

One expert says seniors would lose with Ryan's Medicare plan



The Republicans' pledge to dismantle and eventually replace the Affordable Care Act has been

getting considerable attention in the wake of President-elect Donald Trump's victory over Hillary Clinton. But once the new GOP-controlled Congress takes action in January, there could be plenty more fireworks when Republican leaders turn their attention to Medicare, the popular but pricey health care program serving 57 million seniors.

Medicare, created in the mid-1960s to guarantee health care coverage for seniors and retirees, is a complex system that includes Part A for hospital insurance, Part B for doctor and medical insurance, private plans called Medicare Advantage, and the Part D subsidized prescription drug plan. The government spent a total of \$648 billion on Medicare in 2015. And while the Medicare trust funds are relatively solvent for the time being, Medicare Part A which is dependent on payroll taxes will be “depleted” by 2028 unless the government intervenes,

according to a trustees' report.

House Speaker Paul Ryan (R-WI) claims that the system is going “broke” and is leading a renewed charge to overhaul Medicare as part of a larger GOP strategy to slow the rate of growth of entitlement programs and avert major debt problems down the line. He calls his plan, unveiled in June, “A Better Way.” Key elements include raising the age of eligibility from 65 to 67; merging Medicare Part A and B, including the premiums and deductibles; and gradually privatizing the system with government-issued vouchers or “premium supports” to defray the cost of insurance policies purchased by seniors on the open market.

“Medicare . . . by many measures has served seniors successfully since the 1960s by providing access to health care for millions and contributing to longer life expectancies,” Ryan wrote. “Despite these successes, the program faces notable challenges, including a complex financial structure and projected spending growth that make the program unsustainable for the long term.”

But his plan has already begun to draw sharp opposition from an array of groups

and critics, including AARP and other seniors' advocacy organizations, labor unions, veterans, liberal think tanks and policy experts.

Philip Moeller, an award-winning business journalist, author and expert on aging, health and retirement, is among the vocal critics of Ryan's approach. Moeller is the author of the forthcoming book, *Get What's Yours for Medicare: Maximizing Your Coverage; Minimizing Your Cost* (Simon & Schuster). He also is a research fellow at the Center on Aging & Work at Boston College.

In an interview with *The Fiscal Times* on Tuesday, Moeller argued that while the half-century old Medicare program clearly is in need of some tweaking and reforms to maximize the quality of medical treatment while slowing the long-term growth in government costs, he rejects the Ryan approach as too draconian. Moeller contends that the average American would be “less well-off over time” and that the plan would be “relatively disadvantageous” for lower-income seniors.

[Click here to read a partial transcript of the interview:](#)

A Battle to Change Medicare Is Brewing, Whether Trump Wants It or Not

WASHINGTON — Donald J. Trump once declared that campaigning for “substantial” changes to Medicare would be a political death wish.

But with Election Day behind them, emboldened House Republicans say they will move forward on a years-old effort to shift Medicare away from its open-ended commitment to pay for medical services and toward a fixed government contribution for each beneficiary.

The idea rarely came up during Mr. Trump's march toward the White House,

but a battle over the future of Medicare could roil Washington during his first year in office, whether he wants it or not.

“Let me say unequivocally to you now: I have fought to protect Medicare for this generation and for future generations,” Senator Joe Donnelly of Indiana, a Democrat running for re-election in 2018, said this week in a video message to constituents. “I have opposed efforts to privatize Medicare in the past, and I will oppose any effort to privatize Medicare or turn it into a voucher program in the

future.”

For nearly six years, Speaker Paul D. Ryan has championed the new approach, denounced by Democrats as “voucherizing” Medicare. Representative Tom Price of Georgia, the House Budget Committee chairman and a leading candidate to be Mr. Trump's secretary of health and human services, has also embraced the idea, known as premium support. . . . **[Read More](#)**



The ARA Will continue to also fight.

Trump Picks Betsy DeVos For U.S. Secretary of Education: Let The Privatizing And Union Busting Begin

Out of all the people President Donald Trump could have picked for the United States Secretary of Education, why did it have to be Betsy DeVos? She supports Common Core, hates teacher unions, loves school choice, vouchers, and more of the same corporate education reform crap we've had to deal with in education for the past 15 years. She supports Right To Work laws, which she helped get through in Michigan. Her family is the heir to the Amway Corporation. The Dick and Betsy DeVos Foundation started their own charter school in 2014, the West Michigan Aviation Academy. That's all we need, is one of... them. Someone with big money thinking school choice and vouchers are the answers to everything. So much for Trump's promise to get rid of Common



Core. He is a liar. But I am not shocked. As for the unions, this is going to be a loooooong four years for them. According to Detroit News :

Speaking in July during a school choice forum at the Republican National Convention in Ohio, DeVos accused teachers unions of holding back innovation in education and called them "a formidable foe" at both state and national levels.

Both NEA and AFT should have picked Bernie Sanders in their endorsement for President. They jumped on the Hillary train and look where they are now? If they thought they had a tough time under President Obama, they haven't seen anything yet! I have no doubt there will be some serious meetings for both organizations in the coming weeks. Meanwhile, every charter school cheerleader is probably doing cartwheels alongside the private school voucher advocates. Public education will not know what hit them. Meanwhile, we have Diane Ravitch backtracking on an earlier article she put up this week where she actually endorsed DeVos. She thought people would see it as a joke, but apparently they didn't. A little too late Diane! Thanks for that...

Trump taps billionaire investor Ross for commerce secretary

Wilbur Ross, the billionaire investor considered the King of bankruptcy for buying beaten-down companies with the potential to deliver profits, is President-elect's choice for Commerce Secretary.

For 24 years as a banker at Rothschild, Ross developed a lucrative specialty in bankruptcy and corporate restructurings. He founded his own firm, W.L. Ross, in 2000 and earned part of his fortune from investing in troubled factories in the industrial Midwest and in some instances generating profits by limiting worker benefits. That region swung hard for

Trump in the election on the promise of more manufacturing jobs from renegotiated trade deals and penalties for factories that outsourced their work abroad.

A specialist in corporate turnarounds, Ross buys distressed or bankrupt companies at steep discounts, then seeks to shave costs and generate profits. Some of those cost reductions have come from altering pay and benefits for workers. Since 2000, his firm has invested in more than 178 companies.

Ross most prominently created four

companies through mergers and acquisitions that focused on steel, textiles, autos and coal.

In some cases, Ross has sold the companies he packaged to even larger globe-spanning companies. In 2005, he sold the International Steel Group, which included the former Bethlehem Steel, to the Indian steel magnate Lakshmi Mittal.

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House Republicans: Keep Your Hands Off Our Social Security!

Rep. Tom Price (R-GA), the New House Budget Chair, Has Big Plans for Social Security

- Raise the Retirement Age
- Cut Benefits for Middle Class Seniors
- Privatized Social Security Accounts = Turning Your Retirement Security Over to Wall Street



Trump has chosen Rep. Tom Price to lead the Department Health and Human Services. Price has a lifetime pro-retiree score of just 4% and wants to turn Medicare into a Coupon Care voucher scheme, according to the Washington Post:

"For Medicare, Price favors another idea long pushed by conservatives, switching it from a "defined benefit" to a "defined contribution." With that, the government would give older or disabled Americans financial help for them to buy private insurance policies." via Washington Post Sign up now to stay informed, get involved and fight back!



Dementia rate declines but aging America may halt the trend



New research documents another decline in dementia rates, but experts say the rising numbers of older Americans may halt that trend unless better ways are found to keep brains healthy.

The study shows the rate of Alzheimer's disease and other dementias in people 65 and older dropped to about 9 percent in 2012 from nearly 12 percent in 2000, continuing a decline noted in earlier research.

Older adults with the most schooling

had the lowest dementia rates, and the average education level increased during the study years.

Led by University of Michigan researchers, the study was published in JAMA Internal Medicine. The National Institute on Aging paid for the research.

Researchers analyzed nationally representative government surveys of about 10,500 older adults in both years, including some living in nursing homes. They were interviewed and given mental tests by phone or in person; spouses or relatives responded for those impaired by dementia or other illness.

The dementia rate declined amid a rise in diabetes and heart disease. Both of these ailments increase risks for Alzheimer's and other dementias, but the researchers say better treatment for the diseases may explain the improved results.

Obesity rates also increased, while dementia was most common among underweight adults. Previous research has shown weight loss may precede dementia by several years and that late-life obesity may be healthier than being underweight. But a journal editorial says more research is needed to determine whether excess pounds in older age somehow protect the brain....[Read More](#)

Aging with grace: Tips for good health after 40

Turning 40 is a milestone and the natural changes that come with aging are inevitable. Some basic tips can keep you, especially women, looking and feeling younger and avoid the troubles of the transition period as easily as possible.

The modern man is yet to find a solution for immortality, but has succeeded in conducting successful studies on formulas to prolong life. Recent studies show that people across the globe are living longer and healthier lives compared to the last generation. The average life expectancy in Turkey reached 78 in 2014 and women

relatively live longer than men.

Years ago, the average life expectancy at birth was 60. Developments in medicine and improved financial means and changes in living standards are among the main reasons behind prolonged life.

Alternative solutions that will be offered to problems of advanced age that occur in women or men are more important now. People have now discovered that quality living and aging is more important than long lifespan.

Women have a more conscious and determined approach in this sense

compared to men.

While people in their 40s used to be considered to be in the old age group in the past, the 40s are now considered middle age.

The age of 40 is the threshold in many aspects and ages 40 and over is when women start to develop a series of health problems. After passing this threshold, most women may not feel

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Alone And Aging: Creating A Safety Net for Isolated Seniors



Phyllis Krantzman knows what she should do, but like many of her peers, the 71-year-old doesn't know how to approach a casual acquaintance to ask who will take care of her when she needs it most.

Krantzman, of Austin, Texas, is among a growing number of seniors who find themselves alone just when aging and end-of-life care becomes real.

Unmarried, with no children, her younger sister, by seven years, died in 2014. Krantzman's social network is limited to a handful of work colleagues

and a few acquaintances.

"I'm very fearful of when I reach that place in my life when I really need help and maybe can't take care of myself anymore," she said. "I have nobody to turn to."

Krantzman represents a universe that's come to be known among geriatric specialists as "elder orphans" — seniors with no relatives to help them deal with physical and mental health challenges. Their rising numbers prompted the American Geriatrics Society this week to unveil guidelines for a segment of these older adults who can no longer make their own medical decisions and have no designated surrogates. The nonprofit

dubbed them "unbefriended" and called for a national effort to help prevent a surge among incapacitated seniors who don't have a decision maker and face a health crisis.

Single seniors have always existed, but demographic and social changes have slowly transformed aging America. In 1900, average life expectancy was 47. Now, the combination of increased longevity, the large and graying baby boom generation, the decline in marriage, the rise in divorce, increased childlessness and family mobility has upended the traditional caregiving support system....[Read More](#)

For Seniors Aging in Place, Neighborhood Social Cohesion Is Key



Older adults living alone are more likely to be emotionally well if

they feel close to their neighbors and connected to their community, according to a new study from the University of Pittsburgh.

Based on interviews and surveys conducted by the University Department of Psychiatry and University Center for Social and Urban Research (UCSUR), researchers determined that seniors choosing to stay in their homes, sometimes called "aging in place," were generally happier when they felt like they could rely on neighbors.

"It was really social components of the

neighborhood," said Sarah Stahl, assistant professor of psychiatry at Pitt and one of the authors of the study. "Feeling like you have a well-defined circle of neighborhood friends, that was really important to people."

Stahl and her team examined data from the 2014 State of Aging in Allegheny County Report and interviewed participants about what characteristics they enjoy about their neighborhood.

"We were trying to figure out, what could we do to promote feelings of neighborhood social cohesion?" Stahl said.

Older adults aging in place and living alone are an especially important demographic to study, according to Stahl.

She said the group is "high risk" for early mortality and is more likely to be socially isolated than people living with a spouse or partner.

"Future research in this area needs to focus on if we can develop environmentally-drive interventions," Stahl said. Older adults aging in place and living alone are an especially important demographic to study, according to Stahl. She said the group is "high risk" for early mortality and is more likely to be socially isolated than people living with a spouse or partner.

"Future research in this area needs to focus on if we can develop environmentally-drive interventions," Stahl said...[Read More](#)

Deadly Infections Linked To Heart Surgery Device Highlight Holes In FDA Monitoring

At first, Vincent Karst, 55, was recovering well from his open-heart surgery in March 2015.

He resumed the activities he enjoyed, such as visiting car shows and eating out. But some months later, his condition mysteriously deteriorated. By fall he was so short of breath, nauseated and overwhelmed by fatigue that he needed to be rehospitalized in York, Pa.

There, doctors diagnosed a new problem: a serious mycobacterial infection that was acquired during his surgery, according to his subsequent lawsuit. Aggressive treatment with antibiotics left him with partial hearing

and vision loss.

Federal regulators acknowledge they were aware of infections tied to a heart-surgery device used in Karst's operation by the summer of 2014. But they waited 14 months before issuing a [public alert](#) about the risks, and it wasn't until last month — more than two years later — that they issued detailed recommendations to hospitals and patients on what to do.

Critics say a swifter response could have saved thousands of patients like Karst from being exposed to potentially deadly bacteria. Some patients fell ill or died without knowing the real cause,

doctors say.

Now hospitals, which consider the heater-cooler machines crucial in open-heart surgery, are scrambling for ways to protect patients. And authorities have urged hospitals from New Jersey to California to notify hundreds of people who underwent surgery in recent years that they might be harboring a dangerous infection. Patients have sued, claiming they were infected in Pennsylvania, Iowa, South Carolina and Quebec...[Read More](#)



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