

## Caregiving Strategies and Avoiding Financial Scams with Chuck Whitlock

### Welcome and Guest Intro

**Candace Dellacona:** Welcome to the Sandwich Generation Survival Guide. I am your host, Candace Dellacona. I am honored to welcome today our very special guest, the notable Chuck Whitlock. Chuck is an investigative journalist. He is an author. He is a world renowned speaker on a number of topics, namely financial crime, and exposing con artists. He has been on Oprah in 60 Minutes in the Today Show and CNN, just to name a few. And Chuck's really become a world renowned expert on data protection and healthcare crimes. And Chuck is here to talk to us today about his latest endeavor, a book called Life Source, which is for caregivers.

And so, Chuck, we are so happy to welcome you today to the Sandwich Generation Survival Guide.

**Chuck Whitlock:** Thank you for having me, Candace, it's really good to be here. I love talking to caregivers. It's one of my favorite topics.

**Candace Dellacona:** I'm delighted. So, Chuck, as you know, we started this podcast, the Sandwich Generation Survival Guide to really provide resources for those of us in the middle, those of us providing care to our loved ones in the sort of middle of our lives. And the goal with the podcast is to provide experts like you, Chuck, that can help us navigate this really tricky spot in the middle of our lives when we're trying to help our seniors.

So we're really lucky to have you here today. I know you're very sought after in the field.

### Chuck's Career Journey

**Candace Dellacona:** So tell us a little bit about, Chuck, your background and how you ended up here in the world of advising caregivers.

**Chuck Whitlock:** Well, I guess most of what's happened to me in my lifetime as I look back and I'm 82, so I have a lot of years to look back on, but as I think about it, it, most of it was not planned. I didn't have a huge strategy coming outta college. I just wanted to make a living and support my family. And I worked through college as a police officer. But when I graduated, I was offered a job significantly more than what I was making as a police officer. Because I had a wife and a young baby child at home, I thought, okay, I'll go for some money.

At the age of about 38, I think, I decided to go into business for myself and I made a little bit of money and I took a year off and I wrote a book. And when I was a kid growing up, there was a show on television called Racket Squad, and it was all about white collar crime and I decided to write a book called Easy Money, which was about white collar crime, and I wrote it because I had been scammed so many times.

Like everybody else, I can think of a million instances in my life what I had been scammed. So here I am 38 years old, I decided to write a book, but I don't wanna write about cops and robbers and that sort of thing. I thought I'll write about white collar crime and I'll talk about the things that have happened to me in my life.

The book was very successful and it led me into a career as an investigative reporter. A national magazine show saw me on Oprah and they said, Chuck, would you do investigative reports for us but specialize in white collar crime? And I accepted it, and that launched my career in television broadcast.

### Caregiving Lessons Learned

**Chuck Whitlock:** So all along the way I was pretty much a caregiver. Which brings me to my current topic and why I was so interested in working on the LifeSource book. My first wife had just about everything you can imagine. She was incapacitated. She couldn't drive. I had to have caregivers. I had to have housekeepers, and yet I was pretty busy back even then being a national sales manager for a national medical company. I really had quite a job, and yet I had to take care of my ill wife at home.

And it was really a difficult time. And I remember feelings, huge amounts of guilt about not being there more for her than I thought I should be. I had a \$1 million policy, Candace, at the time through my employer. I burned through every penny of that with her hospitalizations, and I got another job with a competitive company because it gave me another million dollar healthcare policy, and she burned through that.

And now this is a long time ago, so it's when \$2 million was a significant amount of money, probably equivalent to six or 7 million today. Throughout that whole time, I had to use my imagination. I had to figure out ways to deal with somebody at home that had these major issues and make a living at the same time and raise children at the same time. So I ended up really becoming pretty good at time management. And I found support groups. And I found that they had access to resources that I didn't know existed. And the more help that I found to help me deal with the problem, the easier my life got.

And I realized early that I didn't have to be a doctor. I didn't have to be a PA or an rn. All I had to do was identify symptoms. When you're dealing with folks that have various disorders, you learn how to cope, but you need help to learn how to cope.

I was at the support group meetings and I learned these things. I would never have known it otherwise. And I'm a young dad with kids at home. I don't have too much money. I wasn't seeing psychiatrists and getting advice. I was kind of figuring out on my own and going to the support groups and asking lots of questions and relating to what folks were saying.

And so I'm urging your folks that are listening to this podcast to please reach out and get the help from all the national associations who educate caregivers to do a better job to get some respite. But what I wanna share is having to take care of somebody and work a regular job and then have a 24 hour a day, seven day a week responsibility to take care of somebody else. It's more than difficult. It's mind boggling, and it can really create some huge problems.

**Candace Dellacona:** You said so much there, Chuck. One of the things, being a sandwich generation member yourself, you sought out community and you sought out support and you created a community by virtue of the exchange of information. And I think that's really important and something that should never be lost on those who are listening, realizing that there are other people who have walked the walk and they have probably lots of tips that you can receive and make your journey a little easier.

### **Entering Senior Care Advocacy**

**Candace Dellacona:** After you wrote Easy Money, Chuck, can you fill us in a bit about what brought you into the framework of seniors and the elderly and trying to use all of your years of being an investigative journalist and a writer and into the arena to protect seniors?

**Chuck Whitlock:** Sure. I was getting pretty close to retiring myself and I was looking at nursing homes and assisted living facilities and all kinds of different facilities for elderly people. My mom was getting older. I knew several people that were much older than I was, and I thought, it'd be interesting to write a book to help people navigate this retirement business. So I got a major law firm to write chapters on trust and wills. Salvation Army, wrote chapters on charitable gift giving. I got all these folks that had a hand in helping people to retire successfully. And I finished that book, *Age Without Rage*, and that introduced me to that whole world of taking care, the sandwich generation and the myriad of problems that we all have had to deal with. I have a friend right now that's going through it, his aging mother, she now is showing signs of dementia and I was with him one night at dinner with his mom in a long-term care facility and the more I listened to the conversation, the more I realized, Tom, you really need some help here. You need a lot of information about how to interact with somebody with dementia.

And that's how I really got started in this. And then I met Peggy. Peggy Baddour is one of the nicest human beings on the face of the earth. And she provides healthcare services to 15,000 patients. So when I met her and she started sharing stories with me about the sandwich generation and the problems that they deal with, I thought, how do they take care of themselves? And I was thinking back to myself when I was going through those issues in my own life, and she said, there are volunteer groups that will sit with your loved one. You can call most hospice centers, for example, have a number of volunteers that will sit with your mom or dad or grandma and grandpa, and they'll just be companions for two or three hours a day.

You can hire companions. Sometimes family members, if you're in hospice, can be paid to spend time with that person that's going through whatever the disorder is. But anyway, Peggy pointed all these things out to me, and the more she pointed out to me I got more and more interested in taking care of the sandwich generation because being in that sandwich generation and taking care of your parents while also working with your children's issues, it's almost an impossibility.

**Candace Dellacona:** It really is.

**Chuck Whitlock:** Especially if you're the primary earner in the family, you're really totally responsible yourself for those below you and those older than you that have come before you. And it can be really overwhelming. And Peggy showed me a lot of ways to address those issues and that's how I got involved in this thing. It was mostly my own experiences identifying with the things that I heard Peggy talk about. So I partnered up with Peggy and we co-authored a book. So that's how I got involved.

### **LifeSource and Advocacy Basics**

**Candace Dellacona:** Yeah, so let's talk a little bit about the book and for those listening to you today, I think what's really important to understand about the book is that this really is a book geared towards the caregivers, geared towards the family members. Helping them advocate. And the word advocate is used so often and often people I think, don't realize what it means.

And I think advocacy is really hard when you don't understand the infrastructure of the medical system and navigating the healthcare system. Chuck, tell us a couple of things about the best way for family members, when they start out on this journey on navigating the healthcare system, you have the insight of Peggy and her team. They manage tens of thousands of facilities across the country. So share with us any bits of your knowledge that you expound upon in the book.

**Chuck Whitlock:** Thank you, Candace. That's a great question. Being an advocate means so much to me. For example, when you take your loved one to a doctor, you should have a list of all the questions that maybe they won't remember to ask. You only have a limited amount of time with that geriatric physician or the primary care physician or the specialist.

So create a list of questions so that when you leave, you have all the answers. Be the advocate for your loved one. Your job really is to see things that are happening that maybe they won't remember have happened, or things that maybe they don't think are a concern, but because you've studied a little bit about their issues. For example, if they're diabetic, watch how much sugar they're eating, if they're taking insulin, make sure they take the right dosage.

Do a little bit of research on the medications that they're taking. And, all you have to do is ask a drugist which ones are contraindicated with others. You can find out very quickly if the patient, because maybe they're taking psychotropic drugs and they have multiple disorders that are contraindicated for their arthritis medication or whatever. You need to know that, and the drugist will help you. And almost always, there's alternatives to drugs that are contraindicated with other drugs. So being an advocate means looking over the shoulder of everything that's going on. I remember I was in the hospital about 13 years ago, having open heart surgery, and my wife, she got a bed and stayed in the room with me the whole time I was in the hospital. She was my advocate and every time they came in with medication, she checked the medication to make sure the pill colors were the same, that they were round or not rectangular. She knew which medication I was supposed to receive.

**Candace Dellacona:** Advocacy can be really basic and making sure that you are educated to the extent that A, you know the questions to ask and you leave those doctor's appointments with the answers to those questions and you bring up talking to a pharmacist about medications. We're fortunate enough these days, there's so much information online about the basics related to medication and making sure that you're educated on the basics.

### **Choosing Care Facilities**

**Candace Dellacona:** And Chuck, when family members have to transition into an inpatient facility, what is the best advice for advocates that you can give to them to help them navigate those systems once they are inpatient and where they'll remain.

**Chuck Whitlock:** I've done dozens of investigative reports on long-term care over the years. And so let me share a little bit of that with your listeners. The first thing you have to do is check with Medicare to get the rating on the facility. The second thing you need to do is you need to shop, you need to go to, not one, not to maybe five or 10 different long-term healthcare facilities, whether it's assisted living or memory care or nursing home.

You need to visit those facilities and meet with the medical director, not just the administrator or the sales representative. Always ask for the medical director and ask them, what's your rating? How many complaints have you had? Do you have any lawsuits going on right now? Do you do a criminal background check on the employees? Do you have a record of it? If I were to ask for it, could you show it to me?

**Candace Dellacona:** So you can go in Chuck and ask to talk to the medical director and ask this kind of information.

**Chuck Whitlock:** Absolutely. You're the you're the advocate, Candace, and if this is somebody you love, you're not gonna turn them over to people. Lemme give you the, let me just tell you a quick story. I have a neighbor whose husband's in a long-term care right now in a nursing home, and he has very serious dementia and some other comorbidities. And he shakes, he can't use his hands to eat. And so she went to visit him and he's licking the food out of the bowl in front of her. He can't use his hands, and that's how he had to consume the food.

And she called me and she said, Chuck, I can't stand watching this happen. What can I do? I said, let's go to this facility and let's talk to the medical director. And we did. And she said, I had no idea the floor was doing this. We will have your husband hand fed, which is of course the appropriate thing to do.

**Candace Dellacona:** Right, and it's the dignified thing to do, but you know, you bring that up that, I think as consumers, quote unquote and non-medical people, we don't know how far we can push. So that's great advice Chuck.

**Chuck Whitlock:** You have to talk to the medical director. They're the ones that are legally liable for the actual care of the patients in the facility. Of course, the administrator, he's at the top or she's at the top and the buck will stop with them. But trust me, if there's a lawsuit, the medical director's gonna be named in the lawsuit, so they're very cautious about the care that patients are receiving.

So anyway, I suggest that A, you check with Medicare to get their rating. That will tell you that there's a lot of complaints or hardly any five star rating is what you're looking for. If it's a four star, it may still be okay, but four or five, nothing less than that. If it's a three, don't go there. Go to the fours and fives, look 'em over.

Talk to the medical director. Be their advocate. Think just in your own brain, think to yourself, I'm moving in here. Is this a place I would come if I had the same problem that mom has, would I live here. And I'll tell you, I've been to some facilities where they'll have 200 patients sitting in one large great room in wheelchairs with one nurse. You can't possibly take care of 200 patients sitting in wheelchairs. How do you take care of those folks if you're understaffed? And Candace trust me, understaffing is a huge problem right now.

So you have to visit your loved one as frequently as you can. I know you have a job and other responsibilities, and you have your children to take care of. I get it. But either you or somebody else, maybe your spouse, maybe a good friend of yours can stop by and just visit and look and see what kind of care they're giving.

If the patient's not being cared for, if they're not being walked to the bathroom, if they're being kept locked in by putting the handrails up, which by the way, are against the law in most states now. You need to know what expectations you can have based on the laws and it takes a little homework. Maybe you have to go online and, look at a few, ask a few questions. We can Google anything, Candace, and there it is.

**Candace Dellacona:** Yeah.

**Chuck Whitlock:** But you have to take the time to do that, to be a good caregiver. And at the end of the day you're gonna go to bed and you're gonna say, I've really done something today.

This, I'm treating mom the way I would've wanted to be treated. And if it weren't for, she raised me and she was there when I needed my diapers changed by God, I'm there for mom. That's what you need to say to yourself when you're going to bed at night.

**Candace Dellacona:** For sure.

### **Overmedication and Neglect**

**Candace Dellacona:** One of the things I know that you've pointed out too, is that overmedicated patients and overmedication in general is unfortunately rampant with the senior population. I know it's sometimes used as a substitution for care to keep patients sedentary and docile. So what are the sort of telltale factors that you can impart to family members about things like over medication and neglect, other than the obvious.

**Chuck Whitlock:** Another great question, Candace, and I'll tell you I'm so glad you asked 'cause I would love to have brought that up. I always check the medications. When my aunt Mary Louise, who, she was my second mom, I would always check the medication and on several occasions I found the pain medication missing. That she had a 30 day supply, and all of a sudden she has a 20 day supply. So there's a problem. And I didn't do it often, but I did do it often enough to find two instances where somebody in the staff was taking her pain medication. Also, I look at the strength of the medication. If a patient has, is diagnosed with bipolar and they're given a certain psychotropic drug of 50 milligrams and you check on it. You ask your pharmacist, they're not gonna ask their pharmacist. Most places they don't have a pharmacist there to ask. You can pick up the phone and call. Maybe they can't. Is 50 milligrams the right dosage for somebody with this diagnosis? And then the pharmacist might ask a few questions about how severe the problem is.

You might even ask the internist. There's usually a medical director with every facility. In fact, by law, they have to be, and usually they're in the facility. Go to the medical director's office with a bottle of pills and say, look, this is 50 milligrams. I look at this online. This is a really strong medication. Can you get the same result with 25 milligrams? Be an advocate. Ask questions.

Look, I wrote the book Medi Scams after my mom was killed in a nursing home. She was in a hospital she was 84 years old. She had kidney failure. She was taken to a hospital, which was an long-term care facility. But, she was diagnosed with three different things, including heart disease and kidney disease and there was a third thing. And they took care of it, and then they figured after four weeks they couldn't do anything more for her, so they sent her to a nursing home.

On the paperwork to the nursing home, it said, do not provide oxygen. She had a peritonitis and if they used oxygen, it would kill her. And it said in bold, red, type, do not administer oxygen to Mrs. Whitlock. They did. And she was dead within a half hour after arriving at the nursing home.

**Candace Dellacona:** Oh my gosh.

**Chuck Whitlock:** You just, you gotta be a strong advocate and you have to just be aware of all the things that can go on in these facilities. My brother was there when my mom died and he told me the story, and that's what prompted me to write Medis Scams, a whole book about medical quackery, and I did probably 30 national television segments on that very topic, just to show America the kinds of things that they needed to watch out for.

**Candace Dellacona:** I think what's so hard too, as non-medical people and the way that our society generally respects and reveres those in the medical profession, it's really hard to question the people that we're relying on to give us the best advice. And I think, making sure that our listeners and those who are advocating for our loved ones understand that asking questions is not disrespectful at all, and doctors and caregivers are humans and recognizing their own humanity and their ability to make a mistake is so important. No one else is looking in on your loved one the way that you do. And this information is so incredibly helpful to people to not be afraid to ask those really hard questions and ask to talk to those in charge because they're the ones that set the policy and set the tone within the facility.

### **Scams Targeting Seniors**

**Candace Dellacona:** I just wanna talk a little bit about, and I know you've been generous with your time, but I do wanna talk a bit about the financial exploitation that you are seeing with seniors. And I know you just had the occasion to speak to thousands of law enforcement officers specifically about how we become so vulnerable to these instances of financial exploitation.

And what's your best advice for those of us listening, to know what to look out for and why are we so vulnerable to these scams, Chuck?

**Chuck Whitlock:** Candace, your questions are so good. These are great questions. But let me just tell you, whenever there's a dramatic need, there is a strong possibility of a scam. And I'll give you an example. There was a well-known comedian who had terminal cancer, stage four cancer. The oncologist tried everything they could. They couldn't cure him. They told him he had 60 days to live. He heard about a psychic surgeon in the Philippines for only \$150,000, they could remove the cancer from his body psychically.

He got on an airplane and he went to the Philippines and he had psychic surgery and they dramatically pulled out a tumor with blood on it and they shook it and he could see it, and they threw it into a bowl of water. And they said, now stand up. And he did. And there were no incisions in his body. He was, oh my, this really worked. And he gave them, believe it or not, he gave them an extra 50,000. He was so impressed that they had saved his life. He came back to the States and was dead a month later.

People who are desperate will do almost anything. And when they're given an opportunity to save their life or a loved one's life, and they're convinced that the oncologists really don't want to talk about this, because they would lose all that business, the pharmaceutical companies would lose all those pharmaceutical sales. So that's why people like they, they talk about people like us who are legitimate. Well, they're not legitimate Candace, they're con artists. And that's an extreme example. But there are so many people out there who are desperate for a solution and people that have mental disorders, bipolar, schizophrenia any number of mental disorder. They probably are not gonna get better, which is one of the most frustrating things for caregivers.

They're used to mom coming home with a hip replacement. Okay? They take care of mom and she gets better. But now you have a mental disorder and nobody has a cure for it. They can extend your life. They can make your life better from now till the time you're not here, but they can't cure you. In fact, everybody knows you're probably gonna get worse as time goes on.

So if you find a charlatan who says, I used to be in the same place you are. I couldn't remember what time of day, I couldn't remember my wife's name. It sounds too good to be true. And somebody that's rational and not desperate, wouldn't believe it for a second. But when they present this opportunity, this solution, and it sounds so good, and they sound so convincing, remember the word is confidence man. They're gonna win your confidence.

How do they do it? They wear a white jacket with a stethoscope around their neck. They pretend to be doctors. Whatever they are, whatever they do to present this unbelievable opportunity. To a point where you say, what have I got to lose? It's only money and I can't take it with me anyway.

I've interviewed hundreds of con artists in and out of prison, who specialize in medical fraud, selling durable goods to people that didn't need them. You get a wheelchair delivered to you and how did this happen? I didn't order a wheelchair. Somebody stole your identity and they ordered 500 wheelchairs.

What you have to do when it comes to financial fraud, medical fraud is you have to be on your guard when you're going through a traumatic event in your life, whether it's a divorce, a bankruptcy, a business reversal, a medical problem, whenever you're going through a traumatic event. I tell my friends, everybody that I can, speeches that I give, please don't react without talking to your lawyer or to an accountant, or to an advisor, always get a second opinion. That goes for medical issues as well.

**Candace Dellacona:** That's good advice though. It's, taking a beat and taking a pause. Making sure that the information you've been provided, which seems custom fit to the problem that you have, is actually the right

solution. And really seeking out the experts that can validate whatever claims are being made, whether it's financial or medical.

I think that's really great advice.

### **Final Thanks and Wrap Up**

**Candace Dellacona:** Chuck, I just wanna say thank you so much for joining us. And for all of your efforts in putting together LifeSource a Caregiver's Guide to Managing Mental Wellness for the Older Adult. It is a book that is so needed, especially for those of us in the sandwich generation who are looking for a guidebook, which you and Peggy really came up with. So we're really delighted to have you on the podcast today.

**Chuck Whitlock:** Candace, I can't thank you enough for letting me share what knowledge I have about the Sandwich generation caregiver. My heart goes out to each and every one of those folks, and if there's ever anything I can do to help, I'm your guy.

And trust me, I've been there. I know what you're going through. And all I can tell you is I came out the other end. My kids have turned out great. My ex-wife is in long-term care, but she's getting the kind of care that she needs and she's getting great qualified care.

**Candace Dellacona:** And you've helped so many people along the way, Chuck, so thank you.

**Chuck Whitlock:** Thank you.