

## REMARKS OF VIOLET COSGROVE

I am Violet Cosgrove, a Medicare beneficiary from Glen Burnie, Maryland. I am very pleased to be here today to discuss the critical need for more geriatricians and the need for all doctors to become better educated about the health care needs of older persons. I especially want to thank Chairman Grassley, Senators Breaux, Reid and Reed for inviting me to participate in this forum.

I have lived with chronic illnesses most of my life. Just two weeks ago, I met with a geriatrician for the first time and I must tell you what a dramatic impact it had on me.

I suffer from severe arthritis and severe osteoporosis. I had polio as a child and developed arthritis in 1941 when I had a bicycle accident. Over the past 50 years, my arthritis has worsened, causing me to have one hip and two knee replacements. Despite persistent pain, I have been leading a very active life, raising a family, working at the Defense Department, and advocating on behalf of disabled children.

My most recent health care problems began just last October when I fell. I went to my orthopedic specialist who ordered an X-ray on my hips, which did not show any problems. Since I was in quite a lot of pain, I went to my regular primary care doctor who I had been seeing for several years. This doctor basically dismissed my complaints and told me: "What can you expect, you're getting old!"

Over the next two months, my pain increased significantly. I was in so much pain, I needed canes to walk. I also limited my driving to only important trips, such as going to the grocery store. Disgusted with my regular doctor, I finally went to another primary care doctor in the hope of receiving more attentive care.

This new doctor did not spend much time with me. She only briefly reviewed my medical history, and asked me what I thought was the cause of the hip pain. I had thought that it might be a muscle sprain, since the earlier x-rays didn't show any broken bones. Without taking a second x-ray, this doctor immediately prescribed physical therapy, as well as, a muscle relaxant and a pain medication.

During a week of taking the medications, I suffered from extreme dizziness, stomach problems and I just couldn't function well. I called the pharmacist to see if it would be safe to stop taking the medicine. I know that it can be harmful to stop taking medications suddenly. I stopped the medicine and almost immediately, the symptoms disappeared. I later found out that these drugs are often unsafe for a woman of my size and age.

About two weeks later, I returned to the primary care doctor who scolded me for sloop taking the drugs. She felt that the drugs were not the cause of the problem.

During this time, I also began physical therapy sessions about twice a week. After about 6 weeks, the pain worsened. I decided to go back to my orthopedic surgeon. He immediately ordered a new round of x-rays and discovered that I had a fractured pelvis, made worse by the 6 weeks of expensive physical therapy sessions. The doctor told me to stop the therapy and to rest for several weeks. He also referred me to one of the only geriatricians in my area, who had just recently moved from Philadelphia.

While it took six weeks to get my first appointment with the geriatrician, the switch from my previous primary doctor was like "night and day." This doctor treated me with respect, empathy and patience. But what I appreciated most of all was she actually listened to me, and didn't just dismiss my problems as "normal aging". She had sent me a lengthy questionnaire about my medical history, including all the drugs I was taking, before my first visit and asked to see all of my medical records for the past five

years. When I went to see her, she had already reviewed all of my medical records and lab reports that I had sent.

She spent about 2 hours with me on this first visit, explaining pieces of my medical history that were confusing and listening to my concerns. Never once did she dismiss my aches or pains, as just plain old age. I was struck that no one had ever taken the time to listen and explain my health care problems to me in depth like this before. For once, I felt that I was being treated as an adult, instead of a two-year old child. I also feel that I have been treated "part by part" and that she was treating me as a whole person. This geriatrician is now developing a care plan for me in order to prevent future falls and to keep me healthy and independent.

I pride myself in being a good consumer. I usually go to the library to look up every medicine a doctor prescribes to make sure it is safe for someone of my age. I know that some medicines are just not safe for older people, especially in combination with other drugs. I also know that the dosage may need to be adjusted for older people or for women of my size.

While I believe that everyone should be an educated consumer, I also feel strongly that our doctors should be just as educated and tuned in to the special health care needs of older people. I must tell you that my experiences with the health care system are very similar to other older people I know. I can't tell you how many times my friends and I have heard the phrase, "What can you expect, you are old". Doctors often tell us this when we complain of pain or other ailments. I know that the Medicare system is spending a lot of money on unnecessary or harmful care, such as my physical therapy sessions or on health care problems that come from adverse reactions from drugs.

While I am 71 today, I plan on living for a very long time. My father lived until 90. My mother, who lives in Michigan, turned 94 this year. I believe that because I am going to be around for a while, I ought to receive appropriate care.

I urge Congress to make the changes needed to encourage more geriatricians and to make sure that all doctors get the training needed to recognize the health care needs and problems of older adults.

Thank you.