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# **fifty plus** advocate

**38<sup>th</sup>**  
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Published Monthly / FREE / September 2012 / Vol. 38 / No. 9 / 32 pp.

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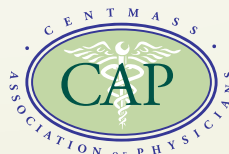
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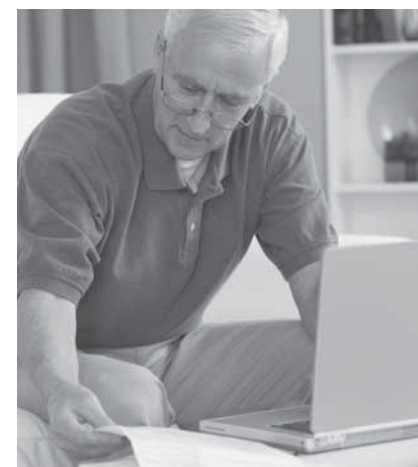
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# Mortgage debt overwhelming many older Americans

By Brian Goslow

Millions of older Americans are carrying more mortgage debt than ever before with more than three million at risk of losing their homes, according to an AARP Public Policy Institute research report released this summer.

There were 2,541 new foreclosure filings in Massachusetts in July, according to www.RealtyTrac.com, a website that tracks foreclosed properties nationwide.

The "Nightmare on Main Street: Older Americans and the Mortgage Market Crisis" study reported that as of December 2011, approximately 3.5 million people 50 and older were "underwater" — the term for homeowners who owe more than their home is worth — leaving them with no equity.

The percentage of Americans in that age group whose loans are seriously delinquent increased 456 percent — from 1.1 percent in 2007 to 6 percent in 2011; 16 percent of loans to the 50 and older population are underwater.

Citing the Federal Reserve, the AARP report stated that in 2010, two-thirds of the families with a head of the household age 65-74 have debt. More than half of them owe \$45,000.

"Among the 50 plus population, the highest foreclosure rates are for those 75 and older," said Debra Whitman, AARP executive vice president of policy, during a recent press conference announcing the findings. "America's oldest homeowners have been struggling to maintain their financial security as their incomes are falling and their mortgage payments and property tax and health care costs have increased. Two-thirds of families over 75 have no money in their retirement savings."

Adding to the problem, by age 75, one member of a couple may have passed away, leaving a single individual to struggle with the expenses. "While a person's household income may have dropped dramatically, expenses, especially for housing, often don't change," Whitman said.

"We continue to see a housing market that is in turmoil. Underwater homeowners face difficulty with financing and can't sell their house. Mortgage underwriting standards are extremely tight where only borrowers with excellent credit have access to mortgage support and mortgage financing."

Foreclosure affects more than the finances of those involved in the process — it has lasting health consequences as well. A 2011 National Bureau of Economic Research study found "the presence of homes lost to foreclosure in a given neighborhood is associated

with increases in medical visits for mental health conditions (anxiety and suicide attempts), preventable conditions (hypertension), and physical complaints that could be stress-related."

A subsequent American Journal of Public Health study reported that mortgage delinquency was associated with increased incidents of mental health impairments and that people who were delinquent were more likely to develop depressive symptoms, and likely to cut back on food purchases and prescriptions drugs. The stigma of foreclosure was also thought to lead to isolation. "The importance of measuring the extent of this crisis and examining its impact on older Americans cannot be overstated," the study noted.

The government sought to address the foreclosure crisis with its Making Home Affordable Program in 2009, which aimed to assist homeowners obtain loan modifications through its Home Affordable Modification Program (HAMP), and help with the refinancing of underwater loans through the Home Affordable Refinance Program (HARP), which unlike the former, was limited to loans owned by Fannie Mac and Freddie Mac. Through March 2012, approximately 990,000 homeowners had received permanent HAMP modifications while 1.8 million received trial modifications.

Two new programs were added the following year: The Home Affordable Unemployment Program (UP) for homeowners with loans not owned by Fannie Mac or Freddie Mac, and the Housing Finance Agency Innovation Fund for the Hardest Hit Housing Markets (HHF).

The inability to sell their home is a major problem for retirees; in the past, home equity was used as a primary savings for retirement. The decline in housing values means those expected resources are no longer available when retirees need them. In addition, a slow housing market means people who wish to move closer to their families or into assisted living facilities aren't able to do so because they can't sell their homes.

Financial reporter Jane Bryant Quinn said an increasing number of seniors are moving in with their children because they're broke. "They ran through their savings, they can't pay their taxes, they're underwater," she said. "They're broke and turn to their kids."

AARP and its partners are in the beginning stages of considering how to assist Americans

who find themselves unable to sell their homes but need to move into assisted living facilities for health and safety reasons.

The findings of the "Nightmare on Main Street" report and possible strategies for dealing with them were discussed at "The Foreclosure Crisis: Ending the Nightmare for Older Americans," an AARP Solutions Forum moderated by Quinn. Panelists included Janis Bowdler, National Council of La Raza, a national Hispanic civil rights and advocacy organization; James Carr, National Community Reinvestment Coalition, which promote access to basic banking services; Deborah Leff, U.S. Department of Justice;

David John, The Heritage Foundation; and Paul S. Willen; Federal Reserve Bank of Boston.

Some of the participants felt it was time to stop looking for the government to solve the mortgage and foreclosure problem.

"We're used to looking for mass solutions, mass refinancing," said David John of the Heritage Foundation, a Washington, D.C.-based think tank. John asked whether it was time to move away from HAMP and mass financing programs and focus on specific responses for specific groups of troubled borrowers.

"We're talking about real people, real individuals (as opposed to faceless programs)," John said.

Willen, who said he attended the forum "as a researcher and concerned citizen and not a representative of the Federal Reserve Bank of Boston," said the idea that "renegotiation and principle reduction is sort of a magic bullet for the housing market. It is something that has really prevented us from solving a lot of the problems of the last six years."

He questioned the logic of those who believe that a lender looking at foreclosing on a property would be better served by writing down the cost of the loan since it wasn't going to recover the value of the house if the borrower walked away from his or her obligations. Willen pointed out, that even if the borrower is underwater, meeting the mortgage payments still has value.

Willen felt there was no grand proposal that would solve the mortgage problem and that each situation should be handled the same way it began — one-on-one. "Mortgages are given individually; each has to be reconsidered individually." He said what's needed are "small things tailored to individual situations; there are different problems and dif-

ferent solutions" for each individual.

Many families who have faced foreclosure have been frustrated because they don't have the means to hire legal representation for their hearings.

"Here they have what is the most significant legal moment of their lives, yet they have to face it without legal assistance," said Leff, of the U.S. Department of Justice. She noted there's a new Justice Department initiative to improve access to council for those with modest means facing foreclosure and who can't afford a lawyer.

"Foreclosures: A Crisis in Legal Representation," a 2009 study by the Brennan Center for Justice at New York University School of Law, found foreclosure can often be avoided if people have the right legal help.



Bowdler

"Many borrowers have legitimate legal defenses to foreclosure and those could be raised with skilled advice and assistance," Leff said. "A lawyer can help people negotiate the byzantine loan modification process."

Leff noted that recently instituted mediation programs appear promising, but more studies are needed on whether the process leads to more families keeping their homes. At this point, only a few jurisdictions have engaged in independent studies in this area.

"We need to know the comparative impact of intervention — what is the difference if you do or do not have mediation?" Leff said. "We have to learn what kind of housing counseling is available by region and what kind of legal assistance is most effective."

Two and a half billion dollars was put set aside earlier this year as part of a \$25 billion National Mortgage Settlement negotiated by 49 state attorney generals and the federal government with the country's five largest loan servicers that were found to have engaged in mortgage servicing abuses and having illegally foreclosed on thousands of borrowers throughout the country.

The \$2.5 billion payment is intended to avoid preventable foreclosures, to ameliorate the effects of the foreclosure crisis, to enhance law enforcement efforts to prevent and prosecute financial fraud, or unfair or deceptive acts or practices and to compensate the states for costs resulting from the alleged unlawful conduct of the defendants.

Of this settlement, almost \$45 million was designated for Massachusetts, most of which was to be used for the establishment of a Consumer and Community Foreclosure Relief Fund to be used at the discretion of each state's attorney general to fund or assist programs aimed at avoiding preventable foreclosures, provide compensation for borrowers and



John



Carr

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Serving the Fifty Plus Community since 1975  
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Bookkeeping: ext. 6, Circulation: ext. 7, Sales Manager: ext. 5

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Boston Metro / Boston South Sales Manager:  
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Sales:  
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Members of the Associated Press.

- Fifty Plus Advocate is published monthly, 12 times annually by Mar-Len Publications, Inc. 131 Lincoln St., Worcester, MA 01605.
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MORTGAGE page 10



# An adult pastime ruined by splashy makeover

By Sondra L. Shapiro

Qis, xi, zax, suq are just a handful of words that Scrabble players' covet in terms of high point scoring potential.

For me, the game conjures up childhood memories of my parents and their friends sitting around our kitchen table, the clicking of tiles and light-hearted arguments and challenges over what constitutes a "legal" word.



## Just My Opinion

On long summer days at Revere Beach, all of us kids knew that once the Scrabble board came out, we had to make ourselves scarce — to intrude with requests for snacks or tattle-telling would be met with severe reproach. So off we went to hunt shells, swim and build sand castles, leaving the adults to what we kids thought of as a boring pursuit. They would sit for hours, oblivious to the sun, sand, ocean and ram-bunctious kids. What a waste of a great day we thought.

I didn't understand the attraction or the utter quiet among the players, the almost neurotic addiction to the board until I began playing an online version decades later on my iPhone. And, so my lament.

My beloved game has fallen victim to kid-targeted marketing. Or so I assume. It's a well-known fact that we boomers are in age denial. We have laid claim to our kids clothes, cars, books and movies.

Though I readily own up to reading the *Hunger Games* and *Harry Potter*, there is one activity that is all adult — Scrabble. From my parents' generation to the present, this is a game loved for its simplicity in style and concept. In our youth oriented culture, it is a rare treat to have something that is just for us adults, and have us embrace it even though there is nothing kid about it.

Stylistically, the online board pretty much replicated the original board — right down to its small, wood-colored letter tiles and uninspiring board colors representing premium squares worth double and triple word or letter points. With small tweaks to the board version over the years, there was still no mistaking this online game for anything but the original board version of my youth — even the board's square shape and 15-by-15 grid of cells was replicated on the screen. Nothing there to distract the player from working the puzzle to complete a high scoring word.

Sure, there have been some additions to the online version not offered in the original game, but none of them tampered with the integrity of the original.

Before the ravaging of the online game, I would bask in a Zen-like state of quiet contemplation, all my focus on the task at hand. Like my parents, I would resent any interruption. Amid the fast-paced hours of each day, I would find some quiet moments to play a word. Often I would have four games going at one time, each one could last a few hours or a few days.

For a few moments first thing in the morning, I would check to see if anyone had played a turn during the night. The

game also provided a welcome diversion while waiting in a doctor's office or during television commercials. Shamefully, I also had a very bad habit of sneaking a peak at the board during dinner or when out with friends.

Then there were the marathon sessions during rainy weekend afternoons or, very, very late into the night. With the only illumination from a tiny flashlight, I could play an entire game. My poor husband once woke up during one of these sessions, thinking it was daylight. I had accidentally moved my flashlight straight into his eyes when I became excited over scoring a bingo (slang for a word using all 7 letters, worth an extra 50 points). Pure blurry-eyed bliss. For me, at least.

Most people who play this game do so because it is not fast-paced or adorned with the flashy features often coveted by younger folks.

Like professional tennis or golf, a strict code of etiquette was built into the online version. If a person was rude enough to abandon a game for days at a time, the opposing player was allowed to nudge them twice over a period of a couple of days, then force them to forfeit the game. If a player was matched up with someone not at his or her level, there was an option of deleting the game at the third turn without penalty.

This all worked so nicely for everyone. Until a few weeks ago. I opened my game one morning and experienced horror, shock and deep disappointment as I was greeted with a totally revamped, unrecognizable, juvenile nightmare, complete with bright colors, funky animation and ridiculous dialogue boxes with insipid phrases such as "ouch," "bogus," "awesome" or "sheesh," next to wins and losses.

The ability to delete or nudge opponents is gone. There is little incentive for players to finish what they have started, leaving my home page cluttered with unfinished games. My beloved game is no longer fit for adults, but more suitable for pre-teens.

I wonder, whose idea was it to mess with it?

Ultimately, I assume game designers are kids themselves, with no idea what adults want. After all, my generation is usually chasing after youth while pushing away anything that might make us feel old, so I guess that's a message that might be conveyed to the company that offers the online edition.

After my occasional delving into the flash and fast-paced lifestyle of youth, the revamping of a beloved, old game has made me face the loss of an opportunity to practice and appreciate — civility, quiet contemplation, good manners, mind exercise and modesty — skills we usually develop with age.

Sadly, I have accepted I will never reach my dream of using the word *QUIZZIFY*, placed across two-triple word squares with letters strategically placed on high scoring tiles to produce a 419 point score.

Sondra Shapiro is the executive editor of the *Fifty Plus Advocate*. Email her at [sshapiro.fiftypusadvocate@verizon.net](mailto:sshapiro.fiftypusadvocate@verizon.net). And follow her online at [www.facebook.com/fiftypusadvocate](http://www.facebook.com/fiftypusadvocate), [www.twitter.com/shapiro50plus](http://www.twitter.com/shapiro50plus) or [www.fiftypusadvocate.com](http://www.fiftypusadvocate.com).

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# Boston area fourth among 2012 Best Cities for Successful Aging

By Brian Goslow

Mary Eliff, 68, loves living in the Boston area. Barely a week goes by that the Dorchester resident, who is semi-retired, isn't at one of the many cultural opportunities the city has to offer.

"I love the (Boston) Symphony (Orchestra)," Eliff said. "I go to the symphony rehearsals. They're fascinating and they don't cost much at all. I love the process as much as I love hearing the music." Her musical tastes range from classical to cutting edge rock.

**Few places are as innovative or offer as many opportunities for education and retraining as the Greater Boston area...**

In recent months, she's visited the Museum of Fine Arts, the Isabella Stewart Gardner Museum, Harvard University's Sackler Art Museum and the Peabody Essex Museum in Salem. She regularly attends lectures at the John F Kennedy School of Government and JFK Presidential Library.

"I was at Shakespeare on the Common last month," Eliff said. "We were sitting in folding chairs. It's free; you can give a donation."

Eliff keeps fit by doing step aerobics three times a week and doing lots of walking around the UMass- Boston and JFK Library campus. "It's about a mile and a half," she said. "I like to get off the subway

a stop or two early to walk."

These kinds of opportunities were among the reasons the Boston-Cambridge-Quincy area was ranked fourth — and was first for ages 80 and older and sixth for ages 65-79 — among the 2012 Best Cities for Successful Aging in a study released by the Milken Institute earlier this summer and made possible through ongoing financial sponsorship and substantive assistance from AARP.

"Few places are as innovative or offer as many opportunities for education and retraining as the Greater Boston area, home to more than 100 colleges and universities," the study noted. "For culture vultures, the area is full of theaters, historic places, lively lectures and music venues."

Housing, transportation and social engagement factors that create a safe, affordable and connected community for seniors, along with health care, crime rates, weather, economic and job conditions were among the 78 factors considered in creating the rankings.

In the "Nailed It" category, the Boston metro region is called "a Mecca for medical professionals" where "(doctors, physical therapists, nurses, psychologists and orthopedic surgeons are plentiful" and "fitness centers are readily available, and many walk to work, indicating a healthy lifestyle."

On the negative side, things that cause "Big-city blues" and "Need Work" are: a



Mary Eliff with Dresden Dolls drummer Brian Viglione

high cost of living, due to housing prices; commuting times that aren't for the faint of heart; assisted living facilities can be pricey; high taxes; and small businesses struggle.

High rental cost is why Eliff lives in Dorchester. On the other hand, she loves the multicultural options nearby, especially the varieties of food found at area restaurants. "I love all of them, especially the Jamaican roti, Vietnamese noodles and Cape Verdean dishes," she said.

The study defined successful aging in America as achieving these attributes:

- living in places that are safe, affordable and comfortable;
- being healthy and happy;
- being financially secure and part of an economy that enables opportunity and entrepreneurship;
- having living arrangements that suit our needs;

• having mobility and access to convenient transportation systems that get us where we want and need to go.

- being respected for our wisdom and experience;
- being physically, intellectually and culturally enriched; and
- being connected to our families, friends and communities.

Three other Massachusetts communities placed in the large metropolitan region category. Worcester scored 62nd — 77th in the 65-79 age range and 53rd for 80 and over; Springfield 81st, 67th and 86th, respectively; and the Providence-New Bedford-Fall River region scored 66th, 78th and 77th.

In the Small Metro Rankings, Barnstable Town placed 51; 54 in 65-79 and 111 in 80+ while Pittsfield was ranked 155th, 179th and 164th.

The number one metropolitan area in the survey was Provo, Utah. Among the qualities that earned it top marks is the presence of Brigham Young University and a pro-business environment. "It also boasts a low incidence of chronic disease, thanks to healthy lifestyles and a focus on wellness," the report stated. "Provo is an excellent location for seniors who are relocating or hoping to age in place, with safety, security, high community engagement, quality health care, a healthy lifestyle and opportunities for second careers and entrepreneurship."

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# Gov't stepping up fight against health care fraud

WASHINGTON — Stepping up their game against health care fraud, the Obama administration and major insurers announced they will share raw data and investigative know-how on a scale not previously seen to try to shut off billions of dollars in questionable payments.

Health and Human Services Secretary Kathleen Sebelius said the new public-private partnership will allow government programs and the insurance industry to take the high ground against scam artists constantly poking the system for weaknesses.

"Lots of the fraudsters have used our fragmented health care system to their advantage," Sebelius told reporters. "By sharing information across payers, we can bring this potentially fraudulent activity to light so it can be stopped." State investigators are also part of the effort.

Fraud is an endemic problem plaguing giant government programs like Medicare and Medicaid, and a headache also for private insurers. But many of the details of the new partnership have yet to be worked out. It doesn't even have a budget, officials said. However, the goal is to start producing results in six months to a year. Extensive sharing of claims data will take longer because difficult legal and technical issues have to be worked out.

The agreement is unusual because it brings together longtime foes to tackle a common problem. Insurers are grudgingly carrying out the many requirements of President Barack Obama's health care overhaul law, even as they continue lobbying

to roll back some of its provisions, such as new taxes on the industry and cuts to private plans offered through Medicare. Obama continues to rail against industry "abuses."

Attorney General Eric Holder said insurers and government will share information while protecting patient confidentiality.

Many details of the new effort are still unclear, but the possibilities include sharing information on new fraud schemes as they pop up, using claims data to catch bogus payments, and computer analysis to spot emerging patterns of fraud.

White House officials said a "trusted third party" would comb through data from Medicare, Medicaid and private health plans and turn questionable billing over to insurers or government investigators. That third party organization has yet to be selected.

Fraudsters often simultaneously target both government programs and private insurance plans. Separately, such claims might not raise suspicions, but taken together they could raise a red flag, such as when a doctor bills for more than 24 hours in a day.

Industry support for the partnership includes America's Health Insurance Plans and the Blue Cross and Blue Shield Association, the two major trade groups, as well as individual companies like United and WellPoint, Inc. Formal working meetings are scheduled for September.

Law enforcement organizations taking part include the FBI, the Health and Human Services Inspector General's Office, the Justice Department and state fraud control units. — AP

## Medicare fraud busters unveil command center

BALTIMORE — Medicare's war on fraud is going high-tech with the opening of a \$3.6 million command center that features a giant screen and the latest computer and communications gear. That's raising expectations, as well as some misgivings.

The carpeting stills smells new at the facility. A couple dozen computer workstations are arrayed in concentric semi-circles in front of a giant screen that can display data and photos, and also enable face-to-face communication with investigators around the country.

Medicare fraud is estimated to cost more than \$60 billion annually, and for years the government has been losing a game of "pay and chase," trying to recoup losses after scam artists have already cashed in.

Fraud czar Peter Budetti told reporters on a tour that the command center could be a turning point. It brings together in real time the geeks running Medicare's new computerized fraud detection system with gumshoes deployed around the country. Imagine a kind of NCIS-Medicare, except Budetti said it's not make-believe.

But two Republican senators say they already smell boondoggle.

Utah's Orrin Hatch and Oklahoma's Tom Coburn say Medicare's new computerized fraud detection system, a \$77-million investment that went into operation last year, is not working all that well. In a letter to Health and Human Services

(HHS) Secretary Kathleen Sebelius, they questioned spending millions more on a command center, at least until the bugs get worked out.

Insiders are telling them the screen alone cost several hundred thousand dollars, the senators say.

The two Republicans may have more than congressional oversight in mind. In an election year, Medicare fraud is an issue with older voters because it speaks to the Obama administration's stewardship of the program.

Responded Budetti: "Our expectation is that this center will pay for itself many times over."

The government's new antifraud computer system aims to adapt tools used by credit card companies to stop theft from Medicare and Medicaid. It was launched with great fanfare last summer. But by Christmas, it had stopped just one suspicious payment from going out, for \$7,591. Administration officials say that shouldn't be the only yardstick, and the system has made other valuable contributions.

The administration must report to Congress on the antifraud computer system later this year, an assessment that will first be independently reviewed by the HHS inspector general's office.

Medicare scams have grown into sophisticated networks where crooks file millions of dollars in bogus claims and take off with the money. Sometimes they even manage to flee abroad to countries where the feds can't touch them. — AP

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# Election 2012: Don't Stand on the Sidelines

By Linda F. Fitzgerald

**E**lection season is upon us. And, this year, for older Americans and our families, the ballot on Nov. 6 is more important than ever. After all, the next President and Congress may well determine the future of Medicare and Social Security.

Yet, so far, the debate about these crucial programs has centered behind closed doors in Washington, D.C. The very people who know the most about Medicare and Social Security — those who count on these benefits each and every month — have not been part of the discussion.



## AARP and You

That's why AARP launched "You've Earned a Say" back in March. This national conversation about the future of Medicare and Social Security has taken us throughout the country — and across the commonwealth — to hear from Americans of all ages, to make sure they have a say in the debate.

Nearly 14,000 Massachusetts residents recently completed a "You've Earned a Say" questionnaire — and 91 percent want to make their voices heard about changes to Medicare and Social Security. However, too many — 46 percent — do not think their voice will make a difference. It's a sad commentary on the state of political discourse.

More than half of those answering AARP's questionnaire believe Medicare (58 percent) and Social Security (52 percent) need changes to be strong for their children and grandchildren, while about a quarter say the programs are okay as is (Social Security, 29 percent; Medicare, 26 percent).

Perhaps more telling, 34 percent believe more fund-

ing will be needed to maintain the same benefits while 13 percent say benefits will need to be reduced. Nearly 40 percent say one or the other will need to occur.

AARP believes any reforms to Medicare and Social Security should be part of a broad effort to bolster retirement security for hard-working Americans, not a stampede for a budget deal or to promote anyone's partisan agenda.

Today, 89 percent of older Massachusetts residents rely on Social Security — that's 819,775 seniors. The average annual benefit is only \$14,200, and for one out of three older Americans, Social Security lifts them above the poverty line (315,000 residents in the commonwealth), including those who worked all their lives for a middle class standard of living. Meanwhile, more than 879,000 Bay State seniors are enrolled in Medicare, and pay an estimated \$5,300 on out-of-pocket health care costs.

At a time when employer pensions and retiree health benefits grow scarce, savings rates remain meager and home values stay low, Social Security and Medicare remain the bedrock of retirement security.

For nearly 50 years, AARP has worked to protect and strengthen Social Security, so its vital benefits will always be there. In the still emerging political debate, we remain committed to clear-cut principles that have made Social Security effective for so long, including:

- Social Security must continue to provide benefits to everyone who works and pays into the system. These benefits must continue to be linked to what an individual earned and contributed to the system through payroll deductions;

- Benefits must keep up with inflation and continue to last a lifetime.

- Any changes to Social Security should be modest, phased in gradually, and should not harm retirees or workers approaching retirement.

- Benefits must be protected for the low-income individuals who need them most, including retirees, spouses and other dependent family members, and individuals with disabilities.

- Social Security should be financially sound, so future generations are confident they will enjoy its protections.

- Keep in mind: Social Security can pay full benefits for the next 21 years, and 75 percent of promised benefits after that, without changes, according to the official forecast. That's not good enough, but it's not a crisis either. Medicare, however, faces a bigger challenge because its cost increases are linked to the broader health care system.

- AARP is fighting to make sure Medicare never abandons its guarantee of affordable health care for seniors, along with choice of doctors and access to quality care. These protections will be just as important for tomorrow's seniors as they are today.

A meaningful discussion about Medicare must also bust some myths, such as the notion that Medicare is some sort of free-wheeling program. In reality, Medicare provides limited benefits and does so in a relatively efficient manner. While there is waste — and we must do a better job of targeting it — overall, Medicare's costs have grown more slowly than those of private insurers.

Yes, the debate is just beginning, and the stakes are high. Now is the time for you to learn more and weigh in. I urge you: Don't stand on the sidelines while decisions are made that affect your future. Visit [earnedasay.org](http://earnedasay.org) for more.

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

## How I spent my Massachusetts' sales tax holiday: I stayed home

By Al Norman

**I** was not one of the thousands of Massachusetts shoppers prowling the retail aisles on Aug. 11 and 12 looking to avoid the state sales tax. It was a "tax holiday" for some people — but I stayed home that weekend, and let me tell you why.

The "sales tax holiday" in mid-August was estimated to cost the state \$20 million in lost revenues, at a time when 2,000 seniors are unable to get home care because of revenue shortages. \$20 million is enough

money to give 6,250 elders home care for an entire year.

When he was signing the state budget on July 8, Gov. Deval Patrick told reporters, "Let me also answer one of the questions I am almost always asked on these occasions, and that is about a sales tax holiday this summer. I intend to support a sales tax holiday this August and will propose a way to pay for

out who actually owns their mortgage when it's been bought by a second party or the original lender is acquired by another institution. Payments may have been made to one company who now serves as an agent for a larger company, while the latter has no copy of the transaction in their records.

The state recently passed a new law to address this confusion. In early August, Massachusetts Gov. Deval Patrick signed legislation that added significant procedural hurdles to foreclosing on real property in the state; it goes into effect on Nov. 1. As of that date, a foreclosure cannot be commenced until all acts of mortgage assignments from the original holder to the current holder are recorded at the local registry of deeds.

For more information on the state's HomeCorps program, call 617-573-5333 or visit [mass.gov/ahomecorps](http://mass.gov/ahomecorps).



## Push Back

it that doesn't put any more pressure on an already tight Fiscal '13 budget." The governor's office indicted that Patrick planned to use an estimated \$20 million in one-time settlement money to support an August sales tax holiday.

The fact remains, the governor could not find enough money in the budget to end the waiting list in the elderly home care program. He recommended no new funding for home care, and as a result — 2,000 elders were on a home care waiting list the day Gov. Patrick announced his support for the sale tax give away.

Michael Widmer, president of the Massachusetts Taxpayers Foundation, told reporters that while it was good Patrick had \$20 million in settlement money, the tax holiday still would be costing revenues that could be better spent on education and human services. Or maybe to end the home care wait list. "It comes down to a choice," Widmer concluded. "How do you spend \$20 million?" The governor and the General Court made the wrong choice.

Widmer described the tax break as a gimmick and public relations ploy. It was approved by the House and Senate, because what lawmaker doesn't like to return to the district telling his constituents he just cut their taxes?

In July of 2008, Gov. Patrick signed a sales tax holiday claiming, "We hope it stimulates

all sorts of sales activity during what is otherwise a slow time of year." Two years later, he signed a similar sales tax holiday bill, promising "it will give individuals, families and businesses the immediate economic boost we so critically need." But studies suggest there is no "economic boost" from the tax holiday, and that most people just delay their purchases until the holiday rolls around.

State Sen. Patricia Jehlen, D-Somerville, voted against the tax holiday. "This is not job creation," she told me, "not economic development. Not a single job, no economic improvement will be created ... This year particularly retail doesn't need it: Retailers project increase in back-to-school spending of 21 percent over last year. Customers don't necessarily save: there's evidence that retailers offer smaller discounts that weekend. Tax breaks are spending. We could spend that money better, get more job creation and more benefit for residents." On the Senate floor, Jehlen told her colleagues, "Aren't there better ways to spend \$20 million. Twenty million dollars would allow us to have no wait list in the elderly home care program."

I made my choice. I bought nothing on sales tax holiday weekend, and if this "holiday" comes around next year, I hope you will ignore it also. Instead, make up some holiday, and invite an elderly neighbor over for lunch to celebrate it.

*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).*

## ➤ Mortgage

Cont. from page 6

communities found to have been the victim of unfair or deceptive acts or practices, and enhance law enforcement efforts to prevent future alleged or deceptive acts or practices.

A subsequent study by Enterprise Community Partners, a national affordable housing group, to determine whether individual states were using their money as intended, found that \$6.9 million of Massachusetts' payment went to penalties and fees while the remainder was used for the creation of the HomeCorps program, which includes loan modification, borrower representation and borrower recovery initiatives. It is run through Attorney General Martha Coakley's office.

One issue that has frustrated many families facing foreclosure is the inability to find



# Ryan's Medicare plan would be tricky to pull off

WASHINGTON —

The idea behind Paul Ryan's Medicare plan is to slow growing costs and keep the program more affordable for the long haul.

But it's all in the details. The Republican-backed shift to private insurance plans could saddle future retirees with thousands of dollars a year in additional bills.

***For the most part, Ryan's plan would not directly affect people now in Medicare.***

That would leave the children of the baby boom generation with far less protection from medical expenses than their parents and grandparents have had in retirement.

And there's another angle consumers need to look at: Medicaid.

The GOP vice presidential candidate has also proposed to sharply rein in that program and turn it over to the states. Usually thought of as part of the safety net for low-income people, Medicaid covers nursing home care for disabled elders from middle-class families as well.

Medicare and Medicaid cover about 100 million people between them, touching nearly every American family in some way.

Pulling no punches, President Barack Obama's campaign launched an online video attacking what it called the "Romney-Ryan" Medicare plan. It features anxious seniors and

closes by accusing the Republicans of "ending Medicare as we know it" to pay for tax cuts for the wealthy.

Mindful of the risks, Romney is trying to put some distance between his agenda and the specifics of Ryan's budget proposals.

In a recent interview on CBS' *60 Minutes*, Romney and Ryan both offered words meant to reassure the elderly.

America is about more choices, Romney said, and "that's how we make Medicare work down the road." He said the program won't change for seniors currently counting on it. Ryan pitched in that his mother is a "Medicare senior in Florida."

During the Republican primary, Romney had called Ryan's budget a "bold and exciting effort" that was "very much needed" but held back from a full embrace.

In more general terms, Romney has spoken of providing "generous" but undetermined subsidies to help future retirees buy private insurance, or let them have the option of traditional Medicare. He's also endorsed a gradually increasing age to qualify for benefits.

Ryan, a conservative Wisconsin congressman and chairman of the House Budget Committee, calls his Medicare plan "premium support." Future retirees would get a fixed amount to use for health insurance. Democrats call it a voucher plan.

In theory, Ryan's plan could work, economists say. Instead of Medicare just paying all the medical bills that come in, the fixed government payment would limit how much taxpayer money flows into the program. That would force everyone, from individual retirees

to the biggest hospitals, to watch costs.

Ryan has issued two versions of his plan with Democrats, showing it has some bipartisan appeal. But the versions passed by the House have had a hard partisan edge.

The devil's in the details. And there are lots of them that have yet to be ironed out.



Ryan with Romney

"From the standpoint of public understanding, the Romney-Ryan ticket has a hill to climb," said health economist Joe Antos of the business-oriented American Enterprise Institute. "I think they can do it, but it's going to require some explaining. I think there are a lot of independents who are going to be nervous."

The political sensitivities are clear. Polls find that Americans lean heavily on Medicare to help keep them secure after retirement and are suspicious of proposed alternatives, such as Ryan's. Surveys also give Democrats an edge over Republicans when people are asked which party people most trust to handle Medicare. Democrats held a 48 percent-39 percent advantage on that issue in a June 2011 AP-GfK poll.

"This puts Medicare in play as a central issue in the campaign," said John Rother, president of the National Coalition on Health Care, a nonpartisan group representing a broad swath of players in the health care system.

For the most part, Ryan's plan would not directly affect people now in Medicare. One exception: In repealing Obama's health care law, Ryan would re-open the Medicare prescription coverage gap called the doughnut hole.

Under his plan, people now 54 and younger would go into a very different sort of Medicare. Upon becoming eligible, they would receive a government payment that they could use to pick a private insurance plan or a government-run program like traditional Medicare. The payment would be indexed to account for inflation, and that could be a problem if health care costs race ahead of the inflation rate.

The private plans would be regulated by the government, and low-income people, as well as those with severe health problems, would get additional assistance. People who pick plans with relatively generous benefits would pay more out of their own pockets.

Ryan would also gradually raise the Medicare eligibility age from the current 65 to 67.

Backers say the result of his Medicare plan would be a more affordable and sustainable program, both for taxpayers and beneficiaries. Currently, Medicare's giant trust fund

RYAN page 27

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## Too little mental health care for aging population

By Lauran Neergaard

WASHINGTON —

Getting older does not just mean a risk for physical ailments like heart disease and creaky knees: A new report finds as many as 1 in 5 American seniors has a mental health or substance abuse problem.

And as the population rapidly ages over the next two decades, millions of baby boomers may have a hard time finding care and services for mental health problems such as depression — because the nation is woefully lacking in doctors, nurses and other health workers trained for their special needs, the Institute of Medicine said recently.

Instead, the country is focused mostly on preparing for the physical health needs of what has been called the silver tsunami.

"The burden of mental illness and substance abuse disorders in older adults in the United States borders on a crisis," wrote Dr. Dan Blazer of Duke University, who chaired the Institute of Medicine panel that investigated the issue. "Yet this crisis is largely hidden from the public and many of those who develop policy and programs to care for older people."

Already, at least 5.6 million to 8 million Americans age 65 and older have a mental health condition or substance abuse

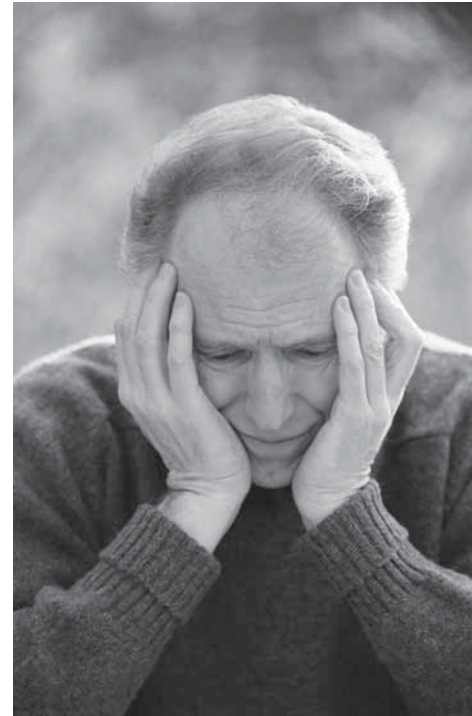
disorder, the report found — calling that a conservative estimate that does not include a number of disorders. Depressive disorders and psychiatric symptoms related to dementia are the most common.

While the panel could not make precise projections, those numbers are sure to grow as the number of seniors nearly doubles by 2030, said report co-author Dr. Peter Rabins, a psychiatrist at Johns Hopkins University. How much substance abuse treatment for seniors will be needed is a particular question, as rates of illegal drug use are higher in people currently in their 50s than in previous generations.

Merely getting older does not make mental health problems more likely to occur, Rabins said, noting that middle age is the most common time for the onset of depression.

But when they do occur in older adults, the report found that they are too often overlooked and tend to be more complex. Among the reasons:

- People over 65 almost always have physical health problems at the same time that can mask or distract from the mental health needs. The physical illnesses, and medications used for them, also can complicate treatment. For example, up to a third of people who require long-term steroid treatment develop mood problems that may require someone knowledgeable



Rabins

about both the medical and mental health issues to determine whether it is best to cut back the steroids or add an antidepressant, Rabins said.

On the other side, older adults with untreated depression are less likely to have their diabetes, high blood pressure and

other physical conditions under control — and consequently wind up costing a lot more to treat.

- Age alters how people's bodies metabolize alcohol and drugs, including prescription drugs. That can increase the risk of dangerous overdoses, and worsen or even trigger substance abuse problems.

- Grief is common in old age as spouses, other relatives and friends die. It may be difficult to distinguish between grief and major depression.

That also means a loss of the support systems that earlier in life could have helped people better recover from a mental health problem, said Dr. Paul D.S. Kirwin, president of the American Association for Geriatric Psychiatry. Adding stress may be loss of a professional identity with retirement, and the role reversal that happens when children start taking care of older parents.

"There'll never be enough geriatric psychiatrists or geriatric medicine specialists to take care of this huge wave of people that are aging," Kirwin said.

The Institute of Medicine report recognizes that. It says all health workers who see older patients — including primary care physicians, nurses, physicians' assistants and social workers — need some

MENTAL page 14



### Bet Shalom / Apartments

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## How can I get rid of glasses after cataract surgery? Part 4

By Dr. Jean Keamy

**C**ataracts typically occur in patients over 50. At birth the lens is crystal clear, but with time it gets cloudy. This cloudy lens or cataract can appear like a film over the eye, but the lens inside the eye actually changes color and density. It often resembles a dark amber marble. The cataract compromises vision because it is difficult to see through opaque lens.

Cataract surgery is the only means to eliminate the cataract. In an ambulatory surgical setting, cataract surgeons perform small incision cataract surgery with phacoemulsification of the lens in less than 15 minute. During the surgery, the surgeon removes the cataract and replaces the cloudy lens with an artificial clear intraocular lens. With the artificial lens, the need for glasses can be reduced or even eliminated.

Many options exist today in the selection of an intraocular lens. Most insurance companies cover the basic option for a monofocal lens. A monofocal lens allows

patients to see either distance or up close without glasses but not both distances. It does not correct for astigmatism.

Refractive cataract surgery offers specialty lenses to correct astigmatism and others to correct both near and distance vision simultaneously. These are respectively called toric lenses or multifocal lenses. Most insurance companies do not cover these premium lenses. Additional

out of pocket charges apply for these lenses. The premium lenses significantly

reduce the need for glasses after cataract surgery.

*Dr. Jean Keamy is a board certified ophthalmologist specializing in cataract surgery, refractive cataract surgery, LASIK, PRK, eyelid 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 articles from previous issues may be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).*

least basic care. To get there, it called for changes in how Medicare and Medicaid pay for mental health services, stricter licensing requirements for health workers, and for the government to fund appropriate training programs. — AP

## Access to Mass. doctors improving slightly

BOSTON —

**A**ccess to primary care doctors in Massachusetts improved slightly in 2012, although about half still say they aren't accepting new patients, according to a Massachusetts Medical Society survey released last month.

The survey found 51 percent of internists and 50 percent of family doctors say they are taking new patients. That's a small improvement from last year when 49 percent of internists and 47 percent of family doctors were accepting new patients.

Average times for new patients seeking appointments with primary care doctors remained long, according to the survey.

In the 2012 survey, it took an average of about 45 days for new patients to see a family doctor. That's up from 36 days last year and 29 days in 2010.

Wait times for internal medicine also were high at an average 44 days. That was an improvement over the average of 53 days in 2010 and 48 days last year.

The wait times varied by region. For family medicine, Plymouth County had the shortest average time at 19 days, while Franklin County, where just one office was accepting new patients, had the longest single wait time at 205 days.

Access to specialists is easier than primary care, according to the report.

More than 80 percent of cardiologists and obstetricians/gynecologists were accepting new patients this year, while more than 90 percent of gastroenterologists and orthopedic surgeons were doing so.

The survey also looked at the percentage of doctors who accepted Medicare and Medicaid as payment.

Acceptance of Medicare remains almost universal in each specialty. The lowest Medicare acceptance rates came from primary care doctors, with 90 percent of family doctors and 84 percent of internists accepting it.

Acceptance of Medicaid — known as MassHealth — was lower, with 64 percent of family doctors and 54 percent of internists taking it.

Massachusetts Medical Society President Richard Aghababian said the survey shows "an improving picture of access to and satisfaction with health

A second survey released by the society found 87 percent of patients are satisfied with the health care they received — with 61 percent saying they're very satisfied and 26 percent saying they're somewhat satisfied.

The survey also found that half of adults said affordability remains the single most important health care issue facing the state. — AP



### Vision Quest

### ► Mental

Cont. from page 12

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# Outer Banks: More than sun and sand

By Victor Block

I stood frozen with fear as the terrifying image drew closer, his curved sword swinging wildly. Just as he seemed about to separate my head and body, I snapped back to reality, left my all-too-real day-dream about Blackbeard the Pirate behind and moved to the next exhibit in the museum.

The dramatic if somewhat grisly story of Blackbeard is but one display that transforms the Graveyard of the Atlantic Museum in Hatteras, North Carolina, into a memorable experience. That eclectic collection is among attractions which make the Outer Banks — the chain of narrow barrier islands that parallels the state's Atlantic coastline — into much more than just another sun-and-sand vacation destination.

The Outer Banks first became a magnet for vacationers in the 1830s, when wealthy North Carolina planters found refuge there from the summer heat. They were followed by sportsmen drawn by outstanding fishing and hunting that Native Americans had discovered centuries earlier.

Today, beaches along the 130-mile-long Outer Banks are the major appeal for many visitors. Cape Hatteras National Seashore, which covers much of the Banks, encompasses some of the largest undeveloped beaches in the country. Nestled between those stretches of sand is a string of villages, each with its own distinctive characteristics.

Many visitors rank Corolla (pronounced coh-RAH-luh) and Duck, the northernmost towns, as the two prettiest. In addition to a smattering of interesting shops, Duck sports a wooden boardwalk along the shoreline of a bay on the west side of town. Here and there it skirts pockets of woods where birdcalls are the only sound.

Kitty Hawk, Kill Devil Hills and Nags Head form the commercial hub of the Outer Banks, complete with a strip-mall atmosphere — and two attractions worth a stop. It was at Kitty Hawk where, on Dec. 17, 1903, Wilbur and Orville Wright made the



Shipwreck of the Laura Barnes near Coquina Beach on the Outer Banks

(aaron tuell)



Elizabeth II

first controlled power flights, and history. People often are surprised to learn that the longest journey lasted only 59 seconds and covered just 852 feet. A museum houses a full-scale replica of their rickety aircraft and other memorabilia that tell the story.

Nearby Jockey's Ridge State Park makes its claim to fame as the site of the tallest sand dune on the east coast. In this mini-desert setting, winds constantly reshape the ridge, causing the dune for which the park is named to vary in height from 80 to 100 feet.

South of this commercial section, a slight detour leads to Roanoke Island, which in 1587 became the site of the first English colony in the New World, 22 years before settlement of Jamestown, Virginia. A good place to begin an exploration is Festival Park, where the life of Native Americans who originally inhabited the area is recreated.

Longhouses, a dance circle, and planting and harvesting areas set the mood. Interactive exhibits appeal to generations of family visitors.

To relive another chapter of the story, clamber aboard the Elizabeth II, a sailing ship representative of seven British vessels that arrived during the

16<sup>th</sup> century. Costumed interpreters describe the small craft and entertain landlubbers with dramatic tales of the perilous voyage, speaking in a thick brogue that echoes the dialect of that time.

The most famous attraction on Roanoke Island is the Lost Colony, a something-for-everyone drama that entertains with special effects, daring action, comedy, music and dance. It relates the true story of the disappearance — no one knows where or why — of the 116 men, women and children who settled in the New World in 1587.

Further south in Hatteras Village, the aptly named Graveyard of the Atlantic Museum has exhibits that chronicle the tragic tale of more than 2,000 ships that met their fate on the treacherous offshore shoals. Parts of several shipwrecks are visible today along beaches or in shallow water at low tide.

Among other vivid exhibits at the museum are displays about the Civil War ironclad U.S.S. Monitor, ship bombing demonstrations by General Billy Mitchell off the Cape Hatteras coast in 1921, and life-saving and rescue operations. And of course there's a section devoted to the notorious Blackbeard who, after his life of marauding, was killed in the area.

Lighthouse buffs will think they've gone to heaven, with three towers that mark this stretch of the Outer Banks, all of which were first lit in the 1870s.

If mounting the 257 steps of the Cape Hatteras Lighthouse isn't your idea of enjoyable exercise, there's a list of

other pursuits that may be to your liking. They range from hiking to hang gliding, kayaking to kite boarding, sailing to surf boarding, along with fishing and crabbing.

## If you go...

For information about visiting the Outer Banks, call 877-629-4386 or log onto [www.outerbanks.org](http://www.outerbanks.org).



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(victor block)

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# Taking your meds can save money, hospital trips

By Linda A. Johnson

TRENTON, N.J. —

**N**ot taking your medicines as prescribed can hurt your wallet as well as your health and far outweigh any savings on your pharmacy bill.

Not filling prescriptions and even skipping doses can result in serious complications and lead to ER visits and hospital stays, even premature death.

Patients not taking medicine as prescribed cost the U.S. healthcare system roughly \$290 billion a year in extra treatment and related costs, research shows. One study estimated those patients pay about \$2,000 a year in extra out-of-pocket medical costs.

Nearly three in four Americans don't take their prescription medicine as directed. Even among those with serious chronic health conditions such as diabetes, about one in three don't.

To improve patients' health and rein in medical spending, the National Consumers League is running "Script Your Future," a three-year campaign with medical and other groups, to educate patients and get doctors and other health workers to discuss it with patients. Since it launched in the spring, more than 100,000 people have signed the league's online pledge to stick to their medication schedule.

For patients with chronic health conditions — nearly half the U.S. population — not

taking medications as prescribed can bring serious consequences:

- Doctors may believe a drug they prescribed for the patient didn't work and switch to another one that has worse side effects or costs more.

- Deadly viruses such as hepatitis C and bacterial diseases such as tuberculosis, which require daily medicine for many months, can become resistant to the medicine. That can extend treatment for months, force the addition of more-toxic medicines or make curing the illness impossible.

- Patients who don't always take medicines for high blood pressure and cholesterol problems can suffer a heart attack or stroke, causing disability or death.

Despite the consequences, patient surveys show a variety of reasons for not taking medicines as prescribed, according to Script Your Future spokeswoman Rebecca Burkholder.

The most common reasons are:

- Financial problems/lack of health insurance.
- Complicated or confusing medication schedule.
- Forgetfulness.
- Problems with or fears of side effects.

- Belief the medicine isn't really needed. This is common with symptomless conditions such as high blood pressure.

Here are some strategies for addressing these problems:

- If you don't really understand why you were prescribed a drug and the consequences of not taking it, list your questions and talk to your doctor or pharmacist. If you do research on the Internet, stick to reliable websites run by government health agencies, patient advocacy groups, hospitals or universities.

- If you've been suffering side effects or worry a new medicine may cause them, talk to your doctor about whether there's an alternative drug or steps to lessen side effects, such as taking the drug with food or right before bed. Sometimes an additional drug may lessen side effects.

- If you can't afford your medicine, ask whether your doctor has free samples or there's a cheaper generic version.

Also, try contacting patient assistance programs run by brand-name drug manufacturers, the industry-backed Partnership for Prescription Assistance at [www.pparx.org](http://www.pparx.org) or by nonprofit groups, including [www.patientadvocate.org](http://www.patientadvocate.org), [www.rxhope.com](http://www.rxhope.com), [www.needymeds.org](http://www.needymeds.org) and [www.patientassistance.com](http://www.patientassistance.com). Ask your pharmacy if it participates in any discount prescription card programs.

Price shop for the best deal. Some state health departments have websites for comparison of prices at different drugstores. There are also Internet drugstores with discounted prices, such as [www.healthwarehouse.com](http://www.healthwarehouse.com). Make sure the site has the blue Verified Internet Pharmacy Practice Sites symbol.

- If forgetfulness or confusion is the issue, try pill organizers or reminder devices.

If you just need something to jog your memory, post a reminder card on the kitchen counter or refrigerator door, or set an alarm on your watch or smartphone. You can also buy special vibrating watches for around \$100.

Try an inexpensive weekly pillbox divided by time of day from a drug or discount store, or invest in an organizer pill bottle or divided box with an alarm timer that can fit in your pocket or bag. There are even countertop dispensers with individual medication cups that a caregiver can fill for weeks in advance. These devices run from about \$30 to several hundred dollars, depending on how sophisticated they are. Some even notify caregivers when the patient misses medicine doses.

There are smartphone applications, some free, that can send text reminders every time you need to take a medicine or refill a prescription. Or you could sign up for a reminder

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# Social Security surplus dwarfed by future deficit

WASHINGTON —

As millions of baby boomers flood Social Security with applications for benefits, the program's \$2.7 trillion surplus is starting to look small.

For nearly three decades, Social Security produced big surpluses, collecting more in taxes from workers than it paid in benefits to retirees, disabled workers, spouses and children. The surpluses also helped mask the size of the budget deficit being generated by the rest of the federal government.

Those days are over.

Since 2010, Social Security has been paying out more in benefits than it collects in taxes, adding to the urgency for Congress to address the program's long-term finances.

"To me, urgent doesn't begin to describe it," said Chuck Blahous, one of the public trustees who oversee Social Security. "I would say we're somewhere between critical and too late to deal with it."

The Social Security trustees project the surplus will be gone in 2033. Unless Congress acts, Social Security would only collect enough tax revenue each year to pay about 75 percent of benefits, triggering an automatic reduction.

Lawmakers from both political parties say they want to avoid such a dramatic benefit cut for people who have retired and might not have the means to make up the lost income. Still, that scenario is more than two decades away, which is why many in Congress are willing to put off changes.

But once the surplus is spent, the annual funding gaps start off big and grow

fast, which could make them hard to rein in if Congress procrastinates.

The projected shortfall in 2033 is \$623 billion, according to the trustees' latest report. It reaches \$1 trillion in 2045 and nearly \$7 trillion in 2086, the end of a 75-year period used by Social Security's number crunchers because it covers the retirement years of just about everyone working today.

Add up 75 years' worth of shortfalls and you get an astonishing figure: \$134 trillion. Adjusted for inflation, that's \$30.5 trillion in 2012 dollars, or eight times the size of this



year's entire federal budget.

In present value terms, the Social Security Administration says the shortfall is \$8.6 trillion. That means the agency would need to invest \$8.6 trillion today, and have it pay

returns of 2.9 percent above inflation for the next 75 years, to produce enough money to cover the shortfall.

That's the rate of return Social Security expects to get from its trust funds. The problem, of course, is that Social Security doesn't have an extra \$8.6 trillion to invest.

Social Security Commissioner Michael J. Astrue said he is frustrated that little has been done to solve a problem that is only going to get harder to fix as 2033 approaches. If changes are done soon, they can be spread out over time, perhaps sparing current retirees while giving workers time to increase their savings.

"It won't be easy but it's just going to get harder the longer they wait," Astrue said.

There is no consensus in Washington on how pressing the problem is.

President Barack Obama created a deficit-reduction commission in 2010 but didn't embrace its plan for Social Security: raising the retirement age, reducing benefits for

*SURPLUS page 27*

## How big is Social Security's funding shortfall?

WASHINGTON —

Social Security's long-term funding shortfall is big by any measure.

How big? That depends on how you look at it.

Over the next 75 years, after Social Security drains its trust funds, the massive program is scheduled to pay out \$134 trillion more in benefits than it will collect in tax revenue, according to agency data.

That's an immense number that could use further explanation. Here are three ways to look at \$134 trillion spread out over 75 years:

- \$30.5 trillion in 2012 dollars. We

all know that \$134 trillion won't buy nearly as much in 2086 as it would today. Social Security's number crunchers project that annual inflation will average 2.8 percent in the long term, after a short period of slightly lower inflation. When the annual shortfalls are discounted for inflation to 2012 dollars, they come to \$30.5 trillion.

- \$8.6 trillion in present value. This is a financial term that Social Security uses to reflect the time value of money. It means that if Social Security had an additional \$8.6 trillion on hand today and invested it in a security that paid returns of 2.9 percent above inflation

for 75 years, the program would have enough money to cover the shortfall.

The problem, of course, is that Social Security doesn't have an additional \$8.6 trillion on hand to invest.

- 2.67 percent of taxable payroll. Social Security uses this term often. Think of it this way: If payroll taxes were increased by 2.67 percentage points, to a little more than 15 percent, they would generate enough money to cover the 75-year shortfall, with some left over to pay for an extra year of benefits.

Why the extra year? Who wants to start off the next 75 years with a deficit? — AP

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# Preserving dignity and quality of life for the Alzheimer's sufferer

By Micha Shalev

The concept of dignity is subjective and may have different meanings for each person. It is beneficial to have an understanding of what the resident was like before the illness. Remember that several aspects of individuality must be met:

- The identity of the person: How does he or she wish to be addressed? Is there a title, such as doctor, that is appropriate?
- Respect for privacy: A person who has always disrobed in private may react negatively to being undressed by a stranger.
- The appearance of the resident: Attending to grooming and personal hygiene can improve a resident's self-esteem.
- The resident is an adult: Even though cognitive deficits exist, the resident has experienced the joys and challenges of several decades of living. To treat residents as children is inappropriate and demeaning. Using words and touch so they feel valued as individuals are beneficial. People with Alzheimer's Disease (AD) still have a need to make contributions and to feel that they have some control over their lives. They are more content when they are encouraged to remain active and involved, using their remaining strengths



## Caregiving Tips

and abilities.

- Physical and psychological comfort: People with AD have the same basic needs as healthy individuals. Unmet needs will be reflected in the resident's behavior. The behavior will not change as long as the need remains unmet. Meeting physical needs can prevent discomfort related to hunger, thirst, restlessness, constipation or the desire to void.

- When people do not feel safe they become anxious: If residents feel threatened they may strike out verbally or physically. Persons with AD may feel unsafe much of the time because they do not understand the environment and what is going on around them.

- People with AD also need to love and be loved: They have positive and negative feelings. They should be touched, hugged and have eye contact with caregivers. Care providers should converse with them on their level without being condescending, compliment them on their appearance, and provide quiet, private areas for visits. Spouses should know that it is acceptable to express affection.

- It is useful to plan activities compatible to the abilities of each individual so they can experience a feeling of success.

- Listen to the resident. What is expressed may not sound rational to others, but it does to them.

Family and staff should consider the wishes of the resident before initiating a treatment that may prove to be more harmful than beneficial. For example, starting an IV for feeding or administering antibiotics for an infection may not be in the best interests of the resident if he or she must be restrained to prevent dislodging of the needle. Acknowledge the individual's autonomy. When a resident is too demented to make decisions, the family must consider what their loved one would have wanted rather than what they themselves want.

Be honest with AD residents while being optimistic when answering questions. Let them know that although the disease is progressive and there is no cure, there are still treatment options. Honesty from caregivers often encourages residents to consider the future and to make decisions about what they want as their condition worsens.

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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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## New ad campaign portrays caregivers' call for help

By Lauran Neergaard

WASHINGTON —

A woman grips her car's steering wheel and silently lets out a scream as her frail father, on oxygen, coughs beside her and her kids play around in the back seat.

The frustration portrayed in an arresting new public service announcement is recognizable to millions of Americans who struggle to care for aging loved ones while holding down jobs, raising children and taking care of their own health.

"I take care of her, but who takes care of me?" says another one of the public service announcements from the nonprofit Ad Council, which is distributing the ads for TV, radio, print and online use. It's part of a major campaign from AARP and the Ad Council to raise awareness of the impact of family caregiving as the nation rapidly grays — and to point overwhelmed families toward resources that may ease the strain.

"Most caregivers don't know where to turn for help," said AARP vice president Debra Whitman, whose own family has experienced caregiving twice, for her grandmother and her mother-in-law.

Even knowing what to ask can be a hurdle. That's what Andrea Phillips of Alexandria, Va., discovered when her mother, now 74, visited from Chicago a few years ago and got too sick to go home. She recovered from a heart problem only to be diagnosed with early Alzheimer's.

Phillips, a lawyer with 1- and 4-year-old daughters, raced to find nearby senior housing that her mother would accept and could afford. But already she's having to cobble together additional care as the Alzheimer's worsens. She says her mother skips her prepaid meals in favor of a cookie stash, misses medication despite Phillips' daily take-your-pills phone calls and is embarrassed to find herself struggling to remember and perform personal hygiene — the kind of day-to-day issues that health providers didn't address.

"I do constantly feel that I'm playing

catch-up," said Phillips, adding that she feels guilty when she gets frustrated. "I'm trying to find the right resources so Mom and I can continue to have a good relationship."

Although they often don't identify themselves as "caregivers," more than 42 million Americans perform some form of consistent care for older or impaired adult relatives or friends, according to a 2009 estimate. It can range from paying bills, to driving Mom to doctor appointments, to more hands-on care such as bathing, and even tasks once left to nurses such as the care of open wounds.

"At first you're just helping out Mom. Then it can become more than a fulltime job," said AARP's Whitman.

She described the average U.S. caregiver as a 49-year-old woman who on top of her regular job provides nearly 20 hours a week of unpaid care to her mother for nearly five years.

An AARP report found family members provide a staggering \$450 billion worth of unpaid care annually — and other research makes clear that the stress and the time involved can take a toll on the caregivers' own health and finances as they put off their own doctor visits, dip into their savings and cut back their working hours.

Adding to the challenge is that more and more people are living well into their 90s, as Census figures show the oldest-old are the fastest growing segment of the population.

Consider Oona Schmid's father, who is 96 and has advanced dementia. The Arlington, Va., woman has overseen his care for a decade, since her mother died — and said she could have better planned how to pay for it if only someone had warned her how long people can live with dementia. She said the bill at her father's assisted-living facility has reached nearly \$8,000 a month as he now needs round-the-clock care.

"I don't think he knows who I am, but he still smiles when he sees me," Schmid said. She choked up as she described the pull she feels between her responsibilities



A woman grips her car's steering wheel and silently lets out a scream as her frail father, on oxygen, coughs beside her is part of a new campaign spot.

to her father and to her 3-year-old son, fretting that there's no money left to set aside for her son's education.

Schmid, 41, works fulltime, pet-sits for extra cash and is exploring options to save on her father's care.

"Maybe this is a terrible thing to say but I'm terrified of how long he's going to live and how much it's going to cost," she said.

Like Schmid's father, very few Americans have purchased private, and pricey, long-term care insurance, and Medicare doesn't pay for that kind of care. That's why family members wind up performing so much of it for so long. The Obama administration last fall ended efforts to establish a government-sponsored program to make long-term care insurance more affordable, finding it financially unsustainable.

## Mass. man defrauded retirees of \$2M

BOSTON —

A Massachusetts man has been accused of defrauding about 35 retirees of \$2 million by offering nonexistent investments through his financial planning firm.

Secretary of State William Galvin said Foxborough resident John Picini forged an investor's name to an annuity surrender form. An administrative complaint said he then told the investor to write a check to him for the annuity amount, saying the Patriot Act

A key message of the new campaign is for caregivers not to neglect their own needs.

The ads direct people to AARP's website — [www.aarp.org/caregiving](http://www.aarp.org/caregiving) — to find information and services from that organization and others, what Whitman describes as a one-stop starting point for resources.

The site offers Web chats with caregiving experts, online support groups, legal documents and links to such programs as locators for care providers — [www.eldercare.gov](http://www.eldercare.gov) — or respite services — [www.archrespite.org](http://www.archrespite.org). A new "Prepare to Care" brochure offers to-do checklists for families new to caregiving, and people not as web-savvy can call a hotline at 877-333-5885.

Too many caregivers don't know such services exist, or even that they can ask their loved ones' doctors to refer them for help until there's a crisis, said Dr. Eileen Callahan, a geriatrician at New York's Mount Sinai Medical Center who isn't involved with the AARP campaign.

The AARP project is broader than another new effort targeting caregivers — a government website that, as part of the National Alzheimer's Plan, offers families information specific to dementia care at [www.alzheimers.gov](http://www.alzheimers.gov).

Mount Sinai's Callahan said national efforts to educate all caregivers, regardless of the health problem, are long overdue.

"They should not feel so isolated," she said. "It is so incredibly sad." — AP

required it.

In another case, the complaint says, a 90-year-old blind widow invested nearly \$156,000 with Picini, but no investment account was established.

Galvin said Picini used the money for personal expenses. The complaint seeks to bar Picini from state securities registration and require him to compensate investors.

Picini's attorney told The Associated Press that the allegations are "totally wrong." — AP



# Is Social Security still a good deal for workers?

By Stephen Ohlemacher

WASHINGTON —

People retiring today are part of the first generation of workers who have paid more in Social Security taxes during their careers than they will receive in benefits after they retire. It's a historic shift that will only get worse for future retirees, according to an analysis by The Associated Press.

Previous generations got a much better bargain, mainly because payroll taxes were very low when Social Security was enacted in the 1930s and remained so for decades.

"For the early generations, it was an incredibly good deal," said Andrew Biggs, a former deputy Social Security commissioner who is now a scholar at the American Enterprise Institute. "The government gave you free money and getting free money is popular."

If you retired in 1960, you could expect to get back seven times more in benefits than you paid in Social Security taxes, and more if you were a low-income worker, as long you made it to age 78 for men and 81 for women.

As recently as 1985, workers at every

income level could retire and expect to get more in benefits than they paid in Social Security taxes, though they didn't do quite as well as their parents and grandparents.

Not anymore.

A married couple retiring last year after both spouses earned average lifetime wages paid about \$598,000 in Social Security taxes during their careers. They can

expect to collect about \$556,000 in benefits, if the man lives to 82 and the woman lives to 85, according to a 2011 study by the Urban Institute, a Washington think tank.

Social Security benefits are progressive, so most low-income workers retiring today still will get slightly more in benefits than they paid in taxes. Most high-income workers started getting less in benefits than they paid in taxes in the 1990s, according to data from the Social Security Administration.

The shift among middle-income workers is happening just as millions of baby boomers are reaching retirement, leaving relatively fewer workers behind to pay into the system. It's coming at a critical time for Social Security, the federal government's largest program.

The trustees who oversee Social Security

say its funds, which have been built up over the past 30 years with surplus payroll taxes, will run dry in 2033 unless Congress acts. At that point, payroll taxes would provide enough revenue each year to pay about 75 percent of benefits.

To cover the shortfall, future retirees probably will have to pay higher taxes while they are working, accept lower benefits after they retire, or some combination of both.

"Future generations are going to do worse because either they are going to get fewer benefits or they are going to pay higher taxes," said Eugene Steuerle, a former Treasury official who has studied the issue as a fellow at the Urban Institute.

How can you get a better return on your Social Security taxes?

Live longer. Benefit estimates are based on life expectancy. For those turning 65 this year, Social Security expects women to live 20 more years and men to live 17.8 more.

But returns alone don't fully explain the value of Social Security, which has features that aren't available in typical private-sector retirement plans, said David Certner, legislative policy director for AARP.

Spouses can get benefits even if they never earned wages. Children can get benefits if they have a working parent who dies. People who are too disabled to work can get benefits for life.

Because of spousal benefits, most married couples with only one wage earner will continue to get more in benefits than

they pay in taxes for the foreseeable future.

"You are buying this lifetime inflation-protected benefit that you can never run out of and that will always be there for you," Certner said. "It protects your spouse, protects your family and protects you from disability."

Certner noted that private pensions, retirement savings and home values took a big hit when the economy collapsed, putting a dent in the retirement plans of many Americans.

"When you have that combination of factors, Social Security becomes more and more important," Certner said. Social Security is financed by a 12.4 percent tax on wages. Workers pay half and their employers pay the other half. Self-employed workers pay the full 12.4 percent.

The tax is applied to the first \$110,100 of a worker's wages, a level that increases each year with inflation. For 2011 and 2012, the tax rate for employees was reduced to 4.2 percent, but is scheduled to return to 6.2 percent in January.

The payroll tax rate was only 2 percent in 1937, the first year Social Security taxes were levied. It didn't surpass 6 percent until 1962.

Even with low tax rates, Social Security could afford to pay benefits in the early years because there were more workers paying the tax for each person receiving benefits than there are today. In 1960, there

WORKERS page 23

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# Billy Crystal writing book on his experiences with aging

By Hillel Italie

NEW YORK —

He has lived many, many Sundays.

Turning 65 next year doesn't only mean more nap time for Billy Crystal. The actor and comedian is transforming the milestone into a book, and maybe even a stage show.

Crystal has an agreement with Henry Holt and Company for a book that will be part memoir, part meditation — with jokes — about getting older. During a recent telephone interview with The Associated Press, Crystal said that he hoped to have it out around the time the big day arrives, March 14, 2013.

"There are 77 million of us baby boomers in the country and this book will speak to them and how we look at the world," he said.

The book is currently untitled: "We have a dirty

title, and a sincere title," he explained. Crystal said he expects to work on it throughout the summer and have the manuscript done by the beginning of November. He's considering adapting the book for the stage. Crystal had enormous success with the Tony Award-winning *700 Sundays*, his one-man theater show that paid tribute to his late father with whom Crystal has said he spent 700 Sundays.

Crystal has made a career out of turning his life into comedy. *City Slickers* was a story of mid-life crisis, and an upcoming film, *Parental Guidance*, stars Crystal and Bette Midler as grandparents, based on Crystal's experiences with his own grandchildren. He is one of the world's busier



Crystal

almost-senior citizens, also working on a prequel to *Monsters Inc.* and is considered a possible candidate for another shot at hosting the Oscars.

The new book will be around 300-350 pages ("the print will be 4 inches high") and will be edited by Gillian Blake, who worked on Rob Lowe's best-selling *Stories I Only Tell My Friends*. In a statement released by Holt, Blake said, "It's not every day you laugh out loud at your desk while reading a book proposal."

Crystal said he was currently breaking down his life into decades: "My 20s and 30s and 40s and 50s."

He stopped and laughed. "That's a lot of decades." — AP

## ► Workers

Cont. from page 22

were 4.9 workers paying Social Security taxes for each person getting benefits. Today, there are about 2.8 workers for each beneficiary, a ratio that will drop to 1.9 workers by 2035, according to projections by the Congressional Budget Office.

About 56 million people now collect Social Security benefits, a number that is projected to grow to 91 million in 2035. Monthly benefits average \$1,235 for retired workers and \$1,111 for disabled workers. Social Security provides most older Americans a majority of their income. About one-quarter of married

**People retiring today are part of the first generation of workers who have paid more in Social Security taxes during their careers than they will receive in benefits.**

couples and just under half of single retirees rely on Social Security for 90 percent or more of their income, according to the Social Security Administration.

"Social Security is what's carrying me," said Neta Homier, a 79-year-old retired hospital worker from Toledo, Ohio. "There's no way I would have made it without it. The kids, they're on their own,

now, and I'm not going to be a burden for them. That's what it would have been if I hadn't had Social Security."

Homier said she started receiving Social Security when she was 63 and now gets about \$800 a month, after her Medicare premiums are deducted. She said her father died at 51, so he never received Social Security, and her mother died at 71 and collected benefits for only a few years.

"It's definitely worth it," she said.

At 52, Anthony Riley of Columbus, Ohio, has a different perspective. Riley said he has a private retirement account because he worries that Social Security won't provide adequate benefits throughout his retirement.

"I use to think that it was worth paying

for your Social Security, but now I don't think so," Riley said. At 22, Mackenzie Millan of Los Angeles has even greater doubts about whether Social Security will be a good deal for her.

"The money that I put aside now, it's not like that money is going to be waiting for me. That money is going toward someone else," the recent college graduate said. "If I wanted Social Security 50 years from now, when I wanted to retire, I would have to hope that someone else is still working and putting money aside in their paychecks to pay for my Social Security at that point." — AP

Associated Press writer Andres Gonzalez contributed to this report.

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## 5 ways for retirees to save on future taxes

By Dave Carpenter

CHICAGO —

Lowering your tax bill can make all the difference in retirement. Taking maximum advantage of tax breaks and other strategies will make savings last longer, which is critical for those living on a fixed income.

That means tax planning can't end with the annual filing deadline, however. Just as workers are becoming more self-reliant in financing their retirements, it's increasingly important for retirees to be savvy about the tax consequences of their actions.

"Today's seniors have a host of decisions to make regarding managing their tax burdens — from where to live to how to take money from accounts to charitable giving," said Mark Steber, chief tax officer for Jackson Hewitt Tax Service.

Those decisions have the potential to reduce federal and state income taxes while also taking the impact of property, sales and other taxes into consideration.

That doesn't mean taxes should be the sole motivation behind a key move or transaction. But a bit of long-term tax planning can go a long way.

Retirees may be able to lower their annual tax liability by thousands of dollars with some modest effort, Steber sug-

gests.

Here are some potential ways to reduce taxes in retirement:

### 1. Move

Consider moving to a more tax-friendly state. Your pension and 401(k) distributions, as well as dividend and interest income, generally are tax-able. That could provide the financial incentive to relocate to one of the nine states with no broad-based personal income tax. Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming have no income tax at all, and New Hampshire and Tennessee tax only dividends and interest.

Still, it's important not to overlook other taxes. High property and sales taxes can partially or fully offset the absence of a state income tax, as is the case in Florida.

Perhaps leaving money to your heirs is a priority. Even if your estate isn't large enough to owe money under the federal estate tax, be aware that 14 states and the District of Columbia have their own estate

taxes. And eight states impose a separate inheritance tax, paid by the recipient rather than the estate. Details are at the Retirement Living Information Center site, [www.retirementliving.com](http://www.retirementliving.com).

You might be able to move just a small distance to make a big difference.

In the Washington, D.C., area, Maryland and the District of Columbia each have \$1 million estate tax thresholds while neighboring Virginia has no estate tax. It's not uncommon for area retirees to sell their homes and move to Virginia for that reason, said

Donald Williamson, executive director of American University's Kogod Tax Center in Washington.

### 2. Transfer assets

Making gifts during your lifetime is one strategy for reducing estate taxes. The tax code allows tax-free annual gifts of up to \$13,000, or \$26,000 if made jointly with your spouse, in cash, investments or property to an unlimited number of people. This can be a great way to help your children while also reducing estate taxes.

But look before you gift. The Internal

Revenue Service warns on its website that the laws on estate and gift taxes are some of the most complicated on the books.

Gifts in excess of the tax-free annual amount not only may incur a gift tax, they will reduce the amount that may be passed free of estate tax. They may also cause your children to pay substantial, and avoidable, capital gains taxes in the future, cautioned Patrick Howley, a tax attorney with Shulman Rogers in Potomac, Md.

Check with an adviser to make sure you fully understand the consequences before using any gifting strategy.

### 3. Convert to a Roth

RMD, short for required minimum distribution, surely rivals IRS as a least favorite acronym among retirees. It refers to the minimum amount that must be withdrawn from a retirement plan account starting with the year the owner reaches age 70 1/2.

Forced distributions raise your taxable income and draw down your 401(k), pension or Individual Retirement Account. You want to take out as little as possible beyond your immediate needs.

One good way to achieve that is to convert a traditional IRA to a Roth IRA. The RMD rules don't apply to Roths while



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SAVE page 26



# Study questions CT scans to rule out heart attacks

If you're having chest pains, an advanced type of CT scan can quickly rule out a heart attack. New research suggests this might be good for hospitals, but not necessarily for you.

These heart scans cut time spent in the hospital but didn't save money, the study found. They also prompted more tests and questionable treatments and gave relatively large doses of radiation to people at such low risk of a heart attack that they probably didn't need a major test at all.

Let's be clear: None of this changes the advice to seek help quickly if you're having chest pain or other signs of a heart attack. Any delay raises the risk of permanent heart damage.

But more than 90 percent of the 6 million people who go to hospitals each year in the U.S. with chest pain have indigestion, stress, muscle strain or some other problem — not heart disease. Doctors are afraid of missing the ones who do have it, and increasingly are using CT scans — a type of X-ray — with an injected dye to get detailed views of arteries.

More than 50,000 of these scans were done in Medicare patients in 2010, and their use is growing. Far more than that were done in younger patients like the ones in this study, who were 54 years old, on average.

The test requires a substantial dose of radiation, which can raise the risk of cancer years down the road. In some cases, patients



might just be told that a doctor wants the test. They may be too frightened to question it or unaware they can refuse or ask about other testing options without jeopardizing their care.

The aim of the study was to see whether these heart scans, called coronary CT angiography, were faster, better or less expensive than usual care, such as simpler tests or being kept a while for observation.

Researchers led by Dr. Udo Hoffmann at Massachusetts General Hospital enrolled 1,000 patients who went to one of nine hospitals around the country during regular daytime, weekday hours with chest pain or other possible heart attack symptoms. All showed no clear sign of a heart attack on initial tests — an electrocardiogram and blood work.

They were randomly assigned to further evaluation either with a CT angiography

scan or whatever is standard at that hospital, such as a treadmill or other heart tests.

Those given the CT scans spent an average of 23 hours in the hospital versus 30 hours for the others. More patients given the scans were sent home directly from the emergency room rather than being admitted — 47 percent versus 12 percent.

The average cost of care was \$4,289 for patients given the CT scans versus \$4,060 for the others, despite spending seven hours less in the hospital. That's because CT scans led to more follow-up tests and treatments, even though the burden of disease was about the same; 8 percent of both groups turned out to have heart disease and only 5 of the 1,000 had had a heart attack.

In the CT group, 29 patients wound up getting a heart bypass or artery-opening

angioplasty and stent procedures versus 18 patients in the usual care group.

That suggests overtreatment, said Dr. W. Douglas Weaver, a former American College of Cardiology president from Henry Ford Hospital in Detroit.

Furthermore, patients fared the same in the month after their ER visit regardless of how the hospital evaluated them for chest pain. No heart attacks were missed, and no one died.

Those given CT scans had nearly triple the amount of radiation — about 14 millisieverts (a measure of dose) versus less than 5 millisieverts for the others, some of whom received tests requiring less radiation.

Radiation risks are a growing concern — Medicare's HospitalCompare website recently started adding information on inappropriate radiation exposure rates at the hospitals it tracks.

Many study authors have consulted for imaging device makers and radiology groups." — AP

## ► Meds

Cont. from page 18

service that sends e-mail or text messages for \$5 to \$10 per month. More expensive services make automated reminder calls to the patient and, if there's no response, notify emergency contacts.

Ask your health provider, pharmacist, nurse or insurer for advice. Or check out sites selling these items: [www.epill.com](http://www.epill.com), [www.medminder.com](http://www.medminder.com), [\[mypills.com\]\(http://mypills.com\), \[www.blueberryrx.com\]\(http://www.blueberryrx.com\), \[www.medication-reminders.com\]\(http://www.medication-reminders.com\) or \[www.rememberitnow.com\]\(http://www.rememberitnow.com\). Many of these items also are available at \[www.Amazon.com\]\(http://www.Amazon.com\). Make sure to read the fine print before submitting your credit card information.](http://www.manage-</a></p>
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# Non-profit credit unions are known for service

By David A. L'Ecuier

Many people get confused or simply don't appreciate the difference between banks and credit unions. Both banks and credit unions offer many of the same services. These financial services include auto loans, home equity loans, personal checking accounts, business checking accounts, personal savings accounts, CDs, debit cards, Visa credit cards, safe deposit boxes and much more.

## Personal Finance

The fundamental difference between a bank and a credit union is how they run their respective operations as it relates to their mission statement. One critical difference between these two organizations starts with your initial deposit. The money that is deposited in a credit union makes you a share holder or owner. Your initial deposit at a bank makes you a customer while ownership of the bank is reserved for shareholders or stockholders.

A bank is run for profit by a management team that is overseen by investors. Every transaction that passes through the bank needs to create a profit for the company. This typically means you pay fees for normal banking practices to ensure that the bank makes that profit.

Credit unions are by definition "not for profit" which adds a great deal of flexibility to their operation. All profits that may be gained from the operation of a credit union

are returned to the members or owners in the form of lower interest rates for loans or higher interest rates for deposits.

Banks and credit unions utilize networks to run their respective ATMs. For some banks, every transaction has a fee attached to it. Credit unions on the other hand have created networks with sister credit unions that allows for their members to use their ATMs for free. These networks make ATMs available to members throughout the country and even around the world.

A noticeable difference for many new credit union members is that customer service is significantly higher at a credit union. The employees at a credit union seem to genuinely strive to exceed your

expectations for service and only suggest products that meet your needs. Focused on profitability, bank employees are instructed to push certain products, even at times strong arming customers into purchasing something they may not need.

A consumer with all the facts has a simple choice to make on where to conduct their financial business. The benefits of a credit union are numerous to their members. The customers or members are actually the owners of the credit union. Credit unions are not for profit, which means that any profits earned are shared with the members in the form of low interest rate loans or higher than average deposit interest rates. In addition, credit

unions have significantly fewer fees than banks on most services and products. The deposits at a credit union are insured for the same amounts as deposits of any bank. The FDIC insures banks and the NCUA insures credit unions, both agencies of the federal government. Again, a consumer with all the facts has a simple choice to make on where to conduct their financial transactions.

*David A. L'Ecuier is the president/CEO of Central One Federal Credit Union. His marketing manager, Zachary Daniels, can be reached at 508-842-7400, 8 a.m. to 4:30 p.m. or by email at [zdaniels@centralfcu.com](mailto:zdaniels@centralfcu.com) and at [www.centralfcu.com](http://www.centralfcu.com).*

## ► Save

Cont. from page 24

the owner is alive (though they do to beneficiaries). So you can allow your Roth to grow until you need to tap it, and even then distributions will be tax-free.

Roths don't make sense for everyone, especially if you will need the money soon to meet retirement needs. Check with a financial adviser.

### 4. Donate to charity

You can dodge a tax hit on a withdrawal from your IRA or workplace retirement plan by steering it straight from the account to a charity.

This is an excellent tax-planning vehicle because you don't have to include

the distribution as taxable income. It's also been very popular, Steber said, since it was created in 2006.

The maximum charitable donation allowed from an IRA is \$100,000 a year. But you can benefit from a donation of any size — whatever you planned on giving to charity for the year.

### 5. Diversify

Tax diversification can stretch retirement savings. Besides potentially lowering taxable income, parking money in places with various levels of tax exposure provides the flexibility to deal with unknowns such as changing tax rates.

Investors should consider diversifying their savings into three different tax buckets for tax efficiency as they access their assets in retirement, according to Craig Brimhall, vice president of retire-

ment wealth strategies at Ameriprise Financial.

Those would include tax-deferred accounts such as 401(k)s and traditional IRAs, tax-free accounts such as Roths and cash value life insurance, and taxable accounts in the form of savings and investments outside of tax-advantaged vehicles.

"It's a good idea to constantly be looking at your portfolio," said Melissa Labant, a tax attorney with the American Institute of CPAs.

One frequent oversight she sees among retirees is not having enough corporate or municipal bonds in their portfolios. If they're in lower tax brackets in retirement, those bonds may well offer better returns after taxes than tax-free bonds. — AP

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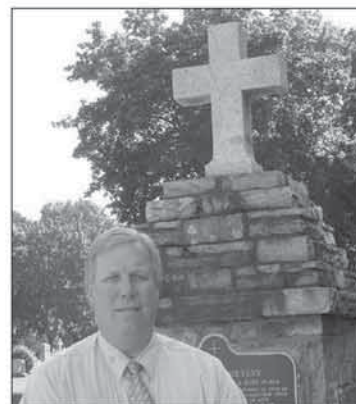


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## ► Surplus

Cont. from page 19

medium- and high-income workers and raising the cap on the amount of wages subject to the payroll tax, all very gradually.

The issue has been largely absent from this year's presidential election. Neither Obama nor his Republican opponent, Mitt Romney, has made it a significant part of the campaign.

**Social Security Commissioner Michael J. Astrue said he is frustrated that little has been done to solve a problem that is only going to get harder to fix.**

Blahous, a Republican, warns that the magnitude of the problem is becoming so great that "Social Security's days as a self-financing program are numbered" if Congress doesn't act in the next few years. Democrat Robert Reischauer, Social Security's other public trustee, is less dire in his predictions but has told Congress that it needs to act within five years.

Others express less urgency.

"I would like to see Congress move on this tomorrow but we do have 22 years before there is any cut in Social Security benefits," said Sen. Bernie Sanders, a liberal independent from Vermont who heads the Senate Social Security caucus. "Compared to other crises — the collapse of the middle class, real wages falling for American workers, 50

million people having no health insurance — how would I rate the Social Security situation? Nowhere near as serious as these and many other problems."

AARP agrees.

"I'm not suggesting we need to wait 20 years but we do have time to make changes to Social Security so that we can pay the benefits we promised," said David Certner, AARP's legislative policy director. "Let's face it. Relative to a lot of other things right now, Social Security is in pretty good shape."

Social Security is financed by a 12.4 percent tax on wages. Workers pay half and their employers pay the other half. Self-employed workers pay the full amount.

The tax is applied to the first \$110,100 of a worker's wages, a cap that rises each year with inflation. For 2011 and 2012, the tax rate for employees was reduced to 4.2 percent but is scheduled to return to 6.2 percent in January.

Social Security's finances are being hit by a wave of demographics as aging baby boomers reach retirement, leaving relatively fewer workers behind to pay into the system. In 1960, there were 4.9 workers paying Social Security taxes for each person getting benefits. Today, there are about 2.8 workers for each beneficiary, a ratio that will drop to 1.9 workers by 2035, according to projections by the Congressional Budget Office.

About 56 million people collect Social Security benefits, and that is projected to grow to 91 million in 2035. Monthly benefits average \$1,235 for retired workers and \$1,111 for disabled workers. — AP

## ► Ryan

Cont. from page 11

for inpatient care is projected to run out of money in 2024.

But critics see a massive cost shift to beneficiaries.

"The only way to drive real savings is to set a lid on the growth in the voucher," said Democratic economist Judy Feder. "That most likely means shifting costs to beneficiaries, not controlling costs."

In an analysis earlier this year, the non-partisan Congressional Budget Office (CBO) said some of the effects of Ryan's plan "would of necessity be a great deal stronger" than current law, which includes Medicare cuts in Obama's health care law yet to take place.

Under the most likely current budget scenario, Medicare spending for the typical 66-year-old would rise to \$9,600 in 2030, or about 75 percent more than now, the

CBO projected.

But under Ryan's plan, spending would rise more slowly to \$7,400, or about 35 percent more than current levels.

That difference would result in a cost shift of thousands of dollars to individual retirees, critics say.

Under the previous version of Ryan's plan, a typical 65-year-old retiree would have been responsible for about two-thirds of his or her health care costs in 2030, according to the budget office. That translates to a cost increase of \$6,350 a year, says the Obama campaign.

Ryan's proposal for turning Medicaid into a block grant program for the states would also have far-reaching consequences. It sharply reduces the future size of the program relative to the overall economy, the CBO said.

Even if states can run Medicaid more efficiently, they'd still face the difficult choice between cutting the program or pouring more of their own money into it, the budget office said. — AP

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## Stencils: Easy, economical way to decorate a home

By Amy Lorentzen

With a decorative stencil and some paint, you can decorate not just walls but just about any surface of your home.

Wall decals and stencils have become more popular, said Emily Bidwell, an in-house style expert at the crafts website Etsy.com, because they are “a no-fuss way to create a big impression.”

“In under an hour you can create a mural effect without the mess of paint, and it’s an affordable alternative to wallpaper,” she said. “Plus, you have the added fun of having done it yourself.”

Besides walls, there are stencils with intricate medallions for ceilings and other designs perfect for floors: Think of a curling vine pattern on an outdoor concrete porch. Stencils can be used on fabrics too, from decorative pillows to window treatments to shower curtains. If you use the right paints, you can even embellish glass and ceramics.

Smaller stencils can be used for personalized gift bags, tags and cards, as well as for scrapbooking and, of course, sign-making.

Melanie Royals, president and creative director for Royal Design Studio, a stencil manufacturer in southern California, said one customer recently used a stencil and acrylic paint on a throw rug. Furniture stenciling also has become popular, she said; one of her ideas is to stencil the sides of dresser drawers for an artistic touch when they are opened.

“There are so many designs that are available that really can coordinate with almost any décor,” Royals said.

Plus, she said, “There is just a really short learning curve for using stencils, and you get the instant gratification right away.”

Basically, you paint, pull the stencil off the wall and see the design.

Ambitious do-it-yourselfers can create their own stencils using a cutting mat or stencil film, and cutting tools

such as X-acto knives, said Tara Custer of Jo-Ann Fabrics and Crafts, one of the nation’s largest retailers of the specialty products. Draw your own design or find free ones online, then transfer them to cardstock or other durable paper. Or try see-through plastic such as stencil film that can be taped to your design; then you can start cutting in whatever shape you’ve chosen.

Greg Swisher, co-founder of the New Jersey-based Cutting Edge Stencils, said cleaner colors and eye-catching patterns on walls are in fashion.

“Families are on a budget. They want to decorate their homes but they can’t afford designer wallpaper,” he said. “There is so much value in a stencil — you can custom color to match the decor, and work with the architecture in the room to accent a wall or around an entryway.”

Stephanie Olmstead, senior graphic designer with Stencil Ease of Old Saybrook, Conn., offers three tips for

do-it-yourselfers:

1. Practice your technique before you apply the stencil to your intended surface.

2. Remember that less paint is better. You don’t want the paint bleeding or seeping under the edges of the cutouts.

3. You don’t have to doggedly follow the colors recommended by the artist or company of store-bought stencils. She advises trying “any colors that appeal to you.”

Also, keep some of your base color on hand to touch up any problem areas, Swisher advises. But overall, he said, stenciling is very forgiving.

“You stencil one print. Say it’s crooked — you paint over it and you’re ready to go,” he said. “You want to redecorate? You want to change color or style, or add to it? It’s super-versatile that way.” — AP

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# New love in late life: Idaho newlyweds are 91, 92

By Katy Moeller

BOISE, Idaho — Bob Blurton had not been at Salmon Creek retirement community in West Boise long before his reputation got around.

"Oh, you're the talker," a woman said when he introduced himself before sitting down to eat. So he decided to sit at another table — and that's when he met Eileen Johnson, who was more than happy to listen.

The 6-foot-1 former Navy pilot, who has a thick head of white hair, had already caught her eye.

"Who is that good-looking guy coming in here?" she recalled asking a staff member the first time she saw him.

That was just a few months ago. On a recent Sunday, about 20 family members and friends gathered to watch Johnson and Blurton exchange wedding vows in a third-floor chapel at Salmon Creek.

So why tie the knot when most of those seeking marriage licenses in Ada County around are in their 20s, 30s and 40s?

"It's because we feel that marriage is a precious thing in the sight of the Lord — and we're old-fashioned," Johnson said.

Blurton has more than a few fascinating stories to share — some of which are in the history books. The Payette native was aboard the USS Tangier when the Japanese attacked on Dec. 7, 1941.

"He's a pretty charismatic guy, and so is she," said Johnson's son, Mike Johnson.

She was named Miss Northwest Passage as part of a contest held around the time that 1940 movie was filmed in McCall.

"There was a big ball and beauty contest. She was the Idaho debutante who most resembled (actress) Ruth Hussey," Johnson said.

In 2007, Blurton lost his wife, Eleanor Richey. They had been married for 65 years and raised four children together, including three they adopted.

After moving several times since his wife's death, he decided to go to Salmon Creek — "to settle down and die."

"When I came here, I was a total wreck. I was depressed. I had a death wish," he said.

But that all changed when he met a kindred spirit.

"I knew what he was talking about when he talked about all the wonderful things he had done in the service," said Johnson, whose two sons both served in the Navy. "When we started talking, we found out we had so many things in common."

Johnson's late husband was Col. Martin Johnson, commander at Gowen Field from the early 1950s to early 1960s, her

sons said.

Johnson and Blurton talked over lunch — Blurton talked more than he ate — and made plans to meet the next day. It became a daily date, and residents at the retirement community noticed the budding romance.

The couple said they were "going together" for just two weeks when they began to talk of marriage.

"Love just found me," Johnson said.

On the afternoon of the wedding, Johnson's sons, Mike, 66, and Harvey, 62, walked her down the aisle in the tiny Salmon Creek chapel.

Cynthia Jenkinson, an assistant manager at the retirement community, officiated at the wedding ceremony — which didn't last 10 minutes.

In her blessing after the vows, Jenkinson offered thanks for "the miracle of love that is not marked with time."

Johnson and Blurton, who took their vows while seated, later joined family and friends at a reception in the retirement center's activity room.

Local businesses donated items: a sheet cake from Albertsons and a round cake from Kneaders Bakery. The staff at Salmon Creek made chocolate-dipped strawberries and — per the bride's request — put out champagne punch.



"We figure we ought to be able to make it to 100," Johnson said, noting the couple's commitment to staying healthy, being there for each other and enjoying whatever time they have left.

Blurton also joked that his bags are packed in the event that he falls short.

"We're both ready for the Lord," he said.

Though Johnson and Blurton are generally in good health, their knees make getting around a little difficult.

It's been a while since Johnson did the jitterbug or Blurton hit the golf course.

Their hobbies now are simpler. "Holding hands," Johnson said as she squeezed Blurton's hand.

They enjoy watching movies on Turner Classic and political commentator Rachel Maddow on MSNBC. "We're both Democrats," said Johnson.

Johnson is interested in traveling, and it's possible that a trip to Hawaii is in their future.

"I'm trying to figure out how we're going to travel," Blurton said, noting that finances and their physical mobility create limits.

He said they might make it to the islands by flying military "space available."

For their honeymoon, the couple considered hitting the road in a motorhome. They decided instead to drive to Portland, then take a cruise on the Columbia River to Lewiston. — AP

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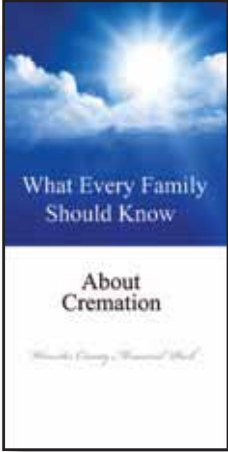
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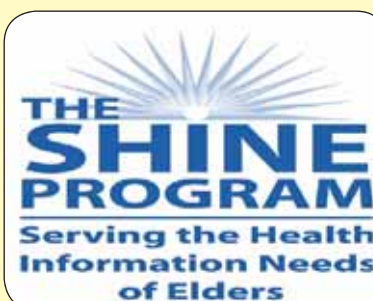
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