Of a certain age...

By Sue Stafford Columnist

Never before have I harbored the underlying angst that resides within me these days.

For most of my adult life I basically had faith that our elected officials would ultimately do right by the citizens. I may not have always been a fan of the person occupying the White House or the State House, but I trusted our elected leaders to know how to lead this country and surround themselves with experienced, knowledgeable people.

With the current situation in Washington D.C., where any semblance of statesmanship or leadership in the White House and the Congress is blatantly lacking, I don't trust our elected officials to do what is best for their constituents. And nowhere do I feel that distrust more than in the areas of healthcare and social services for seniors.

When I worked for hospice, I saw firsthand how critical Medicaid and Medicare are to the actual survival and quality of life for a senior on a small fixed income. For

many seniors, Medicaid is the safety net that pays for the nursing care they need at the end of their life, in big ways and small. Seniors on Medicaid are able to secure free transport to medical appointments. If a senior qualifies, Medicaid will pay for nursing home expenses. They can also receive assistance with their prescription drugs. Hospice costs for seniors are paid by Medicare.

The same is true of the social services available to help keep elders in their own homes. Meals on Wheels was the only full meal some of my clients received each day. The visits by the volunteers who brought the meals were as important as the meals themselves. Those volunteers were sometimes the only person who came by and checked on a senior.

Homecare workers secured through the Office of Seniors and People with Disabilities provide another lifeline, able to assist with household chores and personal care.

If the suggested cuts already put forward are approved by Congress, there are millions of seniors who will be in a world of hurt and will have no place to turn. Just at a time in the history of our country when the ranks of seniors are growing with 10,000 baby-boomers a day turning 65, suggested cuts would curtail rather than expand crucial services designed specifically to aid seniors.

From the year Medicare began, I have paid my Medicare taxes and counted on its coverage for medical needs in my later years. I have now enjoyed the benefits of Medicare for seven years and thought I would be adequately covered until the end of my life. Now, I'm not so sure.

Cuts to Medicare could result in fewer doctors accepting Medicare patients, creating a crisis in elder healthcare. The failed Affordable Care Act proposed by Republicans stated that people "would have access" to insurance – not that they would be able to afford it or have it accepted by their healthcare providers.

Cuts to Medicaid might impact the types of assistance available to low-income seniors, who need it to survive. The emergency room would be the only option many seniors would have for

care — the most expensive option — forcing hospitals to provide even more charity care. Or not.

A situation this week brought all of these concerns right into my living room. A family member in her 70s has metastatic breast cancer in her bones. Her daughter lives out of state and is making frequent trips to check on her mother. Her family contacted me to find out available resources for her in-home care. I went immediately online to all the resources I am familiar with and, as I was reviewing the information, it hit me that with large Federal spending cuts, and subsequent State funding reductions, many of these resources will have to shut their doors or, at best, operate with fewer staff and limited services.

The people in Washington D.C. who are suggesting cuts to vital programs are out of touch with the lives of their constituents. No number of charities could fill the void left by reductions to Medicare and Medicaid. Many seniors can't afford the premiums for long-term care policies to help meet their care needs at the end of life. Many had

their retirement funds wiped out by the 2008 recession and are living much more frugally than they had anticipated.

I am one of those ordinary seniors, living on a fixed income, with some income generated by my freelance writing. I have exhausted my IRA. Financially, I am on a tight rope that will snap if anything happens to impact my ability to supplement my Social Security with writing assignments and teaching.

My health is generally good although I do have a chronic autoimmune disease that exacerbates any illness. This past summer I spent four unexpected days in the hospital, paid for by Medicare and supplemental insurance. Big changes to Medicare would certainly impact my healthcare options.

Medicare and Medicaid aren't perfect, but they basically do what they were intended to do — level the playing field for seniors' healthcare. I hope I don't have to witness what will happen if either of those programs is cut or reduced.

As the saying goes, "A country's greatness is measured by how it treats its children and elders."



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Dr. Timothy Bollom in Sisters

Fellowship trained in sports medicine, Dr. Bollom treats patients of all ages and diverse backgrounds, with a focus on comprehensive diagnosis and treatment of knee and shoulder disorders.

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