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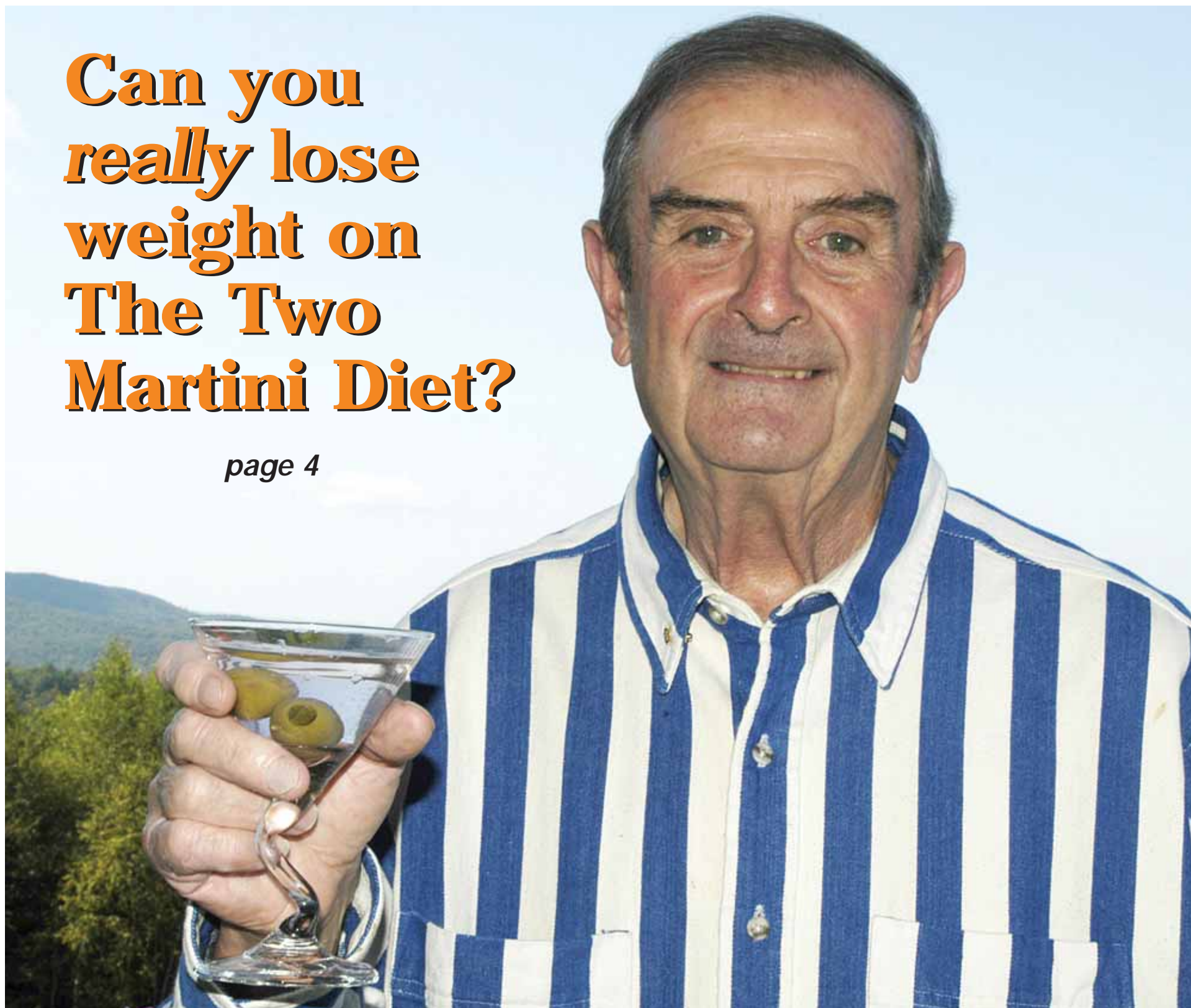
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BOSTON SOUTH EDITION

Can you really lose weight on The Two Martini Diet?

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The Lion of the Senate finally sleeps, but will never be forgotten

And someday, long after this convention, long after the signs come down and the crowds stop cheering, and the bands stop playing, may it be said of our campaign that we kept the faith.

May it be said of our Party in 1980 that we found our faith again.

And may it be said of us, both in dark passages and in bright days, in the words of Tennyson that my brothers quoted and loved, and that have special meaning for me now:

"I am a part of all that I have met

To much is taken, much abides

That which we are, we are —

One equal temper of heroic hearts

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To strive, to seek, to find, and not to yield."

For me, a few hours ago, this campaign came to an end.

For all those whose cares have been our concern, the work goes on, the cause endures, the hope still lives, and the dream shall never die.

Sen. Edward M. Kennedy in his concession speech during the Democratic National Convention at New York's Madison Square Garden, Aug. 12, 1980.

By *Sondra L. Shapiro*

Teddy Kennedy took those words to heart when it came to his job. The words, uttered almost 30 years ago, served as a blueprint he closely followed throughout his professional life.

Since words have been central to this time of remembrance, another phrase that comes to mind is *Noblesse oblige* — a phrase I saw associated with Teddy in a recent *Boston Globe* article — because its definition so perfectly sums up the essence of the man: the moral obligation of those who come from wealth and high social position act with honor, kindness and generosity.



Just My Opinion

While everything that could be said has been said since the Lion of the Senate died last month, I can't let his passing go without proper note since Teddy Kennedy was a rare exception to the ineptitude with which I view much of the workings in our nation's capitol.

I did not always agree with the stands taken by the Senator. And, there were times I was displeased with his personal failings. So, the fact that I can honestly state that I will miss him says a lot about the man.

He brought to the job passion, empathy for his constituents, a willingness to embrace political minefields when he believed they served the greater good and a charisma, pragmatism and intelligence to bring opposing parties together when it came to lawmaking — he was the consummate bridge builder.

"He's one of the members that was trained and came of age in the Senate in the 1960s, when each party was divided

into major factions, and so to pass any major piece of legislation, it took a real coalition of some factions from the Democratic Party and some from the Republican Party. There was no such thing as a party-line vote in those days," Betty Koed, a Senate historian, told the Associated Press.

"A major element of that tradition will be lost now," Koed said.

Just last summer I devoted a column to him entitled: *Nobody in Washington does it better than Teddy.*

A year later, I sadly write in the past tense: *Nobody did better.*

Last summer I was writing about the ailing senator's brief return to the Senate floor. With just minutes left during a vote to protect Medicare payments to doctors, Kennedy entered the Senate chambers to cast a critical vote that would insulate the bill from an expected veto by President Bush.

"I return to the Senate today to keep a promise to our senior citizens," Kennedy said in a statement released by his office, "and that's to protect Medicare. Win, lose or draw, I wasn't going to take the chance that my vote could make the difference."

With arms held high, the senator yelled, "Aye," then quickly left the floor and headed back home to resume treatment.

"I'm feeling fine; a little fatigued once in a while," said Kennedy as he left the Capitol after his vote. He then proclaimed: "I'll be back."

But, the old lion had roared for one of the last times.

The one-two punch of his mortality and what the country would lose hit me hard as I watched the Senator, so near death, work tirelessly by telephone and web conferencing to ensure his committee, Health, Education, Labor and Pensions, was the first to pass the Affordable Health Choices Act, which would guarantee affordable, quality health care for Americans.

It was 1969 when the Senator began crusading for what he would call the cause of his life — access to affordable health care for all. Whether you agree or disagree with his vision for reform, that he didn't live to see it through is a tragedy.

Teddy was an avid supporter of social causes — a problem solver to the benefit of average folks. In many ways he was like Don Quixote, but rather than being the lone avenger chasing windmills, Kennedy's lance wielded significant power, reaching across party lines to create laws that enhance our quality of life — whether the cause was education, health issues, civil rights or immigration.

"The test of every great civilization is how it cares for its elderly," Kennedy said in 2003 during the debate to add a prescription drug benefit to Medicare, which he opposed because of the coverage gap in the drug benefit.

Teddy was especially attentive to the needs of older Americans and the people that care for them.

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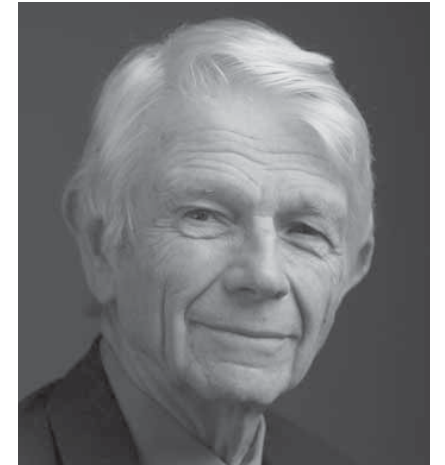
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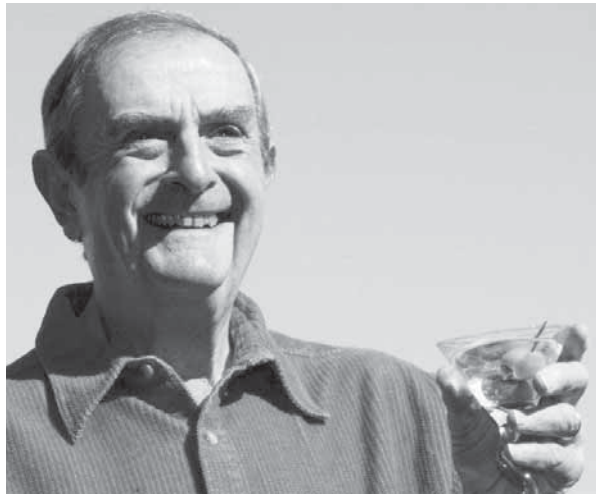
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A hundred pounds lighter, former pilot celebrates his *Two-Martini Diet*

By Brian Goslow

When Jerry Sorlucco retired as an airline pilot in 1997, he weighed 220 pounds, a little more weight than his 5-foot-11-inch frame needed to be carrying. Thanks to regular exercise, he had avoided developing any chronic disease.

Then came his second career in politics, where the never-ending “rubber chicken” dinners eventually took their toll. “That was not healthy,” Sorlucco said. “My weight went up to 270 and I began to develop high blood pressure.” He also got winded going up stairs.



Sorlucco

The extra baggage also put stress on his knees, requiring him to have orthopedic surgery. It was then that his orthopedic surgeon and neighbor gave him the warning of his life.

“He brought me into his office and showed me some artificial knees and said, ‘This is what is in your future,’” Sorlucco said.

Sorlucco decided to change his fate. He tried a few diet programs, including Fit for Life. “I stayed away from sweets and began to eat smaller portions and lost 50 pounds over the next year,” he said. He eventually got down to 168 pounds, but has since gained a few pounds and now weighs 174.

Sorlucco documents his turnaround in *The Two Martini Diet: How I Lost 100+ Lbs While Eating Well and Having a Drink* (Author House), which he’ll be signing at the Healthy Living Expo at the DCU Convention Center in Worcester, Oct. 23-25.

In the book’s introduction, Sorlucco states that he’s not giving out medical advice, everyone’s circumstances are different and that a doctor should oversee any serious weight loss regiment. “I’m not a nutritional scientist, but I am a quick student and a darn good researcher, and I’d like to share my success with you,” he writes.

“People think they have to lose 20 pounds in a week; that’s not realistic. If you lose a couple of pounds a week, you’re

doing well. Over a year, it makes a big difference.”

Sorlucco calls overweight Americans the 1,000-pound guerilla in the health-care debate, especially for seniors whose bodies are more susceptible to the debilitating circumstances of an unhealthy lifestyle. “Two-thirds of the cost of health care in this country is related to being obese and overweight, physically inactive and smoking,” Sorlucco said. “Those costs could be greatly eliminated by focusing on these three areas. We have to do better. Smoking is a no-brainer. There’s so much data on that. But people don’t know the risks of being overweight, the abuse to the body from being non-active.”

“I’ll have a couple sticks of celery with my martini, it fills me up but has no calories.”

He’s even more direct when he talks about the consequence of the explosion of sweetened foods. “Type 2 diabetes, which wasn’t even around 40 years ago, is now extremely common from having too much sugar in the diet,” Sorlucco said. “When people overload their body with sugar — a bottle of soda

for instance — it can have enough sugar in it to last you a week or to last as long as a meal and a half.”

As far as Sorlucco’s concerned, the government should tax sugary drinks out of existence. “They’re killing people,” he said. He’s no fan of processed foods either. “Agribusinesses don’t see any food as bad,” he said.

For those looking to follow his success, Sorlucco suggests getting to know how to use the Body Mass Index table as a guide to where you are in your efforts to reach a healthy weight. “Someone who is 6-foot-2 can carry much more weight than someone 5-foot-2,” he explained. “But anyone who’s serious about watching their weight should get a body mass analysis to manage their percentage of body fat as opposed to muscle; it’s a better indicator.”

Understanding your body’s metabolism is a good place to start. “A 160-pound person needs 1,440 calories a day to function — just to do nothing in a sedentary position,” Sorlucco said. As a professional pilot, he would sit for hours behind the controls.

“As I got older, I got out and walked (between flights),” Sorlucco said. “I always exercised. Everyone needs a daily exercise routine.” Having an active lifestyle — and watching your daily caloric intake — is the key to maintaining a healthy weight, he said. He used to ride his bike around his hometown of Littleton, N.H., but found the hilly terrain a “very intense” challenge to

his overweight frame. He switched to alternating daily exercise routines.

The first is a one-hour workout on a professional rowing machine that measures the calories he burns and the distance he covers. The second takes an hour and a half and starts with 30 minutes on a treadmill where he alternates walking and jogging at variable inclines. The remaining time is spent building bone strength on a universal gym. “For losing weight, you have to do weight training,” Sorlucco said. “It’s important to increase muscle mass and flexibility.” Weight training also increases bone density and poor bones can become a real problem, as people get older, he said. Sorlucco estimates those sessions result in his burning about 3,500 calories per week — and that’s before he goes out and cuts the lawn and does other house chores. “If you don’t do workouts like this, you have to eat less or you’re going to gain weight,” he said. “It’s important to be physically active.”

Among the 12 tips he gives in his book are “Don’t eat where your car does,” “Small plates, small portions” and “Stop eating when satisfied.” While these suggestions are intended to serve as helpful guidelines, they don’t forbid continuing to enjoy some of your favorite things in life — as long as you have self-control.

“I enjoy a martini at night, though there are some who shouldn’t because they don’t know when to stop,” Sorlucco said. “A drink or two a day is good,” as long as you watch the calorie content of what you’re putting into your body.

As for that desire for munchies along with your drink, Sorlucco said, “You can eat almost anything — the question is, do you want to? One piece of chocolate the size of a dime won’t hurt you, a box will.” He suggests staying away from calorie- and sometimes sodium-laden snacks. “I’ll have a couple sticks of celery with my martini,”



he said. “It fills me up but has no calories.”

The challenges of knowing when to stop can be even more difficult at the dinner table. “I used to enjoy a 16-ounce steak, mashed potatoes and a green vegetable,” Sorlucco said. “Now we have a small steak, split it in half — each portion the size of your palm — without the white potato and white breads loaded with unneeded sugar.”

Portion control is a major part of keeping your weight in line, said Sorlucco, but you also have to know what you’re putting into your body and how it affects you. Over the past quarter-century, there have been repeated warnings about the potential health dangers of high cholesterol, polysaturated fats, unsaturated fats and trans fats. Sorlucco explains their pluses and minuses he details in his book.

“You really have to be a label reader,” he said. “We have to ask ourselves, ‘What are we eating; how are the foods we eat produced?’ Much of the agrifoods are lacking in vitamins so you have to buy supplemental vitamins because you’re not getting it in your food.” Instead of eating white processed bread, eat whole grain bread. “You digest that differently,” he said.

He begs to differ with people who feel they can’t eat healthier because it costs more. “Part of saving is cutting down on your portions,” Sorlucco explained. “Go from a 16-ounce steak to four or five ounces. Then you can afford a higher priced steak.”

Sorlucco’s dieting hasn’t lowered the quality of his meals. In fact, he said, the opposite has occurred. A recent supper featured a “beautiful” pork chop cooked in bourbon. “I never did that before and it tasted wonderful,” he said. “We have half a chop each left for tonight that we’ll have with a salad — which we have every night — and a green vegetable.

“And I’ll have my martini.”

For more information: www.sorlucco.com.

Start work now to curb deficit, fix entitlements says Bernanke

By Jeannine Aversa

WASHINGTON —

Federal Reserve Chairman Ben Bernanke is urging Congress and the Obama administration to start plotting a strategy to curb record-high U.S. budget deficits. Failing to do so could eventually erode investor confidence and endanger the economy’s prospects for long-term health, he said.

Bernanke’s comments, before the House Budget Committee recently, come as concerns grow at home and overseas about the United States’ mounting red ink.

“Even as we take steps to address the

recession and threats to financial stability, maintaining the confidence of the financial markets requires that we, as a nation, begin planning now for the restoration of fiscal balance,” Bernanke said.

The White House estimates that the government will rack up an unprecedented \$1.8 trillion budget deficit this year. That would be more than four times last year’s all-time high.

The recession has taken a bite out of tax revenues paid by people and companies. At the same time, the government’s spending

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Obama's aging czar sees issue as unifying force

By Matt Sedensky

There's the White House auto czar, the health care czar and the yet-to-be-named cyber czar. There are czars overseeing drugs, climate and regulatory action. There's a pay czar overlooking executive compensation and talk of another for sports and culture.

Among the issues Greenlee is most passionate about is keeping seniors in their homes and communities ...

And then, there's the aging czar.

Kathy Greenlee, assistant secretary for aging in the Department of Health and Human Services (HHS), is the country's top authority on issues facing the massively expanding population of older Americans. Her budget and profile are relatively modest, but Greenlee is tasked with oversight of a sprawling network of services and occupies a post with the potential to influence many aspects of government.

She also happens to be charged with an issue nearly everyone must deal with at some point.

"Aging is such a unifying topic," Greenlee, 49, said in an interview from her Washington office. "Any issues that we work on with the administration will hopefully help everyone."

Confirmed by the Senate in June, Greenlee now oversees a \$1.5 billion annual budget and tens of thousands of organizations receiving federal funding for all types of senior services, including rides to doctor

appointments, adult day care, home-delivered meals and legal assistance for elders in every part of the U.S. It gives her a voice on the health overhaul legislation, at least as related to seniors, and on issues involving Medicare, Medicaid and Social Security, though those entitlement programs are not directly under her supervision.

Greenlee's appointment has been cheered by many who work in the aging community because she is seen as someone with ground-level experience working with the elderly. Her prior jobs include specializing in elder law at the Legal Aid Society of Topeka, serving as ombudsman for long-term care in Kansas and, eventually, heading the Kansas Department on Aging.

She grew up in the small town of Clearwater, Kan., and never strayed too far, attending the University of Kansas, then settling in a home in that college town of Lawrence, and never living outside of the state. She gained the respect of Gov. Kathleen Sebelius in her numerous state posts and in stints as chief of staff and chief of operations for the governor. Sebelius brought Greenlee to D.C. after becoming head of HHS.

Shannon Jones, executive director of the nonprofit Statewide Independent Living Council of Kansas, has collaborated with Greenlee, who she calls "high-energy" and says is clued into the issues facing seniors.

"She's a gal that is just straightforward and knows when things make sense," Jones said. "She gets it."

Among the issues Greenlee is most passionate about is keeping seniors in their homes and communities, if they choose, and out of nursing homes, which most want to avoid. Advocates have been working on this for decades, and while Greenlee pledges her attention,

there is no quick fix in a system generally ruled by Medicaid, which operates differently in each state.

"To move forward and expand community services, we have to have a whole lot of things happen in each individual state," she said.

As for the health overhaul bill, Greenlee has been active trying to pass along facts on the proposals to providers of aging services, in hopes of getting seniors informed. She concedes there has been confusion. "Seniors aren't quite sure what to believe," she said.

Whether Greenlee, a lifelong Democrat, might play a larger role in shaping the health bill remains to be seen.

Greenlee hasn't been a caregiver herself. Her parents are relatively healthy 71-year-olds. Her father retired from a glass business and her mother is a retired microbiologist. Her grandparents were wheat farmers.

Greenlee is the fourth occupant of the assistant secretary for aging job, which was elevated to its current stature in 1993. The first person to hold the job, Fernando Torres-Gil, said he sees the position as an opportunity to advocate on behalf of the elderly, but one that required skillful networking with power brokers.

"Ultimately, it's about the power of persuasion, negotiation and knowing how to work the bureaucracy," said Torres-Gil, an associate dean at UCLA and director of its Center for Policy Research on Aging. "The position has tremendous potential to influence the president's agenda on aging. 'It's not just health reform, it's not just Social Security and entitlement programs, ultimately it's about how the administration can position itself to take care of the next generation of elders.'" — AP



Greenlee

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Lawmakers advance elder driving bill

By Steve LeBlanc

BOSTON —

A bill that would require Massachusetts drivers, age 75 or older, to pass cognitive and physical exams every time they renew their licenses won the backing of a key legislative committee last month.

The proposed crackdown follows a spate of accidents involving elderly drivers in the state, including an incident in June when an 88-year-old driver struck and killed a 4-year-old girl in Stoughton.

The bill, which won the backing of the Joint Committee on Transportation, would also allow doctors and police officers to report to the Registrar of Motor Vehicles if they believe a driver is unable to safely operate a car. The operator's license would be suspended until a review by the registrar could be conducted within 30 days.

More Mass. primary doctors closed to patients

By Steve LeBlanc

BOSTON —

Primary care doctors are in increasingly short supply in Massachusetts, and more are closing their doors to new patients, according to a new study by the Massachusetts Medical Society.

Those doctors who are accepting new patients are requiring that they wait longer on average for their first appointment.

The state faces "a deteriorating condition of primary care," said Dr. Mario Motta, the society's president.

"Not only do we have continued physician shortages, but more practices are closed to new patients," he said.

For new patients, the shortage of family physicians is translating into longer wait times and delayed care. The average wait time for a family doctor is 44 days, eight days longer than last year's 36 days.

Even more sobering is the rate at which primary care doctors are shutting their practices to new patients.

The survey found the percentage of family doctors no longer accepting new patients has increased over the past three years from 30 percent in 2007 to 40 percent

Older drivers would be required to pass the tests when their license is renewed every five years. They would also have the right to appeal.

Supporters of the bill say it is long overdue and is designed to make the streets safer for everyone.

"There are those who suggest that we arbitrarily came up with an age," said Sen. Steve Baddour, D-Methuen, co-chairman of the committee. "If New Hampshire and other states can come up with an age, so can we."

Drivers in New Hampshire must take road tests to renew their licenses after they reach 75.

Safe Roads Now — a coalition of groups including AARP, the Alzheimer's Association of Massachusetts and the Massachusetts Association of Councils on Aging and Senior Center Directors — said the bill unfairly targets older drivers.

in 2009. The percentage of internal medicine doctors not accepting new patients jumped from 49 percent in 2007 to 56 percent in 2009.

Those are the highest percentages of primary care practices closed to new patients the Medical Society has ever recorded.

Other specialties in short supply include dermatologists, neurologists, urologists and vascular surgeons. Overall, the 2009 survey found shortages in seven of 18 specialties, down from 12 last year.

The report cited Massachusetts' landmark 2006 health care law — which has added about 440,000 residents to the ranks of the insured — as one reason for the added demand for primary care doctors.

The study also found recruiting and retaining doctors remains difficult.

Three-quarters of community hospitals reported shortages in internal medicine, and more than half reported shortages in family medicine. Both are double-digit increases over the 2008 study.

The report concluded that the fear among doctors of being sued remains a "substantial negative influence" on the practice of medicine in Massachusetts. — AP

They say the legislation wrongly links the requirement of a test to age instead of ability and said the medical reporting system is too weak.

"The bill proposes new cognitive and physical testing, but is short on specifics. What are the tests? How will they be administered?" the group said in a statement, adding that the bill "represents a lost opportunity to develop a tangible, evidence-based solution for reform."

The group said the state should instead require in-person driver license renewals throughout a driver's life and adopt tests currently used in California designed to measure visual acuity, peripheral vision and divided attention.

Lawmakers said the bill was still a work in progress and would likely be modified before it reaches both chambers for a final vote.

"This is probably going to be tweaked or changed a little bit as it goes through the legislative process," said Rep. Joseph Wagner, D-Chicopee, the committee's House chairman. "This is a starting point, but I think it is a reasonably strong point."

Home care cuts could hurt thousands

BOSTON —

A waiting list for home care that began last month could leave several thousand frail elders without care. The list affects 27 home care agencies throughout the state.

The waitlist was made necessary because of funding cuts in the state's FY 2010 budget to the tune of \$6.3 million.

The home care program provides individuals over age 60 with homemaker services, home delivered meals and home health aides who assist with personal care such as bathing and dressing.

"As you might imagine, reducing enrollment in the home care program is a very painful process for us," said Al Norman, president of Mass Home Care. "Our goal is to provide care, not deny it. But we must operate within our budget."

Norman said all the agencies will use the same procedures for managing who gets into the program, so that seniors

Wagner said he expected the bill to reach the House for a debate sometime this month.

Massachusetts lawmakers are coming under increasing pressure to act.

In June, 88-year-old Ilse Horn was charged with hitting and killing 4-year-old Diya Patel in a crosswalk as the girl crossed a street with her grandfather and two siblings in Stoughton. Horn later pleaded guilty to negligent motor vehicle homicide and lost her driver's license for 10 years.

A 79-year-old Weymouth man pleaded not guilty to negligent motor vehicle homicide in the death of a Weymouth police officer who was killed while he was directing traffic. Ronald Gale was charged with running a stop sign, hitting another car and pinning Officer Michael Davey to a utility truck Aug. 24. — AP

A House bill received support recently from the Joint Committee on Transportation and was referred to the House Committee on Ways and Means.



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Americans spend \$34B for alternative medicine

Americans spend more than a tenth of their out-of-pocket health care dollars on alternative medicine, according to the first national estimate of such spending in more than a decade.

Chiropractors, massage therapists, acupuncturists and herbal remedies are commanding significant consumer dollars as people seek high-touch care in a high-tech society, a new report by the government shows.

Altogether, consumers spent an estimated \$34 billion on those and other alternative remedies in 2007, the report found.

"We are talking about a very wide range of health practices that range from promising and sensible to potentially harmful," said Dr. Josephine Briggs, director of the National Center for Complementary and Alternative Medicine, the federal agency that leads research in this field.

More research into which therapies work is critically needed, because the spending on them is "substantial," she said.

The data, gathered in 2007 mostly before the recession was evident, don't clearly reflect whether the economy played a role in spending on these therapies. But Briggs noted there has been "speculation that as the number of uninsured grows, there may be increased utilization of some of these approaches, which tend to be relatively inexpensive."

Nearly half of those who use alternative medicine say they cannot afford conventional care, according to government data.

Some consumer advocates say people are wasting money on some products that rigorous studies have shown don't work. Dr. Sidney Wolfe, who leads Public Citizen's health research, has long criticized the government for what he considers lax regulation of prescription drugs and mainstream medicine. Yet, he also sees problems with the widespread use of dietary supplements.

"People think they are cleared" by the Food and Drug Administration, he said, when in fact they do not need proof of safety or effectiveness. "Mainly, they're ineffective," he said.

The report is based on a 2007 survey by the U.S. Centers for Disease Control and Prevention of more than 23,000 adults nationwide.

That includes a wide range of services from meditation and yoga to herbal supplements, such as echinacea and ginseng.

Pain was the main reason people tried massage, chiropractic care and other alternative therapies. Among supplement users, most popular were glucosamine for joint pain and fish oil to cut the risk of heart disease.

The new survey results focus on how often Americans use these things, and how much they pay for them. The numbers show that alternative medicine accounts for more than 11 percent of out-of-pocket spending on health care

in the United States.

The study found that about 44 cents out of every dollar spent on alternative medicine was for products like fish oil, glucosamine and echinacea. Spending on these products was nearly \$15 billion, or about a third of what Americans spend out-of-pocket for prescription drugs.

The survey shows about 35 cents of each alternative therapy dollar was for visits to acupuncturists, chiropractors, massage therapists and other practitioners. That totals nearly \$12 billion, or about one-quarter of what Americans spend on visits to mainstream physicians.

"Some of the useful things chiropractors are doing amounts to physical therapy," Wolfe said. "Medicine is beginning to realize how important physical therapy is."

The report concludes that 38 million adults visited alternative medicine practitioners in 2007.

The average annual spending per person to see practitioners was about \$122, and the average spending on products was \$177.

A whopping \$3 billion was spent on homeopathy, a form of treatment that uses highly diluted drugs made from natural ingredients and based on a theory unverified by mainstream science. — AP



Monkeys live longer on low-cal diet; would humans?

WASHINGTON —

A 20-year study found cutting calories by almost a third slowed the aging of monkeys and fended off death.

This is not about a quick diet to shed a few pounds (kilograms). Scientists have long known they could increase the lifespan of mice and more primitive creatures — worms, flies — with deep, long-term cuts in what should be normal consumption.

Now comes the first evidence that it delays the diseases of aging in primates, too — rhesus monkeys living at the Wisconsin National Primate Center.

What about those other primates, humans? Nobody knows yet if people in a world better known for overeating could stand the deprivation long enough to make a difference, much less how it would affect

our more complex bodies. Still, small attempts to tell are under way.

"What we would really like is not so much that people should live longer but that people should live healthier," said Dr. David Finkelstein of the National



A rhesus monkey has a 27-year lifespan

Institute on Aging (NIA). The Wisconsin monkeys seemed to do both.

"The fact that there's less disease in these animals is striking," Finkelstein said.

Captive rhesus monkeys have an average lifespan of 27 years, so spotting an effect takes a lot longer than in short-lived mice. The newest

study involves 76 monkeys — 30 tracked since 1989 and 46 since 1994. They were normal-sized adults eating a normal diet for a captive monkey, a special vitamin-enriched chow plus some fruit treats.

Then researchers at the University of

Wisconsin, Madison, assigned half the monkeys to the reduced-calorie diet, cutting their daily calories by 30 percent but ensuring what they did eat was properly nourishing.

So far, 37 percent of the monkeys who kept their regular diet have died of age-related diseases — compared with just 13 percent of the calorie-cut monkeys, a nearly three-fold difference, the researchers reported. A handful of other monkeys died of unrelated conditions, such as injury, not deemed affected by nutrition.

Death was not the only change. The calorie-cut monkeys had less than half the incidence of cancerous tumors or heart disease as the monkeys who ate normally. Brain scans showed less age-related shrinkage in the dieting monkeys. They also retained more muscle, something else that tends to waste with age.

Compare two cage-by-cage photos of the monkeys and the difference is obvious:

A 29-year-old monkey happens to be the oldest non-dieting monkey still alive, and a 27-year-old the oldest still-living dieter. Yet the dieting monkey looks many more years younger than his fatter, frumpier neighbor, not just a mere two.

"All these pieces put together provide rather convincing evidence in our view that caloric restriction can slow the aging process in a primate species," said lead researcher Dr. Richard Weindruch, a University of Wisconsin professor heading the NIA-funded study.

He contends that somehow the diet change is reprogramming metabolism in a way that slows aging.

The federal government is funding a small study to see if some healthy normal-weight people could sustain a 25 percent calorie cut for two years and if doing so signals some changes that might, over a long enough time, reduce some age-related disease. — AP

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Vexing long-term health care absent from US debate

By Matt Sedensky

MIAMI —

Gillian Lloyd's parents did everything right: They saved compulsively for their retirement and brought aides into their home when they needed help. Yet they still face impossible questions of how to continue paying for care in their final years.

"It's an absolute quagmire," said Lloyd, a 53-year-old school administrator who is managing her parents' care and fearful there isn't enough money to pay for it. "I feel like I'm in an untenable situation."

Even as the health care debate rages in Washington, scant attention has been given to providing long-term care for the elderly and disabled. While lawmakers struggle to come up with a plan, millions of stressed families are being driven into poverty, and state and federal budgets are being stretched to their limits.

Lloyd's parents have burned through nearly all the half-million dollars they have in savings paying aides \$24 an hour, 19 hours a day. When the money is gone, she doesn't know what to do with her 84-year-old mother, who is mentally acute but physically plagued by Parkinson's disease, and her 85-year-old father, who is physically well but suffering from dementia.

"I was surprised at how financially strapped you had to be in order to get help," Lloyd said.

For all the warm words President Barack Obama has said about Ted Kennedy, he has remained largely silent on a long-term care plan — one of the pieces the late senator saw as key to an overhaul bill.

Such a plan is included in the bill Kennedy's health committee wrote but is not regarded as a must-have component. However, the provision could make the bill more palatable to seniors who have reservations about

the overhaul.

"The other Democrats in the Senate don't seem very enthusiastic about it. The Obama administration doesn't seem very enthusiastic about it," said Howard Gleckman, a researcher at the Urban Institute who is author of *Caring for Our Parents* (St. Martin's Press).

Kennedy's bill included the Community Living Assistance Services and Supports Act, known as the CLASS Act, which would allow Americans to buy long-term care insurance from the government for around \$65 a month. Students and younger workers would pay far less, around \$5 monthly. In return, they'd qualify for a cash benefit when such care is needed.

Nobody sees CLASS Act as solving the entire long-term care crisis. But it would address an issue that has vexed policymakers and caregivers for decades and mark the first time the government provided nursing homes, in-home aides and other care for the masses.

Many wrongly believe Medicare covers long-term stays in nursing homes and other such services, but only the country's poorest qualify under Medicaid. Diabetics who endure amputations and can't live alone, Alzheimer's patients who need round-the-clock care, and those who suffer strokes and can no longer navigate their home alone are among those faced with tough care choices.

The numbers on the issue are telling: Nearly 70 percent of all 65-year-olds will need some long-term care before they die. An estimated \$160 billion is spent on such services each year, not counting all the unpaid hours family members care for a loved one. Most paid long-term care currently comes through Medicaid, and with costs ballooning, officials say it's unsustainable.

Bobbie Winter, a 66-year-old social worker from Des

Plaines, Ill., learned the hard truth of long-term care when she assumed care of her aunt, Helen Newman.

Newman had spent around \$100,000 in assets paying for her care over the past several years. Medicare covered the first 90 days of a stay in a nursing home after she broke her hip earlier this year, but on the final day, the nursing home told Winter she needed to pay \$8,700 to cover the next month. Nobody had the money but Newman still needed nursing home care.

She died the next day, practically penniless.

"The few assets she had left went toward the funeral and her gravestone and a few outstanding bills," said Winter.

Health and Human Services Secretary Kathleen Sebelius wrote a letter to Kennedy in July saying the administration supports the inclusion of the CLASS Act in the health overhaul bill, and Obama endorsed the legislation as a senator. But Kennedy's death has many believing there is no champion to ensure its ultimate inclusion.

Dr. Robert Butler, the head of the International Longevity Center who is considered the country's foremost geriatrician, is unconvinced long-term care will ultimately improve in any new plan.

"Maybe something will happen," said Butler, a Pulitzer Prize winner for his book *Why Survive? Being Old In America*, and the first director of the National Institute on Aging. "But whether it will include long-term care is much more dubious."

The aging of baby boomers has heightened awareness of the long-term care issue. People who support government-sponsored long-term care, which an estimated 10 million Americans currently need, say a health overhaul bill would be incomplete without it.

"We cannot fix part of the health care system," said Sen. Herb Kohl, D-Wis., chairman of the Senate aging committee. "We must fix the entire system."



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- ✓ 50 years of age or older
- ✓ Not previously diagnosed with vascular dementia, Huntington's Disease, Parkinson's Disease, or seizures
- ✓ Not living in a nursing home
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For more information or to volunteer, contact:
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Crazy Horse Memorial

South Dakota offers more than Rushmore

By Alan Scher Zagier

CUSTER STATE PARK, S.D. —

The wild burro wouldn't take no for an answer. We had already encountered grazing pronghorn antelope, packs of wild turkeys, prairie dogs and enough bison to render us downright blasé when yet another of the enormous beasts emerged on our four-day trip through the Black Hills of South Dakota.

But the snack-seeking donkeys were a tourist's dream, moseying up to the car window for a bite of carrots, Cheetos or whatever else was handy. The feeding frenzy is common in these parts: Moments later, a particularly assertive burro blocked our path down Wildlife Loop Road until we turned over more foodstuffs.

The vacation was ostensibly a chance for me and my son to see Mount Rushmore, the civics book staple that a new generation is likely more familiar with from its featured role in *National Treasure: Book of Secret*.

Meeting the four granite presidents may have been our goal, but we quickly realized that so much more than Rushmore awaited.

The first stop was Badlands National Park, an otherworldly landscape of sweeping buttes, endless canyons and gaping gorges. The park is easily accessible via a 32-mile loop off Interstate 90, less than 100 miles from the heart of the southern Black Hills.

The frontier town of Custer, site of the first gold discovery in the hills and a 20-minute drive from Rushmore, was our home base.

Custer is one of several towns convenient to the national monument, and it scored points for its many restaurants, well-stocked market, convenient access to the 109-mile George Mickelson cycling trail and — unlike some other nearby towns — its noticeable lack of tawdry T-shirt shops.

Thirty miles south of Custer is Hot Springs, a town where a planned housing development was scrapped 34 years ago after excavators discovered a mammoth burial site.

The prehistoric elephants flocked to the area when its limestone deposits dissolved in water bubbling up from underground springs. Lured by the promise of

food and drink, the Ice Age mammoths slid into the water, unable to escape.

The Mammoth Site of Hot Springs, still an active paleontological dig, now hosts scientists and researchers from across the world, not to mention curious tourists. More than 100 tusks from Columbian and woolly mammoths have been found so far.

Just down the road is the Evans Plunge, where a section of the warm water springs that give the town its name were bought almost 120 years ago by entrepreneur Frederick Taft Evans to lure visitors drawn by the water's healing properties.

A handful of spas remain nearby.

Any trip to the area should include time spent exploring the rich heritage of the Lakota Sioux Indians, who in 1877 signed a treaty ceding the Black Hills to the United States, an agreement that nonetheless didn't prevent an attack 13 years later in the Wounded Knee Massacre near the Pine Ridge reservation.

Much of that history is on display at the Crazy Horse Memorial, a massive mountain carving and 60-year work in progress that once complete — if ever — will dwarf Mount Rushmore, which inspired its creation.

As the Rushmore carving neared completion, Lakota Chief Henry Standing Bear realized that his people deserved their own monument. For that task, he selected sculptor Korczak Ziolkowski, who assisted Rushmore creator Gutzon Borglum and came to Standing Bear's attention after winning first prize in a contest at the 1939 New York World's Fair.

"Will you carve us a mountain

so the white man will know the red man has great heroes, too?" the chief asked Ziolkowski.

The project would consume the Boston-born sculptor of Polish descent. He moved to the mountain's base and worked on the memorial continuously with his wife, Ruth, and their 10 children until his 1982 death.

At nine stories high, Crazy Horse's head — the only complete portion of the project — is bigger than the four presidential busts featured at Mount Rushmore. So is the scope of Ziolkowski's vision of the property, which one day could include a university and medical training center.

For now, there's plenty to explore at the site, including a cultural center stocked with art, religious icons and tools (we particularly enjoyed the Lakota medicine man's rattle made from a buffalo scrotum and filled with pebbles).

At dusk, the memorial hosts a musical laser light show combining New Age and classical songs with images detailing the monument's history and continued efforts under Ziolkowski's widow and seven of the 10 children.



Custer, a frontier town

Twice a year, the public can watch nighttime dynamite blasts at the memorial.

Then there's Rushmore, a place the textbooks and even Hollywood films can't do justice from afar.

The grandeur is breathtaking. And, the memorial offers insights into presidential history likely to impress even the most die-hard trivia buffs.

For instance, to portray Teddy Roosevelt's ever-present eyeglasses, Borglum carved a narrow curvature under each of the former president's eyes. And George Washington's straight-ahead gaze was no accident — his upright chin was carved as a testament to his upright character. — AP

If You Go ...

- Badlands National Park: Entrance in Interior, S.D., about 80 miles from Rapid City; www.nps.gov/badl or 605-433-5361.

- Custer State Park: Near Custer, S.D., along U.S. Highway 16A; www.sdgap.info/Parks/Regions/Custer or 605-255-4515.

- Mammoth Site of Hot Springs: Hot Springs, S.D., on Highway 18 bypass; www.mammothsite.com or 605-745-6017.

- Evans Plunge Indoor Water Park: 1145 N. River St., Hot Springs; www.evansplunge.com or 605-745-5165.

- Crazy Horse Memorial: Located 5 miles north of Custer; www.crazyhorse.org or 605-673-4681.

- Mount Rushmore National Memorial: Located 35 miles from Rapid City; www.nps.gov/moru or 605-574-2523.



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Swine Flu: Advice on when flu needs TLC or a doctor's care

WASHINGTON —

When is swine flu just miserable and when do you need a doctor? If it's hard to breathe, that's an emergency. It's the not-so-obvious cases that can have parents, or the sick of any age, fretting.

"There tends to be a lot of hysteria," said Dr. Nathan Litman of the Children's Hospital at Montefiore Medical Center in New York. "We should try to emphasize the prevention mode, and the rational approach to dealing with the illness."

Symptoms of any flu include fever of 100 degrees or more, cough, body chills and aches, and congestion. Diarrhea and vomiting sometimes occur, particularly with the swine flu that doctors call the 2009 H1N1 flu.

Regardless of the strain, most people who otherwise are healthy need to stay home and rest, and get plenty of fluids, health officials agree.

But there's a catch. Not everyone with swine flu gets a fever, making it hard to know if they've got that or a common cold.

That doesn't happen too often, although there are no good statistics and no one knows if those people even are as contagious as the fevered, said Dr. Anne Schuchat, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases. But generally, people without a fever don't get as sick.

Signs to seek emergency care include shortness of breath, chest pain or pressure,

confusion or seizures, persistent vomiting or inability to hold down liquids, and bluish lips.

Who's at higher risk from any kind of flu?

Pregnant women; people of any age with heart disease, asthma, diabetes and other chronic illnesses; children under 2; people over 65.

While the over-65 tend not to catch swine flu, they are prime targets of the regular winter flu — and there's no way for patients to tell the two apart.

Litman said doctors would rather get a call from or see a high-risk person "sooner rather than later" to decide if they need the anti-flu medications Tamiflu or Relenza. The drugs work best if taken within the first 48 hours of symptoms.

If the fever goes away and then a new one sets in days later, seek medical care, Litman said. That can be a sign of bacterial infections that sometimes follow any type of flu.

What if people without insurance can't afford the \$100 or so anti-flu drugs? The government has shipped millions of doses from a federal stockpile to the states, and in what's being cited as a model program, Texas is using its stockpiled supply in part for those patients.

Doctors certify the person's lack of insurance coverage when they write the prescription and direct the patient to certain pharmacies. The goal is to have at least one pharmacy in every county that then fills the prescription for free or a nominal fee, said the state's health commissioner, David Lakey. — AP

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5 ways to plan for your parents' future

By Angela Rocheleau

When it comes to buying a new car, many of us spend countless hours combing through magazines and websites that rate the different makes and models. We confer with friends and family, shop online and test-drive the most promising models. Unfortunately, we spend a lot less time and energy helping our elderly parents plan for their futures.

In the 20 years I have been in the home health care business, most recently as the CEO of an agency, I have seen the unfortunate results of this lack of planning countless times. My agency's first contact with the family is often a phone call, placed by a frantic adult daughter of an elderly woman. The daughter works full-time and has three school-aged children. The family matriarch has broken her hip and can no longer manage in her apartment alone. What now? Suddenly, the daughter has become a bonafide member of what sociologists call the "sandwich generation," people taking care of their elderly parents while still supporting their own children.

Don't wait until the situation has hit a crisis level to begin thinking about the multiple issues that confront the daughter — all at once. There are a number of things you can do now to ease the transition into the next phase of your elderly parents' lives — a time when they can no longer live completely independently.

1. Ask the uncomfortable questions: Do your parents have a will? Have they granted power of attorney to someone they trust? Do they have long term care insurance to pay for home health services or a nursing home? Have they created a living will or designated a health care proxy to make medical decisions if they are no longer able to make

decisions themselves? They may want to consider seeking the advice of an elder law attorney to help with these matters. If they have covered the bases, make sure you know where they keep their important documents and familiarize yourself with their contents.



2. Divide and conquer: If you have siblings, initiate a frank conversation about how you will divide the responsibilities of caring for your mother and/or father. You don't want to learn in the middle of your mother's healthcare crisis that your brothers and sisters have always assumed that you would take on the entire burden alone, since you live the closest. It's often helpful to designate one person to be in charge of different areas, like financial matters or day-to-day physical care. This also helps streamline communication between the family and the elder's service providers.

3. Consider hiring a geriatric care manager: These professionals can be a godsend. They will assess your loved

one's needs and arrange appropriate services, while keeping you informed about your parent's status. Because services for seniors are often quite fragmented, the geriatric care manager can create a care plan and make sure that all the moving pieces are coordinated. They can also be an objective, mediating force when conflicts arise among adult children about what's best for their parents.

4. Educate yourself about care options. What do home health agencies offer? What sorts of assisted living facilities are in your parents' area? Nursing homes? Research facilities and agencies on the Internet and ask for recommendations from trusted healthcare professionals and others. Prepare a thorough list of questions for the agency or facility. Among the questions to ask a home health agency: How do they screen, train and supervise staff? How do they assess clients' needs and create a care plan? Are they liable for on-the-job injuries? Do they bond staff and pay Social Security and unemployment taxes? One of the best ways to assess a facility is to make unannounced visits at various times of the day.

5. Introduce your parents slowly to accepting outside help: It can be difficult to accept one's decreasing independence, so it may be helpful to gradually introduce the notion of assistance. Consider contracting for a few of hours of services, for example, to acclimate your parents to the idea of having a non-family member help with the daily activities of living. Then if and when they need more services, it will be an easier transition.

Angela Rocheleau is the CEO of Home Staff LLC, a private duty home health agency in business since 1977, with offices in Worcester, Springfield and Cape Cod. For more information, visit www.homestaff.com or call 800-779-3312.

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Rules rein in Medicare Advantage marketing

Regulators clamped down last fall on shady sales practices for privately run Medicare health insurance for seniors.

New regulations for the plans, known as Medicare Advantage, banned unsolicited phone calls and door-to-door sales. They stopped agents from churning up commissions by switching customers to new policies. Meals tied to marketing activities also are now forbidden.

But customers and advocate groups say the plans' confusing nature still leaves room for pitches bordering on the deceptive, and abuses still crop up.

Seniors report being pressured with unsolicited phone calls or home visits that are clearly prohibited. Some have signed up for plans that didn't include their longtime doctors or hit them with unexpected costs, things they learn weeks later.

"I think the real issue is that people are not getting what they thought they would be getting," said Vicki Gottlich, senior policy attorney for the Connecticut-based Center for Medicare Advocacy.

Medicare Advantage plans are privately run versions of the government's Medicare program, which provides health coverage for the elderly and disabled. The government subsidizes these plans, and the industry has developed what can be a mind-numbing array of them.

The plans offer basic Medicare coverage topped with extras or premiums lower than Medicare's standard monthly rate of about \$96.

Private fee-for-service plans, which don't involve doctor networks, are frequent complaint targets, said David Lipschutz,

an attorney with the nonprofit California Health Advocates.

"The plans are pitched as allowing you to see any doctor you want, which is only half true," he said. "The doctor has to accept it."

Wichita, Kan., resident Willa Conners had no interest in leaving her Medicare Advantage plan when an agent made an unsolicited call to her earlier this year.

But Conners, 69, said the agent offered a new Medicare Advantage plan with no monthly premium. He then pressured her to decide during a home visit in March.

She thought the new deal might make things easier financially, so she signed up. Conners' husband, Robert, suffered a stroke and lives in a nursing home.

But she learned her doctor of 28 years wouldn't take the new plan. It increased her payments for doctor visits and medicines. It also exposed her to big hospital bills. Conners quickly returned to her old plan.

The new marketing rules have helped, but they don't go far enough, according to Lipschutz. He thinks the Centers for Medicare and Medicaid Services (CMS) doesn't have enough staff to police the country for marketing misdeeds, and he wants state regulators to become more involved.

Government spokesman Peter Ashkenaz said in an e-mail his agency has made "significant progress" in catching troublemakers.

CMS monitors insurance marketing events and advertising and checks on call center pitches. The agency did more than 1,000 undercover visits to marketing events across the country during the last enrollment season. — AP

Report says 35 million-plus worldwide have dementia

WASHINGTON —

More than 35 million people around the world are living with Alzheimer's disease or other types of dementia, says the most in-depth attempt yet to assess the brain-destroying illness — and it's an ominous forecast as the population grays.

The new count is about 10 percent higher than what scientists had predicted just a few years ago, because earlier research underestimated Alzheimer's growing impact in developing countries.

Barring a medical breakthrough, the World Alzheimer Report projects dementia will nearly double every 20 years. By 2050, it will affect a staggering 115.4 million people, the report concludes.

The U.S. and other developed countries long have been bracing for Alzheimer's to skyrocket. But the report aims to raise awareness of the threat in poorer countries, where finally people are living long enough to face what is mostly a disease of the 65- and older population.

While age is the biggest driver of Alzheimer's, some of the same factors that trigger heart disease — obesity, high cholesterol, diabetes — seem to increase the risk of dementia, too. Those are problems also on the rise in many developing countries.

The new study updates global figures last reported in 2005, when British researchers estimated that more than 24 million people were living with dementia. Using that forecast, scientists had expected about 31 million people would be struggling with dementia by 2010.

But since 2005, a flurry of research on Alzheimer's in developing countries has been published, leading Alzheimer's Disease International — a nonprofit federation of more than 70 national groups — to ask those scientists to re-evaluate. After analyzing dozens of studies, the scientists projected 35.6 million cases of dementia worldwide by 2010.

The report puts North America's total at 4.4 million, although the Alzheimer's Association of the U.S. uses a less conservative count to say more than 5 million people in this country alone are affected. The disease afflicts one in eight people 65 and older, and nearly one in two people over 85.

The report urges the World Health Organization to declare dementia a health priority and for national governments to follow suit. It recommends major new investments in research to uncover what causes dementia and how to slow, if not stop it.

There is no known cure; today's drugs only temporarily alleviate symptoms. Scientists aren't even sure what causes Alzheimer's.

But major studies under way now should show within a few years if it's possible to at least slow the progression of Alzheimer's by targeting a gunky substance called beta-amyloid that builds up in patients' brains, noted Dr. William Thies of the U.S. Alzheimer's Association. His group is pushing for an increase in U.S. research spending, from just over \$400 million to about \$1 billion. — AP

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Despite recession, saving for retirement crucial

By Russ Wiles

PHOENIX —

The underlying rationale for workplace retirement-savings programs is as strong as ever: We all need to put away money for our later years.

But during a period of belt-tightening, keeping those investment dollars flowing isn't easy.

It can be tough to scrape together 401(k) contributions when the money could go to buy groceries, pay the mortgage and meet other daily needs. Besides, anyone with a pulse has to be stunned by the losses most 401(k) investments sustained in 2008 — not just stocks and stock mutual funds but bond investments, too.

Employers also are feeling financial pressure, and some have responded by scaling back support for the programs.

So what's the solution?

In general, financial advisers still insist it makes sense for employees to participate in 401(k) and other retirement plans when they can, even if it means making sacrifices along the way. Many workers seem to agree.

"I'm not sure we'll have Social Security," said Michael Gonzales, a carpenter and construction-equipment operator in Glendale who contributes to his 401(k) plan. "We've got to learn to fend for ourselves."

Gonzales holds most of his 401(k)

account in stock funds and accepts the fact he must bear some risks.

"There's risk walking out of your house," he said.

Despite the tough economy and rough market ride, most 401(k) participants seem to agree about the value of the plans.

Ninety-six percent of active 401(k) participants in the third quarter continued investing in their plans during the fourth quarter of 2008, according to a study of nearly 18,000 401(k) plans by Fidelity.

"Despite a complex set of financial issues that led to a severe economic and market downturn, workers in 2008 remained committed to saving for retirement through their 401(k) accounts," said Scott David, president of Fidelity's workplace-investing unit.



A combination of tax advantages and matching funds from employers provides incentives for workers to participate and a cushion against possible investment losses.

However, participants have become more cautious amid all the turmoil. Workers on average have cut their stock-market allocations to a record-low 53.8 percent of total 401(k) assets, researcher Hewitt Associates reported.

Saving through a workplace plan offers several benefits.

One advantage, especially for those who aren't good at saving, is that worker contributions come out automatically as salary deductions. That means participants don't have to stop and think about each investment decision.

Another advantage reflects the fact that neither contributions nor investment gains

are taxed until workers withdraw money.

A third benefit, at many firms, relates to the matching funds that employers ante up on behalf of workers. Employers contribute 3 percent of worker pay on average, but some offer 8 to 9 percent and even more.

"Bottom line, well-managed plans have the potential to improve ... participants' long-term saving and investing results," said certified financial planner Alan Norris of Independent Financial Group.

As more Americans embrace a savings culture amid the tough economy, 401(k) plans are a logical place to start, given the tax, matching-funds and convenience tailwinds.

In the process, many will need to learn to live with a dose of stock-market volatility if they hope to grow their accounts faster than inflation.

For some people, 401(k) plans offer the first and best exposure to investment risk-taking. — AP

401k contribution limits face potential fall

By David Pitt

You've probably heard it over and over again: contribute up to the maximum amount in your 401(k) plan to improve your chances of a comfortable retirement.

That's the advice of many financial experts, who say it's the best way to get back the money the stock market collapse drained from your account.

However, the maximum contribution is established by using a formula tied to the third quarter Consumer Price Index (CPI-U)

for all urban consumers. That's normally not a concern for investors because inflation has steadily increased. What's potentially troubling is that the CPI-U figure for this year, to be released on Oct. 15, is expected

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to be lower than a year earlier.

The CPI-U measures the average change in the prices of goods and services including food, clothing, shelter, fuel, drugs and other day-to-day items bought by U.S. urban consumers. It is released by the U.S. Department of Labor.

The CPI-U jumped more than 5 percent in the third quarter of 2008 compared with the same period a year earlier, which bumped up the contribution limit for this year. But, since March 2009 the index has come in below the corresponding 2008 value. It's anticipated that this year's third quarter will be lower than the 2008 figure. That means for the first time ever, the Internal Revenue Service (IRS) is faced with the likelihood that the maximum contribution level — now at \$16,500 — will be lower than the year before. If current assumptions are correct, the CPI-U number will lower the amount you can contribute to your 401(k) in 2010 to \$16,000.

That's not a huge problem, really, because only about 10 percent of workers contributing to a 401(k) pay in the maximum allowed.

The issue is that a lower contribution level is contradictory to the "save more, not less" message the industry has been telling people since last year's economic collapse.

"I would say that it definitely sends the wrong message at a time when people are trying to recover from what's happened in the financial markets in the last 12 months," said Luke Vandermillen, vice president of

retirement and investor services at Principal Financial Group Inc., a leading 401(k) provider.

About \$2.7 trillion was lost in 401(k) and individual retirement accounts between September 2007 and May of 2009, says the Urban Institute, a Washington-based independent research group.

Investment advisers say the best way to regain some of that lost value is to continue to contribute and keep money in the stock market to take advantage of gains that are bound to come with economic recovery. Historically, the S&P 500 returns about 9.7 percent annually.

"At the same time we're telling people that it's critical that they're saving for retirement, and it's critical over the course of their careers that they incrementally increase their savings, if that limit goes down, it's somehow sending a message that it's OK to cut back," said Lisa Alkon, a retirement practice principal at business consultant Towers Perrin.

Since it's never happened before, it's unclear how the IRS will react if the CPI-U figures result in lowering the contribution limit, said Bill McClain, a senior consultant for human resources and business adviser Mercer LLC.

The IRS released only a brief written statement that said it is aware of the issue.

"We are reviewing the relevant law," spokesman Robert Marvin said.

The law, part of the Internal Revenue Code, specifies that the retirement contribution limits are regulated by a cost of living adjustment tied to the CPI-U.

Some consultants believe congressional action is required to keep the limit from falling. — AP

Recession hits nest eggs; US promotes ways to save

By Charles Babington

WASHINGTON —

The recession has eaten into people's nest eggs so the government is promoting ways to make it easier to save for retirement.

One initiative that President Barack Obama outlined in a recent weekly radio and Internet address will allow people to have their federal tax refunds sent as savings bonds. Others are meant to require workers to take action to stay out of an employer-run savings program rather than having to take action to join it.

"We know that automatic enrollment has made a big difference in participation rates by making it simpler for workers to save," Obama said. "That's why we're going to expand it to more people."

The new federal steps, which do not require congressional action, include:

- Making it easier for small companies to set up 401(k) retirement savings plans in which all workers are automatically enrolled unless they ask to be omitted. Employers can set default amounts of each worker's pay — perhaps 3 percent — to automatically be deposited into the accounts without being taxed. Workers can raise or lower the contribution levels, and they choose how to invest the money. They will pay taxes on the money only when they withdraw it as retirees, when their tax rates are likely to be lower than when they are working full-time. A similar process would apply to savings plans called SIMPLE-IRAs.

- Allowing such plans to automatically increase the amount that workers save over

time unless the workers object.

- Allowing people to check a box on their federal tax returns asking that any refund be sent as a savings bond. More than 100 million U.S. households receive refund checks each year, and many are promptly cashed and spent.

- Allowing workers, when leaving a job, to direct unused vacation pay to a retirement savings account rather than taking it in cash.

"This recession has not only led to the loss of jobs, but also the loss of savings," Obama said, citing declines in home values as well as sources of retirement income.

"If you work hard and meet your responsibilities, this country is going to honor our collective responsibility to you: to ensure that you can save and secure your retirement. That is why we are announcing several common sense changes that will help families put away money for the future," Obama said.

The administration earlier asked Congress to make it easier to set up retirement accounts for people whose workplaces do not offer them. No legislation has moved thus far.

"Tens of millions of families have been, for a variety of reasons, unable to put away enough money for a secure retirement," Obama said. "Half of America's work force doesn't have access to a retirement plan at work. And fewer than 10 percent of those without workplace retirement plans have one of their own."

Nearly half of the U.S. work force has little or nothing beyond Social Security benefits to get by on in old age, Treasury Secretary Timothy Geithner said. — AP

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For a new look, try painting your furniture

By Jennifer Forker

Got the do-it-yourself itch but little time or cash to spare? Look around at the furniture you've already got. Some of it probably could use a refreshing coat of paint. In fact, a new color may put the "wow" back into a room.

Too timid? Don't be. "Everyone should have lots of courage and confidence," said Neil Wertheimer, editor-in-chief of *Fresh Home*, a new DIY magazine. "This is not hard. A piece of wood furniture is wood and screws and coating, and all three are easily fixed and replaced."

The key to a good redo is to take your time and work through all the steps. Wertheimer should know. He admits to skipping a critical step — the primer — in the past, and paying the price with a less attractive piece.

"The primer creates something for paint to adhere to so much better. It's made to be sticky for paint," Wertheimer said. "Paint does not stick well to old finishes and old paint and to whatever else might be on there."

John Gidding, a judge on HGTV's *\$250,000 Challenge*, has seen, and done, a lot of furniture rehabbing as an HGTV designer. He



said primary candidates for a paint job often are a handed-down dining room table and chairs.

"The reason for this is they're expensive," Gidding said. "You either get something really cheap or you take what your mom gives you."

Either way, these dining sets often don't fit a couple's style, and painting them can fix that.

Gidding offers one caveat: Don't paint the antiques. Ever. They'll drop in value.

Spray paint will work on lesser wood pieces.

"We use (spray paint) for everything around here," said Veronica Toney, associate decorating editor at BHG.com, the website for *Better Homes and Gardens* magazine.

She said it's inexpensive, easy to use and doesn't leave behind pesky brush strokes. The trick is to spray slowly to avoid drips and uneven painting. For larger projects, be prepared to stop often or have extra hands at the ready: That nozzle can be tough on index-finger muscles.

The first step in any wood furniture rehab project, said Wertheimer, is to inspect the piece for structural and visual flaws. Tighten loose legs, grease sticky drawers, buy new

knobs, etc. Use wood putty to fill in cracks and holes. Then, lightly sand the piece and go over it with a tack cloth to remove the dust. Finally, prime it, paint it and, if necessary, give it a protective layer of polyurethane.

A piece that sits around and looks pretty but isn't actually used? That doesn't need the protective top coat. But a piece that could find itself home to keys and loose coins, needs at least one coat of polyurethane.

Tips on painting furniture for a new look

Ready to jump into the furniture rehab game? The experts share tips: Decide whether you want to distress a new piece for a vintage look, or paint an older piece to give it new life.

John Gidding, of HGTV's *\$250,000 Challenge*, suggests updating old furniture in new ways: For one chair, he painted the legs gun-metal gray and the rest of the chair black.

He advises "going crazy" with color on smaller furniture pieces. A single hallway chair could go orange, teal or purple. But if you paint a chair a lively color, reupholster the fabric seat (if it has one) in a neutral color and pattern.

Neil Wertheimer, editor-in-chief of *Fresh Home* magazine, also advises getting creative with color.

Jewel tones, such as ruby red or purple amethyst, are popular right now, he said.

What about furniture other than wood? Gidding advises against painting plastic furniture, because it likely will chip. Metal furniture can be tricky to paint, too, so use a primer and paint especially made for metals. (Instead of sanding, scour off any rust using steel wool.) Wicker spray paints easily.

Thankfully, most furniture is forgiving. Lay on a bad paint job? Sand it, prime it and paint it again. — AP

Metallic paints also may add interest; some come with a sandy texture.

Veronica Toney, associate decorating editor at BHG.com, suggests creating textures or adding patterns to your paint job. She advises DIYers to decoupage wood furniture, too.

When determining a finish, consider how the furniture will be used and where you'll place it. Use oil-based paint for pieces that will take a beating, such as a nightstand or hallway table. They also may need a protective layer of polyurethane.

Among latex paints, the semi-gloss and high-gloss finishes are more durable and easier to clean than flat finishes. But Wertheimer notes that the glossier finishes also reveal more smudges and wood imperfections; a compromise is to go with a satin or eggshell finish. — AP

► Entitlements

Cont. from page 4

has risen, paying billions to shore up banks, help the unemployed and others hurt by the downturn, the longest since World War II.

Bernanke said that such forceful government intervention to fight the worst financial crisis since the 1930s and lift the U.S. out of recession was "necessary and appropriate" even though it worsened the nation's budget deficit.

Bernanke acknowledged that Congress and the administration face "formidable near-term challenges" that must be addressed as they take steps to stabilize the financial system, reduce home foreclosures and spur banks to lend more freely. The success of these efforts will be crucial to turning the

economy around.

The danger of prolonged and persistently high budget deficits is that they can cause investors to lose their appetite for U.S. debt, which would drive up interest rates. Higher interest rates could discourage spending and investment, hurting the economy.

Bernanke cautioned: "Unless we demonstrate a strong commitment to fiscal sustainability in the longer term, we will have neither financial stability nor healthy economic growth."

With the recovery likely to be subdued, inflation will remain low, Bernanke predicted.

Observing the recent rise in rates on mortgages and longer-term Treasury securities, Bernanke said the increases appear to reflect concerns about large federal deficits as well as greater optimism about the economic

outlook. That's a reversal in a pattern seen in the depths of the recession of investors flocking to safe havens.

Bernanke cited improvements in credit markets, but again warned that a relapse could hurt the economy's recovery prospects. He also said that banks are meeting with some success in raising capital in private markets, suggesting greater investor confidence in the banking system.

Bernanke told lawmakers he hoped that within four or five years the government will have removed itself from the financial bailout business.

Bernanke said getting the budget deficits under control is especially important given the huge wave of baby boomers hitting retirement that will be tapping Social Security and Medicare.

The financial health of those two programs

already is fading faster under the weight of the recession. They are headed for insolvency years sooner than previously expected, the government warned last month.

Unless changes in Social Security are enacted, the retirement fund will be depleted in 2037, four years sooner than projected last year. The Medicare trust fund is in even worse shape. It is projected to become insolvent in 2017, two years earlier than expected.

The U.S. has lost a net total of 5.7 million jobs since the recession began, meaning fewer payroll taxes are flowing into the funds.

Bernanke repeated his belief that the recession will end this year, and that the economy will start growing again later this year. But he again warned that the pace of the recovery will be slow and that unemployment — now at a quarter-century peak of 8.9 percent — will rise even after the recession ends. — AP



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The future of car buying: *Don't supersize me*

By Tom Krisher

ANN ARBOR, Mich. —

Big cars and trucks are out. Smaller ones that offer more for your dollar are in. And many drivers will hang onto the new cars they buy longer.

We've seen some of this before — in the 1970s. But there's reason to believe that this time, American car-buying habits have changed forever.

Scarred by the worst financial crisis since the 1930s and still leery of high gas prices, people are walking into showrooms intent on spending less. The trend is strongest among baby boomers, who are 44 to 63 years old and make up a quarter of the population, dealers and industry analysts say.

A generation ago, boomers drove the economy out of the second-worst recession since World War II. After the downturn ended in 1982, they went on a buying spree throughout the '80s; for many, free-spending became a way of life that didn't end until last year. But their investments and home values have taken a hit. And with time running out until retirement, economizing on the second-biggest purchase most people make has become common.

"Up until now it's been 'I want bigger and more than I had last year,'" said Jerry Seiner, who owns several GM franchises in the Salt Lake City area.

Ford's top sales analyst, George Pipas, describes the shift as one from "conspicuous consumption" to "careful consumption."

To a degree, the shift has been forced on consumers. The Great Recession ended the days of easy credit, which propelled car and truck sales most of this decade. During the boom years, almost anyone qualified to buy a new vehicle. Zero percent financing on purchases and cut-rate deals on leases kept monthly payments low and encouraged people to trade every three or four years. Sales ballooned to record numbers of about 17 million vehicles a year in the first half of the decade.

Today, loans are harder to get and come with higher payments.

So, many drivers will keep running up their odometers and scale back when they do buy, continuing to push down sales of large cars, sport utility vehicles and luxury brands. A poll taken in April by research firm AutoPacific found that 59 percent of recent buyers will keep their cars four years or more, up from 46 percent in 2008. It's easy to keep a vehicle longer because of improved quality.

The trends suggest annual vehicle sales will stay close to this year's 10 million level instead of rebounding to mid-decade levels. It was the collapse of the sales rate to as low as 9.57 million in January 2009 that pushed GM and Chrysler into bankruptcy reorganizations financed by the federal government, leaving Uncle Sam with a controlling stake

in GM and as broker for Fiat's takeover of Chrysler.

Even mighty Toyota, which has done relatively better than most, posted the biggest loss in its history in its last fiscal year.

"I think caution will be with us for a while," says Martin Zimmerman, a former Ford Motor Co. chief economist. "That will color people's willingness to go out and buy houses or buy cars."

Even before the collapse of Lehman Brothers triggered the financial industry meltdown a year ago, buyers' habits were starting to change. Fresh off a summer that featured \$4 per gallon gas, people entered showrooms thinking smaller and armed with dealer invoice prices and rebate offers gleaned from Internet sites.

Small cars made up just 12.6 percent of the market in 1998, but that has grown to 21.1 percent, according to Ward's AutoInfoBank. The popularity of the federal government's Cash for Clunkers program this summer showed that Americans will embrace small cars if they're being budget-conscious or they get a good deal. In August, the last month of the program, sales of the smallest domestic cars tripled from a year earlier.

Automakers are banking on the shift being permanent, unlike the last big swing to small cars, which followed the Arab oil

embargo in 1973 and another oil shock at the end of the decade. People went back to larger cars as soon as oil supplies increased and gas prices went down. From the '80s until last year, gas stayed relatively cheap. Besides big passenger cars, the "light truck" market — minivans, SUVs and pickups — exploded and U.S. automakers made billions.

This time, though, higher gas prices are more likely to stick. Even though gas has dropped to around \$2.50 a gallon, few expect it to stay there. The end of the global recession and burgeoning auto markets in China and India are expected to increase the demand for oil. Higher government fuel economy standards also will drive sales of small cars.

The shift will leave Detroit automakers no choice but to figure a way to make money on compact cars. In the past, these were money losers for U.S. car makers and were subsidized by big cars and light trucks.

GM and Ford say contract concessions from the United Auto Workers make it possible to turn a profit on U.S.-built compacts. GM even says it can make money on subcompacts built in Michigan, but Ford and Chrysler will build them in lower-cost Mexico.

Those who buy smaller vehicles or non-luxury brands will still want the amenities they've become used to, such as voice-activated phones, navigation systems, heated leather seats and premium sound systems. — AP



Government announces Medicare pilot program

WASHINGTON —

The Obama administration announced a new Medicare pilot program to strengthen primary care services for patients and cut costly emergency room visits — by offering financial incentives to doctors.

Health and Human Services Secretary (HHS) Kathleen Sebelius said the three-year pilot program would begin early next year and is modeled after a program being tested in Vermont.

Under the Vermont program, private insurers work with Medicaid to set uniform standards for so-called "medical homes" — a single doctor or practice that will track all the patient's required care. The model provides financial incentives for doctors to spend more time with patients and offer better care by coordinating with specialists. That program

would now extend to Medicare.

Medicaid is the federal-state program that provides health insurance to the poor. Medicare is the federal program that provides health insurance to the elderly.

"When Medicare, Medicaid and private insurance companies coordinate their efforts, we can improve the quality of care," said Sebelius.

Sebelius said the pilot program will deliver better patient-centered care "at no extra cost to Americans." She did not elaborate, but a statement from HHS said there would be mechanisms in place that would ensure savings for the Medicare trust funds.

Under the Medicare pilot program, states will be able to apply to be part of the program later this fall. They'll have to demonstrate that a majority of primary care doctors in the area would participate.

Massachusetts is exploring participation, according to a spokesperson for the state's Health and Human Services.

The model means a different health care experience for patients, said Douglas.

Medicare help program to help more individuals

Medicare's Extra Help Program is changing its eligibility requirements next year, making it easier to qualify.

This program helps low income beneficiaries pay for Medicare Part D prescription plan premiums, deductibles and copays. The Extra Help is estimated to be worth an average of \$3,900 per year.

The 2009 income limits for Extra Help are \$16,245 for individuals and \$21,855 for married couples. The resources limits are \$12,510 for individuals and \$25,010 for

"They have a more thorough and less hurried primary care visit," he said. "The primary care providers are being paid for better care, not more care, through incentive payments." — AP

married couples.

Beginning July 1, 2010 Medicare will no longer include the cash value of life insurance in the calculation of financial worth, and it will no longer include the value of help received from others for household expenses such as food, rent or utilities.

To qualify, individuals must provide income, savings, investment and real estate information.

For more information go to www.ssa.gov/pubs/10509.htm.

Budget chief contradicts Obama on Medicare costs

WASHINGTON —

Congress' chief budget officer has contradicted President Barack Obama's oft-stated claim that seniors wouldn't see their Medicare benefits cut under a health care overhaul.

The head of the nonpartisan Congressional Budget Office, Douglas Elmendorf, told senators that seniors in Medicare's managed care plans could see reduced benefits under a bill in the Finance Committee.

The bill would cut payments to the Medicare Advantage plans by more than \$100 billion over 10 years.

Elmendorf said the changes would reduce the extra benefits that would be made available to beneficiaries through Medicare Advantage plans.

Finance Committee aides emphasized that core Medicare

benefits wouldn't be cut because the plans are required to offer the benefits available under traditional Medicare fee-for-service coverage.

Federal subsidies to private Medicare plans average about 14 percent higher than those involved in fee-for-service coverage. The health care bills pending in Congress would reduce or eliminate the difference in part by introducing a competitive bidding system to pay the plans.

The Finance Committee bill along with other health care legislation in Congress would cut around \$500 billion in projected Medicare payments to providers over a decade, including around \$125 billion from Medicare Advantage.

Nobody is talking about cutting Medicare benefits, Obama said during an online AARP forum in July.

Health insurance reform will strengthen Medicare for

seniors, not diminish it, said White House spokesman Reid Cherlin. Even under the competitive bidding proposal in the legislation, Medicare Advantage plans will still be paid more than traditional Medicare plans. Yes, they'll need to compete, and they'll need to be more efficient, but they'll still have more money to work with than traditional Medicare.

At press time, Finance Committee Democratic Sen. Bill Nelson of Florida, whose state is home to many seniors, was planning to offer an amendment to the bill to protect current Medicare Advantage beneficiaries from losing benefits. Committee Chairman Max Baucus, D-Mont., has already agreed to hold benefits stable for plans in areas of the country where they deliver more efficient care, but it's not clear precisely which areas would be affected. — AP

Nursing home residents get \$2 a day for personal needs

By Al Norman

The head of the Masonic Health Systems in Massachusetts was quoted recently as saying: "The only two populations we institutionalize now are convicts and our seniors. It's time now to deinstitutionalize our seniors."



Editorial

I thought about the "convict" analogy when I read that Gov. Deval Patrick had vetoed an effort by the State Legislature to raise the monthly allowance that Medicaid nursing home residents get to cover their personal needs. On June 29, Patrick vetoed language in the 2010 budget protecting the Personal Needs Allowance (PNA) for nursing home and rest home residents. The vetoed language would have maintained the PNA at its current monthly level

of \$72.80.

Under state law, individuals on MassHealth who are in a nursing home or rest home are allowed to keep a small monthly income to cover their personal expenses. This income is called PNA. It is used by residents to pay for basic necessities that MassHealth does not cover, such as clothing and shoes, hair care, phone calls, stamps and other basics. In 1991, the PNA was reduced from \$72.80 a month to \$60. The PNA stayed at that level for 17 years. In 2008, it was raised back to \$72.80 — which is only \$2.39 a day. The language the governor vetoed at the end of July would have protected the PNA at the \$72.80 level.

On July 1, 2009, lawmakers sent a letter to House Speaker Robert DeLeo and House Ways and Means Chairman Charles Murphy, urging them to override the governor's veto. "We are writing to ask that you take up for override Governor Patrick's veto of the MassHealth Personal Needs Allowance for nursing home and rest home residents," the letter said.

Mass Home Care was one of the groups which signed onto the letter. "It is obvious from the governor's veto that without protective language in the budget the PNA will be subject to efforts to reduce it. Even in these difficult economic times it is very troubling that the administration would reduce the minimal amount of money allocated to nursing home and rest home residents for their personal needs. The savings accomplished by such a cut are insignificant for the state and devastating for affected individuals. We urge you to take up an override for Governor Patrick's veto," the letter stated.

The annual cost of raising the PNA from \$60 back to \$72.80 was estimated to be less than \$5 million.

Rather than try to override the governor's veto of the PNA protection language, the General Court passed a supplemental budget, which included sufficient funding in the PNA account to raise the monthly allotment from \$60 to \$69.68. But the governor vetoed this funding for the second time.

The legislature is not expected to over-

ride more vetoes, so the PNA will drop back to \$60 — which means that more than 30,000 seniors in nursing homes will have \$1.97 a day for their personal needs — hardly enough to buy a newspaper daily and get a haircut.

There is legislation in the General Court that would restore the PNA to its 2008 level — but the future of such legislation is not clear. Activists charge that the cutback in the PNA may violate provisions of the federal stimulus funding agreement with the Commonwealth, which requires the state to maintain its level of funding for MassHealth services. Federal matching funds could be jeopardized if the PNA cut violates the terms of the federal stimulus agreement.

The real solution is to let individuals live in their own homes, apartments or small group homes, where they don't need to be rationed with personal needs allowances.

Al Norman is the Executive Director of Mass Home Care. He can be reached at 413-773-5555 x 295, or at info@masshomecare.org

► Lion

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Older American Community Service Employment Act. And to ease the high cost of home heating, he worked to create a fuel assistance program for low-income persons now known as the Low Income Heating Energy Assistance Program or LIHEAP.

In 1972 he championed the Meals on Wheels Act. Without him, many home-bound seniors would not have access to nutritious meals.

"The elderly, particularly the single elderly, lack the physical mobility to make weekly trips to the market. Many of them live in rented rooms with inadequate kitchen facilities. And most have little nutritional education which would permit them to prepare a balanced diet, even if there were no other obstacles," Kennedy said in March 1972.

In 1984, the Senator sponsored legislation requiring polling stations to provide accessibility for physically disabled and older people to vote in federal elections.

In 1990, with bi-partisan support, he gained passage of the Americans With Disabilities Act.

In 1992, amid serious concerns over the quality of mammography, Kennedy helped pass the Mammography Quality Standards Act to guarantee the safety and accuracy of mammograms and to encourage their use.

He led the creation of the landmark Family and Medical Leave Act in 1994. So, thanks largely to him, employees can now take off from their jobs to care for an ill family member or a newborn child.

In 1996, with Sen. Nancy Kassenbaum, R-Kan, he sponsored the Health Insurance Portability and Accountability Act, (HIPAA), which guarantees the continuation of health insurance coverage for the millions of Americans who change jobs or lose their jobs. The measure also limits the length of time that an insurer can deny coverage for a specific preexisting medical condition.

"People measure me against my brothers' performance," Kennedy said in a 1983 *New York Times* interview. "It's

always been with me. But I like to believe that during the time I've been in the Senate that I've made some contribution.

I take some satisfaction in that. My brothers were very much their own people. I like to think that I'm my own man."

As a journalist, I had opportunity to meet him on many occasions. He always seemed engaged, genuine and interested, unlike other politicians I have met. Perhaps, as a Massachusetts native I was also a little in awe because he was a Kennedy.

And, as a native of his home state I, like many others, found it difficult to tear away from the coverage of his memorial and funeral. I hung on to every word spoken about him from people who knew him best. Hour upon hour I shed tears, I laughed and I lamented what we have lost with his death.

But mostly I recalled the words he spoke during the eulogy for his brother Bobby on June 8, 1968 at St. Patrick's

Cathedral in New York City. I realize those words best described Teddy Kennedy, too:

"My brother need not be idealized, or enlarged in death beyond what he was in life; to be remembered simply as a good and decent man, who saw wrong and tried to right it, saw suffering and tried to heal it, saw war and tried to stop it.

"Those of us who loved him and who take him to his rest today, pray that what he was to us and what he wished for others will some day come to pass for all the world.

"As he said many times, in many parts of this nation, to those he touched and who sought to touch him:

'Some men see things as they are and say why. I dream things that never were and say why not.'

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. You can reach her at sshaapiro.fiftyplusadvocate@verizon.net.

Hidden pockets of elderly said to be in poverty

WASHINGTON —

The poverty rate among older Americans could be nearly twice as high as the traditional 10 percent level, according to a revision of a half-century-old formula for calculating medical costs and geographic variations in the cost of living.

The National Academy of Science's (NAS) formula, which is gaining credibility with public officials — including some in the Obama administration, would put the poverty rate for Americans 65 and over at 18.6 percent, or 6.8 million people, compared with 9.7 percent, or 3.6 million people, under the existing measure. The original government formula, created in 1955, doesn't take account of rising costs of medical care and other factors.

If the academy's formula is adopted, a more refined picture of American poverty could emerge that would capture everyday costs of necessities besides just food. The result could upend long-standing notions of those in greatest need and lead eventually to

shifts in how billions of federal dollars for the poor are distributed for health, housing, nutrition and child-care benefits.

The overall official poverty rate would increase, from 12.5 percent to 15.3 percent, for a total of 45.7 million people, according to rough calculations by the Census Bureau.

Nationally, official poverty rates for older Americans have improved significantly over the past 30 years due to expansions of Social Security and Supplemental Security Income. But many older people with modest cash incomes would fall below the poverty line under the NAS formula due to out-of-pocket expenses from rising Medicare premiums, deductibles and a coverage gap in the prescription drug benefit that is known as the "doughnut hole."

The NAS figures could take on added significance at a time when the government is touting an overhaul of Medicare and Social Security as its best hope for reducing the ballooning federal debt. — AP

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Change in the air in birthplace of hippie movement

By Michelle Locke

SAN FRANCISCO —

First came a moratorium on head shops. Then, neighbors turned out in force to support a new development that includes an upscale grocery store. And the local street fair banned open containers of alcohol.

There are signs of new times at the intersection of Haight and Ashbury streets, the neighborhood that was the epicenter of the hippie movement during the Summer of Love in 1967.

"It isn't drugs, sex and rock 'n' roll anymore," said longtime resident and neighborhood organizer Ted Loewenberg. "It's a different neighborhood."

Drugs and music have not disappeared entirely from the Haight, and judging by the baby strollers to be seen rolling along the sidewalks, sex has not gone out of style, either.

Still, you know this is not your father's Haight-Ashbury when one of the burning issues of the day involves whether a Whole Foods should move into the neighborhood.

"Haight-Ashbury is a wonderful, iconic place that wrestles with its past, present and future," said San Francisco Supervisor Ross Mirkarimi, who lives in and represents the neighborhood.

A walk through the Haight illustrates his point.

Here are lovingly restored Victorian mansions, glorious with details accented with gold paint. Steps away is the slumbering form of a homeless man stretched out near the front steps of a public library. And, a "Tiny Tots" diaper-service van zipping up the street spells out the latest trend of the Haight — families.

On the main thoroughfare of Haight Street, wisps of the past are brought to life in gusts of patchouli oil wafting out of vintage clothing stores and vibrantly detailed

murals painted on storefronts.

Interspersed along the street are more modern accents: bustling small grocers, upscale coffee shops and new retailers.

One of the newer stores on Haight St. is The Booksmith, an independent bookstore operated by husband-and-wife team Praveen Madan and Christin Evans.

More than two-thirds of Booksmith customers are locals who like browsing shelves that carry a wide range of titles. Naturally, there is a robust "counterculture" section. The rest come from all over the world, drawn by the lure of 1967, when thousands of young people came to San Francisco, with and without flowers in their hair.

It was not a long-lived moment. By fall, residents held a "death of the hippie" funeral.

But the legend proved hard to kill.

"The narrative of what happened in the '60s is so powerful people still come from all over the world, they come in here and want to know where the hippies are," said Madan. "Well, the hippies have been gone for 40 years."

On a recent sunny morning, 18-year-old Jacob Rivers sits at the intersection of Haight and Ashbury streets, trying to interest tourists in his geometrically detailed drawings.

Tanned and towheaded, he hails from a suburb of Minneapolis, drawn by something that happened years before his birth.

"We studied this stuff," he said. "It's a beautiful place. It's crazy to think of the legends that went down here, you know. Jerry Garcia. Jefferson Airplane. It's a cool place to be."

These days, there are fights, often at the city Planning Commission, over what to preserve and what to change to make the neighborhood more liveable.

Take the proposal to bring in a Whole Foods Market as part of a mixed-use housing development on the site of a closed food store.

The Haight Ashbury Improvement Association (HAIA) supported the development. The Haight Ashbury Neighborhood Council, a group that traditionally has packed a powerful political punch, did not.

Calvin Welch of the council says he does not oppose a Whole Foods store per se, although he would prefer to see local grocers at the site. But he said the project as a whole, including the housing, was out of scale with the neighborhood and would have generated too much traffic.

The supporters, Welch said, are "emotionally, intellectually at war with the very nature of this neighborhood. They bring a certain suburban sensibility that everything should look like them, talk like them and be like them."

But Loewenberg, president of HAIA, said, "Nobody wants to have suburbia here. We just need to have a little bit more balance."

The project won approval from planning officials after supporters showed up at a key meeting with more than 100 people.

Since then, the proposed development has stalled due to the flagging economy but plans for a Whole Foods store are still alive, pending lease negotiations and city approvals.

Historian Joel Kotkin, author of *The City: A Global History*, and a former resident of San Francisco, sees the fight over the heart of the Haight as quintessentially San Franciscan.

"San Francisco, in a weird way is the most conservative place in America," he said. "People went there for a particular ambiance and, even though it really is not what it was, they are desperate to hold on to it." — AP



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