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RI ARA

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"Fighting for the future of our members."
"NOW, more than ever!!!"

August 9, 2020 E-Newsletter

Publication 2020 Issue 32
Published in house by the
RI ARA

At 55, Medicare is going strong, at least for now

On July 30, Medicare turned 55. Notwithstanding myriad attempts by conservatives to destroy it, Medicare continues to withstand the test of time. Medicare offers health and financial security to more than 60 million older adults and people with disabilities. At a telepresser–a virtual conference–union representatives, small business entrepreneurs, doctors and members of Congress spoke about our need to improve and expand Medicare to everyone.

Think about it, if you have **traditional Medicare**, the tried and true government-administered health care plan, you can:

- Get care from almost any doctor and any hospital in the United States.
- Go directly to the doctor or hospital for care without any administrative hassles.
- Know in advance that your care will be almost fully covered if you have supplemental insurance.
- Budget for your care.
- Sleep soundly at night knowing that you can get the care you need when you need it.

Medicare needs to be improved. It should have an out-of-pocket cap so you don't need supplemental insurance to protect yourself financially and it should have additional benefits. But, no other insurance gives you the health security that traditional Medicare offers wherever and whenever you need care.

Congresswoman Pramila Jayapal spoke about how we can see even more clearly now with the coronavirus pandemic how expecting people to get private health insurance through their jobs jeopardizes their health and well-being. We not only have an economic crisis, we also a public health crisis. The case for Medicare for all has been made by the 151,000 Americans who have lost their lives to COVID-19, by the tens of thousands of people who have been charged extraordinary sums for their care, for the many Americans at risk of bankruptcy.

No person under 65 can go to the hospital or the doctor's office and feel secure that their insurer will cover the full cost of their care or that their health care providers won't bill them for services that are not covered.

Small businesses are reeling because of the private health insurance system. Instead of being able to concentrate on their businesses, small business owners are caught up in trying to ensure their employees have health care. With **Medicare for all,** they would be able to give their businesses the time and attention they need.

Unionized workers are losing their jobs and their health insurance.The co-president of UNITEHERE Local 11, Ada Briceno, explains that workers need the protection of guaranteed and universal health care. Improving and expanding Medicare to everyone would also allow unions to negotiate for benefits such as fair wages and retirement security instead of spending most of their energy on health care.

To end the novel coronavirus pandemic and protect everyone, we need to improve and expand Medicare to everyone. Dr. Susan Rogers, the incoming president of Physicians for a National Health Program (PNHP) explains how our current profit-driven private health insurance system unfairly discriminates against people of color and people with low incomes: "People of color are more likely to suffer from chronic diseases which leaves them more vulnerable to the coronavirus and housing in high poverty neighborhoods make social distancing near impossible."

Important INFORMATION

The Coalition To Repeal the Government Pension Offset (GPO)
& the Windfall Elimination Provision (WEP)
National Call In Days August 10 - 14, 2020
Call your Congressperson at 1-855-626-6011 tell him or her to support H. R. 141

The Alliance for Retired Americans has brought together a coalition of organizations and individuals that support the repeal of the GPO and WEP immediately and urge all who are appalled by this injustice to join the fight. The bill this Congressional Session is H.R. 141

Ask that he/she WORK to get the repeal of GPO/WEP passed in Congress *THIS YEAR*.
Be sure to tell him/her why it is important to you.
(if you have called before, ask what he/she is doing to move the bill, and how we can help)

Thank the Congressperson who have co-sponsored H.R. 141,
OR ask those who have not to sign on as a co-sponsor.

Click Here To See If Your Congressperson Is a Co-Sponsor

ADD YOUR NAME

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

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Coronavirus: McConnell responds with a proposal to cut Social Security and Medicare

Senate Majority Leader Mitch McConnell (R-KY) is responding to the coronavirus pandemic with the **HEALS Act**, legislation which is designed, among other things, to cut Social Security and Medicare. McConnell and his fellow Senate Republicans' next stimulus package includes provisions that would allow Congress to slash Social Security and Medicare behind closed doors and quickly.

Instead of a bill that would strengthen Americans' economic security, the Senate Republicans' $1 trillion bill would endanger it. It incorporates a bill introduced by Mitt Romney, The TRUST Act, which would establish a bi-partisan committee to look at ways to reduce people's earned Medicare and Social Security benefits.

Through the HEALS Act, the Trump Administration and the Republicans in Congress could trade aways retirement security for Americans under the pretense that it was reducing the deficit. But, Social Security has no effect on the deficit, as **Ronald Reagan explained** years ago. And, Medicare is critical to the health security of older adults and people with disabilities and should not be cut.

It's up to the Democrats to refuse to entertain a stimulus package that includes **the TRUST Act**. Cuts to Social Security and Medicare are wrong, unnecessary and have nothing at all to do with fighting the coronavirus pandemic or promoting people's economic security. What's more, the **Republican bill** reduces weekly emergency unemployment checks by $400 to $200, while allocating $1.75 billion to new headquarters for the FBI.

Alex Lawson of Social Security Works reports that "Prominent Democrats are speaking out against it, including Sen. Ron Wyden (D-OR), the ranking member of the Senate Finance Committee and lead Senate negotiator on the relief packages."

The **Republican bill** does include a second round of $1,200 stimulus checks for Americans with annual adjusted gross incomes at or below $75,000 for single filers, $112,500 for head of household filers, and $150,000 for married couples who file jointly. Married couples each receive $1,200. And, they receive $500 more for each qualifying child. This is one area where the Democrats and Republicans appear to be almost aligned. The Democrats want Americans to receive $1,200 for each qualifying child.

Study says that young children carry as much coronavirus in their noses as adults

The study could mean that children can easily spread the virus, although more research is necessary.

Children under 5 can carry just as much of the coronavirus in their noses as older children and adults, researchers at Lurie Children's Hospital of Chicago reported Thursday.

The study, published in the journal JAMA Pediatrics, raises the possibility that young kids may be able to spread COVID-19 as easily as adults, even if they aren't that sick.

Dr. Taylor Heald-Sargent, a pediatric infectious disease specialist at Lurie Children's, and her colleagues analyzed data from the diagnostic tests of 145 COVID-19 patients who had mild to moderate cases of the illness. The tests look for pieces of the **virus's RNA, or genetic code,** to make a diagnosis.

The 145 patients were split into three groups: those under 5, those ages 5 to 17, and adults ages 18 to 65.

"Children had equal — if not more — viral RNA in their noses compared to older children and adults," Heald-Sargent said.

Compared to adults, the young kids had anywhere from 10 to 100 times the amount of viral RNA in their upper respiratory tract, the study authors wrote.

"This supports the idea that children are able to get infected and replicate virus and therefore shed and transmit virus just as much as older children and adults," she said, noting that more research is needed to confirm this. Indeed, "you can have somebody who has high viral load in the nose, but that doesn't mean necessarily that they're going to spread more than somebody who has a little less," said Dr. Rick Malley, a senior physician in pediatrics in the division of infectious diseases at Boston Children's Hospital.

"We don't know that for sure," Malley, who was not involved with the new study, said.

Still, the findings add another layer to the complex question of whether schools should reopen their doors for the fall semester, and if so, how do to so safely….**Read More**

Can you protect nursing home residents in a profit-driven system?

A story in **The Guardian** about corporate entities that buy up nursing homes, with the goal of squeezing as much profit out of them as possible and no regard for their residents, speaks volumes about the horrific nature of our profit-driven health care system. Because nursing homes can operate as for-profit facilities –even when Medicare and Medicaid are paying their bills– they too often become storage units for frail and vulnerable Americans.

Storage units? That might be too kind a description. Many nursing facilities have become places that do not provide staff to care properly for their frail and vulnerable residents. Instead, our taxpayer dollars flow to their owners, through Medicare and Medicaid, who buy and sell them like used cars, after pocketing as much money from them as possible. They often engage a skeletal staff at a low wage to care for the residents. Here's one example:

Multi-millionaire Joseph Schwartz owns Skyline Healthcare LLC, which receives millions of Medicare and Medicaid dollars to provide care to patients in its 100-plus nursing facilities. But, Schwartz abandons these facilities without bothering to let the staff or residents' families know he's sold off the property. Schwartz leaves staff unpaid, without benefits or recourse, and residents sitting in their feces, unfed, without electricity or care. He left one pharmacy without payment for $200,000 in prescription drugs. And, since the novel coronavirus pandemic, police went to one Skyline facility and found 17 people dead and lying atop one another in a four-person morgue.

According to the Guardian, over the last 20 years or so, it has become extremely common for corporate entities to buy nursing facilities, realize as much profit as possible, and then sell them. Sometimes, state governments have come to the rescue.

For-profit nursing homes need to be better regulated. But, what would that mean? How would regulation protect against owners who have no interest in anything other than taking the Medicare and Medicaid revenue and running.

Massive fraud is common at nursing homes. Patient neglect is often the norm. And, **eviction of residents** is not uncommon….**Read More**

New Data Show Persistent Disparities in COVID-19 Cases

This week, the Centers for Medicare & Medicaid Services (CMS), the agency that oversees the Medicare program, released **more data** showing the impact of COVID-19 on people with Medicare. As with **previous data,** this information confirms that communities of color and people who are enrolled in both Medicare and Medicaid or who have End-Stage Renal Disease (ESRD) are disproportionately affected by the virus.

The data snapshot is preliminary and is based on Medicare claims from January 1 to June 20. In the coming months, more information will be available, including from Medicare Advantage plans, that will fill in some of the current reporting gaps.

The racial and ethnic data show that the highest incidence of COVID-19 cases is in Black populations, with more than double the infection rate of their white counterparts. Hispanic/Latino people with Medicare have the second highest incidence. These new data also break out the experiences of American Indian and Alaskan Natives for the first time, revealing that they trail only Black and Hispanic/Latino case rates by population. Black enrollees are also nearly four times more likely than whites to be hospitalized due to the virus, while American Indian and Alaskan Natives are nearly three times more likely.

The number of cases among people with ESRD is also extremely high, nearly five times greater than it is for either older adults or people with disabilities without ESRD. The rate of hospitalization for ESRD beneficiaries is a staggering nine times higher.

Similar disparities can be found in the data for people who are dually eligible for both Medicare and Medicaid, with this population having over four times the rate of cases and nearly five times the rate of hospitalization compared with those who have Medicare only.

Importantly, these reports underscore **previous data** that **revealed striking differences** in how various racial and ethnic groups have been affected by coronavirus. And these findings are sadly not unique. Structural racism has long been a primary driver of health disparities and unequal outcomes, and this pandemic has laid many of these inequities bare. In particular, Black people have less access to care, especially high-quality care, and higher exposures to stressors like pollution, poverty, and both explicit and implicit bias in everything from housing to employment to the criminal justice system than their white counterparts.

We continue to urge all policymakers to prioritize righting these wrongs. To do so, we must track and report comprehensive data, and identify opportunities to repair the flaws in our health, legal, and social systems. We especially **urge Congress** to center people with Medicare and promote health equity program-wide in any new coronavirus relief packages.

This is part an ongoing series of Medicare Watch articles that explores the disparate impacts of the coronavirus on communities of color, as well as reasons for these outcomes and needed policy solutions. Working together, we can reduce barriers that keep older adults and people with disabilities from living with dignity and choice.

Don't Count on Lower Premiums

When COVID-19 smacked the United States in March and April, health plans feared medical costs could skyrocket, jacking up premiums drastically in 2021, when millions of the newly unemployed might still be out of work.

But something else happened: Non-COVID care collapsed as hospitals emptied beds and shut down operating rooms to prepare for an expected onslaught of patients sickened by the coronavirus, while fear of contracting it kept people away from ERs, doctors' offices and outpatient clinics. In many regions of the country, the onslaught did not come, and the billions of dollars lost by hospitals and physicians constituted huge savings for health plans, fattening their bottom lines.

But that doesn't mean consumers will see lower premiums next year.

Numerous insurers across the country have announced plans to hike rates next year, though some have proposed cuts.

Peter Lee, executive director of Covered California, appeared skeptical about premium reductions in the state's Affordable Care Act exchange, which is likely to announce 2021 health plan rates next week.

"Would we like zero increases? Absolutely. Would we like them negative? Yeah — but not if that means you're going to increase premiums in a year by 20%," Lee said in an interview with **California Healthline** this week. "We've been leaning on them to do what we always lean on them to do, and this is to have the lowest possible rates where you won't be on a rate roller coaster. We want health plans to price right — not to price artificially low or artificially high."

Covered California provides coverage for about 1.5 million residents who buy their own insurance.

If the insurance exchanges in other states offer any guidance for Covered California, it is in the direction of moderate premium increases for 2021, though there is wide variation.

A KFF **analysis** last week of proposed 2021 rates in the exchanges of 10 states and the District of Columbia showed a median increase of 2.4%, with changes ranging from a hike of 31.8% by a health plan in New Mexico to a cut of 12% in Maryland. (Kaiser Health News, which produces California Healthline, is an editorially independent program of KFF.)

Among the roughly one-third of filings that stated how much COVID-19 added to premiums, the median was 2%, with estimates ranging from minus 1.2% at a plan in Maine to 8.6% at one in Michigan.

The proposed premiums for ACA marketplace plans do not affect job-based coverage, but they may indicate how the pandemic is affecting premiums generally.

The consensus among industry experts is that COVID-19 has generated little pressure for rate rises, and health plans should err on the side of moderation. But some fear that many insurers will hold onto the reserves they've built up, citing the possibility of widespread vaccinations and concerns that the care forgone in 2020 could rebound with a vengeance next year.

"The tendency of health plans, when they are faced with any degree of uncertainty, is to be very conservative and price for the worst-case scenario," said Michael Johnson, an industry observer and critic who worked as an executive at Blue Shield of California from 2003 to 2015. "Actuaries are less likely to get fired if the plan prices too high than if the plan prices too low. But I think regulators really need to push back hard on that."

Lee said all 11 insurers participating in the exchange this year will remain in 2021, and no new ones will be added to the mix, though some of the current carriers will extend their coverage geographically. Ninety percent of consumers who buy their own health insurance get subsidies from the federal government or the state to help pay their premiums….**Read More**

Fauci Unfazed as Scientists Rely on Unproven Methods to Create COVID Vaccines

With millions of lives on the line, researchers have been working at an unprecedented pace to develop a COVID-19 vaccine.

But that speed — and some widely touted breakthroughs — belie the enormous complexity and potential risks involved. Researchers have an incomplete understanding of the coronavirus and are using technology that's largely unproven.

Among many worries: A **handful of studies** on COVID-19 survivors suggest that antibodies — key immune system proteins that fight infection — **begin to disappear** within months. That's led scientists to worry that the protection provided by vaccines could fade quickly as well. Some even **question whether vaccines will really end** the pandemic. If vaccines produce limited protection against infection, experts note, people will need to continue wearing masks and social distancing even after vaccines roll out.

Yet in an interview with KHN, the country's top infectious disease expert, Dr. Anthony Fauci, said he's "cautiously optimistic" that researchers will overcome such obstacles.

"We know the body can make an adequate response against this virus" after two shots of a vaccine being tested, Fauci said. "There's no reason to believe that we won't be able to develop a vaccine against it."

Because **early-stage trials** began **just a few months ago,** doctors don't know how long antibodies in vaccinated people will last, he said.

Scientists will get answers to some of their questions from the country's **first large-scale COVID-19 vaccine trial**, launched this week by the National Institutes of Health and Moderna at 89 locations around the country.

"Once we get a protective response, we will see how long it lasts," Fauci said. "If we don't get as long a response as we want, we can always give a booster shot."

The **leading vaccine candidates** are based on new approaches that have **never resulted in a licensed vaccine**. Moderna, a relatively young company, has yet to produce any approved vaccines.

"Even more so than usual, as we create vaccines, we're sailing in uncharted water," said Dr. William Schaffner, a professor at the Vanderbilt University School of Medicine.

If approved, a COVID vaccine created by researchers at **Oxford University and drugmaker AstraZeneca** would be the first licensed vaccine to use a virus that causes colds in chimpanzees but doesn't sicken people. Scientists use the cold virus to deliver key elements of the vaccine into a patient's body. In this case, the virus delivers the gene that instructs the cell to make the spike protein, which helps the novel coronavirus enter cells.

Early studies show that the Oxford vaccine stimulates the immune system as intended. If the vaccine is successful, these antibodies and other immune cells will recognize and neutralize the spike protein if they encounter it again, protecting people from disease.

Two other candidates — a vaccine from **Moderna** and another from *Pfizer and BioNTech*, a German company — were also developed with novel methods. They use genetic material from the coronavirus called **messenger RNA**, or mRNA.

Unlike traditional vaccines, which expose the body to a viral protein to stimulate the immune system, **mRNA acts as an instruction kit**, telling the body how to construct the proteins itself….**Read More**

Where We Are and Where We Need to Go to Enhance Medicare for All Beneficiaries

Today we celebrate the 55th anniversary of the Medicare and Medicaid programs. Just days ago we celebrated the 30th anniversary of the *Americans with Disabilities Act* (ADA). These landmark laws have vastly improved the lives of Americans and remain legislative monuments to what policymakers can achieve when they truly focus on the needs of their constituents.

In 2015, for Medicare's 50th anniversary, the Center for Medicare Advocacy published a series of articles entitled ***Medicare Matters: 50 Insights for Medicare's 50th Anniversary***. These articles highlighted Medicare's past, including its key role in integrating hospitals, reducing poverty, providing economic security, expanding coverage to certain individuals with disabilities in 1972, adding coverage for hospice care in 1983, and moving forward through the *Affordable Care Act* (ACA) enhancements in 2010. As noted by former U.S. Senator Christopher J. Dodd, who contributed to the Center's 50th Anniversary series:

For half a century our nation, through Medicare, has made a sacred trust, a promise to our seniors. A promise which says that after a lifetime of hard work and paying into the system, they could enjoy the dignity of a secure retirement that includes quality, accessible health care. […] I can think of no more successful or widely supported federal program within the last century, and the American people must continue to fulfill this promise by supporting and strengthening Medicare for another 50 years and beyond."

The 50th anniversary series also highlighted how much work remains to be done in order to make the Medicare program work better for all those it serves. This includes the need to fill in coverage gaps, including oral health, vision, hearing, and long-term care; strengthening cost-sharing protections; and addressing the danger of further privatization of the program.

In the 5 years since these articles were written, there have been several bills signed into law that are a mixed bag for Medicare beneficiaries. For example, the 2015 *Medicare and CHIP Reauthorization Act* (MACRA) overhauled the flawed Medicare physician payment system, and made permanent the Qualified Individual (QI) program, which helps low-income beneficiaries. However, MACRA also added deductibles to Medigap plans, thereby limiting options for people who want to remain in traditional Medicare. MACRA also further means-tested Parts B and D premiums for high-income beneficiaries, further undermining the universality of the Medicare program. The 2016 *21st Century Cures Act* (**CURES**), on the one hand allows people with end-stage renal disease (ESRD) to enroll in Medicare Advantage plans starting in 2021, but, on the other hand, did not correspondingly expand federal Medigap rights for those with ESRD, and reinstated an enrollment period which favors beneficiaries in Medicare Advantage plans vs. those in traditional Medicare.

The *Bipartisan Budget Act of 2018* (**BBA**) repealed the harmful Medicare outpatient therapy caps and included the Steve Gleason Enduring Voices Act which permanently fixes restrictions in the law that limited Medicare coverage and access to Speech Generating Devices (SGDs), but it also made changes to the home health provider payment system that have reduced access to Medicare-covered home care, and yet again, further means-tested Parts B and D premiums for higher-income individuals.

...**Read More**

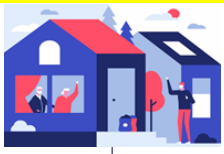
What Seniors Can Expect as Their New Normal in a Post-Vaccine World

Imagine this scenario, perhaps a year or two in the future: An effective COVID-19 vaccine is routinely available and the world is moving forward. Life, however, will likely never be the same — particularly for people over 60.

That is the conclusion of geriatric medical doctors, aging experts, futurists and industry specialists. Experts say that in the aftermath of the pandemic, everything will change, from the way older folks receive health care to how they travel and shop. Also overturned: their work life and relationships with one another.

"In the past few months, the entire world has had a near-death experience," said Ken Dychtwald, CEO of Age Wave, a think tank on aging around the world. "We've been forced to stop and think: I could die or someone I love could die. When those events happen, people think about what matters and what they will do differently."

Older adults are uniquely vulnerable because their immune systems tend to deteriorate with age, making it so much harder for them to battle not just COVID-19 but all infectious diseases. They are also more likely to suffer other health conditions, like heart and respiratory diseases, that make it tougher to fight or recover from illness. So it's no surprise that even in the future, when a COVID-19 vaccine is widely available — and widely used — most seniors will be taking additional precautions.



"Before COVID-19, baby boomers" — those born after 1945 but before 1965 — "felt reassured that with all the benefits of modern medicine, they could live for years and years," said Dr. Mehrdad Ayati, who teaches geriatric medicine at Stanford University School of Medicine and advises the U.S. Senate Special Committee on Aging. "What we never calculated was that a pandemic could totally change the dialogue."

It has. Here's a preview of post-vaccine life for older Americans:

Medical Care

- **Time to learn telemed.** Only 62% of people over 75 use the internet — and fewer than 28% are comfortable with social media, according to data from the Pew Research Center. "That's lethal in the modern age of health care," Dychtwald said, so there will be a drumbeat to make them fluent users of online health care.
- **1 in 3 visits will be telemed.** Dr. Ronan Factora, a geriatrician at Cleveland Clinic, said he saw no patients age 60 and up via telemedicine before the pandemic. He predicted that by the time a COVID-19 vaccine is available, at least a third of those visits will be virtual. "It will become a significant part of my practice," he said. Older patients likely will see their doctors more often than once a year for a checkup and benefit from improved overall health care, he said.
- **Many doctors instead of just one.** More regular remote care will be bolstered by a team of doctors, said Greg Poland, professor of medicine and infectious diseases at the Mayo Clinic. The team model "allows me to see more patients more efficiently," he said. "If everyone has to come to the office and wait for the nurse to bring them in from the waiting room, well, that's an inherent drag on my productivity."
- **Drugstores will do more vaccinations.** To avoid the germs in doctors' offices, older patients will prefer to go to drugstores for regular vaccinations such as flu shots, Factora said.
- **Your plumbing will be your doctor.** In the not-too-distant future — perhaps just a few years from now — older Americans will have special devices at home to regularly analyze urine and fecal samples, Dychtwald said, letting them avoid the doctor's office….**Read More**

A coronavirus vaccine won't change the world right away

In the public imagination, the arrival of a **coronavirus vaccine** looms large: It's the neat Hollywood ending to the grim and agonizing **uncertainty of everyday life** in a pandemic.

But public health experts are discussing among themselves a new worry: that hopes for a vaccine may be soaring too high. The confident depiction by politicians and companies that a vaccine is imminent and inevitable may give people unrealistic beliefs about how soon the world can return to normal — and **even spark resistance** to simple strategies that can tamp down transmission and save lives in the short term.

Two coronavirus vaccines entered the final stages of human testing last week, a scientific speed record that prompted top government health officials to utter words such as "historic" and "astounding."

Pharmaceutical executives predicted to Congress in July that vaccines might be available as soon as October, or before the end of the year.

As the plotline advances, so do expectations: If people can just muddle through a few more months, the vaccine will land, the pandemic will end and everyone can throw their masks away. But best-case scenarios have failed to materialize throughout the pandemic, and experts — who believe wholeheartedly in the power of vaccines — foresee a long path ahead.

"It seems, to me, unlikely that a vaccine is an off-switch or a reset button where we will go back to pre-pandemic times," said Yonatan Grad, an assistant professor of infectious diseases and immunology at the Harvard T.H. Chan School of Public Health.

Or, as Columbia University virologist Angela Rasmussen puts it, "It's not like we're going to land in Oz."

The declaration that a vaccine has been shown safe and effective will be a beginning, not the end. Deploying the vaccine to people in the United States and around the world will test and strain distribution networks, the supply chain, public trust and global cooperation. It will take months or, more likely, years to reach enough people to make the world safe.

For those who do get a vaccine as soon as shots become available, protection won't be immediate — it takes weeks for the immune system to call up full platoons of disease-fighting antibodies. And many vaccine technologies will require a second shot weeks after the first to raise immune defenses.

Immunity could be short-lived or partial, requiring repeated boosters that strain the vaccine supply or require people to keep social distancing and wearing masks even after they've received their shots. And if a vaccine works less well for some groups of people, if swaths of the population are reluctant to get a vaccine or if there isn't enough to go around, some people will still get sick even after scientists declare victory on a vaccine — which could help foster a false impression it doesn't work.

A proven vaccine will profoundly change the relationship the world has with the novel coronavirus and is how many experts believe the pandemic will end. In popular conception, a vaccine is regarded as a silver bullet….**Read More**

What is an advance directive?

Dear Marci,
I'm 68 years old, I have Medicare, and I'm very healthy. My daughter recently suggested that I should consider putting together an advance directive and some other documents about my health care preferences in the future. What is this, and why would I need one if I'm healthy and able to communicate about my preferences?
-Marisol (Tampa, FL)

Dear Marisol,
Advance directives and living wills are legal documents that give instructions to your family members, health care providers, and others about the kind of care you would want to receive if you can no longer communicate your wishes because you are incapacitated by a temporary or permanent injury or illness. Other kinds of documents, like health care proxies and powers of attorney, appoint a trusted individual to make certain kinds of decisions on your behalf in certain situations.

Many people assume that their family members would automatically be able to make decisions about medical treatments if they were to become incapacitated. Each state has different rules regarding who becomes the default decision-maker if you do not have a health care proxy or some other means of expressing your treatment wishes. If you become unable to make medical decisions because you are incapacitated by a temporary or permanent injury or illness, anyone from your next of kin to hospital administrators could be making treatment decisions on your behalf.

If you are able, it is important you put your health care wishes in writing. If you do not:

- Your family may have to go through a costly and time-consuming court process to get the legal right to make medical decisions for you (called guardianship or conservatorship).
- Your family members may disagree on who should make medical decisions on your behalf, which could lead to legal disputes.

Someone unfamiliar with your preferences may be placed in charge of your treatment decisions.

It is therefore important to have a plan ahead of time to avoid disagreements around treatment issues if you are incapacitated. Advance directives, living wills, health care proxies, and powers of attorney can help ensure that decisions made on your behalf meet your needs and preferences:

1. **Health care proxy**: A document that names someone you trust as your proxy, or agent, to express your wishes and make health care decisions for you if you are unable to speak for yourself.
2. **Living will:** A written record of the type of medical care you would want in specific circumstances.
3. Advance directive: Often refers to a combination of the living will and health care proxy documents.
4. **Power of attorney:** A document—typically prepared by a lawyer—that names someone you trust as your agent to make property, financial, and other legal decisions on your behalf.

You may choose to appoint the same person to be in charge of your medical and financial decisions by naming them your health care proxy and granting them power of attorney. However, doing so usually requires two separate documents.

If you have an advance directive, your doctors should make note of it in your medical record. Be sure to give these documents to the hospital each time you are admitted.

-Marci

56% of Retirees Think We Need to Invest More In Medicare

(Washington, DC) – Fifty six percent of older adults think we need to invest more in Medicare in order to respond more quickly and effectively to a healthcare crisis like COVID-19, according to a new survey by The Senior Citizens League (TSCL). "Boosting funding for Medicare is one of the most important issues for older voters this year," says Mary Johnson, a Medicare, and Social Security policy analyst for The Senior Citizens League.

Medicare - age adults 65 and up, and those who are residents of nursing homes are at especially high risk of complications and death from the COVID-19 coronavirus. About 90 percent of the participants of the new survey, which was conducted online during June and July, are Medicare beneficiaries. Survey response indicates support for strengthening program funding versus no change, or prioritizing healthcare delivery through private insurance plans over traditional Medicare. Only 23 percent of survey participants think that priority should be placed on private insurance plans in order to reduce reliance on federal spending and the need to raise taxes, and just 21 percent think the current level of spending is "about right because we could not have anticipated the scope of the coronavirus pandemic."

Medicare has been **subject to automatic 2 percent spending cuts** since 2014, enacted as a provision of the Budget Control Act of 2011. Providers continue to bill Medicare in the normal way, but they are only paid 98 cents on the dollar. According to a **FAQ** from the House Committee on the Budget, the Medicare spending cut for the government's fiscal year 2021 which starts October 1, 2020, will reduce spending by $16.2 billion. The Coronavirus Aid, Relief, and Economic Security (CARES Act) of 2020, however, suspended the automatic Medicare cuts from taking effect between May 1, 2020 and December 31, 2020. "But the legislation extended cuts for an additional year beyond the current expiration date," Johnson notes. "That will mean that Medicare and Medicaid will continue to be subject to automatic cuts until 2030, 10 more years."

The Senior Citizens League believes that the on-going Medicare cuts have weakened our ability to respond to national emergencies like COVID-19. It has exacerbated a national healthcare worker shortage — including doctors and nurses, as well as the capacity of the nation's hospitals to deal with the sudden large influx of patients generated during the COVID-19 pandemic. Many hospitals, doctors' offices, and nursing homes have required additional federal and state assistance as well as donations from the public, to acquire personal protective equipment such as masks, gowns, and gloves.

The Senior Citizens League supports legislation that would help lower both taxpayer and Medicare beneficiary costs, including a House and Senate bill that would prohibit surprise medical bills, allow Medicare to negotiate the cost of prescription drugs, and cap out-of-pocket spending on prescription drugs for beneficiaries. To learn more, **http://www.SeniorsLeague.org**.

Coronavirus: Life for older adults after a vaccine

Bruce Horovitz reports for **Kaiser Health News** on what life is likely to be like for older adults once there is a vaccine for the novel coronavirus and the pandemic is behind us. Hint: It probably won't be the same. Experts believe that people over 60 will experience travel and health care differently.

How will health care change?

- Geriatricians and other aging professionals believe that delivery of health care will change, as will travel and shopping. Even work and socializing will be different.
- Older adults have weaker immune systems making it harder for them to fight off infections. Many older adults will want to be more cautious than they had been pre-COVID.

- Telemedicine is likely to become extremely popular among older adults. Online health care is safer. So, even if older adults have been reluctant to see their doctors virtually, there's a good chance that they will adapt to more online interactions with with their doctors. One geriatrician who has never seen patients online expects that he will see a third of his patients online and that he will see them more frequently, which could lead to better health for them.
- People are likely to see a number of different doctors virtually and not a single doctor. That team model of care will allow doctors to work more efficiently with their patients.
- It might also be the case that many more people will avoid going to the doctor's office for their vaccines. Instead, they will get their vaccines at their local drug store.
- If you need a blood test or a urine test, it likely won't be long before you can do those tests at home.

How will travel change?

- Older people will be less likely to take a plane to travel, if they can drive.
- Older people are more likely to travel locally than abroad. As it is, older adults are almost half as likely to travel abroad today than people under 65. Interestingly, pre-pandemic, 45 percent of people under 65 traveled outside the US each year; only one in four people over 65 traveled outside the US.
- Public transportation and hotels are more likely to market their disinfecting protocols.
- If you want to take a cruise, you probably will need to show that you have had the COVID-19 vaccine.

Many Older Americans Staying Strong in the Pandemic

Older Americans are feeling stressed by COVID-19 and prolonged social isolation, but they're also showing their resiliency, a new study finds.

Most of these adults have turned to a range of tools to stay in touch, researchers report.

"Many of the social venues that help older adults stay engaged are effectively cut off now with social distancing. While the internet can help with some connections, it is hard to replace human contact," said researcher Kerstin Emerson, a clinical associate professor of gerontology at the University of Georgia's Institute of Gerontology. "And for some, these remote connections aren't possible due to no reliable internet."

For the study, Emerson surveyed more than 800 adults aged 60 and older between March 30 and April 12, when they had been in lockdown for 17 days.

"Part of the reason I did that was becauSally Balch Hurme has spent her entire professional career as an elder law attorney and consumer fraud expert, helping to educate and protect the public. Yet her husband fell victim to an impostor scheme. He received an urgent call from an "attorney" requesting that he send $3,000 to get his daughter out of a Los Angeles County jail.

For Hurme's husband, it was simple. "He really loves our daughter and wanted to help her," Hurme said. "He got caught up in the moment. The caller was adept at pushing buttons and convinced him of the emergency, the need to act promptly and the importance of not telling anybody."

While their daughter was safe at home in Virginia, teaching biology as she did every work day, Hurme's husband was instructed to rush to the bank to withdraw funds, rush to the store to get a prepaid card to wire cash and then race home to wait for a follow-up call. He did as he was told, reading to the caller the numbers off the prepaid card.

And just like that, $3,000 was gone forever. Although Hurme and her husband reported the theft, the cash card and the scammer's disposable phones could not be traced.

This scam is one of many that prey on the elderly, according to the National Council on Aging. Another variation of it known as "the grandparent scam" has been around since 2008….**Read More**

Trump signs order expanding use of virtual doctors

President Trump on Monday, August 3rd, signed an executive order seeking to expand the use of virtual doctors visits, as his administration looks to highlight achievements in health care.

The administration waived certain regulatory barriers to video and phone calls with doctors, known as telehealth, when the coronavirus pandemic struck and many people were stuck at home. Now, the administration is looking to make some of those changes permanent, arguing the moves will provide another option for patients to talk to their doctors.

The order calls on the secretary of Health and Human Services to issue rules within 60 days making some of the changes permanent.

"Today I'm taking action to make sure telehealth is here to stay," Trump said during a White House news briefing.

The administration has been looking to highlight actions it is taking on health care, a key issue for voters as the election approaches. Trump last month signed four executive orders seeking to lower drug prices.

It is unclear when any of the changes proposed by these orders will actually take effect, though, given that there are still regulatory processes that take time to play out.

"In an earlier age, doctors commonly made house calls," Centers for Medicare and Medicaid Service Administrator Seema Verma said in a statement. "Given how effectively and efficiently the healthcare system has adapted to the advent of telehealth, it's become increasingly clear that it is poised to resurrect that tradition in modern form. Thanks to President Trump, the telehealth genie is not going back into the bottle."

The order also calls on HHS to propose a new model that can be tested for how Medicare will pay for some health services in rural areas, with the goal of improving care in rural areas.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Under 50 and Overweight? Your Odds for Dementia Later May Rise

(HealthDay) Need fresh motivation to lose some weight? New research suggests that young adults who are overweight or obese face a higher risk for dementia in their golden years.

For the study, the researchers looked at just over 5,100 older adults who were involved in two long-term studies. The investigators found that women who were overweight between 20 and 49 years of age had nearly twice the risk of dementia after age 70. And older men and women who were obese in those earlier years saw their risk jump 150%.

The finding builds on prior studies that have linked excess weight during middle age to an increased risk of dementia among seniors.

But the new research does not prove excess weight causes dementia, only that the two are linked, said lead author Adina Zeki Al Hazzouri. She's an assistant professor of epidemiology at Columbia University in New York City.

"However, our study does suggest that adult life obesity is an important risk factor for dementia," she added.

The participants were enrolled in two long-running studies of older people, one launched in 1988 to track heart disease and the other in 1997 to track declining function. Nearly one in five participants were Black and 56% were women.

Each study found cases of dementia. Hazzouri's team used a computer model to chart each participant's lifetime body mass index (BMI), a standard measure of body fat based on height and weight.

BMI status was broken down according to three stages of life: early adulthood (ages 20 to 49); middle age (ages 50 to 69); and late life (ages 70 to 89).

The relationship between BMI and dementia risk differed by gender and age, the analysis found.

For example, being overweight or obese in middle age did not appear to affect women's dementia risk.

But men who were overweight during midlife saw their dementia risk rise 50% after age 70. And middle-aged obesity among men doubled late-life dementia risk, the study found.

Gender differences were also seen when looking at BMI during early adulthood. For example, being overweight during that time did not appear to affect men's dementia risk. But women had no such luck. For those who were overweight between 20 and 49 years of age, dementia risk was 1.8 times higher after age 70.

In other respects, an expanding waistline had similar effects on dementia risk for both sexes. A higher BMI after age 70, for example, was linked to a lower risk for both sexes. And being obese during early adulthood caused dementia risk in old age to more than double for men and women alike.

Which raises the question: Does obesity in one's 30s mean a higher risk for dementia is inevitable, or can getting in shape lower it?

Hazzouri isn't sure. "Irrespective of a person's BMI in mid- or late life, being obese or sometimes overweight (while young) is associated with a higher dementia risk (after 70)," she noted.

But Keith Fargo, director of scientific programs and outreach for the Alzheimer's Association, said it's all speculation at this point.

"We just don't know exactly why being overweight or obese might raise dementia risk," he said, noting that excess weight can have negative impacts on heart health and inflammation that may ultimately affect brain health.

"Overall, I would put this issue in the category of modifiable risk factors," he said.

"Make healthier eating choices," Fargo suggested. "Exercise and get that heart pumping several times a week. The more you can do, the better. And the earlier, the better. Because what your doctor and your mom have been telling you for decades about eating well and getting exercise is right -- not just for your heart but also for your brain."

Hazzouri and her colleagues were scheduled to present their findings Thursday during an online meeting of the Alzheimer's Association. Findings presented at meetings are typically considered preliminary until published in a peer-reviewed journal.

Don't Fall for This Video: Hydroxychloroquine Is Not a COVID-19 Cure

"This virus has a cure. It is called hydroxychloroquine, zinc and Zithromax. I know you people want to talk about a mask. Hello? You don't need [a] mask. There is a cure."

Millions of people, including the president of the United States, have **seen or share**d a video in which a doctor falsely claims there is a cure for the coronavirus, and it's a medley starring hydroxychloroquine.

The video shows several doctors in white coats giving a press conference outside the Supreme Court in Washington, D.C. It **persists** on social media **despite ban**s from Facebook, Twitter and YouTube, and it was published by Breitbart, a conservative news site.

The July 27 event was organized by Tea Party Patriots, a conservative group backed by Republican donors, and attended by U.S. Rep. Ralph Norman, R-S.C.

In the video, members of a **new group** called America's Frontline Doctors **touch on** several unproven conspiracy theories about the coronavirus pandemic. One of the most inaccurate claims comes from Dr. Stella Immanuel, a Houston primary care physician and minister **with a track record** of making bizarre medical claims, such as that **DNA from space aliens** is being used in medical treatments.

"This virus has a cure. It is called hydroxychloroquine, zinc, and Zithromax," Immanuel said. "I know you people want to talk about a mask. Hello? You don't need [a] mask. There is a cure."

As of July 27, nearly 150,000 Americans **had died** because of the coronavirus. Could those deaths have been prevented by a drug that's used to treat lupus and arthritis?

No. Immanuel's statement is wrong on several points.

'This Virus Has a Cure'

There is no known cure for COVID-19.

According to the Centers for Disease Control and Prevention, there is no specific antiviral treatment for the virus. Supportive care, such as rest, fluids and fever relievers, can assuage symptoms.

"There is currently no licensed medication to cure COVID-19," according to the World Health Organization.

The Cure Is 'Hydroxychloroquine, Zinc and Zithromax'

In spite of Immanuel's anecdotal evidence, hydroxychloroquine alone or in combination with other drugs is not a proven treatment (or cure) for COVID-19.

The Food and Drug Administration has not approved hydroxychloroquine for the prevention or treatment of COVID-19. In mid-June, the FDA **revoke**d its emergency authorization for the use of hydroxychloroquine and the related drug chloroquine in treating hospitalized COVID-19 patients….**Read More**

America's Progress Against Early Cardiovascular Death Is Slowing

(HealthDay) From the 1960s to the 2010s, the United States experienced a major reduction in heart disease-related deaths among younger adults -- often called premature cardiac death.

But that decline has slowed significantly since 2010, and the risk of premature cardiovascular death may depend on where you live, according to a study published July 29 in the *Journal of the American Heart Association*.

The decades of progress, during which the premature heart disease mortality rate among adults aged 35 to 74 plummeted, are "coined as one of the major public health accomplishments of the 20th century," study lead author Zhi-Jie Zheng said in a news release from the American Heart Association.

But those accomplishments may be fading, the new research showed.

In the new study, Zheng's team analyzed county-by-county data from multiple sources across the United States, covering nearly 1.6 million premature cardiac deaths between 1999 and 2017. All of the deaths resulted from heart disease and were among people aged 35 to 74.

Despite the remarkable downturn in premature cardiac deaths before 2010, the researchers discovered that the pace of decline began to slow in 2010 and that certain counties had higher rates due to societal disparities.

Some populations were more at risk for premature cardiac death, based on sex, age, race/ethnicity and wealth, the findings showed.

Twice as many premature cardiac deaths occurred in men than women, and death rates were three times higher among Blacks than Asians or Pacific Islanders.

Differences in socioeconomic factors -- such as income, employment, school enrollment and crime rates -- accounted for about 20% of deaths, and demographic differences accounted for just over one-third.

"Our findings suggest a need for health care policy changes and programs that can identify high-risk, young populations prone to premature cardiac death and support improved cardiac health," said Zheng, who is a professor at Peking University in Beijing.

While overall premature cardiovascular death rates have continued to decline since 2010, despite slowing significantly, the proportion of out-of-hospital deaths has risen, the study authors said.

According to the study, about six out of 10 of the 1.6 million premature cardiac deaths occurred outside of a hospital, and the percentage of out-of-hospital deaths rose from 58% in 1999 to 61.5% in 2017.

"Heart attacks can occur at any age, not just in older persons," Zheng said. "The slower decline in out-of-hospital rates is alarming and warrants more precision targeting and sustained efforts to integrate lifestyle and behavioral interventions that increase heart health and reduce the risk of premature cardiac death."

Two heart specialists who were unconnected to the study said the influence of race and class on death rates is key.

"As the socioeconomic gap continues to expand, those that are at the highest risk for heart disease are also those that are the most impacted with health care-related disparities," said Dr. Satjit Bhusri, a cardiologist at Lenox Hill Hospital in New York City.

Dr. Guy Mintz directs cardiovascular health at Northwell Health's Sandra Atlas Bass Heart Hospital in Manhasset, N.Y. He agreed that it's "no surprise that areas of the country with a large disadvantaged population is associated with a higher rate of premature cardiac death."

Poverty and education levels "have always been associated with poor health outcomes. Add in lack of health insurance or access to health care, and the problem balloons," Mintz said.

He believes education on cardiovascular health within affected communities is crucial. This education "must start in day care centers, schools, after-school programs, sports clubs, churches, community gatherings, barbershops and salons," Mintz said.

Quick access to health care is also key, he added.

"There needs to be ease of access to health care; same day appointments," Mintz said. "Patients get lost in phone tree jungles and eventually when someone does answer, many times they are faced with the indifference of the scheduling staff. The message here is simple: The easier the access, the greater the return in terms of patient care."

Outside of genetics, "all cardiac risk factors" -- obesity, diabetes, high blood pressure, high cholesterol -- "can be modified and neutralized," he added.

"We need to roll up our sleeves and bring the battle against cardiovascular disease to the front lines -- to the people in their homes and communities," Mintz said. "Failure is not an option."

New COVID-19 Side Effect Troubles Even Doctors

Several months ago, researchers determined that people who were infected with COVID-19 were experiencing a loss of two senses: smell and taste. Some even reported the symptoms were lingering, unable to smell or taste for months after the virus had left their body. Now, some of those suffering from the highly infectious virus are reporting another lingering sense loss as a result of the virus — hearing.

Their Hearing Got Worse

According to a small study conducted by audiologists at the University of Manchester and published in a letter to the *International Journal of Audiology*, coronavirus survivors are experiencing hearing complications, with many claiming they are lasting long after they are released from the hospital.

The research team surveyed 120 adults hospitalized with COVID-19 eight weeks post hospitalization. 16 people reported their hearing was worse, 8 claimed their hearing had deteriorated, and 8 reported tinnitus (hearing noises that are not caused by an outside source).

"We already know that viruses such as measles, mumps and meningitis can cause hearing loss, and coronaviruses can damage the nerves that carry information to and from the brain," researcher Kevin Munro, a professor of audiology at the University of Manchester, explained in a **press release**.

"It is possible, in theory, that COVID-19 could cause problems with parts of the auditory system including the middle ear or cochlea."

Urgent Need for Studies

Researchers did note that more research is needed to pinpoint exactly how the virus affects hearing.

"While we are reasonably confident in the differentiation of preexisting and recent changes in hearing and tinnitus, we urge caution," Munro continued.

"It is possible that factors other than COVID-19 may impact on preexisting hearing loss and tinnitus. These might include stress and anxiety, including the use of face masks that make communication more difficult, medications used to treat COVID-19 that could damage the ear, or other factors related to being critically ill," he explained.

"That is why we believe there is an urgent need for high-quality studies to investigate the acute and temporary effects of COVID-19 on hearing and the audiovestibular system.

Repeat Bone Density Tests Might Not Be Needed, Study Finds

HealthDay News) -- Bone density tests are often touted as a way to predict the risk of fracture in postmenopausal women, but a new study casts doubt on the value of repeating this commonly used test.

The research was led by Dr. Carolyn Crandall, of the division of general internal medicine and health services research at UCLA's David Geffen School of Medicine. Her team collected data on more than 7,000 postmenopausal women aged 50 to 79 years.

The participants underwent bone mineral density measurements at the start of the study and again three years later. Their health was tracked for an average of 12 years, and they informed the researchers if they'd had any major fractures.

About 2% did experience a hip fracture, while nearly 10% had some form of osteoporotic fracture, the investigators found.

However, having a second bone scan "was not associated with improved discrimination between women who did and did not experience subsequent hip fracture or major osteoporotic fracture," according to the report published online July 27 in *JAMA Internal Medicine*.

In other words, a second bone scan didn't help doctors better predict which women might suffer a fracture of their hip, spine, forearm or shoulder.

In fact, the researchers found that the results of a woman's *first* bone scan were much more predictive of her risk of fracture than any subsequent test, regardless of the woman's race, ethnicity and age.

Given these findings, the study authors believe that repeat bone density tests should not be part of a routine exam in postmenopausal women.

Dr. Spyros Mezitis is an endocrinologist at Lenox Hill Hospital in New York City. Reading over the new findings, he noted that "bone mineral density scans are costly to the health care system" and there are less expensive options, such as blood or urine tests, to monitor bone health.

The new study might therefore "empower physicians to increasingly use annual blood/urine bone turnover markers to decide on treatment of worsening osteopenia or osteoporosis," Mezitis said.

Alzheimer's and some Potentially Good News

We end the update this week with some hopeful news regarding Alzheimer's disease. According to a report from National Public Radio, there is evidence that vaccines that protect against the flu and pneumonia may actually protect people from Alzheimer's, too. The evidence comes from two studies presented last Monday at this year's Alzheimer's Association International Conference, which is being held as a virtual event.

"We've always known that vaccines are very important to our overall health," reported Maria Carrillo, chief science officer of the Alzheimer's Association. "And maybe they even contribute to protecting our memory, our cognition, our brain."

But he cautions that the amount of benefit from flu vaccination could be different in a different group of people. "There is a protective effect," he says. "How *much* is something that needs to be quantified with a more intensive study."

Scientists do not know why vaccinations might reduce the risk of Alzheimer's. But previous research has hinted at a connection. And there are several potential explanations.

One is that vaccines for the flu and pneumonia may be protective because the two diseases they are designed to prevent are known to affect the brain. Another possibility involves evidence linking Alzheimer's to a general weakening in the immune system and to changes that allow more bacteria and viruses into the brain.

A number of vaccines, including those for flu and pneumonia, might be capable of improving immunity overall, according to one researcher. Scientists are looking at several other potential candidates, including vaccines against herpes viruses and tuberculosis.

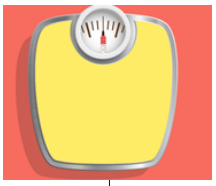
America's Obesity Epidemic Threatens Effectiveness of Any COVID Vaccine

For a world crippled by the coronavirus, salvation hinges on a vaccine.

But in the United States, where at least 4.6 million people have been infected and nearly 155,000 have died, the promise of that vaccine is hampered by a vexing epidemic that long preceded COVID-19: obesity.

Scientists know that vaccines engineered to protect the public from influenza, hepatitis B, tetanus and rabies can be less effective in obese adults than in the general population, leaving them more vulnerable to infection and illness. There is little reason to believe, obesity researchers say, that COVID-19 vaccines will be any different.

"Will we have a COVID vaccine next year tailored to the obese? No way," said Raz Shaikh, an associate professor of nutrition at the University of North Carolina-Chapel Hill.



"Will it still work in the obese? Our prediction is no."

More than 107 million American adults are obese, and their ability to return safely to work, care for their families and resume daily life could be curtailed if the coronavirus vaccine delivers weak immunity for them.

In March, still early in the global pandemic, **a little-noticed study from China** found that heavier Chinese patients afflicted with COVID-19 were more likely to die than leaner ones, suggesting a perilous future awaited the U.S., whose population is among the heaviest in the world.

And then that future arrived.

As intensive care units in New York, New Jersey and elsewhere filled with patients, the federal Centers for Disease Control and Prevention warned that obese people with a body mass index of 40 or more — known as morbid obesity or about 100 pounds overweight — were among the groups at highest risk of becoming severely ill with COVID-19. About 9% of American adults are in that category.

As weeks passed and a clearer picture of who was being hospitalized came into focus, federal health officials expanded their warning to include people with a **body mass index of 30** or more. That vastly expanded the ranks of those considered vulnerable to the most severe cases of infection, **to 42.4% of American adults.**

Obesity has long been known to be a significant risk factor for death from cardiovascular disease and cancer. But scientists in the emerging field of immunometabolism are finding obesity also interferes with the body's immune response ….**Read More**