Rhode Island Alliance for Retired Americans ©

RI ARA

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

Publication 2022 Issue 20
Published in house by then RI ARA

May 22, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders

OLDER AMERICANS MONTH
AGE MY WAY: MAY 2022

New Campaign Ads Focus on Sen. Scott's Plans for Medicare, Social Security

Robert Roach, Jr
President, ARA

A **new ad campaign** launched this week focused on Sen. Rick Scott's (FL) plan to "sunset" Social Security and Medicare after five years. Scott is the chairman of the National Republican Senatorial Committee, which recruits and supports Republican candidates for the U.S. Senate.

The proposal in the so-called 11-point "Rescue America Plan" of Scott, a Florida Republican and chairman of the National Republican Senatorial Committee, is the focus of Facebook ads funded by the Democratic National Committee aimed at seniors in Senate battleground states.

Scott's plan would require Congress to vote every five years on whether to continue Medicare and Social Security. The Scott plan also calls for raising taxes on low- and middle -income Americans, including retirees who rely solely on Social Security for their income.

President **Biden criticized the plan** during a speech about inflation on Tuesday, noting that imposing new limits on Social Security and Medicare could endanger the programs in the future. "Really, ask yourself: How well are we going to sleep at night knowing that every five years, MAGA Republicans — if they're still the Republican — as I said, this is not your father's Republican Party — if we're going to have to vote on whether you will have Social Security, Medicare, and Medicaid, and what amounts you'll have in each of those programs?" Biden asked.

Senator
Rick Scott
R-Florida

"Americans need to understand what powerful Republican Senators want to do to the benefits retirees have paid for and earned over a lifetime of work," said Robert Roach, Jr., President of the Alliance. "It serves as a warning about the GOP's agenda for Social Security and Medicare and what seniors could face if the Republicans retake Congress in November."

Alert: Scammers Using Alliance Logo to Obtain Banking Information

The Alliance has received reports of someone using the Alliance logo maliciously in order to obtain people's personal data and banking information. The scammer claims to be helping the recipient get lottery and/or Publishers Clearing House winnings they are supposedly owed but actually has criminal intentions. The initial contact may come by phone.

"The Alliance is not associated with any effort to collect lottery or Publishers Clearing House winnings," said President Roach. "If you are contacted by someone you do not have a business relationship with, and they are asking for your personal information, including bank account numbers, do not respond to them and DO NOT provide the requested information."

No legitimate sweepstakes or lottery will ask you to PAY anything (or share credit card or bank account info) to get your winnings. Additional information on scams from the Federal Trade Commission is available **here**

Older Americans Month: A Chance to Put Aside Stereotypes About Aging

Rich Fiesta,
Executive
Director, ARA

Americans' stereotypes about growing older have real consequences for the country's aging population. Through the process of **structural ageism**, media portrayals of older people as senile, sick, or unproductive have become ingrained in our institutions. This prejudice is often learned at a young age, which pushes older Americans to absorb these negative views after a lifetime of indoctrination.

Those negative beliefs about aging can create unwelcome ramifications for older Americans' mental and physical health.

One study from the Yale School of Public Health found that for people over the age of 50, holding negative beliefs about aging shortened their life expectancy by 7.5 years. Ageism was also associated with an increased risk of heart attacks, strokes, Alzheimer's disease, reduced mobility, and anxiety and depression.

Similarly, when older Americans' medical concerns are dismissed as a sign of 'growing older,' healthcare providers may ignore otherwise alarming symptoms and miss opportunities for early medical intervention.

However, the adverse health effects associated with ageism can be mitigated by nurturing a positive outlook towards growing older. Instead of dwelling on the negatives of aging, experts recommend that older people focus on the things they can control, remain engaged in their communities, and stay physically and mentally active.

"With May being Older Americans Month, we have an opportunity to fight misleading stereotypes and reinforce positive thinking," said Richard Fiesta, Executive Director of the Alliance. "The evidence proves that the negative attitudes that some people hold towards aging can harm their ability to live a full life."

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ADD YOUR NAME

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

NATIONAL WEP/GPO REPEAL TASK FORCE
DAY OF ACTION & RALLY
May 18, 2022 Washington D.C.

On Wednesday, May 18, 2022 members of the National WEP/GPO Repeal Task Force gathered in Washington D. C. to advocate for the full repeal of the egregious Windfall Elimination Provision and Government Pension Offset of the Social Security Act.

The task Force has been meeting twice a week for the last 18 months preparing for this meet and greet with congressional members in support of legislation

- H.R. 82, by Representative Rodney Davis (R) (IL)
- H.R. 5723 by Representative John Larson (D) (CT)
- S. 1302, by Senator Sherrod Brown (D) (OH)
- S. 3071, by Senator Richard Blumenthal (D) (CT)

The Task Force also held a Repeal the WEP/GPO rally near the Capital that was attended by about 100 people. Both retired and active teachers, firefighters, police officers, city & state municipal & federal employees along with others from cost to cost that are affected by the WEP/GPO and to visit Congressional members, Democratic and Republican, to ask for their support to repeal the egregious WEP/GPO that penalizes over 9 million retired and future retirees, the majority of which are women, across the United States who are being robbed by as much as an 88% a month in their Social Security Benefit.

Rhode Island ARA Vice-President Roger Boudreau, a Task Force committee member, participated in the preparation and presentation of the event.

There were several key speakers including Congressman John Larson, (author of H. R. 5723), of Connecticut, Senator Sheldon Whitehouse & Congressman David Cicilline of Rhode Island and Congressman Seth Moulton of Massachusetts along with committee members Bette Marafino, CT ARA President, Suzie Dixon, CALRTA President, Julie Rivera Horwin NEA AZ. Retired Teachers, Dick Wurfel, Maine Retired Firefighter & Bonnie Cediel, SS Fairness.

RI ARA Roger Boudreau meet with the RI Congressional members, Senator Jack Reed, Senator Sheldon Whitehouse, Congressman David Cicilline in their offices. Congressman Jim Langevin wasn't in Washington that day, however, a zoom meeting was held with ARA President, John a. Pernorio, Roger Boudreau and Rose Marie Cipriano at 4 pm that afternoon.

All of the RI Congressional members support the WEP/GPO repeal. **A big THANK YOU to Rhode Island Sen, Whitehouse & Rep. Cicilline for their participation in the rally** and to **Roger Boudreau** for his help.

Click here to view the video of the Rally

RI Senator Whitehouse

RI Congressman Cicilline

Congressman Larson

MA. Rep. Seth Moulton

Sen. Whitehouse RI ARA VP Roger Boudreau

Rep. Cicilline CT. ARA Pres. Bette Marafino

RI Sen. Whitehouse

RI Rep. Cicilline CALRTA Pres. Dixon

Suzie Dixon CALRTA Pres. Bette Marafino Rep. Larson

Ct. ARA Pres. Bette Marafino

Julie Rivera Horwin NEA AZ. Retired Teachers

Dick Wurfel Maine Retired Firefighter

Roger Boudreau RI ARA VP

Retired Teachers

Retired CALRTA members

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Senior Citizens League Update for Week Ending May 14, 2022

Farewell to Past Chairman George A. Smith

Mr. George A. Smith (1930-2022) served as Chairman of The Senior Citizens League (TSCL) Board of Trustees in 1997 and again from 2001 - 2005 and as an advisor from 2005-2007.

Mr. Smith was held in high esteem of the employees he oversaw and the Board of Trustees that he led. He garnered the utmost respect from the hundreds of Members of Congress and their staff that he routinely met with during his tenure at TSCL.

Under his direction and leadership, the organization went from a one-issue legislative agenda to an organization focused on hundreds of issues that are of concern to senior citizens. He spearheaded the organizations development from just advocacy to being a public education powerhouse of information on legislation, the inadequacy of the Cost-of-Living Adjustment, the excessive cost of prescription drugs and so many more issues. Because of him TSCL gained nationwide recognition as the reputable senior citizens social advocacy organization that is today.

TSCL's Board of Trustees are all volunteers and receive no pay for the demanding work they put in, and none more so than Mr. George Smith. He will be missed.

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Covid Booster Shots Critical for Seniors

If you have been watching the news, you know that deaths from COVID-19 are on the rise again after several weeks of increasing rates of new infections sparked by Omicron variants.

As a stealth wave of Covid makes its way across the US, those who have so far evaded the virus are now falling ill — while others are catching Covid for a second, third or even fourth time.

The U.S. averaged roughly 365 daily deaths, up 7% from about 342 two weeks ago. While that is still a fraction of where things stood several months ago when the daily average was in the thousands, there is growing concern that only about 1 in 3 Americans 65 and older who completed their initial vaccination round still have not received a first booster shot.

This is extremely troubling because this age group continues to be at the highest risk for serious illness and death from covid-19.

According to a report from *Kaiser Health News*, "Among older people who died of covid in January 31% had completed a first vaccination round but had not been boosted …."

The report continues, "Although the initial one- or two-dose vaccination course is effective at preventing hospitalization and death, immunity fades over time. Boosters, which renew that protection, are especially important for older people now that covid cases are rising again, more transmissible omicron subvariants are proliferating, and Americans are dropping their masks …."

* * * *

FDA Issues Warning About Counterfeit Covid Tests

On top of the increasing number of covid-related infections and deaths, last week the Food and Drug Administration put out a warning that the public needs to be aware of counterfeit at-home over the counter (OTC) COVID-19 diagnostic tests circulating in the United States.

According to a press release from the FDA, "Counterfeit COVID-19 tests are tests that are not authorized, cleared, or approved by the FDA for distribution or use in the United States, but are made to look like authorized tests so the users will think they are the real, FDA-authorized test."

The FDA is currently aware of two counterfeit at-home diagnostic tests: counterfeit Flowflex COVID-19 Antigen Home Tests and iHealth COVID-19 Antigen Rapid Test Kits. Here are some of the signs to look for in order to detect a counterfeit covid test:

- Poor print quality of images or text on the outside box label for the product or in the instructions for use included in the box.
- Missing information on the outside box label for the product, such as the lot number, expiration date, or barcode or QR codes.
- Grammatical or spelling errors found in product labeling.
- Components of the kits do not match the content description (for example, missing Instructions for Use, missing or unfilled components, different number of components than listed).
- Tradename for product printed on component or box labels differ from the authorized labeling found on the FDA website: **At-Home OTC COVID-19 Diagnostic Tests | FDA.**
- The box label or printed instructions for use look different from the authorized labeling found on the FDA website: At-Home **OTC COVID-19 Diagnostic Tests | FDA**.

You can more information about the FDA warning here: **Counterfeit Covid Tests**

* * * *

Drug Companies and Price Gouging

The high cost of prescription drugs is on the top of the list of concerns that many seniors have, especially as the increasing rate of inflation has forced so many seniors to spend their limited income on other necessary items.

TSCL has been fighting to get Congress to lower drug prices, but the legislation is blocked in the Senate because of disagreements between and among Republicans and Democrats.

Part of the reason for that is the huge amount of money the big drug companies have been spending to lobby Congress not to pass new legislation.

In addition, there has been infighting between various businesses and groups that are part of the complicated system that provides prescription drugs to the American people, one side blaming the other for the high prices, while also fighting to maintain their huge profits.

Last week, *StatNews*, a news source that reports exclusively on health care issues, published an article about a man who was "a pioneer of the argument that drugs were often underpriced and prices should be based on their value to patients and society, a strategy today known as value-based pricing. If someone thought the price was too high, then they simply needed to be educated about the drug's true value. It is an argument that drug companies have used to justify ever-higher prices."

The man, whose name is Mick Kolassa, was at one time "perhaps the most sought-after drug pricing guru in the United States."

But, according to the article, "… in recent years, he has mostly stepped away from consulting about drug pricing, dismayed by how companies were distorting the concept of 'value-based pricing' and taking advantage of a broken market to price gouge. According to the article, "The language of 'value' became not simply part of the decision-making process leading to those higher prices, but also the way to justify them to the public. It eventually replaced the traditional explanation of high R&D costs as the industry's go-to defense for high drug prices. "As more and more drug companies became aggressive on pricing, there were increases not just in launch prices but also in the emergence of regular price increases for drugs that were already on the market."

There is much more information in the article, and you can read it in its entirety by clicking on the link at the end of this article. But the article makes clear, as TSCL has been saying for a long time, drug prices are way too high, and Congress needs to take action immediately to lower drug prices – regardless of what the big drug companies are saying. Read the full article here: **Drug Pricing Playbook**

New Campaign Urges Senate Action on Prescription Drug Pricing

Medicare Rights recently joined over **70 organizations** to launch the campaign "Push For Lower Rx Prices." The groups are calling on the Senate to advance a reconciliation package by Memorial Day that includes the drug pricing provisions in the House-passed **bill**.

Medicare Rights has long supported reforms to lower drug prices and costs. This includes those approved by the House that would restructure Part D to correct misaligned incentives and cap beneficiary costs, allow Medicare to negotiate drug prices, and penalize drug manufacturers for price hikes that outpace inflation. Together, these policies would achieve historic coverage and affordability gains, better ensuring that all people with Medicare have meaningful access to care.

Voters agree. A new **national survey** demonstrates overwhelming bipartisan support for comprehensive prescription drug reform: 83% of voters back Medicare negotiation, 77% favor limiting annual drug price increases, and 67% want Congress to take action to lower prices set by manufacturers, not just reduce out-of-pocket costs.

Other recent **polling** from the Kaiser Family Foundation confirms that lowering prescription drug prices is the number one health care issue Americans want Congress to tackle this year.

That survey also found that high health care and prescription drug prices continue to weigh heavily on consumers. Half of all respondents delayed or went without care in the past year due to costs, and nearly one-third—including 43% of those with annual incomes under $40,000—did not fill a prescription, cut pills in half or skipped doses, or took an over-the-counter product instead of a prescription due to affordability concerns.

These findings underscore the need for swift action. Congress must immediately reform the nation's drug pricing system in ways that will strengthen Medicare and improve beneficiary well-being. Absent such intervention, unaffordability will continue to rise, pricing an ever-growing number of Americans out of needed **medications** and **coverage**, leading to worse health outcomes and higher costs in the future.

Learn more about the Push for Lower Rx Prices campaign.

Health insurance prices are soaring

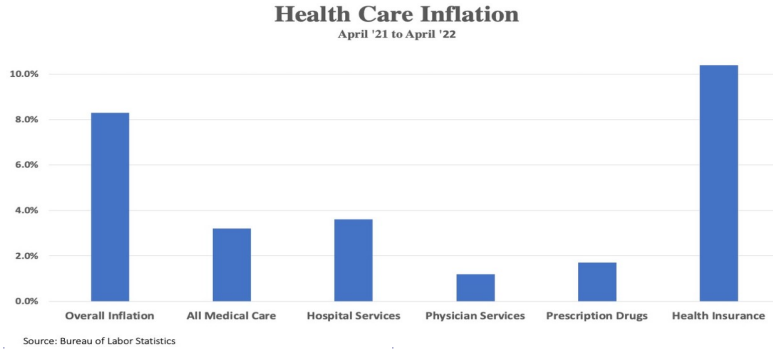
The national uproar over rising prices is justified. Every family on a budget — and that's most of us — suffers when prices rise faster than wages for the basic necessities of life like food, fuel, housing and ~~health~~ … Whoops, I was about to write health care, but when I dug deep into yesterday's inflation report, I discovered medical services prices rose just 3.5% over the past year, less than half the 8.3% rate for all goods and services.

This is pretty much in line with the past decade's trend in overall medical prices, which have gone up only 2.8% per year on average. That's one reason why overall healthcare spending as a share of the economy remained relatively stable over the past ten years at around 17-18% of gross domestic product.

That is, it was stable until COVID-19 came along. The massive government injection of cash into hospitals and physician offices, just as the economy was going into a tailspin, ballooned the sector's share of GDP to 20%. In other words, health care spending remained steady while the rest of the economy tanked.

However, the economy has recovered rapidly from the pandemic lockdowns. The latest government **forecast projects** health spending's share of the economy will return to pre-pandemic levels by the end of this year, largely because prices in the sector have remained relatively tame while prices elsewhere skyrocket.

So if prices for the delivery of health care remain under control, why are insurance prices, which presumably are based on the underlying cost of care, soaring? Last year, prices for health insurance rose a stunning 10.4%, which is even faster than inflation in the rest of the economy. While insurance prices are notoriously volatile and are even known to decline in some years (it's known as the insurance cycle — don't ask), prices for coverage have gone up on average 5.3% over the last decade or nearly twice the overall rate of health care inflation….**Read More**



Medicare Rights Center and Partners Ask CMS to Ease Transition Issues Ahead of End of Public Health Emergency

During the COVID-19 Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) created several exceptions to how Medicaid, Marketplace plan subsidies, and Medicare Savings Programs handled annual recertifications confirming people's continued eligibility for those programs. While these changes have been important to protecting continuity of care and coverage during the pandemic, as the PHE ends, older adults and people with disabilities could experience significant gaps in coverage and care unless CMS and states take steps to protect them.

MEDICARE RIGHTS CENTER Getting Medicare right Blog

This week, Medicare Rights and several other organizations sent a letter to CMS asking them to prioritize actions to protect those who have become eligible for Medicare during the PHE. These actions include providing direction and technical assistance to state Medicaid agencies and undertaking educational campaigns. If needed, avenues for relief should be established for people who miss their Medicare and Medigap enrollment periods, are improperly disenrolled from Medicaid, or are not enrolled in or assessed for a Medicare Savings Program to which they are entitled.

The end of the PHE poses coverage risks as states resume administrative work like redeterminations. Some individuals may have had changes in circumstances that will make them ineligible for current coverage, may have changed addresses that make them hard to contact, and may overlook the need to make coverage decisions or provide information. At Medicare Rights, we support and applaud the steps CMS has taken to make coverage transitions as painless as possible. We encourage a close look at measures that will enable older adults and people with disabilities to gain Medicare coverage seamlessly.

'Tragic Milestone': 1 Million American Lives Lost to COVID-19

It's a number many Americans have grimly expected but may still find hard to comprehend: Over one million of their fellow citizens killed by COVID-19.

"Today, we mark a tragic milestone: one million American lives lost to COVID-19," President Joe Biden remarked in a **speech** posted Thursday morning on the White House website. "One million empty chairs around the dinner table. Each an irreplaceable loss. Each leaving behind a family, a community, and a Nation forever changed because of this pandemic. Jill and I pray for each of them."

Biden ordered that U.S. flags be flown at half-staff Thursday in honor of those lost.

"As a Nation, we must not grow numb to such sorrow," Biden said. "To heal, we must remember. We must remain vigilant against this pandemic and do everything we can to save as many lives as possible."

The U.S. Centers for Disease Control and Prevention's **death tally** for COVID-19 in the United States stood at 995,747 as of Thursday morning, but that number is expected to reach one million soon. A COVID fatalities count compiled by trackers at **Johns Hopkins University** puts the toll near 999,000.

The first fatal case reported to the CDC occurred in Washington state on Feb. 29, 2020, although more recent investigations now suggest that the first American deaths may have occurred in early January of that year.

For many experts who've tracked COVID-19's relentless march through the population, it didn't have to be that way.

Dr. William Schaffner is medical director of the National Foundation for Infectious Diseases. He pointed the finger at the early politicization of the pandemic by the Trump administration, citing mixed messages and incomplete data that kept many Americans from taking steps that might have saved lives.

Communication is crucial in a pandemic, Schaffner said, and the United States failed to issue clear explanations and instructions as COVID surged across the nation.

"It became very political," Schaffner said. "In the very same press conference, you would have political leaders saying one thing and then public health leaders three minutes later saying something 180 degrees different. And that went on and on, causing an incredible amount of confusion and misinformation with which we're still dealing today."

"When the political leadership says in the same sentence that masks should be worn, but *they're* not going to wear them, you really have a problem," he said.

In the end, management of the crisis devolved to individual states, Schaffner noted. That set up a scenario resembling an out-of-sync orchestra.

In nations that fared better against SARS-CoV-2, "there's a [political] conductor, we're all playing off the same sheet of music"; something that Schaffner believes did not happen in the United States.

"Countries that had a national policy did better than those who fractionated their leadership," he explained.

Scientists weren't entirely blameless, either, Schaffner said.

"We epidemiologists were slow to realize that COVID was different from those other coronaviruses that jumped species to the human population," he said. "They were hard to transmit, and we thought initially that COVID was similar. It turned out to be a very different virus. It was transmitted very readily. It had a lot of asymptomatic infection and spread very, very rapidly. It took us epidemiologists too long to recognize that."

Another expert believes that the rapid advent and deployment of effective COVID-19 vaccines in 2021 could have been an opportunity to slow fatal COVID cases.

However, "the most significant aspect of the death toll is the fact that more deaths occurred *after* the vaccine was available than before," noted Dr. Amesh Adalja, senior scholar at the Johns Hopkins Center for Health Security, in Baltimore.

"An extremely high proportion of deaths are vaccine-preventable and were, in effect, chosen or willful because people turned away from the vaccines and bought into fallacious misinformation and conspiracy theories," Adalja said.

Few Eligible Families Have Applied for Government Help to Pay for Covid Funerals

On a humid August afternoon in 2020, two caskets — one silver, one white — sat by holes in the ground at a small, graveside service in the town of Travelers Rest, South Carolina.

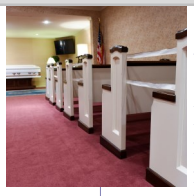
The family had just lost a mom and dad, both to covid-19.

"They died five days apart," said Allison Leaver, their daughter who now lives in Maryland with her husband and kids.

When Leaver's parents died that summer, it was a crushing tragedy. And there was no life insurance or burial policy to help with the expense.

"We just figured we were just going to have to put that on our credit cards and pay it off, and that's how we were going to deal with that," Leaver, a public school teacher, said with a laugh of resignation.

But then, in April 2021, the Federal Emergency Management Agency offered to **reimburse funeral expenses** for covid victims — up to $9,000, which is roughly the average cost of a funeral. And the assistance was retroactive.



Leaver applied immediately.

"If this horrible thing had to happen, at least we weren't going to be out the cash for it," she said.

A year into the program, the federal government has paid more than $2 billion to cover funeral costs for people who die of covid. More than 300,000 families have received reimbursement, averaging $6,500. But fewer than half of eligible families have started applications, and FEMA said there is no limit on the funding available at this time.

Many surviving family members have run into challenges or don't know the money is still available.

FEMA launched a massive **call center** to manage applications, hiring 4,000 contractors in Denver. Survivors must call to initiate the process, as applications are not accepted online. FEMA received a **million calls** on the first day, leaving many people waiting on hold.

Once Leaver talked to a representative, she started assembling the death certificates and receipts from the funeral home and cemetery. She uploaded them online — and heard nothing for months.

Eventually, she called and learned that one problem was that the receipts she submitted had different signatures — one was her husband's, another her sister's. And although it was a joint funeral, to get the full amount per parent, the government required separate receipts for each parent's funeral. Leaver said she was frustrated, but determined to get it done "come hell or high water." Plus, she said, it was summer break, and she had time.

But many other eligible families haven't applied or say they don't have time.

Clerical challenges have discouraged participation, especially for those whose loved ones died early in the pandemic, said Jaclyn Rothenberg, FEMA's chief spokesperson.

"Some people with death certificates didn't necessarily have covid listed as the cause of death," she said. "We do have a responsibility to our taxpayer stewards to make sure that that is, in fact, the cause." ...**Read More**

USPS wants to hike stamp prices in July.

The U.S. Postal Service is expected to increase prices in July, raising the cost of a Forever stamp from 58 cents to 60 cents. And that may not be the only price hike in the near future.

Postmaster General Louis DeJoy said May 5 he expected the Postal Service to continue to raise prices "at an uncomfortable rate" until the agency becomes self-sufficient.

The USPS proposed the rate increase a month ago, on April 6, the same **day President Biden signed the Postal Service Reform Act of 2022**, legislation meant to bolster the agency, which has faced **financial challenges** as well as stiff competition from shippers such FedEx and UPS.

In addition to ensuring six-day-a-week mail delivery, the new law is expected to save the agency an estimated $50 billion over the next decade, DeJoy said. That comes primarily from ending the requirement of the USPS paying into a health benefit fund for current and retired employees for 75 years into the future. Retired postal employees now are required to enroll in Medicare.

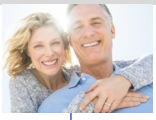
But the new law alone won't bring solvency to the agency, which has suffered 14 straight years of net losses. The USPS still expects to lose $110 billion over the next 10 years, DeJoy said while **speaking to a Postal Service board of governors meeting**.

Additional price increases are needed, DeJoy said, "until such time as we have accomplished our objective of projecting a trajectory that shows us becoming self-sustaining – as required by law."...**Read More**

The U.S. Postal Service has proposed the following price increases to take effect July 10.

Product	Current Prices	Planned Prices
♦ Letters (1 oz.)	58 cents	60 cents
♦ Letters (metered 1 oz.)	53 cents	57 cents
♦ Letters additional ounce(s)	20 cents	24 cents
♦ Domestic Postcards	40 cents	44 cents
♦ International Letter (1oz.)	$1.30	$1.40

Ingredients for living a good long life



Morey Stettner reports for **MarketWatch** on the ingredients for increasing your chances of living a good long life. Follow the science around nutrition and exercise. And, while genes help, don't assume a good long life is genetically predetermined.

Worldwide, only four in one thousand people live to 100. It's normal for them to have a vice or two, like eating ice cream regularly or having an occasional drink. It's all about moderation. What they tend to have in common is an upbeat perspective.

People typically live longer when they take pleasure in daily activities, such as smelling the roses and walking their dogs. They don't sweat the small stuff, especially things that are outside their control.

"People who live longer tend to be optimistic and manage their stress well," according to Tom Perls, M.D., Boston University School of Medicine. It's helpful not to internalize stress.

Interestingly, a lot of people who live long lives may suffer from serious health conditions but still enjoy their lives. Many of them can live on their own, though they might have had a stroke or heart disease. Their ability to live good lives stems from their resilience and good genes.

No question that genes contribute significantly to people's ability to have a good long life. So do **healthy diets, routine exercise** and a good weight. **Social engagement** is also extremely valuable.

Another factor contributing to whether you'll lead a good long life is cellular senescence. In brief, some of our cells are injured, stressed or otherwise hurt as we grow older. The number of these "senescent" cells in our bodies increases with time. They can spread toxins to other cells, preventing them from functioning properly and keeping people from leading long lives. Senescent cells lead to a variety of diseases.

As we age, we also develop biomarkers which can permit comparisons between people's chronological age and biological age. Not everyone ages at the same pace though no one yet understands why. Eventually the hope is to be able to intervene to slow down people's biological age and extend people's lives. For now, diet and exercise are two interventions that have been identified, but other types of exercise and foods that are best.

Social Security Benefits Lose 40% of Buying Power COLA for 2023 Could Be 8.6%

High inflation has caused Social Security benefits to lose 40 percent of their buying power since the year 2000 according to the latest update of an ongoing study by The Senior Citizens League (TSCL). "That's the deepest loss in buying power since the beginning of this study by The Senior Citizens League in 2010," says Mary Johnson, a Social Security policy analyst for The Senior Citizens League who conducted the research.

Based on the most recent consumer price data released today, the annual cost of living adjustment (COLA) for 2023 could be around 8.6 percent," Johnson estimates.

Social Security purchasing power tracked by this study plummeted by 10 full percentage points, from a 30 percent loss of buying power in March of 2021 to 40 percent in March 2022 — the largest such drop ever recorded by Johnson's study. The study compares the growth in the Social Security COLA adjustments with increases in the price of 37 goods and services typically used by retirees. While prices rose in almost every spending category, benefits were most impacted by sharp increases in energy costs for home heating, gasoline, and higher food prices, and a steep 14.5 percent increase in Medicare Part B premiums in January of this year.

This study examined expenditures that are typical for people ages 65 and up, comparing the growth in the prices of these goods and services to the growth in the annual COLAs. It includes cost increases in Medicare premiums and out–of–pocket health care costs that are not tracked under the index currently used to calculate the COLA.

The study found that since 2000, COLAs have increased Social Security benefits by a total of 64 percent, yet typical senior expenses through March 2022 grew by more than double that rate — 130 percent. The average Social Security benefit in 2000 was $816 per month. That benefit grew to $1,336.90 by 2022 due to COLA increases. Because retiree costs are rising so much faster than the COLA, this study found that a Social Security benefit of $1,876.70 per month or $539.80 per month more than currently paid would be required *just to maintain the same level of buying power as in 2000*. The following table illustrates the top ten of fastest-growing costs for older consumers from March 2021 to March 2022.

"Retirees know all too well that, Social Security benefits don't buy as much today, as when they first retired," Johnson notes. To put it in context, for every $100 of goods or services that retirees bought in 2000, today they would only be able to buy $60 worth," Johnson says.

To help protect the buying power of benefits, The Senior Citizens League supports legislation that strengthens and protects the annual cost of living adjustment and Social Security benefits. To learn more about these initiatives, visit **www.SeniorsLeague.org**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Why So Slow? Legislators Take on Insurers' Delays in Approving Prescribed Treatments

Andrew Bade, who was diagnosed with Type 1 diabetes nearly two decades ago, is accustomed to all the medical gear he needs to keep his blood sugar under control. His insulin pump contains a disposable insulin cartridge, and a plastic tubing system with an adhesive patch keeps in place the cannula that delivers insulin under his skin. He wears a continuous glucose monitor on his arm.

Bade, 24, has used the same equipment for years, but every three months when he needs new supplies, his health insurance plan requires him to go through an approval process called prior authorization.

Getting that approval can take as many as three weeks, and Bade sometimes runs out of insulin before it comes through. When that happens, the resident of Fenton, Michigan, makes do with leftover preloaded insulin pens. They're less precise than the pump, and he feels tired when he uses them. But they get him through.

"I don't understand why they're taking all this time to make these decisions and then they always say 'yes' anyway," Bade said.

Michigan legislators in April sought to help patients like Bade by approving **a law** that sets standards meant to hasten that process. Beginning in June 2023, health plans will have to act on non-urgent prior authorization requests in nine calendar days and on urgent requests in 72 hours. In 2024, the time frame for non-urgent requests will shrink to seven days.

"We are ecstatic that it passed," said Dr. Nita Kulkarni, an obstetrician-gynecologist in Flint and a member of the board of directors for the Michigan State Medical Society, which has pushed for the law for years. "It's a step in the right direction in decreasing the wait time for therapy."

Michigan's law is the most recent example of efforts by states, insurers, and doctors to un-gum a process that is notoriously sticky. Yet most of the initiatives have had limited success.

At least a dozen states have passed broad reforms, according to **tracking by the American Medical Association.** Others have passed narrower laws that target the process or certain types of medical care or drugs. However, state laws don't protect most patients because they are in so-called self-funded plans, in which the employer pays claims directly rather than buying insurance for that purpose. Self-funded plans are generally regulated by the federal government, not states. There's no broad protection at the federal level for people with commercial coverage.

A 2018 **consensus statement** issued by key health plan and medical provider groups to improve the process has been slow to make inroads.

Prior authorization requirements are intended to reduce wasteful and inappropriate health care spending. Few would disagree with that goal. Studies have found that about **a quarter of health care spending is wasteful,** whether because of overtreatment, overpricing, fraud and abuse, or problems with health care coordination and delivery.

Health plans say that **prior authorization requirements help** them protect patients' safety and improve the quality of care, in addition to rooting out waste and error. **Doctors disagree**. They say that the process too often leads to delays in patient care and that those delays can sometimes cause consumers to abandon treatment.

The complaints aren't confined to regular commercial coverage. A report released in April by the U.S. Department of Health and Human Services' inspector general examined a random sample of 250 prior authorization denials at 15 large Medicare Advantage plans in June 2019. It found that 13% of **prior authorization denials by Medicare Advantage plans** were for services that met Medicare coverage rules.

Health plans' use of such requirements continues to rise, according to medical groups. In a March poll, 79% of medical practices said that prior authorization **requirements had increased** in the previous year, according to the Medical Group Management Association.

Even though insurers and providers may fundamentally disagree on the usefulness of prior authorization, many agree that the process needs to be improved. The consensus statement listed several areas that the groups agreed need fixing….**Read More**

Arthroscopy: A Viable Treatment Option for Painful Hip Joints

College basketball player Joey Liedel suffered years of debilitating hip pain that limited his ability to play.

As a freshman at University of Detroit-Mercy, he was in constant discomfort. Eventually, the Erie, Mich., athlete underwent hip surgery and took some time off to get comfortable on the court again.

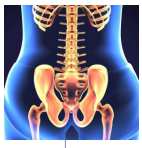
The 6-foot-1 guard had arthroscopy -- a type of minimally invasive surgery -- on both hips last fall to relieve so-called **hip impingement.** The condition is characterized by abnormal wear between the ball and socket of the hip joint.

"He's doing fantastic," said Dr. T. Sean Lynch, an orthopedics and sports medicine surgeon at Henry Ford Health System.

"I think he is a great example of a young athlete who, from diagnosis to treatment, has come back from not being able to play his sport by taking advantage of our one-stop surgical and performance program to help facilitate and speed up his recovery," Lynch said in a health system news release.

Liedel has no regrets. "Everything with Dr. Lynch has gone smoother than I thought was possible," the athlete said in the release.

For someone with hip pain, **arthroscopy** may provide a less drastic option than hip replacement surgery, Lynch noted.



Using this technique, a surgeon can diagnose and treat hip problems without making a large incision. It's been used for the past 20-25 years, with an estimated 75,000 to 100,000 procedures performed each year in the United States, according to Lynch.

"Most hip issues we see are with patients who have pain along the front side of their hip," said Lynch, who specializes in treating hip and knee issues in athletes and non-athletes.

"This pain is a result of sporting or daily activities. But with more people working remotely from home, the pain can be the result of sitting for long periods of time and going from sitting to standing," he added.

During hip arthroscopy, some small incisions are made in the skin. Then, a tool equipped with a camera or scope the size of a pencil can be inserted to inspect the hip joint.

Before hip arthroscopy was available, the only surgical option was hip replacement surgery, which is a major procedure. Most patients lived with pain, restricted motion and limited activity until getting a hip replacement, Lynch noted.

The benefits of hip arthroscopy include a faster recovery and less pain and tissue damage at the incision site. It's an outpatient procedure, so patients can go home the day of their surgery, Lynch said.

NSAIDS, Steroids for Back Pain: Is Too Much of Them a Bad Thing?

(HealthDay News) -- Persistent use of steroids and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen to treat acute lower back pain may actually turn it into a chronic condition, a new study warns.

However, some experts who expressed concerns about the study published in the journal **Science Translational Medicine** pointed out that it was not a clinical trial, which is the gold standard for medical research, *The New York Times* reported.

The findings by the team at McGill University in Montreal are based on observations of patients, an analysis of a large patient database and an animal study.

The study results suggest we "need to think further about how to treat our patients," lead investigator Dr. Luda Diatchenko, a professor who specializes in human pain genetics, told the *Times*.

Back pain is the most **common type of pain**, according to the U.S. Centers for Disease Control and Prevention.

The research is "intriguing, but requires further study," Dr. Steven Atlas, director of primary care practice-based research and quality improvement at Massachusetts General Hospital, told the *Times*.

That opinion was echoed by Dr. Bruce Vrooman, a pain specialist at Dartmouth Hitchcock Medical Center in New Hampshire. But Vrooman also told the *Times* that the study was "impressive in its scope" and added that if the findings hold up in a clinical trial, it could "force reconsideration of how we treat acute pain."

The study represents a "paradigm shift," Dr. Thomas Buchheit, director of the regenerative pain therapies program at Duke University, told the *Times*.

"There is this unspoken rule: If it hurts, take an anti-inflammatory, and if it still hurts, put a steroid on it," he said. But this study shows that "we have to think of healing, and not suppression of inflammation."

Current **guidelines** advise people with back pain to begin with exercise, physical therapy, heat or massage, which can be as effective as pain medications but don't cause the same side effects.

If those approaches don't work, patients can try NSAIDs like ibuprofen, the guidelines advise. Acetaminophen (best known as Tylenol) is not an anti-inflammatory.

Long COVID May Be Chronic, Require Anti-Inflammatory Meds: Study

New evidence suggests that long COVID patients suffer rampant inflammation that wracks the entire body -- and that easing that inflammation could be key to saving their lives.

Severe systemic inflammation during hospitalization for COVID increases the risk of dying within a year after the patient seemingly recovers, University of Florida researchers found.

The stronger someone's inflammation is during their hospitalization for COVID, the greater the likelihood of dying within a year of recovering from the initial infection, researchers report in the journal ***Frontiers in Medicine.***

In addition, patients prescribed anti-inflammatory steroids had a lower risk of death post-discharge than those who didn't receive the meds, researchers said, although that remains a controversial idea.

"COVID affects multiple organ systems with **inflammation**," said lead researcher Arch Mainous, vice chair for research at the University of Florida Department of Community Health and Family Medicine.

"Our data is definitely suggestive that maybe it is worth treating people with some sort of anti-inflammatory" after they leave the hospital.

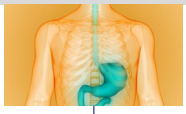
This new research follows up on a **UF study from late last year,** which found that people who recovered from severe COVID were more than twice as likely to die within the next year from any cause, compared to people with mild to moderate COVID who weren't hospitalized or people never infected, Mainous said.

"So the question that came up was, why is that?" Mainous said. "Why would that be?"

To find an answer, Mainous and his colleagues tracked more than 1,200 COVID patients treated at UF for COVID-19 between January 2020 and December 2021, to see how they fared during the year following their recovery.

The research team specifically looked at each patient's levels of C-reactive protein (CRP), an enzyme secreted by the liver as part of the immune response. CRP is a common measure of systemic inflammation. **Read More**

Big Rise in Esophageal Cancers Among Middle-Aged Americans



Esophageal cancer tends to be a "silent killer," and it's on the rise among middle-aged Americans, new evidence suggests.

The rate of this cancer nearly doubled among people aged 45 to 64, and the prevalence of Barrett's esophagus -- a precancerous condition -- rose by about 50% in this age group between 2012 and 2019. The esophagus is a hollow tube tasked with carrying food and liquid from the throat to your stomach.

The exact reason for the uptick of esophageal cancer in younger folks is not fully known, but soaring rates of obesity, unhealthy diets, and chronic heartburn or gastroesophageal reflux disease (GERD) are likely factors, and they all tend to travel together, said study author Dr. Bashar Qumseya. He's an associate professor of medicine and chief of endoscopy at the University of Florida.

Chronic heartburn leads to Barrett's esophagus, which is marked by abnormal changes in the cells that line the esophagus.

This increase in rates of esophageal cancer in younger people mirrors what has been seen in colon cancer.

"With colon cancer, we used to recommend screening at age 50, and then we saw compelling evidence that the rate was going up in younger people, so some groups now call for screening at age 45," said Qumseya.

It may be time to do the same for esophageal cancer screening if a person has other risk factors, he said. These include alcohol use and smoking.

"If you have reflux and other **risk factors for esophageal cancer**, consider getting a screening **endoscopy** when you undergo your colonoscopy to screen for colon cancer," Qumseya said. Both tests can be done at the same time. There are no screening guidelines for esophageal cancer yet.

The disease is called a silent killer because symptoms often go unnoticed until the cancer has progressed.

For the study, the researchers tapped into the electronic health records of about 5 million people in Florida. They looked for rates of esophageal cancer and Barrett's esophagus among people in three age categories: 18 to 44, 45 to 64, and 65-plus.

Researchers found rates plateaued among the oldest group. They said the rise in rates of esophageal cancer among middle-age adults isn't due to more aggressive screening. There was no increase in the rate of endoscopy during the study period….**Read More**

Is Paxlovid, the Covid Pill, Reaching Those Who Most Need It? The Government Won't Say

As the nation largely abandons mask mandates, physical distancing, and other covid-19 prevention strategies, elected officials and health departments alike are now championing antiviral pills. But the federal government isn't saying how many people have received these potentially lifesaving drugs or whether they're being distributed equitably.

Pfizer's Paxlovid pill, along with Merck's molnupiravir, are aimed at preventing vulnerable patients with mild or moderate covid from becoming sicker or dying. More than 300 Americans still **die from covid** every day.

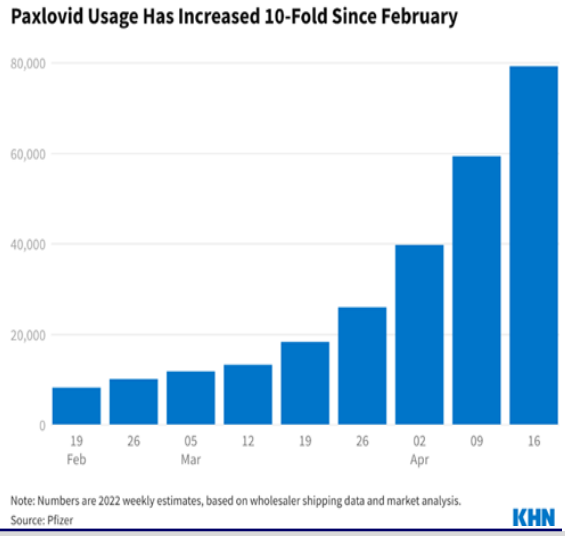
National supply counts, which the Biden administration has shared sporadically, aren't the only data local health officials need to ensure their residents can access the treatments. Recent federal changes designed to let large pharmacy chains like CVS and Walgreens efficiently manage their supplies have had an unintended consequence: Now many public health workers are unable to see how many doses have been shipped to their communities or used. And they can't tell whether the most vulnerable residents are filling prescriptions as often as their wealthier neighbors.

KHN has repeatedly asked Health and Human Services officials to share more detailed covid therapeutic data and to explain how it calculates utilization rates, but they have not shared even the total number of people who have gotten Paxlovid.

So far, the most detailed accounting has come from the drugmakers themselves. Pfizer CEO Albert Bourla reported on a **recent earnings call** that an estimated 79,000 people received Paxlovid during the week that ended April 22, up from 8,000 a week two months earlier.

Unlike covid **vaccinations or cases**, HHS doesn't track the race, ethnicity, age, or neighborhood of people getting treatments. Vaccination numbers, initially published by a handful of states, **allowed KHN to reveal** stark racial disparities just weeks into the rollout. Federal data showed that Black, Native, and Hispanic Americans have **died at higher rates** than non-Hispanic white Americans.

Los Angeles County's Department of Public Health has worked to ensure its 10 million residents, especially the most vulnerable, have access to treatment. When Paxlovid supply was limited in the winter, officials there made sure that pharmacies in hard-hit communities were well stocked, according to Dr. Seira Kurian, a regional health officer in the department. In April, the county launched its own **telehealth service** to assess residents for treatment free of charge, a model that avoids **many of the hurdles** that make treatment at for-profit pharmacy-based clinics difficult for uninsured, rural, or disabled patients to use….**Read More**



Could Eye Trouble Bring Lower Scores on Seniors' Thinking Tests?

Poor eyesight makes it harder to read and easier to trip. But it can also lead to a misdiagnosis of mild mental decline in older people, according to a new, small study.

That can happen if someone's thinking abilities are assessed using vision-dependent tests, researchers explained.

They noted that as many as 1 in 4 people older than 50 have undiagnosed vision problems such as **cataracts** or **age-related macular degeneration** (AMD), which could skew visual assessments of their mental sharpness.

AMD doesn't cause complete vision loss but severely impairs the ability to read, drive, cook and even recognize faces. It has no effect on mental function (cognition).

Visual impairments affect about 200 million seniors worldwide, said study leader Anne Macnamara, a Ph.D. candidate at the University of South Australia.

"A mistaken score in cognitive tests could have devastating ramifications, leading to unnecessary changes to a person's living, working, financial or social circumstances," Macnamara warned in a university news release.

For example, if a mistaken score contributed to a diagnosis of mild cognitive impairment, it could trigger psychological problems including depression and anxiety, Macnamara explained.

This study included 24 participants with normal vision who were asked to complete two cognitive tests, one dependent on vision and one dependent on verbal skills. They did the tests with and without goggles to simulate AMD….**Read More**

Risk Factors for Dementia May Change With Age

Dementia risk factors appear to shift with age, and experts say knowing that could help people make lifestyle changes to reduce their chances of developing the disease.

"**Dementia** is a complicated disease and risk prediction scores need to be tailored to the individual," said Emer McGrath of the National University of Ireland Galway, lead author of a **new study**. "Our findings support the use of age-specific risk prediction scores for dementia instead of a one-size-fits-all approach."

For the study, the researchers analyzed data collected from nearly 4,900 Americans enrolled in the **Framingham Heart Study**. The participants were followed from roughly age 55 to 80, and were tracked from age 65 to see who developed dementia.

Participants who had diabetes at age 55 were over four times more likely to develop dementia later on than those without diabetes at that age.

The investigators also found that people with **high blood pressure** at 55 were more likely to develop dementia, and the risk rose about 12% with every 10-point increase in systolic blood pressure, the top number in the reading.

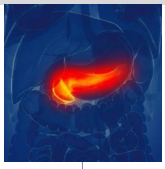
People who had heart disease, but not stroke, at age 65 were nearly twice as likely to develop dementia, the findings showed.

Those in their 70s who had diabetes and stroke were more likely to develop dementia, and 80-year-olds who had either a stroke or diabetes were between 40% and 60% more likely to do so, according to the report published online May 18 in the journal ***Neurology***.

"These findings can help us to more accurately predict a person's future risk of developing dementia and make individualized recommendations on lifestyle changes and risk factor control to help **reduce their risk of dementia** later on," McGrath said in a journal news release.

The study authors noted that most of the study participants were white, so the findings may not apply to those in other racial and/or ethnic groups

Gallstones Can Warn of Pancreatic Cancer Risk



A diagnosis of **pancreatic cancer** may feel like a death sentence because this fast-moving disease is often discovered at a later stage, when it's harder to treat.

Now, a new study offers hope for earlier diagnosis, finding an association between recent **gallstone disease** and pancreatic ductal adenocarcinoma (PDAC).

Patients diagnosed with PDAC were six times more likely to have had gallstones sometime within the year before they were diagnosed than patients without cancer, the researchers found.

"I think that what I really hope people take away from it is that patients need good follow-up care," said study author Dr. Marianna Papageorge, a research fellow at Boston Medical Center. "And that's all patients, obviously, but especially for patients that are presenting with gallstone disease or have their gallbladder removed. These patients need to make sure that they're seeing someone afterwards, their primary care physician, their surgeon, whoever it is, so that if another symptom pops up, they can be addressed in a timely manner."

And, Papageorge added, if the patient with gallstones has a family history of pancreatic cancer, the physician should consider the possibility of pancreatic cancer.

The study also found that patients who had gallstone disease and pancreatic cancer were more likely to be diagnosed at earlier stages and also more likely to receive curative surgery, Papageorge noted.

In the study, researchers used records from 2008 to 2015 in a Medicare database, finding 18,700 PDAC patients and comparing them to an average of nearly 100,000 patients per year.

The team found that 4.7% of those with PDAC had received a diagnosis of gallstone disease in the year before their cancer diagnosis. About 1.6% had their gallbladders removed.

By comparison, in those without a cancer diagnosis, only 0.8% had a gallstone diagnosis and 0.3% had their gallbladders removed

"We weren't able to determine causal interactions, but one hypothesis is that it causes inflammation in the area of the pancreas, so this chronic irritation inflammation that also that might ultimately be leading to dysplasia and then ultimately carcinoma," Papageorge explained. ….**Read More**

Heavy Antibiotic Use Tied to Development of Crohn's, Colitis

The more antibiotics that seniors take, the greater their risk of inflammatory bowel disease (IBD), a new study suggests.

The findings could help explain some of the increase in **Crohn's disease and ulcerative colitis** (common types of IBD) among older adults, according to the study authors.

"In older adults, we think that environmental factors are more important than genetics," said lead researcher Dr. Adam Faye. He is an assistant professor of medicine and population health at NYU Grossman School of Medicine, in New York City.

"When you look at younger patients with new diagnoses of Crohn's disease and ulcerative colitis, there's generally a strong family history. But that is not the case in older adults, so it's really something in the environment that is triggering it," Faye said in a news release from the upcoming Digestive Disease Week meeting.

For the study, Faye and his colleagues analyzed prescribing records for 2.3 million adults aged 60 and older in Denmark who were newly diagnosed with IBD from 2000 to 2018.

The investigators found a link between any antibiotic use and higher rates of IBD, and the risk rose significantly with each course of antibiotics.

Compared to those with no antibiotic use in the previous five years, one course of antibiotics was associated with a 27% higher risk of a new IBD diagnosis, two courses with a 55% higher risk and three courses with a 67% higher risk. Four courses were tied to a 96% higher risk, and five or more courses with a 236% higher risk, the researchers reported.

Those who'd taken antibiotics within the previous one or two years had the highest rates of new IBD diagnoses, but the risk remained elevated for those who took the drugs in the previous two to five years, the study found.

The increased risk of IBD was found for all types of antibiotics except **nitrofurantoin**, which is commonly prescribed for urinary tract infections. Antibiotics typically prescribed for gastrointestinal infections were the most likely to be associated with a new IBD diagnosis.

The findings show that doctors should consider IBD when seeing older adults with new gastrointestinal symptoms, especially if they have a history of antibiotic use, Faye said.

The study also highlights the need for cautious use of antibiotics to prevent IBD and **antibiotic resistance**….**Read More**

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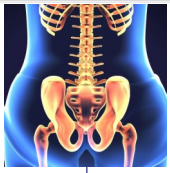

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Using this technique, a surgeon can diagnose and treat hip problems without making a large incision. It's been used for the past 20-25 years, with an estimated 75,000 to 100,000 procedures performed each year in the United States, according to Lynch.

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