

6 ELECTION 2024



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RECLAIMING HER MUSIC AFTER SERIOUS SETBACK

# AARP Bulletin

BULLETIN | SEPTEMBER 2024 | VOL. 65 | NO. 7

# COVID

# WHERE WE ARE NOW— WHERE WE'RE HEADED

**AS THE VIRUS CONTINUES TO EVOLVE,  
NEW VACCINES AND TREATMENTS  
OFFER HOPE** PAGE 8



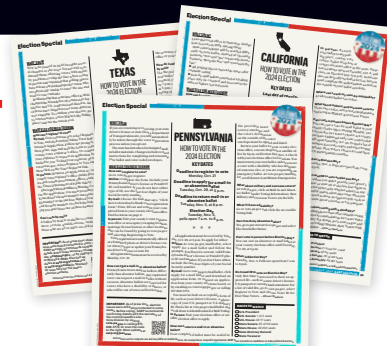
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## ELECTION SPECIAL AARP'S NONPARTISAN 2024 VOTER GUIDES:

- > KEY DATES & DEADLINES
- > WHAT'S NEW IN YOUR AREA
- > RACES TO WATCH

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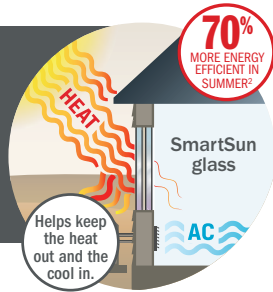


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# Concerns about memory loss

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### WHAT YOU'LL LEARN IN THIS ISSUE

# 10%-20%

The estimated percentage of Americans who have experienced long COVID.

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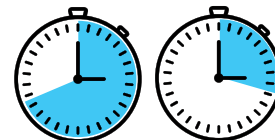


### TOO GOOD TO BE TRUE

Don't believe a salesperson's pitch about government programs for free solar panel installation.

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### AVERAGE SOCIAL SECURITY CALL CENTER WAITS



**41.2**  
minutes  
2023

**17.8**  
minutes  
2024

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### Need to find a skilled nursing facility?

Medicare has a comparison tool at [medicare.gov/care-compare](https://www.medicare.gov/care-compare).

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**“Nobody does anything big by themselves.”**

—Singer Amy Grant, 63

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#### Social Security and Medicare Books

AARP has just released the 2024 editions of the best-selling books *Social Security for Dummies* and *Medicare for Dummies*. Buy them at [AARP.org/Dummies](https://www.aarp.org/Dummies) or where books are sold.

#### Brain Health Show

*Rural America Live* with AARP will explore ways to stay sharp as we age. Watch the TV show and join the conversation at 10 p.m. ET Sept. 19 on RFD-TV, or watch on demand at [aarp.org/aarpalive](https://www.aarp.org/aarpalive).



#### Retirement Talk

AARP money journalist Jean Chatzky will reveal her top tips for planning and enjoying a comfortable retirement in a live virtual event at 7 p.m. ET Sept. 25. Go to [facebook.com/aarpethel](https://www.facebook.com/aarpethel) for more information.



► **CLUELESS LEADERS** People who pick themselves to run workplace teams do worse than those chosen by lottery, says a study from the National Bureau of Economic Research. It found groups headed by often overconfident “self-promoters” performed as if they had a boss with a measurably lower IQ.

## PROMISING GAINS IN ALZHEIMER’S FIGHT



### FDA FINDS NEW DRUG EFFECTIVE

Another drug has joined the arsenal of Alzheimer’s treatments. The Food and Drug Administration approved a medication brand-named Kisunla after it proved effective in clinical trials when used by people in the early stages of the disease.

“The trial data demonstrated, convincingly, that Kisunla reduces the rate of cognitive and functional decline in patients in the mild cognitive impairment and mild dementia stages of Alzheimer’s disease,” said Teresa Buracchio, a director in the FDA’s Center for Drug Evaluation and Research, in a statement.

Donanemab, Kisunla’s medical name, joins similar drug Lecanemab (Leqembi) as sanc-

tioned treatments for the disease that afflicts nearly 7 million older Americans. One difference: Kisunla is given by intravenous infusion once a month; Leqembi has a twice-a-month regimen.

Researchers found that the medication was especially effective in slowing the loss of thinking and memory skills in people in the earliest stages of the disease.

Kisunla helped to remove a protein called amyloid from the brain. In people with the disease, amyloid forms sticky plaques that disrupt normal cell function.

Jagan Pillai, M.D., an Alzheimer’s researcher at the Cleveland Clinic, called Kisunla’s approval “a huge impetus to the field ... mostly because it gives [patients] a range of therapeutic options.”

Kisunla’s maker, Eli Lilly, priced the drug at \$32,000 a year, higher than Leqembi’s \$26,500 annual list price. Out-of-pocket expenses will depend on insurance.

Medicare will cover FDA-approved Alzheimer’s treatments for some patients who work with a health care provider who participates in a registry to collect information on the medication.

### BLOOD TEST SEEN AS HIGHLY ACCURATE

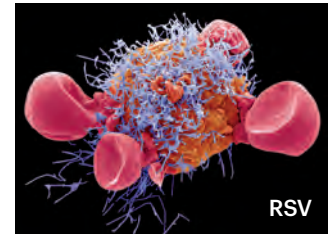
A blood test is about 90 percent accurate in diagnosing Alzheimer’s disease in people experiencing problems thinking and remembering, says a study by a team of Swedish researchers published in the medical journal *JAMA*.

The blood test and others like it are not widely available to patients, but they could be soon. That would be a “revolutionary change,” says Paul Newhouse, M.D., director of the Center for Cognitive Medicine at Vanderbilt University.

When making an Alzheimer’s diagnosis, doctors rely on a patchwork of physical and cognitive tests and brain scans or invasive spinal taps. A highly effective blood test could save a lot of time and money, Newhouse says.

A faster diagnosis could also improve access to new Alzheimer’s treatments that are approved for patients in the early to mild stages of the disease.

Research presented at the Alzheimer’s Association’s 2024 conference this summer suggests that an accurate blood test could slash the wait time for these treatments by several years.



### CDC: Older Americans Need RSV Vaccine

If you are 75 or older, or 60 to 74 with chronic health problems such as heart or lung disease, the Centers for Disease Control and Prevention says you should get an RSV vaccine by early fall.

This is a change from last year, when the CDC was less urgent about the vaccine before RSV season and only advised people 60 and older to ask their doctor whether the vaccine for RSV (respiratory syncytial virus) was right for them.

For most people, RSV typically causes cold-like symptoms. In young children and older adults, however, an infection can be dangerous, even deadly. Adults with chronic heart or lung disease and those with weakened immune systems are also at high risk for complications from an infection.

The virus can cause pneumonia and worsen conditions such as asthma and chronic obstructive pulmonary disease.

The CDC estimates that RSV sends as many as 160,000 older Americans to the hospital annually and as many as 10,000 older adults die each year from an RSV infection. By comparison, during the 2021–2022 flu season, 52,872 adults 65 and older were hospitalized with influenza, and 4,115 died.

## ‘My Social Security’ Users May Face Account Changes

If you are one of the millions of older Americans who track your benefits and request services through a personalized Social Security account, you may need to change your login procedure or risk losing your account.

The Social Security Administration (SSA) announced this summer that users who set up My Social Security accounts

before September 18, 2021, will be required to transition those accounts to Login.gov, a secure sign-in service administered by the federal government.

The change will “simplify your sign-in experience and align [My Social Security] with federal authentication standards” while providing “safe and secure access to online services,” SSA says.

About 46 million people who have My Social Security accounts will be affected, according to an SSA spokesperson.

My Social Security is free and available to anyone 18 or older who has a Social Security number and a valid email address. It’s useful for getting estimates of future benefits, replacing a lost Social Security card and other services.

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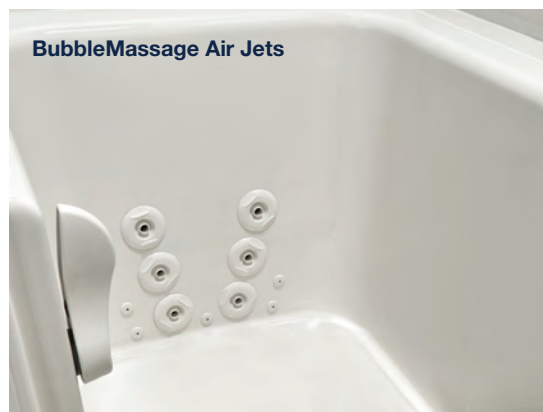
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**“I worry about Social Security and Medicare being reduced or cut or done away.”**

—JANE COCKING

## IT'S THE ECONOMY, STILL

**Older voters will decide Election 2024, and they are worried about pocketbook issues**

BY TAMARA LYTTLE

Jane Cocking, 77, juggles expensive pharmacy bills while caring for her 80-year-old husband, who has Alzheimer's disease. Add inflation, and they are concerned about paying bills and staying in their Atlanta-area home in coming years.

“I worry about Social Security and Medicare being reduced or cut or done away,” she says. “The programs we have paid into are in danger. That really scares me.”

With control of the U.S. House and Senate hanging on the election, issues that affect aging Americans will be at stake.

A June poll by AARP in the 44 most competitive congressional districts looked at the most important issues for voters 50 and older. Those voters are highly motivated; 84 percent say they plan to vote this year, compared with 74 percent of all likely voters. Economic concerns drive that engagement. About 62 percent of voters 50 and older say they are

worried about their personal financial situation. When asked about particular issues, 80 percent say Social Security is important or very important, 73 percent say that about Medicare, and 67 percent say that of helping older people live independently at home. For the cost of prescription drugs, the number is 66 percent.

With all those issues in play, “every vote is going to count,” says Khelan Bhatia, AARP's director of voter engagement.

That includes Cocking's, and—along with inflation—health care is on her mind. She has seen her husband, John, go from an athletic soccer player in their native England to a man with prostate cancer, blood clot disorder, sleep apnea and dementia. “Is it possible to thrive when you live with someone with dementia? It depends on the day,” Cocking says. She's not sure she can afford to send John to memory care and keep their home for her to live in. “That will keep me up at night. It's so expensive—\$7,000 to \$10,000 a

month. You can go through your retirement money pretty quickly,” she says. For now, she manages with family support, home care aides and antidepressants.

For Deanna Brandt, 87, a major concern is the cost of prescription drugs. With surgeries each of the past two years, she spent nearly \$8,000 per year out of pocket on medical expenses. “I'm lucky at least I can pay it without going without food,” says Brandt, a retired executive assistant from the Chicago suburbs. She watched another woman walk out of a pharmacy without her medicine because it was too expensive. “It's on everyone's mind. I think about all the people having a hard time paying for prescriptions.”

Recent legislation allows Medicare to use its massive buying power to negotiate with drug companies for lower prices. The first 10 drugs were chosen, and their negotiated prices are to be announced by the end of this month. Negotiations on prescription drugs are expected to lead to lower prices, meaning both the government and the Medicare patients who pay a portion of the cost will see their costs go down starting in 2026. Changes in government could alter that forecast.

Along with Medicare funding, the viability of Social Security remains a critical concern for older Americans.

The 2024 report from Social Security's trustees laid out the long-term solvency challenge for the program: By 2035, drastic action will be needed to prevent cutting Social Security and disability insurance benefits 17 per-



Cocking is the caregiver for her 80-year-old husband, who has Alzheimer's disease. She is concerned about the high cost of memory care.



**“It’s on everyone’s mind. I think about all the people having a hard time paying for prescriptions.”**

**—DEANNA BRANDT**

cent. “It would have a huge impact on tens of millions of people,” says Max Richtman, CEO of the National Committee to Preserve Social Security and Medicare. “This would put them over the edge into poverty.”

Andrew Biggs, senior fellow at the American Enterprise Institute think tank, says another option is to raise how much income is subject to Social Security taxes from the current \$168,600. The amount of income subject to Social Security tax has dropped from 90 percent of earnings to 83 percent, Biggs says. But “it’s always been easier for politicians to kick the can down the road... No one wants to take an unpopular stand.”

Biggs points out that no presidential candidate has said they want to cut benefits, but “how do they keep their promises?”

**CAREGIVING MOTIVATES MANY**

Terri Peacher-Ransom, 66, is one of millions of Americans who serve as caregivers to loved ones. Her husband, Don Ransom, was diagnosed with Parkinson’s disease in 2005. Her day revolves around his medication schedule, and she worries he will fall. He is rated as 100 percent disabled by the Department of Veterans Affairs. That means she’s eligible for a home care aide to come give him a bath three times a week and to

give her four hours a week of respite care.

“We are advocating for the people we are taking care of to be treated as human,” says Peacher-Ransom, of Indianapolis. “Caregiving is a part of America’s landscape. They need to realize caregivers are important.”

In some states, elections are likely to decide the lawmakers who will create policy on tax credits for family caregivers to offset their expenses—such as installing wheelchair ramps and ferrying loved ones to doctor appointments. This would help caregivers, including people who don’t live with the person being cared for and aren’t their dependents, like a child taking care of a parent. Nebraska, Oklahoma and Maryland have passed laws, and Congress is weighing a bill called the Credit for Caring Act.

One in 5 Americans are family caregivers. They provide the equivalent of about \$600 billion a year in labor to help their loved ones, according to AARP estimates. Caregivers pay on average \$7,200 out of pocket each year, and the bill would allow those eligible to get a tax credit for up to \$5,000 to partially offset their costs.

Polls show another concern of Americans is inflation. Among voters 50 and older in the AARP poll of competitive congressional districts, it was second only to immigration as the top concern of 28 percent of those polled. Biggs says the new president could have an impact on inflation. Efforts endorsed by leading Democrats for programs to forgive student loans could push inflation up, he says, as could higher tariffs, which are part of the GOP platform.

Fear of higher taxes also remains a motivation for voters. Tax cuts made during the Trump administration, including for estate taxes, will expire at the end of next year unless lawmakers intervene. That would eliminate lower individual tax rates and the benefit of a more generous standard deduction.

For many older voters, an ever-growing divide between political parties, with increasingly divisive rhetoric, is a concern.

Cocking hopes the election will sweep into office politicians who are willing to work across the aisle to tackle the nation’s biggest challenges, not just people “so invested in hating the other party.” ■

*Tamara Lytle is a veteran political reporter whose work has been published in The Washington Post, the Orlando Sentinel and many other news outlets.*

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JAMIE KELLER DAVIS



# COVID

## WHERE WE ARE NOW— WHERE WE'RE HEADED

BY NICOLE PAJER





PHOTO ILLUSTRATION BY ELEANOR SHAKESPEARE

**C**COVID-19 isn't slowing down. In at least 42 states, COVID cases, emergency room visits and hospitalizations all spiked this summer. In June, more than 1 in 50 Americans 65 and older went to an ER and were diagnosed with COVID, more than double last summer's rate, a rise attributable to the highly contagious omicron strains known as FLiRT.

FLiRT strains account for the majority of new cases, according to the Centers for Disease Control and Prevention.

Summer spikes happen when people huddle inside in air-conditioning for Father's Day, graduations and similar events. But older Americans should be concerned about what lies ahead. For the past two years, COVID infections among people 65 and older were highest between Thanksgiving and Valentine's Day, peaking around Christmas each year. "It is likely we will see more cases as we move into fall/winter," says Pragna Patel, M.D., senior adviser for long COVID at the CDC. For the past two winters, more than 1 in every 20 Americans 65 and older wound up in an ER with COVID symptoms.

FLiRT variants spread easily, having mutated to evade some antibodies. They don't appear to cause more serious symptoms—doctors see everything from mild colds to severe respiratory infections. It's not that they're any less deadly, but most of us have acquired a certain degree of immunity to COVID-19.

Still, older adults remain at risk. Early this summer, hospitalization rates for those 65 and older were roughly 14 times higher than for adults under 50, according to the CDC. For older Americans, then, protecting ourselves is critical. Here's how.

► **Get your vaccinations up to date—pronto.**

Vaccination is still paramount for preventing COVID and decreasing the risk of severe illness and death, says Sara F. Martin, M.D., medical director of the Adult Post-Acute COVID Clinic at Vanderbilt University. If you're due for your next shot, there's no reason to wait: Updated 2024–2025 COVID vaccinations from Moderna, Novavax and Pfizer are expected to roll out this month. Medicare Part B continues to cover the vaccine, as do most insurers, but it's best to check in advance. Some insurers only

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CONTINUED FROM PAGE 9

cover the vaccine when it's administered in network. And yes, it's safe to get your flu shot at the same time.

► **Don't rely on prior immunity.** "Protection wanes over time," says William Schaffner, M.D., professor of preventive medicine and infectious diseases at Vanderbilt University School of Medicine. Because the older vaccines weren't targeted to all of the FLiRT strains, you need this fall's newest version.

► **And don't rely on a history of luck.** Though there are folks out there known as novids—people who've never had COVID—that doesn't mean you're immune if you're a member of that group. In fact, not having built-up antibodies to an actual infection could render you more likely to catch the disease, especially if you cruise on your previous luck and skip the vaccine updates.

► **Protect yourself in high-risk areas.** "The front line of prevention is still handwashing and masks," says Jill Foster, M.D., assistant dean at the University of Minnesota Medical School. Be a religious hand washer and wear a mask if you're at high risk or in a crowd.

► **Have a Paxlovid plan.** Antivirals such as Paxlovid help reduce the severity of illness and may help protect against the risk of long COVID. Starting treatment as soon as possible after testing positive for COVID is paramount. If you're at high risk, it might make sense to talk with your doctor now about getting a plan in place in case you get sick, Schaffner says. "What would happen on a weekend, for example, or if your provider is on vacation? Just have that conversation so that, should you turn positive, [you'll be able] to start your Paxlovid just as quickly as you can."

► **Stock up on home tests.** Check your stash of home tests to make sure they're not expired. Pick some up at your local pharmacy if you need up-to-date tests.

► **If you test positive,** you should remain isolated until you've been symptom-free for at least 24 hours without the use of fever-reducing medications, according to the CDC. Once symptoms pass, it's still recommended that you take additional steps to prevent the spread of the disease for at least the next five days: Practice social distancing, wear a mask around others, ventilate your home if possible and wash your hands—especially if you're around other older adults.

# THE UNTOLD IMPACT OF LONG COVID

**Even mild cases of COVID-19 are linked to potential long-term repercussions—some of them deadly serious. Here's what we know about the aftermath of the disease**



**Chrissy Bernal** with the supplements she needs to cope with food allergies caused by long COVID

**C**hrissy Bernal has caught COVID-19 three times, most recently in October 2023. "My symptoms were always pretty mild," she says. But after her third round of the virus, she developed extreme allergies to foods she used to eat all the time: oats, dairy, gluten, sesame seeds and peanuts. "I literally have some level of anaphylaxis every single day," she says. In May, Bernal, 46, a public relations professional in Houston, went into anaphylactic shock during a virtual meeting. "I had to inject myself with an Epi while everyone watched in horror on Zoom," she says.

Natalie Nichols, 53, has been struggling with debilitating asthma and severe food allergies since she first caught COVID more than three years ago. "Last fall, I spent two-and-a-half months confined to bed, motionless, because moving, including holding a cellphone, made me too short of

breath," she says. She's also experienced brain fog, high blood pressure, hyperglycemia, fatigue and gastrointestinal symptoms. Nichols, the founder of a nonprofit in Nacogdoches, Texas, recently underwent surgery to repair joint damage caused by COVID-induced inflammation.

Lorraine W., of Clarence Center, New York, was looking forward to an active retirement when she was diagnosed with COVID in March 2020. "I've never returned to my pre-COVID self," says Lorraine, 65. She's on medication to treat small blood vessel damage to her heart and continues to battle a lingering cough, fatigue and breathlessness, as well as kidney disease. Neurological changes have made her legs unsteady when she walks, requiring her to use balance poles. "None of these conditions were present before COVID," Lorraine says.

CONTINUED ON PAGE 12

# Introducing the lightest folding power chair in the world

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Mobility issues affect over 1 in 5 Americans. These individuals, and their loved ones, know how decreased mobility can result in loss of independence, pain and falling hazards. They are often stuck at home, missing out on a variety of activities, in a vicious cycle that diminishes their quality of life. In the past, mobility devices like scooters and power chairs were too heavy and bulky to transport easily. Now, carbon fiber material invented for the aerospace program has been used to create the ultimate mobility device. It's called the Journey Air Elite ... and there's nothing else like it on earth.

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In June, the National Academies of Sciences, Engineering, and Medicine released a comprehensive definition of long COVID: “an infection-associated chronic condition that occurs after COVID-19 infection and is present for at least three months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.” According to that definition, 18 million Americans have experienced long COVID; currently, more than 1 in 20 of us are living with its symptoms. Researchers have begun to link long-term COVID with another recent phenomenon: our shrinking life expectancy.

## THE DISEASE WE’RE FORGETTING

COVID doesn’t seem that scary anymore. More than 98 percent of the U.S. population has some degree of immunity—from vaccination, prior infection or both—and Paxlovid and other medications are available to counteract acute symptoms. For many of us, contracting COVID is like having a bad upper respiratory infection.

But “COVID isn’t gone,” says Ryan Hurt, M.D., director of the Long COVID Research and Clinical Program at the Mayo Clinic. The World Health Organization (estimates that COVID still kills at least 1,000 people every week around the globe—but “we only have data from about 40 countries,” says Maria Van Kerkhove, M.D., director of WHO’s Department of Epidemic and Pandemic Preparedness and Prevention.

Older adults and those with preexisting conditions remain among the most at-risk populations for severe, acute COVID. People 65 and older accounted for 63 percent of COVID-related hospitalizations and 88 percent of in-hospital deaths during the first seven months of 2023, according to CDC data.

Although the dangers of acute COVID infection may have ebbed for many, the reality of long COVID is coming into view. Of those who contracted COVID-19 within the past four years, 10 to 20 percent have experienced long COVID.

“With every new case of acute COVID [the initial phase of infection when diagnosed or symptoms first appear], there is risk for developing long COVID,” says Caitlin McAuley, D.O., a family physician at the Keck COVID Recovery Clinic in Los Angeles. She’s had

patients who developed long COVID fully recover, get re-infected several times with no lingering effects, then develop another case that leads to a new bout of long COVID. She also has seen patients who got COVID twice with no lingering effects, and the third time they ended up with prolonged symptoms.

“We still have a number of individuals who had the first wave of COVID who are suffering from long COVID symptoms now, several of them many years out,” says Jerrold Kaplan, M.D., medical director of the COVID Rehabilitation and Recovery Program at Gaylord Specialty Healthcare in New York.

Having escaped long COVID previously doesn’t mean you won’t face it in the future. Indeed, some research has suggested that catching multiple COVID-19 strains puts you at increased risk. A study published in 2022 found that reinfection can increase the risk of complications in major organ systems, and these risks persist at least six months beyond the initial infection.

We don’t yet know the true impact of catching COVID. “Many chronic disease processes, such as cardiovascular disease, dementia and cancer, take years to develop. And whether acute COVID-19 puts people at risk for some of these issues? Time will tell,” Hurt says.

What doctors do know is that patients are flocking to their offices complaining of symptoms they never had before COVID.

## IS LONG COVID BOOSTING OUR DEATH RATE?

In July, COVID accounted for less than 1 percent of all deaths in the U.S. Life expectancy in the U.S. is 77.5 years, reflecting an uptick over the past two years but still lower than prepandemic levels. Many factors contribute to that statistic, but it’s clear that the long-term effects of COVID have played a role.

For example, a study in the journal *Nature Medicine* found that those hospitalized with COVID had a 29 percent greater risk of death

in the three years after their infection.

“But what was also alarming is that in people who weren’t hospitalized, there was also an increased risk of a variety of medical issues,” says John Baratta, founder and co-director of the COVID Recovery Clinic at the University of North Carolina at Chapel Hill. Even patients who’d had mild bouts of COVID-19 had an increased risk of respiratory, cardiovascular, metabolic and neurological issues lingering for three years after the initial infection. Long COVID patients had a significantly increased risk of severe health issues affecting the brain, lungs and heart.

We have long known that an acute case of COVID can compromise heart health: Compared with those who didn’t contract COVID, people who caught the virus were 81 percent more likely to die of a cardiovascular complication in the ensuing three weeks, according to a

study of 160,000 patients published by the European Society of Cardiology. But the risk lingers long after the symptoms abate. Those who caught the virus were five times more likely to die from cardiovascular disease as long as 18 months after infection, the same study found. Heart disease deaths, which had been on a downward trend for decades, began to spike in 2020 and remained high through 2022, the last year for which data is available.

Stroke, blood clots in the legs leading to clots in the lungs, abnormal heart rhythm (arrhythmia) and inflammation of the heart are among the challenges COVID poses, says Mohanakrishnan Sathyamoorthy, M.D., professor and chair of internal medicine at the Burnett School of Medicine in Fort Worth, Texas. In long COVID, this collection of cardiovascular disruptions can present as postural orthostatic tachycardia syndrome (POTS), in which patients’ heart rates increase



**88%**  
OF ADULT AMERICANS ARE LIVING WITH LONG COVID



**18M**  
NUMBER OF AMERICANS LIVING WITH LONG COVID



**7%**  
OF AMERICAN ADULTS ARE LIVING WITH LONG COVID



**14x**  
PEOPLE 65+ HOSPITALIZED FOR COVID THIS SUMMER VS. ADULTS 50 AND YOUNGER.

CONTINUED ON PAGE 14



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## CONTINUED FROM PAGE 12

abnormally when they go from sitting or lying down to standing up.

One theory to explain COVID's long-term effect on the heart—and the body in general—centers on inflammation. “Every time you get infected with COVID, there is a possible increased risk of long COVID, and some cardiac disorders can occur—especially if you have a history of heart disease, including stroke, heart disease and heart attacks,” says Pragna Patel, M.D., senior adviser for long COVID at the CDC. All of these problems can be exacerbated by the virus entering coronary tissue and triggering inflammatory responses that can damage the heart.

Researchers say COVID may also alter the gut microbiome, a primary controller of inflammation, thereby triggering the immune system to rev up the condition. “There is no single agreed-upon mechanism that’s causing the issues,” Baratta says. “An individual may have multiple factors going on in their body, and not everyone will have the same underlying mechanism causing their symptoms,” which increases the complexity of both research and treatment.

One factor that seems to matter: vaccination status. “Several studies show that vaccination can decrease the risk of developing long COVID,” Patel says. Vaccination rates tend to increase with age, with people 75 and older being the most well vaccinated—hence the most well protected from long COVID, Patel theorizes. That may explain why long COVID most commonly affects people ages 35 to 64; the risk seems to drop for those 65-plus, according to CDC data.

### FROM LONG COVID DIAGNOSIS TO TREATMENT

No single test can determine whether a person has long COVID. Doctors typical-

ly diagnose long COVID by reviewing the patient’s health history and current symptoms and trying to rule out other causes. A positive COVID test is not required, as someone could have been infected without knowing it, then experience strange symptoms later, Patel says.

Though there are many ongoing clinical trials on long COVID, there is no umbrella treatment. Primary care physicians address what they can, then call in specialists—such as a cardiologist to handle arrhythmia or a therapist to treat anxiety—for more targeted care. There are long COVID centers around the country where teams of professionals work to help patients through their unique symptoms. “Because the effects of COVID are so wide throughout the body and mind, there will not be a single treatment for all long COVID issues,” Baratta says. “This is going to be treated by many different types of providers and specialists, and it will be treated, often, symptom by symptom.”

Long COVID is recognized as a disability under the Americans with Disabilities Act if it substantially limits one or more major life activities. About 200 symptoms fall under that umbrella, Patel says. Here are some of the conditions we’re learning can linger months and, in some cases, years beyond an acute COVID infection. If these or other health changes seem familiar, consult your primary care physician.



#### 1. EXTREME FATIGUE

It’s common to experience fatigue when your body is busy fighting off an illness. But some people still struggle with fatigue long after their initial COVID infection. In fact, a lack of energy is the number one symptom reported by long COVID patients. In some, this can be diag-

nosed as chronic fatigue syndrome, which has been on the rise since the start of the pandemic, Baratta says. He defines this as “a disabling level of fatigue that severely limits daily activities.”

This lingering fatigue may be due to limited production of energy within the muscles caused by damage to the mitochondria from a COVID infection. It can happen to anyone—no matter their level of fitness before infection. “I’ve treated patients who have been triathletes and now may only be able to do 15 or 20 minutes of exercise a day, when they’re used to running and swimming miles at a time,” Kaplan says. He recommends starting slow and pacing yourself with everything you do around the house, “doing shorter intervals several times throughout the day, rather than trying to do everything at once.” Whether it gets better depends on the individual. Some people’s symptoms clear, and some people may battle them indefinitely.

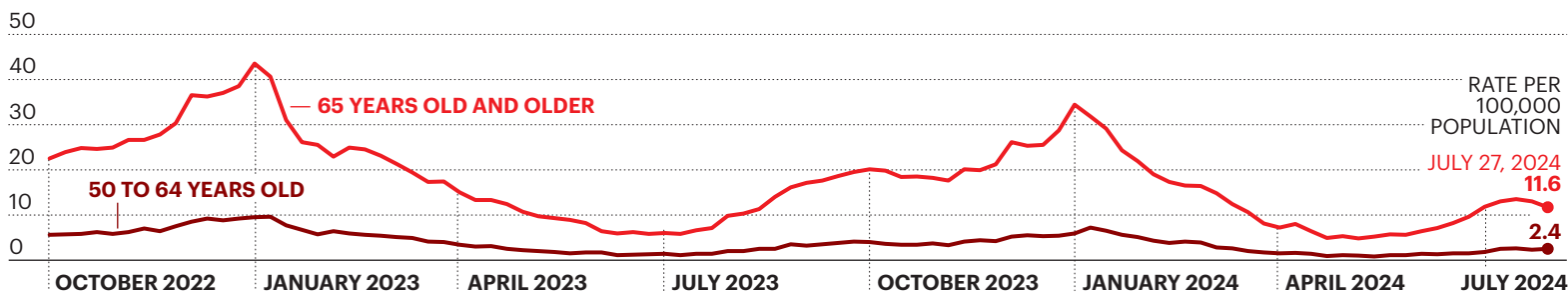


#### 2. SHORTNESS OF BREATH

An analysis of chest CT scans from 144 patients ages 27 to 80 found that more than one-third of people hospitalized with a previous COVID infection had lung scarring and thickening two years after coming into contact with the virus. Even patients with milder cases who walked away without scarring can experience changes in their breathing.

“Some research shows that people after COVID start to take shorter, shallower breaths,” Baratta says. “This essentially causes a type of hyperventilation they are doing without even recognizing it, not getting good fresh air deep into the lungs, and [this] can lead to shortness of breath.” Doctors have found success using respira-

## HOSPITALIZATION RATES ASSOCIATED WITH COVID-19



SOURCE: CDC.GOV, AS OF JULY 29, 2024

tory exercises to help patients relearn slow, deep breathing.



### 3. COGNITIVE CHANGES

Difficulty concentrating, spaciness and forgetfulness are just a few of the brain challenges COVID can bring on. These can last for weeks or months or—in some with long COVID—become an everyday occurrence that lasts indefinitely. COVID may linger in a person's gut long after an infection, altering their microbiome and hindering the body's ability to produce serotonin, leading to cognitive disturbances.

COVID may also disrupt the blood-brain barrier, allowing chemicals or molecules in the rest of the body to enter the brain blood circulation and potentially lead to brain fog, Baratta says.

One study found that 30 days after testing positive for COVID-19, people were at greater risk for cognitive decline, as well as for mental health disorders including anxiety, depression and stress. Another study found inflammation in the brains of people with mild to moderate COVID-19 was similar to the effects of seven years of aging. Doctors are leading neurologically affected patients through cognitive rehabilitation exercises that show promise in reducing symptoms.



### 4. DEPRESSION AND ANXIETY

“Mood-related disorders are one of the top five issues that happen to people after COVID,” Baratta says. There may be a direct relationship between the virus's effect on the brain and mood issues. A 2021 review of eight studies found that 12 weeks after a COVID infection, 11 to 28 percent of people had depression symptoms, and 3 to 12 percent of those individuals reported their symptoms as severe. If you're feeling more stressed or down after catching COVID, tell your primary care physician, who can refer you to a therapist. Or visit the American Psychological Association's search tool at [locator.apa.org](https://locator.apa.org) to find a qualified therapist in your area.



### 5. SLEEP DISTURBANCES

Nearly 40 percent of people with long COVID have reported major changes to their sleep patterns. One study looked at 1,056 COVID-19 patients

who did not have a severe enough infection to require hospitalization. Of that population, 76.1 percent reported having insomnia and 22.8 percent severe insomnia. Sleep apnea may also appear post-COVID, another way the disease affects the respiratory system.

Talk to your doctor if you're having sleep issues. A CPAP (continuous positive airway pressure) machine can help with sleep apnea. Lifestyle habits that prioritize healthy sleep, such as keeping consistent sleep and wake times and avoiding large meals before bed, may also help. “Post-COVID sleep has literally been a nightmare! We saw a 23 percent increase in sleeping-pill prescription during and post-COVID,” says Michael Breus, a clinical psychologist and clinical sleep specialist in Los Angeles.



### 6. DIGESTIVE UPSET

Diarrhea, constipation, abdominal pain, bloating and gas: These symptoms of irritable bowel syndrome can be by-products of an encounter with COVID. A survey of 729 COVID survivors found that 29 percent experienced at least one new chronic GI symptom six months after their infection. “There is evidence that parts of the COVID virus linger in the GI tract for many months after the initial illness, and it's been suggested that the presence of these ongoing viral fragments causes dysfunction or problems with the GI tract, leading to mostly symptoms of diarrhea and gastric distress and discomfort,” Baratta says.

Talk to your doctor about any new digestive symptoms or seek help from a gastroenterologist. You can keep a food journal and note if your condition flares after eating certain foods. Try cutting out those foods, then reintroducing them one by one to see what you react to, Kaplan advises.



### 7. NEW OR WORSENERD ALLERGIES

Some people who develop COVID experience allergies they never had before. One study found the risk of developing allergic diseases, such as asthma and allergic rhinitis, rose significantly within the first 30 days after a COVID diagnosis. This may be because one's immune system stays hypervigilant after fight-

ing the virus, McAuley says.

In severe cases, like Chrissy Bernal's, this can lead to mast cell activation syndrome (MCAS), a disease that can behave like a series of severe allergies: The body's cells become hypersensitive, causing strong reactions to everything from food and pollen to even a hot shower or exercise. Antihistamines and other medications may help, so talk to your doctor if you experience skin itching, a rapid pulse, wheezing or gastrointestinal symptoms.



### 8. PAIN

Some COVID survivors battle chronic pain, everything from aching joints to testicular pain. There is a higher risk of inflammatory arthritis, and women are at higher risk than men. One review of studies estimated that 10 percent of people who contracted COVID experienced musculoskeletal pain at some point during the first year after infection.

Reducing stress, eating a healthy diet and exercising may ease some post-COVID discomfort. Massage therapy, movement therapy, acupuncture and over-the-counter pain medications may also offer relief. Your doctor can refer you to a specialist, such as a rheumatologist, who can help manage symptoms including joint pain.

### FAST-MOVING RESEARCH MEANS NEW HOPE

If your symptoms last after a bout of COVID, start with your primary care physician, who can help treat your symptoms or refer you to a specialist. Despite previous dismissals, long COVID is more recognized these days, Patel says, and the CDC is doing its part to educate both patients and providers. And initiatives such as the National Institutes of Health's Recover program are researching treatment options.

“In a year, things will look different, because research is moving so quickly,” says Sara F. Martin, M.D., medical director of the Adult Post-Acute COVID Clinic at Vanderbilt University Medical Center. The CDC, for instance, is funding a series of clinical trials that the NIH has in the works. This new information, Martin says, may guide doctors, including herself, who treat long COVID patients to better ease their symptoms. ■

*Nicole Pajer writes regularly for Self, Glamour, Parade and other national magazines.*

“The percentage of Americans 70 and older with dementia has decreased from 13 percent in 2011 to 10 percent in 2019.”

## WILL I LOSE MY MEMORY?

We all undergo cognitive changes as we age, but decline isn't inevitable. Here's what you need to know—and how you can protect yourself

BY DEBRA WHITMAN

This has happened to me more than once: I walk into the kitchen, my mind ticking through the day's chores and errands, and as I open the refrigerator, I realize I've forgotten what I'm looking for. My first thought: Am I losing my mind? My second: Is this a sign of looming dementia?

Moments like this are common to many of us. Our brains, like our bodies, age. When our brains are young and healthy, we can quickly and accurately process language, form opinions, remember details, learn new skills and make decisions. But as we age, biology slows this processing activity. We may need a little more time and concentration to learn new skills or perform complex memory or organizational tasks, such as balancing a check-

book. This is all perfectly natural, and in most cases, older people can perform these tasks just fine if given enough time.

As for those incidents of forgetting, not all of them signal trouble. Scientists used to believe that any kind of forgetting was due to a failure in the workings of the brain, but we now know that “everyday forgetting”—that moment at the refrigerator or when the name of an acquaintance slips our minds—is an adaptive aspect of the brain's normal functioning. Our brain cells contain mechanisms to promote not only memory but also memory erasure, a balancing act that is critical to healthy cognitive functioning.

Other mental abilities, meanwhile, grow stronger with age. Even as words stall on the tip of our tongues, our grasp of meaning and the connections between ideas may grow. We can continue to build vocabulary and verbal

reasoning skills—our ability to understand concepts expressed through language and to think constructively and apply logic.

In other words, cognitive change is normal, but cognitive decline is far from inevitable: About half of American adults believe they will likely get dementia, when only about 15 percent of people between 75 and 79 have even mild cognitive impairment. And our chances of getting dementia have actually declined. The percentage of Americans 70 and older with dementia has decreased from 13 percent in 2011 to 10 percent in 2019—likely due to improvements in nutrition, health care, education and lifestyle.

But dementia is a reality for far too many people, and it's important to learn to distinguish normal cognitive changes from the kinds of impairment we should be concerned

CONTINUED ON PAGE 18





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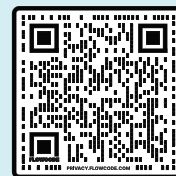
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about. What doctors call mild cognitive impairment refers to memory and thinking difficulties that have a minor impact on daily life—losing your keys more often or needing to concentrate harder to perform familiar tasks. Often, simple tools like hooks by the door for your keys, daily planners or to-do lists can help, and symptoms sometimes stay the same or even improve over time. But about one-third of people with mild cognitive impairment will develop dementia within five years, so it's important to check in regularly with your doctor.

Dementia is a blanket term for significantly impaired thought, memory and reasoning. Alzheimer's disease is the most common form of dementia in people over 65, accounting for 60 to 80 percent of all cases. Alzheimer's tends to develop gradually, progressing from minor issues of forgetting to problems with memory and thinking that do impact daily functioning. (Losing your car keys in the house is a common occurrence, but getting lost while driving home on a very familiar route may be cause for concern.) Over time, people begin to show mood changes, increasing confusion and memory loss. They

may become agitated and begin to wander. Finally, with severe dementia, people can no longer communicate coherently, and they need help with all self-care.

Neither Alzheimer's nor other forms of dementia follow a single trajectory. Some patients progress rapidly, while others remain vibrant, active and socially engaged for years.

Even if you're not concerned about your brain health, it's a good idea to get a cognitive evaluation, so you have a baseline against which to measure changes you or others notice. At age 50, I did an online assessment through AARP's Staying Sharp platform that allows me to compare myself to other women my age with a similar level of education. I did well, but didn't get perfect marks in every area. The key benefit is that I can redo the test and track any changes over time. You can



This article is adapted with permission from AARP's *The Second Fifty: Answers to the 7 Big Questions of Midlife and Beyond* by Debra Whitman (W.W. Norton & Company, September 2024), a guide to aging well in a changing America. One hundred percent of AARP's royalties from the sale of this book support the charitable work of AARP Foundation.

Find *The Second Fifty* at [aarp.org/Bulletin50](http://aarp.org/Bulletin50) or wherever books are sold.

also do a cognitive assessment in a doctor's office, as part of the annual wellness visits paid for by Medicare. If you or your doctor are concerned, the doctor can check for other conditions that could be causing symptoms that mimic early dementia and that are treatable—such as thyroid disease, vitamin B12 deficiency, depression and sleep apnea. Your doctor or pharmacist should review your prescriptions; some common prescription drugs, as well as over-the-counter sleep aids, may have side effects that cause confusion, impact memory or worsen the symptoms of existing

cognitive problems. Your doctor might also schedule a more thorough assessment with a specialist, who may perform an MRI, CT or PET scan that could reveal tumors, strokes or other problems that can cause dementia.

Many people I've spoken to feel that because there is no medical cure for dementia, there is little

point in getting an early diagnosis. But undiagnosed cognitive impairment or dementia can be a source of ongoing stress and uncertainty, disrupting work and relationships. And a diagnosis can bring important benefits. Jason Karlawish, M.D., codirector of the Penn Memory Center and author of *The Problem of Alzheimer's*, shared with me that early diagnosis helps people to understand the changes they're experiencing, potentially begin treatments that might help with symptoms or even participate in clinical trials of new therapies. Critically, it allows people to make informed decisions about the future and put a plan in place. Many people live alone and don't have natural caregiver networks. A diagnosis, Jason said, is a catalyst for the discussions we need to have: "Who will help me in the coming months

and years, to make sure I remain safe, social, engaged?"

It's important to bear in mind that you don't lose capacity the day you're diagnosed. Many people continue to live meaningful lives for years following a diagnosis. I met Terrie Montgomery on Zoom in 2022, seven years after she learned that she had early-onset Alzheimer's. Terrie told me she first became concerned when she noticed she was forgetting passwords at work. Then one day, while driving, she found herself at a railroad crossing. For a moment she just didn't know what to do and she panicked. After her diagnosis, Terrie became an advocate—along with two other African Americans living with dementia, she cofounded Black Dementia Minds (under the umbrella of the National Council of Dementia Minds). She remained active in spite of her doctor's attitude. "The doctor told me it was terminal, there was no cure," she said. "There was nothing like, 'You can live with this disease.' But just because you get this diagnosis doesn't mean you're going to die tomorrow. You have to live. And I wanted to live." Terrie said that if she were a doctor delivering a dementia diagnosis, she would say, "You've got Alzheimer's. But we have resources. We've come so far. Walk out of here thinking about the things you can do. Get in touch with a support team. Start doing things you've put off. Start living."

Whether we feel perfectly sharp or are concerned about how we're functioning, there is actually a lot we can do to support our brain health and lower our risk of dementia by 15 to 33 percent. Adopting healthy habits even late in life can make a difference. So while we await the development of more effective medical treatments, let's take action where we can: Establish our cognitive baseline, learn to recognize concerning signs, adopt habits that can improve brain health and talk to our doctors if we're concerned. ■

*Debra Whitman is an economist and chief public policy officer for AARP, where she leads a team that works to improve the lives of older Americans and their families.*

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## “CONGRESS HAS REDUCED OUR STAFF TO A 25-YEAR LOW”

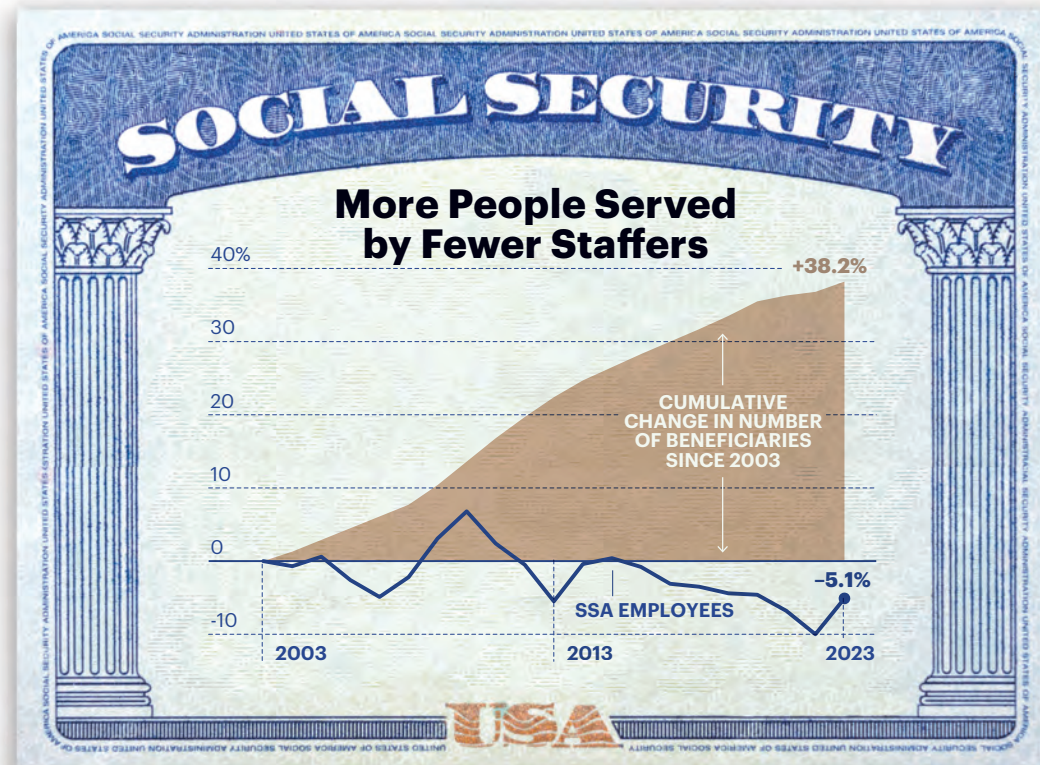
**Social Security chief Martin O'Malley explains how he's trying to turn the struggling agency around**

INTERVIEW BY ANDY MARKOWITZ

With the Social Security Administration under fire from retirees, Congress and advocacy groups including AARP, SSA Commissioner Martin O'Malley has no easy job. Sworn in last December for an abbreviated term that expires in January, the former governor of Maryland might have only a short amount of time to address the agency's deteriorating customer service. In this interview with AARP, O'Malley talks about the challenges the SSA faces and what he believes is the key to its long-term success.

**Two customer service priorities that you've identified are long wait times on Social Security's 800 number and growing wait times for people making disability claims. Where are you in fixing these?**

At the end of last year, when I was confirmed, the average wait time on the 800 number was 41.2 minutes. We've wrestled that bad boy down on a rolling 30-day average to 17.8 minutes. Depending on when you call, some people will get longer wait times, some people shorter. We've installed a callback assist. [Rather than wait on hold, callers can leave



SOURCE: SOCIAL SECURITY ADMINISTRATION

their number, so an SSA representative, when available, can call them back.]

It's also important to communicate honestly and clearly with our customers about what their expectations should be, so that they don't feel like they have to call the 800 number because they were told to expect something within two weeks, when the reality is it would take 40 days.

**What about disability claims?**

Probably the biggest fire-breathing dragon we confront right now is the growing numbers of people applying for disability determinations. There's a huge backlog. In 2023, according to our actuary, we had 30,000 people dying as they awaited their initial disability determination. We're doing a couple

of things on that front. One is better use of technology to identify early those cases that are very likely going to be allowable cases. The other thing is to expand the use of technology so that the people making those initial disability determinations can more quickly get to the heart of the medical record, instead of flipping through a thousand pages.

**Having callback assist and rolling out video appointments, which you've recently announced, are things organizations with large customer bases have been doing for a long time. Why was the SSA so slow to adopt some of these changes?**

The context of everything we struggle with here and now is the truth that we are serv-

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Are you suffering from burning, tingling, numbing or stabbing pain in your feet or legs? Over 20 million Americans live with these aggravating symptoms and put up with the pain because they are not aware of this topical treatment available without a prescription.

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MagniLife® Relaxing Leg Cream is sold at **Walgreens, CVS, Rite Aid and Amazon**. Order risk free for \$19.99 +\$5.95 S&H for 4 oz jar. Get a **FREE** jar when you order two for \$39.98 +\$5.95 S&H. Send payment to: MagniLife RC-AB4, 300 State St. #92039, Southlake, TX 76092, or call **1-800-393-6025**. Money back guarantee. Order at [www.RLScream.com](http://www.RLScream.com)

## Your Money

### CONTINUED FROM PAGE 20

ing more customers than ever, because of us baby boomers. And Congress has reduced our staff to a 25-year low; I don’t think it was intentional, I think it was inattention. We can’t get enough people on the phones to answer as quickly as we used to. So everything with which we struggle, the largest part of that context is the reduction in staffing coupled with the great increase in beneficiaries.

**You’ve come out of a hiring freeze that the SSA was under when you took office. How many people have you been able to hire, and where have you been able to deploy them?**

We’re now going to be able to hire, approximately, another 1,200 people. We are going to be deploying them to a few primary areas. One is the 800 number, so people get their calls answered in a more timely fashion. The second is the field offices, so people get their appointments and their applications in. The third is the actual processing of those applications. The fourth is the Disability Determination offices, which the federal government pays for but the states run. That is where our largest backlog is right now. That time period [for decisions on disability claims] used to average 120 days, when Congress allowed us to operate on our 1.2 percent overhead. That 120 days has now ballooned to 228 days. In some states, it’s even larger. That’s unacceptable, and that’s our biggest challenge right now. The number of applicants is going to continue to grow. But the rate of attrition in all of those 50 state Disability Determination offices—we have been scrambling to try to backfill against what is one of the worst attrition rates anywhere in any department funded by the federal government. And unless Congress pulls us out of this downward spiral, we’re going to have fewer and fewer staff to deal with those claims.

**When you say 1.2 percent overhead, you’re talking about the amount of money the SSA spends on customer service as a percentage of the amount that goes out in benefit payments?**

That’s right. Social Security can be thought of as a big insurance company. We insure people so that no senior has to live in poverty or under a bridge when they’re no longer able to work. If you look at the effectiveness of this insurance company and compare it to the private sector, you will see that we traditionally—until Congress started reducing our staffing—provided the customer service at a pretty high level,

with just 1.2 percent overhead for the amount of benefits we paid out every year. If you compare that to other private corporations, Allstate operates on 19 percent overhead. Liberty Mutual operates on 23 percent overhead. So it is a very cost-effective program that all of us have already paid for.

**I want to pivot to the other Social Security issue that’s on everybody’s mind. Absent action by Congress, in a decade or so, the Social Security trust funds are going to run short of their reserves, and benefits are going to be cut by 17 percent. That’s a circumstance nobody wants, but Congress hasn’t done anything to address it yet.**

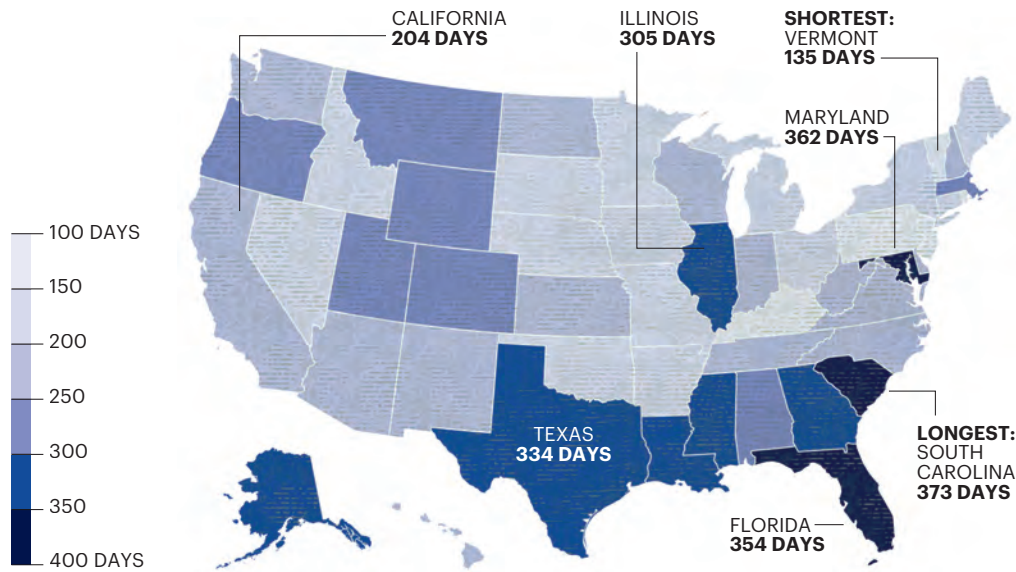
**What is your view of some of the proposals that are on the table?**

As the administrator of Social Security, my job is not to propose policy but to give members of Congress and the president the numbers accurately that the actuary produces for Social Security, so they can make the right call. Now, when I ran for president in 2016, my proposal to strengthen Social Security for the foreseeable future was to ask people who earned a lot more to pay, again, into Social Security. President Biden has proposed asking those that make more than \$400,000 a year to start paying into FICA,



**“As long as Americans work, Social Security will continue to pay benefits. That’s the elegant simplicity of this system.”**

## Average Wait Time for Initial Disability Decision



SOURCE: SOCIAL SECURITY ADMINISTRATION; DATA AS OF JUNE 28, 2024

into Social Security, again, once they reach that \$400,000. [Editor's note: In 2024, taxes under the Federal Insurance Contributions Act are collected only on wage income up to \$168,600. The president and some members

of Congress proposed applying the payroll tax to income above \$400,000.]

Other members of Congress propose other things. There are some who say that you should raise the retirement age, but there are

others who push back on that and say, "Wait a minute: People that work harder, more physically demanding jobs have a much lower life expectancy and might not even reach the age where they could claim benefits." I just came back from South Dakota. I was on the Pine Ridge Reservation there. You know what the average life expectancy is in Pine Ridge? Forty-eight years for men, 52 years for women.

There will be a lot of policies out there. The good news is that in the past, whenever we faced events like this, Congress came together and figured out what they thought was their best fix for the foreseeable 75 years, which is a long time. When I was a younger man in college, we used to always say, "I wonder if Social Security will even be there for me when I'm 62." Hey, guess what? Next year I'm 62, and it's still here. As long as Americans work, Social Security will continue to pay benefits. That's the elegant simplicity of this system.

*This interview has been edited for length and clarity.*

*Andy Markowitz is a writer and editor at AARP covering Social Security and retirement.*

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## Your Money Live Well for Less

BY LISA LEE FREEMAN

# SHOULD YOU PAY TO SAVE?

## What you get from big retailers' pricey membership programs

Retailer membership programs promise instant gratification—fast, free shipping of millions of products—plus other freebies and special deals. And despite annual fees that can hit more than \$100, many of us pay up.

Perks are piling up at three of the biggest programs. Are they worth it? Here's my take, plus a rundown of recent updates. If you join these or other programs, stay on top of terms, since retailers can revise them quickly.

### AMAZON PRIME

**Price:** \$139 a year or \$14.99 a month (discount possible for government-assistance recipients).

**My take:** It costs a lot, but you get a lot, starting with fast, free shipping, including one-day and same-day delivery. You also get Prime Day deals; Whole Foods Market discounts; free music, videos, books and games; and a half-price annual membership in the Amazon-owned One Medical service (appointments are extra).

#### What's new:

► **Grocery delivery subscription.** Pay \$9.99 a month for unlimited deliveries of orders over \$35 from Amazon Fresh and Whole Foods, and from certain grocery stores and specialty retailers.

► **Free restaurant delivery.** A Grubhub+ membership, previously lasting only one year, eliminates delivery fees on orders over \$12 and gives you a 5 percent credit on pickup orders.

► **Drug discounts.** Prime members on Medicare have unlimited access to 60 eligible prescription medications for a total of \$5 a month through Prime's RxPass program.

### TARGET CIRCLE 360

**Price:** \$99 a year (\$49 for holders of a Target Circle credit or debit card).

**My take:** If you get weekly deliveries of groceries and other products, this program could



pay off within a few months, since same-day delivery normally costs \$9.99 per order.

#### What's new:

The whole program! (It launched in April.)

► **Fast, free shipping.** Unlimited free same-day delivery via Shipt, Target's delivery service, within a selected one-hour window on eligible orders over \$35. Free two-day shipping on qualifying orders that are not available for same-day delivery.

► **Extra time for returns.** Thirty days after a product's standard return deadline.

► **Shipt Marketplace membership.** You get free same-day delivery for orders over \$35 from Shipt Marketplace retailers.

### WALMART+

**Price:** \$98 a year or \$8.17 a month (discount possible for government-assistance recipients).

**My take:** Walmart+ is especially good if you regularly order groceries online. You get free deliveries with a \$35 minimum order, which pays for itself in just a few orders, since the normal cost is \$7.95 to \$9.95. You also get free next-day, two-day and standard shipping on items shipped by Walmart. Among other perks: free home pickup of eligible returns; a Paramount+ Essential plan, which includes ads and excludes most live TV streaming; and 10 cents off per gallon at select gas stations.

#### What's new:

► **Telehealth for pets.** Free virtual access to veterinarians 24/7 via Pawp.

► **Tire care.** Flats repaired free. Walmart-sold tires damaged by road hazards can be brought back for repair or replacement.

► **Travel deals.** WalmartPlusTravel.com bookings earn 2 or 5 percent in Walmart Cash. Deals I saw in May, however, weren't standouts. ■

*Lisa Lee Freeman, a journalist specializing in shopping and saving strategies, was editor in chief of ShopSmart magazine from Consumer Reports.*

## GREAT WAYS TO SAVE: CONTINUING EDUCATION

BY BETH BRAVERMAN

**Audit a college course.** Many public colleges waive fees or reduce them significantly for older adults to audit classes on their campuses. Alaska residents 65 and over, for example, can audit for free any University of Alaska course that has space by signing up on the first day of classes. And some Colorado universities waive tuition for older students who want to audit courses.

**Consider community college.** Some community colleges offer discounts for older learners. Even the schools that don't may be a cost-effective option for continuing education. Credit hours



for residents at community colleges can cost less than half the in-state tuition at four-year colleges.

**Check into OLLI.** There are more than 100 Osher Lifelong Learning Institute programs throughout the country that coordinate with colleges to offer non-credit classes specifically designed for learners 50 and over. The cost of OLLI membership, which typically includes about three courses per term, can range from \$60 per year to nearly \$1,000, depending on the program. Most programs offer scholarships or financial assistance.

**Let your employer pay.** If you're interested in learning a skill or earning a degree that will help you at work, check with your HR team about whether the company offers education benefits that could help offset the cost. Eight in 10 employers cover formal training or education for employees to keep skills current, while nearly half provide tuition assistance, according to the Society for Human Resource Management.

**Check out SeniorPlanet.org.** Senior Planet from AARP offers classes—both online and in person, through community centers and other locations—that help older adults learn technology skills to stay connected with friends and family, save money, exercise and more.





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# CLEAN ENERGY SCAMS SURGE

**From green and clean to solar to renewable, energy scams are bilking consumers out of thousands of dollars. Here's how to spot and sidestep them**

BY SARI HARRAR

Carliss Wileman wasn't really interested in solar panels for her New Caney, Texas, home. But when a solar-energy salesman stopped by in May 2022 promising no more electric bills and a \$30,000 tax rebate, she signed a form on his iPad that she thought was just paperwork. "Now I have an \$89,000 loan, 50 panels on my roof and my porch leaks," says the 75-year-old retired bar and restaurant owner.

Wileman says she never applied for the loan, never received a tax incentive because she doesn't pay income tax and her solar panels "may work a little, but my electric bills are higher for some reason."

She's not alone. Fueled by a drop in solar panel costs, an urge to fight climate change, the availability of real but sometimes confusing government incentives and a desire

to save on rising energy bills, solar panel scams are hitting consumers across the United States. "I think it's a perfect storm," says Minnesota Assistant Attorney General Noah Lewellen. "There are a lot of start-up companies," and some make promises that never come true.

The sales pitch often starts with a solar salesperson knocking on the front door, calling on the phone or connecting via social media. "Solar has so much potential for good. It's a real shame a handful of bad actors are giving it a black eye," says Philadelphia-area consumer protection lawyer Andrew Milz. "People think they're doing something good for the environment and it should eliminate their electric bill, but that's not always the case."

Authorities are taking steps to protect consumers. Attorneys general in at least 15 states have investigated or filed suits against solar installers and lenders. In May, the Nevada State Contractors Board started a solar investigations unit. But the scams continue. Older adults may be especially vulnerable because many are home during the day and may be more likely to open the door to solar salespeople or answer phone calls, Lewellen says.

## **RENEWABLE ENERGY SCAMS ABOUND**

Criminals use the lure of clean, green, renewable energy to steal consumers' money in other ways too.

Scammers exploit the "green halo" around renewable energy to pull victims in, says Robert Mascio, director of Investor Education Outreach at the not-for-profit Financial Industry Regulatory Authority (FINRA). "Scammers take advantage of people's inclination to do good," Mascio says. In a 2023 Stanford University survey of 993 investors, 76 percent of people 58 and older said they were concerned about the environment and about 30 percent were willing to lose a little money to help clean it up.

But investors have lost millions in recent years to fake green energy companies such as a California Ponzi scheme claiming it was converting cow manure into methane gas for generating electricity.

"Don't rely on marketing hype," Mascio says. "Do your homework before investing."

Start investigating whether a green energy investment is a scam or an oppor-

### **Have questions related to scams?**

Call the **AARP Fraud Watch Network helpline** toll-free at **877-908-3360**. For news and advice, go to **aarp.org/fraudwatchnetwork**.



tunity by checking whether the seller is a licensed broker on FINRA's BrokerCheck, at [brokercheck.finra.org](http://brokercheck.finra.org), Mascio suggests. Skip schemes that sound too good to be true. And "walk away from unsolicited investment offers, whether directed to you through mail, social media, chat rooms, text message or phone call," he says.

Some clean energy come-ons are a ruse to get your personal identifying information. In June, Huntsville Utilities in Alabama warned residents about callers posing as utility representatives offering cheap solar panels, then gathering personal financial data and homeownership information. Utility company workers will never reach out to you asking for your Social Security number, credit card number or bank account information—but



impostors will, utility companies and police departments across the U.S. warn consumers.

Clean energy scammers often employ similar tactics, experts say. They include:

► **A special deal if you act right now.**

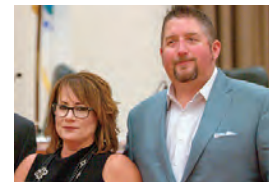
If you feel pressured to act immediately on a solar or other renewable energy deal, just say no, advises Melanie McGovern, spokesperson for the Better Business Bureau. “High pressure is where people could end up losing money,” she says.

If you’re interested in solar panels, take time to research costs and benefits on your own by getting bids from several contractors in your area, suggests Amy Nofziger, director of victim support for the AARP Fraud Watch Network. Check first that installers are licensed, certified and/or registered with organizations such as the North American Board of Certified Energy Practitioners ([nabcep.org](http://nabcep.org)). Look for complaints and problems by visiting the Better Business Bureau national business directory at [bbb.org/search](http://bbb.org/search).

Your state’s department of energy or consumer protection bureau may have a list of qualified solar installers or information to let you know whether a contractor is registered and/or licensed. To learn about states’ solar licensing requirements for contractors, check the Interstate Renewable Energy Council’s national database at [irecusa.org/solar-licensing-database](http://irecusa.org/solar-licensing-database).

## BILLION DOLLAR SCAM

Jeff and Paulette Carpoﬀ and others stole roughly \$1 billion in what was basically a Ponzi scheme in which investors paid for thousands of “solar generators” that did not exist. Federal agents say much of the money was siphoned oﬀ to fund a lavish lifestyle for the couple. A federal judge in California sentenced Jeff Carpoﬀ to 30 years in prison in 2021 and his wife to more than 11 years in prison in 2022.



► **Getting signatures under false pretenses.**

Consumer advocates, scam victims, attorneys and state prosecutors warn that scammer salespeople may misrepresent the reason they want your signature or initials, then misuse them to open a loan in your name and OK panel installation. “I signed what I thought was a form to pre-authorize a loan just in case, and ended up with a \$42,000 solar panel loan I never wanted or asked for,” says Neda Yarnall, 50, a New Jersey real estate agent who in June filed a class-action lawsuit against a financial lender involved with solar panel financing.

► **Promising free solar panels, big tax credits and no more electric bills.**

“The federal government does not have any programs that install solar panels on the homes of Americans for free,” according to the U.S. Department of Energy. To learn more about whether the federal solar investment tax credit and state subsidies for solar installations would benefit you, go to the DOE’s Solar Energy Technologies Office at [energy.gov/eere/solar/solar-energy-technologies-office](http://energy.gov/eere/solar/solar-energy-technologies-office). The Internal Revenue Service has a fact sheet about residential clean energy on its website. You can also ask your utility company about how solar panels would affect your electric bill. Close to signing a contract? “Have an attorney review it first,” McGovern says.

► **Undisclosed fees tacked onto solar loans.**

Do your own search for financing, suggests Minnesota Assistant Attorney General Adam Welle. State investigations found unscrupulous solar lenders tacked a 10–30 percent fee onto loans and increased monthly payments if consumers didn’t turn over their tax savings to the lender. ■

*Sari Harrar is a contributing editor to AARP The Magazine and the AARP Bulletin. She writes frequently on health and fraud topics.*

## How to Dodge These Scams



**Watch for impostors.** Solar scammers may say they’re consultants from your power company, utilities warn. Ask for ID.



**Do not sign or initial papers or electronic devices on a cold call or before reading contracts and documents.**



**Slow down—and do your own research.** Don’t get pressured into signing or giving away personal info.



**Keep personal information private.** Don’t give away personal data to anyone who contacts you about a green energy opportunity.



Amy Grant performs at the Ryman Auditorium on May 10, 2024, in Nashville, Tennessee.

**“AS WE GET OLDER, SOME THINGS FADE, BUT PROBLEM-SOLVING INCREASES”**

—AFTER BEING CRITICALLY INJURED IN A BIKE ACCIDENT, MULTIPLE GRAMMY-WINNING SINGER **AMY GRANT, 63**, IS FINDING HER WAY BACK

**In July 2022, you had a traumatic brain injury from a biking accident and had to relearn the words to your songs. How are you coping?**

I've had to be very patient with myself. I have had a lot of good, hard cries. And I went through depression. But everybody is recovering from something. That's life. If nothing else, we recover every day from the shock of what it means to age. My memory used to be my superpower. Now I can't trust my memory. But there are hidden gifts in everything.

**What advice do you have for people whose lives are upended in a heartbeat?**

Our mindsets, the stories we tell ourselves, become our realities. Find the tool kits that you need to move forward.

**You've talked about how the healing process gave you time to reflect on some larger societal issues—and your own personal journey.**

For one month after my bike accident, I didn't leave my house. I couldn't be on the phone or see any screens. And I read *The Choice: Embrace the Possible* by Dr. Edith Eva Eger. She was born in Hungary, and she became an Olympic gymnast. She was eventually sent to Auschwitz. That book most affected my recovery. And I found *The Book of Forgiving: The Fourfold Path for Healing Ourselves and Our World* by Desmond Tutu and his daughter Mpho Tutu. It's about how apartheid devastated so many families and how they processed the act of forgiving. Sometimes the person you have

to forgive the most is yourself.

**During COVID, you had open-heart surgery to correct a birth defect. Then following the accident, shoulder surgery and an operation to remove a cyst from your throat. How does it all change your view?**

I'm so glad I'm here! But I have to be more intentional about my health. I now drink non-alcoholic beer, for example. I discovered swimming in 2021 and joined the YMCA because I travel a lot and there is a YMCA in most towns. I'm not back to riding a bike yet, because I still have some balance issues. But I'm working on it.

**You've talked about how physical healing requires you to be emotionally grounded. How do you manage that?**

I wait until the stillness finds me. I have a daily ritual of connecting to myself. I have a cup of coffee and stand with my bare feet on the grass. I welcome myself to the day. Less than a week ago, I was so upset about something, but I went outside in the grass that night ... and I sat there in silence, but I could see that I was a tiny part of a big picture. And I stayed until I felt peace.

**You have been deeply involved in philanthropy. Was there a moment you can recall when that instinct developed?**

When I was 10 years old, my family went to Sarasota, Florida, and my mother gave me four quarters for my allowance. There was a fantastic five-and-dime that sold sea monkeys. But we started attending a church there, and I knew it was important to tithe. When they passed the collection plate, I had those four quarters in my pocket, and I was, like, "Grrrrrr." It was a fight, but I put one of those quarters in the plate. And that afternoon I was on the

diving board at the pool, and I saw something shining on the bottom. I dove down, and it was a quarter. I felt like there was a puzzle in the universe and that I was connected.

**Connection is important in your life. What can we do about the epidemic of loneliness, especially in older people?**

Establishing some sort of community is essential, whether it's finding a church community or a YMCA community or an AA community. Nobody does anything big by themselves. As we get older, some things fade, understandably, but problem-solving actually increases. To me, the adventure is connecting need and surplus. I love gathering in purposeful community. The best we can give each other is our presence, actually showing up for one another.

**What's the best way to motivate ourselves?**

My first mother-in-law taught me a prayer. She said, "Lord, lead me today to those I need and those that need me." I said, "Man, what a way to approach a day: 'Lead me to those I need and those that need me.'"

**We live in very polarized times. What gives you hope?**

What I have said for decades is that I can't control anyone else's choices, but I can control mine. We have to be intentional with the life that we have. One great thing about being in your 60s is that you no longer feel the pressure to make your mark in life. So I'm looking at other people my age and saying if we want to see change, it has to be our generation that does it. We're in the perfect place. We've done what it is we're going to do, but we're not dead yet! ■

*Interview by Alanna Nash*



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## GREAT NEW IDEAS TO HELP OLDER AMERICANS

**AARP finds and develops technology that will transform aging**

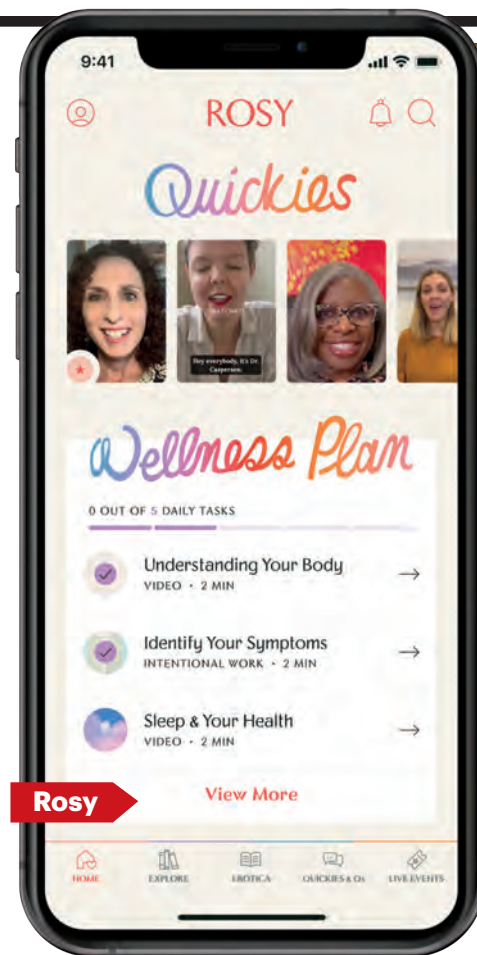
**T**echnology changes everything about our lives, including how we age. Sometimes great new tech ideas need help to rise above the clutter.

Since late 2021, AgeTech Collaborative from AARP has sought out companies with great products that make aging easier, burgeoning businesses that need help shaping and, in some cases, funding their ideas through the start-up stage.

The AgeTech Collaborative invites entrepreneurs to pitch their products or technolo-

gies to experienced panels that select a handful of the best from thousands of entrants. Those winners get access to the AgeTech accelerator program, which connects them with professionals who can refine the product and think through how to best deliver it to the market. The stakes are high. Older Americans have an estimated \$8.3 trillion to spend.

The AgeTech Collaborative has about \$6 million invested in 83 start-ups to help get better products to market—while generating a financial return to AARP.



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Great coverage for retirees.

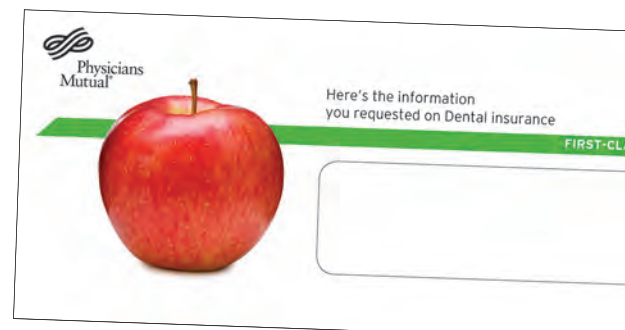


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**1-800-430-1637**

[Dental50Plus.info/Sept24](http://Dental50Plus.info/Sept24)





AARP measures how many older adults have gained a direct benefit from companies the collaborative helped: more than 2 million as of 2023.

What kinds of companies catch AARP's eye? Ones like Zibrio, which produces a smart scale to help people improve balance and avoid falls; Prisidio, a tech-forward way to secure your most important documents and information; and Mighty Health, a digital wellness system that is custom-made for people over 50.

Some of the companies AARP helps nurture become part of the AgeTech Collaborative ecosystem, an online community of more than 500 start-ups, select investors and others who share a common goal: to provide high-quality and innovative products to serve older consumers.

Here are some recent products embraced by the AgeTech Collaborative:

► **Brain health.** **MapHabit** is an app that helps people with dementia or brain injuries by creating guides that assist them in completing tasks made difficult by their condition. Caregivers can generate digital or paper "maps" for those with cognitive impairment with instructions and schedules for daily functions and exercises, taking medications and other requirements.

► **Caregiving.** **Miicare** creates products, such as sensors, smart wearables and a digital app, that monitor health conditions, prevent falls and provide alerts to caregivers and health care providers. The company's products can help provide peace of mind for families and caregivers through continuous health monitoring and care management.

► **Women's health.** **Rosy** is an online community that supports women facing sexual health challenges, from fading desire to sexually transmitted infections. The platform offers customized tools, specifically designed content and expert guidance to help navigate and improve sexual well-being.

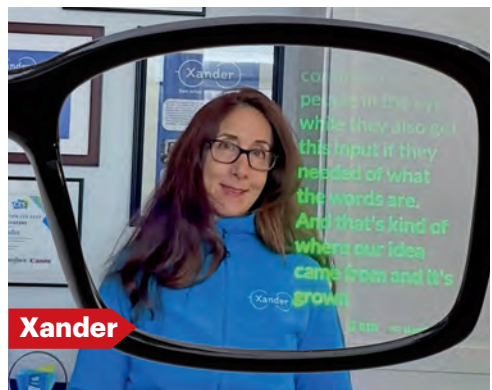
► **Social isolation.** **Bream** is an online platform that provides learning opportunities among a community of older adults, along with advice on health needs. Bream offers online classes, such as writing, drawing and dance, that inspire creativity and physical health and build social connections.

**Vivo** is a live, interactive online fitness program for older adults with a focus on increasing muscle strength and function with proven outcomes. Users can measure progress and stay accountable by creating a community within the platform.

► **Life transitions.** **LivNow Relocation** helps older adults and their families transition from their homes into 55-plus living communities. Clients can find comprehensive help with a challenging life change.

► **Wearable tech.** **Lotus** is a ring for people with limited mobility that allows them to control objects at home, such as lights and television systems, simply by pointing. Unlike Alexa, Lotus needs no apps, no rewiring and no internet.

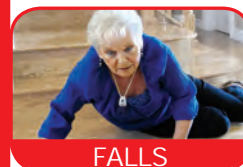
**Xander's** smart glasses caption in-person conversations in real time in front of the wearer's eyes, fostering better communication for individuals with hearing challenges.



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\*AARP measures how many older adults have gained a direct benefit from companies the collaborative helped: more than 2 million as of 2023. \*\*Life Alert's batteries last up to 12 months. ©2024 Life Alert. All rights reserved.

CLOCKWISE FROM TOP LEFT: COURTESY ROSY; COURTESY VIVO; COURTESY LOTUS; ALEX WESTNER



BY JO ANN JENKINS, CEO

# AARP'S VISION FOR AGING

## America needs a plan to help its older citizens—and soon

Most Americans understand the importance of planning to secure their economic futures and advance directives to prepare for their health care as they age. But for too long, there has been no federal action plan to protect our nation's growing older population.

By 2030, 1 in 5 Americans will be 65 or older. Yet many government policies and programs have not addressed the unique needs of the aging population.

AARP has a plan to help change that.

The good news is that a growing number of states are developing and adopting comprehensive plans to support their aging population. AARP has been deeply involved in supporting those efforts. About half the states have implemented, developed or initiated multiyear strategies, commonly known as multisector plans for aging (MPAs). Although state MPAs vary in scope—and in their goals and target populations—they all encourage collaboration among governments, private entities and people.

Yet there is no comparable national plan. The federal government has recently taken steps toward developing such a strategy. The Older Americans Act reauthorization of 2020 set up an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC). The committee issued a Strategic Framework for a National Plan on Aging in May.

Among other things, the report focused on age-friendly communities, housing, increased access to long-term support and better health care services, especially for

people with low incomes. To get input from older Americans, the ICC holds listening sessions across the country. AARP helps organize these discussions, which kicked off in Washington, D.C., in May.

AARP wants to play a more critical role in this process. We recently released our own vision for a national plan on aging—part of our Aging Well in America Initiative.

AARP's report emphasizes four goals that can help guide efforts to establish a national plan, along with the policies for implementing those goals.

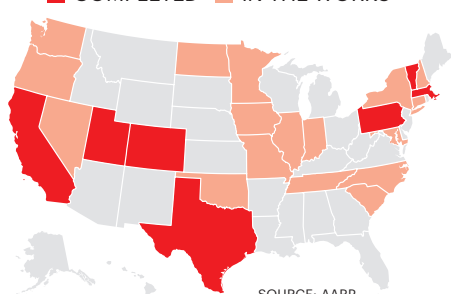
- ▶ Promote healthy living and access to affordable, high-quality health care.
- ▶ Support family caregivers and affordable, high-quality long-term care with dignity, independence and security.
- ▶ Provide ample opportunities to achieve financial security.
- ▶ Create age-friendly, livable communities that enable people to age in place.

AARP will continue to work with states and expand our own initiatives that have helped make our communities more livable for older residents and have fostered better aging policies at the local and state level. We're committed to the development of a national plan on aging that will enable all people to maintain good health, build financial resilience and remain in their homes and communities as they age.

With the population aging at a rate never seen in history, it's time for policymakers, government officials and organizations involved in aging to seize the opportunity to address the needs of older Americans now and into the future. ■

### STATUS OF STATES' AGING PLANS

■ COMPLETED ■ IN THE WORKS



SOURCE: AARP

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CHANGE OF ADDRESS, MEMBER SERVICES?**

Get help at [help.aarp.org](http://help.aarp.org) or call the AARP Member Contact Center (Monday through Friday, 8 a.m. to 8 p.m. ET) toll-free at 888-687-2277 or 202-434-3525 (international callers).





## WHAT'S AT STAKE

► **The Oval Office**, with the presidency and vice presidency up for grabs.

► **Congress**, as Democrats must pick up four seats to gain control of the U.S. House, and Republicans need to flip two seats to gain control of the Senate (or flip one seat and also win the White House).

► **Statehouses**, with legislative seats up for election across 44 states.

► **State issues**, including ballot measures that address the minimum wage, voting access, abortion, taxes and age limits for public office.

### Will turnout be high?

About two-thirds of eligible voters turned out for the 2020 presidential election, the highest rate for any national election since 1900, according to the Pew Research Center. It's difficult to predict what turnout will be in November 2024, but in an April poll from Gallup, 71 percent of Americans said they had given "quite a lot" of thought to the upcoming presidential election—on par with or higher than readings in five of the past presidential election years since 2000.

### How do I submit my ballot?

To find rules for your state, visit [canivote.org](https://canivote.org). The site, a nonpartisan resource provided by the National Association of Secretaries of State, links directly to official state election websites for a variety of categories. These include registering to vote, finding your polling place, accepted forms of ID, early and absentee voting rules, and rules for overseas voters.

### How can military voters participate in the election?

The federal Uniformed and Overseas Citizens Absentee Voting Act—or UOCAVA—governs protections for active-duty military personnel and their eligible family mem-

**IMPORTANT:** As of press time, election issues were being contested in some states. AARP strongly recommends confirming voting dates, rules and other details for your state or territory at [canivote.org](https://canivote.org) before voting. Also find updates at [aarp.org/electionguides](https://aarp.org/electionguides).



# ON THE BALLOT

## NOV. 5 ELECTION

### President

Candidates from the Democratic Party and Republican Party, as well as independents and third-party hopefuls

### U.S. House

435 representatives, plus six nonvoting members

### U.S. Senate

34 seats

### Governors

11 states and 2 territories

### Attorneys general

10 states

### Secretaries of state

7 states

### State legislators

About 5,800 seats, plus 169 legislative seats in U.S. territories

### Statewide ballot measures

More than 100



bers. Among its requirements, the state where you are registered to vote must:

► Allow overseas citizens to request an absentee ballot by mail and electronically for federal elections.

► Send an absentee ballot no later than 45 days before the election.

► Permit voters to cast a Federal Write-In Absentee Ballot as an emergency backup if they don't receive a regular absentee ballot in time.

Voting methods and deadlines vary by state, and overseas mail delivery can as well. Federal officials say you should receive your ballot by early October and that you should "vote and send back your ballot as soon as you receive it."

You can visit [fvap.gov/guide](https://fvap.gov/guide) for your state's rules.

### What about Americans living overseas but not in the military?

UOCAVA also covers this group, and its provisions apply to American citizens abroad who are qualified to vote. Rules vary when it comes to casting a ballot. There are some states that allow online voting, some that require submission by mail, and others that accept ballots by email or fax. For details, select your state from the drop-down list at [fvap.gov](https://fvap.gov).

### What if I live in a U.S. territory?

In addition to local races, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands (as well as the District of Columbia) will elect nonvoting members to the U.S. House of Representatives. Go to the websites below for information on how to register and to vote, such as in person or absentee.

#### ► American Samoa

[aselectionoffice.gov/node/2](https://aselectionoffice.gov/node/2)

#### ► Guam

[gec.guam.gov/voters](https://gec.guam.gov/voters)

#### ► Northern Mariana Islands

[votecnmi.gov.mp](https://votecnmi.gov.mp)

#### ► Puerto Rico

[ww2.ceepur.org](https://ww2.ceepur.org)

#### ► Virgin Islands

[vivote.gov/voters](https://vivote.gov/voters)

## VOTING RESOURCES

These nonpartisan sources offer information on candidates, issues and the voting process.

► **AARP voter guides** provide state-specific information on the voting process. [aarp.org/electionguides](https://aarp.org/electionguides)

► **Vote Smart** lets you enter a politician's name to find information, including voting record, funding sources and interest-group ratings. [votesmart.org](https://votesmart.org)

► **Ballotpedia's Sample Ballot** tool allows users to enter their address to see candidates and issues they'll vote on in November (the coverage doesn't include all local offices). [ballotpedia.org](https://ballotpedia.org)

► **Vote411**, from the League of Women Voters Education Fund, lets users enter an address to find information about their upcoming elections. [vote411.org](https://vote411.org)

—Sarah Hollander



## Readers Respond

### **MORE WAYS TO SAVE**

I enjoyed the article on ways to save [“99 Great Ways to Save”]. Here’s an idea I started a long time ago; rounding up in my checkbook. If I spent \$20.77, I subtract \$21. I’ve never had a negative account or nonsufficient funds. It may not work for everyone, but it has for me. And it’s nice to see how much is actually in my account on the monthly statement, compared to what I think I have. After a while, I may transfer some of it into a savings account or certificate of deposit.

**DONNA PUTZ GILLESPIE**  
MARION, IOWA



## Just the Right Fit for You and Her

Do you want to make a larger contribution to help vulnerable seniors living in poverty, but could benefit from some extra income yourself?

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Or visit **giftplanning.aarp.org/charitable-gift-annuities** to see how a charitable gift annuity can work for you.

**AARP Foundation**  
For a future without senior poverty.

In the *AARP Bulletin* for July/August 2024, you discuss ways to save on dental care. Another way is to make use of the dental clinics offered by the dental schools in this country. In my state of Alabama, in addition to the University of Alabama-Birmingham Clinic in Birmingham, there is now a second clinic in Dothan, Alabama. These clinics save patients 50 percent or more, depending on your location and procedure. Families that I know who have used these facilities, including my own, have been very pleased.

**EMMETT PRICE**  
WETUMPKA, ALABAMA

**On free streaming:** Many libraries offer for no charge commercial-free movies, documentaries and courses through services like Kanopy and Hoopla!

**AL KOLCHINSKY**  
SARASOTA, FLORIDA

### **PROTECTING SOCIAL SECURITY**

Thank you for trying to keep Social Security and Medicare safe.

It’s not right that these programs should run out of money. People have worked and put money in. I’m all for helping people in other parts of the world, but I think that it’s time for our government to start helping our own people. We have given \$175 billion to Ukraine alone while we have people suffering because they don’t have enough money to buy food or pay rent or go to doctors. For every dollar spent on other

countries, we should keep and put at least 10 percent of the total into the Social Security and Medicare programs.

**THOMAS BATOVSKY**  
LIVERPOOL, NEW YORK

I just read your latest article on Social Security [“Defending Social Security,” Your AARP]. I found it good, but I also wonder if the time has come for AARP to go beyond forums and explanations. Maybe it’s time for you to develop a membership consensus about what should be done and then press forward and sell that plan to Congress. Use the power of an organization with tens of millions of members to play an important role in actually making something happen.

**SAM BOOKHART**  
MYRTLE BEACH, SOUTH CAROLINA

### **DRIVEN BY SUCCESS**

To be a winner, you need to be both physically and mentally prepared [“Q&A with Mark Spitz,” Your Life]. Mark Spitz had been preparing since the age of 9. Spitz knew what he wanted and went after it. I truly enjoyed Spitz’s invigorating story and especially refreshing is his humble attitude.

**JOANN LEE FRANK**  
CLEARWATER, FLORIDA

➤ We appreciate hearing from you. Write to: *Bulletin* Editor, Dept. RF, 601 E St. NW, Washington, DC 20049, or email **bulletin@aarp.org**. Please include your address and phone number.

# Medicare Made Easy

BY BRANDY BAUER

## I'm 70. I have only retiree health insurance and not enough quarters to qualify for premium-free Medicare Part A. If I return to work to earn the missing quarters, will I have to pay a late-enrollment penalty when I eventually join Medicare?

The answer is: Probably. Most people qualify for premium-free Part A if they (or their spouse) paid Federal Insurance Contributions Act (FICA) taxes during their working years. If you do not have enough credits for paying FICA (usually 40 credits, or 10 years of work), you will have to pay a premium for Part A. The amount varies based on the number of credits you have (in 2024, \$505 a month for less than 30 credits, \$278 a month for 30–39 credits).

If you delay enrollment into Part A because you or your spouse are actively working and covered by employer insurance, and you earn enough credits by the time you stop working, you won't have to pay a late-enrollment penalty when you first enroll

and can get Part A premium free. But Medicare does not count COBRA or retirement insurance, and if you've used one of those coverages, you must pay a penalty. For Part A, this penalty is 10 percent of the highest premium, and you pay it for twice the number of years you weren't signed up.

## My husband had a stroke and needs to go to a skilled nursing facility. Is there a way I can check which local ones accept Medicare and are high-quality?

Skilled nursing facilities (SNFs) are a valuable tool to help people with rehabilitation needs after a hospital stay. Though SNFs may be cohoused in nursing homes, they are intended to provide short-term inpatient services before the patient returns home.

Medicare has a comparison tool that helps you assess SNFs in your area. Go to [medicare.gov/care-compare](https://www.medicare.gov/care-compare) and click on "Nursing homes including rehab services" to search by ZIP code. The tool lets you compare quality scores and learn more about the types of conditions treated. Just a reminder: For Medicare Part A to cover your husband's stay in an SNF, he must have spent at least three nights as a hospital in-

patient and enter the facility within 30 days of leaving the hospital.

## I've heard that next year the "doughnut hole" is closing for good and there's a cap on how much I'll pay for medications. Is that true?

Yes, it's true. The doughnut hole—or Part D coverage gap—happens when a drug plan imposes a limit on what they'll cover for prescriptions. Once you and the plan have spent up to a certain amount (\$5,030 for covered drugs in 2024), you enter the doughnut hole. In this gap, you pay 25 percent of the cost of your prescriptions until you reach the maximum out-of-pocket spending limit. The Inflation Reduction Act of 2022 included a provision to close the doughnut hole for good. Beginning in 2025, you will not pay more than \$2,000 out-of-pocket for your Medicare-covered drugs. ■

*Brandy Bauer is former director of health coverage and benefits for the National Council on Aging, and writes frequently on Medicare and other government programs. Send your questions about Medicare to [medicare@aarpp.org](mailto:medicare@aarpp.org). Due to the volume of inquiries, we can't answer every question.*

**MEDICARE  
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(800-633-4227)  
**MEDICARE  
ONLINE:**  
[medicare.gov](https://www.medicare.gov)

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<sup>1</sup>When used on setting 1 with extended battery, model BA-516.

<sup>2</sup>Offer includes 16-cell battery, models BA-516. Promotion cannot be combined with any other offers.

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## Witty & Wise



**CUSTOMER:**  
I'd like a pizza delivered, but will it be long?

**CLERK:**  
No, round.

**STUDENT:**  
Do chemists tell dad jokes?

**PROFESSOR:**  
Yes, periodically.

**MOLLY:**  
How do cats settle an argument?

**WALLY:**  
They hiss and make up.

**JOHN:**  
Are waterbeds bouncy?

**JAN:**  
Yes, if you use spring water.

**PATIENT:**  
Doctor, I need a cure for my paranoia.

**DOCTOR:**  
Welcome. We've been expecting you.

**COLIN:**  
How would you describe a dry-erase board?

**CAITLIN:**  
Remarkable.

**KEN:**  
I heard you quit your job digging wells.

**BEN:**  
Yeah, I got fed up with the hole business.

“I'd rather leave a couple years too early than a couple of years too late. It's been a great 40 years.”

—Pat Sajak, 77, on retiring from *Wheel of Fortune*

## Quotables

“I don't think I'm telegenic. I'm one of those artists who should be heard and not necessarily seen.”  
—Billy Joel, 75

“I can't remember what I had for breakfast, but I can remember what I did when I was 15 years old. It's amazing!”  
—Dick Van Dyke, 98

“Losing my parents broke me, and I'm telling the audience, 'Here's how you can survive this: Find humor in everything.'”  
—Actor/comic Marlon Wayans, 52

“I don't get much of a buzz from performing with the Who. If I'm really honest, I've been touring for the money.”  
—Guitarist Pete Townshend, 79

“As you age, you either become your worst self or your best self. I feel like I've become my better self.”  
—Steve Martin, 79



“No one's ever cried themselves to death. You can cry a lot, and I have. But you get to the other side.”  
—Valerie Bertinelli, 64

“She never made it about what we didn't have. She made it about what we did have. And how to celebrate that.”  
—Whoopi Goldberg, 68, on her mother

“I want to get out, take my dress off and put my jammies on. It's kind of like the opposite of Cinderella.”  
—Nicole Kidman, 57, on leaving parties

“I want to go out singing a high note. I want to ascend to heaven as I'm standing there singing the highest note I can.”  
—Singer Wynonna Judd, 60

“I like that I miss tennis. It's a good miss. It's like a nostalgia.” —Retired tennis champion Serena Williams, 42

“How do you stay married for 47 years? You get a little hard of hearing. Both of us.” —“Judge Judy” Sheindlin, 81

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61	\$30.50	\$22.35	\$60.00	\$43.70	\$89.50	\$65.05	\$148.50	\$107.75
62	\$31.45	\$22.90	\$61.90	\$44.80	\$92.35	\$66.70	\$153.25	\$110.50
63	\$32.50	\$23.70	\$64.00	\$46.40	\$95.50	\$69.10	\$158.50	\$114.50
64	\$33.50	\$24.55	\$66.00	\$48.10	\$98.50	\$71.65	\$163.50	\$118.75
65	\$34.75	\$25.50	\$68.50	\$50.00	\$102.25	\$74.50	\$169.75	\$123.50
66	\$35.90	\$26.35	\$70.80	\$51.70	\$105.70	\$77.05	\$175.50	\$127.75
67	\$37.05	\$27.25	\$73.10	\$53.50	\$109.15	\$79.75	\$181.25	\$132.25
68	\$38.70	\$28.95	\$76.40	\$56.90	\$114.10	\$84.85	\$189.50	\$140.75
69	\$39.75	\$30.60	\$78.50	\$60.20	\$117.25	\$89.80	\$194.75	\$149.00
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