

December 5, 2021 E-Newsletter

The Build Back Better Bill - H.R.5376 — 117th Congress (2021-2022)

So just what does the Build Back Better Bill include, how does it help me and why should we support it?

Build Back Better Bill Introduced in House (09/27/2021)

This bill provides funding, establishes programs, and otherwise modifies provisions relating to a broad array of areas, including education, labor, child care, health care, taxes, immigration, and the environment. (The bill is commonly referred to as the Build Back Better Act.)

For example, the bill provides funding for

- ◆ management of the National Forest System;
- ◆ job placement and career services;
- ◆ safe drinking water, energy-

efficiency, and weatherization projects;

- ◆ electric vehicles and zero-emission, heavy-duty vehicles;
- ◆ public health infrastructure and supply chain resiliency;
- ◆ housing, rental, and homeowner assistance programs;
- ◆ cybersecurity programs;
- ◆ tribal infrastructure, housing, environmental, and health programs;
- ◆ wildfire prevention, drought relief, conservation efforts, and climate change research;
- ◆ small business assistance and development;
- ◆ transit services and clean energy projects in low-income communities; and



◆ infrastructure and administration of the Department of Veterans Affairs.

Additionally, the bill establishes programs to provide

- ◆ up to six semesters of free community college,
- ◆ free child care for children under the age of six,
- ◆ free universal preschool services, and
- ◆ health benefits for eligible individuals who reside in states that have not expanded Medicaid.

The bill also includes provisions that

- ◆ establish a methane fee for certain petroleum and natural gas facilities;
- ◆ expand Medicare to cover

dental, hearing, and vision care;

- ◆ provide certain aliens with a path to permanent resident status (e.g., those who entered the United States as minors);
- ◆ provide up to 12 weeks of paid family and medical leave;
- ◆ restructure and increase the tax rates for certain corporations and high-income individuals (e.g., individuals with income over \$400,000); and
- ◆ require the Department of Health and Human Services to negotiate maximum prices for certain brand-name drugs under Medicare.

◆ **[Link to the Build Back Better Bill.](#)**

Alliance for Retired Americans Statements



From Rich Fiesta, Executive Director.

President Biden announced that he plans to replace Ron Bloom, the chairman of the US Postal Service's governing board and a key ally to current Postmaster General, Louis DeJoy. The bipartisan, nine-member board is tasked with overseeing Postal Service operations, including the hiring and evaluating of the Postmaster General, a process that was met with public scrutiny following the nomination of Postmaster General DeJoy in 2020. During his tenure, Postmaster General DeJoy has implemented a number of policies that slowed mail delivery and increased prices for consumers. Democratic

lawmakers have also criticized him about numerous conflicts of interest, and concerns that service slowdowns would disrupt delivery of mail ballots during the 2020 election. Daniel Tangherlini, former administrator of the General Services Administration under President Obama, will be nominated to fill the position. USPS supporters hope that Tangherlini's appointment will eventually lead to the replacement of DeJoy. "The Postal Service is critical for millions of Americans, especially seniors. Raising prices and deliberately slowing the mail is not acceptable," said Richard Fiesta, Executive Director of the Alliance. "We hope this nomination will be the first step toward a Postal Service that puts

the needs of the American people first."

From Robert Roach, Jr., President.

According to a new report from the Institute for Clinical and Economic Review, prescription drug increases for seven out of 10 medications cost \$1.7 billion last year. Researchers also determined that these seven price hikes were "unsupported," meaning that price increases did not lead to a boost in effectiveness of the drug. One drug, Humira, accounted for 82 percent (\$1.4 billion) of the total cost. The other drugs examined included Krystexxa, which treats chronic gout, and Xifaxan, which treats Irritable Bowel Syndrome. They were among the 250 best-selling medicines in 2020. "This study shows once again that high

drug prices are costing the American people outrageous amounts of money," said Robert Roach, Jr., President of the Alliance. "The Senate must pass solutions like the Build Back Better Act to rein in drug corporations' monopoly power over prices."

Bette Marafino, Connecticut ARA President and Task Force member, will be testifying at a congressional hearing on the John Larson, H. R. 5723 Bill, **Social Security 2100: A Sacred Trust.** She will testify on why it's important to repeal the WEP/GPO. The Repeal the WEP/GPO Petition now has 85,310 signers. Bette will be submitting the petition for the congressional record.



Robert Roach, Jr.
 President, ARA

ADD YOUR NAME

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

Moratorium on Repayment of Federal Student Loans Soon Coming to An End

In many respects, the month of February, 2022 looms large for Federal college student loan borrowers.

As many will recall, in response to the pandemic, students and parents with consolidated loans held by the Federal government have not had to make any payments since March 13, 2020. When it became apparent that Covid 19 was here for the long haul, President Trump and later, President Biden extended the repayment moratorium several times. The last extension will end on January 31, 2022. President Biden has publicly stated that another extension is unlikely, even though Covid 19 is still with us, so former students and parents need to get ready to start repaying their loans again.

Student loan debt is an issue affecting almost 45 million Americans. Each one of those Americans who have student debt carries an average of almost \$33,000, according to a 2019 report to the U.S. House of Representatives' Committee on Financial Services.

At RISLA, we're here to help borrowers in any way we can. Specifically, here are a few scenarios and suggestions on how to ensure a smooth

repayment transition.

Borrowers should log into their account with their student loan servicer(s) and make sure their contact information is up to date. While there, take a look at the interest rate(s) you are paying and what payment plan you are enrolled in. Don't hesitate to contact your servicer with any questions you have about your account information.

If students opted for to have their monthly payment automatically debited from a bank account before March 13, 2020, the date of the initial payment moratorium, then a call to the servicer may be necessary to have it reinstated. If enrolled in auto debit after March 13, 2020 it should resume automatically in February, 2022.

Remember that for most federal loans your interest rate will be reduced by .25% if participating in auto debit.

Borrowers who are in an Income Driven Repayment Plan (IDR) should also check with the servicer to see if the income may be recertified to keep monthly payments affordable.

At RISLA we're always looking for silver linings and here are a couple: If a borrower works for an eligible non-profit



or governmental agency, he or she may be eligible for Public Service Loan Forgiveness (PSLF). Further, there may be a chance that if working for an eligible employer during Covid, those months of service may count towards the ten-year repayment goal for PSLF even though you were not making any payments.

Another bit of good news may be that prior payments that, which for a variety of reasons, did not count towards Public Service Loan Forgiveness may now qualify.

Additional information can be found at www.StudentAid.gov/pslfaiver.

If borrowers are not or do not expect to be eligible for the Public Service Loan Forgiveness Program, (Federal Parent PLUS loans are not eligible for PSLF) they may wish to consider refinancing your education loans with a non-federal lender to obtain a lower interest rate. Just remember federal loan benefits will be lost.

After almost two years of not making any payments on your Direct loans, there may be some uncertainty as to how many loans a borrower has and where are they being serviced. If a

borrower does not remember the servicer is of their federal loans they can call the Federal Student Aid Information Center at 1-800-433-3243.

Remember, the most important thing a borrower can do is stay in touch with the loan servicer. And last, as always, if RISLA can help in any way, just reach out to us at risla.com

Questions can be directed to the Rhode Island Student Loan Authority (RISLA) at **RI Student Loan Authority**, 935 Jefferson Blvd, Suite 3000, Warwick, RI 02886 | 800-758-7562 | or you can email us at customerservice@risla.com.

AFT settles student debt lawsuit, wins big Gains for borrowers

The AFT, AFT President Randi Weingarten and eight individual AFT member plaintiffs have reached a **landmark settlement** with the U.S. Department of Education in the case *Weingarten v. DeVos*, and as a result tens of thousands of student loan borrowers can expect imminent relief from their student debt. The suit, originally filed in July 2019, addresses the Education Department's utter failure to deliver on its own Public Service Loan Forgiveness program...[Read More](#)

One billionaire's influence over lowering drug prices

Rose Adams writes for [The American Prospect](#) about one billionaire's influence over lowering drug prices. John Arnold, a former senior executive at Enron—remember Enron, the company that effectively blew itself up?—has been dedicating a significant amount of his wealth towards initiatives that lower drug prices. The sad reality is that the hundred million he has invested over the last decade has barely moved the needle.

Pharma and the pharmaceutical companies have been investing a hundred million dollars a year or more to make sure Congress does not lower drug prices. Some of that money goes to members of Congress, like [Kyrsten Sinema](#), to stand

firm against any legislation that would bring down drug prices. Some of that money goes to advertisements designed to mislead Americans about the consequences of lower drug prices.

Lower drug prices could easily mean smarter research and innovation, rather than innovation to create new versions of the same old drugs so that pharmaceutical companies can charge more for them. Some Pharma money goes to [patient advocacy groups](#) to serve as Pharma shills and to [disease groups](#) to remain silent on the issue of drug price affordability. Disease groups rarely if ever advocate on behalf of their members who struggle to



afford or, worse still, forgo life-saving drugs because of their cost.

Biogen, for example, has managed to ensure that the Alzheimer's Association is mum on the issue of [Aduhelm's \\$56,000 a year pricetag](#) and its potentially serious side effects.

What's so troubling is that Pharma continues to have the upper hand in the debate over drug prices, even though lowering drug prices is Americans' number one policy priority. And, tens of thousands of Americans are dying each year because they cannot afford their [life-saving medications](#).

Arnold and his foundation, Arnold Ventures, fund many groups to fight the good fight. Yet, if we're lucky, at best we

will see in the Build Back Better Act lower drug prices for 60 drugs over the next several years. That's what's in the legislation the House just passed. And, it's not clear yet whether only people with Medicare would benefit from these lower prices or working people would also benefit. For sure, the uninsured will not benefit.

Looking on the bright side, negotiated drug prices for 60 drugs, even if only for some of the population—if the Senate passes this provision in Build Back Better—is a foot in the door to lower drug prices on all drugs for everyone. Looking on the dark side, everyone thought that Medicare's enactment 56 years ago was a foot in the door to guaranteed health care for all.

Florida Sen. Rick Scott Off Base in Claim That Rise in Medicare Premiums Is Due to Inflation

Kaiser Health News Rating

An increase in Medicare Part B premiums means “America’s Seniors Are Paying the Price

for Biden’s Inflation Crisis” — The headline of a press release from Sen. Rick Scott (R-Fla.)

Republicans blame President Joe Biden for this year’s historic surge in inflation, reflected in higher prices for almost everything — from cars and gas to food and housing. They see last month’s 6.2% annual inflation rate — the highest in decades and mostly driven by an increase in consumer spending and supply issues related to the covid-19 pandemic — as a ticket to taking back control of Congress in next year’s midterm elections.

A key voting bloc will be older Americans, and the GOP aims to illustrate how much worse life has grown for them under the Biden administration.

Sen. Rick Scott (R-Fla.) issued a press release Nov. 16 suggesting that rising general inflation was behind the large increase in next year’s standard premiums for Medicare Part B, which covers physician and some drug costs and other outpatient services.

“Sen. Rick Scott: America’s Seniors Are Paying the Price for Biden’s Inflation Crisis” was the headline. The senator’s statement within that press release said, “We need to be LOWERING health care and drug prices and strengthening this vital program for seniors and future generations, not crippling the system and leaving families to pay the cost.” The press release from Scott says he is “slamming Biden’s inaction to address the inflation crisis he and Washington Democrats have created with reckless spending and socialist policies, which is expected to cause significant price increases on [senior] citizens and Medicare recipients.” Scott’s statement in that same press release also says the administration’s “reckless

spending” will leave U.S. seniors “paying HUNDREDS more for the care they need.”

We wondered whether these points were true. Was the climbing annual inflation rate over the past several months to blame for the increase in Medicare Part B premiums?

We reached out to Scott’s office for more detail but received no reply. Upon further investigation, we found there is little, if any, connection between general inflation in the past few months and the increase in Medicare Part B premiums.

What’s the Status of Medicare Premiums?

Medicare Part B premiums have been growing steadily for decades to keep up with rising health spending.

The U.S. inflation rate, for years held at bay, has been above 4% since April, hitting 6.2% in October, the highest rate in decades.

On Nov. 12, the Centers for Medicare & Medicaid Services announced that the standard monthly premium for Medicare Part B would rise to \$170.10 in 2022, from \$148.50 this year. The 14.5% increase is the largest one-year increase in the program’s history.

CMS cited three main factors for the increase: rising health care costs, a move by Congress last year that held the premium increase to just \$3 a month because of the pandemic, and the need to raise money for a possible unprecedented surge in drug costs. Inflation was not on that list.

In fact, half of the premium increase was due to making sure the program was ready in case Medicare next year decides to start covering Aduhelm, a new Alzheimer’s drug priced at \$56,000 per year, per patient. It’s been estimated that total Medicare spending for the drug for one year alone would be nearly \$29 billion, far more than any other drug.

How Big a Hit Will Seniors Feel?

The Part B premium is typically



subtracted automatically from enrollees’ Social Security checks. Because Social Security recipients will receive a

5.9% cost-of-living increase next year — about \$91 monthly for the average beneficiary — they’ll still see a net gain, though a chunk will be eaten away by the hike in Medicare premiums. Some Medicare beneficiaries won’t face a 14.5% increase, however, because a “hold-harmless” provision in federal law protects them from a decrease in their Social Security payments. But that rule won’t apply for most enrollees in 2022 because the increase in their monthly benefit checks will cover the higher monthly premium, said Juliette Cubanski, deputy director of the program on Medicare policy at KFF.

What Role Does Inflation Play?

Several Medicare experts said the spike in the general inflation rate has little or nothing to do with the Medicare premium increase. In fact, Medicare is largely immune from inflation, because the program sets prices for hospitals and doctors.

“This is so false that it is annoying,” Paul Ginsburg, a professor of health policy at the Sol Price School of Public Policy at the University of Southern California, said of Scott’s claim that general inflation is behind the premium increase. “The effect of the inflation spike so far on prices is zero because Medicare controls prices.”

Medicare Part B premiums, he said, reflect changes in the amount of health services delivered and a more expensive mix of drugs. “Premiums are tracking spending, only a portion of which reflects prices,” Ginsburg said. “I can’t see that the administration really had any discretion” in setting the premium increase due to the need to build a reserve to pay for the Alzheimer’s drug and make up for the reduced increase last year, he said.

Stephen Zuckerman, co-director of the Urban Institute’s

health policy center, said a rise in wages caused by inflation could spur a small boost in Medicare spending because wages help determine how much the program pays providers. But, he said, such an increase would have to occur for more than a few months to affect premiums. Continued soaring inflation could influence 2023 Medicare premiums, not those for 2022. “The claim that premium increases are due to inflation in the last couple of months doesn’t make sense,” Zuckerman said.

CMS faced the challenge of trying to estimate costs for an expensive drug not yet covered by Medicare. “It is a very difficult projection to make, and they want to have enough contingency reserved,” said Gretchen Jacobson, a vice president of the nonpartisan Commonwealth Fund.

Our Ruling

Scott said in a press release about the 2022 increase in Medicare Part B premiums that “America’s seniors are paying the price for Biden’s inflation crisis.”

Though his statement contains a sliver of truth, Scott’s assertion ignores critical facts that create a different impression.

For instance, Medicare policy experts said, current general inflation has little, if anything, to do with the increase in premiums. CMS said the increase was needed to put away money in case Medicare starts paying for an Alzheimer’s drug that could add tens of billions in costs in one year and to make up for congressional action last year that held down premiums.

Steady Growth for Medicare Premiums

The 14.5% increase for 2022 is the largest in the program’s history, but standard monthly premiums have risen fairly consistently for at least three decades.



We rate the claim Mostly False

4 Incredible Benefits Adults Over 65 on Medicare Are Entitled To In 2022

The average person on Medicare spent \$5,801 out-of-pocket on doctor visits, drugs and other health care needs in 2017, according to AARP.

That number looks even larger when you consider that half of Medicare beneficiaries have annual income below \$26,200. Medicare is vital to the health of over 60 million Americans. Yet many seniors are left paying for medical expenses out of pocket. But there is good news; thanks to certain policies, many are now eligible for benefits such as dental, hearing and more. Take a few minutes and go through this list to make sure you're not missing out on any benefits this year!

1. Get A Gym Membership At No Cost?

If you have Medicare Part B, you'll be offered a free "Welcome to Medicare" preventive visit that you can use

within the first 12 months of your coverage. If you have a Medicare Advantage plan, you'll also have access to free wellness benefits. Some Medicare Advantage plans, for instance, offer basic gym memberships and access to group exercise classes designed specifically for seniors.

2. Don't Miss Out on the Hospice Benefits

Hospice care is one of the most underused benefits to Medicare among beneficiaries with a terminal illness. What most people don't know is that hospice doesn't mean that you're giving up.

In fact, sometimes with good hospice care, a patient can live longer because so many of their needs are met.

If a patient is expected to live six months or less, the hospice benefit can provide them with care and comfort in their own



homes. Hospice care includes drugs for controlling symptoms and relieving pain, respite care that provides short-term relief for primary caregivers, and other services.

3. Special "FLEX" Cash Card Could Pay For Your Medical Expenses That Medicare Won't Cover in 2022

A unique benefit that's now available to those on Medicare is sweeping the nation; it's called the "FLEX" debit card. Thanks to this newer benefit, those who are on Medicare can receive a "FLEX" debit card to help pay for their out of pocket medical expenses in 2022 if they are eligible. Folks are enjoying quick access to funds via a pre-paid debit card for medical expenses that cover dental, vision, hearing, fitness, chiropractic, acupuncture, groceries, OTC, home services,

and more with a FLEX Card. It costs nothing to check, and takes a few minutes, so it's very much worth your time. Select your age below, and see what's available to you.

4. Get Disease Testing Done

There are several preventive Medicare services that are often overlooked because people typically don't think about them if they're not sick. From cancer and heart disease screenings and bone measurement testing to flu and pneumonia vaccines and counseling for those who wish to quit smoking, there's a whole list of Medicare benefits that require no coinsurance or co-payments. If you have Medicare Part B insurance, you'll be offered a free "Welcome to Medicare" preventive visit that you can use within the first 12 months of your coverage.

All vaccinated adults should get a Covid-19 booster shot because of the Omicron variant, CDC

The US Centers for Disease Control and Prevention strengthened recommendations for booster doses of coronavirus vaccine Monday, saying all adults should get boosted six months after the second dose of Pfizer/BioNTech's or Moderna's vaccine or two months after the single dose Johnson & Johnson vaccine.

It's a slight but significant tweak to the wording of guidance issued earlier this month when

the CDC endorsed an expanded emergency use authorization for boosters from the US Food and Drug Administration.

"Today, CDC is strengthening its recommendation on booster doses for individuals who are 18 years and older," CDC Director Dr. Rochelle Walensky said in a statement.

"The recent emergence of the Omicron variant (B.1.1.529) further emphasizes the



importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19," she added.

"Early data from South Africa suggest increased transmissibility of the Omicron variant, and scientists in the United States and around the world are urgently examining vaccine effectiveness related to this variant. I strongly encourage the 47 million adults who are not yet vaccinated to get

vaccinated as soon as possible and to vaccinate the children and teens in their families as well because strong immunity will likely prevent serious illness."

Previously, the CDC said people should get a booster if they are 50 and older, or 18 and older and living in long term care. Otherwise, it advised that anyone 18 and older may get a booster. Now the word "should" applies to everyone 18 and older....[Read More](#)

What if physicians can't calculate patients' out-of-pocket costs?

A new paper in JAMA Network Open finds that physicians are bad at figuring out patients' out-of-pocket prescription drug costs, even when deductible, coinsurance, copay and out-of-pocket cap information is at their fingertips. Of course, the goal of giving physicians this information is to help ensure that cost is not a barrier to patients filling their prescriptions. So, what if physicians can't calculate patients' out-of-pocket costs?

The authors tested a hypothetical scenario with a group of physicians. In the scenario, a patient was prescribed

a drug that cost \$1,000 a month. Physicians were then asked what the drug would cost the insured patient at different times of the year—before the deductible was met, once it was met and a copay (a fixed out-of-pocket amount) was required, once it was met and coinsurance (a percentage of the drug's cost) was required, and once the patient had reached the out-of-pocket cap.

The authors found that fewer than two-thirds of respondent physicians answered a single one of these questions correctly. Only slightly more than one in five of them (21 percent) answered all



four questions about patient drug costs correctly. Bottom line: Calculating patient costs is not easy, even for people with graduate degrees!

The authors conclude that out-of-pocket costs should be simpler to calculate. If physicians can't calculate them, how can anyone expect patients to do so? The sad truth is that policymakers do not seem to care or to be willing to fix this problem. And, the only solution that will ensure everyone can fill their prescriptions is to have no copayment for life-saving drugs and no more than nominal copayments for all other

drugs.

Keep in mind that out-of-pocket costs are just one of many considerations when choosing a health plan. And, because there are so many tradeoffs involved and so many unknowns, **it's not possible to ensure people choose a health plan that meets their needs**. At best, you can know whether your doctors are in-network at the time you enroll (doctors can leave at any time,) along with your out-of-pocket maximum. But, whether the health plan will delay or deny access to care your doctor recommends is critically important, yet unknowable.

Is That Social Security Call a Scam?

Social security is kind of complicated. (Though we tried to simplify it all here.) How much you receive as a benefit is linked to how much you earned throughout your career, when you were born, how old you will be when you start withdrawing funds, what inflation rates are, and other factors.

But one thing is simple: The Social Security Administration (SSA), the arm of the federal government that oversees the national plan for retirees and those experiencing disabilities, isn't making robocalls asking you for your Social Security number and other personally identifiable information (PII). The SSA already knows your SSN. And they want you to protect it. They're also not going to threaten you or say that your number will be suspended or ask for payment in cash or gift cards.

If you pay attention to the many phone calls, letters, and texts you receive, it may seem like the SSA is doing just that. In

truth, if someone contacts you and says they are from the SSA, you should be as skeptical as you are of the **wrinkle reducers** and "magic cleanser" ads that scroll past on your screen.

"Social security is not going to reach out to you unless they are returning your call," Linda Grant-Smith, CFP, senior financial planner and vice president at Robert W. Baird & Co. in Nashville, tells *Health*. "If it is an unsolicited call, I just wouldn't engage at all."

Indeed, that's the polite way of saying what the SSA recommends: "Hang up." Yes, that's what official, legit mail from the SSA advises in black and white.

If you set up an account at the **SSA website** to see what the SSA has calculated as your earnings to date, you'll get a snail mail letter of confirmation. This boilerplate letter just lets you know that someone has created



an account with your name and your social security number. (If you haven't, of course, you'll want to report that activity to the SSA.)

The envelope for that letter includes "scam alert" advice. "Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!"

In addition to hanging up if you receive a suspicious call (staying on the line only gives a scammer more opportunity to get info from you), the SSA wants you to report the call to them. Whether you have received a phone call, an email, text, or letter that doesn't sound right, let them know using their **online form** or by calling 800-269-0271.

Of course, the tricky part with **all scams** is that scammers are getting more sophisticated. A robocall may not fool you, but a

live person who takes a friendlier tone can be deceiving. These folks may offer to help with a family member's benefits or help you with an upcoming (fake) deadline. If these calls come when you have recently lost a spouse or otherwise need help, it can feel like a lifesaver.

If you actually do need help from the SSA, call or contact them through their website, not from a number that pops up on your caller ID. Scammers can reroute numbers to look legit.

In 2019 more than 63 million people received social security benefits. That number is increasing over time because **people live longer** than they did a generation or two ago (a life expectancy of 79 years in 2019, as compared with 62 in 1935), and because more people are retiring each year. As a result, social security is a big part of our lives—but probably not a big part of our legit incoming phone calls.

Benefit of Social Media for Seniors

The fastest-growing demographic on Facebook, seniors are flocking to social media like never before. And it's not just Facebook that's seeing an influx of the older generation. More and more over-65's are also joining Instagram and Twitter.

Not only do people use social media to catch up with family and friends, and share their lives with people they don't necessarily see every day, but it's also increasingly becoming how people view and keep up with news and current affairs. The same goes for the senior demographic.

Seniors on social in numbers

In Australia, 89% of online consumers use social media. This is up from 79% in 2017. While not the largest group on social media platforms, seniors are still signing up in hoards. Of the above number, 30% of people aged between 50 and 64, and 24% of people over the age of 65 access social media sites at least once a day.

According to the Australian

Bureau of Statistics, the population is now sitting above 25 million people. And according to the Yellow Social Media Report, there are 15 million Australians using the platform. That's 60% of the Australian population.

While the majority of those users are between the ages of 25 and 55, the 55-plus age group still represents a decent 2.8 million users, with 4 in 5 of those surveyed by Australian Seniors reporting that they use social media platforms.

The benefits of using social media

Various studies have shown that the internet, and indeed, social media, has become an important tool in reducing isolation, loneliness, and depressive symptoms in those who use it, including seniors. If that's not a large enough benefit, here are some others.

Keep in touch

Social media is a wonderful way to keep in touch with people around the world. Whether it's sharing pictures, sharing stories



or sharing news, millions of people log on to social media platforms every day just to see what's going on in their network of family, friends and even acquaintances. For seniors, it's also a great way to find people they may have lost touch with over the years and to keep in touch with their grandchildren. Social media really has revolutionized the way people connect.

Stay up to date

For many social media users, it's not just about staying in touch with family and friends, it's also about staying in touch with global news and current events. Today's generation of seniors follows news sites, sports teams and even people of interests on social media platforms such as Instagram and Twitter. For many around the world, regardless of age, social media is where we get our news and often, it's where news breaks the fastest.

Interaction and entertainment

There's something delightfully

charming about all of those cat videos and why should the grandparents of the world miss out? Whether it's following an entertainer they love on social media or watching clips from comedians, anyone can be entertained on social media. Plus, there are communities out there based on absolutely anything. Love to bake? Find a baking group and join in on the conversation—they're happening on Facebook and Twitter.

Be wary

There's no denying that the benefits of social media far outweigh the benefits of not being on there. Even if it's just creating an account on Instagram to follow the people you care about, you're still engaging with those around you. Just remember to never overshare information, especially personal details, always ask before you post a picture of someone, invite and accept friend requests wisely and try to avoid courting controversial topics.

RI ARA HealthLink Wellness News

FDA Approves Imaging Drug That Can Help Surgeons Spot Ovarian Cancers

(HealthDay News) -- Early detection of ovarian cancer helps boost a woman's survival, and the U.S. Food and Drug Administration on Monday approved a new imaging drug that can help spot tumors during surgery.

The drug, Cytalux (pafolacianine), is meant to improve a surgeon's ability to detect ovarian cancer while operating on a patient.

It is administered intravenously before surgery and is used in conjunction with a near-infrared fluorescence imaging system approved by the FDA for use with the drug.

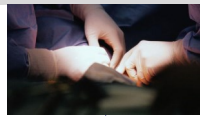
"The FDA's approval of Cytalux can help enhance the ability of surgeons to identify deadly ovarian tumors that may

otherwise go undetected," said Dr. Alex Gorovets, deputy director of the Office of Specialty Medicine in the FDA's Center for Drug Evaluation and Research.

"By supplementing current methods of detecting ovarian cancer during surgery, Cytalux offers health care professionals an additional imaging approach for patients with ovarian cancer," Gorovets added in an agency news release.

Conventional treatment for ovarian cancer includes surgery to remove as many tumors as possible, as well as chemotherapy or other targeted therapy to identify and attack specific cancer cells.

Currently, surgeons rely on



preoperative imaging, visual inspection of tumors under normal light or examination by touch to identify ovarian cancer tumors.

The FDA's approval of Cytalux is based on a study of 134 women, aged 33 to 81. They received a dose of Cytalux and were evaluated under both normal and fluorescent light during surgery.

Of those women, about 27% had at least one cancerous lesion detected that was not found by standard visual or touch inspection.

The most common side effects of Cytalux included nausea, vomiting, abdominal pain, flushing, indigestion, chest discomfort, itching and

hypersensitivity. Also, Cytalux may cause harm to the fetus when given to a pregnant woman, the FDA warned.

It also said that women should not take folate, folic acid or folate-containing supplements within 48 hours before administration of Cytalux.

The agency further cautioned there is a risk of false negatives and false positives with use of Cytalux. The drug — marketed by On Target Laboratories, LLC — was previously fast-tracked for approval by the FDA.

There will be more than 21,000 new cases of ovarian cancer and more than 13,000 deaths from this disease this year in the United States, according to the American Cancer Society.

Irregular Heartbeat Risk Linked to Frequent Alcohol Use in People Under 40

Moderate to heavy drinking over an extended period may increase the risk of a dangerous type of irregular heartbeat in adults under 40, according to a new study from South Korea.

Atrial fibrillation, or AFib, occurs when the heart's upper chambers beat irregularly and can increase stroke risk fivefold if left untreated. The condition is estimated to affect 12.1 million

people in the U.S. by 2030, according to American Heart Association statistics.

Previous studies have linked higher alcohol consumption to increased risk of AFib, but there was little research in younger adults, said the study's co-lead researcher Dr. Minju Han, a third-year resident in internal medicine at Seoul National



University Hospital. "We young people are overconfident about our health, and we think that we will never get sick because we're young," said Han, who is 29. "But when atrial fibrillation is diagnosed at an early age, the duration of the disease is longer and that causes a poor prognosis."

The researchers examined the records of more than 1.5 million South Koreans ages 20 to 39 without AFib who had undergone annual checkups from 2009 to 2012. The data is from the National Health Insurance System, which is compulsory and requires everyone to undergo a checkup every one to two years that includes questions on alcohol use....[Read More](#)

A Routine Skin Check Could Save Your Life

(HealthDay News) -- It may sound dramatic, but skin checks save lives.

While encouraging people to do routine self-exams, the American Academy of Dermatology (AAD) shares some case studies that led to important discoveries.

Richard Danzer, of West Palm Beach, Fla., found a large, painful cyst on his back during a skin self-exam. Dermatologist Dr. Brittany Smirnov examined him, and he was later diagnosed with lung cancer and given lifesaving treatment.

When John Ahearn, of Phoenix, had dark bruising that appeared on his legs, dermatologist Dr. Lindsay

Ackerman suspected he might have a serious blood issue. She collaborated with a hematology-oncology specialist who diagnosed Ahearn with leukemia. He is now in remission after a bone marrow transplant.

After noticing changes to a mole on her toe, Yvonne Basil, of Plano, Texas, saw her dermatologist and was diagnosed with melanoma from an in-office biopsy. She is now cancer-free.

"Regular self-skin checks are crucial to identify skin cancer and other skin diseases early," AAD president Dr. Ken Tomecki said in an academy news release. "We encourage everyone to regularly perform skin self-



exams to catch any changes early." You can do your own skin checks at home, and then follow up with a dermatologist if you spot something concerning. The academy suggests using the initials A, B, C, D, E during your self-exam.

A is for Asymmetry, when one half of a spot is unlike the other. B is for border, when a spot has an irregular, scalloped or poorly defined border, C is for color, when the spots has color variation from one area to the next. D is for diameter. Melanomas are typically larger than 6 millimeters, which is about the size of a pencil eraser. E is for evolving. The spot looks

different from the rest or is changing in size, shape or color.

To do a skin exam, look at your body in a full-length mirror. Look at your underarms, forearms and palms. Look at your legs, between toes and at the soles of your feet. Use a hand mirror to examine your neck and scalp, as well as to check your back and buttocks.

If you notice a spot that is different from others, or that changes, itches or bleeds, you should make an appointment to see a board-certified dermatologist.

Skin cancer is the most common cancer in the United States, with roughly 9,500 people diagnosed every day.

What You Need to Know About Stomach Cancer

(HealthDay News) -- New treatment options are giving hope to patients with stomach cancer.

Also known as gastric cancer, the disease is the world's sixth most common cancer with 1.09 million new cases in 2020, according to the World Health Organization.

It's an abnormal growth of cells that can affect any part of the stomach, but typically forms in the main part.

"I tell patients who have been recently diagnosed with gastric cancer that there is hope," said Dr. Mohamad Sonbol, a cancer specialist at the Mayo Clinic in Phoenix.

"We now have many more

treatment options than before," he said in a clinic news release.

When the cancer hasn't spread, surgery is among them. It is the only curative approach for patients with localized or locally advanced stomach cancer. Other treatments, such as systemic therapy and radiation, increase the chances of a cure and lower the risk of the cancer returning.

Some immunotherapeutics are standard care for stomach cancer and some are in current studies.

Among the new options for treating stomach cancer that has spread to other parts of the body is a regimen that combines chemotherapy with nivolumab, an immunotherapeutic drug.



An option for patients with HER2-positive stomach cancer that has spread is fam-trastuzumab deruxtecan-nxki, which is administered by infusion.

Mayo Clinic describes chemotherapy as killing cells all over the body and immunotherapy as waking up the immune system to fight the cancer. While chemo works for a while and then stops, when immunotherapy works, it is usually for a longer time. Experts determine which regimen to choose based on different targets on the cancer cells.

Doctors typically diagnose the

disease through endoscopy, in which the digestive tract is examined using a flexible tube with a light and camera attached to it. If it detects stomach cancer, they can use CT and PET scans to glean more information, according to Mayo Clinic specialists.

Unlike in East Asia, where stomach cancer is more common, screening for stomach cancer is not recommended for most Americans. It can, however, be used for those at higher risk. They include people who are obese, tobacco and alcohol users and those with a family history of cancer.

Old Spice, Secret Antiperspirants Recalled Due to Benzene

Several Old Spice and Secret aerosol spray antiperspirants and hygiene products have been voluntarily recalled in the United States due to the presence of the cancer-causing chemical benzene, Procter & Gamble says.

Benzene exposure can occur by inhalation, orally and through the skin. It can lead to cancers including leukemia and blood cancer of the bone marrow, as

well as potentially life-threatening blood disorders.

Procter & Gamble said that it has not received any reports of harm from the recalled products, which were distributed across the country.

Consumers with the recalled products should stop using them and throw them away.

Contact your physician or



health care provider if you have experienced any problems that may be related to using these products, Procter & Gamble advised.

For more information, consumers can call 888-339-7689 weekdays between 9 a.m. and 6 p.m. EST, or go to one of two websites: [Old Spice](#) or [Secret](#). The websites

include reimbursement information.

More information

The American Cancer Society has more on [benzene and cancer risk](#).

The recalled products have expiration dates through September 2023 and the following UPC codes, names and descriptions: [View the list here](#)

Many People With High Blood Pressure May Take a Drug That Worsens It: Study

(HealthDay News) -- Nearly 1 in 5 people with hypertension may be unintentionally taking a drug for another condition that causes their blood pressure to climb even higher, a new study suggests.

Left untreated or undertreated, high blood pressure will increase your risk for heart attack, stroke, kidney disease and vision problems by damaging blood vessels. Lifestyle changes such as weight loss, restricting salt intake, and/or medication can help move your blood pressure numbers back into the normal range. But asking your doctor whether any drugs you are taking for other conditions might be pushing those numbers up is worth the effort, the researchers said.

"The risk of [drugs] raising blood pressure may be simply overlooked, particularly for

patients using these additional medications for many years," said study author Dr. Timothy Anderson. He is a clinician investigator and an assistant professor of medicine at Harvard Medical School in Boston.

"We hope our article helps change this, as in many cases there are effective therapeutic alternatives to medications that may raise blood pressure or strategies to minimize risk, such as having patients monitor their home blood pressures when starting a new medication that may raise blood pressure," Anderson said.

For the study, the researchers reviewed data from the National Health and Nutrition Examination Survey (NHANES) from 2009 to 2018. They looked at the use of the drugs known to raise blood pressure, including



antidepressants, prescription-strength non-steroidal anti-inflammatory drugs (NSAIDs), steroids, hormonal medications, decongestants and weight-loss pills among people with high blood pressure.

The study found that 18.5% of adults with high blood pressure reported taking a medication that increased their blood pressure, and those who did were more likely to have uncontrolled high blood pressure if they weren't also on blood pressure-lowering medications.

And people who were on blood pressure drugs were more likely to need higher doses to control their blood pressure if they also took drugs for other conditions that raise blood pressure, the study showed.

What should you do if you have high blood pressure?

Ask your doctor if any of your medications will affect your numbers, Anderson suggested.

"It is always wise to ask your doctor about possible interactions between new medicines [including over-the-counter medicines] and existing conditions and treatments," he said. "This is particularly true for patients who see multiple doctors who may not always be up to date on their medication lists."

Sometimes alternatives are available, Anderson said. For example, acetaminophen doesn't raise blood pressure, but NSAIDs do. Both of these drugs can treat pain and reduce fever.

The new findings were published recently in the journal [JAMA Internal Medicine](#).... [Read More](#)

During the Holidays, Help Protect the Elderly from Falls

(HealthDay News) -- A holiday visit with older relatives might be a good chance to help them remove fall risks in their home, an expert suggests.

Older adults' risk of falling may have increased during the pandemic due to declines in physical activity and mobility, along with increased isolation, a University of Michigan poll shows. Many also became more fearful of falling, which, in turn, can increase the risk.

"Taking steps now to reduce fall risk in their homes could prevent catastrophic injury and hospitalization," said Geoffrey Hoffman, a fall researcher and assistant professor of nursing at the university.

Older people whose mobility declined during the first part of the pandemic were 70% more likely to say they'd had a fall in that time, and twice as likely to express a fear of falling, the poll revealed.

"Even if an older adult has gotten more active since getting vaccinated, their risk of falling

could still be higher than it would have been if the pandemic hadn't increased their inactivity or isolation," Hoffman said in a university news release.

He offered some tips on fall-proofing older adults' homes:

Rugs and mats: Cut pieces of non-skid material to fit underneath small throw rugs and mats. If they already have non-skid grips the floor. Throw rugs/mats should only be used on bare floors, not on top of carpet. Make sure bath mats have rubber backing in good condition.

Furniture placement: Offer to help move furniture and other objects to create wider walking paths.

Bathrooms: A grab rail in the tub/shower is a good idea, along with a rubber mat with suction cups or a stool with non-skid feet. If possible, a walk-in shower is much better than a tub.

Lighting: Dark hallways, stairways, closets with high shelves and outdoor steps are fall



risk areas. Install brighter light bulbs or new fixtures that take multiple bulbs. Add motion sensors so lights come on

automatically when someone enters the area, and consider night lights that come on when it gets dark or have a motion sensor.

Safe reaching: Encourage use of a folding step stool that has multiple steps and a high hand rail instead of a small stool or chair when seniors want to reach things on high shelves or change a light bulb, clock or smoke/carbon monoxide detector batteries.

Sensible storage: Help them reorganize storage to place items on lower shelves, even if they're only used occasionally.

Railings and steps: Check railings on stairways and porch steps to make sure they're securely anchored. If steps can become slippery, add stick-on traction strips.

Seasonal decor: Offer to bring holiday decorations and

lights from the attic, an upstairs room or basement, and to help put them up.

Ice problems: Make sure older adults have a good supply of de-icer or sand to use on steps, walkways and driveways. For those who can't easily lift a heavy jug, transfer the de-icer or sand to a container with a lid and add a scoop so they can scatter it more easily.

Snow removal: Make sure their snowblower is in good working order and that shovels, car scrapers and brushes are close at hand and in good shape. If an older person uses a shovel, it should have a back-saving handle to provide more stability when shoveling and prevent muscle strains.

More outdoor hazards: Make sure outdoor lights work and have automatic sensors. Check doormats to make sure they won't slip. Clean gutters above entrances so melting snow doesn't collect on steps and form ice.

Could Coffee Help Lower Your Odds for Alzheimer's?

Coffee lovers know a steaming cup of java can quickly deliver energy and mental clarity every morning, but new research suggests it may also guard against Alzheimer's disease in the long run.

"Worldwide, a high proportion of adults drink coffee every day, making it one of the most popular beverages consumed," said lead researcher Samantha Gardener, a post-doctoral research fellow at Edith Cowan University in Western Australia.

"With Alzheimer's disease, there's currently a lack of any effective disease-modifying treatments. Our research group is specifically looking at modifiable risk factors that could delay the onset of the disease, and even a five-year delay could have massive social and economic benefits," she added.

For the study, Gardener and her team investigated whether coffee intake affected the rate of cognitive decline over 10 years in more than 200 people who were part of the Australian

Imaging, Biomarkers and Lifestyle Study.

The investigators found that people who had no memory impairments and who consumed higher amounts of coffee had a lower risk of transitioning to mild cognitive impairment. This stage often precedes Alzheimer's disease. Those participants also had lower risk of developing Alzheimer's disease during the study period.

In the study, higher coffee intake appeared to be slowing the accumulation of amyloid protein in the brain, as well as being linked to positive results in the areas of executive function and attention.

Drinking coffee could be an easy way to delay the onset of Alzheimer's disease, Gardener suggested, but more research is needed.

"This is, obviously, preliminary data and it needs a lot more research before being recommended, but it's really positive, and hopefully in the



future it can be incorporated as a modifiable lifestyle factor that can delay Alzheimer's disease onset," Gardener said.

It's not clear what component of coffee might make the difference. The study did not differentiate between caffeinated or decaffeinated coffee, whether it was prepared at home or purchased outside the home or whether the coffee drinker added milk or sugar.

It could be that the benefits are derived from caffeine or from what's known as "crude caffeine," which is the byproduct of decaffeinating coffee. The latter has been found in previous research to be effective in partially preventing memory impairment in mice. Other animal studies have found that other coffee components — cafestol, kahweol and Eicosanoyl-5-hydroxytryptamide — have had an impact on cognitive impairment.

Getting the brain benefits may be as simple as pouring another

cup. Increasing coffee intake from one cup to two could potentially lower cognitive decline by 8% over 18 months and decrease amyloid accumulation in the brain by 5%, Gardener said.

"We couldn't in this research find the maximum number of beneficial cups, so there will be a point where you can't just have five cups and continue to get more beneficial effects. That's something for future research as well, to find the ideal number of cups of coffee to have these positive effects," she added.

The findings were published in the November issue of the journal *Frontiers in Aging Neuroscience*

A number of studies have suggested that coffee may have a protective factor, said Dr. Howard Fillit, founding executive director and chief science officer of the Alzheimer's Drug Discovery Foundation in New York City, which provided some funding for this study.[Read More](#)

Housework Might Boost Your Body & Mind

Seniors, looking for a way to stay mentally quick and physically strong? Start scrubbing.

Researchers from Singapore say housework may be a key to keeping your brain sharp as you age.

Their new study found that in older adults, cleaning house was tied to a better memory and attention span, and stronger legs, which helps prevent falls.

"Health promotion messaging on staying active should not just be about recreational or non-occupation physical activities," said study co-author Shiou-Liang Wee, an associate professor of health and social sciences at the Singapore Institute of Technology.

"Housework is a purposeful activity performed by many older adults" and represents a significant share of their self-reported moderate-to-vigorous physical activity, he said. As such, it's a key complement to recreational physical activity.

The researchers noted that their study doesn't prove housework causes sharper thinking or better balance, only that there appears to be a link.

For the study, Wee's team looked at nearly 500 healthy Singaporeans between 21 and 90 years of age.

The investigators used walking and the ability to get up from a chair as an indication of physical ability, and tests of short and delayed memory, language, attention span and visuospatial ability to gauge mental ability. (Visuospatial ability is a key to depth perception and moving around without bumping into objects.)

Participants were also asked about the household chores they did and other types of physical activity.

For Wee's group, light housework included washing dishes, dusting, making the bed, hanging out the wash, ironing, tidying up and cooking. Heavy housework included window cleaning, changing the bed, vacuuming, mopping and chores involving sawing, painting and repairing.

Among younger participants, 36% said they engaged in enough physical activity to meet the goal researchers set as beneficial, as did 48% of older



participants. But 61% of younger and 66% of older participants met this target exclusively through housework, the study revealed.

After accounting for other types of regular physical activity, the researchers found that housework was tied with sharper mental abilities and better physical capacity — but only among the older participants.

Scores on tests of mental ability were as much as 8% higher among those who did lots of housework, compared with those who did little, Lee's team found. Housework was also tied with higher attention scores.

And among older participants, balance and the time it took to stand up from sitting were better for those who did lots of housework than for those who didn't.

Dr. Maria Torroella Carney, chief of geriatric and palliative medicine at Northwell Health in New Hyde Park, N.Y., noted that exercise benefits your brain, and housework is exercise that also involves mental activity.

"Exercise is extremely

important for aging for both physical and cognitive function," she said. "We know this from past studies, but we don't necessarily appreciate how much housework is a physical activity that takes planning logistics to implement. Exercise and planning are incredibly important for both physical and cognitive health."

Torroella Carney said physical activity increases blood circulation to your muscles and your brain, which helps mental function.

Housework can be an important part of your exercise routine, she said.

"Housework is physical but also requires detailed thought processes to complete," Torroella Carney said. "It's a task you've got to plan for. You've got to use devices, you've got to use equipment. There's planning involved, so there's cognitive exercise along with physical exercise."

Her advice: Get moving.

"It's never too late to start exercising, we know that from other studies, not just this one — it's never too late," Torroella Carney said.

It Takes a Team: A Doctor With Terminal Cancer Relies on a Close-Knit Group in Her Final Days

The decisions have been gut-wrenching. Should she try another round of chemotherapy, even though she barely tolerated the last one? Should she continue eating, although it's getting difficult? Should she take more painkillers, even if she ends up heavily sedated?

Dr. Susan Massad, 83, has been making these choices with a group of close friends and family — a "health team" she created in 2014 after learning her breast cancer had metastasized to her spine. Since then, doctors have found cancer in her colon and pancreas, too.

Now, as Massad lies dying at home in New York City, the team is focused on how she wants to live through her final weeks. It's understood this is a mutual concern, not hers alone. Or, as Massad told me, "Health is about more than the

individual. It's something that people do together."

Originally, five of Massad's team members lived with her in a Greenwich Village brownstone she bought with friends in 1993. They are in their 60s or 70s and have known one another a long time. Earlier this year, Massad's two daughters and four other close friends joined the team when she was considering another round of chemotherapy.

Massad ended up saying "no" to that option in September after weighing the team's input and consulting with a physician who researches treatments on her behalf. Several weeks ago, she stopped eating — a decision she also made with the group. A hospice nurse visits weekly, and an aide comes five hours a day.

Anyone with a question or



Dr. Massad

concern is free to raise it with the team, which meets now "as needed."

The group does not exist just for Massad, explained Kate

Henselmans, her partner, "it's about our collective well-being." And it's not just about team members' medical conditions; it's about "wellness" much more broadly defined.

Massad, a primary care physician, first embraced the concept of a "health team" in the mid-1980s, when a college professor she knew was diagnosed with metastatic cancer. Massad was deeply involved in community organizing in New York City, and this professor was part of those circles. A self-professed loner, the professor said she wanted deeper connections to other people during the last

stage of her life.

Massad joined with the woman's social therapist and two of her close friends to provide assistance. (Social therapy is a form of group therapy.) Over the next three years, they helped manage the woman's physical and emotional symptoms, accompanied her to doctors' visits and mobilized friends to make sure she was rarely alone.

As word got out about this "let's do this together" model, dozens of Massad's friends and colleagues formed health teams lasting from a few months to a few years. Each is unique, but they all revolve around the belief that illness is a communal experience and that significant emotional growth remains possible for all involved... [Read More](#)

TV Remotes, Nurse Call Buttons: Where Coronavirus Lingers in Nursing Homes

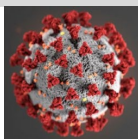
Though airborne exposure causes most cases of COVID-19, the virus lurks on objects near the beds of infected nursing home patients, according to a new study.

"Coronavirus is ubiquitous and persistent in the rooms of nursing home residents with COVID-19, and highlight the ongoing importance of rigorous cleaning and protection of staff and visitors," first author Dr. Lona Mody said in a University of Michigan news release. She leads nursing home infection prevention research at Michigan Medicine in Ann Arbor.

For the study, Mody and her team collected more than 2,000 samples from inside and near the nursing home rooms of 104 COVID patients during a prolonged case surge in Michigan.

Ninety percent of COVID patients' rooms had detectable SARS-CoV-2 on at least one surface. And the virus was still detectable on some surface's days later -- especially TV remote controls and nurse call buttons.

In all, about 28% of the samples were positive for



coronavirus.

While researchers didn't test the viruses to determine if they were capable of causing an infection, the research can help identify which surfaces need cleaning and inform infection prevention policies.

When patients were more mobile or independent, there was more coronavirus on surfaces, including the bed, TV remote controls, nurse call buttons, windowsills and doorknobs. Very few positive swabs turned up in sitting areas, nurses' stations and elevator buttons

closest to the COVID units.

About one-third of people in the United States who died from COVID were nursing home residents, mostly early in the pandemic. The risk is still significant for unvaccinated patients, staff and visitors, as well as to the chronically ill, frail elderly and recently hospitalized, who may have breakthrough cases of COVID, despite growing vaccination rates.

In the study, all of the patients had been diagnosed with COVID in the past two weeks and were in dedicated COVID units.

Why You Can't Find Cheap At-Home Covid Tests

While developing a rapid test that detects the coronavirus in someone's saliva, Blink Science, a Florida-based startup, heard something startling: The Food and Drug Administration had more than 3,000 emergency use authorization applications and didn't have the resources to get through them.

"We want to try to avoid the EUA quagmire," said Peb Hendrix, the startup's vice president of operations. Its test is still in early development. On the advice of consultants, the company is weighing an

alternative route through the FDA to the U.S. market.

"It's just the way our government works," Hendrix said, which is a challenge for businesses that are "anxious to get started and think they've got something that can help."

The U.S. produced covid-19 vaccines in record time, but, nearly two years into the pandemic, consumers have few options for cheap tests that quickly screen for infection, though they are widely available in Europe. Experts say the



paucity of tests and their high prices undermine efforts in the U.S. to return to normal life.

Some experts say the FDA's approach to clearing rapid tests has been onerous and overly focused on exceptional accuracy to detect positive results, rather than on what would really benefit people en masse: speedy results. The main use of rapid tests is to screen people so they can safely attend work, school, meetings or gatherings. This screening can then be followed up with a more sensitive, lab-

based polymerase chain reaction (PCR) test for diagnosis.

The FDA has authorized just 12 over-the-counter options for rapid tests. But the problems go beyond that agency: The Biden administration recently put \$3 billion toward boosting the supply of rapid tests, but public health and industry experts say the government didn't move quickly enough early in the pandemic to support development and manufacturing... [Read More](#)

'Active Grandparent': Humans Evolved to Exercise in Old Age

(HealthDay News) -- Becoming a couch potato as you get older goes against evolution and puts your health at risk, a new study suggests.

Humans have evolved to be active in their later years, and staying active can protect against heart disease and a number of other serious health problems, according to researchers at Harvard.

"It's a widespread idea in Western societies that as we get older, it's normal to slow down, do less, and retire," said the study's lead author, Daniel Lieberman. He is an evolutionary biologist at Harvard University in Cambridge, Mass. "Our message is the reverse: As we get older, it becomes even more important to stay physically active."

Physical activity later in life shifts energy away from processes that can harm health — such as excess fat storage — and toward cellular and DNA repair and maintenance processes that have been shown to lower the risk of diabetes, obesity, cancer, osteoporosis, Alzheimer's and depression, according to the report published Nov. 22 in the *Proceedings of the National Academy of Sciences*.

The study compares humans to apes. The researchers pointed out that apes, which typically live 35 to 40 years in the wild, are much less active than most people — suggesting that humans evolved not just to live longer but also to be more active.

Modern-day hunter-gathers



average about 135 minutes of moderate to vigorous physical activity a day. That's six to 10 times more than a typical American and may be why hunter-gathers who survive childhood tend to live about seven decades.

One benefit of physical activity is a longer, healthier life, the study authors said in a university news release.

"The key take-home point is that because we evolved to be active throughout our lives, our bodies need physical activity to age well," Lieberman said. "In the past, daily physical activity was necessary in order to survive, but today we have to choose to exercise, that is do voluntary physical activity for the sake of health and fitness."

The researchers noted that physical activity levels have fallen worldwide as machines and technology have replaced human labor, and another recent study from Lieberman's lab showed that Americans are less physically active than they were 200 years ago.

"The key is to do something, and to try to make it enjoyable so you'll keep doing it," Lieberman said. "The good news is that you don't need to be as active as a hunter-gatherer. Even small amounts of physical activity — just 10 or 20 minutes a day — substantially lower your risk [of premature death]."

More information

The U.S. National Institute on Aging has more about [exercise and physical activity](#).