Aging's New Care Delivery System*

David M. Dunkelman J.D., M.S

Summary

The current U.S. system for aging care is fundamentally outdated and inadequate, with institutional facilities, financial supports, and healthcare resources failing to meet the needs of a rapidly growing older population. As traditional models collapse, there will be a shift toward community-based, digitally enabled care, where families and local community organizations orchestrate tailored interventions and resource coordination to support aging at home.

This new program, made available at no cost by a national nonprofit, equips families and their trusted community organizations with technology, communication, and information to replace despair and institutionalization with sustainable, personalized support. And it positions trusted local community organizations, with no incentive other than the care of their own, and facilitated by the national nonprofit, as logical leaders for the future of aging care.

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There is a... "tendency of policy-oriented scholars and experts to write books that spend almost their entire length carefully and persuasively analyzing some large-scale problem and dismantling many facile popular solutions to it. Then in the final chapter they offer their own policy remedies with absolutely no realistic discussion of how to get there."[1]

This is no longer tolerable nor necessary for aging.

Technology now exists that can fundamentally change the aging experience in the community. The community—yours, theirs, ours—the places where we live and have neighbors we know and care about is now the setting for our last years. We now age at home, which is both desirable because we wish to do so and challenging because the community itself is not yet involved, leaving us to go it alone. It is up to community leaders to see and meet that challenge.

This paper addresses how to get there.

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Introduction

Aging is one of the largest — and fastest-growing — forces in the economy. That demographic shift is reshaping a vast share of the U.S. economy, from participation in the labor force to retirement savings, Social Security and Medicare outlays, health care spending, housing and financial services.[2] By 2030, one in five Americans will be 65 or older, and by 2034 older adults will outnumber children for the first time. In 2026, the oldest baby boomers turned 80.[3]

Yet the foundations of the existing system for caring for aging Americans are fundamentally inappropriate and inadequate to address the challenge. It is simply not reasonable to believe that existing policy, politics, and power can be remediated to meet the too-often terrible distress that aging can mean for older people, their communities, and the nation. Instead, in its place, a new delivery system will arise. Here is why, and how.

The Facts of Aging Today

Financial mainstays for aging are increasingly uncertain. The Social Security and Medicare trust funds are draining, and there is no confidence that we have the political will or ability to stem the losses.

- *Aging is already accounting for 40% of federal spending* (50% in 10 years).[4]

- *The Social Security Trust Fund* reserves are projected to be depleted in 2034.[5]
    - The Fund is now additionally impacted by chronic conditions that occur at younger age. Social Security Disability Insurance (SSDI) constitutes 11% of Social Security benefits paid in 2023.[6] 16% of all the nation's insured workers are 60–66-year-olds who are receiving SSDI benefits. This further draws down the Social Security Trust Fund.[7]

- *Medicare costs* are already accounting for one third of the annual deficit,[8] and are expected to double in 10 years.[9]
    - The reserves in the Part A trust fund of Medicare are projected to be depleted in 2036.[10]

- *Medicaid* was funneled through the state-level welfare system, ensuring that it remain(s) underfunded and stigmatized.[11]

- *Medicaid accounts for 53-100% of the decline in state higher education support,*[12] a result is $1.75 trillion of student debt.[13]

Today's support industries, such as pharmacy benefit managers and health insurers, are no longer trusted. The healthcare industry itself is failing to produce the doctors, nurses, and hands-on caregivers we need. Wherever you look, there's no hope.

- *Medicare Advantage*. Eight of the 10 biggest Medicare Advantage insurers, representing more than two-thirds of the market, have faced federal lawsuits alleging fraud.[14] America's big seven health insurers experienced $54 billion in profits in 2025.[15] It is estimated that Medicare Advantage is costing taxpayers an extra 22% per enrollee, or $83 billion a year.[16]

- *Pharmacy Benefit Managers*. There are great concerns regarding low competition among pharmacy benefit managers and high vertical integration with insurers.[17]

- *AARP*, viewed as the nation's advocacy group for older people, is actually "a lifestyle organization for people over 50… that provides private sector solutions… Connecting older people with for-profit companies."[18] In 2024, UnitedHealthcare paid AARP $9 billion to sell Medicare products.[19]

Traditional facilities for aging—nursing homes, hospitals, and assisted living—are more and more obviously inappropriate, inadequate, inaccessible, threateningly expensive and now disintegrating.

- *Hospitals are disappearing.* Hospital beds per 1,000 Americans have declined by 75% since 1960.[20] [21]

- *200-300 nursing homes close each year.*[22] Surviving nursing homes are becoming short-term Medicare facilities. There will be little long-term care in nursing homes available for Boomers.
  - Private equity has acquired many nursing homes (in 2025 it owned 73% of the nation's homes[23]), cutting staffing, equipment, and supplies and leading to increases in mortality.[24]

- *Assisted Living*, where the average lengths-of-stay is now just one year,[25] will be financially unaffordable to 72% of Americans.[26]

- *Pharmacies,* a few years ago viewed as future community care centers, are in shambles.
    - From 2013- 2023, Americans lost 4,500 pharmacies (7.5%). Of the big 3 chains, Rite Aid declared bankruptcy, CVS and Walgreens shares are down 16% and 48% respectively.[27]

- *Human resources have become inadequate.* By 2026 there is a projected shortage of 4 million healthcare workers (physicians, nurses, and health aides).[28]
    - This does not reflect the impact of the nation's current anti-immigration policy. 18% of healthcare workers are immigrants,[29] as are 26% of US physicians.[30]

<u>Older People are exposed and vulnerable</u>

- *Baby Boomers don't have sufficient financial resources for their frail years.*
    - More than 50% of the 72-million Boomers do not have sufficient resources for their older age.[31] [32]
    - 75% lack resources for their frail years.[33] [34]

- *80 percent of older households don't have the financial resources* to weather major financial upsets such as widowhood, serious illness, or the need for long-term care.[35]

- *Healthcare debt.* 100 Million People in America Are Saddled With Health Care Debt including 41% of adults, In the past five years, more than half of U.S. adults report they've gone into debt because of medical or dental bills.[36]

- *Medical bills annually push nearly 650,000 people into bankruptcy.*
    - Nearly 80% had insurance at the time they got sick.[37]
    - 66.5% of all personal bankruptcies are caused directly by medical expenses.[38]

- *1 in 4 American adults (63 million) are now family caregivers,* facing rising stress, health risks, and financial strain.[39]

- *There are an estimated 5.4 million children* under the age of 18 providing care to parents, grandparents or siblings, up from about 1.3 million nearly 20 years ago.[40]

Causes and Effects

The existing aging care delivery system is so unsatisfactory because its programs and facilities cannot do the job. They were designed in a different era for different populations, with different health challenges, different available tools, a different generational workforce and in a different society. Carried over from its Industrial Age origins, care continues to be batch-processed on assembly-line models. But the panoply of new interventions for frailty, arriving from all dimensions of modern society, simply do not fit on these old, mechanical platforms. Each "level of care" remains so narrow, so locked down and specialized that it cannot incorporate the new interventions and thus cannot extend to connect to other levels, making it impossible to navigate a smooth, secure path through continuing changes in one's frail years.

How can this be? "Most organizations, most of the time, run on autopilot. People habituate to their environment, rationalize away small surprises, and build stable stories about how things work."[41] An institution… most commonly, rationalizes the failure into an accepted new normal.[42] "Most large organizations contain programs and departments that passively accept abject failure."[43]

While the framework and players of the historical delivery system for aging remain in place, they have been transformed by forces so wide and deep that nothing functions as it appears, or at all. Grandma is no longer whisked away to a caring organization, covered confidently by a supportive insurance program, overseen by a benevolent government. Everyone knows it. For example, an overwhelming majority of nonretired adults (79%) do not believe they will receive their full scheduled Social Security benefits when they retire.[44] "Healthcare…is heavily regulated, but consumers still view insurers, pharmaceutical companies and hospital networks as institutions that do not answer to them. Both healthcare and tech offer the same frustrating message: You're stuck with us, and there's nothing you can do about it."[45]

The sense of personal and societal jeopardy creates a sense that aging is toxic, so no one wants to think about it. Hal Hershfield (Professor of Marketing, Behavioral Decision Making, and Psychology at UCLA) explains that people's perceptions about their own future self appears to have dramatic impact on their willingness to anticipate, plan for or even to accommodate their later years.[46] We view our future selves much as we do other people. We deal with our future self the way we might deal with another person. To the degree that those selves are similar to us, attractive or interesting, we may engage, address, accommodate, and share resources with them. Conversely, we

may turn our backs, reject, or deny them altogether if that future self is frightening. The images of our future selves, the sights, sounds, and smells in batch-processing facilities, with each extended year leading to humiliating indigence, are so frightening that we turn away from addressing that self altogether. We make no accommodation with that stranger, we neither change our behaviors nor make any preparations for that future. We live in denial, individually and societally.

Home is the New Locus of Care

The new locus for our new era of aging is in the homes of our communities, not the degraded conditions of institutional care we fear. Not only is this the only possible venue (the old facilities simply will not be there for the Boomers), but it is the only location within which a sustainable approach can be developed to address the years of extended, accumulating, chronic conditions correlated with increased age.

The answer to the aging challenge can be seen all around us, in most other aspects of our lives. And that answer is now coming to aging, specifically to support frailty.

In everyday life, we no longer go from store to store to purchase most goods. Even the malls built for convenient shopping, are failing. What is replacing them is Amazon and every other kind of on-line shopping. Who could have imagined that America's department stores, not to mention shopping centers, could be replaced by cell phones? Sitting at home, you have access to almost everything you want, delivered to your door in an hour, later the same day or the next day.

This is how we will address changes correlated with age. Rather than attempting to fit your circumstances onto a series of narrow platforms, one after another, as your needs change (the existing institutional continuum-of-care), you remain at home and continually adjust your interventions, tailoring them day-to-day using all the available interventions and resources in the community. Where is all the stuff we buy delivered from? Everywhere. And so, it will be with aging.

The interventions in the new toolbox for aging have arrived from all dimensions of modern society. Food, drugs, transportation, work environments have all been redesigned to reduce risk and have been extended to people's behaviors – their sleep, diet, stress, emotional and psychological well-being. The range and breath of interventions has enabled us to recognize and address the splaying out of difference, and different needs, among older people as they age. As people accumulate chronic conditions, each may benefit from a unique configuration of interventions. That's one of the definable advantages of being at home: it is uniquely yours.

While the home is emotionally and psychologically where a person wants to remain (to avoid transfer trauma and the loss of self in large institutions), the question is

how to develop, in the home, a system that can recognize, manage, coordinate, and orchestrate the various support and care interventions that continually need adjusting.

As the system becomes more robust, there will be fewer and fewer instances where the optimal care setting will be in an institutional facility. The facilities will consequently adapt and shrink to meet evermore specialized needs. No longer the foundational base for care, they will act as peripheral players in the network of home-living frail older people.

The health-industrial complex long ago lost its connection to underlying communities. The power of the large, centralized bureaucracy of the Industrial Age has faded, taking away layers of supervisors over assembly-line labor. What were economies of scale are overwhelmed by the diseconomies of setting up and maintaining those Industrial Age systems. They are replaced by networks. The facilities and the middlemen fade. Healthcare with the frustrating message, “you’re stuck with us, and there’s nothing you can do about it,” loses its hold on aging.

Families

When families at home finally have the tools to take aging into their own hands, they will recognize that institutional care organizations have neither the capacity to access the critical human and financial resources, nor the ability to tailor them to their aging clients’ changing needs.

Nor are the large historic industrial players’ goals and incentives appropriate today. Older people have been third-party beneficiaries of national contractors. Because older people and their families previously had not had the wherewithal, information, equipment, or understandings to care for themselves, private contractors, with very different incentives and motivations from the family member’s, represented them and controlled their loved one’s care. Increasingly, it is apparent that it is the institutions and programs that have been the true beneficiaries of these arrangements, not the older people. The institutions will fade away.

Who will come to coordinate and lead the new community-based delivery system? The answer is older people and their families, through the vehicle of the community itself. The digital networks can now equip households with the ability to manage and coordinate the interventions. Since many of those interventions are social, families can do many of them for themselves and outsource others. The home becomes a node in a network of information.

Community Leadership

The challenge is not the technology. The challenge is to recognize and engage the new reality and possibilities.

The initial challenge is that older people and their families do not know of the new way. Many are in the trenches, exhausted, grappling day-to-day with the onslaught of needs. It's a time of extreme vulnerability and reluctance to trust anyone. It will take community organizations with existing, trusted relationships, to make the appropriate low-cost and no-cost technologies available to the families of aging community members to mitigate the enormous weight of stress they're experiencing.

The irony is that leaders in these community organizations may themselves be put off by the pathos, the common horrors that are not actually aging, but rather are artifacts of the current inappropriate aging delivery system. The current system frightens leaders away from reaching for new approaches that can dramatically reduce the pain hidden around them. That fear can enslave all of us in a cruel regime of our own making. This may deter community leaders from addressing aging at all, afraid to become caught up in a floodgate of suffering that has no answer.

But there are answers. They are of a different nature than those offered by the historic, now-failing aging delivery system because the today's interventions come from all dimensions of life in our communities, now managed and orchestrated in the home.

Community Aging Circles (CAC)

This is the future.

Community Aging Circles (CAC) is a new nonprofit organization created for the sole purpose of distributing an essentially no-cost aging-care specific communication and organizing technology to communities through trusted community organizations and then connecting the leaders of those organizations who are taking on the challenge of making aging in the community a natural, sustainable, fulfilling last chapter of life.

Through the CAC, community leaders throughout a state or region or, ultimately, the whole nation, will share best practices and resources in a national association to approach their elected officials and explain why community is the logical and necessary program partner for government to deal with the nation's aging challenge. Community is an actual investor.

The real opportunity is for communities to develop resources that are accessible, appropriate, and cost less for families because they will be able to choose the least expensive, least invasive intervention. Programs such as Meals on Wheels, counseling, physicians and geriatric nurse practitioners in health deserts can be coordinated, even sponsored by community organizations. And those best practices can be shared with other communities in a national association. We are building an association of communities that have organized community aging circles.

Tools To Support Community Aging

Start somewhere. But start.

There is a foundational tool, the easy-to-use *Jointly* app developed by Carers UK, a national charity in the UK, that helps caregivers develop a “circle of care” that organizes and coordinates all the information, tasks, resources, and individuals involved in a person’s care. The *Jointly* app has been used successfully for over a decade by over 30,000 carers in the UK.

What exists in the community today is an archipelago of individual solutions to aging in place, for better or worse. The *Jointly* app enables families to connect those islands of care with each other by coordinating the full range of resources in the community.

The *Jointly* app, with its ability to orchestrate all the people, resources, information, and expertise, enables the home to be the repository of knowledge, constant adaptation, and tailored interventions. This app, combined with the CAC website (cac-usa.org), provides the information sharing infrastructure necessary for a new, practical and safe community-based delivery system for care at home of chronic conditions in older age .

Using *Jointly*, everyone in the “circle of care” has access to all the up-to-the-moment information about the person being cared for—all of what she needs to get through the day. The information can be shared with the others in a person’s circle of care, that may include not only family members but also others in the community. Coordination and communications are immediate. Community programs, resources, and services can be included appropriately. All the moving pieces are continually captured and coordinated as they happen. Much of the monitoring equipment that formally was available exclusively in facilities, has been adapted for use in the home.

The Community Aging Circles’ website enables the household to reach out to engage others productively. That dramatically increases available resources and creates a network of information and new ideas. Just as Amazon offers alternative items when you click on something that interests you, the website can connect with other people’s approaches and suggestions. Through the CAC, a household can participate in online chat groups and zoom meetings, ask questions and receive suggestions from others about how they addressed this or that, what they experienced, or whom to call to help with their situation.

The Role Of The Community Organization

Community organizations have the trust of families. By making families aware of CAC and making the Jointly app available, they empower families to create circles of care for their loved ones. The community organization’s role is simply to make families aware of the technologies that can help them manage and coordinate the interventions their loved ones need. The CAC’s website provides information to families in their communities and provides a platform for caregivers in the community organization to

communicate with one another. The community organization is in absolutely no way involved in any individual's healthcare delivery. The *Jointly* app is designed to respect the privacy of the individual being cared for and the organization is precluded by law from having any access to *any* of the personal information of the of person being cared for.

Once community members start to use Jointly, what will become apparent is that there are holes, unmet needs. Even after the host of existing stand-alone programs, such as Meals on Wheels, food pantries, and transportation initiatives are persuaded by community leaders to be included in the network, there will remain places that households could clearly benefit from a shared program, but which no household could initiate or sustain by themselves. And the community leadership will need to step up. The CAC website also includes a platform for community leaders from different community organizations to exchange information about best practices and explore the range of unmet needs.

You may discover unmet needs that require new resources to be invested. Community is where those resources reside. While people are not eager to pay taxes, there is charitable and community investment in all matter of local issues. But not in aging. But as it becomes apparent that there is a system, an aging platform that can stand and deliver competent, appropriate services to one's family, neighbors, and one's future self, that is under the control of people they know, and their contribution will be recognized and appreciated by people in their lives, they will contribute. This is our heritage. Alexis de Tocqueville identified Township as the foundational unit of America.[47]

This is the true goal of the plan for our future aging—the creation of community leadership in aging. Community is where older people reside, where they want to be, where long-term care is experienced, where the labor is (millennials and Gen X do not want to work in institutions), where supportive equipment is now available, and where all the money is. Actually, all the Medicare and Medicaid money currently expended is actually coming out of pockets residing in the community. Only community, uncompromised by the profit motive, has both the ability to garner the necessary human and financial resources and the undiluted goal of meeting the aging challenge.

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[1] The Aging Class, Trevor Jackson, the New York Review of Books, Volume LXXIII, Number 7, April 23, 2026, p. 38.

[2] Seven Numbers Shaping Retirement in 2026, Mark Miller, New York Times, January 3, 2026.

[3] Demographic Turning Points for the United States: Population Projections for 2020 to 2060. census.gov

[4] Howard Gleckman, "The Federal Government Will Spend Half Its Budget on Older Adults in Ten Years," *Forbes*, February 1, 2019, https://www.forbes.com/sites/howardgleckman/2019/02/01/the-federal-government-will-spend-half-its-budget-on-older-adults-in-ten-years/?sh=3fbd4dbc56b6.

[5] The Trustees Report, released in. 2023, projects that the Social Security Trust Fund reserves will be depleted in ***2034***. Will Social Security Be There For Me? Social Security Administration (.gov)
https://www.ssa.gov › marketing › factsheets

[6] Fact Sheet SOCIAL SECURITY

https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf

[7] Chart Book: Social Security Disability Insurance, DECEMBER 13, 2023
https://www.cbpp.org/research/social-security/social-security-disability-insurance-0

[8] Jackson Hammond and Gordon Gray, "The Future of America's Entitlements: What You Need to Know About the Medicare and Social Security Trustees Reports," *American Action Forum*, September 1, 2021, https://www.americanactionforum.org/research/the-future-of-americas-entitlements-what-you-need-to-know-about-the-medicare-and-social-security-trustees-reports-4/#ixzz7POdntyue.

[9] The Facts About Medicare Spending, KFF, June 2023,
https://www.kff.org/interactive/the-facts-about-medicare-spending/

[10] In the 2024 Medicare Trustees report, the trustees project that reserves in the Part A trust fund will be depleted in ***2036***. Juliette Cubanski and Tricia Neuman, FAQs on Medicare Financing and Trust Fund, May 29, 2024, Solvency, KFF, https://www.kff.org › Topics › Medicare

[11] The Aging Class, Trevor Jackson, the New York Review of Books, Volume LXXIII, Number 7, April 23, 2026, p. 35.

[12] Levy, G., Increases in Medicaid spending come at the expense of higher education: Study. *U.S. News & World Report*, May 1, 2018, https://www.usnews.com/news/national-news/articles/2018-05-01/increases-in-medical-spending-come-at-the-expense-of-higher-education-study.

[13] Alicia Hahn, "2924 Student Loan Debt Statistics: Average Student Loan Debt," Forbes, April 18,2024, https://www.forbes.com>advisor

[14] 'The Cash Monster Was Insatiable': How Insurers Exploited Medicare for Billions, Reed Abelson and Margot Sanger-Katz, New York Times, October 8,2022

[15] 2025: Big Insurance's $1.7 Trillion Year, Wendell Potter. HEALTH CARE un-covered, Feb 23, 2026, <healthcareuncovered@substack.com>

[16] Medicare Advantage Costs Taxpayers 22% More Per Enrollee. Here's How Payment Reform Could Help Close the Gap. UDC Leonard D. Schaeffer Institute for Public Policy & Government Service. *November 26, 2024*https://schaeffer.usc.edu/research/medicare-advantage-costs-taxpayers-22-more-per-enrollee-heres-how-payment-reform-could-help-close-the-gap/

[17] Unchecked power in PBM industry puts patients at risk of harm to patients. Bobby MukkamalaPresident, AM newsletter, https://www.ama-assn.org/about/leadership/unchecked-power-pbm-industry-puts-patients-risk-harm?utm_medium=Social_AMA&utm_campaign=amaone_shared_articles&utm_source=email, Aug 5, 2025

[18] James Chappel, *Golden Years: How American Invented and Reinvented Old Age*, Basic Books, as viewed in The Aging Class, Trevor Jackson, the New York Review of Books, Volume LXXIII, Number 7, April 23, 2026, p. 35.

[19] United Health Paid AARP $9Billion to Sell Medicare Products, Adriel Bettleheim Axios, October 10, 2025, Axios.com

[20] Michas, F. Number of All Hospital Beds in the U.S. 1975 to 2019," *Statistica*. February 9, 2021. https://www.statista.com/statistics/185860/number-of-all-hospital-beds-in-the-us-since-2001/.

[21] United States Hospital Beds, *Trading Economics*, 2022. United States Hospital Beds – 2022 Data – 2023 Forecast–1960- 2021 Historical – Chart (trading economics.com) https://tradingeconomics.com/united-states/hospital-beds#:~:text=Hospital%20Beds%20in%20the%20United%20States%20averaged%204.77%20per%201000,per%201000%20people%20in%202016.

[22] Span, P. In the nursing home, empty beds and quiet halls. *New York Times*. September 28, 2018. https://www.nytimes.com/2018/09/28/health/nursing-homes-occupancy.html.

[23] A Look at Nursing Facility Characteristics in 2025, Priya Chidambaram and Alice Burns, Dec 17, 2025, https://www.kff.org/medicaid/a-look-at-nursing-facility-characteristics/

[24] Atul Gupta, Sabrina T. Howell, Constantine Yannelis, and Abhinav Gupta, "Owner Incentives and Performance in Healthcare: Private Equity

Investment in Nursing Homes," *The Review of Financial Studies*, Vol. 37, No. 4 (April 2024), as cited in The Aging Class, Trevor Jackson, the New York Review of Books, Volume LXXIII, Number 7, April 23, 2026, p. 338.

[25] What Is the Average Length of Stay in Assisted Living? - Senior Services of America https://seniorservicesofamerica.com/blog/what-is-the-average-length-of-stay-in-assisted-living/

[26] 72 percent of middle-income older adults won't be able to afford assisted living by 2033: study - McKnight's Senior Living. https://www.mcknightsseniorliving.com/home/news/72-percent-of-middle-income-older-adults-wont-be-able-to-afford-assisted-living-by-2033-study/

[27] Maria Aspan, "A crisis is hitting your local drugstore. Why the slow demise of a 130-year-old-family-owned pharmacy chain spells disaster," Fortune, June 3, 2024, https://finance.yahoo.com/news/crisis-hitting-local-drugstore-why-102500058.html

[28] The Shortage of US Healthcare Workers in 2023, Oracle, Rob Preston | Content Director | January 2023 https://www.oracle.com/human-capital-management/healthcare-workforce-shortage/

[29] Immigrant Healthcare Workers in the United States, Jeanne Batalova, Migration Policy Institute, April 7, 2023. migrationpolicy.org

[30] Immigrant Healthcare Workers in the United States, Migration Policy Institute, Jeanne Batalova, April 7, 2023, migrationpolicy.org

[31] Annie Nova, "Baby Boomers Face More Risk to Their Retirement Than Previous Generations," CNBC, November 7, 2018, https://www.cnbc.com/2018/11/07/one-third-of-baby-boomers-had-nothing-saved-for-retirement-at-age-58-.html.

[32] "Seeing Our Way to Financial Security in the Age of Increased Longevity," Stanford Center on Longevity, October, 2018, https://longevity.stanford.edu/seeing-our-way-to-financial-security-in-the-age-of-increased-longevity-2/.

[33] AARP. Nearly half of Americans 55+ have no retirement savings. AARP. March 28, 2019. https://www.aarp.org/retirement/retirement-savings/ info-2019/no-retirement-money-saved.html.

[34] BarnesWendling CPAs, Inc. Retirement planning for Baby Boomers: It's not too late to save. BarnesWendling. December 5, 2021. https://www.barnesw.com/retirement-planning-for-baby-boomers-its-not-too-late/.

[35] National Council on Aging, September 2025 Issues Brief. assets.ncoa.com

[36] 100 Million People in America Are Saddled With Health Care Debt, Noam N. Levey, KFF Health News, June 16, 2022 https://www.kff.org › Topics › Health Costs

[37] Medicare-for-All Prevents Medical Bankruptcies https://www.citizen.org/article/medicare-for-all-prevents-medical-bankruptcies/

[38] RetireGuide. Terry Turner, August 30, 2022 https://www.retireguide.com/retirement-planning/risks/medical-bankruptcy-statistics/

[39] A report from AARP and the National Alliance for Caregiving released July 25, 2025 https://www.aha.org/news/headline/2025-07-25-63-million-americans-are-family-caregivers

[40] Millions of American Kids Are Caregivers Now: 'The Hardest Part Is That I'm Only 17,Clare Ansberry, The Wall Street Journal, April 27, 2024 https://www.wsj.com/health/wellness/child-caregivers-caring-parents-2b956149

[41] Daniel Kahneman, *Thinking Fast and Slow*, as cited by Jennifer Pahlka, Trial by Fire: Crisis Engineering, April 7, 2025, eatingpolicy@substack.com

[42] Jennifer Pahlka, Trial by Fire: Crisis Engineering, April 7, 2025, eatingpolicy@substack.com

[43] Marina Nitze, Matthew Weaver, and Mikey Dickerson, *Crisis Engineering: Time-Tested Tools for Turning Chaos into Clarity*, as cited by Jennifer Pahlka, Trial by Fire: Crisis Engineering, April 7, 2025, eatingpolicy@substack.com

[44] Poll: Nearly 1 in 4 Americans Think They Have a Personal Social Security Account, Emily Ekins and Hunter Johnson, Cato at Liberty, CATO INSTITUTE, August 7, 2025, https://www.cato.org/blog/poll-nearly-1-4-americans-think-they-have-personal-social-security-account-3

[45] An Attack on OpenAI Chief Sends a Terrifying Message, Aaron Zamost, New York Times, April 23, 2026, p.22

[46] H.E. Hershfield, Future self-continuity: How conceptions of the future self-transform intertemporal choice. *Annals of the New York Academy of Science*. October 24, 2011. https://doi.org/10.111/j.1749-6632.2011.06201.x

[47] *Democracy In America*, Alexis de Tocqueville, UNIVERSITY OF CHICAGO PRESS, April 1, 2002