

Elderly poor scrape by

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expenses. Albert has been a diabetic for over 20 years and each of his legs were amputated in 1999 due to the sickness. He consumes four types of pills daily and those quickly add up.

"My medication for three months cost \$350," Albert said. And that price tag will go up since his doctor recently prescribed two more medications to him.

Catherine's two forms of medication are \$150 for three months. The cost of Albert's medications increased from \$10 a bottle at Eckerd to over \$350 because he is now forced to receive his meds via mail. Bills and medications total over \$1,300, well over their income from social security.

Albert said he is so thankful for his wife's check because the two checks together are their only means of survival.

"If it wasn't for her little check, I don't know what we'd do," he said.

Elderly poor are mostly women

The U.S. Census Bureau conducted a three-year study from 1998 to 2000 of people 65 years and over who were below 150 percent of the federal poverty level. Only nine of 50 states and the District of Columbia were ahead of North Carolina.

The Census Bureau reports that the total population of elderly is 31,877,000 and 10.8 percent or 3,428,000 are poor. Two of the largest groups of elderly poor are women and blacks. Of the elderly population, 6.8 percent (912,000) are male and 13.6 percent (2,516,000) are females. The poverty rate of elderly blacks and Hispanics are more than twice that of elderly whites in the country, also.

The explanation for the accelerated population of elderly women in poverty appears simple. Women tend to live longer than men, ultimately resulting in many elderly women being widows. Depending on their work life, women are less likely to have a pension or major pension plan between spouses for the retirement years. Because women on average outlive men, women have to deplete their pensions and the spouse's to provide long term medical care for the husband.

The explanation for why more elderly blacks and Hispanics are at the poverty level is more complex, though. Albert believes it's all about education.

Both the Royals grew up on farms, Albert with 10 siblings and Catherine with eight. Neither finished high school, so when they moved to Charlotte, they were looking for any job they could get. Albert held down several jobs, sometimes making no more than \$1 an hour and was blown away by the salaries his four military sons had.

"I had never made that kind of money," Albert said.

He is thankful for the little education he did get to pick up while helping on the family farm. Albert believes a better education would've meant a higher salary and ultimately a better standard of living now.

"By me having to struggle and having no education, I didn't get much salary," Albert said.

Sisters Odessa and Juanita Little, who also live in the Cherry community, never married or had children. Together their Social Security checks add up to just over \$11,000 a year but unlike the Royals, the Littles are receiving additional assistance. Their home is cleaned, breakfasts made, laundry done, and trips to the drug store are made possible through home healthcare five days a week.

Odessa, 87, who has diabetes and rheumatoid arthritis, consumes four types of medication. She has been on Medicaid for less than a year while her sister, who is not on Medicaid, takes two forms of medication. One bottle of 30 pills costs \$128. Juanita, 80, is

still paying on the bill she accumulated from staying in a nursing home that cost \$125 a day. Odessa paid \$4,000 after staying in a nursing home for three months.

Before the Medicaid benefits, Odessa said her fixed income "wasn't hardly enough." The amount she received monthly was increased by less than \$100 with Medicaid calculated into it.

Where's the help?

Council Nedd, director of the Washington, D.C.-based Alliance for Health Education and Development, is a Medicare expert whose mission is to provide resources of healthcare while assisting and informing seniors of the opportunities available to them.

Nedd said more seniors should take advantage of Medicare, the federal health insurance program for seniors and the disabled, but there's a stigma, relating it only to poor people.

"Medicare is for all senior citizens," Nedd said.

According to Nedd, Medicare is a government safety net for seniors, but many eligible seniors don't sign up.

"A lot of people didn't know about the changes in Medicare. Seniors could be eligible for \$1200 in health care benefits."

The financial assistance is available through the Medicare Modernization Act and if seniors had signed up in 2004, they would have been eligible for \$1200 for prescription drugs — \$600 last year and another \$600 would be awarded the 1st quarter of this year. The amount is now a prorated dollar amount.

Millions of seniors signed up for the program, but according to Nedd, "Only 20 percent of eligible seniors signed up."

In a way, the government has completely redone benefits programs, Nedd says.

"Until last year, Medicare did not have a prescription drug concern at all," he said. "Hands-on medical care was the concern at the time."

In 2006, Ned said Medicare will have in place a full prescription drug program and this is long past due.

Nedd said, "One of the choices we don't want them [seniors] to make is 'Do I pay for this drug or should I eat today?'"

There is yet another concern of Nedd's, though.

"There might be someone who's 60 years old...and in a position not old enough for Medicare and doesn't have

benefits," Nedd said. "Those are the people we should be concerned about."

If seniors had enrolled in the Medicare Discount Program by June of this year, they might have been entitled to a \$300 credit in 2005 for the purchase of prescription medicines. Many seniors were unaware of this program, but the Rev. Herb Rhedrick, minister to the senior adults DeiVision (God's Vision) program, is directing a ministry at Friendship Missionary Baptist Church to ensure that not only seniors, but anyone 55 and older remain aware of the resources afforded to them.

Rhedrick said the church has over 1,000 seniors and up to 125 people appear at their monthly meetings, where they attract speakers to teach on the topics of the cost and procedure for adult healthcare and prescription drugs, financial planning, tax workshops, and MedAssist, a Charlotte service that provides low-income Mecklenburg county residents with free medications, healthcare advocacy and related educational services.

The monthly meetings and services at the church are not limited to FMBC members.

"These sessions are open to the community," Rev. Rhedrick said.

Like Albert who is unable to get to a church or other events where information for seniors is often disseminated, Rev. Rhedrick said seniors remain out of the know because of the condition of their physical health.

"Health doesn't allow them [seniors] to get out to church where information is given out...you've missed out there," Rev. Rhedrick said. "They may not have access to newspapers. They [indigent seniors] don't have a car to listen to the radio."

Before retiring, Albert was mandated to participate in a retirement school where he said he learned that, "your last three years of working, you need to try to make as much as you can," Albert said.

According to Albert, when he and others retired, they were assured that their life insurance would be paid by the city for the rest of their lives.

"They did it for one year after we retired," he said. Albert said after that year, they were told that they would have to pay it themselves.

"There's no way in the world we could have paid that," he

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