

January 30, 2022 E-Newsletter

RI ARA Social Security, Medicare & Medicaid Hero Award Winner Congressman James (Jim) Langevin is Retiring, won't seek reelection



Congressman
 Jim Langevin

WARWICK, R.I. -- Congressman Jim Langevin (D-RI) issued the following statement from Jim after

announcing he will not be seeking re-election:

"For the last 37 years, I have woken up every day with one goal in mind: serving the people of Rhode Island. After all, I love this state, and I love the people who live here. It has been the privilege of a lifetime to represent Rhode Islanders as a delegate and secretary to the Rhode Island Constitutional Convention, as State Representative, as Secretary of State, and now, as a United States Congressman.

"I know that the last several years have been difficult for Rhode Island families. The COVID-19 pandemic has inflicted unimaginable loss upon so many. Our democracy has been tested in ways we never could have guessed. At times, it has felt like the fabric of our nation was coming undone at the seams. But no matter the challenge, we've always been in this fight together.

"Nearly 40 years ago, a tragic accident left me paralyzed. My dreams of becoming a police officer were crushed, and I was forced to dream new dreams, and relearn how to perform almost every daily task. Yet during my hour of need, Rhode Islanders rallied behind me, and I was inspired to give back to the community that gave me so much by pursuing a career in public service. Encouraged by my family's unending love and

my faith, that 16-year-old from Warwick became the first quadriplegic ever elected to Congress.

"Like I promised when I first ran for office, I have done my best to stand up for you and your families. But after serving the people of Rhode Island for over 3 decades – including 11 terms and nearly 22 years in Congress -- today, I am announcing that I will not be a candidate for elected office this November.

"I am so proud of all that we have been able to accomplish together. I worked tirelessly to protect and advance the rights of Americans with disabilities, and I've worked across the aisle to invest in job training, apprenticeships, and career and technical education.

"I spoke up for our nation's foster youth, who are too often forgotten and left behind, because every child deserves a permanent, loving place to call home and the opportunity to succeed.

"I led the efforts in Congress to strengthen our cybersecurity, and I stewarded dozens of Cyberspace Solarium Commission recommendations into law, including the establishment of the first-ever National Cyber Director.

"I fought to defend our national security and advocate for Rhode Island's local shipbuilders, who produce the world's finest nuclear submarines right here at home in Rhode Island's Second District. I have sought to procure the finest, cutting-edge technologies for our Soldiers, Sailors, Airmen, Guardians, and Marines, so that

our women and men in uniform never enter a fair fight.

"I also worked to fulfill our promises to our warfighters once they returned home, protecting the benefits they've earned and investing in mental health care, improving the VA system, and ending veteran homelessness once and for all. I always worked to serve them as well as they served us.

"And when the COVID-19 pandemic struck, I helped secure billions of dollars in relief for Rhode Island, to keep our people healthy, our small businesses afloat, and our schools open. I am eternally grateful for our frontline healthcare workers and emergency personnel who have sacrificed so much throughout this crisis.

"Looking back, I'll always be most proud of my vote for President Obama's Affordable Care Act, which lowered health care costs for everyone and secured coverage for millions of uninsured Americans. It is the most significant piece of legislation I ever supported. And I'll always cherish the moment that I became the first Congressman in a wheelchair to preside over the House of Representatives as Speaker Pro Tempore, as we marked the 20th anniversary of the Americans with Disabilities Act.

"I have not come to this decision lightly, but it is time for me to chart a new course, which will allow me to stay closer to home and spend more time with my family and friends. And while I don't know what's next for me just yet, whatever I do will always be in service of Rhode Island. I want to thank

my colleagues in the congressional delegation, Jack, Sheldon, and David, for their enduring friendship and support. I could not have asked for better colleagues to work with on behalf of our great state. I also want to thank the dozens of dedicated staff members who have served in my office, as well as my friends and my entire family, especially my mom, brothers, and sister for standing by my side every step of this journey.

"I am so grateful to each of you. But most of all, I want to thank the people of Rhode Island, for putting their faith and trust in me to be your voice all these years. I will cherish the time I was blessed to serve you. "Thank you, Rhode Island."

Personal Note from RI ARA President, John A. Pernorio:

"Jim has always been a great friend to the RI ARA.

Jim has continuously been at the forefront to fight for senior citizens. When ever I called Jim on important issues concerning our members, Jim was always there giving his support.

Jim has received, multiple times, the RI ARA Social Security, Medicare & Medicaid Hero Award for his unwavering support.

On behalf of the member organizations and their members, the Rhode Island Alliance for Retired Americans wish Congressman James (Jim) Langevin the best in all his future endeavors."

"Good Luck Jim and again, THANK YOU"

How Joe Biden's Presidency Is Affecting Social Security After One Year in Office

Social Security is one of the programs that helped shepherd the most vulnerable Americans through the pandemic. When prices started rising in 2021, the country was reminded once again of just how deeply tens of millions of people depend on the monthly benefits that Social Security provides.

President Biden campaigned on reforming Social Security to be fairer and more efficient. Many of his proposals have not come to fruition, but despite several big setbacks, Biden has already left his fingerprints on the crown jewel in America's social safety net during his very first year in office.

Here's what President Biden's inaugural year has meant for Social Security.

Biden Oversaw the Biggest COLA in 40 Years

The most significant economic storyline during Biden's time in office so far has been rising prices and the highest rate of inflation in 40 years. With the cost of everything going up and up and the holidays fast approaching, the government responded to the crisis in Mid-October with the largest cost-of-living adjustment (COLA) in four decades.

The Social Security Administration (SSA) announced that 2022 would bring a 5.9% increase in benefits, the biggest jump of any COLA

since 1982. The average retired worker now collects \$92 more per month than in 2021, bringing the average check up to \$1,657 from \$1,565.

The 5.9% increase applies not only to retired workers, but to eligible spouses, eligible disabled recipients, and SSI recipients.

Biden Made it Easier to Claim Benefits

In December, President Biden signed an executive order that cut a whole lot of bureaucratic red tape — and not just for Social Security recipients, according to the Washington Post. The order targeted 36 federal services administered by several different departments and agencies that deal with government benefits, including things like disaster aid, student loan relief, and, of course, Social Security.

The order was designed to reduce the so-called "time tax," which Social Security recipients and other people "pay" while crawling their way through a sluggish and frustrating bureaucratic process to get the benefits that they're entitled to receive. Because of the nature of government benefits, many of those people are poor, elderly, displaced, or otherwise vulnerable. Among other things, the order included the creation of a new online tool to make it



easier to apply for Social Security and to receive benefits promptly.

You Can Now Earn More Money While Collecting Benefits

Another big change affects the many people who collect Social Security benefits before full retirement age while still earning some income. In 2021, the SSA allowed recipients to earn up to \$18,960 before it started temporarily withholding \$1 in benefits for every \$2 they earned in income. In 2022, that threshold jumped to \$19,560.

Those who reach full retirement age in 2022 can earn up to \$51,960 before the SSA withholds \$1 for every \$3 earned, up from \$50,520 in 2021. The so-called income test never applies after a recipient reaches full retirement age.

Much of the Impact Has Been Indirect

Recipients see the results of cost-of-living adjustments as soon as they get a bigger check from the SSA — but some of the biggest impacts that the Biden administration has had on Social Security aren't so obvious.

In November, President Biden signed a massive \$1 trillion-plus infrastructure bill that didn't directly affect Social Security, but altered the course of the program nonetheless. According to the National Committee to Preserve Social Security and

Medicare, the high-paying jobs that the infrastructure legislation is expected to produce will pump new cash into the payroll contributions that fund Social Security. That, the organization says, will help the country confront a looming

Opponents Say Biden's Expansions Could End Up Hurting Seniors

Depending on who you ask, President Biden's Build Back Better bill is either dead, on life support, is being reborn as a series of smaller bills, or won't survive intact despite its core provisions eventually passing. Either way, the bill — and the spending packages Biden has already signed — has plenty of detractors who worry about its impact on Social Security.

The conservative Heritage Foundation, for example, outlined its case for why Biden's spending — both proposed spending and that which has already taken place — could make it harder to confront the program's nearly \$20 trillion in unfunded liabilities. That, the administration's opponents argue, will force a reduction in benefits that could cost seniors hundreds of dollars per month starting in 2034, when the Social Security Trust is expected to be depleted.

Senator Sheldon Whitehouse Calls for Social Security Benefit Increase

Senator Sheldon Whitehouse (D-RI) signs onto Social Security 2100 bill to increase benefits for seniors and Rhode Islanders with disabilities, strengthen program

Washington, D.C. – U.S. Senator Sheldon Whitehouse (D-RI) – cofounder of the Defend Social Security Caucus, later the Expand Social Security Caucus – has signed on as a cosponsor of Social Security 2100: A Sacred Trust, legislation to increase Social Security benefits and strengthen the program. The legislation was introduced by U.S. Senator Richard Blumenthal (D-CT).

"Seniors have earned the dignity of Social Security benefits in their golden years by

paying into the system over a lifetime of hard work," said Whitehouse. "Our bill would increase those benefits and make sure they continue to rise in step with the actual inflation seniors face, all while protecting the promise of Social Security for future beneficiaries."

The Social Security 2100 Act would:

Provide an across-the-board \$30/month benefit increase for current and new beneficiaries;

Improve the cost-of-living adjustment (COLA) to take into account the true costs incurred by seniors;

Set a stronger minimum benefit at 25 percent above the



Senator Whitehouse

poverty line, so someone who works their whole life does not retire into poverty; Provide a tax cut for over twelve million Social Security recipients by eliminating the tax on their

benefits; Repeal provisions that currently penalize many public servants; and

End the five-month waiting period to receive disability benefits.

The legislation would be fully paid for by applying the payroll tax to wages above \$400,000. Currently, payroll taxes are not collected on wages over \$142,800.

Social Security is the most

important source of retirement income for 4 out of 5 seniors. The program also provides protections to workers with disabilities and families who have lost a breadwinner. More than 230,000 Rhode Islanders are Social Security beneficiaries.

The bill has been endorsed by the **Rhode Island Alliance for Retired Americans** and the Rhode Island Governor's Commission on Disabilities.

Whitehouse co-founded the Defend Social Security Caucus in 2011. It was renamed the Expand Social Security Caucus in 2018, and now counts nineteen Senators as members.

Thank you again Senator for your support.

Why Is 2022's Average Social Security Benefit Lower Than You Might Expect?

Do you know what the average Social Security benefit is in 2022? If you aren't yet retired or nearing the time you'll claim these benefits, chances are you have no clue what this number is.

While it's understandable not to know the details about retirement benefits if you haven't yet claimed them, you *should* at least know what the average benefit this year is. And there's a simple reason for that. Finding out what the typical retiree gets in Social Security income may shock you. And that shock will hopefully prompt you to make some real decisions about your own retirement plans.

The average Social Security benefit in 2022 is probably much lower than you think In 2022, the average **Social Security benefit** has been calculated as \$1,657 per month, or \$19,884 per year.

That's the total amount of money a typical U.S. senior receiving benefits is entitled to. Of course, your own payment is

likely different from this average based on certain circumstances, such as if you have taxes taken out of your paychecks, if Medicare premiums are withdrawn from your payment, if you claim benefits early, or if you earned less than your peers or worked for a shorter period of time than the average American.

Because it's an average, some retirees will get more than this -- with a **max monthly benefit as high as \$4,194** -- the reality is that the Social Security checks most people get are for way less than many people anticipate receiving. For those who are hoping Social Security will take care of covering at least their essential costs in retirement, finding out how low the average benefit is can be a huge shock.

Why is the average Social Security benefit so low?

Many people are surprised how low Social Security's average benefit because of some basic misconceptions about what these benefits are supposed to



accomplish. Social Security is widely viewed as a government program that supports elderly Americans, but it's not. It's a program meant to *help* older people make ends meet in their later years to keep them out of poverty. But it is not, and never was, intended to be the *only* income seniors have coming into their household.

Instead, Social Security was meant to serve as one of three crucial income sources, with the other two including a pension benefit from an employer and savings employees amassed over the course of their careers. Over the years, however, employers have gradually replaced pensions that provide guaranteed income with 401(k) accounts that come with no promises as to how much money they'll offer.

The virtual elimination of pensions for the majority of workers has left most people with *two* income sources: Social Security and savings. And Social

Security hasn't changed to accommodate this reality. So savings goals must change instead.

Social Security benefits were originally designed to replace about 40% of preretirement income. Since the formula used to calculate them hasn't changed and is unlikely to, they're still intended to do that. This means most people must save enough to also replace about 40% to 50% of what they were earning, since experts generally agree that an 80% to 90% replacement rate is appropriate.

Whether you have a workplace 401(k) or not, no one is going to be responsible for making sure you have enough invested for retirement to fill the role that both savings *and* pension benefits were supposed to play in retirement. So to make sure you don't find yourself facing a lot of unnecessary stress and hardship as a retiree, make certain you're investing enough to do that.

Why Medicare Doesn't Pay for Rapid At-Home Covid Tests

What group is especially vulnerable to the ravages of covid-19 even if fully vaccinated and boosted? Seniors. And who will have an especially tough time getting free at-home covid tests under the Biden administration's plan? Yes, seniors.

As of Jan. 15, **private insurers will cover the cost** of eight at-home rapid covid tests each month for their members — for as long as the public health emergency lasts.

Finding the tests will be hard enough, but Medicare beneficiaries face an even bigger hurdle: The administration's **new rule doesn't apply to them**.

It turns out that the laws governing traditional Medicare don't provide for coverage of self-administered diagnostic tests, which is precisely what the rapid antigen tests are and why they are an important tool for containing the pandemic.

"While at this time original Medicare cannot pay for at-home tests, testing remains a critical tool to help mitigate the spread of

covid," a statement from the federal Centers for Medicare & Medicaid Services said. Medicaid and CHIP cover at-home covid tests, with no cost to beneficiaries, based on a 2021 Biden administration mandate.

Medicare patients are left to seek free tests other ways, including through the administration's new website, **covidtests.gov**, and at community centers. The Medicare program does cover rapid antigen or PCR testing done by a lab without charging beneficiaries, but there's a hitch: It's limited to one test per year unless someone has a doctor's order.

More needs to be done, advocates say.

The administration has changed some Medicare rules during the pandemic, including improving access to telehealth services and nursing home care, said David Lipschutz, associate director and senior policy attorney at the **Center for Medicare Advocacy**.



"We know that the Medicare program has significant flexibility relative to the public health emergency, and it has demonstrated it has the ability to alter the rules," Lipschutz said. "We think they should find the flexibility to offer the covid at-home tests for free."

Q: Why can't the Medicare program reimburse beneficiaries for the over-the-counter tests or pick up the tab at the pharmacy as commercial health plans will do?

The services the Medicare program pays for are spelled out in federal law.

"It generally excludes over-the-counter things," said Casey Schwarz, senior counsel for education and federal policy at the Medicare Rights Center, an advocacy group.

The public health emergency was recently **extended 90 days**, through mid-April, and the administration could yet decide to expand coverage. Some lawmakers in Congress are urging the administration to

cover the tests.

"Demanding Medicare recipients — nearly one-fifth the population of the United States — to foot the bill out-of-pocket for at-home tests is unfair, inefficient, and will cost lives," said Rep. Bill Pascrell Jr. (D-N.Y.), who has urged the Biden administration to expand Medicare coverage to include them.

It may not be a simple change, as these tests appear to fall into coverage gaps. Medicare Part A covers hospitalization, and Part B generally covers provider-based services like doctor visits and lab tests. Part D covers drugs.

"So there's a little bit of a question of where this type of benefit would fit," Schwarz said.

People in private plans sometimes pay upfront for services and then are reimbursed by their health plan. But that's not how Medicare works. The program pays providers, not beneficiaries. So that's another wrinkle that would have to be ironed out. ... **Read More**

Medicare Owes Beneficiaries A Refund

Washington, DC) – Medicare beneficiaries may have grounds to ask for a refund on a portion of their 2022 Part B premiums, according to The Senior Citizens League (TSCL). “It appears that Medicare is overcharging 57 million older and disabled beneficiaries for their Part B coverage this year,” says Mary Johnson, a Medicare, and Social Security policy analyst for The Senior Citizens League.

The increase in Part B premiums in 2022, which covers the cost of doctors and outpatient services, is the highest increase dollar-wise in program history. The base monthly premium increased from \$148.50 in 2021 to \$170.10 effective this month. About half of that \$21.60 per month increase has been attributed to a pricey, and controversial, new Alzheimer’s drug, Aduhelm. Aduhelm which must be administered intravenously in a doctor’s

office or outpatient clinic is covered by Part B. Prior to the premium announcement last fall, Medicare Trustees estimated in their **annual report** that the 2022 premium would increase from \$148.50 to \$158.50, but said their estimate did not include the potential costs of Aduhelm.

The Part B premium for 2022 was set last fall when Aduhelm was priced at \$56,000 per patient. But since then, Aduhelm manufacturer Biogen has cut the price by almost half, to \$28,200. The automatic deductions from Social Security benefits for Medicare Part B premiums — which have already started — were based on the cost when Aduhelm was \$56,000.

In addition, the likelihood that many Medicare patients will be prescribed Aduhelm in 2022 “is very low,” Johnson points out. Medicare officials have said



that it is proposing to restrict coverage of the new drug to patients who are participating in approved clinical trials. “We believe those trials are essential to demonstrate the safety and effectiveness of Aduhelm in treating Alzheimer’s,” says Johnson. “Medicare beneficiaries and their families need to know whether the benefits of this drug out-weigh its significant side effects, which can include swelling and bleeding in the brain,” Johnson says.

Those trials will take some time to set up, and Medicare will not even finalize its coverage determination for Aduhelm until later this spring. Thus, the number of patients who will actually have access to the drug appears to be quite limited in 2022,” Johnson points out. “This is why The Senior Citizens League feels that the 2022 Part B premium

was set too high, and that Medicare should lower the Part B premium, perhaps by as much \$11.60 per month,” Johnson says. “That would be something neither Medicare nor the Social Security Administration have ever done before, but it would be the right thing to do for older and disabled Medicare beneficiaries — especially now,” Johnson notes. “All consumers are struggling with high inflation, and an extra \$11.60 per month might, for example, cover a co-pay on a needed prescription drug actually being taken by a Medicare beneficiary,” Johnson says.

The Senior Citizens League is urging Medicare, the Social Security Administration, and Congress to ensure that the savings generated from the lower Aduhelm price, and the new coverage determination are quickly passed along to Part B beneficiaries before the end of this year.

Information on Elder Fraud

Each year, millions of elderly Americans fall victim to some type of financial fraud or confidence scheme, including romance, lottery, and sweepstakes scams, to name a few. Criminals will gain their targets’ trust and may communicate with them directly via computer, phone, and the mail; or indirectly through the TV and radio. Once successful, scammers are likely to keep a scheme going because of the prospect of significant financial gain.

Seniors are often targeted because they tend to be trusting and polite. They also usually have financial savings, own a home, and have good credit—all of which make them attractive to scammers.

Additionally, seniors may be less inclined to report fraud because they don’t know how, or they may be too ashamed at having been scammed. They might also be concerned that their relatives will lose confidence in their abilities to

manage their own financial affairs. And when an elderly victim does report a crime, they may be unable to supply detailed information to investigators.

With the elderly population growing and seniors racking up more than \$3 billion in losses annually, elder fraud is likely to be a growing problem.

Common Elder Fraud Schemes

- ◆ **Romance scam**
 - ◆ **Grandparent scam:**
 - ◆ **Tech support scam:**
 - ◆ **Government impersonation scam:**
 - ◆ **Sweepstakes/charity/lottery scam:**
 - ◆ **Home repair scam:**
 - ◆ **TV/radio scam:**
 - ◆ **Family/caregiver scam:**
- ### Protect Yourself

Recognize scam attempts and end all communication with the perpetrator.

Resist the pressure to act quickly. Scammers create a



sense of urgency to produce fear and lure victims into immediate action.

Call the police immediately if you feel there is a danger to yourself or a loved one.

Be cautious of unsolicited phone calls, mailings, and door-to-door services offers.

Never give or send any personally identifiable information, money, jewelry, gift cards, checks, or wire information to unverified people or businesses.

Make sure all computer anti-virus and security software and malware protections are up to date. Use reputable anti-virus software and firewalls.

Disconnect from the internet and shut down your device if you see a pop-up message or locked screen. Pop-ups are regularly used by perpetrators to spread malicious software. Enable pop-up blockers to avoid accidentally clicking on a pop-up.

Be careful what you download. Never open an email attachment from someone you don’t know, and be wary of email attachments forwarded to you.

Take precautions to protect your identity if a criminal gains access to your device or account. Immediately contact your financial institutions to place protections on your accounts, and monitor your accounts and personal information for suspicious activity.

How to Report

If you believe you or someone you know may have been a victim of elder fraud, contact your local **FBI field office** or **submit a tip online**. You can also file a complaint with the FBI’s **Internet Crime Complaint Center**.

You are also encouraged to keep original documentation, emails, faxes, and logs of all communications....**Read More**

2022: What will your health care costs be in retirement?

A new study by Paul Fronstin at the Employ Benefits Research Institute finds that people's out-of-pocket health care costs in retirement have increased significantly in the last year. Ginger Szala reports for **ThinkAdvisor** that older and disabled Americans will be expected to spend more on health care. Medicare only covers about two-thirds of people's health care costs. Unless your income is low enough to qualify you for **Extra Help**, you will pay premiums, deductibles, coinsurance and copays as well as the cost of services that Medicare does not cover. Medicare does not cover **long-term care services**, nor does it cover vision, hearing

or dental benefits.

In 2021, health care costs increased significantly. To cover these higher costs, EBRI projects that people will need to put aside between three and eight percent more money for their health care in retirement. If Congress does not pass the **Build Back Better Act**, there will continue to be no out-of-pocket cap on Medicare **prescription drug expenses**. As it is, Medicare does not have an out-of-pocket cap. Consequently, people in traditional Medicare need **supplemental coverage**, Medigap to pick up their out-of-pocket costs and limit their costs.

How much will you need to



cover health care costs in retirement?

It depends. Women typically need to set aside more than men.

They tend to live longer. Women who are 65 now and have set aside \$103,000 have a 50-50 chance of covering their health care costs in retirement. If you want to minimize your risk of not having enough money, women need to set aside \$159,000. That is up about \$15,000 from 2020.

Men who are 65 have slightly lower costs than women. \$142,000 in savings should give them a 90 percent chance of having the money they need in retirement. \$79,000 in savings affords them a 50-50 shot.

Couples with typical prescription drug costs need slightly less than single people. EBRI projects that \$296,000 in savings—up about \$26,000 from 2020—gives them a 90 percent likelihood of being able to cover their health care costs. With \$182,000, they would have a 50-50 chance of being able to pay their health care costs. For a 50 percent chance of having enough to cover health care expenses in retirement, a couple with median prescription drug expenses needs \$182,000 in savings.

At 65, couples with very high drug costs will need a whole lot more to cover their health expenses. EBRI projects that savings need to be \$361,000, up \$36,000 from 2020.

The Battle of the Gravestones The Saylesville Massacre of 1934

By Patrick Crowley

In September of 1934, striking workers in Rhode Island fought a week-long street battle against the Rhode Island National Guard in the tiny mill village of Saylesville. Two workers were killed and dozens seriously wounded when Rhode Island Governor T.F. Green ordered the soldiers to restore order. But the facts leading up to the Saylesville Massacre are murky at best. The Battle of the Gravestones & The Saylesville Massacre of 1934 explains why the story passed down through

history needs another look.

In a provocative new telling, labor historian Patrick Crowley challenges the conventional history of the Saylesville Massacre. The book brings to life the characters behind the events of the strike, including union leaders, politicians, striking workers and bosses and asks hard questions about why the strike in Rhode Island produced such a violent response. A union organizer himself for more than 25 years, Crowley adds a street-



level perspective to a story that other versions have missed.

Patrick Crowley currently serves as the Secretary-Treasurer of the Rhode Island AFL-CIO. He has worked as a union organizer in both Massachusetts and Rhode Island since 1996. Patrick earned a bachelor's degree in Philosophy from Bridgewater State College, a master's degree in Labor Studies from the University of Massachusetts Amherst, and a

master's degree in History from the University of Rhode Island.

He is also the author of the journal article "African-American Led Worker Solidarity in World War Two Providence," published in the Fall 2021 edition of **Rhode Island History: The Journal of the Rhode Island Historical Society**.

This book is available on **Amazon Book Link**

Historic Voting Rights Legislation, Filibuster Reform Fail to Pass in the U.S. Senate

The U.S. Senate had the power on Wednesday to protect the right to vote by passing the "Freedom to Vote: John R. Lewis Act." However, the historic measure failed on a 50-50 Senate vote, since 60 votes were needed for it to pass. No Republicans voted for it. Senate Majority Leader Chuck Schumer changed his vote to "no" for procedural reasons, making the official tally for cutting off debate 51-49 against – 11 votes short of the needed 60. Senators Joe Manchin (WV) and Kyrsten Sinema (AZ) then blocked the Democrats' attempt to reform the filibuster rule, which would have

allowed them to pass the voting rights legislation by a simple majority of 51 votes, rather than 60. The filibuster reform vote failed 52-48.

Passing the voting rights measure would have restored key protections of the Voting Rights Act, strengthened vote-by-mail, expanded automatic voter registration and same day registration, protected voters and election workers from intimidation, and also preserved the nation's democracy in other ways. Nineteen state legislatures passed 34 laws aimed at suppressing the vote in 2021,



making national legislation crucial. "Seniors realize the seriousness of this situation," said Richard Fiesta, Executive Director of the Alliance. "Retirees in particular have worked long and hard to preserve the fundamental right to vote. They were there for the battle for civil rights in the 1960s and they are here for this fight in 2022. This struggle is about racial justice, justice for seniors, and more." "If ever there were a time to sideline the filibuster and preserve our democracy, this was it," Fiesta added. President Biden and House Democratic

leadership have vowed to keep fighting to pass voting rights protections. A bipartisan group of senators have already begun talks to update the Electoral Count Act of 1887 to clarify the role the vice president and Congress play in certifying presidential elections. The bipartisan Senate discussions, which would offer protections not as comprehensive as those that failed, are still in their early stages but are expected to gain steam after the broader elections and voting reforms failed.



Rich Fiesta, Executive Director, ARA

Can I Add a Survivor's Benefit to My Social Security Check?

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

You can learn how to ask a question of your own below. And if you would like a personalized report detailing your optimal Social Security claiming strategy, [click here](#). Check it out: It could result in receiving thousands of dollars more in benefits over your lifetime!

Today's question comes from Edward:

"I have read conflicting answers to this in the financial media: My wife and I are each collecting Social Security based on each other's individual quarters of earnings. If one of us passes, will the survivor collect

the other's share in addition to their own share?

I am receiving \$2,155 a month in Social Security benefits. My wife receives \$1,380 a month. And hypothetically, for other readers, what happens if one spouse is collecting on the other spouse's earnings?"

Confusion about survivor's benefits

Edward, I always dislike being the bearer of bad news, but you seem to be somewhat confused about the rules for survivor's benefits. You are suggesting the following:

1. If your wife dies first, you would receive \$3,535 a month (\$2,155 + \$1,380)



2. If you die first, your wife would likewise receive \$3,535 a month (her benefit plus your benefit)

The above misrepresents how survivor's benefits work.

When one spouse dies, the surviving spouse can switch from their own benefit to a survivor's benefit, if that switch raises their monthly benefit. One implication of this rule is that the spouse with the higher benefit would never switch to survivor's benefits.

For example, in your case, your benefit is \$2,155. So, you would not switch from that amount to \$1,380. In contrast, if you die first, your wife would switch from her benefit of \$1,380 to a survivor's benefit of \$2,155.

Edward, you also ask about

what happens if one spouse is collecting on the other spouse's earnings. As an illustration, suppose your wife's retirement benefit was \$500 rather than \$1,380. Assume this is her full-retirement-age benefit. Since she claimed at her **full retirement age**, she qualifies for a spousal supplement that would bring her total benefit up to one-half of your benefit.

That is, she would receive \$500 in retirement benefits plus a spousal supplement of \$578, bringing her total benefit up to \$1,078. Now if you die first, she simply switches to your benefit of \$2,155. Or, if she dies first, you do not switch; you continue receiving your larger amount of \$2,155.

Senior Home Care: Information About Getting Support to Continue Living at Home

Senior home care is helpful for aging individuals and their families. In-home care helps you or your loved one continue living at home, and it alleviates some of the stress that family caregivers often experience. In-home caregivers work to protect your or your family member's independence, dignity, and quality of life while providing safe, comfortable, and compassionate care. And that's important. After all, 90 percent of people over the age of 65 have reported that they want to stay home as long as possible, according to the [Home Care Association of America](#) (HCAOA).

Home care providers can offer everything from basic personal

care to hospice support. They can even provide assistance to help manage chronic conditions, illnesses, and diseases. You can get short-term recovery or rehabilitative care or ongoing long-term care. Additionally, home care agencies frequently offer **respite services** so that family caregivers are able to take breaks once in a while, such as on weekends or holidays. Support can be provided for a few hours a week or up to 24 hours a day, 365 days a year. It's all based on a client's needs.

Both non-medical and medical home care may be available in your community. So it's important to understand some of the common terminology. For



example, **home care agencies** usually only offer non-medical services. They focus on helping with daily living activities and offering companionship. On the other hand, **home healthcare agencies** provide medical services in addition to personal care. An entire team of medical professionals may coordinate those services, which can range from basic to skilled nursing care.

In addition to helping seniors stay home longer and providing relief for family caregivers, home care professionals can also help reduce overall healthcare costs. That's because seniors who receive in-home care often have fewer trips to the doctor or hospital. So, as you can see,

home care is beneficial in many different ways.

Read through the following sections to uncover more details about senior home care. They can help you decide whether it's the right option for you or your family member.

Contents

- ◆ [How do I know when in-home care services may be needed?](#)
- ◆ [Who provides elderly home care, and what are their qualifications?](#)
- ◆ [What is the cost of in-home care for elderly people?](#)
- ◆ [What kinds of in-home care services may be offered?](#)
- ◆ [What should I ask private home care providers?](#)

Roundup: Planning for life's curve balls

Life happens. Tomorrow, who knows what will be. At some point down the road, we are all likely to need assistance caring for ourselves. It's wise to be prepared for life's curve balls. Here's a roundup of things to think about and some of the ways you might plan ahead.

Paperwork

- ◆ [Here's why you need an advance directive: a health care proxy and living will](#)
- ◆ [Get yourself a health care proxy and living will](#)

- ◆ [Do you need a POLST, Physician Order for Life-Sustaining Treatment?](#)
- ◆ [You also likely should have a durable power of attorney](#)
- ◆ [Get your affairs in order](#)
Medical help
- ◆ [What care do you want if you become seriously ill? Talk to your doctor](#)
- ◆ [Get your free Medicare Annual Wellness Visit and talk to your doctor about end-of-life wishes](#)



- ◆ [Talk to your health care proxy, your child or trusted friend, about your end-of-life wishes](#)
- ◆ [Three things to consider about end-of-life care](#)
- ◆ [Two tips for keeping your emergency care costs down](#)
- ◆ [Plan ahead for a hospital visit: Talk to the people you love about these seven important items](#)
Care
- ◆ [Will you want palliative care or curative care?](#)

- ◆ [Where will you live as you age?](#)
- ◆ [Keeping your home safe if you want to remain there as you age](#)
End-Of-life choices, funerals and stuff:
- ◆ [VSED, an end-of-life choice](#)
- ◆ [Tips for choosing a funeral home](#)
- ◆ [New Zealanders join coffin clubs to plan their funerals](#)
- ◆ [What to do with your stuff?](#)

AHA News: A Healthy Thyroid Can Be Key to a Healthy Heart

(American Heart Association News) -- Make a list of the ABCs of heart health, from arrhythmia to Zumba classes, and you might not think to include a T – for thyroid. But the small gland that produces crucial hormones can have a big effect on the cardiovascular system.

"Both an overactive thyroid and an underactive thyroid can have bad cardiac consequences," said Dr. Anne Cappola, an endocrinologist and professor at the University of Pennsylvania's Perelman School of Medicine in Philadelphia. "It is important to recognize and treat both."

The changes caused by an abnormal thyroid can be subtle, said Dr. Robert Carey, an endocrinologist and dean emeritus of the University of Virginia School of Medicine in Charlottesville.

"Thyroid disorders creep up on you," he said. "They occur so gradually they're quite often not detected until you come to a physician. But the risks of ignoring them are largely cardiovascular."

The thyroid gland, located at the base of the neck, releases hormones that regulate metabolism and affect every

organ, including the heart. When the body produces too much thyroid hormone, the result is hyperthyroidism, which can cause an irregular heartbeat that can lead to blood clots, stroke and heart failure, as well as osteoporosis and other problems.

Treatments include medication, radioactive iodine to shrink the thyroid and, less commonly, surgery to remove it.

Hypothyroidism, when the body doesn't produce enough hormone, is much more prevalent. That can lead to a slower heart rate, constricted blood vessels, increased blood pressure, retention of fluid and an increase in cholesterol levels. It's treated with a medication that replaces that body's natural thyroid hormones and can manage the condition for a lifetime.

According to the American Thyroid Association, about 1 in 8 people in the U.S. will develop a thyroid condition sometime in their lives, and an estimated 20 million have one now. Women are five to eight times more likely than men to have thyroid problems, and more than half of



people with the condition may not know it.

So what should we be doing about it? Thyroid abnormalities are usually discovered through blood tests. Because heart disease and thyroid problems are linked, Cappola said, people with heart-related problems ranging from irregular heartbeats to high cholesterol to heart failure routinely undergo thyroid checks.

"You need to see if the thyroid is a contributor," she said. "The beauty of that is you treat the thyroid problem, and it often helps the cardiac problem."

But Cappola said thyroid tests are generally not part of routine health screenings, in which people without symptoms are tested, as is the case with screening mammograms and colonoscopies.

"The challenges have been who needs to get checked (for thyroid problems), do we recommend screening people who are asymptomatic and is there any benefit to that," she said. "We're not at the point that we're saying people with no symptoms need to be screened

for it."

That's why paying attention to symptoms is so important, Cappola and Carey said. Symptoms of hypothyroidism include fatigue; weight gain; cold intolerance; joint and muscle pain; constipation; and dry, brittle hair. For hyperthyroidism, symptoms include weight loss despite an increased appetite; rapid or irregular heartbeat; nervousness or irritability; muscle weakness; and heat intolerance.

While not everyone feeling sluggish or nervous has a thyroid problem, especially during a pandemic that has generated stress and social isolation, the overall message is the same.

"For the public, pay attention to small changes," Carey said. "And for clinicians and primary care physicians, don't be hesitant to screen for thyroid problems."

Cappola also called attention to people who don't see doctors at all.

"The people who never go or brush off their symptoms or don't have access to health care are the ones who could be getting into trouble," she said. "You need to have a properly functioning thyroid."

You Don't Have to Smoke to Get Lung Cancer

(HealthDay News) -- Tobacco use is far and away the leading cause of lung cancer, but non-smokers are also at risk, experts say.

People who smoke have the highest risk, and smokeless tobacco is also a threat. About 90% of lung cancer cases could be prevented by eliminating tobacco use, according to the **World Health Organization**.

"There are many other risk factors, and risk factors we don't know," said Dr. Aaron Mansfield, an oncologist who specializes in treating lung cancer at the Mayo Clinic in Rochester, Minn. "All you need to be at risk of developing **lung cancer** is a lung."

Exposure to secondhand

smoke can increase the odds of developing lung cancer. Other risk factors include a family history of lung cancer and exposure to **radon gas**, asbestos and other cancer-causing substances.

Some lung cancer patients don't have any obvious **risk factors**.

If you do smoke, however, you can reduce your lung cancer risk by quitting.

Dr. J. Taylor Hays is associate director of the Mayo Clinic Nicotine Dependence Center. He said, "Even if you're in your 60s or 70s, we know that by quitting smoking you add years of life, and reduce the chronic health impacts and symptoms that occur from smoking."

Hays added that even people



who have had **chronic bronchitis** and other diseases quickly benefit from smoking cessation.

"They see within months to years significant reduction in symptoms, significant improvement in shortness of breath, and the ability to function without symptoms," he explained in a Mayo news release.

Symptoms of lung cancer include shortness of breath and persistent cough, chest pain, coughing up blood, weight loss, bone pain and headache.

These symptoms often appear only when the cancer has spread into other areas of the body.

"One of the problems with lung cancer is that by the time a patient is diagnosed with lung cancer — 80% of the time — the

lung cancer has spread," said Dr. Karen Swanson, a pulmonologist and critical care specialist at the Mayo Clinic in Phoenix.

"Unfortunately, when tumors grow within our lungs, it's not something our bodies can sense or feel. So we miss it at its earliest stages, unless we screen."

Screening with an annual low-dose CT scan is recommended for those who are at high risk.

"Patients should talk to their primary care provider about lung cancer screening, especially if they have any history of smoking," Swanson said.

Feb. 4 is World Cancer Day.

More information

The U.S. National Cancer Institute has more on **lung cancer screening**.

Binge-Watching Could Raise Your Blood Clot Risk

(HealthDay News) -- Who hasn't started to watch a new drama series on TV, and suddenly realize that hours have slipped by as they binged on one episode after the next?

Now, a new study suggests that too much binge-watching may raise the risk of life-threatening blood clots in the legs or lungs by 35%.

"Prolonged TV viewing, which involves immobilization, may increase the risk of venous thromboembolism," said lead researcher Dr. Setor Kunutsor, a senior lecturer at the University of Bristol's Medical School, in the United Kingdom.

The findings apply to more than couch potatoes: Being physically active does not eliminate the increased risk of clots associated with prolonged TV watching, he said, so "individuals need to take breaks during prolonged TV watching."

Kunutsor cautioned that the study can't prove that binge-watching TV causes clots, only that the two may be connected. For the study, Kunutsor's team

pooled data from three previously published studies that included more than 130,000 participants. In this process, called a meta-analysis, the researchers looked for connections between TV watching and **venous thromboembolism** (VTE). VTE includes **pulmonary embolism** (a blood clot in the lungs) and **deep vein thrombosis** (blood clot in a deep vein, usually in the legs, which can travel to the lungs and cause a pulmonary embolism).

In a follow-up that ranged from five to 20 years, more than 900 participants developed VTE. Those who binge-watched the longest (four hours per day or more) were one-third more likely to develop blood clots than those who watched the least amount of TV or never binged. The association was independent of age, sex, body mass index (**BMI**) and physical activity, the researchers noted.

"We should limit the time we spend in front of the television,"



Kunutsor said. "Even if you want to binge-watch TV, you should intersperse it with regular movements to keep the circulation going."

And the link likely exists for any kind of prolonged sitting. For example, if your work involves working long hours in front of a computer, be sure to get up and move around from time to time, he advised.

"Also, increase your physical activity levels when you binge-watch TV, as high volumes of physical activity can reduce or may eliminate the risk of diseases such as venous thromboembolism, which are associated with sedentary behaviors," Kunutsor said.

The report was published Jan. 20 in the *European Journal of Preventive Cardiology*.

Dr. Mary Cushman, vice chair of medicine and co-director of the Vermont Center for Cardiovascular and Brain Health at the University of Vermont in Burlington, said it's not clear yet if this relationship is causal.

"But, for example, people who watch TV more might be more likely to be obese or overweight, and obese and overweight is an established risk factor for VTE," she said. But the studies adjusted for body weight and still found an association of prolonged TV viewing with VTE, which suggests that the findings hold regardless of body weight, Cushman noted.

"We know that people who tend to watch TV for prolonged periods of time are less physically fit, and this could explain the association," she said. "It is also possible that the prolonged sitting reduces blood flow up the veins from the legs, which can contribute to the VTE — slow-flowing blood likes to clot abnormally."

More research is needed, Cushman said, "but the bottom-line message is that if you like to watch TV for prolonged periods, interrupt this with frequent walks and stretching, watch from a treadmill, not a chair, and don't snack while you are watching."

Another Study Finds Vaccine Booster 'Neutralizes' Omicron

If you need more proof that a third shot of COVID vaccine is needed, new British research confirms that boosters can "neutralize" the virus' Omicron variant.

To arrive at that conclusion, they analyzed 620 blood samples from 364 health care workers and staff at the Francis Crick Institute and the National Institute for Health Research UCLH Biomedical Research Centre, in London.

People who had received only two doses of either the AstraZeneca vaccine or the Pfizer vaccine were less protected against the **Omicron variant** than against the Alpha and Delta variants. Antibody levels declined in the first three months after the second dose, but a third (booster) dose increased levels of antibodies that combat the Omicron variant.

In people who received the Pfizer vaccine for all three doses, antibody levels against

Omicron after a third dose were similar to levels against Delta after two doses.

Overall, antibody levels were nearly 2.5 times higher against Omicron after three doses than after two doses, the investigators found.

Higher levels of antibodies against the Omicron variant were also found in people who received two doses of either the AstraZeneca vaccine or the Pfizer vaccine and previously had COVID-19 symptoms, compared to those without previous COVID-19 symptoms.

Antibody levels alone do not predict vaccine effectiveness, but they are a good indicator of protection against severe COVID-19 and hospitalization, according to the team that conducted the research as part of what's known as the SARS-CoV-2 Legacy study.

"People who have queued outside vaccinations centers should be reassured that a



vaccine booster is the best way of protecting them from Omicron.

And for people who haven't yet had a **booster** or even a first dose, it's not too late," said Emma Wall, a UCLH infectious diseases consultant and senior clinical research fellow for the Legacy study.

"This new variant can overcome the immune blockade put in place by two vaccine doses, but thankfully following the third dose, neutralizing activity is robust in the vast majority of people. A third dose builds our defenses higher, making it harder for the virus to cause severe COVID-19," Wall explained in a Crick Institute news release.

The findings were published online Jan. 19 as a research letter in *The Lancet* medical journal.

"While the Omicron variant has considerably more mutations than other recent variants, such as Alpha and Delta, our data

show that the boosters push our immune system to make a broad response capable of tackling it," said David Bauer, group leader of the Crick's RNA Virus Replication Laboratory and member of the U.K.'s Genotype-to-Phenotype National Virology Consortium.

Sonia Gandhi is Legacy chief investigator at Crick and a consultant neurologist at UCLH. She said, "Now that we have established that boosters are effective against the Omicron variant, future research will need to address the duration and persistence of this booster response. New variants of concern will continue to emerge as the pandemic evolves, so effective immune monitoring is needed to stay responsive and remain protected."

More information

For more on Omicron, go to the **U.S. Centers for Disease Control and Prevention**.

Pfizer continues to hike up drug prices

No one should have any doubt as to whether Pfizer and other pharmaceutical companies will hike up drug prices as often as they can get away with. When it comes to prescription drug prices, pharmaceutical companies have no legal obligation to anyone other than their shareholders. Jake Johnson reports for **Common Dreams** that Pfizer takes the lead among its peers in hiking up drug prices.

Pfizer raised prices on 125

drugs so far this year. Pfizer profits are already sky high because of the pandemic and sales of its vaccine. In 2022, it is projected to generate **\$54.5 billion from vaccine sales**.

Which Pfizer drugs are getting more expensive? To name three, its pneumonia vaccine, a treatment for breast cancer and a treatment for heart disease. The prices of two of these drugs are going up nearly seven percent. And, the third drug is going up



six percent.

How much money are we talking? For some drugs, we're talking hundreds and even thousands of dollars. For Ibrance, Pfizer's breast cancer drug, the increase is \$901, to nearly \$14,000.

Americans are seeing price increases on a total of 554 drugs since the beginning of this year. About one in four of these drugs cost more than \$5,000.

Why does Congress continue to let pharmaceutical companies

hike up prices? Why won't the US use its purchasing power to rein in prices on drugs and save lives?

We need Congress to step in. **Build Back Better Act**, if passed, would rein in drug costs for several dozen drugs and prohibit drug price increases more than the rate of inflation. But, Senator Manchin is blocking its passage.

Do You Feel Old? It Could Be Aging You

People who believe their bodies and minds will break down with age may be creating a self-fulfilling prophecy, a recent study suggests.

Researchers found that older adults with a dim outlook on aging tended to report more physical health symptoms on days when they were stressed out than on less stressful days.

In contrast, people with more of a "golden years" perspective seemed to have some protection against daily stress: They actually reported fewer health problems on days where they felt more stressed than usual.

"We've known that there's a strong relationship between perceived stress and physical health," said lead researcher Dakota Witzel, a doctoral candidate at Oregon State University's College of Public

Health and Human Sciences, in Corvallis.

Numerous studies have found that when people habitually feel stressed-out they may eat poorly, skip exercise and have long-term consequences like high blood pressure and an increased risk of heart disease.

But the **new findings**, Witzel said, suggest that a brighter outlook on aging can be a buffer against the physical effects of daily stress.

That is not to say that people are to blame for their physical symptoms, she noted, or that anyone should ignore symptoms with a smile.

But people should be aware that their perceptions of the aging process may affect how they feel, and "reframe" that story if needed, according to



Witzel.

The findings — published recently in the **Journals of Gerontology Series B: Psychological Sciences** — are based on 105 Oregonians aged 52 to 88. Over 100 days, they completed daily surveys on their stress levels and a range of physical symptoms — such as fatigue, aches and pains, shortness of breath and upset stomach.

At the outset, participants completed a standard questionnaire on attitudes toward aging. It asked whether they agreed with statements like, "As you get older, you are less useful."

On average, the study found, people tended to report more physical symptoms on days where their perceived stress was

higher than their personal norm.

However, it turned out that connection depended on whether people had a positive or negative outlook on aging: If it was the "glass half-empty" variety, high-stress days brought more physical symptoms. That was not the case for people with a more positive outlook on aging.

What shapes a person's perceptions of aging? According to Witzel, throughout life, people "internalize" messages from the media as well as folks in their lives, consciously or not.

If your parents or grandparents remained upbeat and vibrant as they grew older, your ideas on aging are probably different from someone whose older relatives were riddled with health problems, or complained about aging....**Read More**

Winter Blues? It Could Be SAD

(HealthDay) If winter gets you down, you may have a form of depression called SAD.

That's short for **seasonal affective disorder**.

SAD brings on mood changes during fall and winter, when there is less sunlight, and symptoms typically ease up in the spring. But the **American Psychiatric Association** says SAD goes beyond the "winter blues." Its symptoms can range from mild to severe and interfere with every day life.

Those symptoms can include feeling sad or depressed; loss of interest or pleasure in activities you once enjoyed; sleeping much more but not feeling

rested; feeling worthless or guilty; and difficulty thinking, concentrating or making decisions. And, familiar to many, SAD can also bring on a craving for carbohydrates and other appetite changes.

It can even spark thoughts of death or suicide.

The good news is there are several treatments for SAD, including antidepressant medications, talk therapy and light therapy.

Light therapy involves spending 20 minutes or more a day in front of a box that emits a very bright light, usually first thing in the morning. Many



people start to benefit from light therapy within one or two weeks, and treatment usually continues through the winter. Some people begin light therapy in early fall to prevent SAD.

For many, increased exposure to sunlight can also help. This might involve spending time outside or arranging your home or office to give you exposure to outside light during the day.

Getting regular exercise, eating a healthy diet, getting enough sleep and staying connected (such as volunteering, participating in group activities and getting together with friends

and family) can also help combat SAD.

If you have symptoms of SAD, see a medical professional. If you feel your depression is severe or if you are experiencing suicidal thoughts, immediately contact a doctor, seek help at the closest emergency room, or call the National Suicide Prevention Lifeline at 800-273-8255, the American Psychiatric Association advised.

What to know about iron deficiency anemia and aging

Iron deficiency anemia is a condition in which the body does not have enough healthy red blood cells due to a shortage of iron. It is common among older adults, with possible causes including nutritional deficiencies, blood loss, taking certain medications, and poor absorption. The body uses **iron** in the production of red blood cells

(RBCs), which transport oxygen around the body. Without sufficient iron, a person may not be able to produce enough healthy RBCs to satisfy the body's needs. The result may be **iron deficiency anemia**, which can cause symptoms such as fatigue, weakness, and shortness of breath.

A person typically receives



iron from their diet. However, a dietary deficiency or the body's inability to use iron correctly can lead to iron deficiency anemia. This condition is **common** among older adults due to multiple contributing factors that can affect how the body gets or uses dietary iron.

In this article, we discuss the prevalence of iron deficiency anemia in older adults and explain how to treat and manage the condition.

More information

[Why it affects older adults](#) • [Symptoms](#) • [Diagnosis](#) • [Treatment](#) • [Management](#) • [Contacting a doctor](#) • [Summary](#)

After Heart Attack, Cardiac Rehab Begins Road to Recovery

(HealthDay News) -- Your heart is in an incredibly vulnerable state if you've suffered a heart attack or are fighting heart failure, and cardiac rehabilitation could be an important part of your recovery.

Unfortunately, not enough older folks appear to be taking advantage of this life-saving therapy.

Fewer than one in 10 eligible Medicare beneficiaries get recommended heart failure rehab treatments, the **American Heart Association** recently noted.

"Based on the current data, more than 90% of people with **heart failure** will not receive a treatment that could improve their health and survival," said Dr. Vinay Guduguntla, a third-year internal medicine resident at the University of California, San Francisco.

Cardiac rehabilitation is a comprehensive supervised program that includes:

Regular physical activity. Education about eating healthy, taking medicine as prescribed, and dropping bad habits like smoking.

Counseling to help relieve stress and improve mental health.

It's for anyone recovering from a heart attack or heart failure, according to the U.S. Centers for Disease Control and Prevention. You also might benefit from cardiac rehab if you've had a heart problem that required surgery or medical care.

A team of people could eventually become involved in your cardiac rehab, including doctors, nurses, exercise and nutrition specialists, physical therapists and counselors.

Cardiac rehab usually lasts about three months, but can



range anywhere from two to eight months, the CDC says.

Studies have found that cardiac rehabilitation decreases the chance that you will die in the five years following a heart attack or bypass surgery by about 35%, the CDC says.

Another recent study, presented at the European Society of Cardiology's annual meeting, estimated that **heart attack survivors** can gain more than seven healthy years of life if they stick to the tenets promoted by cardiac rehab.

Unfortunately, researchers have found that women are less likely than men to start or complete cardiac rehab, possibly because they aren't being offered the option, the CDC suggested.

Older adults also are less likely to undertake cardiac rehabilitation, according to the CDC. They might feel that

they're too old to be physically active, especially if they suffer problems like arthritis that make exercise more difficult.

If you've had recent heart problems, the CDC recommends that you talk to your doctor about **cardiac rehabilitation**. Many insurance plans cover it, including Medicaid and Medicare.

"I'm an enormous fan of cardiac rehab," said Dr. Donald Lloyd-Jones, past president of the American Heart Association.

After a heart attack, he explained, people can be fearful about exercise, depressed, or feel like it's "too late" to do anything about their cardiovascular health.

"Cardiac rehab gets patients into a monitored setting where they can learn to trust their bodies again," Lloyd-Jones said.

Cataract removal linked to a reduction in dementia risk

Undergoing cataract removal was associated with a lower risk of developing dementia among older adults, according to a new study, supported in part by NIA. Published in *JAMA Internal Medicine* on Dec. 6, 2021, the study suggests that the improvement in the quality of life for the affected individual and family is likely considerable given the substantial association and its lasting effect beyond 10 years.

Dementia affects nearly 50 million people worldwide. With no cure currently, efforts to reduce the risk or delay dementia onset are increasingly important. Several studies suggest sensory loss may be a potentially

modifiable risk factor for dementia later in life. The prevalence of hearing (1 out of 3) and vision impairment (1 out of 5) in adults age 70 or older in the United States is high. Because sensory impairment and dementia are both strongly associated with aging, more knowledge about the association may have important implications for adults as they age, particularly if interventions to improve sensory function reduce dementia risk.

For this prospective, longitudinal cohort study, researchers analyzed data from a subset of participants from the Adult Changes in Thought



(ACT) study – an ongoing population-based cohort of randomly selected members of Kaiser Permanente Washington. Participants were 65 years or older, were dementia-free at the start of the study, and were diagnosed with cataracts before the onset of dementia. Of the 3,038 participants, 59% were women, 41% were men and 91% were self-reported white race. Data used in the analyses was collected from 1994 through September 2018.

Researchers found that participants who underwent cataract removal surgery had nearly 30% lower risk of developing dementia compared

with participants without surgery, even after controlling for numerous additional demographic and health risks. In comparison, glaucoma surgery, which doesn't restore vision, did not have a significant association with dementia risk. One of the major strengths of this study is that it was based on a large prospective, community-based, observational cohort that allowed for years of follow-up starting before participants developed dementia. However, researchers noted that because the study population was predominately white, the findings may not be representative of other groups...[Read More](#)