



France: Walking
through history
page 12



Downsizers: Maxing
out small spaces
page 22



Poop pills combat
deadly disease
page 9

Find Index of Caregiving Services on page 3

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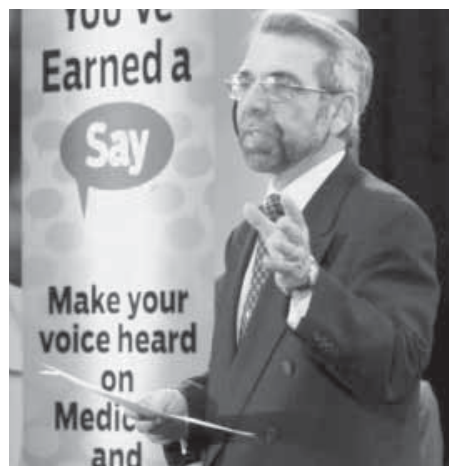
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FEATURED STORIES

Bay Staters should support entitlements	6
Retirees nix Social Security changes	7
FDA approves hepatitis C drug	7
Medicare premium update	10
Raising Medicare age no help	15
Warning: Medicare Advantage cuts	16
Holiday gifts for travelers	17
Older Americans happy at work	20
Social Security benefits going up	21
Serving tables for 50 years	21

DEPARTMENTS

Caregiving Tips	15
Feeling Healthy	9
Home Improvement	22
Just My Opinion	5
Legal Briefs	19
Money Matters	18
Resource for Caregivers	15
Travel	12
Viewpoint	8
Vision Quest	10



Stand,
be heard

6



Travel gift
suggestions

17



Don't
touch

7



Happy
at work

20

ABOUT THE COVER

How to avoid holiday stress and depression page 4

■ INDEX OF SERVICES IN THIS ISSUE ■

ADVOCACY

AARP..... p. 5

AFFORDABLE SENIOR HOUSING

Sherwood Village, Natick p. 23

APARTMENT HOMES

Fairing Way, Natick p. 14

ASSISTED LIVING

The Residences at Wingate, Needham p. 11

ATTORNEY, ELDER LAW

Estate Preservation Law, Worcester.... p. 19

Ingle Law, Southborough..... p. 23

CREMATION SERVICES

Casper Cremations, Massachusetts p. 2

DEBT SERVICES

Debt Counsel for Seniors/Disabled ... p. 18

EYE CARE SERVICES

Nielsen Eye Care, Quincy p. 11

FUNERAL SERVICES

SCS Memorials, Everett, Framingham . p. 6

HEALTH PLANS FOR SENIORS

Elder Service Plan of North Shore p. 9

TUFTS Health Plan p. 10

HEARING SERVICES

Tobias Hearing Aids, Quincy p. 14

HOME CARE SERVICES

ABC Home Healthcare, Wakefield p. 12

Distinguished Care Options, Natick . p. 16

Old Colony Elder Services, Brockton .. p. 9

HOME IMPROVEMENTS

Creative Shelf, Weymouth p. 6

HOSPICE

HopeHealth, Cape Cod p. 20

IN-HOME PHYSICAL/OCCUPATIONAL THERAPY

Independent Living Innovations, p. 17

MEDICAL RESEARCH STUDIES

Glaucoma Study ~ MedRACS

Irritable Bowel Study ~ MedRACS

NURSING HOMES

Golden LivingCenters p. 24

Attleboro, Chestnut Hill, Cohasset,

Dedham, Gloucester, Lexington, Malden,

Melrose, Middleboro, Norwood, Plymouth,

Taunton, West Newton

**Wingate Healthcare, Brighton, Haverhill,
Kingston, Lowell, Needham, North
Andover, Reading, Sudbury**..... p. 13

REAL ESTATE SERVICES

**Sell Mom's House.com —
Prudential Realtors**..... p. 2

REST HOME

Oosterman, Melrose p. 18

Oosterman, Wakefield p. 18

SLEEP APNEA RELIEF

Dr. S. Rinaldi, Andover p. 17

SUBSIDIZED HOUSING

Bixby Brockton, Brockton p. 13

Congregational Retirement, Melrose p. 13

Lamplighter Village, Canton p. 13

URGENT WALK-IN MEDICAL SERVICES

Doctors Express, Andover p. 2

Doctors Express, Natick p. 2

If you use any services listed above, please mention you saw their ad in the Fifty Plus Advocate.

How to deal with holiday stress and anxiety

By Brian Goslow

WORCESTER —

This will be the first Christmas that Rakan Smith, 53, will spend without one of his parents; his father passed away in August, joining his mom, who died in 2001. A long-time relationship ended this summer. "I will be a single orphan at the holidays," he said.

Growing up, the holidays were always a time of wonder for Smith, of Greenville, S.C. His mother, who had been born on St. Nick's Day (Dec. 6), would serve her family fried potato pancakes with cottage cheese and cinnamon applesauce during the holiday season, with Christmas Eve a combination of stews, soups and light rolls, complemented by lots of sweets — "especially my mother's coconut cake and dried fruit cookies," Smith said.

Those gatherings and the celebrations of old traditions, particularly those of the Sephardic Flemish converts that shaped his Appalachian reared mother, became rarer

after Smith finished college and he relocated to Worcester, in the late 1980s. At that point, his local friends became the family he celebrated the holidays with, making lots of food and sharing compilation cassettes or CDs, a tradition that continued after Smith and his partner moved to Georgia, then back to Greenville.

The two of them reinitiated the Thanksgiving dinner tradition of his youth with a twist — "sometimes it was turkey roulades sometimes turkey schnitzel or sushi or wings" — after Smith's mom passed on his 41st birthday.

The warmth of those gatherings came to a sudden end in 2003. While returning to Worcester for the funeral of his partner's nephew, Smith's partner of nearly 15 years suffered a heart attack and died; his funeral mass was held on the day before Thanksgiving. After a close friend passed away the following Easter, Smith said, "I pretty much became afraid of holidays and just tried to get past those days any way I could. I didn't meet with others because I didn't want to share my sadness. I haven't been to a Christmas Mass since then."

This year will be especially hard. While he plans to spend most of December in quiet reflection, he's approaching the month with a positive outlook. "I will smile at folks, look with interest at photos of their smiling children, hear about Santa, facilitate holiday workshops, see decorative displays, hear familiar tunes and have some nog and grog and schnapps," said Smith, who finds strength in having a family of friends that he knows loves him and will help him get through the holiday season by inviting him into their homes.

"I will shed tears, I will stay in bed too much, I will watch a lot of Netflix, but I

will have my clothes laundered and I'll be ready to take up any offers to do something," Smith said. "I'm working on work for an art show and that gets me out of myself."

That's the kind of healthy attitude encouraged by Dr. Eudene Harry, author of *Anxiety 101: The Holistic Approach to Managing Your Anxiety and Taking Back Your Life* and medical director of Oasis Wellness & Rejuvenation Center, an integrative holistic lifestyle clinic in Orlando, Fla.

"The best way to go into the holidays, especially if there's a level of dread involved, is to focus on things that are a little bit more positive," Harry said.

"If you experienced a loss last year, and especially around the holiday season, then you have to start thinking about the things about them that you enjoyed doing with them in the holiday season, because what we do know is that the brain does change significantly when we experience a loss, but it also changes when we start thinking about love and happiness and the things that we are grateful for that we experienced with them."

In her own instance, Harry, who lost an aunt several holiday seasons ago, will recall the times they spent cooking together. "She made the absolute best pound cake that I ever tasted," Harry said. "So just think about the positive experiences that you had with that person — the moments when they smiled, the moments when you smiled."

Then there are those who dread the holiday season because of bad experiences and family battles of years past that seem to grow as the years pile up. When that's the case, Harry said it's important to recognize that



Pictured (from l to r) in 1989 are Rakan Smith; his late father, Homer C. Smith; late partner, Michael Morrissey; and late mother, Julia E. Smith

pattern and take action to reverse it, even if it means breaking the tradition of spending a holiday with the family. Unless it's a question of distance, if you don't see certain members any other time of the year, there's probably a good reason.

"We start feeling obligated to do things with family or individuals we haven't gotten along with before, because everyone is pressuring us into that situation," Harry said. "What we can get into is a pattern that means making everyone else happy at the expense of ourselves and that's not a very good way to experience the holiday season. Our boundaries shouldn't go away around the holidays season."

One way to change this is to determine and establish the way you want to experience the holiday season. "Do you want to experience it in a frenzied manner where you're trying to make everyone else happy and placate every one, in a very uncomfortable situation for an extended period of time, that always has a negative connotation for you?" Harry asked. "Or do you want to take this moment where you view the holiday season as a time

to reconnect with yourself and the actual sense of the season, which is gratitude and love?"

If there are family gatherings that will be attended by people you've always had issues with, Harry said it's important to acknowledge that's probably not ever going to change — and it's not your responsibility to change them.

"But you can, maybe beforehand, feel them out," Harry suggested. "Call them up or write them a letter and see what's going on there. If you have decided that this is something that you don't want to experience this season, create something else for yourself and send them a loving letter or a note or give them a call that says, 'You know what, we've decided to do something else this season, it's something that's always been on our list. I wish you a happy holiday, etc.'"

She said you'd be surprised at what comes out of taking that action. And, at the very least, you know you won't be ending up somewhere you don't want to be during the holiday.

If you decide, with some hesitation, to attend a family gathering, try to consider the thought process going on in the people who make you feel uneasy. "You're not going to change anyone," Harry said, noting that many people set out to create the perfect holiday experience — and leave everyone else feeling miserable in the process.

"They are so bent on creating a certain experience that they see nothing else, so you might not be able to touch your food before a certain time (even if you're starved from the two-hour drive to get there). If that's something that you feel OK subjecting yourself to, then go ahead and do that. But if you know that something is going to make you feel miserable, that tends to extend to other people and you're going to have a poor

HOLIDAY page 6

Thoughtful planning can help a loved one deal with holiday loss

When it comes to helping a parent — or close friend — face that first holiday season without a beloved spouse, Vicki Panagotacos, a life transition and grief and loss counselor based in Los Gatos, Calif., suggests talking as early as possible about how the holiday will be observed.

"Often the immediate family will agree to celebrate the holidays in a different way the first year," Panagotacos said. Someone who has just lost a spouse shouldn't have to feel obligated to decorate and recreate the family holiday tradition, especially the first year or two after the loss. "It might be wise for another person to volunteer to coordinate the main activities the first holiday after the death," she said.

"The grieving spouse should speak honestly to family and friends when they are invited to join holiday activities," Panagotacos said. "Everyone will feel more comfortable with what ultimately might transpire if the widow or widower warns their hostess that they may feel the need to cancel at the last minute. And if they agree to attend, they want the option of leaving early. Forewarned, the hostess can support the grieving

individual's desire to leave and allow them to slip out without fanfare."

Panagotacos noted that the greatest gift the recently bereaved can be given is support. "The holiday season is a grueling time for those who are grieving," she said. "There is little comfort to be received, but there is a lot of support that can be provided. While it is a natural inclination to want to comfort a person who is in emotional pain, words of reassurance sound shallow to a person experiencing fresh grief."

She said some of her clients have told her they felt stunned when they attended a holiday gathering and no one mentioned their lost loved one.

"Generally family and friends don't bring up the deceased for fear of upsetting the surviving spouse,"

Panagotacos said. "Does it work? Of course not. Everyone is upset and should be. It is healing to admit the holiday is just not the same without their loved one, and it is a good time for each person to tell their favorite holiday story of the deceased doing something warm, wonderful or funny." — BY BRIAN GOSLOW



Panagotacos

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Turning 60 at Disney World frees the inner child

By Sondra Shapiro

I just turned 60. So, true to my inner child, I packed my bags for Walt Disney World (WDW) to doggedly pursue two of my most enjoyable activities — sampling food and wine and riding attractions — with my favorite person, my husband, David.

It was fortuitous that the Epcot Food and Wine Festival coincided with the occasion.



Just My Opinion

Excited to get my culinary odyssey rolling, as soon as the plane landed in Orlando, I directed our limo driver to drop us at Downtown Disney. With suitcases in tow, we headed over to Raglan Road Irish Pub for dinner, a place that came highly recommended — and rightly so.

The creative dishes presented by award-winning Irish chef, Kevin Dundon, is draw enough. But the live music and line dancing performances and the authentic Irish pub atmosphere help to make this a one-destination dining spot.

Because I planned to spend most of my time at Epcot, we stayed at the conveniently located and easy-on-the-wallet Walt Disney World Swan and Dolphin Resort, a 10-minute walk or short boat ride away.

My birthday present to myself was to turn a blind eye to calories. So I ate and drank (no driving) with reckless abandon. The sheer magnitude of culinary delights — 30 kiosks offering food, wine and libations from around the world; special dining events with celebrity chefs; seminars and demonstrations — could keep a foodie busy for a week or more. I had to cram it all in, in just three days.

I needed to also fit in my usual Disney must-do activities, such as riding the Haunted Mansion at the Magic Kingdom, the Tower of Terror at Hollywood Studios and Test Track and Soarin' at Epcot.

Truthfully, the turning 60 thing did weigh in the back of my mind for a while. Had it really been 10 years ago that I spent my 50th birthday at Disney? A decade gone in a flash. So, rather than dwell, I decided to immerse myself in the moment.

Comparing the two trips, I was gratified to realize my energy level hasn't changed. I could still navigate the 1.2-mile trek around the World Showcase multiple times a day. Not to mention the miles of walking around Future World and the trek to and from the hotel each day.

Whether it was the sharp, fast curves of Test Track or the sweet, garlicky escargot enveloped in a crunchy brioche and washed down with a pomegranate Kir at the France Marketplace, I approached everything as though it was my first time.

I was ambitious assuming we could literally eat and drink our way around the World Showcase in one night, but we came close, managing to try quite a few

tapas-sized offerings — berbere-style beef with onions, jalapenos, tomato, okra and pap from Africa, potato and leek waffle with braised beef from Belgium, venison sausage with pickled mushrooms, baby arugula and black currant reduction, and more.

Not to mention various libations such as Porcupine Ridge Syrah from Africa, or Altenmünster Oktoberfest beer from the Brewer's Collection Marketplace.

A highlight was the night we went to Party For the Senses, which offered almost two-dozen dishes served up by well-known chefs, 50 wine and beer varieties and performances by Cirque du Soleil. To indulge in celebrity chef Art Smith's decadent buttermilk fried chicken and waffles with maple syrup, only to realize I was standing next to the man who created it was a birthday present I will long cherish.

Topping off the magical evening with a viewing of my all-time favorite fireworks event, IllumiNations: Reflections of Earth, would have been enough for an ordinary birthday celebration. But this 60th required all things in excess. So I treated myself to the show two nights in a row.

The trip was like riding Disney's Test Track — non-stop excitement at every hair-raising turn.

I ended my visit on my actual birthday. There were three things I needed to accomplish before boarding the plane: an encore tasting of those escargot persillade (garlic and parsley) en brioche; a celebratory glass of Moët & Chandon Imperial champagne from the Desserts & Champagne Market Place; and topping it all off with my own version of birthday cake, a warm chocolate pudding with Bailey's custard from the Ireland Marketplace.

During the last hour of my trip, as I sat outside the French Pavilion sipping on a glass of champagne, I watched an acrobat balancing himself on a stack of chairs. I noticed the steady concentration of the performer. Ever present in the moment, he slowly added chair upon chair, stopping at each level to take stock of his progress.

Watching his climb, the journey up seemed impossible, insurmountable. Then he was at the top, basking in the cheers of his audience and grinning from ear to ear, taking a bow for a job well done.

Such is life — one step at a time. It's living life purposefully and in the moment. Milestone birthdays allow me to look back at those moments and get pleasure from the knowledge that no matter how old I am, I still embrace life with child-like wonder.

I now realize age really is just a number. To dwell on that number is to miss out on all the wondrous things large and small that happen every minute of the day. That was the lesson from this trip. Oh, and the other takeaway ... a few extra pounds.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro@fiftyplusadvocate.com. And follow her online at www.facebook.com/fiftyplusadvocate, www.twitter.com/shapiro50plus or www.fiftyplusadvocate.com.

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AARP president urges Bay Staters to enter Soc. Sec., Medicare discussion

By Brian Goslow

As debate on future funding of the country's Social Security and Medicare programs continues in Washington, AARP is working to convince its members and the rest of the nation of the extreme importance of letting their elected officials know their thoughts on the issue.

AARP's ongoing "You've Earned a Say" series of nationwide town hall meetings and community conversations, complemented by online chats and questionnaires, have engaged over 10 million U.S. residents.

"They all view the programs to be vitally important," said AARP president Rob Romasco, during a recent visit to Massachusetts. "They don't think benefit cuts are the way to balance the budget, especially on the backs of those seniors for which they (the programs) are strongly helpful." Yet, he added, "they recognize some changes have to be made — in every four people, maybe only one said, 'Don't touch any of them (the programs).' People really do have a strong sense of the mix of things that are appropriate, who should pay and all that kind of stuff."

To assist in the discussion of the long-term challenges in funding Medicare and Social Security, Romasco said AARP has compiled informational background on the various proposals being discussed and debated by elected officials and government policy people so that the public can understand the pros, cons and implications of each. It enlisted the services of the Heritage Foundation and the Brookings Institute,

conservative and liberal think tanks, respectively, to write their opinions about each of the ideas.

A recent AARP Policy report, "Social Security Generates Billions of the Massachusetts Economy," utilizing the findings of its larger "Social Security's Impact on the National Economy" study, stated that each dollar paid to a Massachusetts Social Security beneficiary goes on to generate approximately \$2 in spending by business and individuals; it estimated nearly \$30.4 billion dollars in economic output resulted, a major contribution to the state's economy.

"It's being spent, the economy churns, and just on those benefits alone, \$200 billion went to all three levels — federal, state and local — of government," Romasco said. It's not just retirees utilizing the benefits. "Most people don't realize that a third of the recipients were children and widows and people who were disabled."

He said the average Massachusetts Social Security recipient receives \$15,000 annually. "Most people, when I ask them, 'How many of you want to live on \$15,000 a year?' most people don't rush the podium when I make that offer, particularly in Washington. People have to understand these are minimal benefits, they're vital, and we have to make sure that they stay and they're paid for."

The discussion has become more

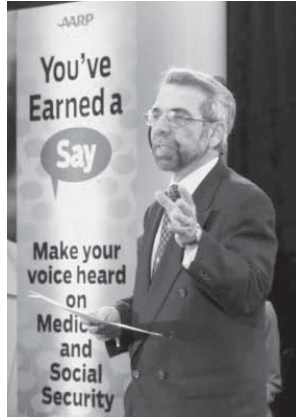
essential since preparing for retirement is much more difficult than in the past. "Pensions are no more. Savings are difficult," Romasco said, adding that a third of the people over 45 have accumulated only \$10,000 in savings, while expectations are they will spend 20 years in retirement. "So with two legs of the stool pretty much gone, why would you want to cut (Social Security and Medicare) benefits? Let's have that discussion."

Romasco said AARP prides itself on providing its membership with information on issues of importance to them, while respecting people's ability to make up their own mind once they that information at their disposal.

Providing information, however, doesn't have a lasting effect unless those who receive it pick up a pen and paper, send an email message or pick up the phone and make themselves heard.

The AARP president said one of the most discouraging things about its "You've Earned a Say" campaign has been that 45 to 50 percent of those reached have responded with, "Thank you for giving me the information, but I don't feel that my opinion will matter."

Romasco said that's probably the thing that bothers him the most. "They do have a say," he said. That's why AARP is trying to educate people and get them concerned enough to take action.



Romasco (courtesy of aarp)

"What we want to do is get people involved so they will directly communicate with their elected representatives," he said.

AARP has two websites — aarp.org and earnedasay.org — that explain how people can contact their elected officials. "We can walk you through the process and you can decide how you want to respond in a relatively easy way," Romasco said.

There is power in numbers, he added, and elected officials react to them. "Politicians have a sort of genetic code: When they hear from a thousand people, that gets their attention, whether it's online or letters or postcards or phone calls," Romasco said. "That matters and really does get through to them. There's a cynical view that politicians look for a parade to get in front of; we want people to start the parade."

When people express their opinions, especially when it comes to an issue like Social Security and Medicare funding, where the debate can get — and has been — heated and nasty, Romasco said they have the ability to let their elected officials know they've got the backing of their constituents, as opposed to them worrying about losing their job as a result of their vote and stand.

"You're encouraging them to make a decision, as opposed to cowering in fear and feeling somewhat threatened," he said. "When people say, 'Look, I'm counting on you to help me,' that's different than 'I'm threatening you with a club.' Politicians do respond to numbers and they respond to their constituents. A hundred constituents have a lot more impact than one lobbyist."

► Holiday

Cont. from page 4

holiday season.

"You need to establish something that works for you, that works for your family, that you're OK with," Harry said.

Facing the first big holiday without a loved one — at a time you're expected to be happy, and you don't want to bring other people down with your own grief — can only add to the pressure and stress. Harry said it's important to allow yourself to experience any grief you're feeling and give yourself the time and space to go through the process.

"It's different for everybody," she said. "Get help, certainly, if you need to, to go through

that grieving process. And the first holiday season, you do need support to get through that — that could be close friends, a spouse, whatever support that you need. And realize that everybody is different. Don't put any additional pressures on yourself."

The death of a long-time spouse or partner isn't the only life occurrence that could send you spiraling into holiday-time depression. Harry said recent brain scan studies have found that the brain changes the same after a person has gone through a divorce or loss of a strong friendship as it does following a death. "It really depends on how connected you were to that person," she said.

The pull of the season usually begins in October for Janice Frederick, 51, of Worcester. Growing up, the holidays were

an emotional rollercoaster for her, with her family always on eggshells wondering whether her father would be joining them for the festivities.

Thanks to her grandparents, however, warm memories of those early years remain. "Christmas at my grandparents' was like going to Willy Wonka's Factory," Frederick said. "Being Swedish, practically right off the boat, there were pastries and delicious foods everywhere."

That ended when both her grandparents passed away in 1978, followed by her parents' divorce, which left her mom in a deep depression. "It broke her soul — and mine." But that didn't stop Frederick's mother from working overtime each October — to the point of almost dropping — just so she could

get her two daughters gifts for Christmas. "I watched as I opened the gifts she had left for us under the tree — and the tears in her eyes from our joy," Frederick recalled.

Since the passing of her beloved mom three years ago, Frederick said she really doesn't celebrate Christmas anymore; she has moved towards Wicca beliefs that warm her heart more. However, at some point during the holiday season, she said, "I will go see my mother's grave and thank her for all those years she made our Christmas."

She'll also gather with friends, and "compare war stories" of seasons past. "I have gained a lot of caring people in my life now to push a lot of my sadness away," Frederick said. "Happy Yule is what I say for now. Blessed be."

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Older Americans nix Social Security changes

CHICAGO —

Raise the age at which you can begin collecting full Social Security benefits? Older Americans say no.

They also veto reductions in the cost-of-living increase.

But a poll finds support among those 50 and older for raising the cap on earnings that are taxed to fund the Social Security program so that higher-income workers pay more.

The survey, by the Associated Press-NORC Center for Public Affairs Research, finds passionate opposition to any change in the way Social Security benefits are calculated that could result in smaller annual raises.

Some 62 percent of respondents expressed opposition to such a proposal, compared with 21 percent who supported it.

The chained CPI, or consumer price index, has been proposed as a new way of calculating the cost-of-living adjustment, but it would reduce the raises.

Some 58 percent oppose gradually raising the age when retirees qualify for full benefits, while 29 percent support it. About

one-third believe people should be eligible for full benefits before 65. Only 10 percent say full eligibility should come after 67, the top eligibility age under current law.

Survey respondents showed more willingness to support Social Security proposals that would mostly affect those with higher incomes.

Forty-one percent expressed support for reducing benefits for seniors with higher incomes, compared with 44 percent who opposed the proposal. Whites were much more supportive of reducing bene-

fits for high-earning seniors than minorities.

Changes to Social Security are on the horizon because the trust funds that support the massive retirement and disability program are projected to run dry in 2033. At that point, Social Security would collect enough taxes to pay only about three-fourths of benefits. If Congress doesn't act, benefits automatically would be cut by about 25 percent.

A new round of budget talks underway in Washington could produce proposals to change Social Security.

In previous budget talks, President

Obama has proposed adopting the chained CPI, making it one of the few issues on which he and House Speaker John Boehner agree. Other groups, including Obama's 2010 deficit commission, have proposed raising the age when retirees can get full Social Security benefits.

Among older Americans, the survey found the most popular idea for improving the program's finances was raising the cap on income subject to Social Security taxes. Currently, the cap is \$113,700, meaning those earning more do not pay Social

Security taxes on wages above that threshold.

Some 61 percent of people favored raising the cap, compared with 25 percent opposing it. Among Democrats, support was at 73 percent; among Republicans, it was 45 percent.

The AP-NORC Center survey was conducted Aug. 8 through Sept. 10 and involved landline and cellphone interviews in English and Spanish with 1,024 people aged 50 and older nationwide. Results from the full survey have a margin of sampling error of plus or minus 4.1 percentage points. — AP

Hepatitis C drug approved

WASHINGTON —

U.S. Food and Drug Administration (FDA) advisers unanimously voted in favor of a highly anticipated hepatitis C drug from Gilead Sciences that holds promise for millions infected with the liver-destroying virus.

All 15 members of the FDA's panel of virus experts voted to recommend approval of Gilead's pill, sofosbuvir, to treat several forms of hepatitis C. The FDA is not required to follow the group's advice, though it often does.

More than 3 million people in the U.S.

have hepatitis C, a blood-borne disease that causes liver damage and is blamed for 15,000 deaths annually.

Current treatments can take up to a year of therapy and only cure about three out of four patients. Gilead's daily pill can cure up to 90 percent of patients infected with the most common form of the virus in just 12 weeks.

Gilead Sciences, Inc. is one of a half-dozen companies racing to develop more effective treatments for hepatitis C. Many

U.S. page 8



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Is it a good time to cut benefits?

By Michael E. Festa

I recently spent the day with AARP President Rob Romasco, who was in Massachusetts for a series of events aimed at discussing responsible, common-sense solutions to keep Social Security and Medicare strong for future generations.

Whether talking with expert opinion leaders, or a group of students at Tufts University, Rob shared the story of our founder, Dr. Ethel Percy Andrus. A retired high school principal, Dr. Andrus visited a former teacher and found her living in a chicken coop — the only place the woman could afford after her medical costs.

As Rob pointed out, in 1947, there was no Medicare. Those who struggled with health care costs were on their own. That sobering visit spurred Dr. Andrus to help retired teachers get access to health insurance. Soon, thousands of seniors wanted the same.

In 1958, at the age of 73, Dr. Andrus formed AARP to help “all Americans live with dignity and purpose.” From the very beginning, AARP has been about the pursuit of health and financial security — and a vibrant life — for each of us through all life’s stages.

Today, Social Security and Medicare are more vital than ever. Many of us have lost jobs, while watching retirement

savings and home equity dwindle as health costs rise higher and higher.

With so much at stake, and with retirement security more precarious, why, now, would anyone want to cut benefits?

As a self-financed program providing earned benefits, Social Security has not caused the deficit — and it should not be turned into an ATM for politicians trying to address it.

That includes rejecting the “chained CPI” proposal, which would recalculate cost-of-living to cut Social Security and veterans’ benefits, and increase taxes for most taxpayers.

Chained CPI rests on the theory that when the cost of an item goes up, the consumer will simply substitute something cheaper. In the real world, many seniors don’t have that choice, having already cut their budgets to the bone. There is no lower cost substitute for utilities, or health care.

The chained CPI cut would grow larger and larger over time. It would cut Social Security and veterans’ benefits by \$146 billion over the next 10 years, taking thousands of dollars out of the pockets of seniors who have earned their benefits and veterans who have already sacrificed so much for all of us.

AARP is fighting the chained CPI and calling for a separate national conversation about the future of Social

Security — so those who paid into the system can have a voice in the debate — and so future generations get the benefits they’ve earned.

We also need to change the discussion about Medicare. Rising health care costs are the root of the problems we have with Medicare. Unfortunately, some say cutting benefits or forcing seniors to pay more is the answer to the program’s challenges.

We believe there’s a better way: By fighting drug companies’ unfair prices; reducing fraud, waste and inefficiency; coordinating patient care and use of technology; and by cutting out over-testing.

Medicare and Social Security matter. They matter to you, your family and future generations. As Rob told a roomful of health policy students, it’s about answering the fundamental questions:

- What kind of country do we want?
- What can we afford?
- What are we willing to pay for it?
- What are we willing to do for it?

Join the conversation at earnedaday.org.

Michael E. Festa is the state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma, www.facebook.com/AARPMA and www.twitter.com/AARPMA.



AARP and You

Elizabeth Warren takes on ‘the anarchy gang’

By Al Norman

Massachusetts’ senior senator, Elizabeth Warren, has wasted little time in showing that she is not afraid to take on tough issues.

One of those issues is how America is being governed. Given the historically low opinion polls of how the public perceives Congress, it’s not surprising that Warren is speaking out on what the Tea Party means for the future of our country.

In early October, Warren sent out a note to supporters through her campaign committee, known as “Elizabeth for MA,” calling the Tea Party “the anarchy gang,” and predicting that “like all the reckless and extremist factions that have come before it, its day will pass.”

Here are some excerpts from Warren’s email:

“If you watch the anarchist tirades

coming from extremist Republicans in the House, you’d think they believe that the government that governs best is a government that doesn’t exist at all.

“But behind all the slogans of the Tea Party — and all the thinly veiled calls for anarchy in Washington — is a reality: The American people don’t want a future without government.

“When was the last time the anarchy gang called for regulators to go easier on companies that put lead in children’s toys? Or for inspectors to stop checking whether the meat in our grocery stores is crawling with deadly bacteria? Or for the FDA to ignore whether morning sickness drugs will cause horrible deformities in our babies?

“And now that the House Republicans have shut down the government —



Push Back

holding the country hostage because of some imaginary government ‘health care boogeyman’ Why do they do this? Because the boogeyman government in the alternate universe of their fiery political speeches isn’t real. It doesn’t exist

“We are alive, we are healthier, we are stronger because of government. Alive, healthier, stronger because of what we did together. We are not a country of anarchists. We are not a country of pessimists and ideologues whose motto is, ‘I’ve got mine, the rest of you are on your own.’ We are not a country that tolerates dangerous drugs, unsafe meat, dirty air or toxic mortgages.

“We are not that nation. We have never been that nation. And we never will be that nation.

“The political minority in the House that condemns government and begged for this shutdown has its day. But like all the reckless and extremist factions that have come before it, its day will pass — and the government will get back to the

work we have chosen to do together.”

This is strong language — but Warren understands that there is a form of civil war going on in the nation today. It is estimated that the recent government shut down cost the economy \$24 billion. We literally cannot afford a government that flirts with collapse every few months. Rule by minority becomes a form of tyranny.

The Tea Party chose Obamacare to make its stand — a strange target considering the millions of uninsured Americans who throw themselves on taxpayer-supported public health services when they get sick.

Obviously Sen. Warren understands that the workings of government are very fragile, especially when the many are paralyzed by the few. We are in the middle of an ideological civil war, and when government is incapacitated, and unable to make decisions, it is not hyperbole to call those who hold it up “the anarchy gang.”

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.org, or at 413-772-6289.

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► U.S.

Cont. from page 7

industry analysts predict the company’s drug will eventually outperform its competitors. The FDA is expected to make a decision on the drug by Dec. 8.

Drugmakers see hepatitis treatments as a potentially lucrative market because the disease is expected to grow into a major public health problem as the baby-boom generation ages. People born between 1945 and 1965 are five times more likely to have the virus than people of other age groups, and the Centers for Disease Control and

Prevention is urging all baby boomers to get tested for the disease. Many contracted the virus by sharing needles or having sex with an infected person in their youth.

For most of the last 20 years, the standard treatment for hepatitis C has involved a grueling one-year regimen of pills and injections that causes flu-like symptoms and cures fewer than half of patients. Then in 2011, the FDA approved two new drugs from Merck and Vertex Pharmaceuticals that raised the cure rate to about 65 and 75 percent, respectively, when combined with the older treatments.

Gilead’s once-a-day pill appears to push the cure rate even higher. — AP

Pills made from poop cure serious gut infections

By Marilyn Marchione

Doctors have found a way to put healthy people's poop into pills that can cure serious gut infections — a less yucky way to do "fecal transplants." Canadian researchers tried this on 27 patients and cured them all after strong antibiotics failed to help.

It's a disgusting topic but a serious problem. Half a million Americans get *Clostridium difficile*, or C-diff, infections each year, and about 14,000 die. The germ causes nausea, cramping and diarrhea so bad it is often disabling. A very potent and pricey antibiotic can kill C-diff but also destroys good bacteria that live in the gut, leaving it more susceptible to future infections.

Recently, studies have shown that fecal transplants — giving infected people stool from a healthy donor — can restore that balance. But they're given through expensive, invasive procedures like colonoscopies or throat tubes. Doctors also have tried giving the stool through enemas but the treatment doesn't always take hold.

There even are YouTube videos on how to

do a similar treatment at home via an enema. A study in a medical journal of a small number of these "do-it-yourself" cases suggests the approach is safe and effective.

Dr. Thomas Louie, an infectious disease specialist at the University of Calgary, devised a better way — a one-time treatment custom-made for each patient.

Donor stool, usually from a relative, is processed in the lab to take out food and extract the bacteria and clean it. It is packed into triple-coated gel capsules so they won't dissolve until they reach the intestines.

"There's no stool left — just stool bugs. These people are not eating

poop," and there are no smelly burps because the contents aren't released until they're well past the stomach, Louie said.

Days before starting the treatment, patients are given an antibiotic to kill the C-diff. On the morning of the treatment, they have an enema so "the new bacteria coming in have a clean slate," Louie said.

It takes 24 to 34 capsules to fit the bacteria needed for a treatment, and patients down them in one sitting. The pills make their way to the colon and seed it with the normal

variety of bacteria.

Louie described 27 patients treated this way. All had suffered at least four C-diff infections and relapses, but none had a recurrence after taking the poop pills.

Margaret Corbin, 69, a retired nurse's aide from Calgary, told of the misery of C-diff.

"It lasted for two years. It was horrible. I thought I was dying. I couldn't eat. Every time I ate anything or drank water I was into the bathroom," she said. "I never went anywhere, I stayed home all the time."

With her daughter as the donor, she took

pills made by Louie two years ago, and "I've been perfectly fine since," Corbin said.

Dr. Curtis Donskey of the Cleveland Veterans Affairs Medical Center, who has done fecal transplants through colonoscopies, praised the work.

"The approach that Dr. Louie has is completely novel — no one else has done this," he said. "I am optimistic that this type of preparation will make these procedures much easier for patients and for physicians."

PILLS page 22

Drug safely cuts prostate cancer risk, study finds

By Marilyn Marchione

Long-term results from a major federal study ease worries about the safety of a hormone-blocking drug that can lower a man's chances of developing prostate cancer.

The drug cut prostate cancer risk by 30 percent without raising the risk of dying of an aggressive form of the disease as earlier results hinted it might.

The new work could prompt a fresh look at using the drug for cancer prevention. Experts say it could prevent tens of thousands of cases each year, saving many men from treatments with seriously unpleasant side effects.

The drug is sold as Proscar by Merck & Co. and in generic form as finasteride to treat urinary problems from enlarged prostates. It's also sold in a lower dose as Propecia to treat hair loss.

A decade ago, the drug was found to cut the risk of prostate cancer. But there was a small rise in aggressive tumors among its users. Some researchers said that by shrinking the prostate, the drug was just making these tumors easier to find in a biopsy sample — not causing them.

But the concern led the Food and Drug Administration to turn down the drug for cancer prevention and warnings were

DRUG page 16



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Diabetic eye disease: What you should know

By Dr. Steven A. Nielsen

As we leave the relative mildness of autumn behind and prepare for the approaching colder months, it is important not only to take preventative measure to protect our bodies against illness (getting flu shots, taking a multi-vitamin supplement and dressing for the weather), but also to take care of our eyes.

This is especially critical for those diagnosed with diabetes.



Vision Quest

According to the Center for Disease Control (CDC), between 12,000 and 24,000 new cases of blindness related to diabetic retinopathy occur in the

United States each year. It is the number one cause of blindness in the United States.

Diabetes retinopathy occurs in the retina with what are collectively called microvascular abnormalities. The small blood vessels develop microaneurysms, which are weakened areas in the walls of tiny blood vessels in the retina. Ruptures result, which lead to hampered blood flow, as well as swelling and leakage that causes scarring, blind spots and ultimately, blindness. Often abnormally high blood sugar levels cause these microaneurysms.

You may first notice diabetic retinopathy (DR) or other eye problems related to diabetes when you have symptoms such as:

- Fluctuating vision;
- Eye floaters and spots;
- Development of a scotoma or shadow in your field of view;
- Blurry and/or distorted vision;
- Corneal abnormalities such as slow

healing of wounds due to corneal abrasions;

- Double vision;
- Eye pain;
- Near vision problems unrelated to presbyopia; and
- Cataracts.

The best way to treat diabetic retinopathy is to control your blood sugar.

Diabetic retinopathy is not the only eye disease associated with diabetes. Diabetics are also more likely to contract bacterial infections, such as pink eye and/or eyelid styes. Diabetes affects the autoimmune system, lowering resistance to infection. Some

of the best ways to avoid contracting these infections include keeping blood sugar levels low, practicing good hygiene by washing hands frequently and avoiding rubbing and touching the eyes and the skin around the eyes.

Fluctuating blood sugars are known to cause fluctuating vision. There is a direct correlation between the change in blood sugar levels and the ability of the crystalline lens in the eye to maintain sharp focus. Blood sugar levels must be under control



at all times in order to be prescribed glasses or contacts. Because of the nature of diabetes, changes in vision may occur more than once over a period of months. However, glasses or contacts cannot be prescribed unless glucose levels are stable. A good rule of thumb for knowing when to get new glasses is to monitor blood sugar levels for three months. If they are relatively stable, your glasses prescription will be accurate, especially if your glucose reading stays below 7 percent.

Being able to monitor any vision changes, as well as any abnormalities in vision, is essential in keeping diabetic eyes healthy, thus making it essential for yearly, and in some cases, bi-annual, eye exams.

Steven A. Nielsen is the chief ophthalmologist at The Nielsen Eye Center. To schedule a consultation or examination with Dr. Nielsen, call 617-471-5665 daily between 8 a.m. and 4 p.m. or email resco@golasik.net. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com

Medicare monthly premium to stay at \$104.90

WASHINGTON —

Medicare says the Part B premium most seniors pay for outpatient care will stay the same in 2014, at \$104.90 a month.

That's good news for beneficiaries, following a \$5-per-month increase this year.

The Part B deductible, the annual amount beneficiaries pay before Medicare outpatient coverage starts, will also remain the same at \$147. But the hospital care deductible is going up by \$32, to \$1,216.

Monthly premiums paid by upper-income beneficiaries, those above \$85,000 a year, or \$170,000 for married couples, will also stay unchanged.

And a reminder: Medicare beneficiaries don't have to worry about the rollout problems with President Barack Obama's coverage for the uninsured.

Medicare is not affected. Its own open enrollment for prescription coverage and Medicare Advantage plans is going smoothly. — AP

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Hiking through history in Southern France

By Victor Block

Until recently, I would have said that St. Francis of Assisi, Shirley MacLaine and I had little in common. That was before I visited Southern France where I hiked sections of one of the most historically important pilgrimage routes in the world.

St. Francis, the Italian friar who is one of the most venerated religious figures of all time, made the pilgrimage in the 13th century. For Shirley MacLaine, the long walk was part of the spiritual exploration for which she is well known.

I followed short stretches of The Way, as it is popularly known, for a more mundane reason. I was on a "Walking Through History" tour that provided an introduction to the fascinating story of that well-known religious route, and much more.

The pre-trip information that I received from the New England Hiking Holidays tour company also promised visits to medieval villages, walled cities and castles and an immersion in the history and culture of a region unfamiliar to even many French people. That included introductions to the Visigoths, Germanic groups that established a kingdom in the area from the 5th to 8th centuries A.D.; Knights of Templar, a religious military order powerful during the 12th to 14 centuries; and the Cathars, a Christian movement that eventually was renounced by the Catholic Church. Each group left its imprint.

For example, the Chateau D'Arques, a Templar castle, has homey touches like a large fireplace, window seats and a chute over the entrance door used to pour boiling oil on attackers. Peyrepertuse — two Cathar castles joined



Village scene

together — was built atop a 2,600-foot-high cliff for added protection.

The castles overlook a network of ancient trails that converge and end at the shrine of Santiago de Compostela at the western-most tip of Spain. There, according to legend, the remains of the apostle St. James were buried, after being transported by boat from Jerusalem.

Since at least the 9th century, thousands of people have followed all or part of the pilgrim routes that stretch across Western Europe. Historically, most people made the pilgrimage for religious reasons. Today, some have other goals. They include simply wanting to take a long hike through magnificent scenery, giving up smoking or hoping to lose weight.

While much of the network of trails is fairly flat on good paths, there are places that are rocky, steep and more challenging. After huffing and puffing up a few of those stretches, I figured that weight loss is a fact for virtually everyone.

The route passes charming medieval villages, each with its own stories to tell. The houses often are clustered around a small castle that once was occupied by a nobleman who served as both the local government and protector of the settlement. The little homes of the townspeople line narrow, twisting, cobblestone streets. Many of them are festooned by flowers, which add an explosion of color to the scene.

A major stopping point for pilgrims over the centuries — and still today — is the charming medieval town of Conques, nestled in a densely wooded valley near the foot of the Pyrenees Mountains. Sections of the original walls, punctuated by fortified gateways, are still visible. The muted colors of traditional timber-framed houses are accentuated by the red sandstone and bronze limestone of other structures, set off by blue slate roofs.

The center of attention in town is the imposing Abbey Church of Sainte Foy (Faith). It was built during the 11th and 12th centuries to commemorate a young girl who



Castle ruins

is said to have been martyred at the time of the Roman Empire. Because she refused to renounce Christianity, she was tortured to death, and now is listed in church catalogues of martyrs and saints.

An image of the girl, bowing before the hand of God, holds a central place on a tympanum, a semi-circular carved arch over the main entrance into the church, which depicts the Last Judgment.

The other treasure of Conques is, in fact, a treasure. It consists of portable altars, chests, cameos and other religious artifacts, many gold plated and covered with precious stones. The collection is considered to be one of the five most important displays of work by medieval goldsmiths in the world.

For people on a journey along The Way, the story of a peasant girl who died for her religious beliefs can be as powerful as the site where one of the apostles is said to be buried. The remains of soaring castles contrast sharply with tiny houses of peasants who lived in them centuries ago.

This enticing diversity awaits those following in the footsteps of countless pilgrims who have walked on The Way for more than 1,000 years.

Despite its name, New England Hiking Holidays organizes trips throughout the United States and to several countries in Europe. For more information call 800-869-0949 or log onto www.nehikingholidays.com.



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Rising Alzheimer's creates strain on caregivers

By Lauran Neergaard

WASHINGTON —

David Hilfiker knows what's coming. He was diagnosed with Alzheimer's so early that he's had time to tell his family what he wants to happen once forgetfulness turns incapacitating.

"When it's time to put me in an institution, don't have me at home and destroy your own life," said the retired physician, who is still well enough that he blogs about the insidious progress of the disease. *Watching the Lights Go Out*, is its title.

Nearly half of all seniors who need some form of long-term care — from help at home to full-time care in a facility — have dementia, according to the new World Alzheimer Report. It's a staggering problem as the global population ages, placing enormous strain on families who provide the bulk of that care at least early on, and on national economies alike.

Indeed, cognitive impairment is the strongest predictor of who will move into a care facility within the next two years, 7.5 times more likely than people with cancer, heart disease or other chronic ailments of older adults, the report found.

"It's astonishing," said Marc Wortmann, executive director of Alzheimer's Disease International, which commissioned the report and focused on the problems of

caregiving. What many countries try to do is keep people away from institutional care because they say that's cheaper, said Wortmann. "Yes it's cheaper for the government or the health system, but it's not always the best solution."

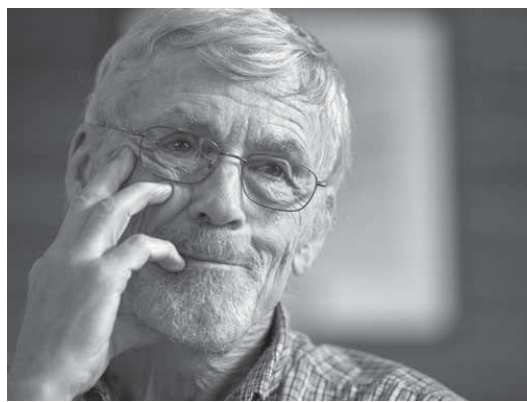
And dropping birth rates mean there are fewer children in families to take care of aging parents, too, said Michael Hodin of the Global Coalition on Aging.

"Very shortly there will be more of us over 60 than under 15," he noted.

Today, more than 35 million people worldwide, including 5 million in the U.S., are estimated to have Alzheimer's. Barring a medical breakthrough, those numbers are expected to more than double by 2050.

The U.S. National Institutes of Health recently announced \$45 million in new Alzheimer's research, with most of the money focused on finding ways to prevent or at least delay the devastating disease. The Obama administration had hoped to invest \$100 million in new Alzheimer's research this year, a move blocked by the budget cuts known as the sequester. Overall, the nation has been investing about \$400 million a year in Alzheimer's research.

But the disease's financial toll is \$200 billion a year in the U.S. alone, a tab expected to pass \$1 trillion by 2050 in medical and nursing home expenditures — not counting unpaid family caregiving. The world report



Hilfiker

puts the global cost at \$604 billion.

Families affected by Alzheimer's and aging advocates said it's time for a global push to end the brain disease, just like the world's governments and researchers that came together to turn the AIDS virus from a death sentence into a chronic disease.

"We need a war on Alzheimer's," said Sandy Halperin, 63, of Tallahassee, Fla., who was diagnosed with early-stage Alzheimer's three years ago. He now finds himself stumbling for words, but still visits lawmakers to urge more funding.

Meanwhile, the world report focuses on caregiving, stressing how the needs of people with dementia are so different than those of other ailments of aging, such as cancer and heart disease. People with dementia begin

needing some help to get through the day early on, to make sure they don't leave the stove on or get lost, for example. Eventually, patients lose the ability to do the simplest activities of daily life, and can survive that way for a decade or more. Often family members quit their jobs so they can provide round-the-clock care, and the stress can harm their own health.

The world report said families need early education about what services are available to help before they're in a crisis, plus training in how to handle the behavioral problems of the disease — such as not to argue if their loved one thinks Ronald Reagan is still president, or how to handle the agitation at dusk known as sundowning, or how to react when the patient hits someone.

Hilfiker, the blogger with early Alzheimer's, takes that education idea a step further. He tells everyone he knows that he has Alzheimer's as a way to break some of the stigma, "so when I make dumb mistakes, I don't need to be embarrassed," he said.

He urges other patients to plan their end-of-life care early, while they're still cognitively able to participate. He believes that telling his wife no extraordinary care — no feeding tubes, for example — will ease her burden.

Hilfiker's big unanswered question: "If I'm at peace with my disease, does that make it easier to care for me later?" — AP

Who will take care of our frail elders?

By Judith Boyko

Every day, 10,000 baby boomers turn 65. That's one day closer to retirement and one day further along in the aging process. As the baby boomers age, who will take care of them?

In its AARP Public Policy Institute report, "The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers," AARP says that in 2010, "the caregiver support ratio was more than seven

potential caregivers for every person in the high-risk years of 80-plus." By 2030, it says, that ratio is expected to decline to four to one. That's 70 million boomers to 17.5 million caregivers. Furthermore, in 2050, when boomers will be in their high-risk years, the caregiver support ratio will fall to three to one.

The Family Caregiver Alliance indicates that the "typical" U.S. caregiver is a 46-year-old woman who spends more



than 20 hours a week caring — unpaid — for her mother and working outside her home. It also reports, "the cost to businesses to replace women caregivers who quit their jobs because of caregiving responsibilities has been estimated at \$3.3 billion," and "absenteeism among women caregivers due to caregiving responsibilities costs businesses almost \$270 million."

Caregiving Tips

So, what are the options for caregiving that meet our expectations and lifestyle needs as well as those of our caregivers?

1: A nursing home. While a nursing home provides many benefits to its residents, including mental stimulation, ongoing medical and other care and a safer living environment, the cost may be prohibitive. "The average cost of nursing home care nationwide is about \$75,000 per year for a semi-private room. Massachusetts nursing home costs are above the national average," according to Community Resources Information, Inc.'s

www.MassResources.org.

2: An assisted living facility. Assisted living facilities are geared toward individuals who require minimal daily living support and who do not need ongoing medical care or supervision. However, the Assisted Living Federation of America says, "the average cost for a private one-bedroom apartment in an assisted living residence is \$3,022 per month." Some assisted living facilities are touted as "concierge living" environments and can run more than \$10,000 monthly for larger living spaces; three meals daily; recreational activities; access to medical care and specialized programs for conditions like Alzheimer's; and laundry, cleaning and spa services.

3: Home sweet home. For those wishing to remain in the comfort and familiarity of their own homes, in-home care might be the best option. Certified home care aides and licensed nurses support activities of daily living (i.e. bathing, dressing, toileting and hygiene maintenance.) Companions provide socialization, caregiver respite and accompaniment to medical

appointments. Homemaking and nursing services may also be available. In-home care costs vary depending on the number of hours the individual needs supportive services.

The Bureau of Labor Statistics projects that between 2010 and 2020, home health and personal care aide occupations will increase by 70 percent — from 1.87 million of these workers in 2010 to nearly 3.2 million in 2020.

Thinking about how to care for your loved ones — and yourselves as you age — is of paramount importance. If you and your family wish to remain at home, in-home care may be your best bet — economically and in terms of availability.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Distinguished Care Options and Natick Visiting Nurse Association. She can be reached at infonvna@natickvna.org. For additional information, visit www.centuryhealth.org, www.dco-ma.com or www.natickvna.org. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com

Raising Medicare eligibility age produces small cost savings

WASHINGTON —

Raising the eligibility age for enrolling in Medicare won't produce nearly the cost savings that had been assumed previously, said a new report.

The Congressional Budget Office (CBO) analysis says that phasing in an increase in the eligibility age from 65 to 67 years old would lower the budget deficit by just \$19 billion over the coming decade. Savings

would rise more in future years, however.

The CBO report says many people who otherwise would be on Medicare would be eligible for subsidies under the new health care law and that many others would receive primary coverage through their employer or their spouse's employer. And those entering the program at 65 or 66 are, on balance, healthier than other enrollees.

Raising the retirement age is a proposal

embraced by budget hawks, particularly Republicans seeking to lower the program's unsustainable growth. But Democrats and advocates for seniors like AARP oppose the idea and it's a non-starter in the current round of budget negotiations getting under way in Congress.

A CBO study last year predicted the eligibility age increase would generate \$113 billion over a decade.

Raising the eligibility age would produce significantly greater savings after it is fully phased in. CBO's study assumed the phase-in would track the implementation of an increase in the Social Security retirement age to 67.

Looking further ahead, CBO predicts that by 2038 the age hike would cut Medicare costs by about 3 percent compared with current law. — AP

4 keys to scrutinizing Medicare Advantage cuts

By Tom Murphy

Ominous warnings about Medicare Advantage plans have sounded for more than a year now.

Health insurers say federal funding cuts to these privately run versions of Medicare will force them to whack plan benefits, hike premiums or leave some geographic markets entirely as they continue to fight rising health care costs. The government is paring back the money it provides for this coverage as part of its effort to fund the health care overhaul, which aims to cover millions of uninsured people.

Plan changes started to crystallize for Medicare Advantage customers about a month into the annual open enrollment window in which they can search for new coverage. Benefits experts say patients are seeing fewer plan choices this year, and more are losing doctors from their insurance coverage networks. Open enrollment lasts until Dec. 7, and many customers wait until the final weeks to pick a plan.

Here are some important points to consider if you're still shopping:

1. Expect fewer plan choices — The total number of Medicare Advantage plans offered next year will slip more than 5 percent to 2,522 from 2,664, according to the market analysis firm Avalere Health.

How much that matters to you will depend greatly on where you live and the coverage that you have. Avalere says most counties across the country will see some decrease in

the number of plans available, with those in the South and Midwest generally seeing more.

Some preferred provider organization, or PPO, plans are more vulnerable to funding cuts because they feature large networks of doctors or care providers. That expense can squeeze profitability for insurers.

If your plan was among the ones being scrapped for next year, you should have received a cancellation notice prior to Oct. 1.

2. Check on your doctor — The nation's biggest provider of Medicare Advantage plans, UnitedHealth Group Inc., expects to trim the number of doctors in its network nationally by 10 percent to 15 percent by the end of next year. The insurer declined to say how many doctors are in that network. It provides Medicare Advantage coverage for more than 2.9 million people.

UnitedHealth has been restructuring its Medicare Advantage business since 2010 to absorb rate reductions, said Jack Larsen, CEO of the insurer's Medicare and retirement business. It has already worked on things like cost cutting and fraud prevention.

"This is one more step in what has been a number of steps to keep these plans affordable over a number of years," he said, adding that the doctor cuts will focus mainly on specialists, not primary care.

Regardless of whether your insurer has announced physician cuts, it pays to double



check that the doctors you see will still be in your plan's network. The costs for care sought outside an insurer's network can be much higher.

3. Scrutinize details — Insurers are pushing to make the premiums they charge attractive and affordable even as they absorb the funding cuts. That means they may skimp on some benefits or charge you more for a hospital stay, so don't swoon if you see a particularly low premium.

"It's more important this year than ever that people look below the surface," said Ross Blair, a senior vice president for eHealthMedicare.com, a division of eHealth Inc.

Plans usually cut extra benefits like dental or vision coverage first when they look to control premium growth, said Eric Maddux, director of Medicare services for eHealth-Medicare. Then they may start raising the patient's cost sharing responsibilities.

That means a patient may have to pay \$300 per day for the first several days of a hospital stay instead of \$250. It also may mean bigger co-payments at the doctor's

office, a higher deductible or larger annual out-of-pocket maximum.

Blair said the average cap for out-of-pocket expenses has climbed to about \$4,800 this year from \$4,400.

Aside from the payment terms, look for the star rating that the government has attached to plans as a way to judge quality. Plans are rated from poor to excellent on a one to five scale. Five-star plans

have a gold star icon affixed to their name in the plan finder at www.medicare.gov.

4. What it all means — Medicare Advantage enrollment has continued to grow despite funding concerns. A total of 14.4 million people are enrolled in these plans this year, which represents an increase of nearly 10 percent from 2012, according to the nonprofit Kaiser Family Foundation, which studies health care issues.

Enrollment in the plans has actually increased by 30 percent from 11.1 million customers since 2010, the year the president signed the health care overhaul into law. Medicare Advantage plans now cover about 28 percent of the population enrolled in Medicare.

However, Kaiser also noted that funding cuts to the plans have not been fully phased in, and bonus payments the government has doled out to insurers have partially offset the cuts that have been made.

It remains to be seen whether the reductions will stunt future growth. — AP

► Drug

Cont. from page 9

added to its label.

Now, with 18 years of follow-up from that earlier study, researchers report that men on the drug were no more likely to die than those not taking it.

That's reassuring because if the drug was truly spurring lethal tumors, there would have been more deaths among its users as time went on, said Dr. Michael LeFevre, a family physician at the University of Missouri.

LeFevre is one of the leaders of the U.S. Preventive Services Task Force, an independent panel of doctors who advise the federal government. The group has not taken a stance on finasteride for prevention but has advised against screening with PSA

blood tests.

Screening does more harm than good, the panel has said, because although 240,000 new prostate cancers are diagnosed each year in the United States, only about 30,000 prove fatal. That means many men are treated for cancers that grow too slowly to be life-threatening, and often suffer sexual and urinary problems as a result.

The study, led by Dr. Ian Thompson at the Cancer Therapy and Research Center in San Antonio, was done to see whether finasteride could lower the risk of prostate cancer in men who were getting screened with annual PSA blood tests, as many still choose to do.

Researchers assigned 18,882 men 55

or older with no sign of prostate cancer on blood tests or a physical exam to take finasteride or dummy pills for seven years.

When the study ended, those who had not been diagnosed with prostate cancer were offered biopsies to check for hidden signs of the disease.

For the new analysis, researchers tracked the study participants for a longer time — 18 years in all since enrollment began. Only about 10 percent of men on finasteride developed prostate cancer versus 15 percent of those on dummy pills. Aggressive tumors were found in 3.5 percent of men on the drug versus 3 percent of the others. Yet 78 percent of both groups were alive after 15 years.

That means the drug cannot be recommended to prolong life, just to ease suffer-

ing by preventing disease, LeFevre said.

"You may be preventing cancers that don't need to be prevented" because so few are life-threatening, but screening is finding these tumors anyway and leading to unnecessary treatments, he said. Reducing that number is a valid reason to use a prevention drug, he said.

Finasteride's other impact is financial. Proscar and a similar drug, GlaxoSmithKline PLC's Avodart, cost about \$4 a pill. Generic finasteride is available for less. Insurers cover it when prescribed to treat urinary problems but may not pay if it's used solely for cancer prevention.

The drug also can cause hot flashes, fatigue, weakness, low sex drive and trouble having sex.

"A man certainly needs to know what he's getting into if he decides to take this," LeFevre said. — AP



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Holiday gifts for the traveler in your life

By Victor Block

With the holiday season upon us, have you finished your gift list, checked it twice and finished your shopping? Or do you still have some presents to buy? If you need ideas for what to get for folks who travel a lot for pleasure or business, a "gift of go" can be the perfect solution.

Shopping is convenient, no further away than your telephone or computer. Whether scratching your head about what to buy for someone who visits a different Caribbean island every winter or for Aunt Matilda who's planning a trip to Europe next spring, the selection is long and varied.

For the avid traveler on your list, you can peruse catalogues or websites that specialize in items that make travel more convenient, comfortable or safe:

•Magellan's claims to be "Your Trusted Source for Travel Supplies," and the company comes up with a number of nifty ideas. Luggage scales (analog \$12.50, digital \$25) can quickly pay for themselves by avoiding overweight airline baggage fees. An inflatable Back Buddy Pillow (\$28) provides comfy lower back support in otherwise uncomfy airplane seats, as well as on a train, in a car and even at home. Security-conscious travelers may opt for a Cash Safe Belt (\$16) that protects paper money in a hidden zippered pocket.

More protection is provided by VaultPro tote bags (\$50-\$90) made of slash-proof mesh with a cut-resistant carrying strap and locking zippers. There's even high-tech protection

against cyber identity thieves, who scan credit card chips remotely to steal the data they contain. For more information call 800-962-4943 or log onto magellans.com.

•Safety also is the goal of some merchandise sold by TravelSmith Outfitters. It covers all aspects of trips from packing to in-flight and hotel comfort. A set of four Smart Pouches (\$29) is transparent for easy viewing and made with a spill-proof lining. They're great for organizing and packing shoes, soiled or damp articles, toiletries and any number of other things.

•In the safety line, the imaginative Travelon Garment Hideaway (\$25) offers a place to conceal valuables where would-be thieves are least likely to look. Styled to resemble a woman's tank top, the ersatz garment has eight concealed pockets for hiding jewelry, documents and other things you don't want to lose. For more information, call 800-770-3387 or log onto travelsmith.com.

•Eddie Bauer has been selling quality outdoor clothing since it was established in 1920, and it's still the go-to place preferred by many outdoor lovers and travelers. With winter here, the choice of fleece jackets, coats, pants and other outer wear for men and women offers something-for-everyone variety. Light weight, quick drying fabrics combine warmth with ease of packing, perfect for family or friends

heading for colder destinations.

Women's zipper jackets with hand-warmer pockets (\$79.95-\$89.95) are designed to provide an excellent warmth-to-weight ratio.

On the other hand, items like zip pullover jackets (\$39.95-\$49.95) are designed to offer what the company describes as "exceptional price-to-warmth ratio." For more information call 800-426-8020 or log onto eddiebauer.com.

•Orvis makes gift giving convenient. What frequent traveler wouldn't welcome a 12-in-1 Multi-Flashlight (\$25) that casts

a super bright beam and includes two screwdrivers, two knives, a can opener, scissors and other attachments?

A four-dial Brass Word Lock (\$12) replaces the usual number combination with an easy to remember word that is set by the user. At the higher end of the price spectrum is a compact Bushnell Backtrack GPS (\$89) that guides people back to their starting point whether they're driving, riding a bike or walking in the woods. For more information call 800-541-3541 or log onto orvis.com.

•Sharper Image promises "Gadgets Galore" on its website, and lives up to that pledge. A miniscule, light weight Travel Razor (\$39.99), which is smaller than a smart phone, charges from a computer and provides 30 minutes of shave time when at full power. A multi-voltage

four-port Universal Charger (also \$39.99) allows four devices to get juiced up at the same time, and (the catalog claims) "works in over 150 countries."

Light sleepers should welcome a Travel Sound Machine (\$89.99) that offers 17 soothing sound options which drown out unwanted noise. Among choices are pleasant sounds of ocean waves, rain and a gentle brook. For more information call 877-363-9984 or log onto sharperimage.com.

•Anyone heading for a country where they don't speak the language is sure to get a lot of use out of an electronic translator. Franklin Electronic Publishers offers an array of compact, lightweight devices ranging in price from a basic Spanish-to-English model (\$9.99) to a deluxe 17-language translator (\$179.99) that includes both the major languages plus some that are less widely spoken like Korean, Farsi and Hindi. The words and phrases are displayed on the screen and spoken, and it's even possible to enter some words and expressions into the database that the traveler expects to need. For more information call 800-266-5626 or log onto franklin.com.

Then there's Hammacher Schlemmer, which has been selling "the unexpected for 165 years." It offers "The World's Smallest Automatic Umbrella" (\$34.95) that measures only eight inches when closed, small enough to fit in many purses and pockets. How have your traveling relatives and friends lived so long without a Flat Fold Travel Mirror (\$49.95) that expands from 1-1/2 inches

GIFTS page 21



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How to invest in your health care

By Ken Sweet

NEW YORK —

You already can invest your retirement money and your kid's college savings on Wall Street. Next on the list: your health care.

A growing number of employees are required by companies to set up special savings accounts to cover part of their medical bills. Over time, they are also encouraged to invest a portion of it in stocks, bonds or a mutual fund, just like they do with a 401(k) or IRA.

Americans now have \$18 billion in Health Savings Accounts (HSAs), a type of plan that allows them to save pre-tax dollars for future medical expenses, according to the Employee Benefit Research Institute (EBRI), a non-partisan group that studies worker benefits. That's up more than 40 percent from a year ago. The amount of money in HSAs is expected to double by the end of 2015, according to consulting firm Devenir.

"They have nowhere to go but up," said Paul Fronstin, a researcher at EBRI.

An HSA is similar to the better-known Flexible Spending Account. Like in an FSA, an employee puts pre-tax dollars into a special account to use toward medical expenses not covered by insurance, from dental check-ups to prescription drug co-pays.

But the similarities end there. Unlike an

FSA, HSAs do not have a "use it or lose it" rule, so the money carries over year to year. A majority of companies who offer HSAs also contribute to the account, more than \$1,000 a year for families, according to EBRI. HSAs are also portable. An employee can take their HSA to their next job or save the money for future use. The accounts can also provide significant tax advantages when used correctly.

For workers, HSAs offer flexibility, although they are not appropriate for everyone.

For employers, the accounts can provide savings. The plans have been shown to slow the rise in health care costs, or even lower them.

For Wall Street, HSAs are another way to make money. Why? The savings in HSAs can be invested once they hit a certain threshold, typically \$2,000.

Nearly all HSA accounts are used in combination with a type of health insurance known as a high-deductible health plan, or HDHP. These plans are also sometimes known as a "Consumer Driven Health Plan." As their name implies, HDHPs have high deductibles,

often \$1,200 or greater for a single person, or \$2,400 for a family.

HDHPs provide coverage for medical emergencies, leaving the day-to-day health care costs to the employee.

HSAs can be used along with a HDHP to help offset those day-to-day costs.

When used correctly, HSAs can also provide a triple tax advantage, something even a 401(k) or IRA cannot do. The money put into an HSA is not subject to federal income tax and if the money is invested, any growth is tax-free as well. Any money used toward eligible medical expenses can be tax-free too.

If your employer hasn't offered an HDHP plan yet, it's only a matter of time. By next year, 80 percent of all large employers will offer a HDHP, according to 2013 employer survey by Towers Watson. The vast majority of those HDHP plans will include an HSA, according to the survey.

"Companies are becoming more interested in offering medical benefits that put a lot of the ownership on the employee," said Elizabeth Ryan, head of Wells Fargo's Health Benefit Services.

A 2011 study by the non-partisan RAND Corporation showed that families who were enrolled in a these types of plans reduced their health care spending by 14 percent. However, families also spent less on preventative care.

"The whole idea of these account-based plans is that when people have skin in the game they'll make super-wise decisions regarding their health care spending," said Amelia Haviland, who co-authored the study and is an associate professor in statistics and health policy at Carnegie Mellon University.

Banks have embraced HSAs, and banking industry experts say the plans could become a big business for Wall Street, just as 401(k)s did. Banks earn money just by opening the accounts for employees and charging fees on the debit cards tied to them.

They also earn a fee, typically 1 percent, for managing the mutual funds where people invest HSA money. Of the \$18 billion Americans have set aside in HSAs, \$2.3 billion will be invested this year, according to Devenir. The amount invested five years ago was just a tenth of that, \$200 million.

Devenir's president and co-founder, Erik Remjeske, estimates that HSAs have generated revenue of about \$200 million for the industry in the past year, including all the fees from investing to administration.

Wells Fargo has been offering HSAs since

INVEST page 19

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What you should know about paying nursing home care

By Linda T. Cammuso

Receiving care in a nursing home is a scenario that many seniors will face. Whether it's a short-term rehab stay following an illness or operation, a hospice stay at the end of life, or simply a need for daily care due to aging, nursing home stays are a reality for today's growing senior population.

Short-term rehab is generally covered by Medicare (or the equivalent senior HMO plan). When it comes to long-term care, including facility-based hospice, there are generally three ways to pay:

1: Long-term care insurance — private insurance policies that pay a daily rate based on amount of coverage the insured purchased;

2: Private payment — spending one's own resources/assets at the facility's private daily rate; and

3: Medicaid (called "MassHealth" in Massachusetts) — a federal and state-funded benefit that pays for daily nursing home care of individuals who meet the financial criteria — most critically, "countable" assets of less than \$2,000.

With the average long-term nursing home stay exceeding two years, planning ahead for the cost of long-term care is more critical than ever. Still, many people are unprepared for the financial realities of a nursing home.

When that day comes, people tend to either do nothing and start writing checks each month for private pay — without even exploring their options — or they panic and begin gifting or moving assets without proper legal advice.

A common myth about nursing homes is that they will take your assets. Nursing homes do not take ownership of your accounts or real estate; they simply charge the private rate until another source of payment, typically MassHealth, is secured.

Unfortunately, many people inadvertently jeopardize their eligibility for MassHealth

because they are ignorant of the rules. For example, under the "five-year look back" rule, a person will be penalized one day of MassHealth coverage for every \$300 that he/she gifts. This means that a widow who moves her \$50,000 savings account to

her son's name and applies for MassHealth within five years

will be penalized 167 days — or almost six months of MassHealth coverage.

Another sad but all too common scenario is a person who pays privately for care while a spouse remains at home in the community. These couples likely do not realize that the Medicaid rules are designed to avoid impoverishing the at-home spouse and that viable options exist to secure MassHealth and terminate private payment obligations.

When is it too late to plan?

Any individual, single or married, healthy or already in the nursing home, may be able to take steps to preserve all or a portion of their assets through legal planning.

•Advance planning, typically done while healthy or when dealing with larger estates, involves trusts and other estate planning vehicles that individuals, single or married, can use to exempt certain assets from "countable" status under the MassHealth rules.

•Last-minute planning, typically when nursing home admission is imminent, involves: Utilizing available exceptions to the transfer penalties to shield assets; converting countable assets to non-countable with the use of annuities, special needs trusts and other vehicles; and spend downs that are beneficial to the applicant and the family.

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

FSAs are designed to be used up each year. While it's OK to spend a part of your HSA, the long-term goal should be saving for future medical expenses.

Experts warn that HSAs are not a good choice for individuals who are chronically ill, because those people will burn through the money, eliminating a chance to invest it.

Once the HSA reaches the \$2,000 threshold, it can be invested. However, it's important to invest HSA savings more conservatively than in an IRA or 401(k), experts say. Medical expenses can come up unexpectedly and you may need the money quickly.

Unlike a FSA, HSAs carry over year to year, so any money put in is yours to keep. If you reach 65 years old and find yourself with too much money in an HSA, you can start using it for non-medical expenses. However, you'll lose the tax-free withdrawal benefit and will have to pay income tax on it.

Keep at least a portion of an HSA equal to your health care plan's deductible in cash or a money market fund, experts say. That way, if the stock market falls, at least the amount needed to cover your deductible won't be at risk.

"Know that what you're investing is part of your family's health insurance," said Carnegie Mellon's Haviland. "You don't want to gamble." — AP



Legal Briefs

► Invest

Cont. from page 18

they were created 10 years ago as part of the 2003 Medicare overhaul. Wells Fargo's Ryan said the bank handles more than \$1 billion in assets in HSAs, spread across 400,000 accounts. While most of Wells business is handling HSAs for employers, there is a growing business of individuals opening the plans, Ryan said.

"They may have purchased insurance on their own, and they may already be banking with Wells Fargo, so it's a natural progression because they have other financial products with us," she said.

Of the people who have an HSA, 56 percent are below the age of 45, according to a 2012 survey by JPMorgan Chase, which also offers HSA plans. Only two percent of JPMorgan's customers over 65 have an HSA.

Their overall use remains small. Industry observers say HSAs have two large hurdles to overcome: Most people find HSA-HDHP plans confusing or believe the plans don't offer enough coverage, and HSAs can only be used with high-deductible health plans, restricting their use.

If you get an HSA, it should not be used the same way as an FSA, experts say.

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Older Americans happy with their work

By Matt Sedensky

ANAHEIM, Calif. —

Not happy with your job? Just wait.

A study by The Associated Press-NORC Center for Public Affairs Research finds that 9 in 10 workers who are age 50 or older say they are very or somewhat satisfied with their job. Older workers reported satisfaction regardless of gender, race, educational level, political ideology and income level.

Consider Oscar Martin-ez.

If Disneyland truly is the happiest place on earth, Martinez may be one of its happiest workers.

Never mind that at 77, the chef already has done a lifetime of work. Or that he must rise around 3 a.m. each day to catch a city bus in time for breakfast crowds at Carnation Café, one of the park's restaurants. With 57 years under his apron, he is Disneyland's longest-serving employee.

"To me, when I work, I'm happy," said Martinez, who's not sure he ever wants to retire.

Though research has shown people across age groups are more likely to report job satisfaction than dissatisfaction, older workers consistently have expressed more happiness with their work than younger people have.

The AP-NORC survey found significant minorities of people reporting unwelcome comments at work about

their age, being passed over for raises and promotions, and other negative incidents related to being older. But it was far more common to note the positive impact of their age.

Six in 10 said colleagues turned to them for advice more often and more than 4 in 10 said they felt they were receiving more respect at work.

Older workers generally have already climbed the career ladder, increased their salaries and reached positions where they have greater security, so more satisfaction makes sense, said Tom Smith, director of the General Social Survey (GSS), one of the most comprehensive polls of American attitudes.

"It increases with age," said Smith, whose biannual survey is conducted by NORC at the University of Chicago. "The older you are, the more of all these job-related benefits you're going to have."

Looking at the 40-year history of the GSS, the share of people saying they are very or moderately satisfied with their jobs rises steadily with each ascending age group, from just above 80 percent for those under 30 to about 92 percent for those 65 and older.

But as in the AP-NORC survey, the age gap grows among those who derive



Martinez

(courtesy disneyland)

the greatest satisfaction from their work, as 38 percent of young adults express deep satisfaction compared with 63 percent age 65 and up.

Smith says earlier in life, people are uncertain what career path they want to take and may be stuck in jobs they despise. Though some older workers stay on the job out of economic necessity, many others keep working because they can't imagine quitting and genuinely like their jobs.

Eileen Sievert of Minneapolis can relate.

The French literature professor at the University of Minnesota used to think she'd be retired by 65. But she's 70 now and grown to love her work so much, it became hard to imagine leaving. She's

instead just scaled back her hours through a phased-retirement program.

"I just like the job," she said. "And you don't want to leave, but you don't want to stay too long."

Walter Whitmore, 58, of Silver Springs, Ark., feels the same. He says he has plenty of things to occupy him outside of his account representative job at a grocery distributor, but having a reason to get out of the house each day brings a certain level of fulfillment. He sees working as keeping him vibrant.

"It wasn't a goal to live to do nothing. You live to accomplish things," he said. "You have to maintain that functionality or you turn into Jell-O."

Robert Schuffler, 96, still reports for work most days at the fish market he opened in Chicago decades ago. He has turned over ownership to a long-time employee, but he can't imagine not seeing the customers he has known so long, and who still show up with a warm smile, a kiss for Schuffler and a shopping list. His job does more than just keep him feeling young: It keeps him happy.

"It's like some guy would make a million dollars today," he said. "He's very happy with the day. I'm very happy being here." — AP



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Waitress celebrates 50 years at diner

By Lauren Boyer

YORK, Pa. —

Donna Shellenberger has waited tables for 50 years.

"She's been around for so long, they were gonna name York after her," teased customer John Hagerman, 78, of Dover Township.

But "Shelly," as she's often called, just played along.

The 71-year-old, rife with comebacks, said she came with the building — the Route 30 home of Round the Clock Diner and Coffee Shop that opened as Howard Johnson's on Oct. 7, 1963.

"I came in a UPS box in the back door and never left," she laughed.

And no one ever asked her to.

She isn't the kind of employee you toss out like stale French toast.

"She's a tough cookie," said Liviu Hotea, the restaurant's manager. "She is on time, all the time. I never have a complaint."

As a youngster, Shellenberger wasn't sure what she wanted to do with her life. She tried a factory job, but it didn't suit her personality.

After two months, the boss cut her loose.

"They told me they were paying me more than I was putting out," she said.

In 1963, Shelly's mother-in-law, who worked at another Howard Johnson's in York, told the then 21-year-old to apply for a server position at the new location in Manchester Township.

The rest is history.

"I had an inkling I wanted to make it to 50," she said. "I thought, 'If I can do it, I'm going to do it.'"

Today, Shelly is known for her green sweater, button-down shirt and bow tie. For decades, a loyal following of hers has clamored to sit in her section.

They know her schedule.

Four days a week, she starts at 4:30 a.m. Three of the days she ends at 11. The fourth, she ends at 1 p.m.

"All of my customers — this whole crowd — is practically like family," she said.

Among the group, Ann Carter's family has been coming to the restaurant since before it became Round the Clock in 1993.

"The chemistry is just right between us," Carter said. "She's such a good waitress. She's always pleasant."

Everyone makes mistakes — even Shellenberger.

There was that time she tripped over the owner, Dimos Sacarellos, and launched an entire tray of food across the coffee shop.

You live and learn.

"Be nice to your customers, listen if they have a complaint," Shellenberger said. "Don't argue with them. There are times you'd like to, but you don't."

Showing up on time is a duty Shellenberger also takes seriously.

Last June, she had open heart surgery.

She came back eight weeks later.

Another time, she felt tingling in her arm.

She headed to the hospital, where doctors kept her overnight.

It was the last time — and only time — she can remember calling off work.

It wasn't without a fight.

For now, Shellenberger shows no sign of retirement. Waiting tables keeps her busy, she said. — AP/York Daily Record

Social Security benefits to go up by 1.5 percent

WASHINGTON —

Social Security benefits will rise 1.5 percent in January, giving millions of retired and disabled workers an average raise of \$19 a month to keep up with the cost of living.

The increase is among the smallest since automatic adjustments were adopted in 1975, and reflects the fact that consumer prices haven't gone up much in the past year. The annual cost-of-living adjustment, or COLA, is based on a government measure of inflation.

Automatic COLAs were adopted in 1975 so that benefits for people on fixed incomes would keep pace with rising prices. Some advocates for older Americans, however, complain that the COLA sometimes falls short, especially for people with high medical costs.

Social Security pays retired workers an average of \$1,272 a month. A 1.5 percent raise comes to about \$19.

Benefits are based on lifetime earnings. The more you make, the higher your benefit — to a point. For someone who retired this year at age 66, the maximum monthly benefit is \$2,533. That person

will get a raise of about \$38 a month.

The amount of wages subject to Social Security taxes is also going up. Social Security is funded by a 12.4 percent tax on the first \$113,700 in wages earned by a worker, with half paid by employers and the other half withheld from workers' pay.

The wage threshold will increase to \$117,000 next year, the Social Security Administration said. Wages above the threshold are not subject to Social Security taxes.

By law, the cost-of-living adjustment is based on the consumer price index for urban wage earners and clerical workers, a broad measure of consumer prices generated by the Bureau of Labor Statistics. It measures price changes for food, housing, clothing, transportation, energy, medical care, recreation and education.

Since 1975, annual Social Security raises have averaged just over 4 percent. Next year will mark only the seventh time the COLA has been less than 2 percent. This year's increase was 1.7 percent. There was no COLA in 2010 or 2011 because inflation was too low. — AP

► Gifts

Cont. from page 17

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Downsizers: Get the most out of smaller spaces

By Melissa Kossler Dutton

Washing clothes in the bedroom. Sending email from the laundry room.

Busy Americans are demanding more from each room in the house, and spaces designed for multiple functions are popping up all over floor plans, design blogs and magazine spreads.

"People multitask all the time. There is a definite correlation and carry-over in the home," said Wendy Danziger, owner of Danziger Design in Bethesda, Md. She has helped clients create rooms for eating and watching television; housing guests and working from home; sleeping and doing laundry.

Some homebuilders have added space for seating, desks and charging stations in the laundry room.

"It's happening all over," Danziger said. "There's a lot of strategy that goes on — a lot of compromise."

Furniture manufacturers, too, are helping to make every square inch count, said Pat Bowling, spokeswoman for the American Home Furnishings Alliance in High Point, N.C. Modern pieces include end tables that double as file cabinets, coffee tables with

adjustable heights to accommodate working at a computer or eating, and chests with docking stations for electronics.

The portability of laptops, tablets and other devices means you don't need a dedicated home office to work at home. People can — and do — use electronics in the family room, bedroom and kitchen.

"Today's furniture is multi-tasking furniture that can help you stay organized, stay connected and keep clutter at bay," said Kim Shaver of Hooker Furniture in Martinsville, Va. "In versatile styles and silhouettes, these pieces fit in any room — from the kitchen to the bedroom and from the family room to the entry hall or

foyer — and provide multiple functions in each room."

Danziger said a console table with hinged leaves is a good option for a TV room that sometimes needs to become a dining room: When guests come for dinner, just slide the table away from the wall under the television and extend the leaves to create a table that seats up to six people.

Nesting tables — stacking tables of different sizes — also help increase the functionality of a space, she said. She often puts them on wheels so they can easily be rolled

to another area of the room for another use.

She has worked with retirees downsizing to a smaller home and with young professionals squeezed into urban apartments.

"Once, home offices were the rage," she said. Now, "it is not unusual to see living spaces where people eat, sleep, work and play games, just for the sake of living in a city where one can walk to everything, including their office."

Frank Pitman of Frank Pitman Designs in Orange County, Calif., also has seen the trend. "There's a lot of dual-purpose space happening," he said.

He has had a growing number of clients put laundry facilities in their bedroom closets. "They are already storing the clothing there."

Why not wash the clothing right there?" he said.

Some of his clients like having a room's secondary use come as a surprise: Television or computer screens that seem to "appear from nowhere" are good examples, he said.

Murphy beds, which are stored vertically in a cabinet along a wall, or Murphy desks, which slide out bookshelves, are another way to keep a space's other function hidden.

Often the need to get more use out of a space arises when an elderly parent joins the household or a grown child returns home, said Amy Albert, editor of *Custom Home Magazine* in Washington, D.C.

"Multiple generations needs multi-functioning space," she said. — AP



► Pills

Cont. from page 9

The treatment now must be made fresh for each patient so the pills don't start to dissolve at room temperature, because their water content would break down the gel coating. Minnesota doctors are testing freezing stool, which doesn't kill the bacteria, so it could be stored and shipped anywhere a patient needed it.

"You could have a universal donor in Minnesota provide a transplant for someone in Florida. That's where we're heading,"

Donskey said.

Other researchers are trying to find which bacteria most help fight off C-diff. Those might be grown in a lab dish and given to patients rather than the whole spectrum of bacteria in stool.

The hope is "we could administer that as a probiotic in a pill form," Donskey said.

Louie sees potential for the poop pills for other people with out-of-whack gut bacteria, such as hospitalized patients vulnerable to antibiotic-resistant germs.

"This approach, to me, has wide application in medicine," he said. "So it's not just about C-diff." — AP

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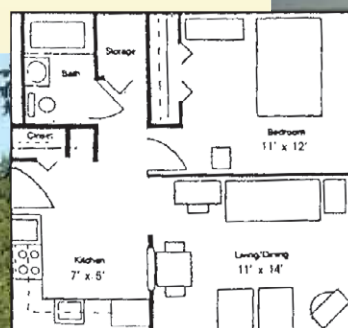
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