



© RI ARA 2014
All Rights Reserved

RI ARA

*“Fighting for the future of our members,
NOW, more than ever!!!!”*

Affiliated with the Rhode Island AFL-CIO

January 5, 2015 E-Newsletter



Publication 2014 / Issue 01
Published in house by the
RI ARA

Stop the False War of Words on Seniors Who Need Social Security

The country faces a major retirement security crisis.

The New Press

By Nancy J. Altman, Eric R. Kingston

(Editor’s note: The following is an excerpt from a new book, “Social Security Works! Why Social Security Isn’t Going Broke and How Expanding It Will Help Us All,” published by The New Press, 2015, all rights reserved. Order a copy here.)

False, derogatory, stereotypes about older Americans abound.

Former Republican Sen. Alan Simpson (R-WY) has given particularly ugly voice to the noxious stereotype that seniors are self-centered retirees, driving luxury cars, enjoying endless rounds of golf, and leaving mountains of debt for their grandchildren by fighting cuts to Social Security benefits they don’t need. He routinely calls seniors and national senior organizations who object to cutting Social Security “greedy geezers,” “old cats 70 and 80 years old. . . who live in gated communities and drive their Lexus to the Perkins restaurant to get the AARP discount.” Despite polls showing that the overwhelming majority of Americans oppose Social Security benefit cuts, he categorizes opponents as follows:



“Who are the people howling and bitching the most? The people over 60. This makes no sense. You’ve got to scrub out {of} the equation the AARP, the Committee for the Preservation of Social Security and Medicare, the Gray Panthers, the Pink Panther, the whatever. Those people are lying. . . . [They] don’t care a whit about their grandchildren . . . not a whit.”

Senator Simpson’s vitriolic attacks should be ignored as ignorant ravings of little consequence. Unfortunately, as co-chair of President Obama’s 2010 deficit commission, Simpson was given a megaphone along with a gavel. And he’s enjoyed using that mega- phone. “I’ve made some plenty smart cracks about people on Social Security who milk it to the last degree,” he proudly proclaimed. “You know ’em too. . . We’ve reached a point now where it’s like a milk cow with 310 million tits!”

How Fare Today’s Old?

But it is just plain false that most older Americans are on “easy street,” as Simpson’s rhetoric implies. A very small percentage are, including Simpson himself. But many more are poor, or near poor. Some seniors maintain a very modest middle-class lifestyle, often struggling to make ends meet. Others, often those employed or retired with significant pension and savings, may be very comfortable in the moment. But that can change with loss of employment, death of a spouse, costly illness, drops in housing prices, or precipitous declines in stock portfolios.

Numbers provide a snapshot of how today’s old are doing at just one point in time. Over time, the finances of any of us—even those who were well off at younger ages—can, and often do, change dramatically and for the worse. Take, for example, the story of Emma and James M., retired in 1993 at ages 64 and 62, respectively.

An accountant and nurse with good work histories, Emma and James had accumulated \$350,000 in their company-sponsored 401(k) retirement plans and had another \$75,000 in savings and investments, plus their Social Security. With their Columbus, Ohio, home paid off and their children through college, they looked forward to enjoyable retirement years. The first ten years were just that—travel, civic involvements, friends, and grand-parenting— notwithstanding James’ diagnosis in 1997 of Parkinson’s disease, controlled fairly well with medication.

Unfortunately, by 2003, James showed further deterioration—slurred speech, memory loss, depression, and difficulty managing personal hygiene. By 2005, taking care of her husband’s needs had become too hard for Emma to do alone. She contracted with a home care agency to provide personal care and chore services three days a week, expanding to seven days, before James entered a nursing home in 2008 as a private pay patient, costing roughly \$70,000 a year. Besides James and Emma drawing heavily on their joint resources, the deep recession and drop in housing prices further diminished their resources. When James died in 2013, Emma, then 82, had very little other than her home and Social Security. She worries how she’ll get by if she needs support one day if the roof needs to be replaced.

Anyone interested in purchasing the book, [click here](#)

721 Hospitals Penalized For Patient Safety

By Jordan Rau, KHN

Medicare is penalizing 721 hospitals with high rates of potentially avoidable mistakes that can harm patients, known as “hospital-acquired conditions.” Penalized hospitals will have their Medicare payments reduced by 1 percent over the fiscal year that runs from October 2014 through September 2015. To determine penalties, Medicare evaluated three types of HACs. One is central-line associated bloodstream infections, or CLABSIs. The second is catheter-associated urinary tract infections, or CAUTIs. The final one, Serious Complications, is based on eight types of injuries, including blood clots, bed sores and falls. Here are the hospitals that are being penalized: **[Complete List](#)**

Below is a list of New England Hospitals

Bridgeport Hospital	Bridgeport	CT
Danbury Hospital	Danbury	CT
Hartford Hospital	Hartford	CT
John Dempsey Hospital	Farmington	CT
Johnson Memorial Hospital	Stafford Spring	CT
Manchester Memorial Hospital	Manchester	CT
Norwalk Hospital Association	Norwalk	CT
Rockville General Hospital	Rockville	CT
Stamford Hospital	Stamford	CT
The Connecticut Hospice Inc.	Branford	CT
The Hospital Of Central Connecticut	New Britain	CT
Waterbury Hospital	Waterbury	CT
Windham Community Memorial Hospital	Willimantic	CT
Yale-New Haven Hospital	New Haven	CT
Beth Israel Deaconess Hospital Plymouth	Plymouth	MA
Beth Israel Deaconess Medical Center	Boston	MA
Boston Medical Center	Boston	MA
Brigham And Women’s Hospital	Boston	MA
Falmouth Hospital	Falmouth	MA
Heywood Hospital	Gardner	MA
Holyoke Medical Center	Holyoke	MA
Lahey Hospital & Medical Center	Burlington	MA
Mercy Medical Center	Springfield	MA
North Shore Medical Center	Salem	MA
Saints Medical Center	Lowell	MA
Sturdy Memorial Hospital	Attleboro	MA
Tufts Medical Center	Boston	MA
Aroostook Medical Center	Presque Isle	ME
Eastern Maine Medical Center	Bangor	ME
Inland Hospital	Waterville	ME
Maine Medical Center	Portland	ME
Mainegeneral Medical Center	Augusta	ME
St Marys Regional Medical Center	Lewiston	ME
Catholic Medical Center	Manchester	NH
Elliot Hospital	Manchester	NH
Mary Hitchcock Memorial Hospital	Lebanon	NH
Our Lady Of Fatima Hospital	North Providence	RI
Rhode Island Hospital	Providence	RI
Westerly Hospital	Westerly	RI
Women & Infants Hospital Of Rhode Island	Providence	RI

New non-invasive method can detect Alzheimer's disease early

Northwestern University



Summary:

A noninvasive MRI approach that can detect the Alzheimer's disease in a living animal, well before typical Alzheimer's symptoms appear, has been developed by researchers. The research team created an MRI probe that pairs a magnetic nanostructure with an antibody that seeks out the amyloid beta brain toxins responsible for onset of the disease. The accumulated toxins, because of the associated magnetic nanostructures, show up as dark areas in MRI scans of the brain.

No methods currently exist for the early detection of Alzheimer's disease, which affects one out of nine people over the age of 65. Now, an interdisciplinary team of Northwestern University scientists and engineers has developed a noninvasive MRI approach that can detect the disease in a living animal. And it can do so at the earliest stages of the disease, well before typical Alzheimer's symptoms appear.

Led by neuroscientist William L. Klein and materials scientist Vinayak P. Dravid, the research team developed an MRI (magnetic resonance imaging) probe that pairs a magnetic nanostructure (MNS) with an antibody that seeks out the amyloid beta brain toxins responsible for onset of the disease. The accumulated toxins, because of the associated magnetic nanostructures, show up as dark areas in MRI scans of the brain.

This ability to detect the molecular toxins may one day enable scientists to both spot trouble early and better design drugs or therapies to combat and monitor the disease. And, while not the focus of the study, early evidence suggests the MRI probe improves memory, too, by binding to the toxins to render them "handcuffed" to do further damage.

"We have a new brain imaging method that can detect the toxin that leads to Alzheimer's disease," said Klein, who first identified the amyloid beta oligomer in 1998. He is a professor of neurobiology in the Weinberg College of Arts and Sciences.

"Using MRI, we can see the toxins attached to neurons in the brain," Klein said. "We expect to use this tool to detect this disease early and to help identify drugs that can effectively eliminate the toxin and improve health."...[Read More](#)

Life Expectancy Unchanged, Long-Term Trend Still Favorable

Stroke moves down list of death causes, unintentional injuries moves up;

Happy New Year! If you are age 65, and pretty much average, you should expect to live another 19.3 years, according to new life expectancy projections. Although, it is a little worrisome that these new forecasts by the National Vital Statistics System, based on data through the end of 2013, did not change from 2012. Still, the researchers say the long-term trends show "apparent progress" in reducing mortality.

From 2012 to 2013, overall mortality for the total population did not change significantly, and life expectancy at birth remained unchanged at 78.8 years.

The other big news was a change in the rankings for the top 10 causes of death.

The leading causes of death in 2013 remained the same as in 2012, although two causes exchanged ranks. Stroke, the fourth leading cause of death in 2012, dropped to the fifth leading cause in 2013. Unintentional injuries, the fifth leading cause in 2012, became the fourth leading cause in 2013, although the age-adjusted death rate for this cause did not change significantly from 2012 to 2013. Unintentional injuries primarily cause deaths among younger people.

Decreases in mortality in 2013 from 2012 for heart disease, cancer, stroke, and Alzheimer's disease were offset by a large increase in mortality from influenza and pneumonia and a lower, but significant, increase in chronic lower respiratory diseases.

The age-adjusted death rate in the United States decreased 15.8%, from 869.0 to 731.9 deaths per 100,000 standard population, from 2000 to 2013. Although changes in mortality overall were not statistically significant from 2012 to 2013, long-term trends show apparent progress in reducing mortality.

Changes also occurred in the leading causes of infant death. SIDS dropped from the third leading cause of infant death in 2012 to the fourth leading cause in 2013, while maternal complications rose from the fourth leading cause in 2012 to the third leading cause in 2013....[Read More and to view Charts](#)



Seniors with healthy hearts, strong lungs have better memory, cognitive ability

Senior citizens with best cardiorespiratory fitness do as well as younger adults in executive functions



Older adults up to age 82 with a good heart and healthy lungs also have better brains for the recall of memory and general cognitive capability. The most fit senior citizens in this study performed as well as younger adults in testing of executive functions.

The research from Boston University, which appears online in the *Journal of Gerontology*, examines the relationship between cardiorespiratory fitness (CRF), memory and cognition in young and older adults.

Aging is associated with decline in executive function (problem solving, planning and organizing) and long-term memory for events. CRF has been associated with enhanced executive function in older adults, but the researchers found the relationship with long-term memory still unclear in previous studies.

They decided to compare 33 young adults (age 18-31) and 27 older adults (age 55-82) with a wide range of cardiorespiratory levels. Participants completed exercise testing to evaluate their cardiorespiratory function and neuropsychological testing to assess their memory, planning and problem-solving abilities.

In addition to standardized neuropsychological tasks of executive function and long-term memory, participants engaged in a laboratory task in which they had to learn face-name associations.

They found the following.

- Older adults with higher cardiorespiratory levels – the most fit - performed as well as young adults on executive function measures.
- Young adults performed better on long-term memory measures, than older high fit adults, who in turn performed better than low fit older adults.
- In older adults, better physical fitness level was associated with improved executive function, and memory.
- In young adults, fitness had no effect on their memory or executive functions.

These findings demonstrate that the effect of CRF is not limited to executive function, but also extends to long-term memory, according to the researchers...[Read More](#)

Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!**