

Aging in America

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Ask an American boy between seven and eight how old he is. Chances are he won't say seven, period. He'll want you know how much older than seven he is. "Seven and a half," he might be able to say; or better yet: "Almost eight." It's only natural, since to a boy, age looks forward.

I say boy because I used to be one. I remember boyhood's forward-looking calculation all too well. I see it at work now at the YMCA where I exercise. The locker room teems with boys at every stage of noisy, boyish self-assertion. Swimming teams are organized by grade in school, so one can see and overhear all manner of rough-and-ready distinctions made in defense of the boyhood proposition that age brings with it greater size and power and privilege.

Like the other old guys in the locker room, I'm sometimes amused, sometimes annoyed by the thoughtless noise and rude crude antics of those rowdy brats. Deep down, however, I don't feel entitled to much annoyance. I have too many clear memories of my own bratty past.

Besides, my own experience of boyhood is hopelessly out of date and a good thing too. American children now have rights not dreamed of in the time and place where I grew up. I am in fact astonished by their sense of entitlement. These children talk about "my life." They think of life as belonging to them. They think in terms of taking charge, of making choices, of shaping and changing life to

suit themselves.

Needless to say, these children are subject to the age-old youthful miseries of self-doubt, anxiety, and disappointed hopes. Those basics of youth haven't changed and probably never will. But the youthful social model (let's call it) has changed. We now invite our youngsters to adopt a take-charge attitude that used to be a privilege of grownup life.

Yes and I do worry about the dangers of the brave new self-centered world these children appear to inhabit. Will timeless, difficult questions of compassion, duty, and self-sacrifice make sense to them? And what does it mean that they live in the so-called Age of Communications? Thanks to multimedia coverage and access, these children live in full view of catastrophic world events and possible/probable forecasts of others yet to come. How will that affect the growth of their youth? Will it be a new kind of growth, a new kind of youth? I ask these questions, not because I propose to give answers, but because I see some interesting parallels with the growth of old age in America today.

My own youth may be some decades out of date, but at sixty-two I'm right on target for getting old at a time when getting old is getting to be a very different experience from what it used to be. Here too, I have more questions than answers. Here too, my evidence is a commonplace blend of personal experience, observation, and hearsay — eavesdropping in the locker room of life, call it.

Even so, it seems reasonable to hope that this report will interest readers in Japan. It appears that both our countries are facing the same demographic crisis: a population that is aging, even as traditional means of support for the elderly are changing, some even vanishing. Worse yet, every change and failure of support is magnified by the fact that life spans are getting longer in our two countries. Japanese women as a group are said to be the longest living in the world. Even in the hurried, harried, stressed-out United States, the fastest-growing demographic "decade" is persons in their nineties. Most of those nonagenarians will be women too, since American women live on average eight years longer than men.

Needless to say, statistics mean different things to different people. I know a few confident optimists who claim to be overjoyed by the prospect of living into their nineties. I for one cannot imagine living to be ninety for the simple reason that I can't possibly afford it. But then neither can millions of other Americans, so maybe voters will find ways to put pressure on politicians.

Our so-called senior citizens vote in greater numbers than the young, so the aging demographic may favor movement in the direction of a really effective national health scheme. The Canadians have one. Busloads of American seniors cross the border to stock up on prescription drugs at substantial discounts made possible by the Canadian system. Many more of our seniors lobby hard to add a prescription drug benefit to our patchy and half-hearted national health scheme. One idea is for a government agency that buys drugs in vast quantities in order to sell them to seniors and the disabled at a deep discount.

Even though seniors constitute our largest common interest group in terms of numbers of individuals, the senior lobby is no match

for the pharmaceutical industry. Our major drug manufacturers spend vast amounts of money to lobby against the prescription drug benefit. They oppose any such interference with their freedom to do business the good old American way: letting the market set the price in a fiercely competitive marketplace. Their concern is entirely understandable, since the pharmaceutical industry is hugely (some say obscenely) profitable. Trouble is, there are serious questions about the state of competitive free enterprise in an area where success and failure are measured in millions, even billions of dollars.

No wonder Americans young and old are looking at the prospect of longer life as a very mixed blessing indeed. Their seventies, eighties, and even nineties promise to be quite wonderful for those who can pay their way. This is a very rich country, so some millions of Americans will manage that. And good health to them too, I say, since few luxuries at any time of life cost as much as the basics of care for someone whose health has failed in the good old USA.

But what will happen to the millions of others who can't afford a long expensive life? Already today, forty-two million Americans don't have health insurance. That figure looms large in a country afflicted with all the medical consequences of a lifestyle that lends itself to routine overeating and lack of exercise, thanks to our dependency on cars, computers and television.

Add a well-known killer we share with the Japanese — stress — and you have a kind of time-bomb ticking away. It ticks in millions of individuals and in the nation as a whole. Sad to say, it starts ticking early in life now too.

Increasing numbers of our computer-savvy kids are getting to look like smaller versions of their couch potato parents and grandpar-

ents.

Television created the couch potato, the viewer whose shapeless body speaks for long hours of physical passivity and compulsive snacking. Then came the remote control device. That additional disincentive to physical activity was followed by two others: video games and surfing the internet. The couch potato image expanded to include any or all of these hazards of grownup life.

The image itself manages to be indulgently comical as well as frankly critical — unlike, say, TV Blob or Terminal Slob would be. My guess is that couch potato is preferred because it expresses a measure of sympathy with work-weary adults taking it easy. The question is, will that somewhat indulgent image continue to serve, now that the couch potato tendency is recognized as a serious problem of childhood and youth as well? It appears that increasing numbers of youngsters don't have time or inclination to run outdoors and play after school. Researchers point to a definite correlation between physical inactivity and an alarming sharp increase in childhood obesity. Worse yet, that increase corresponds to one in cases of weight-related diseases like childhood diabetes, with all that means for a shorter, far less healthy life.

The health and economic consequences of inactivity and obesity at every stage of life are well advertized. What's odd is that so much dire bad news shares media space with no end of exposure to the benefits of healthy diet and exercise. You'd think that Sumo-size parents and their Sumo-size kids would be losing weight for dear life. Yet one study after another suggests that the majority of Americans aren't getting the message or aren't managing to act on it.

What the slender, stressed-out, long-living Japanese think of all this I can't begin to guess. I can only think to suggest a topic for teach-

ers of English in Japan to assign: "Is There A Japanese Couch Potato? If not, why not? If so, how so?"

The couch potato phenomenon connects two issues that speak to the future as I see it for millions of Americans, myself among them. The first, more obvious issue has to do with health care. The second may be called entitlement. I will return to entitlement later, when I hope to show how it and health care join to define the future of aging in the USA.

But first, allow me to offer my usual cross-cultural apology for bolstering my argument with matters of personal history a Japanese reader might consider too private to discuss in public. I think many, if not most, Americans would agree that our culture tends to extremes; and that nowadays the tendency to unblushing full disclosure is reaching heights that leave even some Americans gasping. I do hope Japanese readers will find the height of indiscretion here not too breath-taking.

The last time I had health coverage was by far the best, a group health plan provided by my employer. The plan was comprehensive and generous. It covered everything routine and catastrophic. "It's all there," my employer's secretary said, handing me a packet of colorful brochures, "everything from dental to mental."

Did I look mental? Already possibly crazy or easily driven crazy? Did she know something about this job I ought to know? It didn't seem wise to ask. I really needed and wanted this job. Besides, I was impressed. I could see a therapist if I wanted to! It seemed like every New Yorker I ever met bragged about seeing a "shrink" on a regular basis at considerable expense.

I never got the chance. I found myself working too hard to think about seeing a shrink. Now I think maybe I should have. My therapist, my shrink might have billed my

employer a tidy small mountain of yen for telling me to do the obvious: take time off from work to think about the future.

Looking back, I see how taking time off to re-think the way I approached that job might well have led to keeping it. One thing I know for sure: keeping it would have made a world of difference to my prospects for growing old affordably. As it was, work-weary and confused, I let a family crisis persuade me to quit that job, a really big mistake.

I quit in 1992, age 52. It hadn't occurred to me that buying health coverage on my own would be far too expensive for someone my age who was temporarily unemployed or permanently self-employed. (I have been the latter ever since.)

Somehow the word idiot comes to mind. It's small consolation to know now that millions of Americans were caught unawares by the health care crisis taking shape around that time. Who would have guessed in 1992 that by the end of the decade employers would routinely, and possibly rightly, claim that they couldn't afford to offer health benefits?

My mistake came home to me with a vengeance in 1993, when I did my small part to help a dying friend. He died at home, surrounded by loving family and friends who saw that he got the very best of care, thanks to generous coverage he happened to have.

Still, I saw what I saw. I watched the wear and tear of dying transform my friend in a matter of weeks from a handsome athlete in his forties to the shrunken gray remnant of a man twice that age. I watched that bodily transformation cloud his mind at the end. Suddenly one day he said: "Where am I going? Why is everyone saying goodbye?" That was on a Thursday. The Thursday after that I spent an hour planting flowers around the urn that held his ashes. It was mounted on a stone in the garden I had worked some years

to make for him.

My friend did in fact die a merciful death, if such a thing can be. That is to say he didn't have to suffer through several worst-case scenarios possible with his disease. He passed through confusion into sleep until he breathed his last.

Like him, like everyone around, I kept up appearances as best I could, playing the part of resigned good cheer. But the self-regarding fear was there. I had looked into the future....

After he died, my friend's executor complained to me about mountains of paperwork connected with settling health coverage claims. He mentioned casually that our friend's "well-managed death" cost "easily" a quarter of a million dollars.

Hard to say which struck me more, that dollar amount or death viewed as well-managed. I knew what he meant, though. I had seen the difference skilled professional care could make in easing the suffering and indignity of dying.

I had also seen something of the waste involved. One example speaks for many there. One sickroom staple used in large quantities was hydrogen peroxide, a disinfectant found in most American homes. It costs less than a dollar a bottle in the store. Yet the health care plan was being billed six dollars for the selfsame bottle. Dozens of bottles were used every week.

My friend's executor did his best to control that cost and others like it, offering to purchase and submit receipts. He was told firmly and finally that "the system isn't set up to work that way."

That obvious abuse is characteristic of our health care "industry" as a whole. Just this week on the news we hear that a pain reliever millions of elderly Americans use every day went from three dollars a pill to three

cents. The manufacturer's exclusive license had expired. The drug had entered the public domain as a "generic." Every drug company was free to offer it competitively. So the price went down.

End of story? Not quite. Senior citizens in a major government-sponsored health care system will continue to pay three dollars, thanks to a bureaucratic knot that probably won't be untied anytime soon. Only part of that cost is bureaucratic waste "covered" by the plan. The rest is "co-paid" by the individual who will, therefore, still suffer the difference between three cents and, say, a dollar. That difference quickly multiplies with drugs taken daily, sometimes several times a day.

It's hardly reassuring to think that my own health care will end up in the care of that same bureaucratic tangle. Its official name is Medicare. Three years from now, at age 65, I will enroll in a Medicare system already stretched thin in more ways than will do to tell. I will do what anyone does who can afford it, namely, subsidize my Medicare benefits with supplemental insurance available through various common interest groups like the American Association of Retired Persons.

My 82-year-old mother, for example, now pays \$80 a month for supplemental coverage that is anything but generous. That's a significant bite out of her \$800 monthly Social Security benefit. Still, she is fortunate. She owns her home and is still able to live in it by herself. Life in that part of the country is far cheaper than where I live. She also has children to help, though the nearest, most immediately helpful lives a four-hour drive away.

A more dubious benefit of my mother's old-fashioned rugged self-reliance is her stubborn distrust of doctors and medication. She hasn't seen a doctor for eight years and refuses to medicate severe arthritis with anything but

ibuprofen, a generic substitute for aspirin. Most people her age who suffer like she does lead complex and expensive health care lives.

Elderly Japanese must surely do the same. It's that old black magic paradox of modern-day medicine: effective treatment versus unintended side-effect. The effects of one drug must be countered with another. The whole exercise can have its own unintended side-effect on people of limited means: guaranteed poverty in old age.

This is particularly hard for my mother's generation. As children of the Great Depression, they tend to prize the traditional virtues and discipline it takes to "live within your means." Imagine their distress, seeing themselves reduced to living beyond their means, for reasons beyond their power as elderly individuals to control.

Given the system now in place, my mother's future looks like this.

Stage One: Little Old Lady Living Alone. My mother spends much of her day resting in bed or an easy chair, but she is still reasonably vigorous and mobile. She takes care of all her daily needs and keeps house like she always has: neat and tidy, spotlessly clean. She even washes windows — often — hard as that is to do. She drives locally, daylight hours only, with steadily diminishing confidence.

Stage Two: Assisted Living. Like health care's "managed care," assisted living is a relatively recent concept. Both grew out of the urgent need to control the cost and scope of services demanded by more and more people less and less able to pay for them. Some see a paradox at work here too: a case of the best available health care on the planet pricing itself out of reach.

Assisted Living works in various ways. In my mother's case, it means that her children will do all they can to keep her at home by hiring people to do what she can't do for her-

self. It could be as simple as someone driving her to the grocery store and washing windows. It could be as complicated as someone coming to help with meals and bathing.

My mother lives where living is cheap, wages are low, and rates of unemployment high. One might think that assisted living would be more affordable in such a place. Oddly enough, it's not. The work force in such a place tends to be what a sociologist or economist would describe as "under-incentivized." It's what happens when low levels of training and education are locked in a vicious cycle with lack of skill and poor motivation.

But how much incentive does it take to earn a living caring for the elderly? Are these not common, human things we do for love of ourselves and others? Is it that hard to do the same for a reasonable amount of money? The answer, alas, appears to be yes. Many books could be written to explain this sad phenomenon.

Expensive variations on assisted living are of course available everywhere. Some allow for living at home, others in apartments or even separate small houses.

Stage Three: Nursing Home Care. Every old person, rich as well as poor, dreads this stage of final dependency. Even expensive assisted care communities have nursing home facilities for those who lose their ability to lead a "normal" life.

Those who don't have much money have much to fear from the nursing home industry. It is famously just plain bad in every respect; and infamously successful at fending off reform. Owners make huge profits yet they persist in paying staff so poorly that levels of skill and commitment are routinely shockingly bad.

The lucky nursing home patient has family who look in every day to make sure they are being properly cared for. The same is true

of hospitals, where cost-cutting measures of "managed care" can and do favor bad outcomes.

Sad to say, my mother agrees that we should hope that some day she will clean the house as usual, feeling a little extra weak and weary, then go to bed to sleep in peace like grandpa did — in his own house.

Failing that blessing, my mother's stage three future looks like this. Her house will be sold and the money spent, with her savings, to care for her in a nursing home. Even the most basic nursing home care can easily cost \$30,000 a year, so assets vanish quickly.

A person whose assets are depleted (or who had none in the first place) is cared for by a home willing to accept the person's monthly Social Security check and a supplemental amount provided by Medicare. There is much to fear from such a tight budget outcome.

At present, 25% of Americans are directly involved in some aspect of care for elderly relatives. That percentage was far larger in the past, when far fewer women, married and single, had fulltime jobs. Yet will the percentage head back up with the rising cost of every kind of care?

The future of the Social Security System is one of the most hotly-argued issues in America today, for reasons that fatten many a book. A few facts will serve our slender purpose here.

Everyone is entitled to a minimum amount of Social Security, currently \$400 a month. Above that level, the amount of a person's monthly check is determined by the amount they have contributed to the fund by way of a tax on their earnings over a lifetime in the workforce. At present, those who work for an employer pay approximately 7% of their pre-tax wages to the fund. That 7% is matched by the employer. Those like me, who are self-employed, pay the full 14%. In my case, that 14% works out to be two-thirds of my federal taxes each year — money paid in advance, every

three months.

I am just old enough to have internalized the worldwide nightmare Depression of the 1930s. (Someone 42, not 62, would probably not think of capitalizing Depression.) I grew up hearing stories about people who lost everything in that time of national despair. I never actually visited the “poor farm” on the outskirts of our little town, though it was richly endowed with horrors in my young imagination. The wonder is that I didn’t grow up to be an earner-saver-investor of the kind now preparing to retire to “the good life” in sunny Florida or some such place.

Instead, I evolved into the kind of perennial student type enthralled by his own theory of “negative income.” Opting out of the money-crazed, consumer mainstream earned me a priceless freedom: to lead a simple, richly studious life. And it did too. I am amazed to think how many books I used to read—I who now do well to read two or three a month. I blush to confess that even today, as I face the dire economic consequences of that theory, I am very much drawn to it! Is it any wonder that idiot is a word I use freely, talking to myself about issues of survival related to growing old?

Even if I chose to close my eyes to that aspect of personal history, I would be reminded of it every year in March. That’s when the Social Security Administration sends me an updated statement of my investment in the system. They began doing this when I turned 55, the age at which Americans consent to be identified as “senior citizens.” There it is, year by embarrassing year since 1958: my financial history laid out in sums so dimly small I wouldn’t show them to my own mother. I wouldn’t want her to suffer, or risk hearing her mutter a word as honestly descriptive as, say, idiot.

My mother’s Social Security is small because

the system has no way of putting a dollar value on a lifetime of unpaid labor as wife and mother. In her case, that means a thirty year earning blank was followed by just twenty years of working for a modest wage. Luckily, her benefit amount is based on a higher alternative: a widow’s entitlement to half of her husband’s fifty years of earning credit.

My own figures reflect a simpler, direct relationship between lifetime earnings and monthly benefits. Three years from now, at age 65 and 9 months, I will be entitled to receive \$775 a month. (Three more years of earning will presumably increase that a bit.) I could in fact have “retired” early, at age 62, but that would have permanently lowered my benefit to \$550. The old age value of those figures can be conveyed quite simply: already today, it would be hard to find a decent place to rent for \$550 a month. Clearly, like many Americans, I will never really retire in the traditional sense.

Not many years ago, a person on Social Security had their benefits reduced if they went on working. That restriction has eased dramatically in the past few years. Social Security recipients are now “free” to earn up to \$30,000 a year. That figure itself suggests that the meaning of retirement has shifted significantly. The timing of retirement will be shifting soon as well, with qualifying ages raised to 67 and 70.

These changes might appear to make sense, given the longer, more vigorous lives Americans are living nowadays. Trouble is, they are changes that will amount to a surcharge of hardship for millions of Americans who, for whatever reason, haven’t managed to cushion old age with accumulated assets and good health.

The American aversion to anything resembling a “welfare state” is likely to decrease, not increase, direct governmental support.

Proud as we are of our “can-do” approach to life, we will fall back on remedies that emphasize self-reliance.

That is already happening as the American genius for advertizing and promotion turns its attention to our aging demographic. Everywhere you look “the golden years” are depicted as everything healthy, wealthy and wise. The message almost always has to do with some aspect of planning for retirement. Yet this particular American Dream, like so many others, obscures some real and difficult issues of aging.

There is, for example, serious talk about replacing Social Security with a system of personal investment in the stock market. We already have Individual Retirement Accounts by way of a chance to earn a yearly tax deduction. Even I had the wit to sign up in 1988 when IRAs began. Every year since I have faithfully set aside the maximum allowed. Last year it rose from \$2,000 to \$3,000 (if you’re 55 or older, \$3,500). I will contribute again this year, yes, even though the sleeping bear stock market has reduced the value of my IRA account by 40%.

Yet even in this time of economic downturn, those opposed to Social Security would have us take charge of our lives and see to the future on an individual basis. The idea is that the average working American can lead the kind of life that makes it possible for them to save and make savvy investments enough to maintain a decent standard of living into retirement and on into old age.

Any working stiff can do the math. (Working stiff is time-honored slang, used ironically to describe one’s own lack of conspicuous success.) The math shows very clearly that individually funded old age is a bureaucratic fantasy, one of those ideal scenarios politicians use to keep themselves talking at election time.

I have no illusions about the difficulties fac-

ing older Americans, though I do see signs of a growing awareness that may change things for the better as time goes by. I think of it as the elderly equivalent of the sense of entitlement so conspicuous among our youth today. I see it in the sassy bumper sticker that reads: SPENDING MY CHILDREN’S INHERITANCE. Somber financial advisers put it another way. Educate your children well, they say; let that be their inheritance. Most parents, they explain, will need all their remaining assets to support their own old age.

My own financial adviser is the nicest man in the world. He lets me do the joking as we look at figures that argue for clinical depression, not levity. I need the levity. It helps conceal the pessimist in me—the one who prefers hard facts to wishful thinking. Pessimism is not the American way. I think it’s true to say that optimism is to America what politeness is to Japan: a core social value, a requirement of good citizenship.

A bank teller recently handed me a crisp new fifty dollar bill. Its new design enlarges the portrait of good old Benjamin Franklin, one optimist I dearly love. Old Ben looked squarely at unpleasant facts from the point of view of a problem-solver. He was cheerfully practical and endlessly inventive, a self-reliant, honest man who went from rags to riches, retiring in his forties to devote the rest of a long and busy life to the public good.

The teller was a rosy, plump, white-haired lady I have seen exercizing at the YMCA. I asked if she had seen the TV special on Franklin. “Not yet,” she replied cheerfully. “I taped it to watch on the treadmill.” The treadmill! That dreary machine of bygone days was used to punish prisoners with useless hard labor. What genius optimist thought of giving it new life as an exercize machine? Who would have thought that early twenty-first century white-haired ladies would look to a tread-

mill for help in leading a longer, healthier life?
Yet so it is. So how can I refuse to do my
optimistic, self-reliant best to age this new
American way?
END

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