SECRETS OF LONGER LIFE

DISCOVERY OF KEY LONGEVITY GENES MAY KEEP YOU HEALTHY LONGER

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THE NEW DEAL

AARP Bulletin

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When Roger Neuber, 69, went to the emergency room last fall with a flare-up of chronic emphysema, he thought he was in for a long hospital stay. Instead, an ambulance took Neuber right back to his home in Vancouver, Wash., where a nurse began treating him.

"Basically, I'm getting the same thing that I would in the hospital—blood tests, checking my vitals and temperature, making sure that I take my medications and so on," says Neuber, a retired truck driver. "Except that I don't have to wear a gown and eat that hospital food."

Neuber is one of a growing number of patients benefiting from hospital-quality care at home. Even for older patients with certain serious medical conditions—including pneumonia and acute heart failure—the care is comparable, the complications fewer and the cost lower, according to a study of three medical centers providing care at home, including the Portland Veterans Administration Medical Center, which treated Neuber. Their patients recovered sooner than their hospitalized counterparts and experienced a 75 percent lower rate of delirium, reported the study, recently published in the *Annals of Internal Medicine*.

The findings are important because home tends to be a less risky place for older people, especially those in frail health, says Bruce Leff, M.D., a geriatrician at the Johns Hopkins University School of Medicine and the lead author of the study. At home, patients are far more comfortable but are still able to get even electrocardiograms and X-rays, oxygen therapy and intravenous antibiotics. In the study, nurses visited the patients daily to check on them and care for them, and outside health care providers administered other services.

"In a hospital, patients "may be exposed to bacteria and germs, and when they're confined to a bed they begin to lose their ability to function," Leff says. "They're in an unfamiliar place where they're afraid of falls. They're at great risk to develop confusion. A lot of our patients" continued on page 4
HOME CARE continued...
don't want to go to the hospital
because they find it to be a
dehumanizing experience."

"Hospital-at-home" care is
less stressful for caregivers,
too, says Bruce Naughton,
M.D., who directs the Uni-
versity of Buffalo's division of
geriatrics and was a study in-
vestigator. They don't spend
long hours at the hospital or
worrying about the patient in
their absence, he says.

At-home care worked so
well in the study that the Port-
land medical center is now pro-
viding it as a standard option
for some patients, says Scott
Mader, M.D., the center's cli-
cal director of rehabilitation
and long-term care.

Patient Neuber thinks that's
great idea. "Hospitals scare
me," he says. "I'm much more
comfortable at home."

—Patrick J. Kiger

CHEESEBURGER, FRIES AND FLU SHOT?
Will you get your next flu shot at a drive-
through clinic? It's an increasingly popular
way for hospitals and health departments
to immunize people with lots less muss and
fuss. "Basically, you just roll your window
down, put your arm out and get it done,"
says Don Blose, chief of the Oklahoma
Health Department's immunization service.
"It's been proven that the drive-
through method is the fastest
way to vaccinate as many
people as possible in the
shortest time." So how
fast is fast? One clinic
in the state gave flu shots to 900 people
in just 90 minutes.
—Patrick J. Kiger

SOCIAL SECURITY

Privatization 'Expert' Snared in Abramoff Scandal

The Jack Abramoff scandal is
ouching not only lawmakers
who accepted illegal gifts and
cash but also newspaper
columnists who took money
from the Washington lobbyist
to write favorably about his
clients' causes.

Among the latter is Peter
Ferrara, a longtime advocate
of privatizing Social Security,
who wrote opinion pieces for
newspapers without disclosing
that he was being paid to write
them by Abramoff.

In January Abramoff pled-
guilty to conspiracy, mail
fraud and tax evasion.

Ferrara declined to provide
Business Week Online, which
broke the story, with any in-
formation about his Abramoff-
funded columns. Nor did he
respond to the AARP Bulletin's
requests for com-
ment, including
questions about
whether any of his newspaper
columns on Social
Security and Medi-
care were funded
by lobbyists or cor-
porate interests.

Ferrara, a senior policy ad-
viser at the conservative Insti-
tute for Policy Innovation, told
Business Week that he sees
nothing wrong with taking
money from third parties
for writing op-ed pieces. "I do that
all the time," he said. "I've done
that in the past, and I'll do it in the
future."

Others, including the Wash-
ington Times and the Union
Leader of Manchester, N.H.,
both of them conservative
newspapers that published Fer-
rara's op-ed pieces, took a dif-
erent view. "When a columnist
is paid shill for a lobbyist—
particularly a secretly paid
shill—a trust has
been broken," the
Union Leader
said in announcing
it would no longer
publish his
columns. "A jour-
nalists's stock in
trade is trust, and
our op-ed pages are
no place for columnists who
have proven untrustworthy."

—Susan Q. Stranahan

PRESCRIPTION DRUGS

More States Want Details on Marketing Costs

Add West Virginia to the
growing number of states that
are trying to force pharma-
tical companies to disclose
how much they spend on ad-
vertising and marketing, in-
cluding gifts and other perks
for doctors.

California, Maine, Vermont
and the District of Columbia
have such disclosure laws in
place; Montana, New York and
several other states are consid-
ering them.

West Virginia's Pharmaceu-
tical Cost Management Coun-
cil, which for two years has
been trying to control soaring
drug costs in state-funded
healthcare programs, ap-
proved disclosure regulations,
but they have not yet been for-
ma!y written into law.

Kevin Outterson, a council
member and an associate pro-
fessor of law at West Virginia
University, estimates that of
the $3.3 billion pharmaceutical
companies spend each year on
direct-to-consumer advertising,
$300 million is spent in the
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