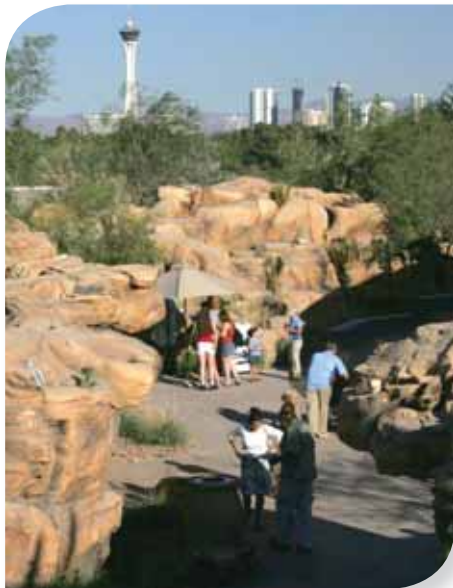
For a very different aspect of the area's history I signed up for a half-day tour to Eldorado Canyon and the oldest, most famous abandoned gold mine in southern Nevada. The trip includes exploration of roads and ravines inaccessible to most

vehicles, but it was the Techatticup Mine that has the most fascinating story to tell.

After being located in 1861, it produced millions of dollars in gold ore as miners used picks and shovels to dig three miles of tunnels, working by candlelight. Our guide pointed out traces of candle wax still stuck to rock walls, and remnants of precious metal glistening in the flickering light. She also related exciting stories of times when gun fights over gold and women trans-

formed the canyon into a rowdy place that even lawmakers refused to enter.

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# Assisted living options: What you need to know

By Dave Carpenter

CHICAGO —

**A**ssisted living may be in your future. That may not be an ideal scenario for most retirees, given its association with a loss of independence. But it's becoming reality for many as living in retirement for decades becomes more common.

There are close to a million residents in some 38,000 assisted living facilities across the country, according to the Department of Health and Human Services. That population is expected to soar as the number of retired baby boomers continues to grow.

But even before their retirement, many boomers are having to deal with placing elderly parents in an assisted living or other type of care facility. That means it's time to do some homework on this residential option — an intermediate step between independent living and nursing home care — and in many cases to cast aside preconceived ideas.

"The name has a connotation of 'I can't live by myself any more,'" said Ellen Eichelbaum, a Northport, N.Y.-based gerontologist whose company, The SpeakEasy Group, consults on aging issues. "But an assisted living facility provides a lot of the social and security issues that seniors are worried about."

It takes away the burden of having to care for your home and allows you to be part of a community, she said. And if you don't feel well, help is just a button away.

"You can still be near your kids," Eichelbaum said. "You can still go food shopping, you can go to the movies. You just won't have the burden of your house."

Here are some things you should know about assisted living facilities.

They are residential communities that offer different levels of health or personal care services for seniors who want or need help with some daily activities — anything from cooking to transportation to dressing and bathing.

What they're not is nursing homes that address major medical needs. They are designed to provide a home-like setting for residents who want to live independently with minimal assistance.

The average age of residents in assisted living facilities in 2009 was about 87, according to the National Center for Assisted Living, an organization representing long-term care providers. Three-quarters of the residents are female. They stay at the assisted living residence for an average of about 28 months, and the majority then move on to a nursing facility.



Services offered vary widely but typically include 24-hour emergency care, some medical services and help with medications, limited assistance with personal care, meals, housekeeping, laundry, transportation and recreational activities. Large facilities may have private apartments as well as shared and private rooms.

AARP suggests checking with a state or local agency on aging, the Yellow Pages, the Assisted Living Federation of America and the American Association of Homes

and Services for the Aging, as well as with friends, neighbors and books on retirement.

If looking on behalf of your parents, check your own local neighborhoods first. Most residents of assisted living facilities in urban areas who have children live within five to seven miles of them, according to Eichelbaum.

The cost of assisted living facilities varies greatly depending on size, location and services. The median rate for a private room is \$3,261 a month, or just over \$39,000 a year, according to Genworth Financial Inc., which compiles an annual costs survey among long-term care service providers. If you need a home health aide on top of that, the median cost nationwide is \$19 an hour.

Neither Medicare nor health insurance policies pay for assisted living. Medicaid covers only some services, and not in every facility or every state.

Long-term care insurance may cover most of the costs, depending on your policy. But if you haven't bought coverage well ahead of time, you may not be eligible and able to afford it.

AARP said four out of five residents pay

ASSISTED page 21

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# Dementia sufferers: Wandering and sundowning

By Micha Shalev

Wandering may be a response to restlessness, agitation, fear, boredom or physical discomfort. It may be a continued expression of a life-long habit of walking in a work situation or leisure-time pursuit. Wandering in some cases may be viewed as a positive activity when contained in a hazard free environment.



## Caregiving Tips

Sundowning describes increasing confusion or agitation in late afternoon or early evening. The causes are unknown. Possibly, the individual becomes exhausted and unable or unwilling to cope with minimal demands.

**Problem** — Other residents or caregivers at home are annoyed by a person wandering around.

- Staff and/or caregivers need to be hyper-alert for a resident intent on leaving the area.
- Resident insists on “going home.”
- Resident is suspicious, disoriented and

sometimes hallucinates in the early evening.

- Resident paces aimlessly and continuously.
- Resident has sore or swollen legs and feet from prolonged pacing.

**Goal** — Provide safe, hazard-free environment for resident to explore (in some instances, wandering may provide good exercise and stimulation).

Provide familiar, secure environment where individual needs are met, and thus, reduce the need for wandering.

**Suggested approach:**

- Provide activities that encourage use of excess physical energy, such as walking in an enclosed area, exercise classes, yoga, stretching, gardening and sweeping.
- Attend to the feelings that prompt wandering such as boredom, worry, hunger, pain or the need to use the bathroom.
- Provide personal identification such as medical alert bracelet should the patient get away. Keep a photo and a piece of unwashed clothing of the resident in a plastic bag to assist in the search if he wanders away from the home or the facility.
- Provide structure so that resident feels safe and knows what is expected.
- Help the resident make sense of his

environment to reduce feelings of anxiety and “searching behavior.”

- Provide needed assistance to prevent frustration. Be sure activity fits the individual. If it is too simple, it may prove demeaning; if it is too difficult, it creates frustration.
- Check with family members about the individual's history. Wandering may be an outgrowth of his work, which involved a pattern of walking, i.e. mailman, meter reader or factory supervisor.
- Clearly label areas such as bathrooms, dining room and resident's own room.
- Decrease noise, clutter and activity which can add to confusion and anxiety.
- Distract when possible with another activity.
- Do not restrain the individual. This may provoke a catastrophic reaction.
- Do not argue or rationalize with the patient. Reassure.
- Prolonged pacing expends tremendous energy. The resident may lose weight. Check with nurse or physician. Prolonged pacing may also cause loss of fluid. This can be serious if dehydration leads to physical complications and increased confusion.
- Observe resident's pattern and time of wandering. Are there triggering incidents,

including staff behavior, which can be avoided?

- Judicious use of medication may be useful in controlling agitated or fearful behaviors.
- Provide articles or activities which provide comfort or security for the individual, such as a favorite blanket or doll, soothing, familiar music or a quiet task like folding towels.
- Provide a night light.

Wandering is a potentially life-threatening danger that can cause acute stress for both the patient and his or her caregivers. It is important to recognize the confusion and help him or her refocus on real-life tasks.

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*Micha Shalev, MHA, is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 Randolph Road in Worcester. The facility is holding two FREE support group meetings a month for spouses and children of individuals with dementia and/or Alzheimer's disease. He can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com or view more information online at www.dodgepark.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.*

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## More doctors are ditching the old prescription pad

WASHINGTON —

**D**ropping a paper prescription at the drugstore is becoming old-school: More than a third of the nation's prescriptions now are electronic, according to the latest count.

The government has been pushing doctors to e-prescribe, in part because it can be safer for patients. This year, holdouts will start to see cuts in their Medicare payments.

A new report from Surescripts, the largest network for paperless prescribing, shows more doctors are signing up fast.

At the end of 2011, 36 percent of all prescriptions were electronic — the doctor wrote it by computer and sent it directly to the pharmacy with the push of a button, the report found. That's up from 22 percent of prescriptions that were paper-

less a year earlier.

For patients, the convenience is obvious — shorter drugstore waits. Pharmacists like not having to squint at the doctors' messy handwriting. And computerized ordering systems allow doctors to easily check that a new drug won't interact badly with one the patient's already taking.

New research by Surescripts and some pharmacies and pharmacy benefit managers uncovered another benefit: More patients pick up a new prescription when it's filed electronically.

Doctors know that too often, patients never fill some of their prescriptions. Maybe they lose the slip of paper, or forget to drop it off or decide they can't afford it.

The new research examined 40 million prescriptions, a mix of paper, phoned,

faxed or electronic ones — and found a 10 percent increase in patients who fill a prescription when it's e-prescribed.

The main reasons: Drugstores receive every paperless prescription, and they can call patients to come in and pick up their waiting medicine, said Surescripts' researcher Seth Joseph. Also, e-prescribing programs automatically show the doctor which brands are covered by the patient's insurance with the lowest out-of-pocket cost.

Even if your doctor is a big e-prescriber, you might still walk out with a few

paper prescriptions. That's because there are additional steps that doctors and pharmacies must take for electronic prescriptions of controlled substances, such as certain painkillers, and the rules vary by state, Joseph explained.

Medicare is beginning to cut some reimbursements to certain doctors who don't e-prescribe at least a little bit.

Surescripts' report counted 390,000 doctors who were e-prescribing at least some of the time in 2011, and its records show an additional 10,000 had begun by the end of February. — AP

## ➤ Assisted

Cont. from page 18

for assisted living out of pocket. Veterans who need assistance can qualify for up to \$1,949 a month if married, \$1,644 if single or \$1,055 for surviving spouses through the Aid and Attendance Pension.

There are three basic types of living options for seniors as they age: independent living, assisted living and skilled nursing. To avoid needing to move every time more assistance is needed, continuing care retirement communities are worth considering. They offer a variety of services for all three levels within one community. But this tiered approach is expensive. Entrance fees can range from \$100,000 to \$1 million, and monthly charges can range from \$3,000 to \$5,000, increasing as needs change.

Do the research before you have an immediate need. Having an idea of the cost and availability of options in your community is essential. If local facilities aren't appropriate or affordable, it may be worth considering relocating to a community with one that fits you or your parents better.

It's probably too late for your elderly

parents to obtain long-term care insurance, but getting it for yourself in your 50s or early 60s is an important step to finance your own future care in an assisted living facility or elsewhere.

Getting siblings to agree ahead of time to a plan for an aging parent and how to finance it is important too, said Amy Goyer, AARP's family expert. “If you wait until the crisis time, often the burden just falls on who's closest,” she said. “That can be much harder and unfair for some family members.”

Doing research on assisted living options ahead of time is critical to finding a good fit for either an elderly loved one or yourself in the future. — AP

The following links have useful information:

- Basics on assisted living: [www.Helpguide.org/elder/assisted\\_living\\_facilities.htm](http://www.Helpguide.org/elder/assisted_living_facilities.htm).
- More basics: Boomers-with-[www.elderly-parents.com](http://www.elderly-parents.com), [bit.ly/vbBO3O](http://bit.ly/vbBO3O).
- Questions to ask: [www.WebMD](http://www.WebMD), [www.bit.ly/rQXX8x](http://www.bit.ly/rQXX8x).
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- Paying: Bankrate, [www.bit.ly/tildFS](http://www.bit.ly/tildFS).
- Assisted Living Federation of America: [www.alfa.org](http://www.alfa.org).

## FDA OKs multiple companies to sell generic Plavix

**P**atients taking the popular blood thinner Plavix now have the option of getting a less-expensive pill, following the approval of the first generic versions in the U.S.

That's because the patent for Plavix just expired. The drug is taken to prevent heart attacks and strokes.

The Food and Drug Administration said it has given seven companies permission to sell generic Plavix, or clopidogrel, in the standard 75-milligram dose. The agency also gave four generic drugmakers approval to sell a 300-milligram dose of Plavix. That's given as initial treatment to patients who have just had a heart attack.

Brand-name Plavix is marketed jointly by Bristol-Myers Squibb Co. and Sanofi SA. They're now offering cou-

pons giving a big discount off the brand price, which is about \$200 per month.

Patients who sign up for the Plavix Choice Card program at [www.plavix.com](http://www.plavix.com) will get a 30-day supply for no more than \$37 through the end of the year, if they are paying with cash or have private insurance. The program is not open to people covered by state or federal health programs, including Medicare and Medicaid, or to residents of Massachusetts, where such programs are prohibited.

According to the FDA, 75-milligram The generics are now available in pharmacies. Among them, Walmart and Sam's Club pharmacies nationwide began selling generic Plavix for about \$40 a month or a \$10 co-pay with insurance. — AP



# CDC to baby boomers: Get tested for hepatitis C

By Mike Stobbe

ATLANTA —

**F**or the first time, the government is proposing that all baby boomers get tested for hepatitis C.

Anyone born from 1945 to 1965 should get a one-time blood test to see if they have the liver-destroying virus, the Centers for Disease Control and Prevention (CDC) said in draft recommendations.

Baby boomers account for more than 2 million of the 3.2 million Americans infected with the blood-borne virus. It can take decades to cause liver damage, and many people don't know they're infected.

CDC officials believe the new measure could lead 800,000 more baby boomers to get treatment and could save more than 120,000 lives.

"The CDC views hepatitis C as an unrecognized health crisis for the country, and we believe the time is now for a bold response," said Dr. John W. Ward, the CDC's hepatitis chief.

Several developments drove the CDC's push for wider testing, he said.

Recent data has shown that from 1999 to 2007, the number of Americans dying from hepatitis C-related diseases nearly doubled. Also, two drugs hit the market last year that promise to cure many more people than was previously possible.

The virus can gradually scar the liver and lead to cirrhosis or liver cancer, and is the leading cause of liver transplant. It can trigger damage in other parts of the body as

well. All told, more than 15,000 Americans die each year from hepatitis C-related illnesses, according to the CDC.

The hepatitis C virus is most commonly spread today through sharing needles to inject drugs. Before widespread screening of blood donations began in 1992, it was also spread through blood transfusions.

Health officials believe hundreds of thousands of new hepatitis C infections were occurring each year in the 1970s and 1980s, most of them in the younger adults of the era — the baby boomers. The hepatitis C virus was first identified in 1989.

Today, about 17,000 infections occur annually, according to CDC estimates.

About 3 percent of baby boomers test positive for the virus, the CDC estimates.

Of those, some manage to clear the infection from their bodies without treatment, but still have lingering antibodies that give a positive initial test result. That's why confirmatory tests are needed.

Still, only a quarter of infected people are that lucky. Most have active and dangerous infections, Ward said.

The agency's current guidelines recommend testing people known to be at high risk, including current and past injection drug users.

But as many as a quarter of infected baby

boomers say they don't recall engaging in a risky behavior.

It's possible some people were infected in ways other than injection drug use or long-

ago blood transfusions. Some experts say tattoos, piercings, shared razor blades and toothbrushes, manicures and sniffed cocaine may have caused the virus to spread in some cases.

Those kinds of experiences might not raise flags in the minds of many patients or their physicians, experts said.

A recent Harris Interactive survey of 1,000 baby boomers found other forms of ignorance about hepatitis C. Fewer than 20 percent knew they belonged to the generation most likely to be infected, and only a similar percent were aware it can be cured in many patients.



## Mass. pharmacies can now give more shots

BOSTON —

**M**assachusetts residents can now get more than just flu shots at the neighborhood pharmacy.

A new policy adopted by state health regulators gives pharmacists the authority to administer 10 additional adult vaccines. They are for measles, mumps and rubella; tetanus, diphtheria and whooping cough; shingles; pneumonia; hepatitis A

Also, only about 25 percent said they had been tested, according to the survey, done on behalf of the American Gastroenterological Association and Vertex Pharmaceuticals, which makes one of the hepatitis C medications.

Currently, many baby boomers learn of their infection almost by accident, like when they donate blood or get a physical exam for a life insurance policy, said Dr. Ryan Ford, an Emory University physician specializing in hepatitis care.

He and other physicians celebrated the CDC's announcement.

"It's a long awaited and very much hoped for development that I believe will save lives," said Dr. Ira Jacobson, a hepatitis expert at New York Presbyterian/Weill Cornell Medical Center

The new testing recommendation is expected to become final later this year.

Online: CDC's hepatitis page: [www.cdc.gov/hepatitis/C/index.htm](http://www.cdc.gov/hepatitis/C/index.htm).

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# Study: Simple scope exam cuts colon cancer deaths

A simple, cheaper exam of just the lower part of the bowel can cut the risk of developing colon cancer or dying of the disease, a large federal study finds.

Many doctors recommend a more complete test — colonoscopy — but many people refuse that costly, unpleasant exam. The new study shows that the simpler test, flexible sigmoidoscopy, can be a good option. Although it may seem similar to having a mammogram on just one breast, experts say that even a partial bowel exam is better than none.

As one put it, “the best test is the one that gets done.”

Colorectal cancer is the second leading cause of cancer deaths in the United States and the fourth worldwide. More than 143,000 new cases and 52,000 deaths from the disease are expected this year in the U.S. alone.

People ages 50 to 75 who are at average risk of colon cancer are urged to get screened, but only about 60 percent do. Government advisers recommend one of three methods: annual stool blood tests, a sigmoidoscopy (SIG-moy-DAH-skuh-pee) every five years plus stool tests every three years, or a colonoscopy once a decade.

In a colonoscopy, a thin tube with a tiny camera is guided through the large intestine. Growths can be removed and checked for cancer. Patients are sedated, but it requires drinking strong solutions the day before to clean out the bowel.

Sigmoidoscopy is not a popular choice in the United States but it's the one used most often in England. It also uses a thin scope and tiny camera, can be done in an ordinary doctor's office, requires much less bowel preparation and costs just \$150 to \$300 versus \$1,000 to \$2,000 for a colonoscopy.

One drawback: It's done without anesthesia. The test usually isn't painful, but patients feel cramping and some discomfort, said Dr. Durado Brooks, the American Cancer Society's colon cancer expert. It also sees only the lower one-third of the colon, “but that is an area where probably half of polyps and cancers develop,” Brooks said.

The new study, led by Dr. Robert Schoen of the University of Pittsburgh Medical Center, tested how well it works.

From 1993 to 2001, about 155,000 people ages 55 to 75 were assigned to get the simple scope exam at the start of the study and three to five years later, or usual

care — screening by any means only if they or their doctors wanted it done. Any patients with suspicious findings were sent for a colonoscopy.

*People ages 50 to 75 are urged to get screened ... only about 60 percent do.*

After about 12 years of follow-up, there were 21 percent fewer cases of colon cancer and 26 percent fewer deaths from the disease in the group assigned to get sigmoidoscopy.

Of the cancers in that group, 243 were considered to have been caught by sigmoidoscopy (many others were found because of symptoms or other tests). Researchers estimate that 97 more would have been detected if colonoscopy had been the main screening method instead of the simpler scope exam, said study co-leader

## Boomers' love of pets could change as both age

By Michael Hill

Hazel the schnauzer and Wrigley the black lab mix mean everything to Harriet Buscombe. The dogs protect her on her pre-dawn runs around her Champaign, Ill., neighborhood, but mostly they make her feel great.

“My children are grown now and having dogs around keeps me ‘still a mom’ in many respects,” Buscombe said in an email interview. “I always feel a lot better — like all of my problems have lessened — because I have spent

Dr. Christine Berg, chief of early detection research at the National Cancer Institute, which sponsored the research.

“My opinion is that there's no doubt that colonoscopy would be better in detecting more total cancers,” she said. “A sigmoidoscopy could be used in situations where people are afraid of having the bowel prep,” or when anesthesia is a risk, she said.

In the study, about half of the group assigned to usual care wound up getting some type of scope exam anyway. That was far more than study leaders expected, and it could have diminished the true benefit sigmoidoscopy gave to the screening group, Dr. John Inadomi of the University of Washington in Seattle wrote in an editorial in the medical journal.

A patient's choice of tests must be respected, he added. “In this case, the best test is the one that gets done.” — AP

times with my dogs.”

The loving link between baby boomers like 49-year-old Buscombe and their pets is well documented. Boomers — typically defined as the generation born from 1946 through 1964 — are a major reason why Americans' spending on the likes of food, grooming, kennels, surgery, even souvenirs, is expected to top \$52 billion this year.

“Boomers are different, for the most part,” said Bob Vetere, president of the

PETS page 30

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## Job market challenging for baby boomers

By Kate Giammarise

TOLEDO, Ohio —

Baby boomers have long been a demographic group associated with cultural and personal changes.

But as many boomers have lost their jobs and faced long-term unemployment in the Great Recession, career change has been difficult.

Jack Frech, director of Athens County Job and Family Services in southern Ohio, said he often sees firsthand unemployed baby boomers having a hard time with a career transition.

"They're working at fast food places, restaurants, waiting tables, they're working in retail," he said. "It's very tough out there."

Frech's observation is correct, studies say. Older workers (age 55 and above) have the lowest re-employment rate of any demographic group, according to a research paper released last year by the John J. Heldrich Center for Workforce Development at Rutgers University. While the Great Recession has impacted workers of all ages, older workers have fared especially poorly, the Heldrich Center found.

These workers tend to remain out of work longer, are less likely to be re-employed, and tend to experience sharper declines in wages than younger workers when they do find new jobs. While 7 in 10 out-of-work older workers reported they considered changing their careers to find a new job, only 12 percent enrolled in training for that purpose, the researchers found. Why? Reluctance to change careers before connecting with another employer in their industry and lack of funds to pay for the costs of education and training, according to the paper.

Bill Turner, workforce administrator in Ohio, said his agency sees a mix of people who do and don't want to change fields. Many people must first deal with the initial shock and trauma of losing a job and stabilize their life and finances before they figure out their next step, such as a new career field, he said.

Frech believes many older workers end up in service jobs rather than re-tooling for a new career because of the expense of education. By contrast, a service job fulfills the immediate need for income and fits with many boomers' ability to work hard.

"They have a good work ethic. They show up. They follow orders," he said.

The Heldrich Center study notes the current unemployment system is not well suited to address the problems of older workers in a prolonged recession who "may need to undertake long-term — and expensive — retraining programs in order to find another job." It concluded, "Without additional assistance, millions of older workers will be left behind when the economy recovers and will suffer continued financial crises."

The baby boomers James Ford sees tend to fall into one of three categories: people fearful of a career change, those eager to make a change or those who must make a career change because they have no other option. The last category of workers often are forced to take whatever low-wage job they can find.

Ford, deputy director of Ross County Job and Family Services in southern Ohio, said many laid off older workers



don't end up changing careers because the idea is simply too daunting or the fear that employers won't hire them because of their age.

When older displaced workers do find jobs, they typically experience sharp wage declines, according to a policy paper released last year by the Urban Institute.

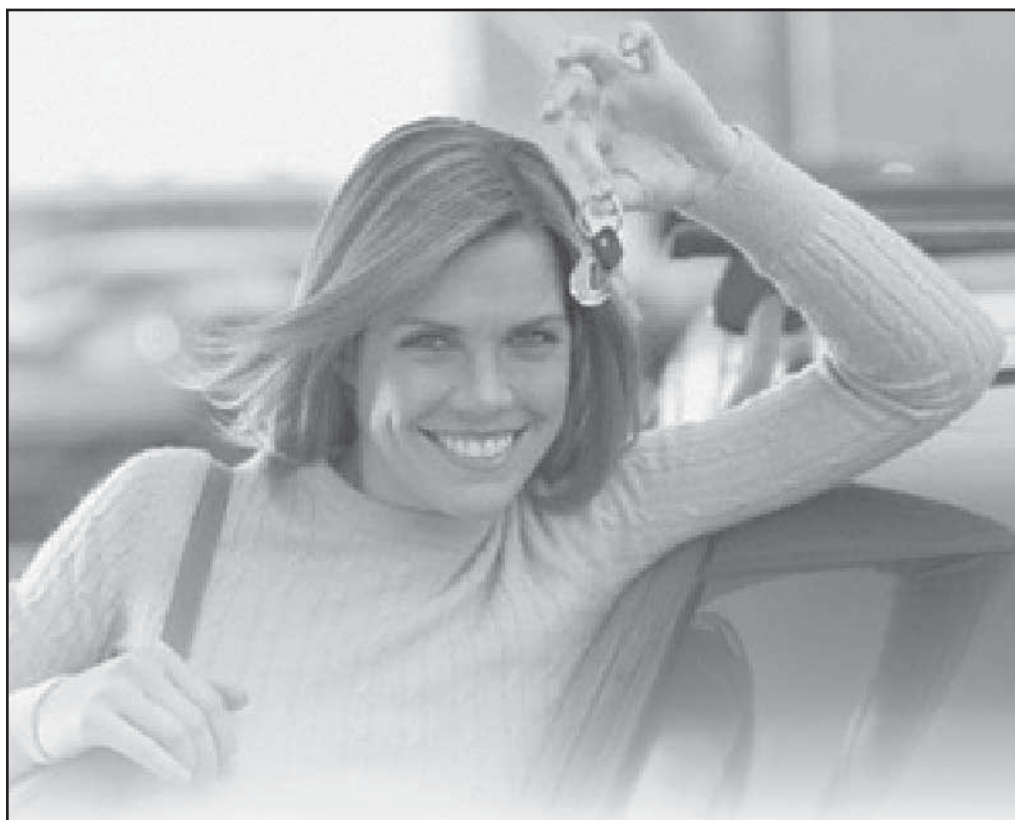
But Joe Catalano, who coordinates the employment ministry at Blessed John XXIII parish in Perrysburg, said many of the laid off professionals he assisted didn't need to retrain for a new field, they just needed to improve their resume writing, networking and job-search skills.

Doris Beach is employment and training coordinator at Experience Works in Toledo, a national organization that helps older adults find jobs. She encourages the clients she works with to retrain and learn new skills. Some of the job-seekers she works with are learning to install security systems, training to drive trucks or forklifts and getting certified to be early childhood educators or nurses' aides.

A recent brief from the National Employment Law Project (NELP) also noted some older workers are considering or have already taken up the ultimate career change — early retirement.

Are boomers, who came of age in the era of upheaval in the 1960s and '70s, more able to adapt and change?

"They're living longer, they're educated and most of them want to continue to contribute. You can't just count them out," Beach said. — AP



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# Retired couples may need \$240,000 for health care

By Mark Jewell

BOSTON —

Couples retiring this year can expect their medical bills throughout retirement to cost 4 percent more than those who retired a year ago, according to a new projection released by Fidelity Investments.

The estimated \$240,000 that a newly retired couple will need to cover health care expenses reflects the typical pattern of projected annual increases. The Boston-based company cut the estimate for the first time last year, citing President Barack Obama's

health care overhaul. Medicare changes resulting from that plan are expected to gradually reduce many seniors' out-of-pocket expenses for prescription drugs.

But Fidelity said overall health care cost trends are on the rise again, so it's raising its cost estimate from last year's \$230,000 figure.

"As long as health care cost trends exceed personal income growth and economic growth, health care will still be a growing burden for the country as

a whole and for individuals," said Sunit Patel, a senior vice president for benefits consulting at Fidelity, and an actuary who helped calculate the estimate.

However, this year's 4 percent rise is relatively modest. Annual increases have averaged 6 percent since Fidelity made its initial \$160,000 calculation in 2002.



The projections are part of Fidelity's benefits consulting business. The study is based on projections for a 65-year-old couple retiring this year with Medicare coverage. The estimate factors in the federal program's premiums, co-payments and deductibles, as well

as out-of-pocket prescription costs. The study assumes the couple does not have insurance from their former employers, and a life expectancy of 85 for women and 82 for men. The estimate doesn't factor in most dental services, or long-term care, such as the cost of living in a nursing home.

This year's estimate could change significantly. This month, the U.S. Supreme Court will decide whether to strike down

COUPLES page 26

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# Who will care for my pet? A reality check

By Linda T. Cammuso

**W**e love our pets, we pamper them and we treat them like family — often to the chagrin of those who live pet-free lives. As a pet owner and an estate planning attorney, I'm often astounded at the number of pet owners who fail to consider the possibility that their pets could outlive them, or that they could reach a point in their lives where they are no longer capable of caring for them. Consequently, they do not make provisions for their pets who bring so much enrichment to their lives.



## Legal Briefs

Responsible pet owners should be aware there is a legal solution that ensures the security of your pet's future and brings you peace-of-mind knowing that your animal will not become one of the millions who end up in overburdened pet shelters, or even worse, being euthanized. The solution is a pet trust. In basic terms, a pet trust is a legally binding document used by pet owners to ensure that their pets are lovingly and financially cared for when the owners are no longer able to do so.

Two basic considerations in creating pet trusts are financial and human. The steps to creating the actual trust include choosing a trustee and trust protector

(people who will be in charge of the funds), funding the trust and selecting remainder beneficiaries (the individuals or charities who would take any remaining funds after the pet's death).

•Choosing a trustee and trust protector: Some pet owners feel that family members love their pets as much as they do and assume that "My daughter or son will take the cats for sure." You need to have the talk with those whom you would like to care for your pets to make sure that the person you select really does want the responsibility and will love and care for your animal according to your wishes. You might be surprised to find that the first person you selected might not actually be the one for the job.

At the very least you'll know whether or not to select someone else. You can also name different people in the roles of caring for the pet and overseeing the money for the pet's benefit.

•Funding the trust: A sum of money will need to be included in the trust to cover costs of care. In determining the amount needed, your attorney will help you evaluate your pet's life expectancy, day-to-day costs, medical care and general health, grooming and food costs among other costs.

•Remainder beneficiaries: If funds are remaining in the trust following the death of your pet, they would then be distributed according to your wishes. The beneficiaries you select could be family members, a

friend, a charity or even a pet shelter.

Creating a trust for your animal is an extraordinary act of love and compassion. When setting up a trust document, it is advisable to work with an estate planning attorney who can either amend your existing estate plan or develop an estate plan for you that includes a pet trust.

*Linda T. Cammuso, a founding partner at Estate Preservation Law Offices and an estate planning professional, has extensive experience in estate planning, elder law and long-term care planning. She may be reached at [www.estatepreservationlaw.com](http://www.estatepreservationlaw.com) or by calling 508-751-5010. Archives of articles from previous issues may be read at [www.fifty-plusadvocate.com](http://www.fifty-plusadvocate.com).*

## ► Couples

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part or all of the 2010 health care law, including its centerpiece requirement that nearly all Americans carry insurance or pay a penalty.

If the ruling requires significant changes, Fidelity may update its estimate, Patel said.

Although its focus is expanding health care access to people under age 65, the law also is intended to benefit many retirees by gradually closing what's known as the "doughnut hole" coverage gap in the Medicare drug benefit.

But longer-term, retirees' cost savings aren't expected to offset other factors

driving expenses up, such as new medical technologies, greater use of health care services and more diagnostic tests.

Fidelity's finding of a 4 percent increase in long-term medical costs for retirees is in line with recent data from the Employee Benefit Research Institute (EBRI), said Paul Fronstin, director of health research and education for the private nonprofit organization.

"Costs are going up," Fronstin said.

EBRI conducts similar research but, unlike Fidelity, doesn't focus on an average. That's because there are so many variables that impact a retiree's circumstances, including life expectancy and prescription drug costs, Fronstin said.

In its latest annual estimate released last August, EBRI projected that a couple

with median drug expenses — meaning half of the population would have higher, and half lower — would need \$166,000 for a 50 percent chance of having saved enough to cover health care expenses in retirement. They'd need \$287,000 for a 90 percent chance.

The findings illustrate the importance of factoring in health care alongside housing, food and other expenses in retirement planning. If medical costs continue to rise faster than personal incomes, many retirees will have to adjust their household budgets so they can cover medical costs, Patel said.

"It's a fixed liability for the majority of folks, and it doesn't vary up or down like food or clothing costs can," he said. — AP

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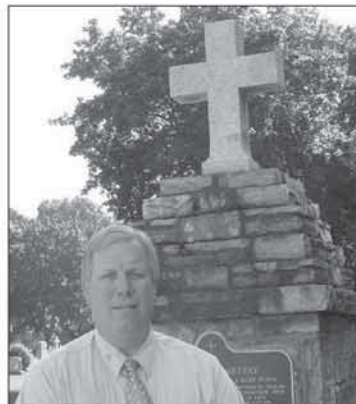


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# Seniors take jobs typically filled by teenagers

By Ann Belser

PITTSBURGH —

If junior can't get a job, blame grandpa. Battered retirement investments have led older workers to stay in, or re-enter, the workforce. And the situation has caused a shift in the average age of workers, with the percentage of young people dropping to the lowest level since the U.S. Bureau of Labor Statistics started keeping track in 1948.

At this point, the percentage of people over 65 in the workforce is at its highest rate since 1965, with almost 2 million older workers entering since the start of the Great Recession. There are now almost 7.7 million workers over 65, or 18.5 percent of the workforce. That's 2 million more than the teenage cohort of workers.

It's not just the younger seniors who are still punching the time clock. The number of workers over 75 has never been higher, with 7.8 percent of that age group in the workforce, nearly double the percentage from 1987, when the government starting keeping track. There are now 1.4 million people 75 and older in the workforce.

Dennis Jacobe, chief economist for Gallup Inc. in North Carolina, said his organization has been tracking the same trends and working to understand what's going on.

"There are a couple of different factors," he said. "After the recession and financial crisis, a lot of older Americans lost their retirement nest eggs." Those workers don't have the time needed to recover their investments, so they have to go back to work.

"Retirement, in a way, has changed," Jacobe said. "The old way was you clip coupons, sit on the beach and enjoy your retirement."

Now more people are healthy later in life and able to work, so their retirements are spent working part-time jobs that leave them able to take time off to travel but also give them something to do and a paycheck when they return home.

The part-time jobs they desire, though, are a hot commodity with younger workers.

In a recent survey by Gallup, the company found 32 percent of 18- to 29-year-olds

were underemployed in April.

The Bureau of Labor Statistics reported that the percentage of the youngest workers, ages 16 to 19, who are working or even trying to get a job, fell to 31.8 percent in April. That's down from an annual rate of 41.3 percent in 2007, before the most recent recession. And the percentage of teens working is far off the annual rates of 51 to 57 percent that the country saw in the 1980s and 1990s.

Some of that might be by choice.

In the upper socioeconomic groups, a summer job isn't as important as it once might have been, said John Challenger, CEO of the Chicago-based outplacement firm Challenger, Gray & Christmas Inc.

In past decades, teens would mow lawns or work a retail job for pocket money, but now he said, "Many teens don't want that. They want to go to camp or a summer program or take an internship."

While young people may need jobs to learn responsibility, employers still struggling in a tough economy often aren't in the mood to teach them.

Older workers, Jacobe said, tend to be more reliable.

"From a business point of view, you're getting a person with more experience," he said. Older employees already know that they have to be at work on time and do the work.

In West Mifflin, Kennywood Amusement Park has traditionally been inundated with applications from teens who live in the immediate area. Since the economic crisis of 2008, the applicant pool has broadened both in terms of age and geography.

Jeff Filicko, a spokesman for Kennywood, which also handles hiring for the nearby Sandcastle Waterpark, said the trend started to shift about three years ago. Not only teenagers were applying for work, but also people who were retirement age.

A job at an amusement park, he said, is "a great idea in theory, but then they find out it's work."

With a lifetime of work experience, the older employees know that even a job at Kennywood isn't always amusing. — AP



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## Home within a home as families live together longer

By Amy Taxin

LOS ANGELES —

It's a home within a home — and it could be coming soon to a home near you.

Builders across the country are revamping home designs to meet the needs of a growing number of Americans who are now living with extended family.

The number of so-called multi-generational households — where adults are living with their elderly parents or grown children — has jumped since the Great Recession forced Americans to rethink living on their own. Demographic experts say it's poised to rise further as baby boomers age, so-called "boomerang kids" walloped by the weak job market stay home longer and ethnic groups such as Asians and Hispanics, who are more likely to live with extended family, continue to grow.

The housing industry is trying to keep up with the changes by adding self-contained suites to single-family homes to enable families to stay close while retaining a greater degree of independence.

"It's not the nuclear family, the American dream family that we see all the time," said Jerry Messman, a partner in national design firm BSB Design. "The builders are starting to respond to it."

After World War II, Americans were encouraged to move out of their parents'

house when they reached adulthood and achieve independence at an earlier age. Over the next few decades, young families ventured out to live on their own, separately from their parents, in traditional single-family homes.

Since 1980, however, the number of families living in multi-generational households has steadily climbed, buoyed by a wave of immigration and delayed marriages. After the onset of the Great Recession, the number jumped even higher — rising 10.5 percent in a two-year period so that nearly 17 percent of Americans lived in multi-generational households by 2009, according to a report by the Pew Research Center.

During the last year, builders and home designers have started to respond to the trend by rolling out layouts for single-family houses that include a semi-independent suite with a separate entry, bathroom and kitchenette. Some suites even include their own laundry areas and outdoor patios for additional privacy, though they maintain a connection to the main house through an inside door.

Reanna Cox, 33, bought a new home earlier this year in San Bernardino with a suite that connects to her kitchen through a hallway. Initially, Cox and her husband planned to have his aging parents live there. But when her sister lost her job, Cox invited

her to move into the suite with her young daughter.

Lennar Corp., based in Miami, is offering 3,400 square-foot homes that include a roughly 700 square-foot suite in Las Vegas. Standard Pacific Homes of Irvine is offering a self-contained "casita" attached to the main house as an option on its new designs.



Both companies say the plans have been popular since they were rolled out last year.

But it isn't clear what share of homebuyers will buy these homes — especially since immigrant families from Asia and Latin America who have traditionally lived together have long found ways to do so without this option, said Gary Painter, research director at the University of Southern California's Lusk Center for Real Estate.

"There certainly is a demand to be close," Painter said. "We just don't have enough in the market to make a definitive statement about whether this sort of kitchenette living or guest house nearby will become a next wave."

Lennar is offering its so-called "Next Gen" designs in states ranging from California to Texas to Florida. Sales of these multi-generational homes account for a very small percentage of the company's sales but are growing quickly.

The Aliso Viejo-based New Home Company is rolling out a range of options for multi-generational living in the affluent Orange County suburb of Irvine, where the Asian population has nearly doubled in the last decade.

The company's floor plans include a self-contained suite attached to a main house or separate homes that share a common yard and pool. The company has reached out to Asian

buyers by offering touches such as specially designed wok kitchens and dedicated music room.

Builders say the tendency to live together longer comes down to a matter of economics as families of varied ethnic backgrounds cope with the wake of the recession and the needs of aging parents, who may have seen their retirement savings depleted in the downturn. — AP

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## ► Pets

Cont. from page 23

American Pet Products Association. "What did they call us? Helicopter parents, because we were constantly hovering over the kids. The kids left home and now we're looking to hover over something else. And so we wind up doing it over pets."

But will the beautiful relationship last?

Pet ownership rates tend to drop among people in their golden years. And boomers are starting to hit retirement age, with the oldest boomers turning 66 this year. The pet industry is already looking years ahead to when aging boomers eventually could be tempted — or forced — to give up high-maintenance dogs and cats because of fixed incomes, smaller homes or physical limitations. Routine veterinarian care alone can run \$248 a year for a dog, according to an industry survey.

"I'm in a bit of a conundrum. I want to own a dog until the day I die, but it haunts me to think of dying and leaving a dog I've bonded with without a best friend," said Mike Lewis of Anchorage, Alaska.

At 55, Lewis is healthy, but he is thinking ahead. Lewis and his wife have three dogs now, but he says given his age, he probably has bought his last puppy. If he gets another new dog, it will be an older rescue.

It's estimated that about 73 mil-

lion American households keep pets. Spending habits of boomers — a generation that represents about a quarter of the population — is significant. And boomers do spend a lot, particularly "empty nesters" with children gone from the home, Vetere said.

Boomers — with their desire for flexibility and mobility — are sinking money into products and services previous generations never considered, like automatic feeding devices and litter boxes or pet-sitting services, Vetere said. They often treat their pets like humans, purchasing gluten-free dog food and heated kitty beds. The Nielsen Co. reported in 2010 that boomer households spent \$211 a year on pet food, more than any other age group.

In suburban Detroit, Donna Blain has purchased comfy beds for her Yorkshire terrier-Pomeranian mix, Lola, as well as a wicker bike basket with a cage on the top and about 20 dresses.

"Lola likes the attention. Believe me, she likes going anywhere," said Blain, 56. "Does she like getting dressed up? Probably not."

Packaged Facts in its report noted that "pet product makers cannot afford to take Boomers for granted."

Already, the industry is promoting the benefits of pets for older people.

The pet association is a founding sponsor (along with Petco and Pfizer Animal Health) of the Human Animal Bond Research Initiative, a nonprofit dedicated to promoting the positive role animals play in people's health.



The group's website touts the role animals have in lowering blood pressure and reducing anxiety.

The pets-have-a-benefit message applies to people of all ages, but the argument might strike a deep chord with older people.

"For us, they bring a really a tremendous amount of joy, you know, because after your kids are gone your house is kind of empty and they're just a lot of fun, good company," said 70-year-old Phyllis Singler, of Philadelphia. She and her 61-year-old husband lead an active retirement with boating and trips to

Florida and Europe.

The couple owns two biewers, Natty and Gio, that go almost everywhere they do. And when they can't, they hire a sitter. There's a provision in their will to set aside money so their children can care for the dogs, if need be.

Some researchers caution that the good of pet ownership has to be weighed against the bad. Hal Herzog, a professor of psychology at Western Carolina University, said there are so many studies on the "pet effect" with conflicting results that it remains an "uncorroborated hypothesis." Herzog, author of *Some We Love, Some We Hate, Some We Eat* noted, for instance, that the Centers for Disease Control estimated there are almost 87,000 falling injuries each year related to cats and dogs.

"The pet industry has really pushed the idea that pets are good for people and they've ignored the substantial literature showing there's no effect or there's a deleterious effect," Herzog said.

Herzog said pets can have a positive affect — he thinks his cat has a positive effect on him — but that the health benefits have been oversold.

Vetere said claims that pets are some awful tripping hazard or otherwise harmful are "greatly exaggerated."

"I don't see that as being even close to a trade off," he said. — AP

## VETERANS AND SERVICE MEN & WOMEN

Worcester County Memorial Park  
Proudly Offers Burial Benefits to  
Those Who Serve Our Country.



IN recognition of our Veterans, we are offering Service Men and Women an opportunity to register for a pre-needed interment space (Limited spaces still available in our Veteran sections.) Don't miss out. This benefit could expire at anytime. Thousands of Veterans and Service men and women in this area HAVE ALREADY REGISTERED.

**Mail Coupon Below or Call 508-791-0350**

**MAIL TO:** Worcester County Memorial Park,  
ATTN: Veteran's Department  
217 Richards Ave., Paxton, MA 01612

DETAILS  
ARE  
FREE

Veteran's Name:

Address:

City:

Zip Code:

Phone:

Married: ☐ Yes ☐ No

Branch of Service:

Dates Served:

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## Free Booklet on What Every Family Should Know about Cremation!

We have created 12 buildings in our Heritage Garden, each offering a unique way to honor a loved ones memory. These buildings honor a person's life and memory, in a way that future generations would have a site to visit and reflect on where they came from.

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**Mail Coupon Below or Call 508-791-0350**

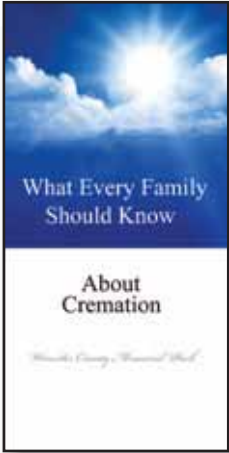
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217 Richards Ave., Paxton, MA 01612

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_



**DETAILS ARE FREE**

## THE \$1,950 A MONTH BENEFIT FOR VETERANS THE VA DOESN'T WANT YOU TO KNOW ABOUT.

Many Veterans and spouses qualify for a little known VA benefit designed to help them stay at home and out of a nursing home. It can also pay for assisted living. The benefit ranges from \$1,056 a month for widows to about \$1,950 a month for couples. Our **FREE** report outlines the benefit and what it takes to qualify. Call now for your free special report.

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# Ladies, Make a Date with da Vinci®!

Surgery can change your life but it doesn't have to change your lifestyle...

Thursday, June 7, 2012 • 6:00 pm  
In the Atrium at Saint Vincent Hospital  
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**Come hear one patient's story on how da Vinci surgery changed her life**

600,000 women a year face surgery that is done with outdated methods, and over 300,000 endure overly invasive procedures with higher risk and pain. A less invasive and more effective surgical option is now available with the da Vinci Surgical System.

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Join us as gynecologists Dr. Craig Best, Dr. Judith McNicholas, Dr. Diego Illanes, Dr. Abraham Fischer, and Dr. Peter Davidow reveal how the da Vinci robot is revolutionizing gynecologic surgery for women.



## Presenters and Panelists



Craig Best, MD  
Gynecologist



Judith McNicholas, MD  
Gynecologist



Diego Illanes, MD  
Urogynecologist



Abraham Fischer, MD  
Gynecologist



Peter Davidow, MD  
Gynecologist

**This is a free program. To register, please call 1-877-554-3258.**  
**Light refreshments will be served.**

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While the physicians are members of the medical staff of Saint Vincent Hospital, this physician is an independent contractor. As a result, the physician listed above is neither an employee nor an agent of Saint Vincent Hospital and is not responsible for any actions this physician takes in his medical practice.