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RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members."
"NOW, more than ever!!!"

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Retirees Applaud President Biden's Forceful Call for Action to Lower Prescription Drug Prices

Medicare Drug Price Negotiation Can Provide Dental, Hearing and Vision Benefits for Seniors

Statement by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding President Biden's speech today regarding lower prescription drug prices:

"The Alliance for Retired Americans applauds President Biden's call today for Congress to take action to lower drug prices by allowing Medicare to negotiate a better deal with the wealthy pharmaceutical corporations. We also strongly support capping the amount that Medicare beneficiaries must spend out of pocket each year.

"Americans pay the highest prices in the world for prescription drugs and older Americans bear the brunt of it. Our recent **poll of voters age 65 and above** found that 87% of seniors -- Republicans, Democrats and Independents -- overwhelmingly support allowing Medicare to negotiate lower prices.

"The only reason that this common sense policy does not exist today is because the drug corporations want to protect their monopoly power. They have spent hundreds of millions of dollars to keep prices high.

"Like President Biden, the 4.4 members of the Alliance are calling on Congress to put patients ahead of profits. Our grassroots activists are in this fight for the long-run and are committed to helping President Biden make Medicare drug price negotiation a reality."

Support Request: Repeal the WEP/GPO NOW!!! ! !

My name is John A. Pernorio, I'm the President of the RI ARA and a member of the Alliance *for* Retired Americans Repeal the WEP/GPO Task Force, a national coalition of organizations and individuals that support the repeal of the WEP/GPO immediately and urge all who are appalled by this injustice to join the fight.

I am also the author of a Petition to the United States House of Representatives and The United States Senate titled: Elimination of the Unfair WEP/GPO Provisions of the Social Security Act. The Government Pension Offset (GPO) and Windfall Elimination Provision (WEP) penalize people who have dedicated their lives to public service, including many teachers, firefighters, police officers, government and municipal employees by taking away benefits they, or their spouses, have **EARNED**.

Current Legislative Activities in the **117th** Congress (2021-2022). There are two Bills that were introduced**.** The Social Security Fairness Act, (H. R. 82) by Representative Rodney Davis. (R) (IL) and S. 1302 by Senator Sherrod Brown (D) (OH) these two pieces of Legislation would completely repeal the WEP/GOP and **both these Bills** have **bipartisan support**.

This is a national problem – there are affected people in all states Because people move from state to state after retirement, there are affected individuals everywhere. The number of people impacted across the country is growing every day as more and more people reach retirement age.

This Petition now has 80,000 signers and with your help, we would like to have 100,000 signers so Representative Davis can show the large national support and submit the Petition into the Congressional record.

TOGETHER WE CAN DO IT!!!!!

Petition Link

Biden administration makes record increase to food stamp benefits

The average monthly benefits for SNAP will be roughly 27 percent higher than they were before the pandemic, starting Oct. 1.

The Biden administration on Monday unveiled a major permanent increase to the food stamp benefits that help 42 million Americans buy groceries — a record bump up for one of the country's largest safety net programs.

The average monthly benefits for the Supplemental Nutrition Assistance Program will be roughly 27 percent higher than they were before the pandemic, starting Oct. 1, according to an administration official. That comes out to an increase of about 40 cents per meal.

The change comes right as millions of households were set to face a benefits cliff, as the current 15 percent pandemic plus -up that Congress authorized at the end of last year is set to expire Sept. 30.

What's new: The Biden administration is increasing the benefits by updating what's known as the Thrifty Food Plan, the Agriculture Department's calculation for what it costs to buy a nutritious diet with minimal resources. The plan is used to set the maximum benefit level for SNAP.

"It's an important day and we look forward to continuing to work to ensure that those who qualify for this program have access to it," Agriculture Secretary Tom Vilsack said on a call Monday morning with reporters.

Research has shown that SNAP benefits typically run out before the end of the month and do not provide enough resources for most households to be able to afford a reasonably healthy diet. The Biden administration contends that increasing the benefits can help more low-income families buy more nutritious foods.

In the last farm bill, Congress asked USDA to update the plan by 2022, and then every five years after that to keep it current. The administration expedited the process to get ahead of the benefits cliff next month….**Read More**

ADD YOUR NAME

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

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Senate Lays Groundwork for Legislation That Includes Major Health Care Improvements

August 12, 2021, this week, Senate Democrats passed their $3.5 trillion budget resolution, laying the groundwork for legislation that is expected to include key Biden administration and congressional priorities.

The non-binding framework instructs Senate Committees to begin writing legislation that meets certain spending and policy targets, with the goal of completing a draft by September 15. Senate Democrats intend to use special budget rules, known as reconciliation, to try and pass the bill later this year along party lines—with 51 Democratic votes and without the threat of a Republican filibuster.

Importantly, the budget resolution outlines plans for major health care improvements and investments, such as adding dental, vision, and hearing coverage to Medicare; increasing funding for Medicaid Home and Community Based Services (HCBS); and addressing high and rising prescription drug prices.

However, these and other listed policies are not yet detailed or final. As Senate Majority Leader Schumer told his colleagues on Monday, "Please remember that the resolution only includes 'top-line' reconciliation instructions to the committees, and that every Senator will have opportunities to shape and influence the final reconciliation bill…"

The House will briefly return from summer recess the week of August 23 to vote on the fiscal blueprint, allowing their committees to similarly begin the bill writing process.

Medicare Rights urges policymakers to seize this opportunity to strengthen health care systems, programs, and coverage. This includes crafting and passing a budget reconciliation bill that reduces prescription drug prices and out-of-pocket costs; addresses harmful gaps in the Medicare benefit; and expands Medicaid HCBS. We also support changes to simplify Medicare enrollment during the pandemic and beyond, streamline Medicare Part D appeals, update Medigap rules, and ease access to Medicare's low-income assistance programs.

The budget resolution is an important first step, but nothing is set in stone. **Weigh in today to help make sure long-overdue Medicare and Medicaid policy solutions are in the final reconciliation bill.**

FDA expected to authorize Covid-19 vaccine booster shots

Wed August 11, 2021. The US Food and Drug Administration is expected to announce **within the next 48 hours that it is authorizing Covid-19 vaccine** booster shots for some people who are immunocompromised, according to a source familiar with the discussions.

This would be a third shot of the current two-dose Pfizer and Moderna vaccines. That announcement could slide, the source cautioned, but this is the current timing.

"The FDA is closely monitoring data as it becomes available from studies administering an additional dose of the authorized COVID-19 vaccines to immunocompromised individuals," an FDA spokesperson told CNN. "The agency, along with the CDC, is evaluating potential options on this issue, and will share information in the near future."

NBC News was first to report on the expected announcement.

The FDA must give authorization for the vaccines to be used in new ways outside the existing authorization. All three Covid-19 vaccines being used in the US are given under emergency use authorization by the FDA, but full approval is pending for Pfizer's vaccine. After FDA grants approval or authorization, the US Centers for Disease Control and Prevention then advises on whether to actually use a vaccine as authorized by the FDA.

Vaccine advisers for the CDC will meet on Friday to discuss booster doses of Covid-19 vaccines and additional doses for some immunocompromised people, according to a meeting agenda posted by the agency on Monday

A recent study by Johns Hopkins researchers found that vaccinated immunocompromised people are 485 times more likely to end up in the hospital or die from Covid-19 compared to the general population that is vaccinated.

Based on an estimate by the CDC, about 9 million Americans are immunocompromised, either because of diseases they have or medications they take. ….**Read More**

Biden pushes Congress to allow Medicare to negotiate drug prices

President Joe Biden on Thursday called on U.S. lawmakers to enact legislation aimed at lowering drug prices, including allowing Medicare to negotiate drug prices and imposing penalties on drugmakers that hike prices faster than inflation.

The Democratic president's remarks laid out his vision to help reduce the costs for prescription medications as part of the Build Back Better agenda he is seeking to push through Congress as the nation continues to grapple with the COVID-19 pandemic.

Pharmaceutical manufacturers have earned high praise for quickly developing vaccines against the novel coronavirus. But the outbreak of the highly contagious disease, which upended the economy and has so far killed more than 617,000 people in the United States, also drew renewed attention to healthcare costs.

Biden on Thursday lauded drugmakers for their life-saving work developing the COVID-19 vaccines.

"But we can make a distinction between developing these breakthroughs and jacking up prices on a range of medications for a range of everyday diseases and conditions," he said in remarks at the White House.

Biden said U.S. prescription drug costs were higher than any other nation in the world by two to three times.

Drugmakers, reeling from a reduction in doctor visits and demand for some drugs amid the pandemic, raised prices on more than 500 medicines, an analysis released in January showed. read more

After passing a $1.9 trillion coronavirus-related bill in March, Democrats adopted a two-pronged strategy - a $1 trillion hard infrastructure plan that passed the Senate this week and a forthcoming $3.5 trillion spending measure for so-called human infrastructure.

That spending plan would expand Medicare to include dental, vision and hearing benefits as well as lower the eligibility age, among other healthcare, climate and childcare provisions. More than 61.2 million people have coverage under the Medicare health insurance program for the elderly and disabled, according to the Centers for Medicare and Medicaid Services (CMS) ….**Read More**

Report Highlights Impact of Medicare's Dental Exclusion, Particularly on Beneficiaries of Color

The Kaiser Family Foundation (KFF) recently released a **report** examining Medicare beneficiary access to dental care, including the share of Medicare beneficiaries with dental coverage, the share with a dental visit in the past 12 months, and their out-of-pocket spending on dental care.

Troublingly, they found that nearly half of all people with Medicare had no dental coverage in 2019. That same share did not have a dental visit in the past year, with higher percentages among Black (68%), Hispanic (61%), and low-income beneficiaries (71%). Most who obtained care (88%) paid out of pocket. They spent $874, on average, with 1-in-5 spending more than $1,000.

While most Medicare Advantage (MA) plans offer some dental coverage, it is often limited. As KFF notes, in 2021 88% of MA enrollees are in plans that have frequency limits on dental services, and 78% are in plans that have a cap on care. More than half (59%) are in plans with a maximum benefit of $1,000 or less, and the most common coinsurance for non-preventative services is 50%. For enrollees who pay a separate premium for their MA dental coverage, those amounts average $270 per year, but range from about $108 to $692.

Lack of dental care can exacerbate chronic medical conditions, contribute to the delayed diagnosis of serious medical conditions, lead to preventable complications, or delay or complicate needed services or surgeries. Limited coverage and cost controls can contribute to beneficiaries foregoing routine and other dental procedures.

This report is particularly important and timely because policymakers are now discussing options to make dental care more affordable by broadening coverage for people on Medicare.

President Biden's **FY 2022 budget request** includes "improving access to dental, hearing, and vision coverage in Medicare" as a priority. The budget resolution recently passed by Senate Democrats directs the Senate Finance Committee to explore adding dental, vision, and hearing coverage to Medicare through the reconciliation process. In 2019, the House of Representatives passed the **Elijah E. Cummings Lower Drug Costs Now Act** (H.R.3) that would add a dental benefit to Medicare Part B, along with a vision and hearing benefit. Earlier this year, Representative Doggett, joined by 76 members of the House of Representatives, introduced **the Medicare Dental, Vision, and Hearing Benefit Act** (H.R. 4311) which would cover these services under Medicare Part B.

Medicare Rights strongly supports these legislative efforts. Congress must act immediately to fill this harmful gap in Medicare coverage. But they need to hear from you! **Learn more and make your voice heard today.**

Read the full **report**.

3 Florida Educators Die Of COVID-19 Within 24 Hours As Schools Prepare To Reopen

Less than a week before schools are set to reopen in Florida's Broward County, local union officials say three educators have died of complications from the coronavirus. The deaths were all recorded within a 24-hour span, according to union officials representing employees of the local school district.

Broward Teachers Union President Anna Fusco said the start of the new school year has been a mix of emotions as the first day approaches.

"The whole excitement of going back was just running through our teachers when we went back to work on Wednesday," Fusco told NPR by phone Saturday. "And then the sense of anxiety that our governor's interfering with the safety protocols and wanting to block the mask mandate because they know it's an extra layer of protection. And then the deaths that were reported."

Fusco said 48-year-old Pinewood Elementary teacher and union steward Janice Wright, 49-year-old Dillard Elementary teacher Katina Jones and 49-year-old teaching assistant Yolonda Hudson-Williams, also of Dillard Elementary, were the educators who lost their lives to COVID-19 this past week.

None of them were vaccinated, Fusco said.

Schools in Broward County are expected to reopen for the new academic year on Wednesday.

In an act of defiance aimed at Republican Gov. Ron DeSantis, the Broward County School Board voted 8-1 Tuesday to make wearing masks in all district schools and facilities mandatory for students, staff, and visitors, member station **WLRN reported**. The board allowed for parents to have their children "opt out" of wearing a mask.

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DeSantis **has threatened to withhold pay** from superintendents and board members who buck an executive order banning mask mandates in schools…..**Read More**

Social Security benefits often don't cover even basic necessities

Lorie Konish writes for **CNBC.com** on the lack of funding in Social Security and the need to increase Social Security benefits. Millions of retirees are struggling to pay for basic necessities. Congressman John Larson argues that Congress should not kick the can down the road. How quickly will Congress act?

President Biden advocated during his presidential campaign for raising Social Security checks to at least 125 percent of the federal poverty level. He also said that people with pension income should not see their Social Security benefits reduced. Representative Larson seeks to increase benefits.

President Biden and Congressman Larson want to increase payroll contributions for people with high incomes to help offset the cost of raising Social Security benefits for people with low incomes.

The average annual Social Security benefit today is $18,500. But, some people–predominantly women and people of color–receive as little as $12,880, less than the federal poverty level. And 40 percent of people depend heavily –if not exclusively–on Social Security income to cover their expenses.

The Social Security Fairness Act would end the policy of reducing the Social Security income of people who have federal, state or local pensions. But, it would not increase benefits to people who did not also have federal, state or local pensions.

While Democrats hold a majority in both the House and the Senate, it is razor thin. Time will tell how much the Democrats can accomplish.

National Academies' Report Took Pharma-Friendly Stance After Millions in Gifts

To several U.S. senators, it looked wasteful, even outrageous. Every year, taxpayers pay for at least $750 million worth of expensive pharmaceuticals that are simply thrown away. Companies ship many of the drugs in "**Costco**"-size vials, one lawmaker said, that once opened usually cannot be resealed or saved for other patients. Yet pharma gets paid for every drop.

So Congress turned to the prestigious National Academies of Sciences, Engineering and Medicine for advice, given its reputation for "**independent**, objective reports" on such matters. The national academies' influential report, released in February, struck physicians who've tracked the issue as distinctly friendly to Big Pharma. It advised against an effort to recoup millions for the discarded drugs. It concluded that Medicare should stop tracking the cost of the drug waste altogether.

Yet the report left out a few key facts, a KHN investigation has found.

Among them: One committee member was paid $1.4 million to serve on the board of a pharmaceutical corporation in 2019 and in 2020 joined the board of a biotechnology company that lists government "cost containment" efforts as a risk to its bottom line.

Another committee member reported consulting income from 11 to 13 pharmaceutical companies, including eight that Medicare records show have earned millions billing for drug waste. His pharma ties were disclosed in **unrelated publications** in 2019 through this year.

Those committee members said they reported relevant relationships to the national academies and that the information is readily available outside of the report.

What's more: The National Academy of Sciences itself for years has been collecting generous gifts from foundations, universities and corporations, including at least $10 million from major drugmakers since 2015, its treasurer **reports** show. Among the donors are companies with millions to retain or lose over the drug waste committee's findings.

The fact that those relationships were not disclosed in the final report by an organization charted in 1863 to advise the nation amounts to "egregious" failures, said Sheldon Krimsky, a Tufts University professor and expert on conflicts of interest in science.

"The amount of money you're reporting is really substantial," he said. "It really raises questions about the independence" of the national academies.

In a statement emailed to KHN, the national academies said the two members with undisclosed board and consulting roles had "no current conflicts of interest during the time the [drug waste] study was being conducted" from January 2020 through February. The report did **disclose conflicts** for two others on the 14-member board. The report in question was paid for by federal officials, and "funds from for-profit organizations with a direct financial interest in the outcome of a study may not be used to fund advisory consensus studies, except in rare circumstances," national academies spokesperson Dana Korsen said in the emailed statement….**Read More**

Dear Marci: How should I use my Medicare & You handbook?

I'm glad you asked! The *Medicare & You* handbook can be very helpful. The *Medicare & You* handbook is mailed to all Medicare households each September and contains information on Medicare benefits.

Here are some helpful uses for your handbook:

- **Learn what's new with Medicare.** It's important to know any updates about your Medicare coverage. For example, the *2021 Medicare & You* book had updates on lower insulin costs, new acupuncture coverage for back pain, and virtual services. Remember that Medicare Advantage Plans must cover the same benefits that Medicare does; if you see an update to Medicare in your *Medicare & You* book, you should expect to have those same benefits with your Medicare Advantage Plan, although with possibly different costs or restrictions.
- **Understand how to enroll.** If you are new to Medicare, the *Medicare & You* handbook can be helpful in explaining how to sign up. It explains who will be automatically enrolled, and who will need to actively sign up. The handbook lists instructions for signing up and offers resources to contact for assistance.
- **Compare private plans in your area.** While there is a general version of the handbook available online, the version mailed to you or sent to you electronically will contain information specific to the area in which you live. It should contain a list of Medicare Advantage Plans, Part D plans, and supplemental Medigap plans available in your area for you to compare.
- **See if you qualify for any cost assistance programs.** There are a variety of programs that help people save money on their Medicare. The *Medicare & You* handbook contains the eligibility guidelines (which are usually a person's monthly or yearly income, and sometimes their assets) for these different programs. Use your handbook to see if you may be eligible for Extra Help, the Medicare Savings Program, or a State Pharmaceutical Assistance Program.
- **Learn about your rights.** If you are denied coverage for a health service or item that you believe should be covered, your *Medicare & You* handbook contains helpful information on filing appeals. It additionally provides tips on protecting yourself from Medicare fraud and medical identity theft.
- **Use as a reference guide throughout the year.** It is tough (and likely impossible!) to memorize everything about how Medicare works. Instead, keep your *Medicare & You* handbook to use as a reference guide as you need care throughout the year. The book contains an index of topics, as well as a dedicated section to finding out if Medicare covers your test, item, or service.

As you can see, the *Medicare & You* handbook can be helpful to you throughout the year. I highly recommend keeping it handy!

If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive your handbook electronically, you can log into (or create) **your Medicare account** to sign up for electronic handbooks. You can also download a general version of the handbook at **Medicare.gov**.

-Marci

An alert Middletown Rhode Island FedEx clerk stopped a $15,000 scam

The skepticism of a clerk at a FedEx on East Main Road saved an elderly man from a $15,000 scam.

The man, on Aug. 3, told the clerk he intended to mail a package that contained $500 worth "of rolled up magazines," Middletown Police Captain Jason Ryan explained to The Daily News in an email.

The clerk had been asking the man questions about the package, and when he told her it contained rolled-up magazines – worth such a lump sum – she became concerned of a potential scam.

The clerk contacted a manager, who allowed her to open the package. Inside she found $15,000 in cash, and immediately called Middletown police.

"The customer (had been told over the phone that) if he sent the money then he would get $25,000.00 deposited into his account upon receipt of the cash," Ryan said.

No arrests were made. Other than educating the public and documenting complaints, police largely have their hands tied when it comes to the investigation of such scams; spoofed numbers and burn phones make tracking down culprits incredibly difficult if not impossible.

"We did follow up, but like most of these scams we didn't have any luck due to the complexity of where it originated from," Ryan said. "The clerk did a great job of being alert to the situation."

Here are some facts and tips about scams to protect yourself and loved ones:

- "Never make a financial decision without thinking about it for 24 hours, scammers will create urgency [and scammers] will try to create either excitement about an opportunity of fear that something bad will happen unless you send money or personal information," Newport Detective Stephen P. Carrig told The Daily News previously.
- Scammers have the ability to "spoof" phone numbers, i.e. appear on a person's caller ID as a legitimate business.
- No legitimate business or government agency will request payment in the form of pre-paid cards. Customers will receive written notice in the mail, but be sure to verify these written notices, as well.
- Do not provide personal information (social security numbers, birthdays, credit/ debit card numbers) to unsolicited callers or to unsolicited emails.

Medicare Advantage costs keep rising, with no clear benefits

Bob Herman writes for **Axios** on the surge in Medicare Advantage enrollment these last several years, notwithstanding its **high costs** and questionable quality of care, particularly for people with **complex and costly conditions**. It's driving up Medicare premiums and eroding the Medicare Trust Fund. Yet, it's likely to take over Medicare if not reined in.

Right now, more than four in ten people with Medicare are enrolled in Medicare Advantage. Why? In no small part because traditional Medicare has no out-of-pocket cap. So, in order to protect yourself financially in traditional Medicare, you need **Medicare supplemental coverage**. And, that can easily cost $2,500 a year. As a result, employers, unions and people with lower incomes opt for Medicare Advantage, believing they can save money. Most people do not understand the risks, both in terms of access to care and out-of-pocket costs.

People in **Medicare Advantage** who develop costly conditions can spend as much as $7,500 a year on their in-network care, depending upon their plan's out-of-pocket cap. They also might not be able to see the doctors they want to see. So, they take a big gamble, especially because it can be difficult to switch back to traditional Medicare. Many people in Medicare Advantage are effectively locked in because they cannot buy supplemental coverage to pick up and limit their out-of-pocket costs in traditional Medicare.

Medicare Advantage plans lure people in with their out-of-pocket caps and what they claim to be vision, hearing and dental benefits. But, in many cases the out-of-pocket costs are so high that people can't afford to get the care they need. For vision, hearing and dental services the data show that is often the case. Out-of-pocket costs often are many hundreds of dollars.

Medicare Advantage plans are supposed to coordinate care, but many of them simply restrict access to doctors and hospitals and provide little or no care coordination. Medicare Advantage plans have changing provider networks which undermines continuity of care for their members.

Medicare Advantage plans have never saved the government money. In fact, their per member costs keep going up. According to the **Medicare Payment Advisory Commission,** Medicare has never seen "net aggregate savings" from the Medicare Advantage program. Rather, Medicare Advantage is driving up Part B premiums and eating into the Medicare Trust Fund. Congress needs to change the way plans are paid, and quickly!

Here's what happens to Social Security payments when you die

If you're handling the financial affairs for an older person who has died, you may wonder how the government knows to stop sending Social Security payments.

Or maybe there's a surviving spouse or dependent who is hoping those benefits can continue.

Although Social Security rules can be complicated, the bottom line is that a person's benefits end at death. And for survivors, whether you qualify depends on several factors.

Here's what to know.

Where to start

It's important for the Social Security Administration to be alerted as soon as possible after the person dies.

In most cases, funeral homes notify the government. There's a form available that those businesses use to report the death.

"The person serving as executor [of the estate] or the surviving spouse can also call Social Security," said certified financial planner Peggy Sherman, a lead advisor at Briaud Financial Advisors in College Station, Texas.

Whoever does the reporting should be armed with the decedent's Social Security number.

When payments stop

Be aware that a person is due no Social Security benefits for the month of their death.

"Any benefit that's paid after the month of the person's death needs to be refunded," Sherman said.

With Social Security, each payment received represents the previous month's benefits. So if a person dies in August, the check for that month — which would be paid in September — would need to be returned if received.

If the payment is made by direct deposit, the bank holding the account should be notified so it can return benefits that shouldn't have been delivered….**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

All HHS Health Care Workers Must Now Get COVID Vaccines

(HealthDay News) -- COVID-19 vaccination will be required for all U.S. Health and Human Services (HHS) employees who deal with patients, HHS Secretary Xavier Becerra announced Thursday.

The order will affect more than 25,000 clinicians, researchers, contractors, trainees and volunteers within the U.S. National Institutes of Health, the Indian Health Service, and the U.S. Public Health Service Commissioned Corps, the *Associated Press* reported.

"Requiring our HHS health care workforce to get vaccinated will protect our federal workers, as well as the patients and people they serve," Becerra said in a **statement**.

HHS employs more than 80,000 people. Those not covered by new mandate are subject to a White House policy that compels federal workers and contractors to provide their vaccination status and requires those who aren't vaccinated to get regular COVID-19 testing and places certain workplace restrictions on them, the *AP* reported.

A growing number of private and public employers in the United States -- such as Google, United Airlines and the state of California -- are requiring workers to get vaccinated due to surging case numbers driven by the highly contagious Delta variant.

Last month, the U.S. Department of Veterans Affairs said its health care workers must get vaccinated, and the Pentagon recently announced that all service members will be required to get vaccinated, to maintain military readiness, the *AP* reported.

While vaccination is nearly universal among doctors, the same isn't true for all health care workers. Nursing homes and hospitals rely on support staff for tasks ranging from clerical duties to transporting patients, and their vaccination rates often mirror the surrounding communities.

Despite widespread availability of free vaccines, only about half of the U.S. population is fully vaccinated, **data** from the U.S. Centers for Disease Control and Prevention shows. New COVID-19 cases have surged past 100,000 a day, a level not seen since the deadly wave of the fall and winter gained momentum last November, the *AP* reported.

Some Diabetes Meds Might Also Lower Alzheimer's Risk

Older adults who take certain diabetes drugs may see a slower decline in their memory and thinking skills, a new study suggests.

Researchers in South Korea found that among older people who'd been having memory issues, those using diabetes drugs called DDP-4 inhibitors typically showed a slower progression in those symptoms over the next few years. That was compared with both diabetes-free older adults and those taking other diabetes medications.

People on DDP-4 inhibitors also showed smaller amounts of the "plaques" that build up in the brains of people with Alzheimer's disease.

Experts cautioned that the findings do not prove the drugs can prevent or delay dementia.

To do that, researchers would need to conduct clinical trials that directly test the medications, said Dr. Howard Fillit, chief science officer for the nonprofit Alzheimer's Drug Discovery Foundation in New York City.

But, he said, the study adds to evidence that certain existing medications -- including some for diabetes or high blood pressure -- could be "repurposed" for protecting the aging brain.

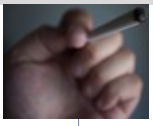
In fact, other diabetes medications, such as metformin and GLP-1 agonists, are already being studied for slowing down declines in memory and thinking skills.

There has been less research, Fillit said, into DDP-4 inhibitors -- which include oral medications like sitagliptin (Januvia), linagliptin (Tradjenta), saxagliptin (Onglyza) and alogliptin (Nesina). They share a similarity with GLP-1 agonists, in that they act on the same "pathway" in the body.

Fillit explained that DDP-4 inhibitors work by boosting blood levels of GLP-1, a gut hormone that stimulates insulin release. Insulin is a hormone that regulates blood sugar.

People with diabetes are resistant to insulin, which results in chronically high blood sugar levels. Some studies have found that people with Alzheimer's also have problems with insulin resistance -- and researchers have speculated that may contribute to the brain degeneration seen in the disease….**Read More**

Veterans Push for Medical Marijuana in Conservative South



Each time Chayse Roth drives home to North Carolina, he notices the highway welcome signs that declare: "Nation's Most Military Friendly State."

"That's a powerful thing to claim," said Roth, a former Marine Corps gunnery sergeant who served multiple deployments to Iraq, Afghanistan and Pakistan.

Now he says he's calling on the state to live up to those words. A Wilmington resident, Roth is advocating for lawmakers to pass a **bill that would legalize medical marijuana** and allow veterans with post-traumatic stress disorder and other debilitating conditions to use it for treatment.

"I've lost more men to suicide since we went to Afghanistan in '01 than I have in combat," said Roth, who said he doesn't use cannabis himself but wants others to have the option. "It's just unacceptable for these guys to go overseas and win the battle and come home and lose the battle to themselves."

He is among several veterans brought together by a recently formed advocacy group called **NC Families for Medical Cannabis**. These veterans have testified before the legislature and visited lawmakers individually.

In a state that's home to **eight military bases, one of the largest veteran populations** in the country and a Republican-controlled legislature that prides itself on supporting the troops, they hope their voices will act as a crucial lever to push through a bill that has faced opposition in the past.

"If we really want to be the most veteran-friendly state in the union, this is just another thing we can do to solidify that statement," Roth said.

From California to Massachusetts, veterans have been active in the push for medical marijuana legalization for decades. But now, as the movement focuses on the **remaining 14 states** that have not enacted comprehensive medical marijuana programs or full marijuana legalization, their voices may have outsize influence, experts say.

Many of these remaining states are in the traditionally conservative South and dominated by Republican legislatures….**Read More**

TIME

•Time• the sedative was given
•Time• the paralytic was given
•Time• the patient was intubated
•Time• their central line was placed
•Time• their arterial line was placed
•Time• their Vas Cath was placed
•Time• CRRT initiated
•Time• the patient was proned
•Time• the ABG was drawn
•Time• the family was notified
•Time• the zoom meeting was set for
•Time• the family said their goodbyes
•Time• of death

That was someone's mother, father, brother, sister, aunt, uncle, friend, spouse.

That was their •time• to go. And I feel confident in saying the virus made it too soon.

I've stood outside a patient room with clasped hands, giving a thumbs up to a patient through a window as they were being extubated. Moments before:

"Stay calm. The respiratory therapist is going to take this breathing tube out, okay? I need you to nod your head so I know you understand me. I know, don't try to talk. You're doing great."

I've taught patients to call when they were ready to be intubated. Days of being on the BiPAP on 100% oxygen can only be effective for so long. They get tired.

"I can't breathe."

"Okay, let me call the doctor and get everything ready."

"Tell my kids I love them."

"Tell them yourself we are calling them before this happens."

"Please make sure I come off the ventilator."

"Listen to me, you fight like heck, okay?"

"How am I supposed to fight when I'll be asleep?"

"You just have to go into this knowing you want to fight. You will never be alone. We will fight this with you."

To: Nurses, Doctors, Nurse Practitioners, Respiratory Therapists, Pharmacists, CNAs, PCTs, Phlebotomists, Rad and CT techs, and anyone else I missed,

How many times do we go home holding on to any bit of hope that what we are doing is making a difference for these patients?

We'll spend 14 hours with hypoxia and hypotension, go home, and come back only to find out the patient didn't make it.

All those times we felt like we weren't doing anything for these patients - Your chance is here.

If you have even the SLIGHTEST bit of opportunity to prevent getting this virus and giving it to others - Take it.

Do it for the patients you lost. For some, you were the last person they talked to. The last hand they held.

•Time• 1118

That's the •time• I received the Covid-19 vaccine today.

Jenifer, RN
Stormont Vail Health
#wetogether
#mytime to make a difference
#mytime is for my patients
Day 1 of COVID-19 vaccine

Pfizer CEO to Public: Just Trust Us on the Covid Booster

Pfizer CEO Albert Bourla was confident in June about the ability of his company's vaccine to protect against the highly contagious delta variant, as it marched across the globe and filled U.S. hospitals with patients.

"I feel quite comfortable that we cover it," Bourla said.

Just weeks later, Pfizer said it would seek authorization for a booster shot, after early trial results showed a third dose potentially increased protection. At the end of July, Pfizer and BioNTech announced findings that four to six months after a second dose, their vaccine's efficacy dropped to about 84%.

Bourla was quick to promote a third dose after the discouraging news, saying he was "very, very confident" that a booster would increase immunity levels in the vaccinated.

There's one hitch: Pfizer has not yet delivered conclusive proof to back up that confidence. The company lacks late-stage clinical trial results to confirm a booster will work against covid variants including delta, which now accounts for 93% of new infections across the U.S.

Pfizer announced its **global phase 3 trial** on a third dose in mid-July. That trial's completion date is in 2022. Phase 3 results generally are required before regulatory approval.

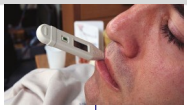
"We are confident in this vaccine and the third dose, but you have to remember the vaccine efficacy study is still going on, so we need all the evidence to back up that," Jerica Pitts, Pfizer's director of global media relations, said Monday. The financial stakes are enormous: Pfizer announced in July that it expects **$33.5 billion** in covid-19 vaccine revenue this year.

Meanwhile, Pfizer recently said that if a third dose couldn't combat the delta or other variants, the drugmaker is poised to come up with a "tailor-made" vaccine within 100 days….**Read More**

Delta & Breakthrough Infections in the Vaccinated: Should You Worry?

Masks are making an unwanted comeback in many parts of the United States, after new data showing that fully vaccinated people with "breakthrough" coronavirus infections carry enough virus in their bodies to pose a potential risk to the unvaccinated.

But these breakthrough infections — which have become slightly more common with the highly transmissible Delta variant — pose little to no threat to most vaccinated folks who are unlucky enough to get them, infectious disease experts stressed.



Nearly all breakthrough COVID-19 cases occurring in the United States are symptom-free or mild illnesses that can be treated at home, if they require treatment at all, said Dr. Amesh Adalja, a senior scholar with the Johns Hopkins Center for Health Security, in Baltimore.

"The fact that the breakthrough infections are mild is evidence not of the vaccine's failing, but of the vaccine succeeding, because vaccines aren't force fields or bug zappers," Adalja said. "They are meant to minimize the symptoms that could occur with a breakthrough infection."

Instead, vaccinated folks are being asked to mask up to protect the unvaccinated, as well as themselves, so that enough hospital beds remain available for everyone.

The average number of people hospitalized daily for COVID-19 infection during the last week of July alone outpaced the total number of vaccinated people who have ever been hospitalized for a breakthrough infection, the U.S. Centers for Disease Control and Prevention noted.

By comparison, all hospitalizations from breakthrough COVID-19 infections that have been reported to the CDC from the beginning of the U.S. vaccination program through Aug. 2 amount to just 7,101.

There also have been 1,507 deaths reported from breakthrough infections among the vaccinated -- just 0.6% of the nearly 241,100 total COVID -19 deaths that have occurred so far in 2021, CDC data show….**Read More**

Moderna Vaccine May Shield More Against Breakthrough Infections Than Pfizer

(HealthDay News) -- People fully vaccinated with the Moderna COVID-19 vaccine appear to have a lower risk of a "breakthrough" infection caused by the Delta variant than those who received the Pfizer vaccine, a new, preliminary report suggests.

The researchers emphasized that both vaccines still "strongly protect" against severe illness, but the difference appears to be in the degree of protection they offer against infection, *CNBC* reported.

The infection risk was 60% lower among Moderna recipients than among Pfizer recipients, according to an analysis of July data from Florida, where the Delta variant has driven COVID-19 cases to new highs, *CNBC* reported.

The Mayo Clinic researchers also found that in Minnesota last month, the Moderna vaccine was 76% effective at preventing a breakthrough infection, while the Pfizer vaccine was only 42% effective.

"Comparing rates of infection between matched individuals fully vaccinated with mRNA-1273 [Moderna] versus BNT162b2 [Pfizer] across Mayo Clinic Health System sites in multiple states (Minnesota, Wisconsin, Arizona, Florida and Iowa), mRNA-1273 conferred a twofold risk reduction against breakthrough infection compared to BNT162b2," the authors wrote.

The new data was published in an abstract of their **pre-print study** that's awaiting a full peer review, so the findings should be considered preliminary.

However, Dr. Amesh Adalja, senior scholar at Johns Hopkins Center for Health Security, in Baltimore, stressed that "when it comes to vaccines, the most important thing, and to me the only thing that matters, is that they protect against severe disease, hospitalization and death. That's what the vaccines were designed to do — not to be some magic force field that stops every breakthrough infection."

Adalja said, "By that standard, the vaccines are performing tremendously. I think it's important to remember that the Moderna vaccine is a higher dosage than the Pfizer vaccine, and that may be accounting for this discrepancy in this study, which has not gone through peer review. However, in the end, if both vaccines prevent what matters, I don't think it matters much."

Still, the Biden administration is taking the data as a "wakeup call," ***Axios*** reported.

Pfizer told the news website that it and partner BioNTech "expect to be able to develop and produce a tailor-made vaccine against that [Delta] variant in approximately 100 days after a decision to do so, subject to regulatory approval," *CNBC* reported.

In a follow-up statement, the company emphasized the effectiveness of its COVID-19 vaccine and said it was also developing a booster dose.

"Pfizer and BioNTech have put into place a robust booster research program to ensure that our vaccine continues to offer the highest degree of protection possible," Pfizer said. "Initial data of a third dose of the current vaccine demonstrates that a booster dose given at least 6 months after the second dose elicits high neutralization titers against the wild type, Beta, and Delta variants."

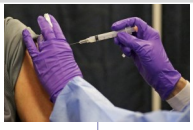
Last week, Moderna warned that breakthrough infections were on the rise and said people who'd received its vaccine would likely require a booster shot before winter, *CNBC* reported.

Despite the new data, the U.S. Centers for Disease Control and Prevention has said the risk of infection is 8 times higher in the unvaccinated than the vaccinated, and the risk of hospitalization or death is 25 times higher, *CNBC* reported.

More protection: US likely to authorize COVID booster shots

After struggling for months to persuade Americans to get the COVID-19 vaccine, U.S. health officials could soon face a fresh challenge: talking vaccinated people into getting booster shots to gain longer-lasting protection as the delta variant sends infections soaring again.

As early as Wednesday, U.S. health authorities are expected to recommend an extra dose of the vaccine for all Americans eight months after they get their second shot, according to two people who spoke to The Associated Press on condition of anonymity to discuss internal deliberations.



That means the biggest vaccination drive in U.S. history is about to get even more extensive.

The move is being driven by both the highly contagious variant and preliminary evidence that the vaccine's protective effect starts dropping within months.

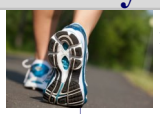
Last week, U.S. health officials recommended boosters for some people with weakened immune systems, such as cancer patients and organ transplant recipients. If the shots are expanded as expected to other Americans, among the first to receive them could be health care workers, nursing home residents and other older people...**Read More**

Daily Half-Hour Walk Can Greatly Boost Survival After Stroke

After a stroke, survivors can greatly increase their odds for many more years of life through activities as easy as a half-hour's stroll each day, new research shows.

The nearly five-year-long Canadian study found that stroke survivors who walked or gardened at least three to four hours a week (about 30 minutes a day), cycled at least two to three hours per week, or got an equivalent amount of exercise had a 54% lower risk of death from any cause.

The benefits were highest among younger stroke survivors. Those younger than 75 who did at least that much physical activity had an 80% lower risk of death, according to the study published online Aug. 11 in the journal *Neurology*.



"We should particularly emphasize [physical activity] to stroke survivors who are younger in age, as they may gain the greatest health benefits from walking just 30 minutes each day," study author Dr. Raed Joundi, of the University of Calgary, said in a journal news release.

One U.S. expert in stroke care said more needs to be done to help people who survive a stroke get active.

"It is important that stroke neurologists enroll their patients in exercise programs, because encouraging exercise/physical activity may not be sufficient," noted Dr. Andrew Rogove, who wasn't involved in the new research. He directs stroke care at Northwell Health's South Shore University Hospital in Bay Shore, N.Y.

The new study included nearly 900 stroke survivors, average age 72, and more than 97,800 people, average age 63, who had never had a stroke. All of the participants were followed for an average of about 4.5 years.

After accounting for other factors that could influence the risk of death (such as age and smoking), the researchers found that 25% of the stroke survivors and 6% of those who'd never had a stroke died from any cause during follow-up….**Read More**

Cancer Patients Avoiding Pot, Even as Rules on Use Relax

(HealthDay News) -- As legal use of marijuana expands, experts say U.S. cancer patients are still far less likely to use it than the general population.

That's the key finding from a new study based on data on smoking habits -- both tobacco and pot -- collected from nearly 20,000 people between 2013 and 2018. Several U.S. states legalized recreational pot during that time.

Over the period, reported marijuana use peaked at 9% for cancer patients, compared to 14% among people with no cancer history, according to findings published Aug. 13 in the journal *Cancer*.

"Even when we looked at whether someone used cannabis over the four years of observation and we control for things like age and race, cancer patients are still not increasing their use over time like the general population," said lead author Bernard Fuemmeler. He is interim co-leader of the Cancer Prevention and Control research program at Virginia Commonwealth University Massey Cancer Center.

"I would have expected them to have at least mirrored what was happening in the general population," Fuemmeler said in a university news release.

Co-author Sunny Jung Kim said changes in attitudes and perceived benefits and harms of marijuana are to be expected because of changes in law enforcement.

"This work gives us perspective on prevalence of cannabis use among cancer patients and how it has changed over time," said Kim, an assistant professor of health behavior and policy at the VCU School of Medicine.

Some small studies have shown that pot can help ease nausea from chemotherapy and relieve pain, according to the American Cancer Society.

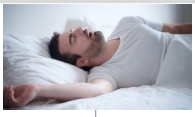
So why aren't more cancer patients taking advantage of more liberal laws?

"There is that element of a life-changing moment when you have cancer," Fuemmeler said. "You have to be mindful of your health and contemplate whether something like cannabis is helpful or hurtful."

The study also found that among both cancer patients and others, marijuana use was higher among those who reported higher levels of pain. Lower rates of use were seen among women, older people and those with higher incomes, medical insurance or better mental health.

The authors said more research into the health effects of marijuana use by cancer patients and survivors is needed so doctors and patients can have informed talks about its potential benefits and risks.

'Date Rape' Drug Gets FDA Approval to Treat Rare Sleep Disorder



(HealthDay News) -- The drug Xywav has been approved for expanded use in adults with a rare sleep disorder called idiopathic hypersomnia, the U.S. Food and Drug Administration said Thursday.

The drug has a checkered history: In the 1960s, it was given to women during childbirth to dampen their consciousness, *The New York Times* reported, while an illicit version made headlines as a "date rape" drug in the 1990s.

It's the first drug to be approved by the FDA for idiopathic hypersomnia, which causes excessive daytime sleepiness even after a good night's sleep.

The oral drug was already approved for the treatment of excessive daytime sleepiness and sudden loss of muscle tone in patients aged 7 and older with narcolepsy.

"Idiopathic hypersomnia is a lifelong condition, and the approval of Xywav will be instrumental in providing treatment for symptoms such as excessive sleepiness and difficulty waking, and in effectively managing this debilitating disorder," Dr. Eric Bastings, deputy director of the Office of Neuroscience in the FDA's Center for Drug Evaluation and Research, said in an agency news release.

The approval is based on a clinical trial that included 154 adult patients, aged 19 to 75. Those who were switched from Xywav to a placebo experienced worsening sleepiness and symptoms of idiopathic hypersomnia compared to those who continued taking the drug, according to the FDA.

The most common side effects of the drug were nausea (21.4%), headache (16.2%), dizziness (11.7%), anxiety (10.4%) and vomiting (10.4%).

Xywav has a boxed warning for central nervous system depression and abuse and misuse, which can cause serious side effects such as seizures, trouble breathing, changes in alertness, coma and death, the FDA said.

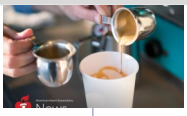
Due to the potential risks of the drug, it's subject to strict prescribing and dispensing controls, and is not available in retail pharmacies.

Xywav can be prescribed only by a certified prescriber and dispensed only to an enrolled patient by a certified pharmacy that ships directly to patients, the FDA said.

Some experts said the evidence to support the new approval is weak. And they worry about the dangers of the medication, which acts so swiftly that its label advises users to take it while in bed, the *Times* reported.

The drug "has serious safety concerns, both in terms of its abuse liability and its addictive potential," Dr. Lewis Nelson, director of medical toxicology at Rutgers New Jersey Medical School, told the *Times.*

Customized Drinks Have Gone Viral – And May Be a Recipe for Disaster



When TikTok trendsetters went viral sharing their off-the-menu, customized drink recipes to try at the coffee shop, each one more over the top than the last, baristas took to social media and started posting the most outlandish customizations, calling out their customers and sharing war stories.

One order, for example – which already featured syrupy caramel blended with coffee and topped with caramel sugar – had a laundry list of add-ons that included extra caramel drizzle, whipped and heavy cream, cinnamon syrup and seven pumps of dark caramel.

Now, nutrition experts are hoping to have their say about the consequences of this syrup-pumping, cream-swapping fad: "It makes me cringe," said Marie-Pierre St-Onge, an associate professor of nutritional medicine at Columbia University in New York. "It's a bad habit to start, that's for sure."

For starters, St-Onge said, customers should use caution when they order coffee drinks, tea or other popular, sugary beverages straight from the menu at their favorite establishments because they already may contain empty calories. The ingredient substitutions and add-ons can only make matters worse.

"We're talking about drinking calories, and liquid calories are often not very well compensated for at subsequent meals," she said. "They tend to be calories that are tacked on above and beyond your general energy requirement, so they are often those that lead to weight gain."

On its own – without added sugars or heavy creams – coffee is an excellent source of antioxidants, and regular consumption is associated with a host of health benefits, including a lower risk of Type 2 diabetes and Parkinson's disease. ….**Read More**

Your Metabolism Changes As You Age, Just Not When You Think

Everyone knows that your metabolism peaks in your teenage years, when you're fit and active and feeling your oats.

And everyone knows that a person's metabolism slows down in middle age, as bodies start to expand and sag, and become less energetic.

But that's all wrong, it now appears — fake news about how humans age that's gained the currency of truth over the years.

Your metabolism actually is at its highest when you're 1 year old, according to a major new study that completely shakes up what was known about energy expenditure over a person's lifespan.

It then gradually declines through your childhood and teen years, until it reaches a surprisingly consistent level that people maintain throughout adulthood until they reach senior status, researchers report in the Aug. 13 issue of the journal *Science*.

"Energy expenditure is really stable throughout adulthood, from 20 to 60 years old," said lead researcher Herman Pontzer, an associate professor of evolutionary anthropology at Duke University in Durham, N.C. "People often want to blame obesity issues on metabolic rates — 'Oh, I have a slow metabolism.' This says no, actually, at least on a population level from a broad view, your metabolism is really stable throughout adulthood."

The usual milestones assigned to a person's development — puberty, middle age, menopause — don't line up with how humans' basic metabolism actually performs, said Rozalyn Anderson, a professor of geriatrics at the University of Wisconsin, Madison, School of Medicine and Public Health.

"It is surprising," Anderson said. "Everybody would have expected to see something change around middle age, 35 to 45. We all know at that time point we get middle-age spread, everything slows down a little bit. But based on this, it seems those may be kind of lifestyle things. It's certainly not innate metabolism changing."

For this study, Pontzer and an international team of scientists analyzed the average calories burned by about 6,600 people as they went about their daily lives in 29 countries around the world. The people varied in age from 8 days to 95 years.

Most metabolism studies measure how much energy the body uses to perform basic vital functions like breathing, digesting food or pumping blood, but that only accounts for about 50% to 70% of the calories humans burn daily, the researchers said in background notes

They don't take into account the energy people spend moving about — cleaning the house, walking the dog, working out, even just fidgeting.

These studies also don't account for the added energy humans burn simply by being larger as adults than they are as kids, Pontzer said.

"As people get bigger, they burn more energy," he said. "Of course you do, because if you have more cells, there's more of you, then you need more calories."

To account for all of this, the researchers relied on the "doubly labeled water" method for tracking energy expenditure, which has been considered the gold standard for metabolic studies since the 1980s.

People drink water in which the hydrogen and oxygen atoms in the water molecules have been replaced with naturally occurring "heavy" forms. Urine tests then show how quickly they are flushed out, providing an accurate estimate of daily energy expenditure in normal daily life.

Pooling metabolic data from multiple labs into a single database gave researchers a chance to take a broader look at how the way people burn calories changes as they age….**Read More**

Beware of faulty medical devices

Do not think that the medical device–be it an artificial hip, a pacemaker or mesh–your doctor proposes to implant is safe because the Food and Drug Administration (FDA) has approved its use. As I've written before on **Just Care**, there is a fair chance that you could be at serious risk. Fred Schulte reports for **Kaiser Health News** on the 28,000 lawsuits against medical device companies for selling faulty products, misleading providers about their products, failing to disclose product defects as required by law, paying physicians illegal kickbacks, and more.

You rarely read or hear about medical device companies, but many are multi-billion dollar businesses. Like pharmaceutical companies, they are operating in a health care market that allows them to charge exorbitant prices for products that sometimes add little value or worse, cause serious harm. Despite the need for a more stringent FDA approval process of certain devices and a registry to ensure awareness of dangerous medical devices, the industry has done a brilliant job of keeping this from happening.

One reason dangerous devices are in use lies with the FDA's approval procedures. It allows medical device companies to design and distribute many new devices without testing. If they are **substantially equivalent** to another product already approved, they do not need to go through an approval process. But, the line between substantially equivalent and different enough as to be defective is blurry.

It's also often hard to know whether a device is safe even though there is a public database that is supposed to store information about faulty medical devices. The problem lies with the FDA, which also keeps a **private database** of information on medical device malfunctions and injuries that for some reason it does not deem fit for the public database. It literally keeps hundreds of thousands of incident reports secret. Consequently, doctors keep using these dangerous devices–artificial hips, pacemakers, mesh, etc.–on unsuspecting patients.

And, physicians often rely on medical device salespeople when implanting a device. They often work in tandem with medical device salespeople to learn about them. While that might make sense in theory, it can be harmful to patients if the physician is not super sure of what he or she is doing. The sales reps are not legally required to have medical training or credentials.

In one case, a surgeon relied on a Life Spine rep's assurance that the surgeon would have the implants he needed mid-surgery to address a spinal issue, but he did not. The patient is claiming that, as a result, the surgeon implanted the wrong device and she suffered physical harm. Meanwhile, Life Spine, the sales rep and the surgeon are pointing fingers at one another, refusing to take responsibility for the harm.

It's still not possible to do the needed research to determine the frequency with which implants cause harm or which implants are dangerous. It's also not possible to know which implants are the safest. A **public FDA website** at which reports of serious injuries from a medical device are posted has the following caveat: It could include "incomplete, inaccurate, untimely, unverified, or biased data."

Now, six multi-district federal cases have consolidated the more than 28,000 patient suits charging that medical devices caused injuries. For the health and safety of Americans, the federal government should be putting in place a smart and wholly transparent way to track injuries, a more robust approval process for devices, and a means of removing defective products from the market swiftly.