

AmacAdvantage

THE MAGAZINE OF THE ASSOCIATION OF MATURE AMERICAN CITIZENS

VOL. 4 ISSUE 1

\$2.95

The People's Revolt

see pg. 18 for story



In This Issue:

Dark Secrets of AARP ★ Medicare Open Enrollment ★ An American Hero

It's the Little Things



No matter what the little things in your life may be, you owe it to yourself to see how Humana can help safeguard your health. Humana has been serving people just like you with Medicare for over 20 years, and currently provides coverage to more than 4.3 million people with Medicare across the country.

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Help Us Grow!



AARP recently endorsed President Obama's government directed health proposal!

His proposal promises a reduction in the cost of health care, which many health care professionals say will likely result in restrictions and rationing in your medical treatment.

AMAC, the conservative organization for Americans 50 plus, is strongly against this proposal. We believe the Government is already involved in too many areas that the Constitution provides for.

If you think our Government has grown too big and costly, putting the financial future of our children and grandchildren in jeopardy - ***please help AMAC grow!***

We need more members to get the attention of our elected representatives and to balance the power and influence of the AARP.

If you are already a member, please give your friends, family and neighbors this enrollment form - or have them contact us directly to join.



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I'm angry!

I'm angry because, as of the printing of our magazine, the United States Senate has passed a bill that will give the Federal Government complete control over our entire health care system.

I'm angry that Senate leader Harry Reid "bribed" Sen. Mary Landrieu from Louisiana with \$300 million dollars of our tax money to give her state some goodies. He apparently threatened Ben Nelson of Nebraska with closing down a major Air Force base and then paid him off by allowing Nebraska millions of dollars in exemptions from Medicaid. To get the other Senator Nelson to go along, he exempted Florida from Medicare Advantage cuts and Senator Bill Nelson voted in favor of the bill. All of this, and much more, was done in secret, behind locked doors.

We have lost another freedom to the ever expanding monster of government. Soon, some Medical panel will tell your doctor what he or she can or cannot do. A Government bureaucrat will determine what doctors and hospitals can charge - a move that several studies say will lead to rationing and less care for the elderly.

As a young boy, I learned that anger was a bad emotion to carry around. The best thing to do to get rid of anger was to do something positive about what made you angry.

In this case the answer is simple – get rid of it!

Assuming some miraculous event does not take place before President Obama signs the bill into law, we are faced with the task of passing a new law to replace this monstrosity.

First, look inside this issue to see the AMAC Low Cost Solution to health care. You can't fight something with nothing, and we have a great alternative plan to solve our problems in health care, without adding trillions more in debt.

Next, stay tuned as AMAC coordinates a people's revolt. The entire House of Representatives is up for reelection as well as one third of the Senate. Since almost all of the major changes in the Health bill take effect after 2011, the election in November 2010 will allow an opportunity to replace their plan with ours. There are many organizations willing and ready to participate. AMAC is preparing for action!

We will be reaching out to our members to join us in our efforts shortly. In the meantime help us grow by telling friends and neighbors about AMAC.

A handwritten signature in black ink that reads "Dan Weber".

Best regards,
Dan Weber, Publisher

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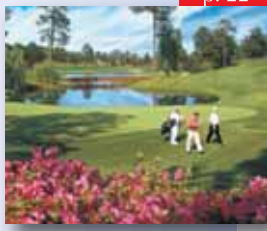
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Association of
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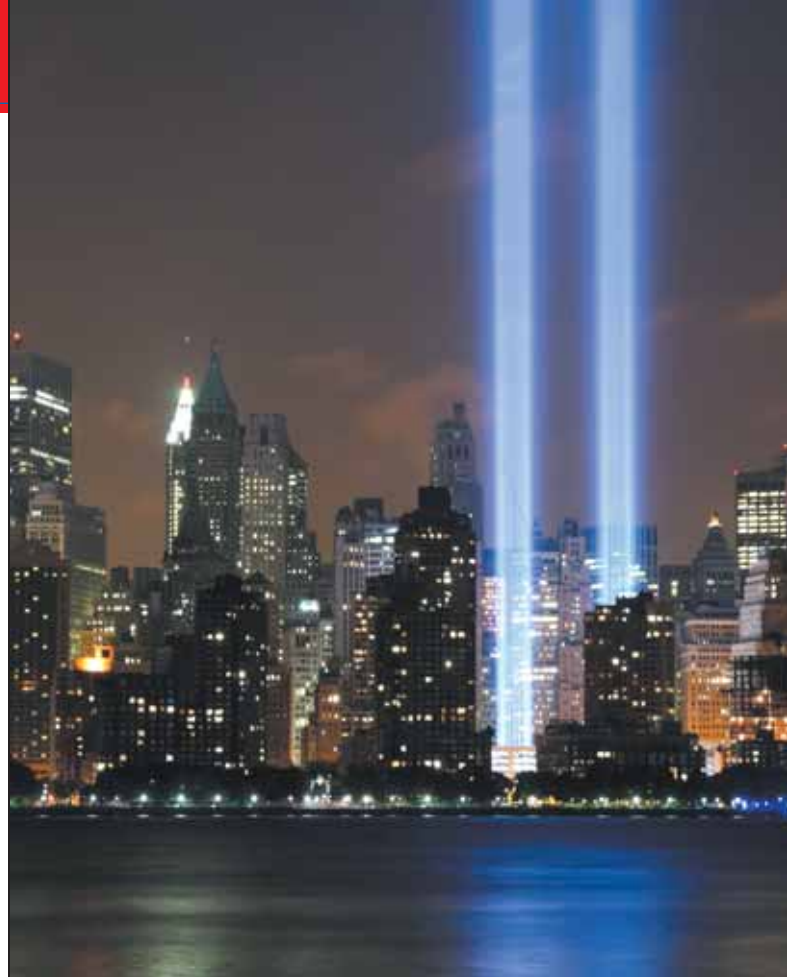
by Jedediah Bila, Author and Political Commentator

To highlight just a few crucial moments from Barack Obama's presidency thus far, let's recall a \$787 billion Recovery and Reinvestment Act that hasn't recovered much. Let's revisit a \$2.5 trillion health care agenda that longs to mimic the monstrosities of Canada and England, stripping Americans of countless liberties, including the right to decide whether they want to purchase insurance at all. Let's remember a chain of decidedly apologetic speeches by our global President that criticize the country that has birthed his every success and instead pay homage to supreme naiveté in this post-9/11 world. And now, the coup-de-gras, a declaration that 9/11 mastermind Khalid Sheikh Mohammed and his terrorist buddies will be tried in federal court in New York City, making my city—the one whose streets I treaded for my life on 9/11 as our noble towers fell from their grace—more vulnerable than ever.

“And now, the coup-de-gras, a declaration that 9/11 mastermind Khalid Sheikh Mohammed and his four terrorist buddies will be tried in federal court in New York City...”

As a survivor of the New York City 9/11 terrorist attacks who stood no more than fifty feet from the second tower as I jolted up and watched an airplane thrust into its center, I urge all Americans to take a moment to consider the profound atrocity of our President and Eric Holder's decision. Your hard-earned tax dollars will be defending terrorists who will be tried not as the enemy combatants they are, but rather as Americans, retaining the protection of our judicial system with respect to admissible evidence. They will enter a New York City court on your dollar, be defended by American lawyers, retain the same civil liberties as you and your family, and likely laugh all the way back to their terrorist homes as they plot the next manner in which to target the very government that has fought so hard to free them.

***The 9/11 Never Forget Coalition was the first to organize a protest rally on December 5, 2009 in Foley Square, Manhattan.*



To those who lost loved ones on September 11, 2001, let your outrage be heard.

Jedediah Bila is an author and political commentator living in New York City. She earned a Master of Arts from Columbia University and completed her first novel in December of 2009. Her contributions are housed at www.humanevents.com and www.thexaminer.com. She is a regular guest on several radio shows. Visit her website at www.jedediahbila.com.

9/11 - Never Forget

The 9/11 Never Forget Coalition, founded by Debra Burlingame, the sister of Charles F. Burlingame, III, pilot of American Airlines flight 77, which crashed into the Pentagon on September 11, is a diverse group of 9/11 victims, family members, first responders, active and reserve members of the military, veterans, and concerned Americans. The Coalition was formed to fight the decision of President Barack Obama and Attorney General Eric Holder to try the 9/11 co-conspirators in New York City's federal court, effectively giving war criminals the same rights as American citizens while endangering the safety of all New Yorkers.

Roth Revisited in 2010

Among many other changes in the tax law, the year 2010 brings retirement change to many individuals. EVERYONE has the opportunity to convert their traditional IRA account to a ROTH IRA. While conversion to a ROTH is certainly not new to tax year 2010, previously an individual contemplating a conversion had to be concerned about not only paying income taxes on the converted account, but also there was also an income limit which determined if someone was even ELIGIBLE to convert.

Beginning 2010, everyone has the option to convert their traditional IRA to a ROTH, regardless of income amounts. ROTH IRAs are not a new type of retirement vehicle. They were initially implemented with a 1997 tax law change. However, that same tax law which created the ROTH, limited conversion for higher wage earners. Those taxpayers earning \$100K or more could not convert an existing traditional IRA. Additionally, those earning \$110K (\$160K-married, filing joint) were precluded from even funding a current ROTH IRA contribution.

FOR THOSE WHO CONVERT IN 2010:

- Though income taxes will be due on the dollar amount of your conversion, special tax treatment exists for tax year 2010. You have the opportunity to report the additional income, either on your 2010 tax returns, OR, report ½ the converted amount on 2011 and second ½ on 2012 tax returns (the tax payment for your second ½ is due on 4/15/13). Taxes should be paid from a non-retirement asset, NOT your IRA account.
- Many saw the markets devastate their retirement account values from 2007 market highs. Convert the depressed value in 2010 and pay tax on the lower amount. Future growth will be tax deferred and withdrawals tax free (after age 59½ and 5 years after your conversion date). Do you want to pay your tax on the “seed” or the “harvest”. This is especially true for those individuals with years to retirement.
- Should you convert to a ROTH and then “change your mind”, you have until October 15 of the following year to “re-characterize” your account



back to a traditional IRA. No taxes are due on the re-characterized amount.

- ROTH conversion can be an estate planning strategy, reducing the income tax bite to your estate. Since income tax has already been paid by you, your heirs receive distributions income tax free. Please note, ROTH IRAs may still be subject to estate taxes (depending on tax law in effect after 2010).
- ROTH IRAs DO NOT have required minimum distributions for the owner at age 70½. Heirs (other than spouse) will be subject to RMD, but remember, their distribution is still INCOME TAX FREE. What a terrific legacy to the next generation.

Finally, conversion to a ROTH IRA is not for everyone. To determine whether a conversion makes sense for you, speak with your financial advisor today.

Questions? Please call Louise Fallica, RFC, 631-979-6161, Ext 104 at Design Capital Planning Group, Inc.; Smithtown, NY. Louise Fallica, RFC, Vice President of The Design Capital Planning Group, Inc., a Registered Investment Advisor. Registered Principal with Securities offered through Securities Service Network, Inc., member FINRA/SIPC.

Open Enrollment Period begins January 1, 2010. Have you made your health care decisions?

Many Medicare beneficiaries find it overwhelming to choose a health care plan that matches their needs. With so many choices available, it is often difficult to determine which choice is the best one for you. It is important to weigh your options carefully, for the choice you make now will influence the coverage that you have for the next year.

Each year Medicare Approved Carriers introduce their new plans. It is important to look at your present coverage because the same carrier may have a different plan, or may have eliminated a plan, for the 2010 enrollment season. Now is the time to learn about the new choices you can take advantage of to enhance your current coverage.

Unlike the *Annual Enrollment Period*, (November 15th through December 31st) which allows beneficiaries to add or drop coverage, the *Open Enrollment Season* differs in that you can not add or drop prescription drug coverage. **The Open Enrollment Period, which begins on January 1st and ends on March 31st, offers you one chance to change your existing health care coverage, however, the change cannot add or drop prescription drug coverage. For example if you have Medicare only, you cannot enroll in a health care plan that offers prescription drug coverage, likewise you cannot enroll in a plan without prescription drug coverage if your existing plan includes prescription drug coverage. To keep it simple, during the Open Enrollment Period, the terminology that is used is that any plan changes must be “like to like”.**

Let's first review Original

Medicare coverage and some of the changes to costs, deductibles and co-pays:

➔ **MEDICARE PART A – Hospital Coverage.**

This part of Medicare will cover you while you are in the hospital. For most beneficiaries, there is no cost for Part A, you are “entitled” as long as you worked 40 quarters. For those who do not fulfill this requirement, monthly premiums range up to \$433.00 per month. Having Part A Hospital Coverage does not mean that there is no cost while being hospitalized. For 2010 there is a deductible of \$1,100 per benefit period. Once you've been hospitalized for 60 days, there is a per day cost of \$ 275.00. If you are hospitalized over 90 days, the cost increases to \$550.00 per day. While Part A Coverage helps reduce your out of pocket expenses should you become hospitalized, it still leaves a beneficiary with costs associated with deductibles and copayments.

➔ **MEDICARE PART B – Doctor/Medical Coverage.**

Although there is no requirement to how many quarters you worked, there is a premium that you must pay. For the majority of Medicare Beneficiaries the premium is \$96.40 per month. Under Part B, a beneficiary must meet a yearly deductible of \$155 and is required to pay 20 percent of the Medicare approved amount for all services covered by Part B. Beneficiaries are also required to pay an excess charge of 15 percent for services rendered by non-participating Medicare providers.

As one can see, neither Part A nor Part B pays for all of a covered person's medical costs, due to



deductibles and coinsurance, which means the covered individual must pay for these costs. It is important that all beneficiaries examine the choices available, to help fill the “gaps” and reduce or eliminate these out of pocket expenses.

If you are a Medicare Beneficiary who has Parts A or B you now will qualify to have a Part D Plan.

➔ **MEDICARE PART D – Prescription Drug Coverage.**

Part D provides coverage for your prescription needs. In order to receive Part D Coverage a monthly premium is paid. Premiums vary depending on which plan you chose through a Private Insurance Carrier. There may be an annual deductible to meet as well as co-payments for each prescription filled.

Another important component of Medicare Part D plans are the “Phases of Coverage.” These phases are the **Initial Coverage Phase**, **Coverage Gap Phase**, and **Catastrophic Phase**. Briefly, in the Initial Phase you pay a lower percentage of the prescription costs. In the Coverage Gap Phase you are usually responsible for the entire

cost of the prescription. Finally, in the Catastrophic Phase, the most significant cost savings are realized since your prescription costs are so dramatic. Each year Medicare sets the dollar amounts of costs for each phase. These costs have gone up in the 2010 Medicare Season.

Medicare Parts A, B & D are important. However, there are still co-pays, deductibles, out of pocket expenses and premiums that a beneficiary may incur. *Do you have any other options.....The answer is Yes!*

➔ MEDICARE SUPPLEMENT

These programs, offered by Private Insurance Carriers, help pay the costs that Medicare does not pay for. A Medicare Supplement Plan is ideal for people who visit doctors frequently while traveling, or for those living out of state for an extended period of time. These types of plans do have monthly premiums and each premium depends on how extensive you want your health coverage to be. There are standardized plans available and the major difference between carrier plans is usually just the monthly premium. Plans with low or zero deductibles and copayments will usually cost more. It is important to weigh out your options so you can choose a Medicare Supplement Plan that is appropriate for your needs and budget.

In 2003, President George W. Bush passed the Medicare Prescription Drug, Improvement, and Modernization Act. This provided Americans better choices and more control over their health care. Because of this Act, Medicare Advantage Part C Plans became available to help Medicare beneficiaries deal with the high cost of health care. These programs administered by Private Insurance Carriers are being utilized by millions of Medicare beneficiaries today.

➔ MEDICARE ADVANTAGE PART C PLANS

These health plans approved by the Centers for Medicare and Medicaid Services (CMS) and run by Private Insurance Carriers are becoming increasingly popular because of the additional coverage offered at very affordable premiums. In addition to reducing or eliminating the out of pocket expenses of Parts A & B, these programs can also include prescription Part D Coverage. Each year during the Annual Enrollment Period the Private Insurance Carriers introduce their new plans with the summary of benefits to eligible beneficiaries. There are many carriers and plans to choose from to cater to your medical needs. Medicare Advantage Plans may also offer other benefits such as **Dental, Hearing and Vision**. You can join the plan if you live in the plan's service area, have Medicare Parts A & B and you do not have end stage renal disease.

To sum it up, Medicare Advantage Plans have predictable premiums, include prescription drug coverage, offer predictable payments for doctor's office visits, eliminate the need for costly Medicare supplements

(Medigap policy) and give you better coverage than original Medicare. Many of these plans are PPOs which allows the beneficiary to go "out of network" and see physicians without referrals. This is a feature that many seniors look for.

This Enrollment Process is a vital step for your health care needs. It is important to prioritize your needs so that

Some questions you should ask your insurance provider are:

- ➔ Can I see my present doctors and what will the cost be to see them?
- ➔ Can I see any doctor of my choice?
- ➔ What happens when I go into the hospital and what will it cost me?
- ➔ Are referrals necessary to see a Specialist?
- ➔ If I go for exams or screenings are they covered and what will they cost me?
- ➔ What will my prescriptions cost me?
- ➔ Does this plan cover me if I travel outside of my area?

you may begin to narrow down the plans that fit your health care requirements. What is good for one person might not necessarily be good for another. The above questions, when answered properly, can help to determine which plan might be more beneficial and best suited for you. Each Health Insurance Company, upon request, can provide you with the following information to find the answers to questions you may have. They are as follows: **Summary of Benefits** - which explains what is covered and for how much, **Formulary**- which will aide you in learning the cost of a prescription based on what tier they are classified as and the **Provider Book**- which details which doctors are accepting the plan.

Another important resource available is the **Medicare and You Handbook**, (www.medicare.gov). This book offers additional information about which carriers offer Medicare Advantage Plans in your area. Speaking with a qualified, licensed insurance agent prior to making any decisions is also advised.

The season has begun. Do you know what your choices are? Time is running out, but it is not too late. Contact a reputable licensed agent who represents many carriers to help give you an unbiased approach to your health care needs. For further information please call 888-262-2006.

Good Health Habits at 50 and Beyond

Do you feel as good now as you did at 40 years of age? At 50? If the answer is no, then read on. You might be able to feel as good as you used to by picking up a few good health habits. Even small changes can improve your health. Add some activity to your daily life, eat more fiber, fruits and vegetables, it's never too late to start!

Get physically active now

For most people, walking is one of the easiest activities to do. Experts recommend at least 30 minutes of physical activity on most days of the week, but you don't have to do all 30 minutes at once. Try walking for 15 minutes twice each day or for 10 minutes 3 times each day.

Experts also recommend the following simple strength exercises that you can do at home. Each exercise should be done 8 to 10 times for two sets.

Wall push-ups

Place hands flat against the wall. Slowly lower body to the wall. Push body away from wall to return to starting position.

Chair squats

Begin by sitting in the chair. Lean slightly forward and stand up from the chair. Try not to favor one side or use your hands to help you.

Biceps curl

Hold a weight* in each hand with your arms at your sides. Bending your arms at the elbows, lift the weights to your shoulders and then lower them to your sides.

Shoulder shrugs

Hold a weight* in each hand with your arms at your side. Shrug your shoulders up toward your ears and then lower them back down.

**start with a 1-pound or 5-pound weight. If you don't have weights, you can use a can of soup, a book or a full water bottle*

Healthy Diet

You don't have to change your diet all at once. Try making 1 small change at a time. If you eat 2 slices of white toast for breakfast, replace 1 of them with a slice of whole grain bread. If you drink orange juice every day, eat an orange instead for 3 days of the week. If you prefer salty snacks, try low-fat popcorn instead of potato chips. Try adding a single high-fiber food (see the box below) at each meal or snack time.

Foods rich in fiber

- Whole wheat and rye flours
- Grainy breads, such as whole wheat, rye or pumpernickel
- Fresh fruits, such as apples, berries and pears
- Dried fruits, such as prunes, apricots and figs
- Vegetables, such as broccoli, carrots and green peas
- Legumes, such as chickpeas, baked beans and navy beans



Healthy Food Substitutes

Instead of this:	Try this:
Croissants, biscuits, and white breads	Low-fat whole grain breads
Doughnuts, pastries and scones	English muffins and small whole grain bagels
Sugar cereals and regular granola	Oatmeal, low-fat granola and whole-grain cereal
Potato chips and buttered popcorn	Pretzels (unsalted) and popcorn (unbuttered)
White pasta or White rice	Whole-wheat pasta or Brown rice
Fried vegetables or vegetables served with cream, cheese or butter sauces	Vegetables raw, steamed, broiled or baked with a small amount of olive oil, salt and pepper
French fries, hash browns and potato chips	Baked, mashed and boiled potatoes or sweet potatoes
Regular ground beef	Lean or extra-lean ground beef, ground chicken and turkey breast
Lunch meats such as salami, bologna and liverwurst	Lunch meats such as turkey, chicken and ham
Whole or 2% milk	Skim or 1% milk
Yogurt made with whole milk	Nonfat or low-fat yogurt
Regular ice cream	Sorbet, sherbet and nonfat or low-fat ice cream
Cookies	Fig bars, gingersnaps and molasses cookies
Shortening, butter or margarine	Olive, soybean and canola oils, Nonstick cooking spray
Regular mayonnaise	Nonfat or light mayonnaise

Exercise!

Different types of exercise benefit your health in different ways:

- **Aerobic activities** like running, biking and swimming strengthen your heart and increase your endurance.
- **Strength training** like weight lifting or resistance training builds muscle and bone mass, improves balance and prevents falls. It's one of the best counters to frailty in old age.
- **Flexibility exercises** like stretching and yoga help prevent injury, enhance range of motion, reduce stiffness, and limit aches and pains.

Soups On!

Nothing says comfort like a bowl of steaming, hot soup.

Eating soup can bring back fond memories of being pampered by Mom when home sick from school or warming up after a day of neighborhood snow play. A large pot of simmering soup could usually be found in an old fashioned country kitchen. Leftover scraps of meat or vegetables were added throughout the day, and by evening, these tasty morsels had become dinner. Today soups are usually considered an appetizing first course or a gratifying lunch, but paired with a salad and crusty loaf of bread a simple soup can become a hearty dinner too. Soups are filled with a multitude of wholesome ingredients, and preparation is relatively simple. Soups also store well - even intensifying in flavor after a day in the refrigerator, and since they freeze well, they can be made in big batches and eaten over a long period. Soups begin with humble ingredients, but the result will warm you on a cold winter's day, help to lessen the effects of the common cold and may even create a loving memory.

A few tips for tasty, homemade soup:

- A general rule of thumb: 1 quart of soup will serve 6 people as a first course, 2 people as a main dish.
- Always begin with cold water - never warm or hot.
- Many soups are made with a base of homemade stock, but canned or frozen broth can be substituted to save time.
- A long, gentle simmer will draw out the most flavors and help prevent tough meat and cloudy broth, so avoid a rapid boil.
- Although fresh vegetables are best, some canned and frozen ones, such as peas, corn, green beans and spinach will also work well.
- As a short cut, visit the grocery store salad bar and purchase pre-cut vegetables or cooked meats to use in your soup preparation.
- To avoid mushy vegetables, add the longest cooking ones first, followed by the ones that take less time. Quick cooking vegetables, such as peas and corn, should be added at the end of cooking time.
- Bulk up lighter soups with barley, rice, pasta or beans.
- Use dried herbs instead of fresh. Dried herbs hold their flavors better over a long cooking period.
- Removing fat is easy - make the soup a day ahead, chill and scrape off the solidified fat that rises to the top. If you plan on serving soup on the day that it's made, float a paper towel or lettuce leaf on the surface to remove oil.
- Check seasonings just before serving, they may need to be adjusted.
- Is the soup too salty? Add a peeled potato, simmer for 15 minutes and remove. The potato will absorb much of the extra salt.
- Cool soup completely in an uncovered pot before refrigerating or freezing.



Hamburger Barley Soup

- ❑ 2 lb. lean ground beef
- ❑ 7 cups water
- ❑ 1 - 16 oz. can diced tomatoes
- ❑ 3/4 cup tomato juice
- ❑ 1/2 lb. green beans - cut in 1 inch pieces
- ❑ 1 cup diced celery
- ❑ 1 cup chopped celery greens
- ❑ 1 bay leaf
- ❑ 2 tsp. minced garlic
- ❑ 2 Tbls. soy sauce
- ❑ 1/2 tsp. paprika
- ❑ 1/2 tsp. thyme
- ❑ 1/2 cup pearl barley salt & pepper to taste
- ❑ 1 cup diced carrots
- ❑ 1 cup diced potatoes



In a large pot, brown ground beef, drain. Stir in all remaining ingredients except the carrots and potatoes. Bring to a boil, reduce heat, cover and simmer for 1 hour. Add the carrots. Cook for 10 minutes. Add the potatoes. Cook for an additional 30 minutes or until all vegetables are tender. Remove bay leaf before serving.

Broccoli, Cheese & Noodle Soup

- ❑ 3/4 cup chopped onion
- ❑ 2 Tbls. butter
- ❑ 6 cups chicken broth
- ❑ 1 - 2 whole garlic cloves salt & pepper to taste
- ❑ 2 boxes frozen chopped broccoli - thawed
- ❑ 6 cups milk
- ❑ 1 - 8 oz. bag fine noodles
- ❑ 1 lb. sharp cheddar cheese - shredded



Saute onion in butter until tender. Add the chicken broth, garlic cloves, salt and pepper. Bring to a boil. Add chopped broccoli, and bring once again to a boil. Add the

milk and the noodles. Lower heat and simmer for 5 - 6 minutes or until noodles are tender. Add shredded cheese. Stir until melted. Serve.

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Dark Secrets of AARP Finally Exposed to Light

By Chelsea Schilling

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When the AARP, formerly known as the American Association of Retired Persons – one of the wealthiest advocacy groups in the U.S. – began backing the \$1.2 trillion House health bill despite concerns about Medicare cuts, death panels and assisted suicide, many members shredded their membership cards, saying the organization no longer represents their interests – but AARP’s history of left-leaning activism on a host of issues may surprise its constituents.

AARP’s Nov. 5 health bill endorsement left many seniors wondering why the powerful group that claims to represent their interests would call for an estimated \$500 billion in cuts to Medicare, a system many seniors have indicated that they would like to preserve.

“After carefully monitoring

developments in Washington and studying the various legislative proposals, AARP’s all-volunteer Board of Directors – made up of working and retired doctors, nurses, business people, and teachers – has decided to endorse the Affordable Health Care for America Act (H.R. 3962/H.R. 3961) because it delivers on key priorities we’ve been fighting for,” an AARP announcement stated.

But while many seniors believe AARP offers worthwhile discounts on health and car insurance, vacations and advice on financial planning, the group has a history of left-leaning political stances and activism.

Why the AARP health ‘reform’ endorsement?

AARP collects royalties on “Medigap insurance,” a privately purchased insurance coverage that helps pay some of the health-care costs that Medicare doesn’t cover.

However, according to the U.S. Department of Health and Human

Services’ Medicare website, seniors have the option of joining Medicare Advantage plans, allowing them to use Medicare funds to purchase private insurance plans that offer extra benefits and lower co-payments than the Original Medicare Plan. An estimated 10.2 million seniors have enrolled in Medicare Advantage.

When seniors enroll in Medicare Advantage plans, they often drop Medigap policies. Therefore, the switch may slash Medigap revenues – and simultaneously impact AARP royalties from Medigap insurance.

However, Sec. 1161 of the House bill would slash payments to Medicare Advantage health plans used by 20 percent of seniors and cause them to lose some benefits, including vision and dental coverage.

Grace-Marie Turner, president of the Galen Institute, one of the leading health-care policy organizations in the country, told



WND's Radio America AARP saw that it would lose revenue if it didn't stop the Medicare Advantage programs.

"The House bill would dramatically cut money out of Medicare Advantage programs, forcing people to need the Medigap policies that are such a big cash cow for the AARP," she said.

"Seniors are going to have higher costs in Medicare. Because of the cuts in Medicare, they are going to have ever more need for these Medigap policies. So the AARP, therefore, will be able to make even more money off of us," Turner explained. "The legislation both kills competition that the AARP has with these Medicare Advantage programs, and it boosts the number of people who need the Medigap insurance because Medicare is going to become an even more deficient program if you take half a trillion dollars out of it."

Following the money trail

According to the AARP website, the group promises seniors it will be a "voice in Washington and in your state, representing you on issues like Medicare, Social Security and consumer safety."

But the majority of the money AARP collects doesn't come from its annual \$16 membership dues. AARP's 2008 consolidated financial statements reveal the organization earns far more income from selling supplementary insurance to members than it takes in from yearly member fees.

The group received nearly \$653 million in royalties from private insurance companies that sold products referred by AARP in 2008. It also received an additional \$120 million for the ads placed in its publications.

By contrast, AARP collected \$249 million in membership dues last year.

While the organization claims to represent almost 40 million Americans over age 50 – nearly as many members as the U.S. Roman Catholic Church – the group has been accused of inflating that number by automatically giving spouses and "domestic partners" free memberships. In reality, \$249 million in annual dues would indicate members who actually sought and paid for memberships in 2008 may have numbered closer to 15.6 million.

AARP's federal funding

AARP is a private, nonprofit group, but the AARP 2008 annual report shows that of the \$1.1 billion in

revenue AARP received last year \$90 million came from a variety of grants, including a substantial amount of federal aid. Its two largest grant programs offer tax counseling for the elderly and job training for low-income seniors.

According to a National Legal and Policy Center report titled, "How the Federal Government Subsidizes AARP," written by NLPC Director of Policy John Carlisle, AARP administers the federal funds through its the AARP Foundation, a 501(c)(3) charity, because AARP is designated as a 501(c)(4) that's ineligible for federal funds.

"The AARP Foundation is a legally distinct organization that theoretically operates

Money Talks...

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independently of AARP," Carlisle explained. "It has its own board of directors and staff and can engage in fundraising activities to advance its particular public policy agenda. However, the foundation works so closely with AARP that the two entities are barely indistinguishable."

According to the report, the AARP Foundation is located in the same building as AARP, where employees work "practically side-by-side with lobbying staff" – and the AARP Foundation's second largest source of income is AARP.

In a March 2001 letter to the Department of Health

and Human Services on federal aid, the AARP Foundation reported receiving money from the Department of Labor, the Internal Revenue Service, the Department of Health and Human Services, the Department of Housing and Urban Development and the Department of Justice, according to NLPC.

“It’s outrageous that taxpayers are being used to advance [AARP’s] liberal agenda to expand government and thwart Social Security reform,” Carlisle contends. “Ending federal subsidies to AARP would put an end to the unjust practice of publicly funding a highly partisan and controversial interest group.”

Left-leaning activism and campaign contributions

Former President George W. Bush attempted to reform Social Security through the use of private retirement accounts in 2005. His plan sought to permit workers to redirect 4 percent of their Social Security payroll taxes into private accounts that would invest in mutual funds and other securities.

But AARP reacted to Bush’s proposal by slamming its members with mass mailings and spending \$5 million on full-page advertisements in 50 newspapers and an additional \$5 million on print ads opposing Bush’s plan.

With its nearly 3,000 chapters, AARP attended congressional town-hall meetings to counter Bush’s proposal. The group also targeted seniors in its magazine and official bulletin, delivering it to 22 million U.S. households.

But AARP’s left-leaning activism didn’t end there.

While AARP bills itself as a nonpartisan group that does not support, oppose or contribute to any candidates or political parties, AARP’s executives and employees overwhelmingly support Democrats.

AARP CEO Barry Rand is a strong supporter of

“It’s outrageous that taxpayers are being used to advance [AARP’s] liberal agenda to expand government and thwart Social Security reform,”



AARP executives and employees backed Obama, Dems by 14-to-1 ratio

President Obama, and federal records show he contributed \$8,900 to Obama’s campaign committees in 2008. According to Federal Election Commission databases, Rand has given \$15,900 to Democratic campaign committees since 1995.

A search of campaign contributions by AARP executives and employees reveals they overwhelmingly gave to Obama’s campaign and Democrats during the 2008 election cycle – by a ratio of 14 workers to one.

Shredding the AARP membership card

According to news reports, at least 60,000 AARP members canceled their memberships from July to August of this year amid anger over the group’s position on health care. AARP said the members represented a small percentage of its total membership and that during the same time period, 400,000 people joined AARP and 1.5 million renewed their memberships.

Several WND readers have indicated that they will cancel their memberships due to AARP’s support of the health-care bill. The following are some comments received in recent days:

- The AARP hasn’t been my “voice” in a long time.
- If anyone has AARP, it’s time to find something else.
- AARP has sold out its members by endorsing a health-care plan that will only result in higher taxes, worse coverage and more government control over our lives. It’s time to draw the line and cut the cord. Hit them in the pocketbook for their disservice to members. They were supposed to have our best interests at heart – not their own. Their conflict of interest deserves to be repaid.

The above article does not necessarily reflect the views of AMAC, but is solely information provided by the news source.

★ Government Watch

In late October, the Senate health committee voted 12-11 in favor of a two-page amendment, courtesy of Republican Tom Coburn which would require all Members of Congress and their staff members to enroll in any new government-run health plan.

Congressman John Fleming has proposed an amendment that would require Congressmen and Senators to take the same health care plan that they would force on us. (Under proposed legislation they are exempt.)

Senator Coburn and Congressman Fleming are both physicians.

To sign this petition visit www.fleming.house.gov/index.html



By Fido - your government watchdog

"Under the current draft of the Democrat health care legislation, members of Congress are curiously exempt from the government-run health care option, keeping their existing health plans and services on Capitol Hill. If Members of Congress believe so strongly that government-run health care is the best solution for hard working American families, I think it only fitting that Americans see them lead the way. Public servants should always be accountable and responsible for what they are advocating."

- Congressman John Fleming

★ Did You Know?

Did you know that the TAX REFORM ACT of 2008 now permits people to convert all past IRA contributions, plus any growth thereon, to the new Roth IRA so long as they are willing to pay the tax in their current tax bracket? Also, suppose you have been accumulating retirement money in a 401k plan. Under current law, it is possible to take an "in-service" withdrawal from a 401k plan, pay taxes, and convert to a Roth IRA as well. Prior to the change in the law there were income restrictions on those taxpayers looking to convert. Now those restrictions have been lifted. Be sure to check with your tax professional.



UnPlug it!

One of our staff recently found out what can happen if you don't unplug your electronic devices in your vehicle! Don't let this happen to you...
UNPLUG IT!



The AMAC Low Cost Solution to Providing Health Care

The AMAC solution provides changes in our Health Care System that will result in all citizens being covered. It lowers the cost of medical care and does so within the free enterprise system.

It will cost approximately one fifth (1/5th) of the cost of the plans presently being proposed in Congress.

There are five points to the plan:

➔ **The plan is administered by the states using their already existing Departments of Insurance.** No need to create 80 plus new government bureaucracies, as proposed in House and Senate bills. The already existing National Association of Insurance Commissioners (NAIC) will create uniform regulations to govern health insurance programs. Exceptions to the regulations would be allowed in certain states.

➔ **Coverage will be required for all, phased in over a four year period.** Individuals would receive tax incentives to help

pay the cost. Those eligible for group insurance would be required to join the plan and employers would pay a portion of the premium. Tax credits would be given to employers according to a schedule. A “basic” low cost plan would be available for low income households.

➔ **Preexisting medical conditions would be covered** and insurance plans could not stop payments because of use of the plans.

➔ **Costs would be reduced by:** reforming medical malpractice lawsuits, establishing peer approved practice protocols to reduce unnecessary tests, allowing incentives to be paid to those who uncover Medicare and Medicaid fraud, encouraging hospitals to review management of their operations and finances (share cost saving ideas) and encouraging competition between providers of medical devices. Further cost reductions can be achieved by providing incentives for the free market to expand its role. For example, open low cost medical clinics (for minor

illnesses) in Stores like Wal-Mart, Sears and drug stores. This has already been started by some stores that offer very low prices for generic drugs.

➔ **Achieve massive savings from the Federal government by reducing its size.** As a start, six to eight of the Departments of the U.S. Government will be eliminated and merged into existing Departments. The funds saved would be put into a separate account to be used to help defray the costs of health care. Likewise all government programs would be reviewed with an eye to eliminate or greatly reduce costs during this time of economic crisis. If we are to provide quality health care for all our citizens, we have got to start making serious decisions.

The following chart (on pages 19-21) is a side by side comparison of House bill HR 3962, the Senate version under consideration, and the AMAC Low Cost Solution.



HEALTH CARE REFORM • December 2009

	SENATE Patient Protection & Affordable Care Act HR 3590	HOUSE The Affordable Health Care For America Act HR 3962	AMAC Low Cost Solution
Health Care Controlled By	Controlled by: Federal Government Creates State Exchanges by Jan. 2014 Director of office of personal management given unprecedented power and authority Creates dozens of new agencies and bureaucracies	Controlled by: Federal Government Creates a new "National Health Insurance Exchange" administered by new federal agency "Health Choices Administration", option to develop a state or regional exchange in lieu of the national exchange. Phased-in eligibility for Exchange plans, starting with small employers (up to 100 employees) and uninsured individuals Creates dozens of other agencies and bureaucracies	Keeps the present system where the states control insurance regulations No new agencies created States adopt reforms formulated by National Association of Insurance Commissioners (NAIC) -See Below-
Information For Citizens On Content Of Bill	Bill text is 2,074 pages Written in legalese Difficult for lawyers to easily understand	Bill text is 1,990 pages Written in legalese Difficult for lawyers to easily understand	Written in plain English, so people can understand (Less Than 300 Pages) Technical details explained in notes To be distributed to Congress for public meetings with their constituents prior to final vote
Insurance Coverage Reforms	Preexisting medical conditions covered. Insurance coverage is guaranteed to be issued and renewed Rating variation based only on age (3:1), tobacco use (1.5:1), family composition, and geography defined by the states in the individual and small group (up to 100 employees) markets All state-licensed insurers in the non-group and small group markets required to participate in the Health Insurance Exchange Require all insurers to issue policies in each of the four new benefit categories Allow states the option of merging the non-group and small group markets Cost-sharing limits	Preexisting medical conditions covered. Insurance coverage is guaranteed to be issued and renewed Community rating for all health plans Limits rate variances to those based on area, family structure, and age (age variance is limited to 2 to 1) Unlimited COBRA access until exchange is available	Preexisting medical conditions covered. Insurance coverage is guaranteed to be issued and renewed (Adopted by NAIC to apply to all states) Modified community rating provides the opportunity for those who take the initiative to improve their lifestyle and health status to be rewarded in a premium cost variance Rating based upon individuals who present the same class characteristics should not vary more than +/- 30 percent from the modified community rate set because of health status, claims, etc...
Medicare Cuts	Cuts Medicare by \$420 billion in next decade	Cuts Medicare by \$440 billion in next decade	No cuts in Medicare We Keep our promises
Medicare Advantage Plans	Cuts Medicare Advantage (Forces Seniors to buy supplemental coverage or have coverage gaps)	\$117 billion cut from Medicare Advantage (Forces Seniors to buy supplemental coverage or have coverage gaps)	No cuts (10 million Seniors will be hurt by any cuts)
Individual Mandates	Individuals required to purchase qualified health insurance Non-compliance excise tax penalty of \$95 in 2014, \$350 in 2015, \$750 in 2016 and indexed thereafter for individuals age 18 and older Penalty for individuals under the age of 18 is half of the amounts above Exemptions allowed if the premium exceeds 8 percent of a person's income	Individuals required to purchase qualified health insurance Individuals who fail to obtain health coverage will be subject to a federal income tax penalty equal to 2.5% of the excess of the taxpayer's adjusted gross income over the threshold amount or the average premium in the exchange Exemptions allowed	Individuals required to purchase qualified health insurance. This must be done or there cannot be coverage for pre-existing conditions. (Otherwise people would wait until they are sick & then buy insurance). Requirement phased in over 4 years. A low cost, "bare bones" plan would be available where members would be given a health card for use in low cost clinics. Subsidized for low income individuals.
Employer Mandates	Employers that do not offer health insurance to workers would be subject to an assessment based on the number of workers who qualify for federal premium subsidies who must buy their insurance through the exchange The fine is \$750 (indexed) per full-time employee Employers with 50 or fewer full-time employees are exempt from this "free rider" rule Seasonal workers (less than 120 days per year) and part-time employees are not counted in calculating how the rules apply to a given employer	Employers must pay 72.5% of the cost of acceptable coverage for individuals and 65% for family coverage or pay 8% of wages Part-time employees must be covered on a pro-rates basis Employers with payroll up to \$500,000 are exempt from the requirement \$500,001 - \$585,000 = 2% \$585,001 - \$670,000 = 4% \$670,001 - \$750,000 = 6%	The states require employers to pay 60% of the cost of medical insurance. This is offset by federal tax credits and tax deductions. Requirement phased in over 4 years.

	SENATE	HOUSE	AMAC
Individual Subsidies	<p>Refundable tax credits to individuals and families between 100 and 400% FPL to purchase insurance through the Health Insurance Exchange.</p> <p>Employees with employer plan coverage that meets the standards of the coverage may not opt for subsidized Exchange unless income is 400% of FPL or below and employer coverage is deemed unaffordable or is not valued at 60% of the actuarial value of the essential benefits package</p>	<p>Provide affordability premium credits to individuals and families with incomes up to 400% FPL to purchase insurance through the Health Insurance Exchange</p> <p>Available to individuals without employer coverage or employer cover that is more than 12% of their family income</p>	<p>Tax deduction of full premium for individuals</p> <p>Low income individuals eligible for low cost policy</p> <p>Guidelines for policy issued by NAIC</p>
Employer Subsidies	<p>Provide small employers with fewer than 25 employees and average wages less than \$40,000 with a health coverage tax</p> <p>Full credit 50% of premium cost paid by employers is available to employers with 10 or fewer employees and average annual wages of less than \$20,000 for up to 2 years</p> <p>Credit phases-out as firm size and average wage increases</p>	<p>Provide small employers with fewer than 25 employees and average wages less than \$40,000 with a health coverage tax</p> <p>Full credit 50% of premium cost paid by employers is available to employers with 10 or fewer employees and average annual wages of less than \$20,000 for up to 2 years</p> <p>Credit phases-out as firm size and average wage increases</p>	<p>Employers share of premiums Tax Deductible. An additional Tax Credit for small employers based on chart of number of employees and salaries.</p>
Medicaid Expansion	<p>Expands Medicaid coverage to all individuals with incomes up to 133% of the FPL (2014)</p> <p>Creates a new State option to provide Medicaid coverage through a state plan amendment beginning on January 1, 2011.</p> <p>State required to offer premium assistance and Medicaid wrap-around benefits to beneficiaries who are offered employer-sponsored coverage if cost effective.</p>	<p>Expands Medicaid coverage to all individuals with incomes up to 150% of the FPL</p> <p>Eliminates the asset test for all groups except those receiving long-term care</p> <p>Prohibits the upper income Medicaid beneficiaries from obtaining other private coverage through the exchange</p>	<p>The States should not be forced to pay for an unfunded mandate.</p> <p>Expansion of Medicaid paid by federal government.</p> <p>Low cost insurance policy designed to cover low income families and individuals.</p>
Benefit Design	<p>HHS to establish a standard of essential benefits and must include ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescriptions drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care</p> <p>Four benefit categories would be created with the following actuarial values: Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%)</p> <p>A separate catastrophic policy would be available for those under age 30</p>	<p>Create an essential benefits package that provides a comprehensive set of services as recommended by the Health Benefits Advisory Counsel and must include preventative services as well as child care with no cost-sharing, hospitalization, outpatient clinic services, including emergency department services, physician and other health professional services, prescription drugs, rehabilitative services, mental health, behavioral health and substance use services, durable medical equipment, prosthetics, and orthotics, maternity care, well baby and well child care and oral health, vision, and hearing services, equipment and supplies</p> <p>All policies, including those offered through the Exchange and those offered outside of the Exchange must provide at least the essential benefits package</p> <p>Out-of-pocket maximum \$5,000 for individuals and \$10,000 for families, indexed to the CPI</p> <p>There will be levels (actuarially equivalent) of coverage. Basic (70%), Enhanced (75%) and Premium (95%)</p>	<p>Individuals Employers and employees will have a choice of plans to choose from.</p> <p>Insurers to offer a low cost, basic benefit package structured to keep premiums low.</p>
Public Option Plan	<p>At time of publication wording in Senate plan unknown</p>	<p>Creates a new public insurance plan option within the Exchange that will “compete on a level playing field” with private insurers</p> <p>Premium will be set by HHS in accordance with the premium rules for plans participating in the Exchange but set at a level to allow the program to fully finance itself plus a contingency margin</p> <p>States will be allowed to impose mandates on public and Exchange plans, but only if states pay for any excess premium cost associated with their mandates</p>	<p>There is no reason to justify the enormous cost of creating a new Federal Government establishment to administer such a plan.</p> <p>Preservation of the private health insurance delivery system is necessary in order to ensure choice, quality and competition and assure to individual freedom.</p>

Retirement and You

(based on information found in health care statistics and Money Magazine (2009), and CNNMoney.com.)

Retirement. That word should make you smile. You've worked hard and are planning well. Thanks to the great freedoms America affords us, we can decide where we want to rest our eyes at night, and what we want to see when they open. Retirement is a time in our lives when we think up new ideas and reap the benefits of all of our years of hard work. The children are grown, the daily grind of a job is done, and now we must consider where to begin this new adventure. 60 is the new 40! You've got a whole lot of good years ahead! **Below are several cities considered the top retirement choices in the country. Where will your adventure begin?!**

The Villages, Florida

Florida has always been one of the most popular retirement spots and The Villages is listed as one of the top five in the country. If you



are looking for a gentle climate, thousands of active, happy, people and an affordable cost of living, this may be the place for you.

This virtual retirement kingdom is surrounded by a rural setting complete with horse farms. The Villages is home for about 75,000 residents age 55 and older, and this is the city that never sleeps,



because its residents are active. Most everyone cruises in a golf cart even if they're not golfers. It is the preferred method of transportation (tunnels were built so you don't have to cross any major street). You would need a car if you wanted to leave, but most people ask, why would you want to leave? The hospital, churches, shopping, restaurants, schools, golf, swimming pools, polo field, softball fields, movie theatres and on are all within golf cart distance. Central Florida offers a lower cost of living than the coastal areas making this retirement destination an exceptional value.

Traverse City, Michigan

You might not think of Michigan as a retirement spot, but this is one of the top five in the country. Not everyone wants to retire to heat and sun. Some people truly enjoy the climate changes of the four seasons, and Traverse City has that to offer. The population is 14,300, with 41% over fifty.

The housing prices here are down by 20%. There are miles of sandy beaches along the northeastern shore of Great Michigan, where Traverse City is located. The city is rich in the arts and cultural events as well. The Traverse City Film Festival is held once a year and draws film buffs from around the country. There is the Dennon Museum Center and the nearby Interlochen Center for the Arts, which hosts hundreds of concerts, art exhibits, and theatrical and dance productions every year. Also located in Traverse City is the Munson Medical Center which is one of the top 100 hospitals in the country.





Pinehurst, North Carolina

The city of Pinehurst has a population of 12,000 and 57% are over fifty. Here, the housing prices are down by 27%. This is an ideal retirement spot for so many reasons. One of the country's oldest and most prestigious golf courses, the Pinehurst Resort, is located here, so if a good game of golf is part of your retirement plan, you need look no further. There is a warm climate and pleasant weather conditions year round. A 200 acre lake with a beach makes that ideal climate even more enjoyable. Pinehurst has a bustling downtown area with shopping and restaurants and many cultural activities as well. There is also a first rate regional hospital in Pinehurst. If your idea of retirement is a resort-like location with almost perfect weather year round, then Pinehurst, North Carolina is worth considering.

Philadelphia, Pennsylvania

It's no surprise that Philadelphia made several top ranked lists of retirement cities in the US. The reasons for this



include the "city" atmosphere that so many refuse to abandon as they retire. Philadelphia enjoys the four seasons and has the same appeal as a city like New York, but it is slower paced, smaller and a lot more affordable. The population is 1,449,600 and 31% are over fifty. Here, you can still enjoy walking to shopping and cultural events. The city is full of museums, theatres and restaurants. For those who want to continue with outdoor activities, there is Valley Forge National Historic Park and the Fairmount Park. Both offer hiking, horseback riding and golfing within the city limits. Philadelphia is less than three hours from New York City, Washington, D.C., the New Jersey shore and the Pocono Mountains. Philadelphia also has several major teaching hospitals that offer outstanding services. They include Thomas Jefferson University Hospital, Temple University Hospital, University of Pennsylvania Hospital and Hahnemann University Hospital.

Savannah, Georgia

For those who would like to retire surrounded by old world charm in a city that offers history



and culture, then Savannah might be a good choice. The population is 130,300, with 29% over fifty. There are art galleries and cultural attractions throughout the city. The Savannah College of Art & Design is located here and offers many showcases throughout the year. There are also community

courses available for anyone who is interested. Downtown is a busy area of shopping and restaurants as well. Memorial Health University and St. Joseph's Candler's hospitals are both located in Savannah and provide excellent healthcare.

As with every chapter of our lives, each of us need and want different things. Retirement is but another chapter to a rich, full life and the possibilities are endless. Examine your needs and your preferences, and consult as many sources as you need to in making your decision. Take into consideration all the things that will make this chapter of your life a rich and full experience, and then – enjoy it!

Factors to consider when choosing a Retirement Location

- ▶ Cost of living (including home prices)
- ▶ Weather conditions
- ▶ Health care facilities
- ▶ Cultural and recreation facilities
- ▶ Post-retirement work and volunteer activities
- ▶ Crime rate
- ▶ Transportation facilities
- ▶ Proximity to friends and family

Consider your potential life in ten to twenty years and choose a retirement area or location based on your anticipated needs, not your current status. Ask your children what they think. They may be reluctant to give advice, but it is important to get their input and consider their feelings. Your children may be your best allies for the long term if you share your thoughts and plans with them.

Five Secrets Shared by a Professional Organizer

by DJ Wilson

Having worked as a professional organizer, I've seen homes cluttered from floor to ceiling, allowing narrow passage for its residence. I've been in kitchens where the owners can't cook because there are too many things, leaving no surface for meal preparation. I worked with a client who slept in a recliner because her bedroom was "too messy." How do we allow material things to take over our space? While these examples are extreme, clutter can enter anyone's life. Welcome to our material world.

The holiday season is perhaps the most common time of year to accumulate things. Think of how we go overboard with holiday decorations and gift buying. Why do we buy things we don't need? Take a look around your home. Open a few closets, check your cabinets, look in your garage or basement, and even peek under your bed. Are you letting clutter build up? If you frequently lose things, feel cramped for space in your environment, or experience stress related to organizing and cleaning, you will profit from these five secrets of organizing.

- ❶ **Start with an easy task, such as cleaning out a drawer or small closet.** Fully complete that task before beginning another. Stay patient – organizing takes time. Remember, Rome wasn't built in a day. Once you get the hang of sorting small spaces, you're ready to take on larger projects. Secret #1 – Don't start too big or you risk being overwhelmed.
- ❷ **Get rid of things you don't need, wear or use.** Determine if the items are worth the space they take up. If items are not useful, valuable or sentimental – get rid of them. They are clutter. Divide your clutter into three piles: donate, sell, or discard; then take the appropriate action. You'll be surprised how tidy a room can look without clutter. Secret #2 – Don't



procrastinate – get the clutter out of your house immediately.

- ❸ **Give everything you own a specific place to go.** For example, books go on the bookshelf; keys go on the key holder. Group like things together. Whenever possible, items should be kept easily accessible in the room where they are used. Train yourself to return things to the same place after use. Neatly label boxes in storage for easy retrieval of less frequently used items. Keep work surfaces, countertops and tables clear of clutter. Your room will look neat and your space will be functional. Secret #3 – Be creative with use of your space.
- ❹ **Create a message center** with a calendar for events and a dry erase board where family members can leave messages for one another. Create an inbox for incoming mail as well as a place for outgoing. Toss your junk mail as soon as it comes in the door. Avoid brain overload by making use of lists and schedules. Secret #4 – Use your resources.
- ❺ **Avoid re-cluttering.** Don't overspend buying useless items. When something new comes in, something old goes out. By living simply, you'll have less to maintain; and more free time. Secret #5 – If you can't get yourself free from clutter, it's okay to seek professional help.

These five "secrets" can change your life by putting you in charge. With less clutter and more organization, you'll be able to find things easily, you'll save time and money, you'll feel happier, your house will be more attractive, and your space will be easier to clean. Happy Organizing.

Puzzle Solutions

Sudoku

5	8	1	6	2	4	7	9	3
2	6	9	5	7	3	4	8	1
3	4	7	8	9	1	5	6	2
1	5	6	4	3	8	2	7	9
8	3	2	7	5	9	6	1	4
9	7	4	1	6	2	8	3	5
4	1	5	9	8	6	3	2	7
6	9	3	2	4	7	1	5	8
7	2	8	3	1	5	9	4	6

Crossword

G	O	O	S	E	E	R	E	C	T	T	I	P		
A	V	A	I	L	V	I	R	E	O	I	D	A		
P	A	R	T	U	R	I	T	I	O	N	B	I	N	
			S	A	L	E	S	S	C	I	O	N		
R	A	I	S	I	N	P	I	R	A	T	E			
I	N	D	I	V	I	D	U	A	L	L	Y			
N	I	E	C	E	L	V	E	S	L	A	M			
S	O	A	K	E	C	T	A	D	R	A	G	A		
E	N	S	O	D	O	R	S	W	O	M	E	N		
			I	N	G	R	A	T	I	A	T	I	N	G
T	E	E	N	S	Y	T	R	E	A	T	Y			
A	M	E	N	T	G	I	V	E	N					
B	A	R	A	C	A	D	E	M	I	C	I	A	N	
L	I	I	G	U	I	L	T	N	U	R	S	E		
A	L	E	E	R	N	E	S	G	E	E	S	E		

Prostate Cancer Awareness

“You have prostate cancer.” These are four words no man wants to hear. Prostate cancer may be frightening, but fortunately, if your physician finds it at an early stage, your chances of survival are excellent. Medical science has made great strides in detecting prostate cancer and advances in technology have led to improvements in treating the disease.

Prostate cancer is the second most common cancer among American men today (skin cancer ranks first). During the course of a lifetime prostate cancer affects about one in five men and is most common in men 50 or older, but it has been diagnosed in younger men.

Risk factors for prostate cancer include:

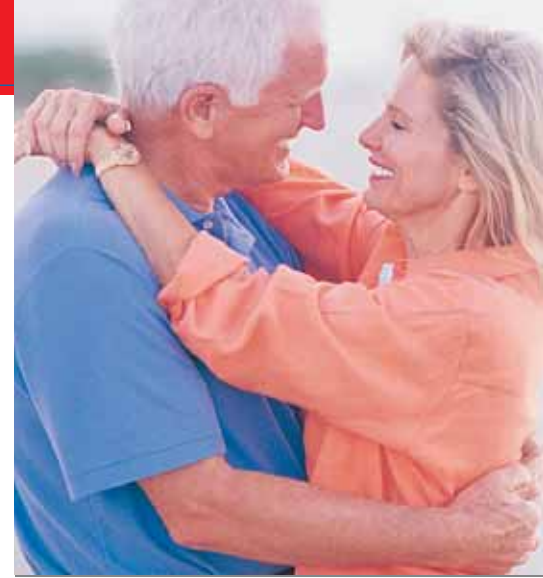
- Men who eat high-fat diets, particularly high saturated fat, may

have a greater chance of developing prostate cancer.

- African-American men are twice as likely to be diagnosed with prostate cancer as other American men.

- If a man has a family history of prostate cancer he should start getting tested at age 45 rather than at age 50.

Prostate screenings are a great defense in early detection and prevention of prostate cancer. The most commonly used screening test for prostate cancer is called the PSA, or prostate specific antigen test. The PSA test is a blood test that measures the prostate-specific antigen, an enzyme produced only by the prostate, to see if the PSA level is within normal limits. The doctor also may use this test to check for any change in PSA level compared to the previous PSA test.



Another test that is used to find prostate cancer is the digital rectal exam, or the DRE. This allows the doctor to feel the back portion of the prostate (where most cancers begin) for size and any irregularities.

In choosing a treatment, you should look for one that combines the best possible outcome with minimal side effects.

For more detailed information please visit: www.prostatecancerfoundation.org

Retiring Soon?

During your working years, your employer probably provided your health plan options.

However, upon your retirement, it is going to be up to you. You may not know it, but there are a variety of Medicare plans to consider.

As representatives who focus on Medicare plan options, we can help. We can provide you with a no-obligation Medicare analysis.

We're certain we can help you review your options and find a plan that fits your retirement needs and your budget.

One of the fastest growing plans is a Medicare Advantage Plan that:

- ✓ Has predictable monthly health plan premiums
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- ✓ Gives you better coverage than Original Medicare

Call us today!

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The Association of Mature American Citizens
888.262.2006

AMAC will be attending

CPAC | 2010

February 18-20, 2010 Washington D.C.

Since 1973, the ACU Foundation has hosted the annual **Conservative Political Action Conference**, where conservative activists and leaders join together for a three-day event to discuss current issues and policies

and to set the agenda for the future of the conservative movement. CPAC is open to the general public and offers a distinguished cast of participants and speakers. Notable guests have included Presidents Ronald Reagan and George Bush; Vice Presidents Dan Quayle and Dick Cheney; former Senate GOP leader Bob Dole; former House Speaker Newt Gingrich; Senators Zell Miller, Rick Santorum and George Allen; as well as

"CPAC has consistently over the years championed those ideas that have made America great: limited government, free enterprise, low taxes and a strong national defense."

*- Vice President
Dick Cheney*

congressional members, Cabinet officers, media correspondents and international celebrities. CPAC brings dedicated and talented Americans into the conservative movement and trains and motivates them for political action.

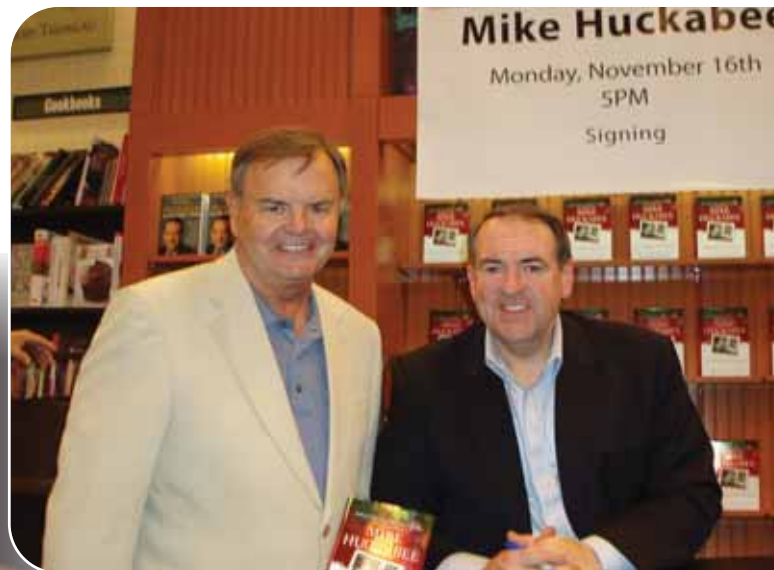


AMAC's President Dan Weber has recently been a guest on Radio stations in Michigan, Florida and Arizona,

speaking out against government health care and for fiscal common sense. Asked why he hasn't appeared on Fox News, he said "maybe Fox needs a little prompting."

If you would like to help Dan appear on Fox please take a minute and email Fox TV at newsmanager@foxnews.com. They have had guest speakers from AARP; why not make it fair and balanced and hear what AMAC has to say?

AMAC's Dan Weber meets Mike Huckabee



Our own Dan Weber, president of AMAC, got a chance to meet former Governor Mike Huckabee and explain the conservative views and objectives of AMAC to the TV host and former Governor during his recent visit to the Villages in Florida on November 16th.



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★ What's in your medicine cabinet?

Over the counter drug abuse and prescription drug abuse by teens and young adults is a serious problem in the United States. Many teens think these drugs are safe because they have legitimate uses, but taking them without a prescription to get high can be as dangerous, and addictive, as using street drugs such as cocaine and heroin.

Here are a few of the most commonly abused Over the Counter Drugs (OTC) and prescription medications.

Over-the-Counter Drugs (OTC)

- Cold Medications- Cough Syrups containing Dextromethorphan (DXM), Sudafed, Benadryl

Prescription Drugs

- Depressants- Nembutal (Pentobarbital Sodium), Valium (Diazepam), and Xanax (Alprazolam)
- Stimulants- Ritalin (Methylphenidate), Adderall (amphetamine/dextroamphetamine)
- Narcotics- Oxycodone (OxyContin), Hydrocodone (Vicodin), Meperidine (Demerol).

Clear communication about the negative physical, emotional, and functional effects of drugs, as well as about their expectations regarding drug use have been found to significantly decrease substance abuse in teens. Adequate parental supervision has also been found to be a deterrent to drug use in youth. Specifically, parents knowing how, where, and with whom adolescents socialize, as well as limiting their children's access to substances that can be abused have been associated with less teenage drug use.

Signs of Abuse & Addiction

- ▶ Declining grades, unusual activities and loss of interest in hobbies.
- ▶ Changes in friends, physical appearance, hygiene, and general behavior.
- ▶ Cycles of increased energy, restlessness, and inability to sleep.
- ▶ Your child/grandchild takes large amounts of cold or cough remedies even when not ill.
- ▶ OTC (over the counter) drugs seem to vanish from your medicine cabinet.
- ▶ Abnormally slow movements, speech or reaction time, confusion and disorientation
- ▶ Sudden weight loss or weight gain.
- ▶ Cycles of excessive sleep.
- ▶ Hostility or lack of co-operation.

? What Can You Do?

- ▶ **Safeguard** all drugs in your home. Monitor quantities and control access. Take note of how many pills are in a bottle or pill packet, and keep track of refills.
- ▶ **Ask friends and family** to safeguard their prescription drugs as well. Make sure your friends and relatives know about the risks, too,



GROWING CRISIS

- ! 1 in 5 teens has abused a prescription (Rx) pain medication.
- ! 1 in 5 teens report abusing prescription stimulants and tranquilizers.
- ! 1 in 10 teens has abused cough medication.
- ! 2 in 5 teens believe that Rx medicines, even if they are not prescribed by a doctor, are "much safer" to use than illegal drugs.
- ! 3 out of 10 teens believe prescription pain relievers – even if not prescribed by a doctor – are not addictive.

- ▶ **Talk to your child/grandchild** about the dangers of taking prescription and over-the-counter medications; just because they're "legal" does not make the potential to be addictive or dangerous any less. If you see changes in your child/grandchild that make you sense that something is wrong, take action. You may want to talk to your child/grandchild to share your concern or seek professional advice.

Humble chief gains national attention

by Staff Sgt. Jeremy Larlee - Air Force Print News

11/10/2006 - MCCONNELL AIR FORCE BASE, Kan. (AFPN) - **All of the attention embarrasses him, but as this chief master sergeant learned recently, a lifetime of caring and good deeds is bound to catch up with you eventually.**

Chief Master Sgt. John Gebhardt, superintendent of the 22nd Wing Medical Group here, recently gained worldwide attention for a photo of him holding an injured Iraqi child. The photo was taken about a month ago, while he was deployed to Balad Air Base in Iraq.

The young infant had received extensive gunshot injuries to her head when insurgents attacked her family killing both of her parents and many of her siblings. The chief had a knack for comforting her and they often would catch a cat nap together in a chair.

Now, he is back at home in Wichita, Kan., with his wife, Mindy. They have a warm, hospitable home five minutes away from McConnell Air Force Base. His son Ryan, 25, and daughter Amber, 23, have long since outgrown being cradled and he said he thought about them constantly while he held the Iraqi child.

"I got as much enjoyment out of it as the baby did," he said. "I reflected on my own family and life and thought about how lucky I have been."

His affection for children is no secret to his wife, Mindy. While dating John in high school, she watched how he bonded with the child of a coach of one of his athletic teams. That softer side of him is one of the reasons she married him.

"People see him as this tough guy," she said, "but I always see that

other side of him that is full of compassion."

The chief, who grew up in Jordan, New York, is not at home in the spotlight. When asked to talk about himself, he always tries to switch the focus to the other military people who served with him at Balad.

While deployed to Iraq, the chief tried to help out any way he could. He figured holding a baby that needed comforting that would free up one more set of arms that could be providing care to more critical patients.

"If I have an opportunity to help out, I look for that opportunity," he said. "They had more than enough to do."

The chief was not alone in volunteering at the hospital. There were more than 800 different volunteers at the hospital during the time he was deployed

to Iraq, he said. Some of them volunteered so much that he mistakenly thought they were assigned to the hospital.

When Mindy describes the best qualities of her husband, the first word out of her mouth is integrity. She said the photo of her husband and the Iraqi child truly represents him. She believes he has been so successful because he is such a straight-shooter and puts others' welfare ahead of his own.

"He never leads anyone astray," she said. "He will never do something for himself that would have a negative effect on someone else. He always tells it like it is."

But, the chief attributes his success to his family.

"Without their support I don't know where I would be," he said. "I definitely wouldn't be in the

His affection for children is no secret to his wife, Mindy. While dating John in high school, she watched how he bonded with the child of a coach of one of his athletic teams. That softer side of him is one of the reasons she married him.



Chief Master Sgt. John Gebhardt cradles a young Iraqi girl as they both sleep in the hospital. The girl's entire family was executed by insurgents. The killers shot her in the head but she survived. The girl received treatment at the U.S. military hospital in Balad, but cries often. According to nurses at the facility, Chief Gebhardt is the only one who can calm down the girl, so he holds her at night while they both sleep in a chair. Chief Gebhardt was assigned to the 332nd Expeditionary Medical Group at Balad Air Base, Iraq. (Courtesy Photo)

position I am."

And it is the chief's hope that families in Iraq will receive the same kind of support in the future. They are just like American families, Chief Gebhardt said.

"I pray for the best for the Iraqi children," he said. "I can't tell the difference between their kids and our kids. The Iraqi parents have the same care and compassion for their children as any American."

Life is calmer for Chief Gebhardt now that he is back home, and even though his recent "fame" has highlighted an eventful 27-year career, he said he wouldn't change a thing.

"If I had to do it over again, I would sign up and give it another ride," he said.

AMAC vs. AARP - David vs. Goliath

There are two organizations representing citizens 50 plus. AMAC, the Association of Mature American Citizens has 10's of thousands of members. AARP has 26 million members.

The leadership of AARP has proven themselves to be a liberal leaning group that endorsed expensive Obamacare, without the consent of their members.

AMAC (pronounced A-Mack) is one of the leading groups fighting against President Obama's health care initiative. AMAC has organized "Tea Parties" and participated in rallies against expanding government and raising taxes.

AMAC is pro-life, pro Second Amendment, and thinks government has grown too large and powerful. AMAC feels our elected officials are ignoring the will of the people. The proof of this can be seen in the way Congressmen and Senators have been treating their constituents at the various town hall meetings.

We need more members so we can have more clout with office holders. We need to counter the influence of AARP when they say they are speaking on behalf of Americans aged 50 and over.



AMAC will lead this fight knowing we can win, if you and other patriotic Americans stand behind us.

Please go to www.amac.us and sign on as a member. For \$12.50/year, you will know we are working on your behalf to stop socialism in America.

David conquered Goliath, and AMAC can beat AARP. Please check out our website and if you agree with us, please tell your friends.

Members receive our magazine and qualify for member discounts on Insurance and other services.

**HELP US INFLUENCE CONGRESS
LET YOUR VOICE BE HEARD LOUD AND CLEAR!!**



Our Stance on the Issues

**AMAC takes the
following positions:**

Taxes

AMAC strongly feels that American citizens are excessively taxed. There should be a reduction in income tax rates for all wage earners. Likewise, corporations are over taxed. When a corporation is taxed they simply increase the cost of their product or service and the people wind up paying for the tax when the price is increased.

Growth in Government

AMAC favors a reduction in the number of Federal departments and employees. Our government has grown at the Federal, State and local levels. In Washington we now have twice as many Departments as we had 100 years ago. As government grows and each year more laws are passed, individual citizens slowly have their rights taken away.

Balanced Budget & the National Debt

The annual budget has gone out of control. The President and Congress have lost sight of their responsibilities. If we do not manage our fiscal and financial condition, our nation will be put in serious jeopardy. By continuing to borrow we are putting a huge burden on our children and grandchildren.

Medical Care

AMAC believes it is a serious mistake to have the Federal government interfere and dictate how medical care is provided in this country. The present system of State regulations and free enterprise has proven satisfactory for over 85% of our citizens. A simple change in state regulations can solve most of the problems with people being covered. Medicare should continue as-is with minor improvements, and more competition should be encouraged.

Abortion

Our position is that we are pro-life. We are against abortion in principle and feel it is improper to allow government funding of abortions, except to save the life of the mother.

Gay Marriage

We are against gay marriage. We feel it contributes to the destruction of the traditional family and offends the religious beliefs of many Americans. AMAC has not taken a position on civil unions or other legal issues affecting gays and lesbians.

Second Amendment - the right to bear arms

AMAC believes that the Constitution clearly gives the right to carry arms to the citizen. Attempts to infringe upon that right should be defeated.

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Crossword

ACROSS

1. Flying honker
6. Construct
11. Gratuity
14. Use to one's advantage
15. A small insectivorous American bird
16. Anagram of "Aid"
17. The process of giving birth
19. Container
20. Periods of discounted prices
21. Descendant
23. Dried grape
27. Buccaneer
28. One by one
32. Daughter of a sibling
33. Imps
34. Escape
37. Drench
38. Outer or exterior
39. Indian music
40. N N N N
41. Smells
42. Adult females
43. Capable of winning favor
45. Minuscule
48. Accord
49. Catkin
50. Donated
53. Tavern
54. Faculty member
60. Fifty-two in Roman numerals
61. Remorse
62. Care giver
63. Beer
64. Gray sea eagles
65. Ganders and goslings

10. These are often removed in childhood
11. Leg bone
12. Fool
13. A velvet-like fabric
18. Hindu princess
22. Bawl
23. Shampoo and
24. Negatively charged particle
25. Concepts
26. Ill
27. Implored
29. Interior decoration
30. Far beyond the norm
31. Stop (nautical)
34. Female demon
35. Spy
36. In sorry shape
38. Jittery
39. Learning method
41. Performing
42. Notification
43. Motel
44. Detail
45. Indian hand drums
46. Electronic messages
47. Strange
50. Acquire
51. Indolent
52. Animal doctors
55. Mongrel
56. Prompt
57. Outrage
58. Donkey
59. Born

Answers are on pg. ??



Sudoku

Answers are on pg. 24

5			6	4		9	
		9	5				1
		7		1			2
	5		4		2		
8		2	7		6		
						3	5
4	1			8		3	
6				4	7		
		8					6

- How to Play:
- Fill in the empty fields with the numbers from 1 through 9
 - Every row must contain the numbers from 1 through 9
 - Every column must contain the numbers from 1 through 9
 - Every 3x3 square must contain the numbers from 1 through 9

DOWN

1. A narrow opening
2. Egg cells
3. Paddle
4. Seat oneself
5. Difficult to detect or grasp
6. Wickedness
7. Ritual
8. Goddess of discord (Greek mythology)
9. Chief executive officer

Joke of the Month

Heard any good ones lately? Send them in!

Please submit your joke by emailing info@amac.us or mailing to Joke of the Month, c/o AMAC Senior Services of New York, 5 Orville Drive, Suite 400, Bohemia, NY 11716. Your joke may be featured in our next magazine!

How was your game, dear?" asked Jack's wife Tracy.
 "Well, I was hitting pretty well, but my eyesight's gotten so bad I couldn't see where the ball went," he answered.
 "But you're 75 years old, Jack!" admonished his wife, "Why don't you take my brother Scott along?"
 "But he's 85 and doesn't play golf anymore," protested Jack.
 "But he's got perfect eyesight. He would watch the ball for you," Tracy pointed out.
 The next day Jack teed off with Scott looking on. Jack swung and the ball disappeared down the middle of the fairway. "Do you see it?" asked Jack.
 "Yup," Scott answered.
 "Well, where is it?" yelled Jack, peering off into the distance.
 "I forgot."

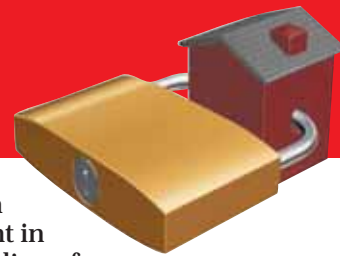
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is big enough
to give you
everything you
want, it is big
enough to take
away everything
you have.”**

- Gerald R. Ford



Safe-Guard Your Home

for Peace of Mind While You're Away



Whether you're going on vacation for just a week, or you're a snowbird who goes away for several months, preparing your home before leaving can help you enjoy a worry-free get away.

Telephone

Check your answering machine messages while away and return important messages to reinforce the idea that your home is not vacant.

Erase unimportant messages while away to disable automatic telling of callers that the message feature is "full".

Regular Visits

Consider contracting a house-sitting service to make regular visits to your home during your absence. Many insurance policies have clauses that will void coverage if your property is left unoccupied and unattended for extended periods of time.

Water Damage

Drain all hoses and turn off all pipes that provide water to the exterior of your home (e.g. garden taps) to prevent burst pipes.

Install an automatic water shutoff system that constantly monitors all water coming into the home and detects any unusual flow. If water flow exceeds a preset limit, the system automatically shuts off the water and

sounds an alarm. The system does all of this from a single point in the water main, serving as a first line of defense against water damage.

Lighting and Sound

Change the light bulbs on all interior lighting and/or automatic timing devices.

Stagger your lights and radios by setting the timers in different rooms to go on and off at different times.

Outside motion lighting should be installed high enough so that the bulbs can't be unscrewed by a possible intruder.

Security

Install deadbolt locks on all perimeter doors

Lock the garage door manually if you have an electronic garage door opener.

Place a piece of wood or similar solid object in the tracks of your sliding doors.

Arrange mail forwarding with your local post office.

Suspend or cancel newspaper and magazine subscriptions.

Arrange snow removal and sidewalk/driveway clearing with a reputable company. Have vehicles brushed of snow to give the impression of regular use.

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-  **Can you provide for the funeral expenses of a spouse?**
FINAL EXPENSE INSURANCE can help!
-  **Did you prepare a will for you and your spouse to protect your hard earned assets?**
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