

Bulletin Board

Attention Subscribers!

Due to the transitional changes in the Governor's Office as well as with Department of Elder Affairs, the December issue of *Elder Update* was not printed. Although we are currently several weeks behind schedule, we would like to assure you that *Elder Update* will be back on a monthly schedule soon.

* * *

For four months, *Elder Update* published works by some talented guest writers on page 2. It was no easy task choosing those columns from among the scores of well-written and entertaining submissions that poured in during that time.

As tough as it was to settle on one guest column each month, it's been an even more difficult decision in choosing a new writer to add to our permanent columnist rotation. The choice was so difficult, in fact, that we've decided to bend the rules a little and add not one but two new writers.



Yvonne Ponsor Constance Sanborn

First is Yvonne Ponsor, of Sun City. She's a published author who recently won a national award for her mythic poem, "Red Ridinghood Revisited."

Our other new columnist is Constance B. Sanborn, of DeFuniak Springs. She's also a

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Elder Affairs welcomes new secretary and deputy secretary

By D'vorah Mitchell/Elder Update correspondent

The Department of Elder Affairs' first secretary, E. Bentley Lipscomb, has resigned from the department to accept a top staff position with the American Association of Retired Persons, where he will continue being an advocate for the elderly.

"I'm honored to have been the inaugural secretary of this department and to have been able to help Florida prepare for the Longevity Revolution that is transforming our society," Lipscomb said. "And

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"I am committed to making Florida a community where people can retire with dignity, have the option to age in place, and feel secure and protected. I am also committed to promoting cultural competence across programs, services and the continuum of care."

— Gema G. Hernandez, Secretary,
Florida Department of Elder Affairs

PREVENTING SELF-NEGLECT

Being a good neighbor can save an elder's life

By Dave Bruns
Elder Update correspondent

From outside, it looks as though no one is home at the once-neat white frame home in a quiet Tampa neighborhood. The house is locked and dark, curtains drawn. Tall weeds fail to hide the trash strewn about the yard. A stack of soggy, mildewed newspapers sags against the door.

A sliver of light around a bedroom curtain gives the only sign of life.

Inside that home is a brewing tragedy. Stacks of garbage, old mail and used adult diapers create a foul-smelling home for roaches and rats. Filthy, unwashed dishes heap the kitchen counters. In a bedroom recliner that she rarely leaves, an unwashed, ill-kept 81-year-old woman dozes.

Call her Mrs. Ames. In a city of hundreds of thousands, she is isolated, alone and in deep trouble.

Like thousands of other Florida elders, Mrs. Ames is suffering from a little-understood and rarely publicized



syndrome that some experts call elder self-neglect.

Warning signs include a growing inability to cope with common activities of daily living; deepening depression; loss of weight, and a gradual withdrawal from others.

The state Department of Elder

Affairs has launched an initiative in communities across the state to summon help for Mrs. Ames and thousands of other elders.

Elder Affairs, along with others, has launched a statewide public-awareness campaign to focus attention on

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One person's yesteryear is another's yesterday

By George Hanna



George Hanna

A newspaper columnist wrote about going to high school "back in 1978" and reminisced about those "good old days."

But 1978 wasn't yesteryear. It was yesterday for some of us.

Nostalgia is the province of old fellers. That columnist is a faux feller.

If you want to talk nostalgia, consider that Slammin' Sam Snead has been to every Masters golf tournament since 1937, and he was there again last year.

The point is this: Unless you remember where Lucky Strike Green went, you haven't lived

long enough to wallow in nostalgia.

We tend to forget the bad and remember only the good from the so-called good old days, but sometimes it seems things really were better.

So if you remember "Lucky Strike Green has gone to war," then you'll also remember:

- When people dressed up instead of down to go out to dinner and a movie, or to take an airplane or train trip.

- *The Saturday Evening Post*, which some of us tried to sell door-to-door without much success for a

nickel a copy. Then they raised the price to a dime.

- When theaters had real names like Palace, Orpheum, Rialto and Granada, and Ju-Jy Fruits cost a nickel.

- When drug stores had soda fountains, and the biggest one was at Walgreen.

- When Spike Jones and the City Slickers were on the radio and we thought they were hilarious.

- When "Gangbusters" was on the radio. Rat-a-tat-tat-a-tat. Sure, you remember that.

- When bands that marched in Fourth of July parades played actual marching music, the kind of John Philip Sousa marching music that only military bands play today.

- The adventures of Don Winslow of the Navy on the radio every afternoon at 5:15. Or was it 5:30? If you also remember that his sidekick was named Red Pennington, you get extra credit.


- Coca-Cola was a nickel, a six-pack was 25 cents, a fountain Coke was served with crushed ice in a glass and a lot of people liked a splash of cherry or vanilla syrup in it.

- When high school graduation ceremonies were solemn and dignified occasions, unlike the raucous ceremonies today in which horns and whistles and foot-stomping play a prominent part.

- When we actually drove the cars that automobile enthusiasts collect today.

We remember these days with fondness and affection, but would you go back if you could?

I wouldn't, either.

Remember, too, that someday these will be someone's good old days. 

George Hanna lives in Tallahassee.

Your Comments Are Important to Us!

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published writer and, along with her husband, is an avid camellia grower.


Ponsor and Sanborn will join longtime columnists George Hanna and Lois Erisey Poole in our rotation.

A belated but heartfelt thank-you goes out to all of the many other writers who shared their stories, poems, jokes and remi-

niscences with us. We only wish there was space to run all of your work.

By the way, we continue to encourage our readers to submit essays for our monthly "It Seems Like Only Yesterday" feature. Just send them to Editor, *Elder Update*, 4040 Esplanade Way, Suite 152B, Tallahassee, FL 32399-7000. 

Mission Statement

The mission of the Department of Elder Affairs is to maximize opportunities for self-sufficiency and personal independence of Florida's elders and to plan, advocate and administer programs and policies that assure accessible, responsive and comprehensive services and long-term care. 



The Customers Always Write



Dear Editor,

Every Monday afternoon, five of us ladies have been getting together for a game of bridge.

We started about 10 years ago, and every time we play we all pitch in \$1 for humanity. When we reach a total of about \$50, we decide what good cause to give it to. And then we start saving all over again.

We feel good about this and thought you would be interested in knowing how just a little means a lot. It's just our gift-giving way to help society.

Ruth, Fort Lauderdale

Dear Editor,

Reference is made in the article appearing in the October 1998 *Elder Update* to the two doctor signatures required on the Do Not Resuscitate Order. The article was "End-Of-Life Issues"; page 6 mentions the two doctor signatures.

The signatures of two doctors concerns me very much, as the yellow form, Florida Form HRS 1896, requires only one doctor signature. I called our local ambulance-squad office, and they stated that only one doctor's signature was required.

Please reply to this letter indicating the required signatures on the yellow HRS form.

Joseph, Melbourne

(Editor's note: You are correct that the "Florida Prehospital Do Not Resuscitate Order" (DNRO), now Form DH 1896, requires the signature of only the patient's attending physician. But the physician is attesting that she or he has consulted with a second physician and that she or he has documented in the patient's medical record that the patient has a terminal condition.)

Dear Editor,

I keep seeing mention in *Elder Update* of the Do Not Resuscitate Order form, emphasizing that it must be the state-approved form, but no address where this can be obtained. Please let me know where I can get copies.

Hulda, Vero Beach

(Editor's Note: For copies of the form, write the Bureau of Emergency Services, Florida Department of Health, 2002 Old St. Augustine Road, Building D, Tallahassee, FL 32301-4881. Or, if you have specific questions on Do Not Resuscitate Orders, you can pose them to Suzy Davis at (850) 487-6744.)

Dear Editor,

I am enclosing a poem I wrote recently after four months of frustration in trying to reach various concerns after my husband's death.

For about three-and-a-half months, I spent every morning trying to get information in solving some of the problems I faced. My hand would get very tired from holding the telephone waiting for the "next representative" to talk to me. After the constant effort in trying to speak to a live person, I decided to write, thinking that would expedite matters. Wrong! It took them two or three months to answer me, and very often gave me the wrong information and I had to start all over again.

It is now six months since my husband's death and "they" have worn me down and won so that I no longer call or write. I have decided I am lost in the computer somewhere, and that was when I was inspired to write the poem. One concern even lost (!) the death certificate I had sent notarized and registered. Of course, they were very prompt in

notifying me that a premium was due for my deceased husband.

Thanks for listening. Hope you enjoy the poem.

"The Game of 'Menu' and 'Ironing'"

*I am writing about a menu,
Although it's probably
not what you think.*

*It isn't about food at all
Or their dishes that land in the sink.*

*It's a strange menu
we meet every day,
And have to think what to do.
In order for this game to play
You must call upon what you knew.*

*There is also ironing to be done,
Although they don't call it that.
If you cannot guess what will be won,
Well, you are not alone in that.*

*The game is called "The Telephone"
Where they give the menu to you.
And then the ironing comes
When a voice says
"Press 1" or "Press 2."*

Sue, Plantation

Dear Editor,

Is Florida the "Mecca in Sunshine" that the Northerners believe? Having been raised in the North, I firmly believe that seniors in Florida are most fortunate.

Here I sit, reading the latest *Elder Update* and thinking just how lucky the senior population is to live here. As the coordinator of a senior membership program, I daily see the needs that are pursued by persons who have no idea where to turn for assistance. The state of Florida offers so much more assistance with programs that address various needs, from obtaining free medication to volunteers that bring caring attitudes to ease many problems. There are also many state-funded agencies available and ready to lend a helping hand.

Other states offer elder programs. However, having older family members still in the North and seeing their need but lack of assistance shows me that Florida is still the best place to reside. Maybe we have a larger senior population; however, when a person needs assistance there should be someone to give and some place to receive assistance. I believe we have it in Florida.

Many senior membership programs offer the fun, social type of services that some need because they do not have social opportunities in the communities where they live. Terrific! I encourage seniors to call their local hospital to find what services are available in their area and to seek a senior program that offers an educational component along with discounts to help their financial situations.

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Florida
Power
PICK-UP

THE PRESCRIPTION-DRUG WARS

Do consumers win or lose when generic and brand-name drug makers do battle?

By Dave Bruns/Elder Update correspondent

Do you take the blood-thinner Coumadin? How about the estrogen-replacement drug Premarin, which helps prevent osteoporosis? Or Synthroid, a thyroid medicine?

You could save hundreds of dollars per year by switching to generic versions of those drugs.

But some big drug companies say that only your doctor should choose whether you should switch to generics. Otherwise, you may risk something even more valuable: your health. Some scientists and pharmacists agree, saying that some generic drugs just don't work as effectively as their brand-name counterparts.

The controversy is not new.

Brand-name drug companies and generic-drug manufacturers have been battling for decades all over the world, but the fight is intensifying because of some recent legal and economic changes.

At stake is money — billions of dollars. The \$90 billion drug industry is Big Business on a titanic scale.

But no Titanic is unsinkable. Generic drugs typically enter the drug market priced about 30 percent below brand-name drugs and get even cheaper in two to three years.

That makes generics popular. Generics accounted for about 20 percent of all prescriptions in 1984. Today, close to half of the 2.4 billion prescriptions written in the United States annually are for generic drugs. Generic sales are expected to grow 13 percent a year through 2005.

What's driving the generic-drug totals higher? Like everything else in health care, pharmaceuticals are affected by managed care. HMO administrators are ordering doctors to use cheaper drugs to hold down costs.

The elder pharmaceuticals market is a key battleground. By some counts, one-third of all U.S. prescriptions are written for elders. And since elders are among the most cost-conscious consumers, generic-drug companies are pushing hard for their business.

In 1994, Congress gifted the brand-name drug companies with



an advantage worth billions in this long-running battle. A little-noticed section of the GATT global-trade treaty extended the 17-year period of patent protection for brand-name drugs to as much as 20 years. Smaller, drug-by-drug fights have raged for years before the federal Food and Drug Administration, which tests whether generic drugs are generally equivalent to the brand-name version.

Lately, the big brand-name companies have been winning about one case in three before the FDA. Consumer advocates say that elders are paying a high price as a result. Inflation in the cost of prescription medication is far outpacing cost increases in health care overall — among generics as well as brand-name drugs.

But are generic drugs as effective as the brand-name versions? Sometimes the answer is no. FDA standards allow a 20-percent margin between a generic and a brand-name drug when deciding that the two have about the same effect on patients.

A lobbying group bankrolled by big brand-name drug companies, the Pharmaceutical Research and Manufacturers of America, is leading a campaign to make sure doctors, not managed-care accountants, control which drug is right for you.

“Generic drugs play a very important role in American society,” says the group's spokesman, Jeff Trehwitt. “In the vast majority of cases, (the 20-percent bioequivalence gap) doesn't make a difference.”

But because of this difference, it's very important for your doctor to be a part of any decision to switch your medications, says Trehwitt.

Generic-drug companies vehemently disagree that their drugs aren't as effective. The Campaign for Fair Pharmaceutical Competition, bankrolled by generic manufacturers, flatly claims that “generics contain the same ingredients and deliver the same amount of medication to the body in the same amount of time as brand-name drugs.”

But scientific questions linger about whether generics deliver exactly the same health-care punch as the name brands.

Consider warfarin, a blood-thinner. About 2.5 million older Americans take DuPont's warfarin-based Coumadin to control clotting and reduce the risk of heart attack and stroke.

But too much of the drug can cause internal bleeding. In fact, this chemical — administered in massively heavy doses — was first used to poison rats.

Coumadin can be a hard-to-manage drug. The substance has a

tendency to react with a lot of other drugs and foods. And the margin between big health benefits and toxicity can be thin, depending on a patient's condition. Also, the drug's effect on patients can vary widely, depending on what diseases the patient may have.

Such drugs are called “narrow therapeutic index” medications, according to Dr. Karen Hobdy-Henderson, of the Drug Information Education Center at Florida A&M University in Tallahassee.


“You can give an adult one to three aspirins, and they'll be fine. Give them one to three Tylenol, and there's not a problem,” says Dr. Henderson. But give a patient two too many Coumadin tablets, and massive internal bleeding may result, she says.

Because brand-name drugs have been extensively tested by scientists, doctors have a lot of information at hand about how much of the drug, and in what combination with other drugs, delivers the most benefit at the least risk.

Other highly sensitive medications include Synthroid, a thyroid medicine; Digoxin, used by heart patients; Premarin, a hormone-replacement drug used to prevent osteoporosis and other diseases; and Clozapine, an epilepsy medication.

Several of these drugs are listed in Florida's Negative Drug Formulary, a state-mandated list of drugs in 11 categories developed in the mid-1970s. Under state law, a pharmacist may not switch these drugs with a generic equivalent unless first checking with the physician who wrote the prescription.

Currently, generics manufacturers are petitioning to have Coumadin removed from the Negative Drug Formulary. DuPont is fighting the request; there is a \$500-million market for the drug nationwide.

But a DuPont official says the bigger issue at stake is not money. “There are life-and-death implications with this agent,” he says. “The bottom line is patient safety.” 

Be enthusiastic at your next job interview

By Chris Pool/Special to Elder Update

Interviewing is a skill that, if studied and practiced, can become an important part of your repertoire of competencies. Although an interview is a performance, so to speak, being forthright and honest is the best approach — don't portray someone you aren't. Your intent is to sell yourself to the interviewer, to reveal who you really are. Just as athletes visualize their success to help them win, you need to see yourself accepting the position. It gives you a sense of power in the interview.

Initially, you need to establish an immediate rapport with your interviewer. Find a common ground to initiate some chitchat

to relax both of you! In an instant, scan the office or conference room to find something to break the ice with.

You have to set yourself apart from the competition. Perhaps your initial conversation will do that. An example might be: "I notice from your college diploma on the wall that you are from Michigan — I am too!" Or, seeing a family portrait, you might say, "I see you have three children — I do too!" It's important to then let the interviewer take the lead if he or she wants to further expand on the small talk. These types of observations help to break the ice and find common ground.

Prior to the interview, get to know as much about the company as you can. Perhaps you can get background information from a brochure or books produced by your chamber of commerce. Even this limited type of information can help you to establish that initial commonality.

Since a good number of people are hired on personality rather than competence, you can see the importance of honing your social skills. If you are asked if you would like a soft drink or coffee, agree to it — even if you never take a sip. It may be just such a predictor of your sociability skills that the employer is looking for.

In the sales environment, the "enthusiastic," not necessarily the most seasoned or informed, salesperson usually surfaces as the most successful. This also relates to the enthusiastic interviewee.

Enthusiasm is a key evaluation factor. So look within to see how you can exude a more enthusiastic impression at your next interview.

Chris Pool is program director for Mid-Florida Community Services Inc., Job Training Center, a JTPA program for workers ages 55 and older. Services are free through the Florida Department of Elder Affairs. For more information about programs in your area, call 1-800-96-ELDER (1-800-963-5337).

Elder Affairs welcomes new secretary and deputy secretary

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I am pleased at the progress we have made at making elder programs more effective, at helping to keep frail elders in their homes and communities, and at helping to support families as they try to cope with the challenges of the chronic disabling diseases of aging."

Gov. Jeb Bush named Dr. Gema G. Hernandez as the new secretary of DOEA. Hernandez is a renowned expert on aging issues in Florida. She has participated in forums important to elders, including serving as a Florida delegate to the White House Conference on Aging and as a member of the statewide committee to protect Social Security and Older Americans Act programs. She has dedicated her life to ensuring that elders throughout the state receive quality and culturally competent care.

"I am committed to making Florida a community where people can retire with dignity, have the option to age in place, and feel secure and protected," Hernandez

said. "I am also committed to promoting cultural competence across programs, services and the continuum of care."

Hernandez taught at Nova Southeastern University in Fort Lauderdale before being appointed secretary of DOEA. She was a graduate professor in the university's School of Business. She immigrated from Cuba at 11 and has long been a proponent of women and the elderly. Hernandez received her bachelor's degree from the University of Florida, her master's from Louisiana State University and her doctorate from Nova Southeastern. In addition to her academic career, she served as a coordinator for Little Havana Activities and Nutrition Centers.

Former state Rep. Carl Littlefield was appointed by Bush as deputy secretary of DOEA, replacing June Noel. Littlefield spent six years in the Legislature focusing on issues important to Florida's elders. For the past two years, he has served on the Health



"I am truly excited about assuming my new role as deputy secretary of the Department of Elder Affairs and am grateful for the opportunity to serve the citizens of Florida in what will prove to be a great administration,"

— Carl Littlefield, Deputy Secretary, Florida Department of Elder Affairs

and Human Services Appropriations Committee, which deals with elder issues. This past session, he also sponsored legislation requiring criminal background checks for nursing home employees.

"I am truly excited about assuming my new role as deputy secretary of the Department of Elder Affairs and am grateful for the opportunity to serve the citizens of Florida in what will prove to be a great administration," Littlefield said. "Dr. Hernandez will be a wonderful secretary and her leadership will be the impetus



E. Bentley Lipscomb

behind our success as a department and a catalyst for renewal among our entire team."

Before his election to the Legislature in 1992, Littlefield served for two years as a Dade City commissioner. He was a ministerial major at Southeastern College.



Groups offer backing to guardianship legislation

Legislation that would establish a uniform guardianship system throughout the state of Florida has gained two prominent backers.

In September, the Florida Guardianship Education Coalition and the Florida State Health and Human Services Board both passed resolutions supporting a bill that is expected to be reintroduced in the Florida Legislature in 1999.

Last year, state Rep. Larry Crow, R-Dunedin, sponsored a bill that would have created the Statewide Public Guardianship Office. The bill did not pass; however, Crow intends to refile it for the upcoming legislative session. The statewide office would be administratively housed within the Department of Elder Affairs, and would be charged with finding innovative ways of assisting local governments in meeting the need for public guardians. In addition, the office would provide needed oversight of existing programs, thus addressing a criticism of a 1995 report by the Office of Program Policy Analysis and Government Accountability.

The bill requires the new office to provide training for public



guardians, and permits professional guardians to attend these trainings as well. The bill is believed by many to be a huge step in the right direction in addressing the needs of Florida's most vulnerable citizens. In 1986, the Florida

Legislature created the Public Guardianship Act, authorizing the establishment of Offices of Public Guardian for the purpose of providing guardianship services for incapacitated persons when no private guardian is available. Unfortunately, only seven Offices of Public Guardian have been established to serve just 12 counties.

Today, it is estimated that approximately 20,000 indigent Floridians are functionally incapacitated and in need of public guardians. This need continues to go unmet.

Polk Senior Games coming in February

For the serious competitor, for the fun at heart and for anyone 50 or over, the upcoming Polk Senior Games offers a way to get involved, stay active, make friends, try new activities and feel good.

More than 30 sports and games will be held throughout Polk County beginning Feb. 27, 1999, and ending on March 14 with a

Celebration of the Games at the Lakeland Center.

Medals are awarded by age groups, and everyone receives a commemorative T-shirt. The fee for most events is \$4.

Call or write for more information or to be placed on the mailing list to receive a registration packet. The phone number is (941) 533-0055; the address is Polk Senior Games, 515 E. Boulevard St., Bartow, FL 33830.

Elder Blind Service program has openings

Santa Fe Community Care has unlimited openings for their Elder Blind Service program that covers the following Florida counties: Marion, Columbia, Bradford, Union, Dixie, Gilchrist and Levy.

Highly qualified staff make home visits to older blind adults to teach them skills for successful and enjoyable independent living. Clients may live in their own homes or in congregate living facilities.

The services are free to legally blind adults over the age of 55. There are no financial qualifications or obligations; the services are funded through a grant, and donations are not necessary.

Anyone can make a referral. Simply call Santa Fe Community Care at 1-800-737-2669. Lynne Zirklebach is the coordinator.

FDA panel backs new type of arthritis drug

A government advisory panel has recommended approval of the first drug created by genetic engineering to treat rheumatoid arthritis, opening a path to treating a disease for which there have been virtually no new medicines developed in years.

The drug, Enbrel, is made by Immunex Corp. Of Seattle, a biotechnology company. The Food and Drug Administration usually follows the recommendations of its expert panels.

Rheumatoid arthritis, a debilitating disease of the joints, is the most crippling of several forms of arthritis. It afflicts more than 2 million Americans, often

women between the ages of 25 and 50.

Immunex presented data showing Enbrel reduced pain and swelling in the joints of patients with severe rheumatoid arthritis, including patients for whom existing treatments had failed. But the drug does not cure the disease, nor does it repair damage that already has been done to bones and cartilage.

Experimental drug seems to block depression

An experimental drug appears to alleviate depression by blocking a mysterious brain chemical — one that until now, doctors did not even know was at work in mental disorders.

The finding by Merck & Co., published in the Sept. 11 edition of the journal *Science*, could give doctors the first new way to treat depression in decades, offering hope to patients who get no help from therapies such as Paxil and Prozac.

The drug still needs more extensive testing in humans, however, before it would be eligible to receive governmental approval to be sold.

Former Brooklynites, read on

Are you a former resident of New York City — more specifically, of the Brownsville/East New York sections of Brooklyn? If so, attorney and author Bernard D. Schwartz would like you to share your recollections for a book he's co-authoring on life there from the 1930s through the 1960s.

Saying many former residents of these Brooklyn neighborhoods now live in Florida, Schwartz has appealed to *Elder Update* to bring the project to the attention of our readers. So, if you're from there and would like to contribute to Schwartz's effort, write him and request a copy of his questionnaire. The address is: Bernard D. Schwartz, c/o Chatanow & Schwartz, 531 Main St., Suite 905, Roosevelt Island, NY 10044.

How to give a lasting tribute

A MEMORIAL GIFT TO THE ELDER FLORIDIANS FOUNDATION, INC. IS A LOVING AND LASTING TRIBUTE. REMEMBERING A DECEASED RELATIVE OR FRIEND HELPS TO SERVE THE LIVING THROUGH THE PUBLICATION OF *ELDER UPDATE*.

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Alzheimer's costs business \$33 billion a year

Alzheimer's disease costs U.S. businesses more than \$33 billion a year in lost productivity and absenteeism, researchers said in early October.

That figure is "more than the combined annual profits of Exxon, General Motors and Philip Morris, the nation's most profitable firms," Edward Trushke, president of the Alzheimer's Association, said at a news conference.

Ross Koppel, of the Social Research Corp., coordinated the study of Alzheimer's costs to business.

"We have known for a long time that Alzheimer's imposes huge costs on families and on Medicaid," Trushke said. But most people thought that "business did not need to be concerned because most people that get the disease are past working age. The new report shatters that notion."

ALZHEIMER'S NEWS

According to the report, it costs U.S. businesses \$7.89 billion a year for the time that employees take off to care for relatives with Alzheimer's.

Productivity costs are even greater. "When a worker is absent, the loss to the business is far greater than that worker's salary and benefits cost," the report said. "Productivity costs are estimated at up to twice the worker's actual compensation." Productivity costs include an inability to travel, stress on other workers, lost training opportunities, and other distractions. Figuring all this in, the report estimates such costs total more than \$13 billion a year.


The report does not take into

account time off taken by secondary caregivers or the loss of institutional memory. "Jack knows that but Jack left to take care of his mother," Koppel explained. The report also does not account for lost career opportunities and direct losses by workers themselves who have Alzheimer's. Koppel said 245,000 people a year under the age of 65 get Alzheimer's, and many continue to work and make decisions until they suffer significant cognitive impairment.

The costs to U.S. business will get worse as the population ages.

"By the time baby boomers reach the age of greatest risk, 14 million Americans will have Alzheimer's," Trushke said.

The Alzheimer's Association estimates the disease's total cost to American society at \$100 billion a year. But that figure includes only direct health expenditures: medication, physician fees, and nursing home and other care.

The Alzheimer's Association has asked Congress to add \$100 million to the National Institutes of Health budget for Alzheimer's research and hopes to increase its own research budget to \$30 million by 2002. 

(Information provided by the Alzheimer's Association.)


Driving ability is among first skills lost

A new study confirms what others have found: Ability to drive is among the first skills lost to Alzheimer's disease.

At the University of Virginia Health Sciences Center in Charlottesville, psychologist Daniel Cox, Ph.D., and colleagues used an arcade-style automotive simulator to test the driving abilities of 29 Alzheimer's sufferers and 21 age-matched normal controls. Those with Alzheimer's steered more erratically, ran off the road more frequently, had more trouble turning and stopping, ignored more stop signs, and had more collisions.

Cox says motor-vehicle departments around the country could use

driving simulators like the one in his study to assess early Alzheimer's sufferers' driving abilities, and decide when to revoke their licenses. Currently, some states revoke licenses at diagnosis, while others require Alzheimer's sufferers to take road tests every six months to a year. (In Florida, drivers with Alzheimer's are handled on a case-by-case basis.)

Alzheimer's experts have been casting about for a way to develop a national standard. Cox's simulator just might be it. 

(Information provided by the Journal of the American Board of Family Practice)

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Ayerst
PICK-UP

IF YOU WOULD LIKE A COPY OF THE MARCH 1998 ISSUE OF *ELDER UPDATE*, WHICH INCLUDES A 12-PAGE SPECIAL SECTION ON ALZHEIMER'S DISEASE, WRITE TO:

Database Manager/*Elder Update*
Department of Elder Affairs
PO. Box 10118
Tallahassee, FL 32302.

Children of aging parents need help with planning

By Mary Alice Ferrell, P.A./Special to Elder Update

Many adult baby boomers have become caregivers for their aging and infirm parents. The transition from child to caregiver can be painful and overwhelming. For the first time, they hear words and phrases such as "Medicare Parts A and B," "Medicare HMOs," "Medicaid," "home health," "Medigap," "case management," "ADLs," "ALF," "skilled nursing," "residents' rights," etc.

Elder-law attorneys frequently see children who have just arrived from their out-of-state homes and have only a few days to find answers to the difficult problems facing them. They come to the lawyer's office carrying their parents' financial and medical records stuffed into plastic grocery bags, in canvas sacks, or sometimes in lock boxes, and wait anxiously to hear about the impact of long-term health care on their parents' lives and finances.

These are a few tips that may help children as they begin to work through their planning concerns:

1) There is some tax relief to children who are able to financially assist their parents with certain long-term care expenses. Tax issues should be discussed with your accountant, but help may include:

a) **Deductions.** Children who provide

financial assistance to a parent for home-care or nursing-home expenses may qualify for tax deductions if they meet the requirements of S213 of the Internal Revenue Code. The costs may be deductible to the extent that they and other medical expenses exceed 7.5 percent of the taxpayer's adjusted gross income.

b) **Dependents.** Other medical expenses may be deducted if paid on behalf of a dependent. The parent may be a dependent if the taxpayer pays for more than one-half of the dependent's support for the year, the dependent is a U.S. citizen, and the dependent is not filing a joint return with anyone else. You also may be able to claim your parent as a deduction if his or her gross annual income is less than a certain amount (\$2,650 in 1997); Social Security income will not be counted if the total income including Social Security is less than \$25,000.

2) Competent parents should execute a durable power of attorney (for financial management) and an advance health care directive/living will (for health-care decisions.) The parent should choose a responsible child, family member or friend to act on their behalf. The document can be signed only while the parent still is able to understand its content. Once the parent loses capacity, he or she will be unable to sign and it may be necessary to seek the court appointment of a guardian.



3) Consider the purchase of long-term care insurance. If one parent is too ill to qualify, look into coverage for the well spouse. The average annual premium normally is less than a one-month stay in a long-term care facility.

4) Call the local Elder Helpline to get information about community-based services. This is often a good place for out-of-town children to begin their efforts. Also refer to your phone book for private "geriatric case managers" who can provide a wide spectrum of caregiving services.

5) If the child is completing applications for assisted-living or skilled-nursing facility admission on behalf of a parent, be careful if asked to sign as a "responsible party," unless you are willing to assume financial responsibility over and above your parent's assets. In most cases, if a parent cannot sign for himself or herself, the child should sign as the patient representative, or clearly indicate if signing as agent under a durable power of attorney, or as a trustee. *Neither children nor any other third party can be required to pay from their own pocket as a condition of admission to*

a long-term care facility receiving Medicare or Medicaid funds.

6) Under Florida law, when a person becomes a resident of a long-term care facility, he or she retains certain "resident's rights," such as the right to privacy, the right to adequate health care, and the right to be free from mental or physical abuse. If the family has a serious complaint, one method of recourse is to call the Long Term Care Ombudsman council, volunteers who are appointed by the governor to investigate complaints against long-term care facilities. Call your district office or (850) 488-6190.

7) For financially eligible individuals, the Medicaid program may provide payment for nursing-home care. In general, the applicant will be required to meet level or care, income and assets requirements. Regulations can be complicated; see a local elder-law attorney for advice or your Medicaid office for information on qualification.

Legal issues relating to long-term care can be complex. Access to qualified elder-law attorneys and other long-term care professionals can make the burden easier. The Internet and your local bookstore or library also offer many guides and resources that can help.

Mary Alice Ferrell, Esq., is a board-certified elder-law attorney practicing in Sarasota. She is chair-elect of the Elder Law Section of The Florida Bar, which has more than 1,100 members.

Presbyterian Retirement Communities

PICK-UP

Presbyterian Retirement Communities is a corporate member of the Elder Floridians Foundation, which partially underwrites Elder Update

The Customers Always Write

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I see the sad, lonely faces of hospital patients who are in search of someone to just say "Hello, how are you?" or "May I help you with anything?", and then their reaction knowing that someone is there for them and really cares.

One of the fun parts of being a senior-program coordinator is giving a member a smile, a hug,

attention and seeing the gratitude on their faces when they realize there are no strings attached. I care about senior citizens and am always ready to give the assurance and concern where needed. Members of any senior program need to know that the leader is a committed, caring person who is available to offer assistance at the time of need.

I truly look forward to growing older and wiser in the "Mecca In Sunshine" State. Thank God I live in Florida!

*Jean Irwin
Coordinator,
Senior Advantage Program
Manatee Memorial Hospital
Bradenton*

Q: Which is better, regular soda or diet soda with an artificial sweetener?

A: Except for individuals who have some type of intolerance to artificial sweeteners, either choice is reasonable when consumed in moderation.

Many people may choose diet sodas thinking they are helping their weight-loss efforts, but research has not proven their effectiveness as a diet aid. Instead, people tend to "make up" for the calories saved in other ways.

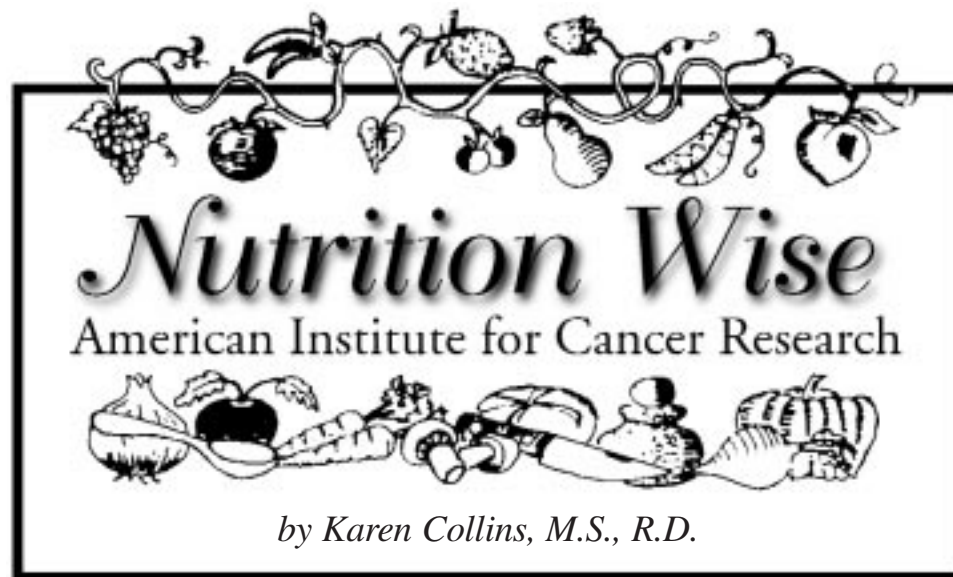
Regular soda can be a reasonable choice, but because the sugar content of just one 12-ounce serving provides most of an entire day's recommended limit on sugar, people who prefer to eat other sweets may prefer to pass on the soda. Obviously, people who have medical problems that require them to limit their consumption of sugar may rightfully view avoiding regular soda as quite important.

We may sometimes feel that our only choice in beverages is between the two kinds of soda, but we should remember that many other healthy alternatives, especially water, also exist.

Q: What do the health recommendations to limit the use of red meat mean?

A: In the report *Food, Nutrition and the Prevention of Cancer: A Global Perspective*, released in 1997 by the American Institute for Cancer Research, leading cancer researchers recommend that we limit our intake of red meat to no more than 3 ounces per day. Excess red meat (beef, lamb or pork) consumption is linked with increased colon-cancer risk, apparently regardless of the meat's fat content.

There are no specific dietary limitations on game animals, such as venison, or on fish and poultry. However, since the report strongly emphasizes following a plant-based diet with



an abundance of vegetables, and maintaining a healthy weight, very large portions of any animal-based protein source will not fit in an overall healthy diet.

Q: Is colored pasta more nutritious than plain pasta?

A: No. While bits of spinach, tomatoes or other vegetables may be added to plain pasta dough to color it, the amount used per serving is usually equivalent to about a teaspoon of vegetables.

Regular enriched pasta is a healthful food as part of a balanced diet that included substantial servings of vegetables and fruits. If you're looking for the most nutritious pasta, try whole wheat varieties for extra fiber and nutrients.

Q: How nutritious are the fruit-yogurt "smoothie" drinks that are so popular now?

A: Their nutritional quality depends on how they are made. If they are made with unsweetened fruit, low-fat yogurt, skim milk and just a touch of sugar, smoothies can be a very nutritious snack or part of a meal (not as a meal itself).

However, many businesses that make smoothies use whole milk and lots of added sugar, resulting in a calorie count of 450, or even 700 if you choose peanut butter and chocolate flavors.


Q: Are the antibiotic soaps and cleaning products for hands and cooking equipment a good idea for extra protection against food poisoning?

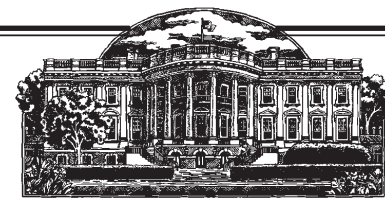
A: Not necessarily. In fact, the current widespread use of antibiotics may cause real problems. As bacteria are exposed to antibiotics, new strains develop that are resistant to them. This is already being seen in certain illnesses in which antibiotics that once could have treated an infection now are ineffective because the bacteria responsible have become resistant.

Doctors are being warned to avoid prescribing antibiotics in situations where they might not

be necessary. And researchers are saying the same thing can happen with indiscriminate use of antibiotic cleansers in the home. These products may help people whose immune systems are weakened by illness or certain medicines. But the experts say that the rest of us can help prevent development of resistant strains and just as effectively keep our hands and kitchens clean by these steps:

- Wash hands, cutting boards and knives in hot soapy water after contact with raw meat.
- Don't thaw food at room temperature.
- Rinse fruits and vegetables well.
- Before eating or preparing food, always wash your hands — regular soap will do just fine.

"Nutrition Wise" is provided as a public service by the American Institute for Cancer Research (AICR). Questions for this column may be sent to "Nutrition-Wise," 1759 R St. NW, Washington, DC 20009. Karen Collins, M.S., R.D., does not respond to questions personally. AICR also operates a toll-free hot line that offers advice about nutrition and health. The number is 1-800/843-8114; it operates weekdays from 9 a.m. to 5 p.m. Eastern time. 



Happy Birthday from the White House!

Interested in requesting a personal birthday greeting from the White House for an elderly friend or family member? The only criteria is that the individual be at least 80 years old. To request a card, write at least one month in advance of the anniversary date to:

**Greetings Correspondence
White House
Washington D.C. 20500**

Requests can also be made by calling the White House's comment line at 202/456-1111

Elder issues a high priority in 1999 Legislature

By Dave Bruns/Elder Update correspondent

The legislators who will influence elder-related issues in the critical 1999 Florida Legislature represent a wide cross-section: veterans and newcomers, Republicans and Democrats, North, Central and South Floridians.

Their common bond is that they will play key roles in a Legislature poised to tackle bigger challenges in elder-care issues than any other lawmaking body in recent memory.

The 1998 elections focused more attention on elder issues than any other recent election. Both Gov.-elect Jeb Bush and defeated Democratic nominee Buddy MacKay courted elder votes by focusing attention on elder programs.

"Elder Floridians have an opportunity before them in 1999," said E. Bentley Lipscomb, Florida's former secretary of Elder Affairs. "Because the candidates focused so much attention on elder issues in 1998, the new legislative leadership will face high expectations."

Presiding over the Legislature this year will be two experienced state lawmakers: House Speaker John Thrasher, R-Jacksonville, an

attorney; and Senate President Toni Jennings, R-Orlando, a construction-company executive.

Policy on elder issues will be considered by a pair of committees. Rep. Nancy Argenziano, R-Crystal River, a real-estate investor, will chair the House Elder Affairs and Long-Term Care Committee. Leading the Senate's Health, Aging and Long-Term Care Committee will be Sen. Charles Clary, R-Destin, an architect. Both Argenziano and Clary were elected in 1996; Argenziano was re-elected to her second two-year term in November, while Clary is still in his first four-year term.

But writing new and better laws is only half the battle in the Legislature. The other half is in winning additional funding for elder-related programs.

Chairing the House General Appropriations Committee is Rep. Jim King, R-Jacksonville, a retired business executive who is a key Republican figure statewide.

In the Senate, spending decisions will be made by two committees.

Sen. Bill Bankhead, R-Jacksonville, a transportation executive and senior GOP Senate leader, will

head the Senate's Fiscal Policy Committee, which will consider spending decisions on individual bills. Sen. Locke Burt, R-Ormond Beach, an insurance executive, will chair the Senate Budget Committee, which will write the 1999 budget.

But months before budgets come to votes in the House and Senate, key spending decisions already will have been made in subcommittee.

Leading the House and Senate subcommittees overseeing elder-related budgets will be two legislative veterans: Rep. Debbie Sanderson, R-Fort Lauderdale, and Sen. Ron Silver, D-North Miami Beach. Sanderson brings 16 years of experience to studying elder-related funding. Silver, the lone Democrat leading an elder-related committee, has served 20 years in the Legislature, six in the Senate.

Among key issues expected to come before lawmakers are:

Dramatically increasing funding for elder-oriented programs such as Community Care for the Elder and the Medicaid Waiver Home- and Community-

Based Services program. Gov.-elect Bush has pledged to eliminate a waiting list that includes about 13,000 elder Floridians who need, but can't get, services to keep them in their homes and communities rather than going to nursing homes.

Reshuffling elder-oriented programs to move such functions as adult-abuse investigations and Medicaid-eligibility determination within DOEA.

Supporting families who care for frail elders. The Department of Elder Affairs has recommended creation of a special \$13.4 million Caregiver Initiative to help families keep frail elders at home rather than committing them to institutions, frequently at taxpayer expense.

Expanding guardianship programs for elders no longer able to manage their own affairs.

Revamping Florida laws on end-of-life issues, perhaps by creating a single, easily understood legal document that can serve both as a living will and as a do-not-resuscitate order in certain emergency-medical situations.



PREVENTING SELF-NEGLECT *continued from page 1*

self-neglect. The "Open Your Eyes, Open Your Heart" campaign highlights the issue through televised public-service announcements, radio spots, billboards, bus placards and almost 100,000 brochures.

The program focuses on two complementary goals: raising public awareness about the scope and significance of elder self-neglect; and recruiting civic clubs, church or synagogue groups and individual volunteers to help prevent self-neglect.

"We are calling on Floridians from Pensacola to Key Biscayne to reach out to elder neighbors," said former Secretary E. Bentley Lipscomb. "Being a good neighbor to a frail elder can save a life."

Lipscomb said he is turning to Florida neighborhoods, communities of faith and ordinary people because

government isn't equipped to attack this problem alone.

"Florida can't send social workers to knock on every door in the state, checking to see that our elders are OK. We don't have the resources and we never will," Lipscomb said.

Florida is at special risk from self-neglect because of the large numbers of elders in the state. With 3.4 million Floridians ages 60 and older — or 24 percent of the population — Florida has the highest proportion of elders of any state in the nation.

Also, seven out of eight Florida elders retire here from another state. When they migrate to Florida, they leave behind a lifetime of community roots to family, friends, church and community.

Their new roots never grow deep into Florida's sand. After a dozen years

of retirement, what few roots exist can wither. Elders grow less mobile, health declines, friends die or move away. Isolation grows.

The result: Frail elders can slip into self-neglect in only a few months. Ironically, self-neglect sometimes robs elders of the ability to perceive how they are changing. Even when they realize something is wrong, these elders may shun outside help because they fear that they will be institutionalized — a fear that can become tragically self-fulfilling.

The "Open Your Eyes, Open Your Heart" initiative might be familiar to Southwest Florida residents. The awareness program began there in December 1997 as a pilot program, intended to focus attention on the issue and to help state officials understand all the impacts that might result from that awareness.

Since 1997, the Department of

Elder Affairs sought extra funding for volunteer coordinators in five Florida Area Agencies on Aging. These coordinators will mobilize volunteer efforts to reach out to frail Florida elders to prevent self-neglect.

Experts believe that human contact is one of the most effective ways to prevent self-neglect or halt its progression.

That's why the "Open Your Eyes, Open Your Heart" initiative asks Floridians to reach out to help frail elders, Lipscomb said. An offer of a hot meal, an hour's help cleaning up the house, an occasional lawn-mowing or just a friendly smile can do much to avert self-neglect, Lipscomb said.

To learn more about volunteer opportunities in your community, or for copies of the "Open Your Eyes, Open Your Heart" brochure, call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).



'ABILITY IS AGELESS'

Older workers show dedication to a job well done

By D'vorah Mitchell/Elder Update correspondent

Marie Vincenty, 64, doesn't brag about her contributions to the Green Thumb program at the Winter Haven Jobs and Benefits Center. She works quietly and diligently to embellish the projects she participates in.

"Marie is not just satisfied by doing the job," said Diane Oropeza, manager of the center. "She drives herself to take that extra step to insure that both external and internal customers' needs are met."

Vincenty's "old school" charm endears her to people of all ages. Her co-workers sometimes respectfully refer to her as Mom. They admire the energy and enthusiasm that leads her to more than meet her job requirements as a clerical assistant.

Vincenty thinks of innovative ways to enhance her workplace, and decided on her own to decorate bulletin boards with an appropriate theme each month. She also builds miniatures depicting the major veterans' holidays for the office.

In her spare time, Vincenty volunteers her time to others. She often is one of the first people to help on projects such as the Salvation Army Adopt a Family program during the holidays. "It has been refreshing to be able to observe Vincenty's special gift of making life a little brighter and happier for everyone she comes in touch with," Oropeza said.

Vincenty is one of several "Ability is Ageless" certificate winners being recognized this month in honor of their outstanding achievements. Other recipients are:

- **Agustina Pallet, 73**, is a monitor/translator for the Miami Downtown Jobs and Benefits Center. She has been a ticket sales clerk for a bus company, a fabric saleswoman for a retail store, and spent 20 years doing embroidery for various companies before switching to her current position.

Pallet is described as a valuable employee who helps keep the workplace working. "Working as



Marie Vincenty shows a staff member her Veterans' Day display.

a monitor in this unit requires that you stand and walk from computer to computer helping customers," said James Lockhart, manager of the center. "She has never complained that she couldn't do the job because of aching feet or an aching back."

- **Mildred "Millie" Role, 73**, is a caregiver companion for Alternative Homemaking with a Heart. Millie lives in Port Charlotte and concentrates on making the lives of the people she cares for better. She cleans, prepares meals, does laundry, runs errands and gives her clients emotional support, regardless of how she is feeling.

"Realizing how important it is for many elderly to remain in their homes and not be placed in a facility, Millie has given these clients security, dignity, and has helped them maintain as normal and independent a life as possible," said Lynn Stewart, administrator of Alternative Homemaking With a Heart.

- **Gloria Rosen, 65**, is a secretary specialist for the Division of Vocational Rehabilitation in Gainesville. She has faced the pressures of an ever-changing job market and physical problems while maintaining a high level of dedication to her work.

"Many people would have caved in with the personal and work problems she has encountered," said Thomas Long, Rosen's supervisor. "She refused to fail."

- **Albert T. Boley, 68**, is a part-time clerk in the Criminal Warrants Unit of the Martin County Sheriff's Office in Stuart. Boley exceeds his job responsibilities and has helped out with work as a volunteer when additional support was needed. He also helps the elderly and the sick

by buying groceries and reminding them to take their medicine.

"He takes them to doctor appointments or if needed to the hospital," said Capt. Mario L. DeLudos, commander of administrative services for the sheriff's office.

- **Mary Ruth Jackson**, who will be 67 in December, lives in Bushnell and is a housing director with Sumter County Housing Services. Jackson manages housing programs and has helped people turn their lives from tragedies into success stories. She often works anywhere from 40 to 50 hours a week. Outside of work, she has dedicated her time and finances to those in need, assembling household supplies for



Gloria Rosen

those in need in the community and providing emotional support.

"Her dedication and compassion, both in her professional and private life, has earned the respect of all who have had the privilege of working with her,"

said Karen Krauss, Sumter County commissioner, in a letter of commendation.

- **Josephine Gorman, 65**, lives in Cocoa and is a licensed practical nurse with Senior Care of Brevard.

Gorman has been in nursing for 40 years. She is well-liked by clients and attentive to small details, down to cutting up a blind man's food and helping him find it on his plate.

Gorman works with a hearing impairment and has a reputation for punctuality. She is now finishing up her coursework to become a registered nurse.

"Josephine Gorman is an excellent example of an older worker who is truly dedicated to the population

Continued on page 18

**Come visit the
Department of Elder Affairs**

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<http://www.state.fl.us/doea/doea.html>

STATE OF FLORIDA

DEPARTMENT OF
ELDER AFFAIRS

Caregivers learn that there is help, there is hope

By Wendy S. Dahle/Special to Elder Update

The family knew something was wrong with Janet Walsh's father.

Once an engineer expert in heating and air-conditioning systems, by the early 1970s her father was losing his memory and his judgment. He thought neighbors had stolen his wallet. Told to meet her mother at a certain time, he would wait on the corner for hours in the rain because he couldn't keep track of time any more. He got fired.

Doctors said her father had a rare brain disorder but could tell them little. It was years before Janet Walsh — now executive director of the Long Island Alzheimer's Foundation in Hyde Park, N.Y. — met another family dealing with what her father had: Alzheimer's disease.

Today, Florida has 376,000 persons at some stage of Alzheimer's — more than the total number of persons living with AIDS in the United States.

Hundreds of caregivers caring for patients suffering from Alzheimer's and Parkinson's diseases heard Walsh's story at the first annual Forum on Alzheimer's and Parkinson's Diseases, held Oct. 19-20 at the Sarasota Hyatt hotel.

Caregivers and professionals from around the state gathered for the first-ever state-sponsored forum highlighting Alzheimer's and Parkinson's diseases, sharing stories and gathering valuable information.

Florida is home to the highest proportion of elderly people on Earth. Florida's population of elders ages 85 and older is growing four times as fast as the general population. This rapid increase of elderly migrating to Florida is being called the "Longevity Revolution."

With the average age of life expectancy rising every decade, the numbers of elderly citizens will continue to rise as well.

The conference is one step in the direction of supporting caregivers — an essential step for America's most elder-rich state, said E. Bentley Lipscomb, Florida's former secretary of Elder Affairs.



Some of the people attending the first annual Forum on Alzheimer's and Parkinson's Diseases look over displays in the Resource Room that was set up at the Sarasota Hyatt.

Tomorrow the impact of ill and disabled elderly will be greater and the next year greater yet.

Florida won't be able to cope with this growing need unless the state supports families caring for frail elders, Lipscomb told the audience.

"Supporting family caregivers is no longer a nice option," he said. "We must find new ways to support caregivers."

The two-day forum was dedicated to H.B. Lipscomb, the father of former secretary Lipscomb. H.B. Lipscomb died in July of pneumonia brought on by Parkinson's disease. His primary caregiver was his wife, Mary Willie Lipscomb, who joined her son at the conference.

Caregivers are the "the heroes of the Longevity Revolution," former Secretary Lipscomb said. Caregivers are ordinary families. They are mothers, fathers, sons, daughters and grandchildren. Caregivers do what they do "out of the love and dedication they feel in their hearts."

Caregiver finds support at conference

Mel Horne of Orlando, who cares for his wife, came to the conference to learn more about Alzheimer's disease.

"I didn't understand a lot of things she was doing," he said.

His wife, Betty, was diagnosed with the disease two years ago. Since then, his life has changed drastically.

A great cook, Betty kept the home neat and tidy. Gradually the house became dusty and dirty, and often when she baked, the finished product was a disaster.

"She would say, 'Something is wrong with the flour,' or 'There is something wrong with the stove,'" Mel said. "It took me a while to understand it, because you're not looking for it."

On another occasion two years ago, Mel came home on their anniversary to find his wife gone shopping for a gift. When she didn't return for some time, he grew worried.

Then the doorbell rang. A clerk at a nearby grocery store who knew the Hornes had found Betty wandering aimlessly in the store and brought her home. After that incident, Mel took her car keys.

Horne says most of his family still is in denial about his wife — a stage he admits he went through himself. "The biggest challenge I think is our own families," he said.

"There is always one who can't accept it."

When his job performance as a Realtor started to suffer because of the demands of caregiving, Horne knew he had to do something. Without his income, their life would only get worse.

"I was in a dilemma," he said. "I had to do something."

His search for assistance turned up few local resources at first, but then he found Daybreak, an Orlando day-care center.

Horne said the center gave him his life back. Now Betty spends four days a week at the center. She loves it and he's gone back to work. But the reality of a nursing home still looms in the near future.

Their son was taking care of Betty so Mel could attend the conference, as was the case with many of the other spouses and children at the conference.

"It will help him see things he couldn't before," said Mel. "My daughter said to me, 'I don't know how you do it.'"

Doctor stresses early diagnosis of Parkinson's

Helping families coping with diseases such as Alzheimer's or Parkinson's starts with early, accurate diagnosis, according to another conference speaker.

Many physicians are misdiagnosing early Parkinson's, said Dr. H. James Brownlee, a family physician, chairman and professor at the University of South Florida College of Medicine.

Symptoms can sometimes mimic other medical problems. Since no tests exist to prove early Parkinson's, doctors must rely on patients' symptoms to identify this debilitating disease.

Brownlee missed the symptoms in his own mother. Like other Parkinsonians, she initially suspected she might have arthritis because

Continued on page 16

Special dogs for special people

By Wendy S. Dahle/Special to Elder Update

Since 1989, Sue Wardach suspected her mother had Alzheimer's disease. Her mother started forgetting things more and more, and waking often in the middle of the night and wandering.

Worried her mother might wander out of the house while she was sleeping, Wardach enlisted the help of an Alzheimer's dog.

Since Rudy, the Alzheimer's guide dog, came to live with them in March of this year, Wardach has been able to relax and sleep a little more. Rudy, a Golden Retriever has become her mother's constant companion.

"If Mom gets up for a glass of water, Rudy wakes me," she said.

Rudy is part of a "new breed" of dogs trained to help with Alzheimer's and Parkinson's patients. They are keeping patients at home longer before going to a nursing facility. Several of the dogs and their trainers were present at the first annual Forum on Alzheimer's and Parkinson's Diseases, held Oct. 19-20 in Sarasota.

The cost to train one of these highly skilled dogs is no drop in the bucket. It costs from \$10,000 to \$15,000 to train one dog, but most of that cost is borne by donors to OKADA.

OKADA is the only organization in the country that trains Alzheimer's dogs.

OKADA, an American Indian word meaning "asking for a place," has been training dogs since 1986. OKADA is based in Fontana, Wis., with an office in Floral City, Fla.

The organization began 12 years ago with an abandoned dog from a shelter that later became OKADA's first hearing guide dog. The organization also trains specialty guide dogs and companion dogs.

OKADA saw the need for an Alzheimer's dog.

MORE CAREGIVER NEWS

A new survey shows that many caregivers suffer alongside those they care for.

SEE PAGE 14

"We have the knowledge," said Pat Putnam, founder and executive director of OKADA.

Putnam and her husband, Walt Marsh, have trained four Alzheimer's dogs so far, with three being placed in private homes. OKADA Alzheimer's guide dogs become extremely sensitized to a patient's behavior. If a patient wanders, they alert the caregiver and guide him or her to the patient.

Independent Dogs Inc. is the only facility in the country that trains Parkinson's dogs. It is located in Pennsylvania and has been training therapy dogs since 1984. It started training Parkinson's dogs last year. Since then, it has graduated four dog-and-Parkinson's-patient teams. It has graduated 97 service-dog teams.



Rudy, an Alzheimer's guide dog, rests at the feet of Sue Wardach, who got the dog to assist her in caring for her mother.



Trainer Julie Van Vliet of Independent Dogs Inc. introduces the audience to Foster, a Parkinson's guide dog.

It takes four to 10 months to train a dog for a Parkinson's patient, and patients must train with the dog for three weeks at the Pennsylvania facility.

The dogs "must be able to adapt to any situation," said master trainer Julie Van Vliet.

The dogs learn to counter-balance an unstable Parkinson's patient, help with falls and break "freezes."

All of the dogs used in the program are hand-picked, say Van Vliet and Putnam. Putnam screens 40 to 50 dogs before she will pick one that is right for the program. Dogs are screened for dominance and submission levels.

"We use larger, working-breed dogs," said Van Vliet. "We use all types and mixes. We look for willingness and retrieval."

The Parkinson's dog helps a Parkinson's patient become more acceptable in a world that sometimes shuns people with disabilities.

"We've had people tell us they

have had people not want to talk to them" because of their disability, said Van Vliet. "If they are walking the dog, the dog draws attention, but it is a positive attention. In turn, it helps that person become more accepted."

Charlie, an Alzheimer's guide dog that works in a nursing home setting, was responsible for helping one Alzheimer's patient to begin speaking again.

Putnam saw Wardach's mother progress after placing Rudy in March. When she saw her in August she noticed significant changes.

Rudy has helped Wardach's mother both physically and mentally. He is more than just a watchdog. He is her constant companion 24 hours a day. He helps her focus more and stimulates conversation. He is always


there for her.

"Rudy attracts a lot of attention," said Wardach. "Mom talks about the dog and her disease."

Rudy has also kept her blood pressure normal and kept her active, helping her go from size 18 clothing to size 14.

Occasionally, the relationship doesn't work and the dog cannot do its job. Van Vliet had one dog that learned denial from the Parkinson's patient. The patient refused to accept the fact his feet were freezing. The dog eventually stopped functioning to help the patient.

"It's not a matter of forgetting, it's denial," she said. "Some say, 'My feet don't freeze; my feet just don't move.'"

OKADA hopes to get sponsors for its Alzheimer's dogs to help in the cost for patients and their families. Independent Dogs Inc. asks for a \$200 donation to go toward the donation of a harness for a Parkinson's dog. 

Survey tells of caregivers' heavy burdens

By Dave Bruns/Elder Update correspondent

A new survey of caregivers in one Central Florida county paints a compelling picture of family members struggling to provide loving care to frail elders at home despite 10- to 12-hour days, near-poverty-level incomes, intense stress and a lack of information about outside help.

It's not a cheery picture. But Hank Mersch is encouraged by the survey's findings nonetheless.

Mersch, 72, of Lakeland, has been a caregiver for 12 years. He sees the effort to support caregivers as a battle. Information is ammunition.

That's why Mersch is pushing for statewide and even national caregiver surveys, to help gather information that could win the war for effective caregiver support on a national level.

The Polk County Caregivers Survey, aggressively pushed by Mersch and a group of other

concerned Polk County residents, confirms the impressions that many elder-service experts have of the difficult struggle that caregivers wage to provide care in the home for frail elders. About 15,000 surveys were distributed through support groups, newspapers, church and civic organizations and other sources. Some 863 responses were received.

Caregivers responding to the survey were usually female, usually spouses or close family members of the persons receiving care and almost always Florida residents, not "snowbirds."

Women outnumbered men among survey respondents by two to one. Some 46 percent of survey respondents were between the ages of 66 and 85. About 57 percent of the persons receiving care were 66 to 85.

About 36 percent of the caregivers responding to the survey

were spouses of the person receiving care; another 30 percent were sons or daughters.

Incomes tended to be low. Some 45 percent of those responding had incomes lower than \$8,000 per year. Some 91 percent had incomes of \$25,000 or less. Only 8 percent had incomes of between \$25,000 and \$50,000 per year, and only 1 percent had incomes of \$50,000 or more.

Yet 62 percent of caregivers said that they were paying all or part of the cost of their care. And 46 percent of caregivers said they weren't aware of local services that could help them provide care.

These caregivers reported relentless caregiving schedules — 42 percent said they provided 10 or more hours of direct care to the person receiving care per day. And stress levels were high. About 42 percent described their stress level as "great"; another 40 percent

described their stress as "medium."

Unsurprisingly, the stress, long hours and money shortages took a brutal toll. Some 44 percent of the persons giving care reported that they suffered serious health problems themselves.

Yet the vast majority — 86 percent — said they planned to provide care for the next six months.

What kind of help did caregivers think they needed? Almost one caregiver in four cited the need for respite services — usually an outside caregiver who could come into the home to care for the frail person — as providing the biggest help. About one in five suggested emotional support such as support groups, financial assistance with the costs of caregiving or transportation.

Mersch is a veteran caregiver. He has provided care for his wife,

Continued on page 18

STILL GOING STRONG

Centenarians honored at birthday party

By Barry Ray/Elder Update Editor

Some of Tallahassee's eldest elders were honored in late October for a most impressive accomplishment — reaching the century mark.

Each year, Tallahassee's Elder Care Services invites all area residents ages 100 and older to a celebration of the lives of older citizens and their contributions to the community. This year, four centenarians enjoyed cake, friends and family at the seventh annual "100 Year" Birthday Party, held at the Fanny Jo Drake Adult Day Care Center of Grace Lutheran Church.

In welcoming the honored guests, Kathy Arrant, the executive director of Elder Care Services, noted that each of the five was alive when Grover Cleveland was president a century ago. She also commented on the many amazing changes that they have witnessed during their lifetimes — everything from observing the

arrival of automobiles to seeing men walk on the moon.

The guest speaker was Don Rapp, a retired Florida State University professor and an expert lecturer in motivation toward personal betterment. Rapp, 70, used humor and a juggling routine to emphasize the concepts of control, balance, concentration, practice and lifelong learning. Among the lessons he illustrated with his juggling routine: "Balance is vital; the question of physical balance is vital, the question of emotional balance is vital."

One guest, 108-year-old Ethel Davis Saville, enlivened the festivities even more by playing a few tunes on the piano. "I feel honored to get to be here," Saville said. "It's a pleasure for me."

Also honored at the party were Hattie Davis, 105; Rachel Donoho, 100; Irma Horst, 101; Flora Jackson,



Ethel Davis Saville, 108, and Emory Evans, 99, were two of the people honored at the "100 Year" Birthday Party.

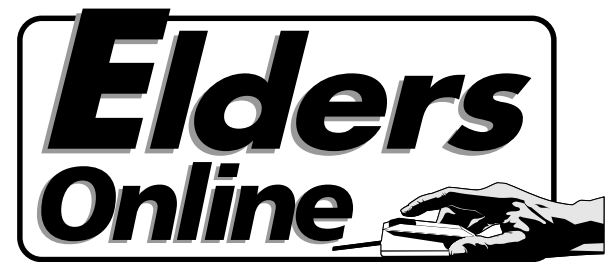
100; and Emory Evans, who will be 100 in March.

The mission of Elder Care Services is to serve elders and their care-

givers, enabling elders to live independent and productive lives. Anyone interested in learning more about the organization can call (850) 921-5554.

To WebTV or not to WebTV?

By Tom McMullen/Elder Update correspondent



In recent weeks there has been an influx of queries and suggestions related to WebTV. The queries are mostly concerned with whether one should buy a computer and gain access to e-mail and the World Wide Web or simply buy one of the available WebTV units, together with the necessary associated equipment. Some people (of all ages) are still intimidated by computers.

If you are motivated to inquire beyond the space available here, I would suggest you have a friend assist you by going "online" and doing a search for "webtv." Don't search for "web <space> tv." In the former search, you will find *thousands* of sites; in the latter, more than 25 million!

Simply put, a WebTV terminal is an attachment to your television set that allows you to explore the Internet on your television screen through a telephone line. Some people have taken WebTV to be the more economical alternative for simple e-mail and Internet browsing. A case can be made for some economy here, depending on your answers to important questions:

- Do you have another television set that can be used by actual television viewers or would you be monopolizing the favorite entertainment TV?

- Is an alternative TV suitable for WebTV? It's difficult to imagine how addictive Web-browsing ("cruising," "looking around," etc.)

can be. Many occupy themselves for five or six hours — or more — daily.

At a minimum, you must have the television set, the WebTV terminal (the basic electronics package), and a standard phone line. (You can use your regular telephone line very easily, but it monopolizes the telephone while you are using WebTV, unless you get a second phone line dedicated to the WebTV). You will probably be unhappy with just this basic, no-frills configuration.

WebTV has grown by leaps and bounds during recent months. Along with the basic Internet terminal, you need to consider printers (you will frequently want

to print out a "hard copy") and infrared wireless keyboards (for ease of correspondence, and ease of word entry if you want to use optional software: word processors, for example). There are interesting bundled packages available; one current bundle now has picture-in-picture (PIP), a 56K modem (the fastest practical modem for current use), a 1.08 gigabyte hard drive (you can never have too much storage/work space), and a built-in printer port (a "socket") for attaching a printer. (You still have to buy a printer.) With this bundle you get six e-mail accounts, a wireless remote control, and a surge protector (to lessen concern about AC power

Continued on page 19

Sprint
NEW - ENCLOSED

Caregivers learn that there is help, there is hope *continued from page 12*

movement was difficult. A rheumatologist found no arthritis and sent her to a neurologist.

"The people closest to you are least likely to make a diagnosis," Brownlee said. "The changes are subtle."

Other symptoms are easily mistaken for another cause. A Parkinsonian's face can droop with what seems to be sadness. Depression? Perhaps — but it also could be bradykinesia, or muscle weakness. Facial muscles might not be able to sustain a smile.

Mild hand tremors, another Parkinson's symptom, sometimes offer a clue. The Parkinson's tremor is a rhythmic back-and-forth motion of the thumb and forefinger at three beats per second. A tremor usually starts in the hand, although it can start in the foot or jaw. A Parkinson's tremor can be stopped with intentional movement. Other kinds of tremors continue despite movement.

One of the most dangerous aspects of Parkinson's is a loss of balance and stability, causing frequent falls. Unfortunately, 20 to 25 percent of patients at age 75 who fall and break a hip die within that year, Brownlee said.

Treating Parkinson's requires doctors to fine-tune the dosage of medicines. Too much or too little can have devastating effects. One night, Brownlee's mother called her son to say she had been kidnaped and was on an Indian reservation. He later found she was at home suffering from hallucinations caused by the medication.

Brownlee advised caregivers to seek help from their doctor, especially if something doesn't seem to be working. Caregivers should seek a second opinion if they aren't getting clear answers.

Parkinson's research is looking for newer medications and investigating the use of vitamin E in decreasing free radicals in the body. Ibuprofen and estrogen are also being looked at.

The University of South Florida also tested pig fetal tissues for use in brain transplants.

Conference sessions provide valuable information

Caregivers gathered tips and background in two-hour breakout sessions after lunch on topics such as trends in Alzheimer's and Parkinson's research, elder law, planning for the caregiver, creating and sustaining support groups, and topics in caring and coping for the caregiver.

Topics in caregiving, caring and coping provided caregivers with valuable resources. Francine Parfitt of the Mayo Clinic in Jacksonville opened the session by cautioning the audience about choosing the right resources that can provide expert information.

"A lot of it is advertising," she said. "You should be able to go away with a feeling that you are getting great information."

The biggest problem with caregivers is they tend to neglect themselves, said Parfitt. They suffer from mental and physical illnesses because they do not get days off. They become depressed because they have less contact with friends and family. Sometimes the caregiver must leave a job to stay at home. This in turn threatens the caregiver's financial security.

The most important resource for the patient is the caregiver, said Faye Kern of The American Parkinson's Disease Association Inc. in St. Petersburg. She said it is important for caregivers to take breaks, even if it is only for five minutes a day.

"If you don't take care of Number One, who's going to take care of Number Two?" she asked. "Sometimes you need to tell the person, 'I need to get away from you.'"

Where can the caregiver go for help?

The first important step is to get information, said Parfitt. The Florida Department of Elder Affairs offers help through the Elder Helpline (1-800-96-ELDER, or 1-800-963-5337),

a starting point for gathering information.

Memory disorder clinics, geriatric centers, public health centers, mental health associations and senior centers all offer help and support. On the local level, city and county elderly services and support groups can provide help to the caregiver.

Caregivers should seek assistance and have a partnership with the doctor. They should ask family and friends for help. Most importantly, caregivers should find support groups so they are able to talk with others in the same situation.

Legal issues for caregivers

Guardianship and power of attorney are important concerns for caregivers of Alzheimer's and Parkinson's patients. Elder-law attorney Mary Alice Ferrell, of the law firm of Boyer and Ferrell in Sarasota, said legal decisions done properly and timely will ensure financial security, peace of mind and a future for the caregiver.

The caregiver must plan for the eventual incapacity of the patient. The caregiver should not wait until the patient is no longer able to make legal decisions if possible. The caregiver should have a binding, legally drawn power of attorney for when the patient is no longer able to handle affairs; a health-care directive for the patient's care, and a last will and testament.

If the patient becomes incapacitated before a power of attorney is done, the caregiver must then appoint guardianship for the patient.

Ferrell stressed having a "durable power of attorney," a binding legal document rather than a copy of one

from an office supply store or off of the Internet.

"A do-it-yourself one does not cover issues needed for legal rights," she said.

It is also a good idea to have an alternate person listed as having power of attorney in case the first person dies or becomes incapacitated, she said. Also, power-of-attorney documents made before October 1995 may need to be redone. Some of the older documents have been found to be a problem with some banks and financial institutions. Out-of-state documents also may not be valid in Florida.

Medicare cuts a major concern


Caregivers were concerned to learn of reductions in Medicare spending because of the federal Balanced Budget Act of 1997.

An estimated 35,000 elders are to be dropped from Medicare home health-care coverage, said Elder Affairs former Secretary Lipscomb.

Also, nine Medicare HMOs have withdrawn from covering beneficiaries in 25 counties, leaving 66,000 older Floridians scrambling for health care as of Jan. 1 of this year.

Ironically, Lipscomb said, plans intended to save taxpayers money actually will increase the pressure on public programs. "If we are doing this with the idea of saving money, it's all backfiring," he said.

Lipscomb suggested the audience take matters into their own hands by contacting legislators and commissioners.

"The most effective advocates are you," he said. "We know you do what you do out of love." 

Caregivers also can turn to the Elder Abuse Hotline (1-800-96-ABUSE, or 1-800-962-2873), the Florida Department of Children and Family Services, Medicare and Medicaid, and the Veteran's Administration. Other resources include the National Council on Aging and the National Family Caregivers Association.

Other resources are the Alzheimer's Association at 1-800-621-0379 and The Sandwich Generation at (908) 536-6215. The National Academy of Elder Law Attorneys at (520) 881-4005 can help the caregiver find an attorney, and the Eldercare Locator at 1-800-677-1116 can help locate a day-care center.



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PLEASE RECYCLE

FSHL legislative session was a rousing success

By Jay Slavin

The 21st Legislative Session of the Florida Silver-Haired Legislature was held in Tallahassee from Oct. 12-16, 1998.

The delegates were welcomed by Florida Gov. Lawton Chiles, who expressed his pleasure at opening this session as he has done each of the last eight years. He took the opportunity to wish us every success in the future.



Jay Slavin

The new feature of this session was the issuance of an FSHL directory, organized and published by Ralph Schwartz with much help from Ed Ek and Pauline Skees. They will be distributed to organizations and elected officials around the state.

The first address, on Tuesday morning, Oct. 13, was given by Mary Alice Ferrell, an attorney with the Elder Law Section of The Florida Bar Association. This section of 1,100 members has become proficient in helping elders with legal problems. Many complex problems turn up during retirement that require expertise in wills, power of attorney, finances, need to qualify for Medicaid, longtime care, preventing loss of a home, second marriages, and other areas that present complications in elders' lives. The elder-law attorneys can clarify and solve problems because seniors' experiences are well-known to them. They focus on guardianships — mental admissions, abuse of the elderly, and particularly exploitation of elders' funds. Feel free to phone for an elder-law specialist in your area; the number is 1-800-342-8011.

A highlight of the session was a state Supreme Court case that some of our delegates tried in the Supreme Court Building in accordance with the rules guided by an attorney working under Chief

Justice Harding. It was a learning experience for us. The delegates then proceeded to their committees to begin work on our pre-filed bills.

All Florida Silver-Haired Legislature bills are discussed and voted on by the Senate and House, just as our elected officials do during their session. Bills passed by both houses are then prioritized and printed for distribution in January 1999. Advocating our priority bills to get them passed into law is our main purpose for the FSHL.

On Wednesday, Oct. 14, Laura Feldman of the National Committee to Preserve Social Security and Medicare gave a stirring address with emphasis on grass-roots activism through education. Led by Martha McSteen, they lobby on Capital Hill and travel around the country, debating and teaching about issues of concern to elders (and all generations). She gave us a perspective on what is going on in Washington, which ultimately affects us all.

Another first for our session was an address by LaNona Robinson of Florida Quality Assurance, titled "A Look at Medicare Part C." Our own Jack Stoffel is on the board of this service, and it will be of help to elders with financial and hospital-stay problems, as well as protecting Medicare patients' rights. A new Medicare handbook is available; call 1-800-844-0795 to find out more.

The delegates also were privileged to hear Scott Carruthers, executive director of the Academy of Florida Trial Lawyers. He emphasized the trial lawyers' interest in protecting people against drugs, errors, and products put on the market by corporations with prior knowledge of safety dangers. He stated that the civil justice system has accomplished much in providing access to protecting elders. He also reminded us that health care is big business with profit motives, and that the HMOs are a very big industry.

On Thursday, Oct. 15, the joint session completed its work on all bills passed and filed. Now the delegates were turning to the priority bills, and the votes will be used to determine which bills will have first attention by area chairmen when they return home:

- **SB 1** — That practicing physicians be required to take a "continuing medical education" course in geriatrics as a requirement for recertification. Medical students would be required to take courses in geriatrics as a requisite for graduation.

- **SB 27** — That soft-money contributions be totally eliminated and that campaign expenditures be capped by law.

- **SB 40** — FSHL does support the settlement agreement and revenue expenditure guidelines for all funds paid to the state of Florida as a result of the tobacco-industry settlement and recommends the use of these funds to help meet the health needs of the citizens of this state.

- **HB 35** — That Florida authorities or boards such as the Port, Airport, Sports, and Water Management, etc., be abolished and replaced only if necessary, by elected officials whose actions are monitored by a system of checks and balances that prohibit the abuses the present system engenders.

- **HB 45** — That the Florida Legislature be requested to enact legislation to increase the threshold dollar amount at which citizens become liable for the intangible income tax or even abolishing the tax in its entirety.

The delegates also passed four resolutions, as follows:

- That Congress reauthorize the Older American Act (Public Law 89-73).

- That Congress authorize a commemorative postage stamp for Claude B. Pepper.

- That Congress deny Chevron's appeal to overturn the denial of their drilling plans in the Gulf of Mexico.

- That Congress repeal the Motor Voter Act.



On Friday, Oct. 16, former Secretary E. Bentley Lipscomb of the Florida Department of Elder Affairs installed the new officers and then gave us a slide presentation called "Aging in Florida." We learned that about 24 percent of the state's population is age 60 or older and growing one-fifth faster than the population as a whole, with sharply higher growth in higher age ranges. They are overwhelmingly concentrated in large urban centers of South and Central Florida — Dade, Broward and Palm Beach counties are home to over a million elders. The counties from Pasco to Collier house another million. Florida is home to one of the largest concentrations of elders on Earth.

Former Secretary Lipscomb also told us that by 2000, life expectancy in Florida probably will reach 80 and may rise rapidly in the next century to 100 and beyond. This will have a transforming effect on virtually all aspects of life in our state. The cost of services in health, safety, insurance, activity, etc., will increase, and Florida cannot afford the cost increases, according to state legislatures.

The Department of Elder Affairs is exploring new ways of providing service to older people in ways that conserve public resources, yet treat elders with the dignity they have earned.

Sine Die

An exciting new friendship was developed during this session with the president of the Claude Pepper Foundation — Ms. Frances Campbell.

A meeting between myself and Ms. Campbell on Oct. 14 was fruitful, and we feel sure it will be mutually beneficial. We are embarking on plans for the next session with a reception and program volunteered

Continued on page 22

Broward County

Broward County Elderly and Veterans Services Division is seeking volunteers to visit and help frail and indigent elders in their own homes. A minimum two-hour weekly commitment is requested. Call Carole Schwartz at (954) 537-2936.

Escambia County

The AARP 55 Alive Mature Driving program of Escambia County is in need of instructors. Applicants must be over the age of 50, and must have taken the course. E-mail Ralph E. Knowles Jr. at Rknowlesjr@Juno.com or call him at (850) 434-2125.

Hillsborough County

The Arthritis Foundation, Tampa office, is looking for volunteers to be trained as support group leaders and aquatic leaders and/or instructors. The support group and aquatic leaders would be working with people of all ages afflicted with any of the many

Volunteer Help Wanted

types of arthritis in Hillsborough and Polk counties. Call Jan Kuehnert, development director, or Sally Treaster, patient services coordinator, at (813) 914-7903.

Leon County

The Department of Elder Affairs is seeking volunteers to be trained to provide telephone health insurance counseling at the department's headquarters in Tallahassee. Telephone counseling is needed for people living in Florida counties without a SHINE (Serving Health Insurance Needs of Elders) program and for those researching a move to Florida from another state.

Potential volunteers need to be able to commit to 3-4 hours per week following training and orientation. For more information, call Louise Engle at (850) 414-2080.

* * *

The District II Long-Term Care Ombudsman Council is seeking volunteers to investigate and help resolve complaints about treatment of residents in nursing homes, assisted living facilities and adult family care homes. Orientation and training are provided; volunteers must have an interest in the elder and the ability to work 15-20 hours per month. Call the District II Long-Term Care Ombudsman Council office at (850) 413-9000.

Marion County

The AARP Tax-Aide program is seeking volunteers to be trained to offer free tax assistance at numerous sites throughout Marion County. Training classes for volunteers will be held in January, and all volunteers are required to pass an IRS-developed examination. Call Esther Ohlsson at (352) 669-9016.

Martin County

The Council on Aging of Martin County needs volunteers to deliver noontime Meals on Wheels for as little as two hours per week in Stuart, Jensen Beach, Hobe Sound and Indiantown. Call Marie Hoag at (561) 223-7829.

Orange County

Vitas, a hospice care program, is seeking volunteers willing to work with terminally ill patients and their families in a variety of capacities. Call Ginny Peters at (407) 475-2641.

* * *

Seniors First Inc. needs volunteers to deliver Meals on Wheels to homebound elders one day a week. Call Katharine Zimmerman at (407) 292-0177, Ext. 240.

Central Florida

The Human Rights Advocacy Committee (HRAC) is seeking volunteers who want to help protect

*Continued on page 20***Survey tells of caregivers' heavy burdens** *continued from page 14*

who suffers from Alzheimer's disease, since 1986.

But even veterans such as Mersch were struck by the comments penned on some of the survey reforms that were returned.

"Foot amputated and cannot walk," reads Mersch. "Remember, this is a caregiver. Here's another one: 'Can't leave home without feeling guilt.' Oh, boy, do I recognize that. Here's another one: 'Twenty-four hours a day. No rest. Body wearing out. Angry all the time.'"

At a recent forum for caregivers sponsored by the Florida

Department of Elder Affairs, Mersch rose during an open-microphone session to plead with other caregivers to organize and fight for surveys collecting caregiving information.

"I tell groups they can't hide behind their kitchen door," Mersch says. "They need to ask someone to help them. But pride

gets in their way."

Mersch is working closely with Florida U.S. Rep. Charles Canady, R-Lakeland, to push to include caregiving questions on the Year 2000 federal census — an authoritative source that Mersch believes would be invaluable in building the case for caregiver assistance.

Only facts and figures can provide caregivers with the ammunition they need, Mersch says.

Then, his voice husky, he reads one last comment scrawled on a caregiver survey form: "The vows at our wedding 56 years ago included 'in sickness and in health.' Was a promise and I mean to keep it."

"Ability is Ageless" *continued from page 11*

with whom she works," said Ann Plew, who works with Gorman at Senior Care of Brevard.

• **Geraldine Lindsay**, 64, is a receptionist for Jobs and Benefits in Port St. Lucie. Lindsay handles a multi-line phone system and directs customers with calm efficiency. She provides additional clerical support when needed and is valued by her co-workers for her dedication.

"With customers who have diverse service needs, it is very important to have an associate who can listen and be patient as capably

*Geraldine Lindsay*

as Geraldine," said Janet Hochreiter, manager of Jobs and Benefits.

• **Lorraine Rutledge**, 87, is a clerical assistant for the Marion County Health Department in Ocala. Rutledge has a rapport with peers, clients, and supervisors. Her cheerful attitude and team spirit inspire her co-workers.

"Lorraine is always willing to do any assignment and frequently asks for additional work," said Mary Anne Histon, nutrition-program director for the department.

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It was a great show, I guess

By Thomas Sprentall

It was a great show. Or at least I think it was. After all, the broadsides on Eighth Avenue at Columbus Circle said it was the "Greatest Show on Earth." And I saw it at Madison Square Garden in New York City, where the circus reputedly always



Thomas Sprentall

pulled out all the stops to present a stellar performance for the supposedly more sophisticated, more critical Big Apple audience. The Garden was the circus's first stop each

new season, the costumes all fresh and dazzling, the performers all most anxious to impress at the beginning of their yearlong tour.

So why was it then, and even now, that my mind is such a blank about all the excitement and flamboyant acts of this great spectacle? Apparently it had to do with a mistake in judgment on my part. Innocent it was. Naive it was. But, hindsight being 20/20, also pretty dumb.

In January 1943, when I was working at Pan American Airways in New York City, a group of my friends decided to get tickets for the Ringling show. I remember that I was excited about it because even though I was now grown up, I'd never seen any circus except the third-rate honky-tonk little shows that played rural small-town America in the days before the Great Depression. Who could possibly pass up the opportunity to see the great Ringling spectacle?

Lillian and I had become engaged at Christmas, but of course she was still living in Rochester, so I figured I'd go solo with the group. But as it happened, there was a single young woman who worked for me who had never seen the Ringling show either, and she wanted to come along. Well, of course the gang went as a group, but it was inevitable that the young lady and I became paired off for the occasion. And we had a marvelous time, I might add.

After the show, the couples separated. Of course, I couldn't let the young lady go home alone, so we descended into the subway at Columbus Circle to catch a downtown train to Greenwich Village, where she lived. While standing on the subway platform, which was crowded mostly with other show attendees, a strange thing happened. I suddenly heard someone speak my name. Unbelieving, I turned to face a couple I knew very well from Canandaigua, visitors to New York City who also had attended the circus performance. Introductions were made all around, and if I had been even the least bit perceptive, I would surely have noticed this couple eyeing my companion very curiously. When I returned to my lodgings a little later on that evening, I wrote Lillian my customary daily letter and told her what a marvelous show I had just seen. I apparently must have had some slight twinge of conscience because even though everything had been very innocent, I couched the identities of our group only in broad terms.

I certainly should have recognized that such a juicy morsel of

gossip would travel virtually with the speed of light. And indeed it did. I returned to my lodgings several days later to find a special-delivery letter stuck in the front door. Obviously from Lillian. I opened it gingerly.

She went straight for the jugular. Just what was going on? She demanded to know. What did "being engaged" mean to me? Obviously not much, she concluded. And how could I date someone else only a month after she had received her ring? And how often was I seeing this pretty young woman? Every week? Perhaps every night? "But do not worry," she concluded brusquely, "the ring will be coming back to you just as soon as I can find a suitable shipping box and get it to the post office. And," she wrote in underlined letters, "don't bother to answer this letter. I'm absolutely not interested in any of your flimsy self-serving excuses!"

Even though long-distance telephone traffic in and out of metropolitan New York was severely restricted because of the war, I immediately placed a call to Rochester, telling the operator that it was an emergency. Lillian was

It seems like
Only Yesterday

**Please write and share
your stories with us.**

Send your submission, with
your phone number and a
photo of yourself to: Editor,
Elder Update
4040 Esplanade Way
Tallahassee FL 32399-7000

cool — no, cold. Cold as an iceberg. She hung up on me twice, but I knew I had to keep a dialog going. Well, telephone calls on three successive evenings finally convinced her of my contrite heart. The ring was not returned. The engagement continued. And I will repeat that even though it apparently was the "Greatest Show on Earth," I really never have remembered one damned thing about that circus performance!

The author lives in Venice, Fla.



To WebTV or not to WebTV? continued from page 15

surges overcoming your terminal). This package is a little less than \$300. There's also an optional backlit wireless keyboard for about \$55 (so you can see the keys in a dimly lighted room!).

Expect to pay a good deal more for the desirable optional features available (and you will want them). By now there are dozens of other extra optional features available, apparently in an attempt to provide features that allow the WebTV user to work in a more computer-like atmosphere.

If you are a technophobe, WebTV may be a reasonable and less expensive way to cruise the Internet and be in touch with family/friends via e-mail. It is a poor substitute for a computer. But if you are determined to save

money at the expense of some frustration, by all means go with one of these WebTV terminals. Some will be happy with WebTV, not having experienced the overwhelmingly superior advantages of a computer. Having tasted those advantages for several years, others could never adjust to anything less.

WebTV is relatively inexpensive; however, computers are not as expensive as you may have imagined, especially since there are perfectly sound used models of every description available everywhere. Computer prices fall rapidly because the technology advances so rapidly. Today's state-of-the-art is tomorrow's dinosaur! If you intend to have anything beyond the bare-bones minimum WebTV system, you would be better and

more happily served by a full-fledged computer. (Methinks my biases are beginning to emerge.)

Above all, do not be cowed, in either case, by what you imagine to be a technology beyond your understanding and ability. I receive a constant stream of e-mail from people in their 70s, 80s and 90s who are not only active with WebTV terminals and computers but who are creative, artistic, imaginative and productive as well. Clearly, the technology is a barrier to no one!

Comments and suggestions are welcome, and assistance is available. (Contact Tom McMullen by e-mail at mcmullen@elderaffairs.org or tdmcm@earthlink.net).



Questions & Answers

Q: *I read somewhere that falls in the home have been the second leading cause of accidental death in America since the early 19th century. Is this true?*

A: Yes, this is true. Falls are actually the No. 1 cause of death by injury for people over age 65. In fact, one in three emergency-room patients are fall victims. There are quite a few simple things you can do to lessen the chance of a serious injury in your home. The Insurance Information Institute offers these home-safety tips for elders:

General safety tips

- Either remove or tack down all rugs in your home.
- Remove electrical or telephone cords that could cause tripping.
- Install sturdy rails along all stairways, both indoors and out, and make sure steps have a no-slip surface.
- Be sure all staircases are well lit, with switches at both top and bottom.
- Avoid using slippery wax on floors.
- Equip each floor with a fire extinguisher and smoke detector.

In the bathroom

- Always leave a light on at night.
- Install secure railings in shower/bath and near toilet.
- Make sure the bathtub is skid-proof and use a no-slip bath mat outside of the bathtub.
- Clearly mark hot and cold water faucets to avoid scalds, and keep the water-heater

temperature below 120 degrees Fahrenheit.

- Install door locks that can be opened from both sides.

In the kitchen

- Clearly indicate "on" and "off" positions on stove and other appliances.
- Store heavy objects below waist level, so it's easier to pick them up.
- Avoid wearing long, loose clothing when cooking over the stove.
- Place sharp knives in a rack, rather than storing them in a drawer.
- Keep floors clean and free of clutter to avoid tripping.

Not only is avoiding accidents important, but avoiding crime is as well. To learn the basics on home security, contact the Insurance Information Institute at 1730 Rhode Island Ave. NW, Suite 710, Washington, DC 20036.

Q: *My husband and I have separate wills distributing our assets, but our condo is in both of our names. How do we make sure that it will be sold and the proceeds be given to our grandchildren?*

A: The first thing to do is coordinate your planning because your current plan has two separate and distinct methods of distribution. The first method of distribution is through that of your separate wills, which may or may not leave certain assets to your grandchildren. The second is the form of ownership of your condominium.

Chances are you own the condominium as tenants by the entirety, a form of joint ownership between a husband and wife in which the survivor gets ownership of the property after the death of the first spouse. As a result, the distribution of the property under this form of ownership may not be the same

as your intended distribution. (What if your spouse remarries?)

Jointly owned property with the right of survivorship may go to unintended heirs. Your plans may be destroyed with respect to the property and you may lose control over the property. It may be excellent for your creditors, may create unnecessary gift and estate taxes, and you may lose after-death income tax advantages.

The bottom line is that jointly owned property with the right of survivorship is probably the worst way you can own property when you are planning your estate because there is no guarantee that your property will be distributed to whom you want, the way you want, and when you want.

Q: *Is it beneficial for a single person or any person to withdraw funds from a pension before drawing from Social Security?*


A: In general, it is always better to receive benefits from Social Security as early as possible. The simple reason for this is that if you don't use Social Security, you lose it. In other words, if you were to pass away before having received any Social Security retirement benefits, your heirs don't receive any of those funds. On the other hand, funds in a pension plan usually have a named beneficiary. This is a person who would receive any unused portion of your pension should you pass away. Thus, by pulling your pension benefit down first you are in fact using your own assets instead of the government's.

Social Security is a great supplement to your overall retirement plan, and should typically be drawn at as early an age as possible. Of course, each circumstance is different, and if your Social Security benefit is insufficient and your other retirement plan is insufficient to

carry you through retirement, then each year you put off drawing down your benefits should substantially increase the benefit when you actually begin retirement.

Q: *My wife and I both started receiving retirement benefits on my earnings record at age 65 (she never earned Social Security credits). If I die, will my wife continue to receive the same amount of benefits? If not, how much will she receive?*

A: No, if you were to die, your wife's amount would be different. Presently, you are getting 100 percent of your retirement benefit because you began receiving benefits at the full retirement age — age 65. Since your wife is receiving retirement benefits on your record, she is presently receiving one-half of your full benefit. If you were to die, she would no longer get your retirement, but she would receive widow's benefits. Since she's 65 years old, she would be eligible for 100 percent of your benefit.


For more information, call Social Security at 1-800-772-1213 and request the booklets "Retirement" and "Survivors." 

Volunteer Help Wanted

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the constitutional and human rights of any client within a program or facility operated, funded, licensed or regulated by the Department of Children and Families.

There are 34 HRACs in the state with more than 330 volunteers who come from all walks of life. All new members are provided full training and mentoring.

If you're interested in volunteering in District 7 (Brevard, Orange, Osceola or Seminole counties), call Wendy H. Jordan at (407) 245-0400, Ext. 153. Otherwise, you can call one of the following: Jean Harvell (District 1) toll-free at 1-800-342-0825; Sara Parramore (District 2) at (850) 488-9875; and Jetta Gardner (District 3) toll-free at 1-800-342-9004. 



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Reimbursement program keeping elders on the move

By Barry Ray/Elder Update Editor

For many older Americans, the concept of independence ends at the driveway.

True, they may have wheelchairs or scooters on which to get around, but they find that loading such cumbersome devices onto a car or van is an arduous — if not impossible — task without expensive equipment. In our automotive society, that loss of mobility can be devastating.

Because more than 51 million Americans have some form of disability that affects their mobility, one automaker has decided to meet the problem head-on.

General Motors has established the GM Mobility Program, which provides reimbursements of up to \$1,000 toward the cost of any adaptive equipment installed or reinstalled on purchased or leased GM cars, vans or light-duty vehicles. The reimbursement may be applied to any special after-market equipment needed for the vehicle, such as wheelchair or scooter lifting devices, hand controls, steering knobs and additional hand grips.

Lani Zeller, a registered nurse from Brandon, is one senior who has taken advantage of the reimbursement program. She uses an electric scooter because of health problems, and has had a hydraulic lift installed on her car to pick up the scooter and place it in her trunk.

“It’s meant the ability for me to work,” says Zeller, who is employed by Hillsborough County Aging Services and serves on the Florida HIV/AIDS and the Aging Task Force. “With the (lift) equipment I’m able to go to work — and work full time. Without it I would have been homebound.”

Zeller said she visits many homebound elders who see her using an electric scooter and wonder how she manages to get it into and out of her car. “I’ve even been asked, ‘Did you ride this all the way from your office?’” she says of the scooter.

Many more older Floridians would utilize the GM program if it were publicized more, Zeller says. “I see a lot of seniors who have had strokes that would be a lot more mobile if they knew about this program.”

The GM Mobility Program also provides reimbursement toward vehicle alerting devices for drivers who are deaf or hard of hearing. Such devices include emergency vehicle siren detectors and enhanced turn-signal detectors. These are small dashboard-mounted black boxes that flash lights and tones to alert drivers that an emergency vehicle is nearby or that their turn signal is on.

Along with adaptive equipment, the program provides a free information packet that gives locations of mobility-equipment installers and driver-assessment centers in a your area. Interested consumers also can order a free videotape, “On the Move Again,” which describes various adaptive equipment.

For more information on the program, write the GM Mobility Assistance Center, P.O. Box 9011, Detroit, MI 48202. You can also call at 1-800/323-9935; TDD users can dial 1-800/833/9935.


If you have questions, see your local GM dealer or call one of the

following GM Division Customer Assistance Centers:

- Buick: 1-800/521-7300; TDD, 1-800/832-8425
- Cadillac: 1-800/458-8006; TDD, 1-800/833-9935
- Chevrolet: 1-800/222-1029, prompt 3; TDD, 1-800/833-2438
- GMC: 1-800-462-8782; TDD, 1-800/223-7799
- Oldsmobile: 1-800/442-6537; TDD, 1-800/833/6537

- Pontiac: 1-800/762-2737; TDD, 1-800/833-7668

In addition, you can get information on the Saturn Mobility Program by calling 1-800/553-6000 (TDD users: 1-800/833-6000).

Finally, for details about the GM Canada Mobility Program, from Canada call 1-800/463-7483 (TDD users: 1-800/263-3830). From the United States, call 905/644-3063. 



Elder Update

is available in both Braille and on cassette tape for people with print disabilities.

To order your copy, call 1-800/226-6075

MAKING A DIFFERENCE

Teen volunteers offer a helping hand to Volusia elders

1998 marked the fifth consecutive year that Volusia county elders benefited from the friendship and hard work of teen-agers on a mission.

PASSPORT, a national non-profit organization based in Louisville, Ky., brought 622 volunteers from throughout the United States to Volusia County to repair homes for people who could no longer do the work themselves, or afford to have it done. Volunteers worked over a period of four weeks, logging 6,699 hours of service, renovating the homes of 13 elders.

Meri Mote, volunteer coordinator for the Volusia County Council on Aging, has worked with the project since its inception. Acting on recommendations she receives from case managers, Meals On Wheels providers and concerned citizens, she spends two days previewing homes, speaking with homeowners, and suggesting possible candidates for PASSPORT's services. People are sometimes leery when Mote approaches them and explains they can have work done for free. At one home, a neighbor had to intervene to convince an 84-year-old resident that the offer of free help was legitimate.

Ninety-year-old Joseph Kinnan has lived in the same house for 60 years. Although legally blind and hard of hearing, Kinnan loves his home and wishes to remain independent and in his familiar




Teens taking part in the PASSPORT national volunteer organization paint the back of one elder's Volusia County home.

surroundings. He does find it hard to maintain his home as he did when he was in better health.

Thirty youths went to work on Kinnan's home under the guidance of team leaders Scott Stafford, and Erin Burnette, a 21-year-old Carson-Newman University student from Knoxville, Tenn. After 1,366 hours of work, the roof was repaired, the house was scraped, painted and repaired, and the yard was cleared and manicured.

Kinnan's daughter, JoAnn Bushman, who lives in Cocoa Beach, said, "During the four weeks required to complete the work on my father's house, I had the pleasure of working with the

finest group of young people and adults who came from many different states. One could not hope to find a nicer, harder-working group of people, and they traveled great distances to do such a wonderful service. I shall always remember them fondly."

The workers left with fond memories also. One team member, a mother whose two teens were part of the mission, remarked, "This is something that I have desired to do, and for me to get to do this with my children has been a great experience. To see a home that is in need and to be able to walk away at the end of the day and see what 24 young people can do in two weeks' time is amazing to me." 




Before-and-after photos of a home show the benefits of two weeks of volunteer work.



FSHL session was a rousing success

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by Ms. Campbell. But before that time, we will be making plans by mail to implement some scholarship ideas and some assistance with the issues in our priority bills. Ms. Campbell is devoted to the legacy and goals of Congressman Pepper during his lifetime, and they coincide with the aspirations of the FSHL.

If you would like to become a member of the Florida Silver-Haired Legislature in your area, please write to us at Florida Silver-Haired Legislature, State Headquarters, 9455 Koger Blvd., Suite 200, St. Petersburg, FL 33702-2491. 

MEDICARE/ MEDICAID FRAUD

Medicare fraud has become one of the nation's fastest-growing crimes, according to the FBI and other authorities. In Florida alone, the tab is estimated at \$1 billion annually, roughly a tenth of the state's total Medicare billings. Who suffers when Medicare is defrauded? You do — because it's your tax dollars that end up in the pockets of swindlers, and it is these frauds that have prompted Congress to propose reductions to Medicare. Here is a recent news story related to Medicare and Medicaid fraud in Florida:

Three-year fraud sting nets 39 arrests

Federal agents in Miami dismantled a massive Medicare fraud ring in which doctors, nurses and patients conspired to bilk U.S. taxpayers of \$10 million with fake home health-care claims, prosecutors said in late October.

The Miami U.S. Attorney's Office unsealed three indictments charging 39 people, including seven doctors and 12 nurses, with fraud against Medicare by submitting bogus claims for services for homebound Medicare beneficiaries, Reuters reported.

They said the sophisticated ring, which operated in the Miami area, was part of a \$3 billion health-care fraud problem in South Florida, home to thousands of the elderly and a vast array of financial scams.

"It's a fraud against our parents and our grandparents, taking money away from health care for those people," said Al Hallmark, regional inspector general for the U.S. Department of Health and Human Services. "They're stealing the money just as if they were doing it with a gun."

The indictments, the result of a three-year undercover investigation by the FBI, the Internal Revenue Service and other U.S. agencies, said the scam used Amitan Health Services, a Medicare-certified home-health agency based in Miami, to funnel fraudulent claims to the U.S. health program for the elderly.

Amitan's owners, Ramon Dominguez and Rene Corvo, worked with a ring of doctors and nurses to overbill for services provided to Medicare beneficiaries or to submit fake bills for home

health services that were never provided, prosecutors said.

Amitan and its subcontractors controlled pools of Medicare patients, most of whom did not qualify for home-health services, prosecutors said.

"In some instances, the nurses would simply, literally, clean up the patient's room and then Medicare would be billed for skilled nursing visits," Miami U.S. Attorney Thomas Scott said.

Kickbacks were paid to people who recruited Medicare patients for

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By Lois Herron
AARP Florida State President

AARP Tax-Aide is the nation's largest free, volunteer-run tax-preparation service. Available to all taxpayers with middle to low incomes, the program focus special attention on those ages 60 and older.

AARP Tax-Aide began in 1968 when a few volunteers offered to help older taxpayers complete their tax returns. This was one of AARP's early efforts to use volunteers to ensure important services were available to older people.

Need help preparing your taxes?

Since 1980 the program has operated under a cooperative agreement with the Internal Revenue Service as part of its Tax Counseling for the Elderly program. Tax-Aide served 92 percent of the clients assisted by this program. In 1996 AARP transferred the federal funds for and the administration of the Tax-Aide program to the AARP Foundation.

AARP Tax-Aide helps middle- to low-income taxpayers file their personal income-tax returns. Volunteers are trained to assist in filing basic tax forms, including the 1040, 1040A and 1040 EZ. Taxpayers with complex tax returns are advised to seek professional tax assistance.

In Florida alone, more than 156,000 people received assistance with their taxes during 1998. More than 2,900 volunteers worked at 636 sites throughout the state completing federal, out-of-state and other tax forms.

Tax-Aide volunteers are individu-

als of all ages, races, ethnic groups, income levels and educational backgrounds. Volunteers receive comprehensive training in cooperation with the IRS and are reimbursed for their program-related, out-of-pocket expenses including such costs as mileage, postage and basic supplies.

AARP Tax-Aide and the National Urban League Inc., or NUL, have entered into a new pilot partnership to increase diversity outreach. NUL is recruiting individuals to become volunteers in several communities and to offer free tax-preparation service to minority populations.

Tax-Aide offers a variety of services from Feb. 1 through April 15. One-on-one counseling is provided at senior centers, libraries, community centers and other convenient locations. Volunteers also visit hospitals and nursing homes and make personal visits to those who are unable to leave their home. Telephone counseling is

offered at 10 sites nationwide, and electronic filing is available at selected locations. Tax counseling on the Internet (<http://www.aarp.org/taxaide/>) allows taxpayers to pose tax questions to online counselors 24 hours a day, seven days a week from the comfort of their home.

To find the Tax-Aide site closest to your home or to volunteer for this program, please call the toll-free number, 1-888-AARP NOW (1-888-227-7669).



AARP, celebrating 40 years of service to Americans of all ages, is the nation's leading organization for people ages 50 and older. It serves their needs and interests through information and education, advocacy and community services provided by a network of local chapters and experienced volunteers. For more information or to volunteer, call the state office in St. Petersburg at (727) 576-1155 or the Miami office at (305) 371-6102.

Lessons for physicians: Elderly aren't invisible

By Suzanne Groth/Special to Elder Update

My mother turned 78 this past May. She has survived three husbands, reared three children, run a business, put her children and grandchildren through college and taken care of her own aging parents until their deaths. The grand matriarch presides over all of us, dispensing wisdom, affection and cool disapproval when we violate the unspoken code of ethics that is her legacy to us all.

Her mind is as sharp as a tack, but, lately, her body is showing serious signs of aging. Her hearing is not as sharp as it once was; she walks a little more slowly; and she has been in the hospital.

The problem is, at the hospital, nobody knows her as we do, and she is frequently stripped of her dignity. The grande dame of our family is perceived, simply, as a sick old woman.

More than once I have intervened when doctors have turned their backs to her as they discussed her inoperable heart disease with us as if she was not in the room.

"Please don't turn your back to her," I asked.

She lay there, tubes emitting like tentacles from her frail body. Her eyes showed the same fear I have seen in my children when they are hurt.

The clacking of machinery created ambient noise that made it hard for her to hear, and doctors discussed her "case" with us with cool detachment.

Ethics & Personal Responsibility



Suzanne Groth, right, with her mother, Dorothy Keltner.

I caught a glimpse of her as she strained to hear. My son held her hand as she retreated to a distant and safe place in her mind.

She left the hospital with a collection of medications, all to be taken in some particular order. There was no list for her, just a collection of pill bottles and scrawled prescriptions. She was told to make appointments with her cardiologist, her primary physician, her endocrinologist and

the vascular specialist. When she tried to do this, she found herself frustrated by an automated phone system that is impersonal, confusing and, in most cases, inefficient. When she finally reached a human voice, she was put on hold. In her day, she spoke with

real people who were committed to service and who usually treated her with courtesy.

Throughout her recent health-care crises, the only accommodations to the naturalness of aging, and to the fact that it is hard to be old and in declining health, have come from the nurses at the hospital. Possibly they realize that it is doubly hard for the elderly to cope with an increasingly impersonal health-care system.

Still, the insensitivity of doctors who make their living by attending to the aged astounds me. It takes nothing to look patients in the eye when you are telling them important things about their health. And in an increasingly impersonal world, it would be a welcomed demonstration of human kindness if the people entrusted with my mother's care would look past gray hair and wrinkles to see the elegant, but frightened, person who lives inside her body.

My mother would never say so, but it would mean a great deal to her.

(This story was reprinted with the permission of *The Orlando Sentinel*, where it originally appeared on July 17, 1998.)

Medicare/ Medicaid fraud

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Amitan, the indictment alleges.

Prosecutors said Amitan had a group of employees fabricating medical records and claim forms and doctors and nurses signing the forms or allowing their names to be used. The fraud resulted in at least \$10 million in Medicare losses, they said.

The FBI cracked the ring by buying and operating a small home-health agency called Perfect Nursing, which solicited business and funneled it through Amitan.

Dominguez and Corvo were

among the 39 people indicted. They face charges of conspiracy and fraud.

Scott said the ring was part of a nationwide Medicare fraud problem that raised health-care costs for every American, and he criticized patients who failed to report fraud.

"Some of the estimates we have estimate that as high as 40 percent, four out of every 10 dollars, is fraud, cheating," he said. "The patients are an integral part of the scheme, which wouldn't work without them."

Elder Update

JANUARY, 1999

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