

April 18, 2021 E-Newsletter

Retirees Unhappy With 2021 Social Security COLA 'Boost'

Annual cost of living adjustment not keeping pace with rising household expenses, research from The Senior Citizens League finds

That 2021 Social Security cost of living adjustment (COLA) **increase of 1.3%** isn't keeping up with real-world cost of living increases, according to a recent survey from **The Senior Citizens League**.

The survey of retirees found that 63% say the 1.3% COLA raised their net monthly Social

Security benefit by less than \$15 after the deduction for the Medicare Part B premium.

The 1.3% increase bumped the average monthly benefit for all retired workers just \$20, from \$1,523 in 2020 to \$1,543 in 2021. That equates to about an extra \$240 per year.

Meanwhile, 65% of survey respondents report their monthly household expenses in 2020 rose by more than \$80, including 40%



who reported their expenses are up by \$120 per month or more.

Consumer price index data through February showed a big jump in some prices and suggests that the next Social Security COLA may in fact be much higher—the highest since 2019 when the COLA was 2.8%.

"But right now, those higher prices erode the buying power of Social Security benefits," said Mary Johnson, who studies the impact that rising prices have on

the purchasing power of Social Security recipients.

According to research by Johnson, from January 2000 to January 2020, Social Security benefits have already lost 30% of buying power.

"The current inflationary trend may only be temporary, because prices today are compared with a big sudden drop in prices a year ago when the impact of COVID-19 first began to hit our economy," Johnson added... [Read More](#)

US recommends 'pause' for J&J shots in blow to vaccine drive

The U.S. on Tuesday recommended a "pause" in use of the single-dose Johnson & Johnson COVID-19 vaccine to investigate reports of rare but potentially dangerous blood clots, setting off a chain reaction

worldwide and dealing a setback to the global vaccination campaign.

The Centers for Disease Control and Prevention and the Food and Drug Administration announced



that they were looking into unusual clots in six women between the ages of 18 and 48. One person died.

The acting FDA commissioner expected the pause to last only a

matter of days. But the decision triggered swift action in Europe and elsewhere as the drugmaker, regulators and providers moved to halt the use of the J&J vaccine, at least for now... [Read More](#)

2021 Tell Your WEP/GPO Story Testimonials

The latest Congressional Research Service(RL 32453) shows that women are disproportionately adversely affected. In part, this is because women are more likely to survive their spouse and see a

reduced dependent survivor benefit as a result of the GPO penalty. In addition, thousands of these women may have a lower pension because of having a shorter earning life and the



GPO usually eliminates their fully-earned spousal benefit for that non-earning homemaker period. 83% of the population so affected are women.

If you are one of the retirees or

know someone impacted by the WEP/GPO, please go



Lobbyists Fight Democratic Proposals on Drug Pricing, Vaccine Access

Pharmaceutical corporations are **preparing for battle** as President **Biden** considers whether to waive patent protections on vaccines to help other nations fight the coronavirus and House Democrats write legislation to require Medicare to negotiate the price of drugs.

Pharmaceutical corporations have a long history of

successfully keeping Medicare from negotiating drug prices. Industry lobbyists reportedly plan to combine strong public approval following the development of Covid-19 vaccines with their usual power to oppose Democratic priorities that would hurt their profit margin. The drug corporations' trade association, Pharmaceutical Research & Manufacturers of

America (PhRMA), was the third largest spender on lobbying in 2020, investing \$26 million to protect their bottom line.

"PhRMA has had some success in the past and most recently was able to keep H.R.3, the Lower Drug Costs Now Act passed by the Democratic House in 2019, from reaching the Senate floor," said **Robert Roach, Jr.**, President of the

Alliance. "Now we have another opportunity to allow Medicare to not only negotiate drug prices but also expand the program to include vision, hearing and dental coverage. I expect them to fight us tooth and nail, but Alliance members are prepared to make their voices heard."



Robert Roach, Jr
 President, ARA

ADD
 YOUR
 NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

5 States With the Worst Health Care for Retirees

Retirees traditionally flock to the South to spend their golden years in sunshine and warmth. But if you have a health condition, you may want to think twice before making such a move.

The five states with the worst retiree health care are all located in the South, according to WalletHub's latest annual ranking of the best states to retire.

The analysis found that the five worst ranked states for retiree health care in 2021 are:

- ◆ **West Virginia (No. 50)**
- ◆ **Mississippi (No. 49)**
- ◆ **Alabama (No. 48)**
- ◆ **Tennessee (No. 47)**

◆ **Kentucky (No. 46)**

In ranking the 50 states based on the health care available to retirees, WalletHub looked at more than a dozen metrics, including:

- ◆ **COVID-19 testing rate and death rate**
- ◆ **Number of family and general physicians per capita**
- ◆ **Number of dentists per capita**
- ◆ **Top-rated geriatrics hospitals**
- ◆ **Quality of public hospitals**

If good health care is paramount for you — and you can stand the cold — staying in the North for retirement might be



a better idea. Four of the five top states for retiree health care are located in colder climates.

However, the tropical paradise of Hawaii topped that list. So, you could retire there — if you can afford it.

The top five states for retiree health care are:

1. **Hawaii**
2. **Minnesota**
3. **Vermont**
4. **Alaska**
5. **Colorado**

How to cut your health care costs

Health care is expensive. That's true no matter where you live — or what age you are. With a little planning, though,

you can hang on to more of your hard-earned cash.

For example, a little old-fashioned “give and take” — like offering to pay in cash — might save you a bundle. As we report in “[7 Ways Anyone Can Cut Their Health Care Costs](#)”:

“Tell the medical office that you're paying cash for a service and ask for a discount. Besides a lower bill, you might be able to negotiate a no-interest payment plan to spread your payments over a few months.”

Prescription drugs are a costly fact of life for millions of retirees. But Money Talks News managing editor Karla Bowsher has learned a few things about trimming such expenses.

IRS Is Sending Out 'Supplemental' Stimulus Checks

In a Wednesday [news release](#), the IRS confirmed that it sent out over 1 million supplemental payments to people whose 2020 tax returns qualified them for additional funds this week. These so-called “plus-up” payments total more than \$2 billion, meaning the average deposit was roughly \$2,000.

The supplemental payments are not a [fourth stimulus check](#). They're actually part of the third set of Economic Impact Payments (EIPs) — the \$1,400-per-person ones passed in the American Rescue Plan in March.

In order to quickly distribute these payments, the IRS automatically calculated people's third stimulus checks using data from their 2019 or

2020 taxes (whichever were filed most recently). This allowed the government to deliver EIPs relatively fast, but it also meant that tons of taxpayers were issued payments based on outdated information. If your income level dropped or your family size changed, for example, and the IRS didn't know about it yet, you might not have received the correct amount of aid.

With the first and second checks, people just had to wait until they filed their 2020 taxes in order to claim missing stimulus money. But for this third round, the [American Rescue Plan](#) specifically included a workaround.



The law set up an “[additional payment determination date](#)”

that was supposed to fall either 90 days after the tax filing deadline or on Sept. 1, whichever came first. However, it now appears to be a rolling situation. The first [batch](#) of supplemental payments went out last week, and the agency said Wednesday that they “will continue on a weekly basis going forward as the IRS continues processing tax returns from 2020 and 2019.”

That's right: Not only is the IRS giving people more money, but it's seemingly also doing so weeks ahead of schedule.

“We are sending these payments to eligible persons as

soon as we can, by direct deposit where possible,” IRS spokesman Clay Sanford says.

Third stimulus check delivery update

In the past month or so, the IRS has sent Americans about 156 million EIPs worth about \$372 billion. Most of the \$1,400 payments have gone out via direct deposit to people's bank accounts, though some are being mailed as paper checks and debit cards.

The IRS is issuing the third stimulus check in batches. The first batch went out March 12, the second on March 19, and the third March 26.[Read More](#)

Is Biden likely to give you a fourth stimulus check?

Though millions of Americans are still waiting for their third stimulus check — or an extra “top-up” payment — some lawmakers and advocates are already pushing for a fourth direct payment. And maybe more.

More than 75 members of Congress say that until the pandemic is over, there should be regular stimulus checks. President Joe Biden is being urged to wrap them into the \$2.3 trillion infrastructure spending plan he's now promoting.

Just a fourth stimulus check could lift more than 7 million people out of poverty, according to an analysis from the Urban-Brookings Tax Policy Center.

But those pulling for more checks are facing considerable resistance. Here's where things stand on whether you'll get another “stimmy” this year.

Millions of Americans are still in financial distress, with about 4 in 10 saying their income remains below its prepandemic levels, according to a



recent survey from the credit bureau TransUnion.

Back in January, 56 House Democrats led by Minnesota's Ilhan Omar sent Biden a letter urging him to consider recurring stimulus payments.

“We are experiencing the worst economic crisis since the Great Depression, with millions of Americans either unemployed, forced out of the workforce or facing a decline in hours and wages,” the letter said.

And at the end of March, 21 Democratic senators joined the chorus of voices calling for more payments. “Families shouldn't have to worry about whether they'll have enough money to pay for essentials in the months ahead,” the senators wrote Biden in a separate letter.

Many households have used stimulus money to cover basic expenses, like groceries and rent, according to a U.S. Bureau of Labor Statistics study of how last year's very first checks were spent....[Read More](#)

CMS Releases New Data Showing How COVID-19 Affects People with Medicare

The Centers for Medicare & Medicaid (CMS) recently released new data on the impact of COVID-19 on people with Medicare, updating its [Medicare COVID-19 Data Snapshot](#). The report captures beneficiary infection and hospitalization rates for most of 2020 (January 1 through December 26). Like previous versions, it shows that certain populations are being disproportionately affected by the virus.

More than 2.7 million people with Medicare were diagnosed with COVID-19 during the snapshot period, and nearly 700,000 were hospitalized. The agency notes that since January

2021, cases increased by more than 790,000 and hospitalizations grew by more than 206,000. For the first time since CMS started releasing this snapshot, the rate of rural COVID-19 cases (4,271 per 100,000) surpassed the rate of urban cases (4,151 per 100,000).

American Indian/Alaskan Native beneficiaries again had the highest COVID-19 hospitalization rate (2,393 per 100,000), followed by Black (1,937 per 100,000) and Hispanic (1,617 per 100,000) beneficiaries. These populations also had higher infection rates than their white counterparts.



Notably, the report includes new breakdowns that illustrate the general consistency of these patterns across age groups.

The data also confirms other [well documented disparities](#), including those based on Medicare enrollment type and eligibility. People who are dually eligible for both Medicare and Medicaid had nearly three times the rate of infection and hospitalization than people who only have Medicare, and those with End-Stage Renal Disease (ESRD) were roughly three times more likely to be infected and six times more

likely to be hospitalized than beneficiaries without ESRD.

These trends continue to underscore the need for an equitable approach to COVID-19 prevention and awareness. Accordingly, CMS also issued new [COVID-19 vaccine resources](#) to help health care professionals, community partners, and consumers discuss the impact of the pandemic and the importance of getting vaccinated. The materials, which include FAQs and outreach toolkits, are available here: [Go.CMS.gov/omh/covid19vaccine](https://www.cms.gov/omh/covid19vaccine).

Education About COVID-19 Vaccines Continues as Access Increases

At least [110 million people in the United States](#) have received at least one dose of any of the three approved COVID-19 vaccines, and over 64 million people have been fully vaccinated. In the last week, the average number of doses administered per day has been over 3 million, and states are moving forward with plans to expand access to the vaccines for all adults.

The federal Centers for Disease Control and Prevention (CDC) has many resources describing [how vaccines work](#), explaining the [differences between the three authorized vaccines](#), and [urging people](#) who can get vaccinated to do so. The CDC also supports [Vaccine Finder](#),

an [online tool](#) that may make it easier for people to find local places to receive their vaccinations.

But concerns linger for some, as they weigh whether the vaccine is right for them. Kaiser Family Foundation (KFF) polling reveals that different populations and political groups [display varying degrees of eagerness to get vaccinated](#), from “already got vaccinated” and “get the vaccine as soon as you can” to “definitely not getting vaccinated.”

Many of the commonly cited reasons for COVID-19 vaccine hesitancy could likely be addressed through enhanced outreach and education. For example, while some people have expressed concerns about



vaccine safety and efficacy, the CDC says the vaccines [are very safe and very effective](#) at preventing serious illness from COVID-19. Other people may fear they will be charged a lot of money for the vaccine. But as AARP explains, federal law makes the vaccine [free for everyone](#), including those with Medicare, Medicaid, private insurance, or no insurance at all. Still others may not speak English fluently and may struggle to understand why, where, and how to get a vaccine.

Because the reasons may vary across populations, there is a need for community-specific solutions. One such endeavor, led by KFF, [brings Black health care workers and community](#)

[leaders together](#) to explore and address the concerns of people in the Black community who may be hesitant about getting the vaccine and to answer frequently asked questions.

Another campaign, [Made to Save](#), focuses on increasing vaccine equity, access, and information in communities of color, who have been hit hardest by the pandemic.

At Medicare Rights, we encourage everyone eligible to discuss their individual situations with their medical providers to determine the best course of action. Vaccines save lives and work best when as many people as possible are vaccinated.

Biden Administration Should Withdraw All Approvals of Medicaid Work Requirements

The Trump Administration approved policies in 13 state demonstration projects (or “waivers”) that take Medicaid coverage away from people who don’t comply with stringent work requirements.

Implementation of all these policies is on hold due to litigation and the pandemic. Taking coverage away from enrollees or otherwise conditioning coverage on meeting a work requirement doesn’t further Medicaid’s

purposes — which demonstrations must do — and accordingly, the Biden Administration should now withdraw all of the previous approvals.

The Biden Administration recently withdrew Arkansas’ and New Hampshire’s authority to continue these policies. It had previously notified all states with work requirement policies that it was considering withdrawing their demonstration approvals based on evidence that these



restrictive policies cause significant harm to Medicaid enrollees and because the COVID-19 pandemic has “greatly increased the risk” of unintended coverage loss. [Georgia, Indiana, Nebraska, Ohio, South Carolina, and Utah](#) have objected to the Administration’s planned action, but the Administration should nevertheless continue with its plan.

The Trump Administration claimed that requiring work or

other activities as a condition of coverage would “improve beneficiaries’ health,”

ignoring [evidence](#) from other programs suggesting these restrictions would significantly harm Medicaid enrollees. After states began implementing these policies, their experiences confirmed the [harmful effects](#) of work requirements....[Read More](#)

Biden Seeks \$400 Billion to Buttress Long-Term Care. A Look at What's at Stake

There's widespread agreement that it's important to help older adults and people with disabilities remain independent as long as possible. But are we prepared to do what's necessary, as a nation, to make this possible?

That's the challenge President Joe Biden has put forward with his bold proposal to spend \$400 billion over eight years on home and community-based services, a major part of his \$2 trillion infrastructure plan.

It's a "historic and profound" opportunity to build a stronger framework of services surrounding vulnerable people who need considerable ongoing

assistance, said Ai-jen Poo, director of Caring Across Generations, a national group advocating for older adults, individuals with disabilities, families and caregivers.

It comes as the coronavirus pandemic has wreaked havoc in nursing homes, assisted living facilities and group homes, killing more than 174,000 people and triggering awareness of the need for more long-term care options.

"There's a much greater understanding now that it is not a good thing to be stuck in long-term care institutions" and that community-based care is an



"essential alternative, which the vast majority of people would prefer," said Ari Ne'eman, senior research associate at Harvard Law School's Project on Disability.

"The systems we do have are crumbling" due to underfunding and understaffing, and "there has never been a greater opportunity for change than now," said Katie Smith Sloan, president of LeadingAge, at a recent press conference where the president's proposal was discussed.

LeadingAge is a national association of more than 5,000 nonprofit nursing homes, assisted living centers, senior living

communities and home care providers.

But prospects for the president's proposal are uncertain. Republicans **decry its cost** and argue that much of what the proposed American Jobs Plan contains, including the emphasis on home-based care, **doesn't count as real infrastructure**.

"Though this [proposal] is a necessary step to strengthen our long-term care system, politically it will be a challenge," suggested Joseph Gaugler, a professor at the University of Minnesota's School of Public Health, who studies long-term care....**Read More**

Seniors Have the Steepest Housing Challenge

Note: This article was published in 2017 and in 2021 is still prevalent.

More vulnerable to poverty and homelessness than previous generations, today's elderly need affordable housing at an ever-growing rate.

Economists have been talking for years about the huge demand for affordable seniors housing that will come as the baby boom generation passes through retirement and grows frail. Meeting that demand is becoming a problem, but housing advocates have several ideas that can make a difference—all of which, and more, will be sorely needed.

"It's really an 'all-of-the-above' type of answer," says Linda Couch, vice president of housing policy for LeadingAge,

an association of nonprofit organizations dedicated to providing services for older adults.

Seniors Housing Already in Crisis

Millions of elderly people already suffer from the lack of an affordable place to live. In fact, more than 4 million people above the age of 65 live in poverty, according to the U.S. Department of Health and Human Services. Of those individuals, only 1.6 million receive rental subsidies from HUD.

"That's a gap of 2.4 million," says Corianne Payton Scally, senior research associate for the Urban Institute.

In New York City, for example, more than 200,000 elderly people have put their



names on waiting lists to get into the city's few Sec. 202 **(the federal Supportive Housing for the Elderly Program)** seniors housing properties.

"Seniors are probably dying before they get into affordable housing," says Couch.

A More Vulnerable Generation

One piece of the solution may be to simply increase the incomes of seniors through rental subsidies like housing vouchers. Nearly half of the people now being served by the federal Sec. 8 Housing Choice Voucher Program are seniors. Recent proposals in Congress, however, would cut the voucher program rather than expand it.

Today's seniors are significantly more vulnerable than earlier generations. They're

less likely to own a home and raised fewer children than prior generations. "They're outliving their savings and don't have three or four children to take care of them," says Andrea Ponsor, executive vice president for policy for Stewards of Affordable Housing for the Future. "There are a growing number of senior 'orphans' with no immediate family."

Further, the number of elderly homeless people could double between now and 2030, says Couch. Seniors may also be forced to cut back on what they spend on food or health care to pay for housing. "They show up in emergency rooms with conditions that might have been prevented had these seniors had more stable housing," says Ponsor....**Read More**

Insurers use prior authorization to keep people from getting care

Private insurers are increasingly using prior authorization as a tool to keep people from getting needed care. Allison Bell reports for **Think Advisor** on what physicians are saying about the hoops they must jump through to ensure their patients' care is covered. If you are enrolled in traditional Medicare, you do not have to worry about prior authorization rules; you and your physicians do not have to seek approval for care in advance of treatment. If

you are enrolled in a Medicare Advantage plan, you might find that these rules make it harder for you to get needed care.

In a survey for the American Medical Association, one in three physicians do not believe that there is clinical validity to insurers' prior authorization programs. The rules are virtually never or never based on medical society guidelines. One in 11 physicians say that these programs hurt patients. Nearly

PRIOR AUTHORIZATION REQUIRED

one in four physicians say patients often do not comply with medical guidance because of prior authorization rules.

Prior authorization rules are burdensome and time-consuming for physicians. They say that they typically have 40 procedures for which they need to secure prior authorization each week.

One big issue is that the insurers do not disclose the terms of their prior authorization programs. Because they are not

open to public scrutiny, they can impose them without having to justify them. Moreover, they can impose them with little worry of a big expose on their lack of validity.

Recently, **CMS removed barriers to prior authorization** in most federal programs, but not Medicare Advantage. It's time to go the next step. Congress should either prohibit their use or require full disclosure and justification for each rule insurers use.

How does your credit score compare to other people in your state?

What is the average credit score in America?

Fair Isaac Corp.'s FICO Score and VantageScore are two of the most widely used scoring models in the country. Both models range between 300 and 850 — and the higher the score, the better. The average **credit score** varies greatly among different populations, ages and income levels, some of which are explored below.

The average credit score in the U.S. is at an all-time high of 711. This coincides with what

the Consumer Financial Protection Bureau defines as "prime."

About 1 in 5 American adults either have no credit history ("credit invisible") or are unscorable. As a result, these individuals will have difficulty obtaining new lines of credit.

In the eyes of lenders, credit scores fall into several buckets, which indicate how risky it may be to extend credit to an individual. Outside of playing a role in approvals for a loan or credit, these scores can also



impact an individual's lending terms. Perhaps the most important terms among those are interest rates.

The higher an individual's credit score, the lower their quoted APR will typically be.

FICO credit scores break down in the following manner:

- ◆ **800 to 850: Exceptional**
- ◆ **740 to 799: Very good**
- ◆ **670 to 739: Good**
- ◆ **580 to 669: Fair**
- ◆ **300 to 579: Very poor**

This means the average credit score of 711 is in the good range.

Though the average credit score has generally improved since 2005, slight dips were seen around the Great Recession that ended in 2009. A large number of people declaring bankruptcy or defaulting on their loans would have caused their credit scores to plummet, which in turn would have affected the overall average.

Will It Help — or Hurt — If I Wait to Take My Social Security Benefit?

Welcome to our "Social Security Q&A" series. You ask a question about Social Security, and a guest expert answers it.

Today's question comes from Virginia:

"My husband is 65 and I am 63. Neither one of us have started taking Social Security. He is waiting until full retirement age to take his Social Security.

Since half of his Social Security is more than I would receive on my own, I would like to take that. Do I have to wait until my full retirement age to take that option, or can I start mine earlier and switch to half

of his when I reach full Social Security age?"

Life expectancy and the best time to claim

Virginia: What you probably really want to know is what the optimal claiming strategy is for someone in your situation. So, instead of answering your question directly, I decided to just identify an optimal strategy, using our **Social Security Choices algorithm**.

I do not know your actual Social Security benefits, but I can choose a set of numbers that reflect what you have described in your question. For your husband, I used a Social



Security benefit at full retirement age of \$2,000.

For yourself, I put in \$750, an amount less than half your husband's benefit.

Since very few people can really predict how long they might live, and optimal strategies depend on life expectancy, our algorithm provides optimal strategies for different life expectancies. We generally start with a scenario where people live a "normal" life expectancy for people who are now 62. This is 86 for women and 82 for men.

Under this normal life expectancy scenario, your optimal strategy is to claim your Social Security benefits now and receive \$581 per month. You will not receive \$750 because you are claiming before your full retirement age. Your husband should wait until 68 to claim his benefits and receive a monthly benefit of \$2,292. This is more than \$2,000 because he waited to claim benefits until after his full retirement age, and benefits increase by 8% each year you wait to claim beyond your full retirement age.

The Gender Vaccine Gap: More Women Than Men Are Getting Covid Shots

Mary Ann Steiner drove 2½ hours from her home in the St. Louis suburb of University City to the tiny Ozark town of Centerville, Missouri, to get vaccinated against covid-19. After pulling into the drive-thru line in a church parking lot, she noticed that the others waiting for shots had something in common with her.

"Everyone in the very short line was a woman," said Steiner, 70.

Her observation reflects a national reality: More women than men are getting covid vaccines, even as **more men are dying** of the disease. KHN examined vaccination dashboards for all 50 states and the District of Columbia in early April and found that each of the

38 that listed gender breakdowns showed more women had received shots than men.

Public health experts cited many reasons for the difference, including that women make up three-quarters of the workforce in health care and education, sectors prioritized for initial vaccines. Women's **longer life spans** also mean that older people in the first rounds of vaccine eligibility were more likely to be female. But as eligibility expands to all adults, the gap has continued. Experts point to women's roles as caregivers and their greater likelihood to seek out preventive health care in general as contributing factors.

In Steiner's case, her daughter



spent hours on the phone and computer, scoping out and setting up vaccine appointments for five relatives. "In my family, the women are about a million times more proactive" about getting a covid vaccine, Steiner said. "The females in families are often the ones who are more proactive about the health of the family."

As of early April, statistics showed the vaccine breakdown between women and men was generally close to 60% and 40% — women made up 58% of those vaccinated in Alabama and 57% in Florida, for example.

States don't measure vaccinations by gender uniformly, though. Some break down the statistics by total vaccine doses, for example,

while others report people who have gotten at least one dose. Some states also have a separate category for nonbinary people or those whose gender is unknown.

A handful of states report gender vaccination statistics over time. That data shows the gap has narrowed but hasn't disappeared as vaccine eligibility has expanded beyond people in long-term care and health care workers.

In Kentucky, for instance, 64% of residents who had received at least one dose of vaccine by early February were women and 36% were men. As of early April, the stats had shifted to 57% women and 43% men. **[Read More](#)**

Will Biden expand Medicare benefits or strengthen the ACA?

Jeff Stein reports for the [Washington Post](#) on health care reform proposals the Biden administration could include in the American Families Plan. House Speaker Nancy Pelosi is urging President Biden to invest in strengthening the Affordable Care Act. Senator Bernie Sanders wants him to add additional benefits to Medicare and make Medicare available to people 60 and older.

Speaker Pelosi wants the next Congressional legislation to make greater subsidies to people under the Affordable Care Act

permanent. In March, Congress expanded subsidies but they are temporary. Her proposal would further entrench for-profit insurers in our health care system.

Senator Sanders wants to shore up the Medicare benefit package. He wants it to include dental, vision and hearing services. He also wants to lower the age of Medicare eligibility to 60 or 55. These benefits could bring down health care costs substantially for the 23 million



people over 60 who are not eligible for Medicare today as well as for the 65 million people with Medicare.

Biden, for his part, should recognize that pumping more money into our nation's corporate health insurance system is going to drive up costs and keep us from having a sustainable universal health care system. Expanding public health insurance administered directly by the federal government is the only way to get a handle on health care costs and drive

health care system improvements.

The Biden administration is working on the American Families Plan. Right now, it appears it will cover child care, anti-poverty programs and health care. It could reduce prescription drug spending by \$450 billion over ten years. Senator Sanders wants these savings, which are largely from Medicare, to benefit people with Medicare. Using the money on the ACA or any other health care initiative would take money out of Medicare....[Read More](#)

What happens to your debt after you die?

Death signifies the end for most earthly connections but not quite so for debt. If you owe money and leave it unpaid while you are alive, it will continue to snowball and need to be taken care of even long after you die. Debt could be in any form: a personal loan, a mortgage or an unsecured credit card liability, among others. And although they may vary in amount, they all have to be paid off with the accumulated interest within a certain time.

When you are gone, the responsibility for settling the debt goes to someone else. Typically, a deceased person's will is consulted to find out how they intended the debt to be settled. In the absence of a will, your estate – or the total of all your possessions and assets – is used to pay off debt. In many cases, a member of your family

may be responsible for your debt settlement but often people unrelated to you could also be tasked with the process. If you have debt, it is a wise move to have a thorough knowledge of how it is going to be settled once you are gone.

Who is responsible for your debt after you die?

If you have children or a **surviving spouse**, you may be worried about what will become of your debt after you die, which is a legitimate concern.

Depending on their relationship to you and your debt, certain individuals could inherit your debt, even if they are not related to you. These individuals are:

◆ **Spouses:** Some states require joint property to be put towards debt when a spouse



dies. These states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

◆ **Joint account holders:** If you opened up a bank account with another person, that person would be responsible for any debts associated with that account.

◆ **Co-signers:** If you take out a loan for a business, house or car with another person, he or she would still be responsible for any payments after you pass away.

◆ **Estate executors (in certain situations):** Although executors are generally not personally liable for an estate's debt, they can be held responsible if they are careless in their management of the

estate's assets or fail to pay the estate's debts before allocating assets to the beneficiaries.

What types of debts can be inherited?

As stated, some debts can be inherited, but it depends on a few factors and what kind of debt it is.

Medical bills

Each state has different rules on how medical debt is handled after you die. However, medical debt is usually the first debt to be settled by an estate. If you receive Medicaid after turning 55, your state will likely place a lien on your house to recoup any payments you received. Because there are a lot of nuances with medical debt, you should consult an attorney to understand how your debt will be settled when you die....[Read More](#)

Federal Commitment to Addressing Alzheimer's and Related Dementias

Alzheimer's disease and related dementias change the way people remember, think, and act. These diseases can be devastating for the individuals who have them and for their families and caregivers. Taking action against Alzheimer's and related dementias is a priority for the federal government.

The [National Alzheimer's Project Act \(NAPA\)](#), signed into law in January 2011, called for a coordinated national plan to accelerate research and

improve care and services for people living with Alzheimer's and related dementias and their families.

As the economic costs of care continue to climb — along with costs associated with loss of independence and quality of life — we are more driven than ever to discover, develop, disseminate, and implement solutions that will improve the lives of those with dementia, their caregivers, and their



communities.
— **Francis S. Collins, M.D., Ph.D., Director, National Institutes of Health (NIH)**

With guidance from experts and public input, the first [National Plan to Address Alzheimer's Disease](#) was released in 2012 and is updated annually. The plan establishes five ambitious goals to both prevent future cases of Alzheimer's disease, and to better meet the needs of families

currently facing this disease:

- ◆ Prevent and effectively treat Alzheimer's disease by 2025
 - ◆ Optimize care quality and efficiency
 - ◆ Expand supports for people with Alzheimer's disease and their families
 - ◆ Enhance public awareness and engagement
 - ◆ Track progress and drive improvement
- ...[Read More](#)

Assisted Living Centers Can Do More for Dementia Patients, Experts Say

U.S. assisted living facilities often have activities to keep seniors socially engaged -- but a new study says they need to ensure that residents with dementia are not left out.

Researchers observed residents and staff at four assisted living communities over the course of a year.

They found that a few factors stood out as key to keeping residents with dementia socially and mentally engaged day to day. Getting to know the residents as people -- and not only dementia patients -- was "foundational."

Basic care and safety are always essential, said lead researcher Candace Kemp, a professor at Georgia State University's Gerontology Institute.

"But we also want to treat people like people," she said.

That means knowing something about residents' backgrounds, like their occupation before they retired -- as well as their interests, likes and dislikes. Beyond that, Kemp said, it means observing individuals during daily routines, and noticing how they respond to different situations or try to communicate.

In one example from the study, a staff member said, "When Emily's about to get really fretful about something, she'll sit there

biting her nails. ... Then she's looking out the window. Then she wants to get your attention."

Kemp's team found that when staff, volunteers and family members were able to "be in the moment," and change up activities or discussions when needed, residents benefited. And residents, themselves, underscored the importance of meeting them "on their terms," the researchers found.

One resident said, "If I see where I can do it successfully, I'll do it. If I see I can't do it successfully, I'll just turn it down."

Group activities and outings are part of life at many assisted living facilities. The communities in the study regularly offered arts and crafts, live music, games, religious services and chances for residents to exercise, talk or watch movies.

"But what's meaningful to one person may not be to another," Kemp said. "With group activities, it's hard to get everyone engaged."

Dementia adds another layer, she pointed out. People may be frustrated by a game, or find music too loud, or feel uncomfortable in a large group.

"So residents with dementia can be left behind," Kemp said.

Small-group activities can be



one way to address that. But informal interactions between residents and staff and volunteers, or with each other, are vital, too.

"In my opinion, meaningful engagement is less about the formal activities, and more about the spontaneous daily interactions," said Sam Fazio, senior director of quality care and psychosocial research at the Alzheimer's Association. He was not part of the study.

The association has laid out recommendations for assisted living residences and nursing homes on how to achieve "person-centered" care. Fazio said the new findings align with those guidelines.

"It's no longer appropriate to just pull everyone into the room when it's Bingo time," Fazio said.

Informal interactions involve everyone, he noted, not just activity staff.

"Walking to the dining room can turn into a conversation about your time as a professor before you retired," Fazio said.

It sounds simple, he noted. But the importance of seeing the individual, Fazio said, can get lost when staff are focused on basics like dressing, medication and meal times.

The process of getting to know a resident can begin with a

meeting of staff, family members and the person with dementia. But it's not just "one and done," Fazio said.

For one, what family members have to say about a loved one's likes and dislikes may not tell the whole story. And, Fazio said, people's preferences and needs change over time, as their dementia progresses.

Assisted living residences can vary widely from one to the next. In this study, the smallest had six residents while the largest had more than 100.

Similarly, staff training varies, Kemp said. And whether information about individual residents is disseminated among staff -- and put to good use -- would vary, too, she noted.

The pandemic has, of course, complicated everything. Restrictions intended to protect vulnerable elderly at care facilities have had the unfortunate effect of cutting them off from family and volunteers.

Those policies are starting to change, but much depends on where the facility is located, Fazio said. States regulate assisted living residences, he noted.

As things reopen, Kemp said, it will be even more important to focus on meaningful engagement for seniors who have been isolated over the past year.

Women More Prone to Concussion's Long-Term Harms

After a concussion, women may be at heightened risk of lasting physical and mental symptoms, a new study finds.

The study of 2,000 concussion sufferers found that women were more likely than men to still have some symptoms one year later. The problems included fuzzy memory and difficulty concentrating, as well as headaches, dizziness or fatigue.

In contrast, women and men showed similar recovery times after traumatic injuries to other areas of the body.

The reasons are unclear, but the study is not the first to find

sex differences in concussion recovery. Many have found that on average, women improve more slowly post-concussion, regardless of what caused the injury.

But the new study also included a "control" group of people who had suffered orthopedic injuries, to see whether women tended to recover more slowly from injuries in general.

And that was not the case.

It's an important finding, according to Martina Anto-Ocrah, an assistant professor of



emergency medicine and neurology at the University of Rochester Medical Center.

She said it strengthens the case that women's slower recovery is related to concussion, specifically.

Anto-Ocrah co-wrote an editorial published with the study April 6 in the journal *JAMA Network Open*.

While the findings might sound dire, most women rebound fairly quickly after a concussion.

"We expect most patients to recover within weeks," Anto-

Ocrah said, noting that about 90% are back on track within three months.

But some people have persistent physical, mental or emotional symptoms, for reasons that aren't fully clear.

In this study, women did have higher rates of depression and anxiety diagnoses before the concussion, compared to men.

And those are risk factors for prolonged concussion symptoms, Anto-Ocrah noted... **[Read More](#)**

The Future of Cancer for Americans

At first glance, it appears that little will change between now and 2040 when it comes to the types of cancers that people develop and that kill them, a new forecast shows.

Breast, melanoma, lung and colon cancers are expected to be the most common types of cancers in the United States, and patients die most often from lung, pancreatic, liver and colorectal cancers, according to the latest projections.

But beneath the surface, changes are occurring due to a shift in the nation's top causes of cancer, and those trends are likely to affect treatment and research for decades, experts say.

Lung cancer cases and deaths are expected to continue to

decline, likely due to the success of anti-smoking campaigns. However, deaths from obesity-related cancers -- pancreas, liver, colon -- are projected to hold steady or increase, the researchers said.

"We've already seen a little bit of a shift from smoking-related cancers to an increase in the proportion of cancer cases and deaths that are related to obesity," noted Kim Miller, a scientist with the American Cancer Society's surveillance and health equity team, who reviewed the new study.

In general, researchers expect that cancer cases will continue to increase overall in the United States as the population becomes larger and grayer, said senior



researcher Dr. Kevin Nead. He's an assistant professor of epidemiology with the University of Texas MD Anderson Cancer Center's division of cancer prevention and population sciences.

"Our population is going to get bigger, and we're going to see more and more cancers. I think no matter what happens in the future, we're going to see more cancers," Nead said.

However, Miller said, cancer deaths have been declining since 1991 and are expected to continue to fall in the future.

"A large proportion of that drop is due to lung cancer death rates very, very rapidly declining, but we're seeing progress for a lot of cancers and

I think that's important to keep in mind," Miller said.

For this study, Nead and his team combined cancer incidence and death rates with updated demographic data from 2016 to project cancer cases and deaths out to 2040. They published their findings online April 7 in *JAMA Network Open*.

Overall, the most frequent cancer types are expected to change slightly due to an increase in melanoma cases, making it the second most common cancer by 2040. Breast cancers are projected to be the most common, with lung cancer third and colon cancer fourth....[Read More](#)

Two Vaccines Show Effectiveness Against Emerging COVID Variants

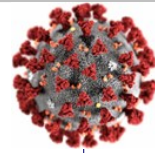
Two COVID-19 vaccines appear to work well against a rapidly spreading coronavirus variant that arose in California, but less effective against a variant that first emerged in South Africa, researchers report.

"The good news is the California variant does not appear to be a problem for our current vaccines," said study author David Montefiori, director of the Laboratory for AIDS Vaccine Research and Development at Duke

University, in Durham, N.C.

"That's important to know because this variant is now as prevalent in the U.S. as the U.K. variant, both of which appear to be more contagious," he added.

For the study, researchers tested blood samples from people who had received either the Moderna vaccine now being used in the United States or a vaccine candidate from Novovax that's expected to be



considered for U.S. Food and Drug Administration (FDA) approval within weeks.

When the blood samples from people who received both doses of the Moderna vaccine were exposed to the California variant, the vaccine remained strongly protective. The Novovax vaccine also performed well against it.

The California variant has spread rapidly throughout the United States and 25 other

countries.

Unfortunately, both vaccines showed significant declines in effectiveness against the South Africa variant, according to the research letter published April 7 in the *New England Journal of Medicine*.

While researchers didn't test the Pfizer vaccine, they said the findings would be comparable to those for the Moderna vaccine because both use similar technology.

Scientists Find Clues to Why AstraZeneca's Vaccine May Cause Clots

Doctors might have figured out why AstraZeneca's COVID-19 vaccine may cause life-threatening blood clots in very rare cases.

The discovery, made in a pair of reports published online Friday in the *New England Journal of Medicine*, could be key to the global rollout of the AstraZeneca vaccine, helping develop effective treatments for the side effect and providing clues on how to refine the vaccine and fix the problem, experts say.

But it also might hinder efforts to have the vaccine approved in the United States, where there already are three vaccines available.

The AstraZeneca vaccine appears to cause certain people to develop antibodies that target a protein in the human body called platelet factor 4 (PF4), which spurs platelets into action and activates a clotting cascade, explained report co-author Dr. Theodore Warkentin, a professor of pathology and molecular medicine at McMaster University in Ontario, Canada.

"It's an antibody that's somehow triggered by the vaccine, and in some circumstances this results in unusual blood clotting," Warkentin said.

The phenomenon is similar to a rare drug side effect caused by



the blood thinner heparin, called heparin-induced thrombocytopenia, Warkentin said.

The vaccine's clotting side effects are so rare that the European Medicines Agency (EMA) and the UK's Medicines and Healthcare Products Regulatory Agency both have decided to keep it on the market, concluding that its benefits outweigh the risks, AstraZeneca noted in a statement.

However, the vaccine's label will be updated to list blood clotting as an extremely rare potential side effect.

"AstraZeneca has been actively collaborating with the regulators to implement these

changes to the product information and is already working to understand the individual cases, epidemiology and possible mechanisms that could explain these extremely rare events," the company statement said.

As of April 4, the EMA had received reports of 169 cases of cerebral clotting and 53 cases of abdominal clotting out of about 34 million AstraZeneca doses administered throughout Europe, according to *Reuters*.

In the United Kingdom, 19 people have died from serious blood clots related to the vaccine, *CNN* reported....[Read More](#)

Flu May Play Part in Plaque-Rupturing Heart Attacks

Getting a flu vaccine can reduce the risk of a common type of heart attack in people 60 and older, according to new research that suggests the virus plays a role in rupturing plaque.

In a study published Thursday in the *Journal of the American Heart Association*, researchers in Spain used data from five consecutive flu seasons and zeroed in on 8,240 people who had Type 1 heart attacks. They found flu and cold temperatures were each independently associated with an increased risk of that kind of heart attack, and flu shots could reduce that risk among people 60 and up.

"Our results suggest influenza viruses play a major role in plaque rupture," said study author Dr. J Alberto García-Lledó, head of cardiology at Hospital Universitario Príncipe de Asturias in Madrid. "The study reinforces the need to conduct prevention campaigns during cold waves and influenza seasons. The most important prevention tool we have is

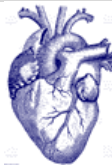
influenza vaccination."

García-Lledó said health experts usually aim for a 60%-70% flu vaccination rate for people over 60 as well as people with high-risk conditions and health care workers.

"Sadly, these targets are not met in Europe or the U.S. It's important to try to reach this target and, if possible, exceed it," he said. "Influenza is not a trivial disease. It causes many preventable deaths for reasons other than the respiratory disease itself."

A 2018 study found the risk of heart attack was six times higher within a week of confirmed flu infection. The findings were most pronounced for older adults and those experiencing their first heart attack. A study published last year of more than 80,000 U.S. adults hospitalized with flu over eight flu seasons found that sudden, serious heart complications were common and occurred in 1 in 8 patients.

The American College of



Cardiology and American Heart Association have long recommended the flu vaccine to protect against cardiovascular disease complications. The Centers

for Disease Control and Prevention recommends annual flu vaccination for everyone 6 months and older.

In late March, the CDC said weekly flu infections in the U.S. were "unusually low." But the agency cautioned that COVID-19 has made measuring flu cases more difficult, and it warned flu activity could rise in coming months.

While flu season typically peaks between December and February, it can last as late as May, which is why the CDC still urges people to get a flu shot this spring.

Dr. Daniel Muñoz said the new study in Madrid was limited by being done in a single metro area with a temperate climate.

"It would be interesting to see whether these data can be replicated across a diverse array

of geographic locations," said Muñoz, an associate professor of cardiology at Vanderbilt University Medical Center in Nashville who was not involved in the research.

But he said it was "a smart, thoughtful study that shines further light on the notion that the flu is an infection that affects the whole body. It contributes to the growing body of evidence that flu vaccinations save lives."

The research also underscores the need for medical professionals "to think outside of our clinical comfort zone," Muñoz said.

"As cardiologists, we learn the traditional tried-and-true risk factors, like smoking, diabetes, high blood pressure and high cholesterol. But we also have to keep our eyes wide open about other risk factors. We have to ask our patients, 'Have you gotten your flu vaccination?' And when necessary, educate them about the benefits of getting one."

Could Widely Used Blood Pressure Meds Raise Skin Cancer Risk?

Most people are familiar with common sun-protection advice, from wearing and reapplying sunscreen to putting on a hat.

But a new Canadian study finds that for people who take certain blood pressure medications, that advice becomes even more critical because those drugs can increase their sensitivity to the sun's harmful ultraviolet (UV) rays.

The researchers reviewed data for nearly 303,000 adults in Ontario over 65 who were prescribed medications for high blood pressure. The study then compared their skin cancer histories with those of more than 605,000 adults who weren't taking antihypertensive drugs.

The findings showed that certain types of high blood pressure drugs — known as thiazide diuretics — were associated with higher rates of keratinocyte skin cancers, including basal cell carcinoma, squamous cell carcinoma, advanced keratinocyte carcinoma and melanoma.

"Our finding is not meant to rule out thiazide diuretics for patients," stressed study author Dr.

Aaron Drucker. He's a clinical investigator in the dermatology department at Brown University's Alpert Medical School, in Providence, R.I.

"Overall, it's more a potential flag for someone who might be at increased risk of skin cancer, that has had one in the past or they have really fair skin and a lot of sun damage, that this might predispose them further to more skin cancer. Then, yes, someone like that might consider an alternative," Drucker said.

Four other blood pressure medications — angiotensin-converting enzyme (ACE) inhibitors, beta blockers, angiotensin II receptor blockers (ARBs) and calcium channel blockers — did not show an association with skin cancer risk.

"None of the other antihypertensive medications show the same signal, so in a



way we have four negative controls," Drucker said.

Previous studies had shown increased risk of skin cancer among people taking the drug, also known as hydrochlorothiazide. This most common of the thiazide drugs earlier prompted warnings against prolonged use by Health Canada, the U.S. Food and Drug Administration and the European Medicines Agency, the study authors noted.

This new study followed people over time to determine if risk happened not just because a person took these medications, but whether the cumulative dose or duration might impact their skin cancer risk. Higher cumulative exposure (taking the medications over a longer period of time) was associated with increased rates of skin cancer, the findings showed.

"If you're on these medications for just a few years, it doesn't have a major impact on your cancer risk. But for someone who

has been on, let's say, 25 milligrams a day of hydrochlorothiazide for 10 years, in our study that person would have a 40% increased risk of keratinocyte carcinoma," Drucker said. If they were on that same dose for 20 years, the increased relative risk compared to somebody who had not taken hydrochlorothiazide is a 75% increased risk, he added.

"So, there's a big effect of how much of it you've taken over how long that I think is really important to get across," Drucker explained.

UV radiation exposure is the most important environmental risk factor for skin cancer. Phototoxicity induced by medication can cause cellular damage to the skin, increasing the sun's carcinogenic potential, the study authors noted in the report published April 12 in the *CMAJ*. [Read More](#)

Re-focusing on Getting Fit? Heart Experts Offer These Tips

Want to get rid of all that weight you put on during the pandemic?

To help out, the American Heart Association (AHA) is launching an initiative called Move More.

One in four U.S. adults is sitting for longer than eight hours each day, which can harm one's mental and physical health, according to the AHA.

"For too many of us, our daily routines have become more sedentary over the past year due to the pandemic, making it even more important to find ways to increase physical activity in our day," said Dr. Eduardo Sanchez, the AHA's chief medical officer for prevention.

"Any movement is better than no movement, and more is better. Even small breaks of activity throughout the day will benefit health and reduce stress," Sanchez said in an AHA news release.

The association outlines ways to get more active:

- ◆ To avoid long stretches of inactivity, set reminders to move around for five minutes multiple times a day.
- ◆ Find more ways to get off the couch. For example, take a walk around the house or do a few pushups between episodes of a TV show. If you have a pet, take breaks to



play or go for a walk outside. Active chores such as vacuuming and tidying up clutter also help.

- ◆ Reduce screen time. Schedule a time each day for the whole family to unplug and take an activity break. Take a walk, play a game of hide-and-seek inside, or put on your favorite music for a dance party.
- ◆ Move more while working at home. Try to reduce meetings by five minutes when possible and use that time to do basic strength exercises like squats or crunches, move to different part of your home

to do stretches, or stand every time you create or answer an e-mail.

- ◆ Find types of exercise you enjoy and that fit your schedule.

The AHA recommends that adults get at least 150 minutes a week of moderate intensity aerobic activity such as brisk walking or gardening, or 75 minutes of vigorous intensity aerobic activity such as running or aerobic dancing, or a combination of both intensity-level activities.

It also recommends two days of moderate-to high-intensity muscle strengthening activity weekly, such as resistance training.

Stressed, Exhausted: Frontline Workers Faced Big Mental Strain in Pandemic

Doctors, nurses and other frontline health workers in U.S. emergency departments have struggled with significant mental health challenges during the COVID-19 pandemic, a new poll reveals.

"As the nation moves into what many believe is a fourth wave of COVID, this study is important to our understanding of the impact of the pandemic on the mental well-being of frontline medical personnel," said lead author Dr. Robert Rodriguez, a professor of emergency medicine at the University of California, San Francisco.

His team surveyed about 1,600 physicians, nurses, advanced practice providers, social workers and other personnel at 20 U.S. emergency departments between May and July of 2020.

Survey respondents reported high stress levels, emotional exhaustion, insomnia and nightmares. The results also revealed that nearly one-fifth were at increased risk for post-traumatic stress disorder (PTSD).

Their greatest concerns included exposing loved ones or others to the virus, the well-being of co-workers diagnosed with COVID-19, and patients with an unclear diagnosis who might expose others in the community.

The study found that regular COVID-19 testing helped reduce stress levels, particularly among those who had previously tested positive for coronavirus antibodies.

The survey participants were from emergency department staffs in 16 cities in Alabama, California, Colorado, Florida,



Iowa, Louisiana, Maryland, Michigan, Minnesota, Missouri, New York, Pennsylvania and Texas.

The findings were published April 9 in the journal *Annals of Emergency Medicine*.

"We found that feelings of work-related anxiety, emotional exhaustion and burnout were prevalent across the full spectrum of emergency department staff," Rodriguez said in a university news release.

That's why recognizing signs of stress, burnout and anxiety early on is critical, he explained.

"Emergency department personnel serve as the initial hospital caregivers for the majority of critically ill patients with known or suspected COVID-19 infection," Rodriguez said. "Protecting and maintaining the health of the

emergency department workforce is imperative in the ongoing battle against COVID-19."

Rodriguez suggested that employers encourage workers to take time off, get adequate rest and use available well-being resources. That's especially important "considering the relatively high levels of burnout symptoms, and that more than half of participants reported experiencing at least one symptom of PTSD and as many as 20% were at higher risk," he noted.

In contrast to previous research by the same team, the new study found that personal protective equipment was no longer among the top five concerns for emergency department staff, suggesting that it has become more widely available.

What are the symptoms of a bladder infection?

Bladder infections can affect anyone, but the symptoms may differ depending on a person's age and sex. Without treatment, a bladder infection can develop into a kidney infection, which can have serious complications.

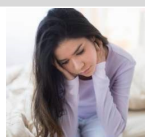
Urinary tract infections (UTIs) are responsible for more than **8.1 million** visits to the doctor's office each year.

Medical treatments are available to get rid of the infection, and people can also use home remedies to relieve the symptoms.

What is a bladder infection?

Bladder infections are a type of UTI.

UTIs can develop in any part of a person's urinary tract, which includes the ureters, urethra,



bladder, and kidneys. A bladder infection, which a doctor may refer to as cystitis, is the **most common** type of UTI.

UTIs occur when bacteria get into the urinary tract and cause irritation to the area. These bacteria usually come from the skin or the rectum.

Symptoms in adults

Bladder infections can affect people of any age and sex, but females are more likely than males to develop them.

The reason for this is that females have shorter urethras. As a result, bacteria have to travel less far to reach the bladder and cause an infection. In adults, the symptoms may include:....**Read More**