

February 7, 2021 E-Newsletter

The Legendary Career and Spiritual Calling of John Sweeney

This afternoon we learned of the passing of AFL-CIO President Emeritus John Sweeney. It was in 2000 that President Sweeney envisioned a new model for union retiree activism which led to the creation of the Alliance. Below is President Richard Trumka's statement.

The Legendary Career and Spiritual Calling of John Sweeney
Statement from AFL-CIO President Richard Trumka on the passing of AFL-CIO

President Emeritus John Sweeney:

John Sweeney was a legend, plain and simple. He was guided into unionism by his Catholic faith, and not a single day passed by when he didn't put the needs of working people first. John viewed his leadership as a spiritual calling, a divine act of solidarity in a world plagued by distance and division. The son of Irish immigrants, he used work as a way to directly apply his values, consistently exhibiting



grit over flash and pursuing progress instead of posturing. He built SEIU into a powerhouse, doubling its membership, earning respect across the labor movement and in the halls of power. Throughout his storied life, John used the lessons he learned as a ground-level union leader to uphold dignity for all working people and expand human rights worldwide. I was proud to join his insurgent ticket in 1995, which recommitted the AFL-

CIO to worker organizing and collective power. As president, John was a great leader and true innovator, driving the labor movement forward. We stand on that foundation today as we take on the challenges of inequality, systemic racism and much more. Former President Bill Clinton called John "a force for inclusion and activism." I was blessed to call him a brother, a mentor and a friend. May God bless John's memory, his family and the labor movement to which he devoted his life.

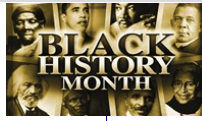
Black History Month February 1-28

Origins of Black History

The story of Black History Month begins in Chicago during the summer of 1915. An alumnus of the University of Chicago with many friends in the city, Carter G. Woodson traveled from Washington, D.C. to participate in a national celebration of the fiftieth anniversary of emancipation sponsored by the state of Illinois. Thousands of African Americans travelled from across the country to see exhibits highlighting the progress their people had made since the destruction of slavery. Awarded a doctorate in Harvard three years earlier, Woodson joined the other exhibitors with a black history display. Despite being held at the Coliseum, the site of the 1912 Republican convention, an overflow crowd of six to twelve thousand waited outside for their turn to view the exhibits. Inspired by the three-week celebration, Woodson decided to form an organization to promote the scientific study

of black life and history before leaving town. On September 9th, Woodson met at the Wabash YMCA with A. L. Jackson and three others and formed the Association for the Study of Negro Life and History (ASNLH).

He hoped that others would popularize the findings that he and other black intellectuals would publish in *The Journal of Negro History*, which he established in 1916. As early as 1920, Woodson urged black civic organizations to promote the achievements that researchers were uncovering. A graduate member of Omega Psi Phi, he urged his fraternity brothers to take up the work. In 1924, they responded with the creation of Negro History and Literature Week, which they renamed Negro Achievement Week. Their outreach was significant, but Woodson desired greater impact. As he told an audience of Hampton Institute students, "We are going



back to that beautiful history and it is going to inspire us to greater achievements." In 1925, he decided that the Association had to shoulder the responsibility. Going forward it would both create and popularize knowledge about the black past. He sent out a press release announcing Negro History Week in February, 1926.

Woodson chose February for reasons of tradition and reform. It is commonly said that Woodson selected February to encompass the birthdays of two great Americans who played a prominent role in shaping black history, namely Abraham Lincoln and Frederick Douglass, whose birthdays are the 12th and the 14th, respectively. More importantly, he chose them for reasons of tradition. Since Lincoln's assassination in 1865, the black community, along with other Republicans, had been celebrating the fallen President's birthday. And since the late

1890s, black communities across the country had been celebrating Douglass'. Well aware of the pre-existing celebrations, Woodson built Negro History Week around traditional days of commemorating the black past. He was asking the public to extend their study of black history, not to create a new tradition. In doing so, he increased his chances for success.

Yet Woodson was up to something more than building on tradition. Without saying so, he aimed to reform it from the study of two great men to a great race. Though he admired both men, Woodson had never been fond of the celebrations held in their honor. He railed against the "ignorant spellbinders" who addressed large, convivial gatherings and displayed their lack of knowledge about the men and their contributions to history.... [Read More](#)

ADD YOUR NAME

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

Biden Administration Kills Trump Proposals to Cut Social Security Disability Benefits

Dangerous proposals to make it more difficult for people to qualify for and receive the Social Security disability benefits they earned have been withdrawn by the Biden

Administration.

The **rules** would have affected older workers with disabilities the most, and created unnecessary hurdles and red tape for all people with

disabilities, particularly during the pandemic.

"Taken together, these actions by the Biden Administration demonstrate that the new administration is looking out for

the millions of Americans who can no longer work full-time due to a disability," said **Richard Fiesta**,



Rich Fiesta,
Executive Director,
ARA

After free-spending Trump years, Republicans rediscover US debt

US President Joe Biden's \$1.9 trillion plan to revive the US economy has been met with howls from the Republican opposition in Washington, with conservative lawmakers saying it is full of money-wasting programs at a time when the country doesn't need any more debt.

Yet it wasn't so long ago that the party, led by fellow Republican Donald Trump in the White House, passed massive tax cuts and an even larger stimulus package to fight the economic disruptions caused by Covid-19 -- expensive measures that fueled the rising budget deficit.

Now, with Democrats back in the presidency and narrowly controlling Congress, Republicans are citing concerns about the rising US debt and deficit as grounds to object to

Biden's agenda.

The \$1.9 trillion package the president proposed to accelerate the country's recovery from the coronavirus pandemic is "a colossal waste, and economically harmful," Republican Senator Pat Toomey said.

"The total figure is pretty shocking," said Mitt Romney, a fellow Republican senator who seized on the rising national debt during his failed attempt to unseat Democratic President Barack Obama in the 2012 election.

- Time to 'act big' -

New Treasury Secretary Janet Yellen has taken the lead in countering the Republicans' protests, saying at her recent confirmation hearing, "Neither (Biden), nor I, propose this relief package without an



appreciation for the country's debt burden. "But right now, with interest rates at historic lows, the smartest thing we can do is act big."

Biden served as vice president under Obama, in a period when Republicans repeatedly raised debt and deficit concerns to stymie his agenda.

Trump, then a private citizen, joined in, tweeting in 2012, "The deficits under (Obama) are the highest in America's history. Why is he bankrupting our country?"

Yet after Trump took office in 2017 with a Republican-controlled Congress, that party's lawmakers seemed to forget those concerns.

Government spending increased, and Congress enacted a \$2 trillion tax cut -- the most significant tax reform in 30

years and one voted for by every Republican senator, including the "budget hawks" known for decrying such spending.

"Republican concerns about the deficit, they are kind of tough to take seriously right now, given their support for tax cuts and spending increases during the Trump years," said Tori Gorman, policy director of the nonpartisan Concord Coalition, which advocates for fiscal responsibility.

"And a lot of that took place even before the pandemic," she told AFP.

The tax reform boosted growth in 2018 but also increased the budget deficit and inflated the debt, which rose from \$19.5 trillion four years earlier to nearly \$27 trillion at the end of September 2020....[Read More](#)

States Move Ahead With Canada Drug Importation While Awaiting Signal From Biden

Florida, Colorado and several New England states are moving ahead with efforts to import prescription drugs from Canada, a politically popular strategy greenlighted last year by President Donald Trump.

But it's unclear whether the Biden administration will proceed with Trump's plan for states and the federal government to help Americans obtain lower-priced medications from Canada.

During the presidential campaign, Joe Biden expressed support for the concept, strongly opposed by the American pharmaceutical industry. Drugmakers argue it would undercut efforts to keep their medicines safe.

The Pharmaceutical Research

and Manufacturers of America, an industry trade group, filed suit in federal court in Washington, D.C., to stop the drug-purchasing initiatives in November.

That followed the Trump administration's final rule, issued in September, that cleared the way for states to seek federal approval for their importation programs.

Friday is the deadline for the government to respond to the suit, which could give the Biden administration a first opportunity to show where it stands on the issue. But the administration could also seek an extension from the court.

Meanwhile, Florida and Colorado are moving to outsource their drug importation



plans to private companies. Florida hired LifeScience Logistics, which stores prescription drugs in warehouses in Maryland, Texas and Indiana. The state is paying the Dallas company as much as \$39 million over 2½ years, **according to the contract**. That does not include the price of the drugs Florida is buying.

LifeScience officials declined to comment.

Florida's agreement with LifeScience came last fall, just weeks after the state received no bids on a \$30 million contract for the job.

Florida's importation plan calls initially for the purchase of drugs for state agencies, including the Medicaid program

and the corrections and health departments. Officials say the plan could save the state in its first year between \$80 million and \$150 million. Florida's Medicaid budget **exceeds \$28 billion**, with the federal government picking up about 62% of the cost.

On Monday, the Colorado Department of Health Care Policy and Financing **issued a request** for companies to bid on its plan to import drugs from Canada. Unlike Florida's plan, Colorado's would help individuals buy the medicines at their local pharmacy. Colorado also would give health insurance plans the option to include imported drugs in their benefit designs.

....[Read More](#)

The Biden Administration Will Likely Look to Rescind Some Medicaid Waivers, but It May Take Time

The non-partisan Kaiser Family Foundation (KFF) recently released an **issue brief** on the various state Medicaid waivers issued by the Trump administration and what options the Biden administration may have to consolidate, delay, or reverse them. Medicaid waivers allow states to implement changes to their Medicaid programs that would otherwise be impermissible under the law. While these waivers can include expanded eligibility, those approved in recent years include burdens and barriers on access to care and coverage.

New administrations often review policies enacted by their predecessors to assess whether they should continue, be changed, or rolled back. For

example, the Trump administration approved and encouraged waivers that instituted work requirements in Medicaid. **Courts have struck down these requirements** and it is **likely** that the Biden administration will view them as an impermissible burden on people with Medicaid and take steps to reverse them.

Another type of waiver the Biden administration may review, approved January 8, would allow Tennessee to institute a cap on its Medicaid spending. Though the final version differs significantly from what the state proposed, and what Medicare Rights **commented on**, it still threatens access to care for



people with lower incomes, including those who are enrolled in both Medicaid and Medicare.

In addition to encouraging and approving harmful Medicaid waivers, the Trump administration made them more difficult to unwind. In an unusual move, they approved the Tennessee waiver for 10 years, much longer than the standard 3-to-5-year approval period. They also asked states to sign an agreement locking in a lengthy process if the Biden administration were to try to terminate their waivers.

Generally, however, new administrations can undo previous administrative work, though it may take months or even years. And it is important to note that some waivers are

entirely uncontroversial and would be approved under any administration.

In our **memo to the Biden administration** and in a recent **sign-on letter**, we encouraged them to rescind all harmful Medicaid waivers and guidance, including Tennessee's. Both types of waivers—those allowing states to impose work requirements and those allowing states to cap funding—violate the legal guardrails of the Medicaid program, putting coverage and care at risk. We will continue to advocate for access to the full suite of Medicaid benefits and protections for individuals with few financial resources who lack other health care options.

Read the KFF issue brief.

Will Medicare cover therapy appointments with a psychologist?

*Dear Marci,
I would like to begin individual therapy sessions with a psychologist and focus more on my mental health. Will Medicare cover therapy appointments with a psychologist?
-Jesus (Santa Rosa, CA)*

Dear Jesus,

I am so happy that you are taking steps to care for your mental health. Yes, Medicare does cover outpatient mental health care services, like individual therapy sessions. There are some important considerations to take when choosing your provider, if you would like to ensure your care is covered and to save money. Let's discuss Medicare coverage and outpatient mental health care services more.

Medicare Part B covers outpatient mental health care, including the following services:

- ◆ Individual and group therapy
- ◆ Substance use disorder treatment
- ◆ Tests to make sure you are

getting the right care

- ◆ Occupational therapy
- ◆ Activity therapies, such as art, dance, or music therapy
- ◆ Training and education (such as training on how to inject a needed medication or education about your condition)
- ◆ Family counseling to help with your treatment
- ◆ Laboratory tests
- ◆ Prescription drugs that you cannot administer yourself, such as injections that a doctor must give you

An annual **depression screening** (speak to your primary care provider for more information)

Original Medicare covers the outpatient mental health services listed above at 80% of the Medicare-approved amount. This means that as long as you receive services from a **participating provider**, you will pay a 20% coinsurance after you meet your Part B deductible. If you are enrolled in a Medicare Advantage Plan, contact your



plan for cost and coverage information. Your plan's deductibles and copayments/coinsurance may differ.

Medicare covers mental health care you receive through an outpatient hospital program, at a doctor's or therapist's office, or at a clinic. You may receive services from the following types of providers:

- ◆ General practitioners
- ◆ Nurse practitioners
- ◆ Physicians' assistants
- ◆ Psychiatrists
- ◆ Clinical psychologists
- ◆ Clinical social workers
- ◆ Clinical nurse specialists

If you see a non-medical doctor (such as a clinical psychologist or clinical social worker), make sure that your provider is Medicare-certified and **takes assignment**. Medicare will only pay for the services of non-medical doctors if they take assignment.

It is also important to note that psychiatrists are more likely than any other type of provider to opt out of Medicare. Be sure

to ask any provider if they take your Medicare insurance before you begin receiving services. Remember, if you see an opt-out provider, they must have you sign a private contract. The contract states that your doctor does not take Medicare and you must pay the full cost of the service yourself. Medicare will not reimburse you if you see an opt-out provider. If your provider does not have you sign a contract, you are not responsible for the cost of care.

If you have Original Medicare and need help finding a participating provider, you can use Medicare's **Physician Compare** tool online or call 1-800-MEDICARE. If you have a Medicare Advantage Plan, call your plan directly for a list of mental health care providers in your plan's network. For additional assistance accessing behavioral health care providers and other local resources, call the **Substance Abuse and Mental Health Services Administration (SAMHSA)** at 800-662-4357.

-Marci

As COVID-19 Vaccines Become More Widely Available, New Research Emerges on Messaging Best Practices

The long-awaited vaccine to protect against COVID-19 is being distributed to health care workers, residents of long-term care facilities, and, in some states, older adults who live in the community.

Some state and local governments have encountered administrative difficulties and disruptions, slowing the roll out. These problems, coupled with the fact that vaccine supplies are still much lower than the demand, is causing frustration and confusion for many people. To address these concerns, the Biden administration has **announced** that they are working to purchase more doses, increase distribution to states, and provide states with more clarity and guidance about how many doses they can expect and when they can expect them. The administration and public health officials hope increased supply plus improved communication, will get more doses to people who want them. Medicare Rights welcomes these policy shifts, many of which we outlined in our

recent **memo** to the Biden transition team.

At the same time, other public health experts are turning their attention to providing accurate and useful information to people who may be concerned or apprehensive about getting the vaccine. It is essential to combat dangerous misinformation and to address genuine apprehension so that as many people as possible are protected against serious illness caused by the coronavirus. A recent **Kaiser Family Foundation (KFF) report** about vaccine hesitancy highlights that older adults are among the most likely to say that they intend to get the vaccine “as soon as they can,” but that one-third of people who are not yet vaccinated believe or are unsure about some common vaccine myths – including that people will have to pay out of pocket for the vaccine.

KFF also reports that knowing someone who has been vaccinated is correlated with vaccine enthusiasm – if you know someone who has been



vaccinated personally, you are more likely to be eager to get the vaccine yourself. This is both hopeful and worrisome, because Black and Hispanic adults and those with lower incomes are less likely than their white and higher-income counterparts to say that they have personally received at least one dose or that they know someone who has. Hopefully, as more people get the vaccine, more people will know someone who has received it and will be more enthusiastic. More must be done, however, to effectively communicate with and improve distribution to Black, Hispanic and lower-income adults.

People who wished to “wait and see” before getting the vaccine or those who reported that they were “not likely” to get the vaccine said that the most powerful messages were those that stressed the effectiveness of the vaccine and its role in helping us return to a more normal life. The survey indicates that people are looking to a wide range of trusted

sources for information about the vaccine, including 79% who say they would be likely to turn to a doctor, nurse, or other health care provider; 60% who say they’d be likely to turn to the U.S. Centers for Disease Control and Prevention (CDC); 58% who would turn to family or friends; 57% who would look to their state or local health department; and 54% who would turn to a pharmacist.

While health authorities and professionals play a huge role in promoting and providing accurate information about the COVID-19 vaccines, each of us can help as well. We can tell others why we have decided to get the vaccine, and those of us who are vaccinated can share that with our friends and families so that more people know someone who has gotten the vaccine. And we can be on the lookout for common rumors and misinformation, and direct people to accurate, unbiased information.

[Read the KFF report.](#)

If This Self-Sufficient Hospital Cannot Stand Alone, Can Any Public Hospital Survive?

In America’s health care system, dominated by hospital chain leviathans, New Hanover Regional Medical Center in Wilmington, North Carolina, is an anomaly. It is a publicly owned hospital that boasts good care at lower prices than most and still flourishes financially.

Nonetheless, New Hanover County is selling the hospital to one of the state’s biggest health care systems. The sale has stoked concerns locally that the change in ownership will raise fees, which would not only leave patients with bigger bills but also eventually filter down into higher health insurance premiums for Wilmington workers.

Hospital consolidation has been a consistent trend unabated by recessions, bountiful times or even a pandemic. The New Hanover sale, which requires only the approval of the state

attorney general for completion, prompts the question: If Wilmington’s self-sufficient medical center cannot stand alone, can any public hospital avoid being subsumed into the large systems that economists say are helping propel the cost of American health care ever upward?

“We project the prices will go up, they’ll probably lay off employees after a couple of years, and the hospital will decline in terms of its quality,” said Dale Smith, a retired Wilmington businessman who opposed the sale. Applying his professional experience buying chemical companies to the hospital industry, Smith said: “A very large percentage of mergers and acquisitions, like 90%, never succeed in fulfilling their initial goals.”

The public hospital — those



owned by counties, cities or other local government entities — is an increasingly endangered species, numbering 965 out of 5,198, according to the American Hospital Association. While the total number of hospitals in the nation dropped by 4% between 2008 and 2018, the number of state or local hospitals decreased by 14%.

Many have been absorbed by large systems. Over the previous 14 years, the percentage of markets where one health care system treats more than half the cases grew from 47% to 57%. In 2017, nine out of 10 hospital markets met the federal definition for being highly concentrated.

While the industry says larger systems allow hospitals to run more efficiently, numerous studies have found that charges

to insurers and patients are higher from hospitals with more market power. **One study** calculated the premium to be 7% to 9%; **another study** found 12%.

“There is a growing consensus that hospital mergers do lead to higher prices,” said Christopher Whaley, a policy researcher at the Rand Corp., a research organization.

Novant and backers of the sale disagree that prices will increase more than they would have otherwise. “We looked into the future and we felt we needed more resources,” said Spence Broadhurst, who was the co-chair of the committee the county created to evaluate the medical center’s future. “We were pretty convinced that the risk of doing nothing was significant.”...**[Read More](#)**

Who's protecting older adults from financial exploitation

Every state has an agency that provides protective services to adults. These adult protective services agencies collect and report data on abuses, including financial exploitation. But, the **GAO** reports that the data collection and reporting is not what it needs to be to understand the scope of the problem nationally and help older adults, their families and society at large.

As you might imagine, older adults can be easy targets for financial exploitation by family, friends and unknown predators. There are so many types of scams. And, older adults might lose the mental acuity needed to manage their money without being scammed. Their judgment might be impaired because of dementia. But, with a good understanding of the biggest issues, interventions can be developed to help them.

Right now, state reporting of data to the US Department of Health and Human Services (HHS) is voluntary. According to the GAO, 11 states and territories out of 56 do not report any financial exploitation data at all. Fewer than half of all states, 24, provide HHS with detailed financial exploitation case data. And, only 27 provide detailed HHS with case data on the type of perpetrator.

Without this data, the federal government does not have the needed information to devise strategies to minimize financial exploitation and develop interventions to improve the lives of abused and neglected older adults.

To be sure, states cannot collect complete information on financial exploitation of older adults. Many instances are not reported. Often older adult victims do not want to implicate

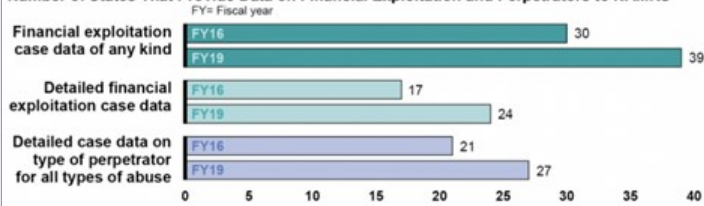
family members. But, to the extent states have this data it is generally not easily shareable with the federal government and it should be.

Because complete and accurate national financial exploitation data is not available, we do not know the extent to which property and funds of older adults are illegally or wrongfully used. According to the Consumer Financial Protection Bureau, banks reported actual losses and attempts at elder financial exploitation totaling \$1.7 billion in 2017. As high as that might

seem, it appears it could be closer to \$50 billion if complete data were collected everywhere in the country.

Recent studies in New York, Pennsylvania, and Virginia, however, suggest the cost is likely to be more than \$1 billion in each state. The GAO recommends that HHS do more to ensure states report the information they collect. States tend not to submit data on the cost of financial exploitation of older adults to HHS because they do not feel the need to do so.

Number of States That Provide Data on Financial Exploitation and Perpetrators to NAMRS



Source: GAO analysis of National Adult Maltreatment Reporting System (NAMRS). | GAO-21-90

Coronavirus: Health insurers celebrate their most profitable year

As millions of Americans celebrated President Biden's inauguration, some of my former colleagues in the health insurance industry were quietly celebrating some news of their own: their most profitable year ever.

That's right: insurance companies made a fortune during a pandemic.

Just hours before President Biden took the oath of office, UnitedHealthcare quietly released the news that it had blown away Wall Street's most optimistic profit expectations for 2020, the year of the worst public health crisis in our lifetime that's seen more than 400,000 Americans



die. The company reported that although it insured fewer people in the United States in 2020 than in 2019, it took in \$15 billion more in revenues. One of the ways it was able to pull that off? By paying far fewer claims last year than the year before. Again, this was during a pandemic.

Had it not been for membership gains in its Medicare Advantage and Medicaid plans, UnitedHealth would've hemorrhaged even more health plan enrollees. In fact, it covered 1.5 million fewer in individual and employer-sponsored/group plans than in 2019 but made BILLIONS more in profits... [Read More](#)

Social Security Benefit Cuts Need to be Stopped

Last week House Ways and Means Social Security Subcommittee Chairman John Larson (D-Conn.) reiterated the need for Congress to prevent an unintended and unanticipated Social Security benefit reduction – caused by the pandemic recession — that will affect certain beneficiaries, after the Congressional Budget Office (CBO) released an updated estimate of this effect.

As a result of the COVID-19 economic crisis, Social Security's Average Wage Index is likely to drop in 2020. Because of how Social Security benefits are calculated,

this will reduce Social Security benefits for future retirees who were born in 1960, as well as others who become eligible for Social Security in 2022. Affected beneficiaries would face a permanent reduction in benefits.

“CBO's updated estimate, based on the latest economic data, continues to show that the Average Wage Index will likely drop due to the COVID-19 pandemic, and millions of Americans will receive lower Social Security benefits unless Congress acts. A medium earner in the affected cohort could lose



\$120 a year for the rest of their lives. While this is a smaller cut than initially estimated, Congress must still fix this flaw in the benefit formula. These are earned benefits, and already many seniors are just scraping by with the current modest benefits. That is why I will be reintroducing the Social Security COVID-19 Correction and Equity Act to fix the benefit formula and ensure it does not happen again,” said Larson.

Larson will soon be reintroducing the **Social Security COVID-19 Correction and Equity Act**. This bill

prevents an unintended and unanticipated cut to Social Security benefits for those affected; it also expands benefits for those who need it most during COVID who have faced long term systemic economic inequalities.

TSCL has been working with Rep. Larson the past few years to expand Social Security benefits, strengthen the Social Security Trust Fund and correct the flaw in the way annual COLAs are determined. We look forward to his reintroduction of the **Social Security COVID-19 Correction and Equity Act**.

Drop in COVID Cases Seen in Nursing Homes as U.S. Vaccine Effort Makes Headway

As America's vaccination campaign begins to gain momentum, a promising sign has emerged: Federal data shows that coronavirus cases in nursing homes have declined over the past four weeks.

The country recorded 17,584 cases in nursing homes during the week ending Jan. 17, *The New York Times* reported. A month earlier, during the week ending Dec. 20, more than 32,500 cases were reported.

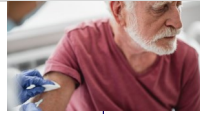
To some extent, the development reflects a downward trend in new cases across the country, health experts said. Coronavirus cases in nursing homes are driven by infections in the rest of the community, Dr. Ashish Jha, dean of the Brown University School of Public Health, told the *Times*.

But the drop in cases in nursing homes is more pronounced than it is nationally, and it also began earlier, Jha noted. Since the rollout began, nursing home residents and staff have been prioritized as among the first groups to get the vaccine.

"That combination really does make me think this is not just broad national patterns, but that vaccines probably are playing a role," Dr. Jha said. "I'm optimistic, this is good."

As of Saturday, more than 3.5 million shots have now been administered in long-term care facilities, according to the U.S. Centers for Disease Control and Prevention.

Still, a slower than hoped rollout in nursing homes has been deeply frustrating, Jha added. Efforts to efficiently give



shots to all nursing home residents should be a top priority. "Once that's in, then we should feel really confident that these declines will continue and we will not see a spike back up, even if we see one in the national picture," Jha said.

Nursing homes have been devastated by the coronavirus. Although only 5 percent of the country's cases have occurred in long-term care facilities, deaths related to COVID-19 in these settings have accounted for about 36 percent of deaths from the virus in the country, the *Times* reported.

That makes it all the more promising that reports of new cases among residents in nursing homes run by New York's health facilities association — which includes 425 skilled nursing

homes and assisted living facilities — have been steadily declining since the first and second week of January, Stephen Hanse, president and CEO of the association, told the *Times*.

"Throughout the state, providers really saw the cases reducing, residents stabilizing," he said, adding that it's too early to tell if the drop is directly linked to the number of vaccine doses being administered. At least 80 percent of residents have now received their second dose of the vaccine, Hanse said. Nursing home administrators and directors "really see the vaccine as the light at the end of the tunnel," he told the *Times*. ... [Read More](#)

Senior Travel Tips: How to Have Great Adventures as an Older Adult

For a senior, travel can be an excellent way to stimulate the mind, connect with a wider community, and just **have fun**. Exploring new environments and meeting new people can help older adults stay both physically active and **socially engaged**. Whether the idea is to experience more of the world, spend time with loved ones, or just take a break from the everyday routine, travel can bring enormous rewards.

Getting older certainly doesn't have to keep anyone from having new adventures. An [AARP survey](#) of adults between the ages of 54 and 72 found that virtually all of them planned to take at least one domestic trip in 2019. Nearly a third anticipated taking four or more trips. What's more, almost half said they expected to travel both within the U.S. and internationally.



Check out the information below to discover more than two dozen practical tips related to navigating air travel, organizing a trip either for or with an elderly parent, and traveling as an older adult. Explore a list of tour companies and cruise lines that cater to the needs of seniors. And learn about ten budget-friendly destinations within the U.S. that offer good value for older

travelers.

Contents

◆ [Air travel tips and tricks](#)

How to:

- [Arrange a trip for an elderly parent](#)
- [Travel with an aging relative](#)
- [Travel as an older adult](#)

◆ [Travel tour companies for seniors](#)

◆ [10 good budget destinations for seniors](#)

How Much Does Assisted Living Cost?

What does assisted living cost? Figuring that out for the facilities and communities near you is probably a top priority if you're planning for long-term care. Whether it's for you or a loved one—and whether it's needed now or in the future—it's important to understand the costs in order to develop a plan for how to pay for assisted living. After all, the reality is that most people are going to need some level of long-term care in their later years.

In fact, **70 percent** of people who are turning 65 years old can expect to use some long-term

care services in their senior and elderly years. So you want to be sure that you or your loved one can afford to pay for high-quality care whenever that time comes. Developing a care plan now means that you'll be more prepared and ready for the transition when it's time to move into assisted living.

Start by researching affordable assisted living facilities (ALFs) that offer what you need. The fees that ALFs charge depend on many factors, such as the setting, style, and services. Settings range from small



facilities to large activity-based communities. Some are more basic, and others are posh and luxurious. The available services

and amenities also vary between facilities, as do the types of units. You may find facilities with studios, one- and two-bedroom apartments, or shared units.

Every facility that you come across will offer something different. That means their prices and fee models will also be different. But it's easy to get important information that can help you create a budget, decide

which pricing models are best for you, and find ways to save money and secure funding. So get started on those tasks today by checking out the sections below:

Contents

- ◆ [How much does assisted living cost?](#)
- ◆ [What services are included in assisted living fees?](#)
- ◆ [Are there ways to lower the costs of assisted living?](#)
- ◆ [Who pays for assisted living?](#)

Cervical Cancer Screening Rates Dropped During Stay-at-Home Order

Cervical cytology screening rates per 100 person-months decreased 78 percent among women aged 21 to 29 years.

There was a considerable decrease in the cervical cancer screening rate during the stay-at-home order issued by the governor of California on March 19, 2020, to contain the spread of severe acute respiratory syndrome coronavirus 2, according to research published in the Jan. 29 issue of the U.S. Centers for Disease Control and

Prevention *Morbidity and Mortality Weekly Report*.

Maureen J. Miller, M.D., from the CDC in Atlanta, and colleagues examined electronic medical records for about 1.5 million women served by Kaiser Permanente Southern California health care system to assess cervical cancer screening rates before, during, and after the stay-at-home order issued by the governor of California on March 19, 2020.



The researchers observed a substantial decrease in cervical cancer screening rates during the stay-at-home order compared with the 2019 baseline. Cervical cytology screening rates per 100 person-months decreased 78 percent among women aged 21 to 29 years. For women aged 30 to 65 years, there was an 82 percent decrease in human papillomavirus test screening rates per 100 person-months. Screening rates returned to near

baseline after the stay-at-home order was lifted, which could have been aided by the organized screening program that included reminder systems and tracking persons lost to follow-up.

"As the pandemic continues, public health interventions to address decreases in cancer screening rates will be critical to avoid increased incidence of advanced cancers because of delayed detection," the authors write.

What to know about muscle cramps

A muscle cramp is a painful tightness in a muscle due to a sudden, involuntary contraction. Various factors may contribute to muscle cramping, but the underlying cause is often unclear.

Muscle cramps may occur almost anywhere in the body, but some common areas include the legs and feet. People with

digestive issues or **menstrual cramps** may experience muscle cramps in the abdomen.

Muscle cramps are mostly temporary and go away on their own. Some home remedies may help longer lasting cramps pass or ease the symptoms.

However, anyone experiencing



persistent cramping should speak with their doctor to get a diagnosis. In some cases, treatment may be necessary.

This article discusses muscle cramps in more detail, including their causes, treatment, and prevention. It also explains when to see a doctor about this issue.

Read More on:

- ◆ [What they are](#)
- ◆ [How they feel](#)
- ◆ [Causes](#)
- ◆ [Treatment](#)
- ◆ [Prevention](#)
- ◆ [Seeking help](#)
- ◆ [Summary](#)

How Dangerous Is Coronavirus to the Middle-Aged?

Middle-aged folks' risk of dying from a COVID-19 infection is higher than they might think, a new study reports.

The risk of death from COVID increases with age, but researchers have found that the upward curve grows exponentially steeper with every extra decade.

One out of every 800 people entering early middle age at 45 will die from their COVID infection, 55-year-olds have a 1 in 240 risk of dying if they contract the coronavirus, and 65-year-olds have a 1 in 70 chance, said lead researcher Andrew Levin, a professor of economics at Dartmouth College in Hanover, N.H.

By comparison, people who are 25 have a 1 in 10,000 risk of dying from COVID, and 35-year-olds have a 1 in 2,700 chance, Levin said.

"This isn't just dangerous for elderly people in nursing homes," Levin said. "COVID

gets progressively more and more dangerous, even in middle age."

The new numbers come from a systematic review of all available studies of COVID-19 incidence in countries with advanced economies, and are based specifically on data from 27 studies covering locations in the United States, Canada, Asia and Europe.

"Risk increases as age increases, and even those who are in middle age have a substantial [death] risk that they should account for when making risk calculations regarding the virus," said Dr. Amesh Adalja, a senior scholar with the Johns Hopkins Center for Health Security in Baltimore. He is not connected to the study.

The new analysis found that a middle-aged American's risk of death from a COVID-19 infection is many times greater than their risk of dying in a car



crash, Levin added. People between 45 and 55 die nearly 18 times more often from COVID-19 than from an auto wreck, according to the study, while those aged 55 to 64 are almost 58 times more likely to die from a COVID infection than a crash.

Middle-aged people should keep this in mind when deciding whether to slip on a mask, wash their hands or practice social distancing, said Dr. Abhijit Duggal, a critical care doctor with the Cleveland Clinic.

"The risk is there," said Duggal, who wasn't part of the study. "It's not just older folks that really are going to have a high risk of dying from this disease process. Middle-aged people do, too."

Duggal added that while this study solely looked at the risk of death from COVID, the coronavirus also can damage the body in ways that could

potentially lead to years of suffering for survivors.

"Death is not the only bad outcome associated with the COVID-19 pandemic," Duggal said. "If someone develops chronic lung disease at the age of 40 because they were exposed to this virus, their life for the next 20 to 30 years is going to be negatively impacted. So absolutely, we have to be very mindful that we're not reckless."

That also goes for younger people who might spread COVID to a more vulnerable middle-aged or older person, Levin added.

"There is a real responsibility here for a high school student whose parents may be in their 40s or 50s to be careful not to get it, not to just treat it like, 'Oh well, I'm safe,'" Levin said. "If it's a 41-year-old with two kids who gets COVID and you think you might be the one who gave it to him, that would be awful to think about."

Lockdowns Might Not Have Long-Term Psychological Effect

While pandemic lockdowns may have initially triggered feelings of isolation and worry, stay-at-home stress dissipated with time as people adjusted to their "new normal," research suggests.

In the study, scientists did a state-by-state analysis of Google search trends between January and June of 2020, covering topics such as COVID regulation policies, mental health concerns and in-home activities.

On the "negative feelings" side of the ledger, search terms included "antidepressants" and "suicide." More positive searches included "cooking" and "exercise tips." Search trends were then stacked up against the varying timing and nature of each state's particular lockdown experience.

The result: "Google searches for mental health symptoms such as 'isolation' and 'worry' spiked after the implementation of the mitigation policies," noted study author Bitu Farkhad, an economist and a postdoctoral researcher in psychology at the University of Illinois Urbana-Champaign.

But after two to four weeks, those spikes fell.

In fact, Farkhad and her colleagues found that Google searches for terms that might indicate serious mental health issues -- such as "suicide," "antidepressant" and/or antidepressant drug names (Xanax, Prozac, Zoloft) -- actually tended to drop off following the launch of stay-at-home orders.

Why? The team theorized that not everything revolving around stay-at-home orders is by definition negative. For example, lockdowns also afford some with a rare opportunity to spend more time with loved ones, or to develop new, enjoyable habits. And while missing friends and activities may be a notable downside, for many working from home -- and the greater time management control that afforded -- was likely a notable upside.

Even those who lost their jobs may have found a silver lining, said Farkhad, in their greater ability to attend to their own health, education and leisure time, as well as to that of their kids.

But Farkhad did point out a number of caveats that came with the findings.



For example, she noted that the investigation did not gather any information regarding the age, education or income of those behind the Google searches. "This limitation is important because certain subpopulations are more vulnerable than others," Farkhad said.

The study also didn't dig into the particular mental health vulnerabilities that some may have had prior to the pandemic. "It is likely that existing mental illness may be exacerbated by the pandemic," Farkhad acknowledged, "as populations suffering from a mental illness may not have the same access to mental health services."

These limitations were reiterated by Lynn Bufka, senior director of practice transformation and quality with the American Psychological Association.

"Yes, people are generally resilient," said Bufka, who wasn't involved with the study. "People have adapted to life in all sorts of conditions. But a lot of factors go into being resilient."

"First, people who are generally better off in terms of wealth, health and other

indicators have more of their material and practical needs met, and therefore have less to adapt to," Bufka said. "Consider someone who was able to transition to telework and lives in an area with access to outdoor spaces for exercise. This person had to figure out how to telework and had to develop new exercise routines, but was never without income or the capacity to take care of oneself."

By contrast, those who kept going to work or lost their jobs "are both dealing with more significant stressors," she noted.

The upshot: "Those with fewer personal resources will struggle more," Bufka said, whether that be quantified in terms of money, good health, social support networks, flexible work environments, or the psychological skills needed to adapt to change while keeping stress in check.

Bufka also cautioned that the study's focus on online searches doesn't get at an individual's actual mood or experience. "The data also do not provide an indication of numbers of contacts for services," she added, "whether to a health care provider or a crisis line."

Knee Procedure Done Earlier Might Prevent Knee Replacement Later

For some patients suffering from knee arthritis, a special procedure may reduce the need for a total knee replacement, Canadian researchers say.

By getting what is known as a 'high tibial osteotomy,' younger patients with less severe joint damage who are physically active might be able to delay the need for a knee replacement by 10 years or more, though they may have to search for a doctor who performs the surgery.

"High tibial osteotomy is a knee surgery aimed at treating patients in earlier stages of osteoarthritis by correcting the alignment of bowed legs and shifting load to less diseased parts of the knee," explained lead researcher Trevor Birmingham, the Canada research chair of

musculoskeletal rehabilitation at the University of Western Ontario.

During the procedure, the tibia (shinbone) is cut and then reshaped to relieve pressure on the knee joint.

Beyond improving pain and function, a goal of the procedure is to prevent or delay the need for total knee replacement, Birmingham said.

Although high tibial osteotomy can improve pain and function and is cost-effective, the procedure is underused in North America, Birmingham said. "Rates of high tibial osteotomy continue to decline, while rates of other knee surgeries continue to rise," he added.

"The low rates of high tibial



osteotomy are partially due to the perception that the procedure is only suitable for a very specific subset of patients with knee osteoarthritis, and that the patients will go on to require total joint replacement anyway. So why bother?" Birmingham said.

But the researchers found that among nearly 600 people in the study who had a high tibial osteotomy, 95% did not need a total knee replacement within five years, and 79% did not get a total knee replacement within 10 years.

Even patients not usually considered good candidates for high tibial osteotomy, such as women and those with later-stage disease, 70% did not need a knee replacement within 10

years, the researchers found.

"Knees treated earlier in the disease process had the highest longevity after high tibial osteotomy, with 87% not getting a total knee replacement within 10 years," Birmingham said.

The findings from this study suggest that high tibial osteotomy has the potential to delay or prevent the need for total knee replacement, bringing the limited use of high tibial osteotomy into question, he said.

Dr. Jeffrey Schildhorn, an orthopedic surgeon at Lenox Hill Hospital in New York City, reviewed the study and said that the goal of this procedure is to realign the knee to help prevent arthritis progression in younger patients... [Read More](#)

Another Deadly Disease for Smokers: Pulmonary Fibrosis

Current and former smokers are at risk for a lung disease called pulmonary fibrosis, but many aren't aware of the threat, the Pulmonary Fibrosis Foundation says.

There is no cure for the disease, which affects more than 200,000 Americans.

A recent foundation survey found that more than 80% of smokers are unfamiliar with pulmonary fibrosis. This is a concerning statistic among a group disproportionately affected by the disease.

Both smokers and nonsmokers have little awareness of the

disease, and nearly 9 out of 10 Americans don't know its symptoms: shortness of breath, a dry, chronic cough and fatigue.

"Smokers are often aware that tobacco usage can lead to diseases such as lung cancer, COPD and emphysema, among others. However, as smokers experience chronic symptoms similar to those of PF, such as a dry, persistent cough, it is important they discuss PF with their doctors," Dr. Amy Hajari Case said in a foundation news release. She's senior medical



adviser of education and awareness.

It's never too late to stop smoking, the

foundation emphasized. Quitting smoking can increase overall health and quality of life at any age by reducing loss of core lung function over time and increasing lung capacity, which is crucial to maintaining a healthy blood oxygen level. Giving up the tobacco habit may also reduce inflammation of the airway, which can take months or even years.

Smoking isn't the only cause of pulmonary fibrosis. Other

major risk factors include:

Work exposure to inorganic dusts, including asbestos, silica, coal dust, beryllium and hard metal dusts.

Environmental exposures such as breathing in mold spores, bacteria, animal proteins (especially from indoor or caged birds) or other triggers for an extended period. Doctors will listen for "squeaks" in the lung.

Older age. Pulmonary fibrosis is more likely to occur in those 60 and older.

Family history of interstitial lung disease.

Vitamin D: Good for Your Health, It Might Even Fight COVID-19

Vitamin D is an essential nutrient, and recent research has suggested it may also help guard against severe COVID-19.

But how much is enough, and how hard is it to get the right amount of vitamin D?

"We know that a large percentage of the population has suboptimal levels of vitamin D. In fact, as many as half of the U.S. population may be deficient in vitamin D," said Kristin Gustashaw, clinical dietitian at Rush University Medical Center in Chicago. "This can possibly lead to symptoms including fatigue, tiredness, hair loss, delayed wound healing, decreased

immune health, muscle pain and more, with no other known causes.

"Part of the difficulty of maintaining vitamin D levels is because there are not a large variety of foods that contain much vitamin D," Gustashaw added in a medical center news release.

The vitamin is accessible to people through some foods, supplements and even sunshine.

Food sources include egg yolks, milk, cheese, beef or calf liver and certain fish, such as salmon, mackerel, tuna and sardines. Other foods are fortified with vitamin D, including certain cereals, breads, soy milk and orange



juice.

Gustashaw also recommends that people should get out in the sun for at least 15 to 30 minutes a day, but says they should be sure to get a constant source of the nutrient from their diet and supplementation.

Adults should get a minimum of 600 IU of vitamin D each day and 800 IU if over age 70. Children should get 600 IU each day. And infants up to the age of 12 months should get 400 IU/day. Gustashaw says you can determine your vitamin D levels through a blood test.

If you do have low levels of vitamin D, it's always best to talk to your health care provider

or dietitian about the best way to boost your intake, Rush University experts said.

Certain medications can affect vitamin D absorption. These include steroids, the cholesterol-lowering drug cholestyramide, and the seizure medications phenobarbital and phenytoin.

While vitamin D toxicity is rare, there's no proof that taking more than the upper limit of the recommended dosage is beneficial, the experts said. In some cases, excess amounts of vitamin D can lead to renal failure, calcification of soft tissues throughout the body, including in coronary vessels and heart valves, cardiac arrhythmias and even death.

No Gym Required: How Seniors Can Exercise During Lockdown

During the COVID-19 pandemic, it's crucial for homebound older adults to find safe and effective ways to exercise, an expert says.

At-home workouts can help strengthen muscles, improve balance, increase blood flow to the heart, boost the immune system and reduce stress, according to Summer Cook, an associate professor of kinesiology and an expert on senior fitness at the University of New Hampshire, in Durham.

"People in their 20s and 30s often set health goals like running marathons or losing weight, but as people age there

is a point where they shift their priorities to maintaining health, not necessarily for athletics or looks but for improving the ability to do their daily activities," she said in a university news release.

Being inactive can worsen existing health problems, so it's crucial for older adults to find ways to get extra exercise beyond their typical daily activities.

"My goal is to keep older adults as independent as possible as they age," Cook said. "And while most seniors find themselves not getting out



of the house as much these days, it's important for them to know that there are still plenty of ways to work on their health at home."

The first thing older adults should do is talk to their doctor about any exercise plan to ensure that it is safe and effective. The focus should be on low-impact exercises that help with balance, flexibility and strength, Cook advised.

Take walks with friends while following COVID-19 safety guidelines (masks and social distancing). Look for online or Zoom exercise classes

specifically for older adults, she suggested.

Along with the physical benefits, exercising with others outdoors or through online classes can help ease social isolation that older adults may be experiencing during the pandemic.

It's important to start slow and build slowly to avoid injury and boredom, Cook said. In general, physical activity is safe and healthy for seniors and can help with conditions like heart disease, diabetes and arthritis.

AHA News: 5 Things Nutrition Experts Want You to Know About New Federal Dietary Guidelines

New federal dietary guidelines encourage Americans to focus more on eating healthy throughout life, to be flexible in their eating patterns and to cut down on empty calories.

The recommendations, released every five years by the U.S. Department of Agriculture and the Department of Health and Human Services, are designed to promote nutrition and prevent chronic disease. The guidance influences food and nutrition programs at the federal, state and local levels, and impacts how food companies formulate their products.

"The high prevalence of diabetes, cancer and heart disease could be reduced if people ate better," said Judith Wylie-Rosett, a professor of health promotion and nutrition research at the Albert Einstein College of Medicine in New York City. "Chronic diseases are often related to obesity and poor nutritional habits."

Here are five important takeaways from nutrition experts: **There's flexibility to customize**
The recommendations emphasize that healthy eating comes in many forms and can be adjusted to fit cultural traditions, personal tastes and different budgets.

Swapping out red meat, for example, doesn't mean people have to force down their least-favorite source of protein.



"You can go with a plant-based diet or eat seafood, poultry and legumes rather than red meat," said Penny Kris-Etherton, a distinguished professor of nutrition at Pennsylvania State University in University Park.

The new focus on customization based on culture, budget and personal preference is a departure from the guideline's past one-size-fits-all approach to healthy eating.

"Tailoring the message engages people in making choices, which means it is more likely they will be able to make changes," Wylie-Rosett said. "In the past, guidelines have been aimed at the majority, and we are moving toward a minority-majority population. We need to respect and address the needs of the diversity within our society."

Limit empty calories

For the first time, the guidelines say children under 2 should completely avoid foods and drinks with added sugars, such as cake, ice cream and fruit drinks.

But the guidance for added sugars otherwise remains unchanged, despite a report last

summer from the dietary guidelines advisory committee that called for everyone ages 2 and older to cut consumption to 6%

of daily calories, down from the currently recommended 10%.

Similarly, the guidelines stuck with previous advice on alcohol – no more than two drinks per day for men and one for women in adults who choose to drink. The advisory committee had suggested men limit alcohol to only one drink a day.

Alcohol is not recommended for adults who don't already drink, and pregnant women should avoid it completely, the guidelines say.

"Sugar and alcohol don't have any nutrition whatsoever," Kris-Etherton said. Sugar is often added to a variety of foods where you might not expect it, including bottled spaghetti sauce, ketchup, breads and cereals. It's important to read nutrition labels and select foods accordingly, she said.

It's never too late (or too early)

The guidelines for the first time outline recommendations "by life stage, from birth through older adulthood." For example, babies should exclusively have breast milk for the first six months of life. If breastfeeding isn't an option, babies should be fed an

iron-fortified infant formula.

In addition, the guidelines recognize that people 60 and older have slightly different nutritional needs. For instance, vitamin B12 deficiencies are more common in older people because the ability to absorb the nutrient naturally decreases with age, but also can decrease because of certain medications. So, older adults are urged to eat the recommended amount of protein, a common source of B12, as well as B12-fortified foods.

Look at the big picture

Foods are not eaten in isolation but in a wide array of combinations over time – a dietary pattern.

The idea, Wylie-Rosett said, is to eat a variety of colorful fruits and vegetables rather than focusing on specific nutrients. For example, beta carotene is a plant pigment and antioxidant found in carrots and other vegetables.

"There are over 600 carotenoids, but the only one we talk about is beta carotene," she said. "We've created our nutrient guides to avoid deficiencies, (but) what we need to do is focus on optimal health."

Poll Finds Americans Highly Stressed by Politics, Pandemic

Stress levels are on the rise as Americans grapple with the COVID-19 pandemic and bitter political divisions, a new American Psychological Association (APA) survey shows.

On a 10-point scale where 1 means little to no stress and 10 means a great amount, adults' average stress level clocked in at 5.6, according to the Stress in America: January 2021 Stress Snapshot.

That's higher than levels reported in APA surveys since April.

Eighty-four percent of respondents in the latest survey reported feeling at least one emotion associated with prolonged stress in the prior two weeks. The most common were anxiety (47%), sadness (44%) and anger (39%).

And two-thirds said they feel overwhelmed by the number of issues facing the nation.

Significant sources of reported stress included the future of the United States (81%); the coronavirus pandemic (80%); and political unrest (74%). Two-thirds said the Jan. 6 attack on the U.S. Capitol was a significant source of stress.

Among other key findings: 84% of respondents say the nation has serious societal issues that need to be addressed and 9 in 10 hope that there will be a move toward unity.

"Nearly a year into the pandemic, prolonged stress persists at elevated levels for many Americans. As we work to address stressors as a nation, from unemployment to



education, we can't ignore the mental health consequences of this global shared experience," said APA's chief executive officer, Arthur Evans Jr.

"Without addressing stress as part of a national recovery plan, we will be dealing with the mental health fallout from this pandemic for years to come," he warned in an association news release.

The APA offered tips on stress management:

- ◆ Take breaks from the news, social media or even certain friends. Constant exposure to negative information, images and rhetoric keeps stress at unhealthy levels.
- ◆ Practice the rule of "three good things" and ask friends and family to do the same. At the

end of each day, reflect on three good things -- large or small -- that happened. This helps decrease anxiety, counter depression and build emotional resiliency.

- ◆ Practice self-care in 15- or 30-minute sessions throughout the day. For example, take a short walk, call a friend or watch a funny TV show. Parents should encourage or help their kids to do the same.
- ◆ Keep in touch with friends and family. This helps build emotional resiliency so you can support one another.
- ◆ Keep things in perspective. Try to reframe your thinking to reduce negative interpretations of day-to-day experiences and events.