

Beware of 2020's Stealth Social Security Cut

Many people spend years looking forward to turning 62. That's because 62 is the first age at which most workers can claim retirement benefits from Social Security, and a large fraction of older Americans choose to start getting monthly checks from Social Security as soon as possible.

If you're going to be eligible for Social Security for the first time in 2020, however, there's something you need to know. Under laws that took effect more than 35 years ago, the benefits that you'll receive will be less than what people in a similar position in 2019 received. That's because lawmakers back then dealt with potential financial difficulties for the program by instituting new rules that effectively reduced how much those hitting early retirement age will get from Social Security.

What lawmakers did to take away benefits now

Social Security has always been a dangerous issue to discuss in Washington, and lawmakers in the early 1980s knew that they were entering a potential minefield. Yet they also needed to ensure the long-term financial security of the program. As part

of a compromise, Congress agreed to raise the full retirement age, which at the time was 65.

However, the provisions didn't take effect immediately. The intent of waiting was to ensure that those who were close to retirement wouldn't get punished by the law changes at a time at which it was too late for them to do anything about it.

Instead, increases to the full retirement age got implemented on a delayed basis. It went rose from 65 in two-month increments for those born between 1938 and 1942, and stayed at 66 for those born between 1943 and 1954. More recently, another set of two-month incremental increases began a few years ago for those born in 1955. Those increases will continue until those born in 1960 and later have a full retirement age of 67.

What that means for those turning 62 in 2020 is that their full retirement age will be 66 and eight months. That's up two months from the full retirement age of 66 and six months for those who turned 62 in 2019.

Just how much money are new



Social Security recipients losing?

The consequences of full retirement age rising by two months aren't

immense, which is why it's fair to characterize the move as a stealth Social Security cut. Over time, though, the slight reductions will add up.

As an example, say that you're turning 62 in 2020 and were an above-average earner throughout your career, therefore qualifying for a full retirement monthly benefit of \$1,800 from Social Security. Because your full retirement age is 66 and eight months, retiring at 62 means that you're getting your benefits 56 months early. That will result in your getting a Social Security check each month equal to 71 2/3% of your full retirement amount, or \$1,290.

However, someone who turned 62 in 2019 and had the same earnings history and full retirement age benefit would receive slightly more. Because the full retirement age applying here was 66 and six months, claiming at 62 is just 54 months early. The 2019 retiree got 72 1/2% of their full retirement monthly benefit, or \$1,305.

That's \$15 per month higher.

You can't just wait it out. If you think you can avoid the problem by holding off longer before claiming your Social Security benefits, think again. The change in full retirement age affects your benefits no matter when you claim.

For example, say you wait until age 70 to claim. You'll get 40 months' worth of delayed retirement credits, which will boost your check by 26 2/3%. The monthly check will be \$2,280. However, for the person who turned 62 in 2019 instead of 2020, the increase would be slightly greater, with 42 months adding up to a 28% boost. That makes the corresponding monthly check \$2,304 -- \$24 higher every month.

Cuts will continue

Those turning 62 in 2021 and 2022 will also have to deal with this Social Security cut, until the full retirement age finally maxes out at 67. However, some policy makers believe that further increases to Social Security's retirement age could be forthcoming. Staying aware of them is critical to make sure that you don't get any nasty Social Security surprises.

There is a lot on the Congress plate after their holiday break

When Congress gets back to work there is a lot for them to do including what they all said they wanted to do last year: pass legislation to lower the costs of prescription drugs. Toward that end the House passed legislation championed by Speaker Nancy Pelosi and sent it to the Senate for action. In the Senate, Finance Committee Chairman Chuck Grassley worked with Ron Wyden, the top Democrat on his committee, and developed

a bill of their own to lower drug prices. President Trump signaled his support for that bill.

But the person blocking any further progress on new legislation is Senate Majority Leader Mitch McConnell (R-KY). According to a report from *Bloomberg News*, "Lawmakers on both sides of the aisle pushing for major changes for the pharmaceutical industry



meant to lower what Americans pay at the pharmacy have said McConnell stands as a major barrier to clearing their legislation.

"Senate Finance Committee Chairman Charles Grassley (R-IA), said earlier this month McConnell was telling Senate Republicans not to support the drug-pricing package Grassley put together with Sen. Ron Wyden (D-OR), his Democratic

counterpart.

"House Speaker Nancy Pelosi (D-CA) similarly has said McConnell's rejections of her Medicare negotiation bill (H.R.3), which the White House also opposes, is keeping the legislation from becoming law."

"The pharmaceutical industry worries that response to the demand to lower drug prices will include pricing controls.

Understanding The Basics Of Social Security Benefits For Surviving Spouses



Social Security is the primary retirement income source for many Americans – for

over 60% of them it provides more than half of their retirement income. Security discussions often focus on retirement security, but a number of related benefits also deserve the spotlight, such as survivor benefits for a surviving spouse.

Survivor benefits play a crucial role in retirement security and providing for families that unexpectedly lost a loved one. The rules can be complex, and in some cases require planning in the context of a surviving spouse's overall retirement, tax and financial planning needs.

There are roughly four different categories of Social Security survivor benefits.

- ◆ **Benefits at age 60:** Benefits can start as early as age 60 to anyone married at least nine months.
- ◆ **Lump sum payment:** a one-time death benefit payment of \$255 paid at any age. This amount seems pretty trivial, especially since it hasn't been updated for inflation. It used to be positioned as a way to help with funeral costs.
- ◆ **Disabled benefit:** If you're disabled, you can collect a Social Security survivor benefit as early as age 50.
- ◆ **Surviving child benefit:** If you're caring for a child under the age of 16, you can collect benefits at any age.

Survivor Benefits At Age 60

At their full retirement age, the surviving spouse can receive full survivor benefits based on the deceased individual's retirement benefit. The surviving spouse can claim benefits as early as age 60, but they'll be reduced for early claiming.

The amount received from survivor benefits is based on the earnings of the person who passed away. At full retirement age, the survivor receives 100% of the deceased individual's benefit they were receiving or

their projected benefit at full retirement age. If someone collects benefits before full retirement age, they'll get between 70-99% of the worker's basic benefit amount.

You can only receive your benefit or the survivor benefit, though, not both. Let's say you are 70 years old, and your spouse is 72. Your spouse received \$2,000 a month, and you received \$1,000 a month. If your spouse passes away, you're eligible for their \$2,000-a-month benefit. You won't be able to keep both benefits, so your \$1,000-a-month benefit will go away. You want to keep the highest of the two benefits. In most cases, when one spouse passes away, a decent amount of Social Security income will be lost.

In many cases it can make sense to defer the larger of the two benefits for as long as possible. This allows the larger benefit to grow and be paid for the longer of the two spouses' lives. We call this strategy maximizing the surviving benefit.

Collecting survivor benefits at age 60 doesn't directly impact your own Social Security retirement benefit. In fact, you can collect survivor benefits at age 60 and leave your own benefit until age 70. This allows you to receive much needed income from Social Security at age 60, but still allows your own retirement benefit to grow until age 70. If at that time that benefit is larger than the survivor benefit, you can switch over to the higher benefit.

The **Social Security Administration** lays out the information you will need to collect survivor benefits. You can apply for survivor benefits by phone or in any Social Security office. The information you'll need is:

- ◆ Proof of death either from a funeral home or death certificate
- ◆ Your Social Security number



and the deceased worker's SSN

- ◆ Your birth certificate
- ◆ Your marriage certificate, if you're a widow or widower
- ◆ Your divorce papers, if you're applying as a divorced widow or widower
- ◆ Dependent children's Social Security numbers, if available, and birth certificates
- ◆ Deceased worker's W-2 forms or federal self-employment tax return for the most recent year
- ◆ The name of your bank and your account number so your benefits can be deposited directly into your account.
- ◆ If you're still working and try to collect benefits between age 60 and full retirement age, the benefits may be subject to something called the earnings test. If you exceed an annual earnings limit, your benefits will be suspended. After you reach full retirement age, the earnings test no longer applies. Additionally, any benefits that were suspended under the earnings test are recalculated once you reach full retirement age.

Lump Sum Payment

The \$255 one-time payment was originally intended to help survivors after the loss of a spouse with certain funeral and end-of-life costs. However, the amount is not indexed for inflation and doesn't significantly move the needle for most surviving spouses. The one-time payment can only be paid to a surviving spouse or a child if they meet certain requirements. To get the one-time payment you need to apply for it within the first two years of the deceased individual's date of death.

Disabled Benefit

If you're disabled, you can receive survivor benefits as early as age 50. For divorced spouse's, you can also receive survivor benefits if the marriage lasted for at least 10 years. Again, you would be able to start collecting survivor benefits

at age 60, or age 50 if disabled. If you remarry, you can no longer receive survivor benefits. However, if you remarry after age 60, or after age 50 if disabled, you can continue to receive survivor benefits based on a deceased spouse if you were married for at least 10 years. Interestingly, you can even switch over to a spousal benefit based on the new spouse's work history at age 62 if the new benefit would be higher.

Caring For Children Younger Than 16

A surviving spouse of any age caring for a child who's younger than 16 is entitled to 75% of the worker's benefit amount. Additionally, the child is also eligible for a survivor benefit of 75% of the deceased worker's benefit amount. Divorced spouses taking care of the deceased ex-spouse's child who is younger than 16 are also entitled to 75% of the deceased spouse's benefit amount. Furthermore, the ex-spouse need not meet the 10-year marriage rule and they can be any age to collect benefits. The child of the deceased spouse and the ex-spouse must be either naturally born or legally adopted.

Social Security survivor benefits are crucial for retirees and for those who lose a wage-earner early. However, there's often a lot of complexity and planning that's needed when it comes to collecting and coordinating survivor benefits with an overall financial plan. While Social Security's website is a great resource for the rules surrounding benefits, the Social Security Administration offices aren't designed to provide a lot of guidance around collecting benefits in the most efficient manner for your particular situation. Because there are thousands of Social Security rules and many claiming decisions are permanent, it's beneficial to speak with a qualified financial advisor before claiming benefits. That will help you maximize your decision and your financial security.

Your 2020 Guide to Social Security Benefits

Whether you're claiming Social Security in 2020, have been collecting benefits for years, or are still decades away, here's what you need to know about this critically important retirement program.

Social Security is the largest retirement plan in the United States, providing income to more than 63 million people. And the vast majority of working Americans will receive Social Security benefits at some point in their life.

Unfortunately, the Social Security program isn't well understood by millions of Americans. For example, **most people don't know** their full Social Security retirement age (the majority of people think it's 65), or what it even means. There's *a lot* to know about Social Security, but the good news is that most of it isn't terribly complex and is rather easy to understand.

With that in mind, here's a guide to Social Security benefits in 2020 that can help you navigate this important program and make wise financial decisions for you and your family.

Are you eligible for Social Security benefits?

If you've worked for at least 10 years, the short answer to this question is "probably." Most types of work (including self-employment) are covered by the Social Security program.

Specifically, in order to qualify for Social Security

retirement benefits, you'll need to earn 40 quarters of coverage – also informally known as Social Security "credits." In 2020, you earn one quarter of coverage with earnings of \$1,410, and this figure changes each year with inflation (for example, it was \$1,360 in 2019).

The catch is that you can only earn four **Social Security credits** in a given calendar year. This is why they are officially known as quarters of coverage. So, since you need to earn 40 quarters of coverage to qualify, this means that you'll generally need to earn at least \$5,640 (in 2020 dollars) in at least 10 different calendar years.

Also keep in mind that this is the *basic* eligibility requirement for Social Security retirement benefits. As we'll see in the coming sections, your Social Security benefit is based on 35 years of earnings, so if you've only worked for 10 years, you can be sure that you'll have a relatively small monthly benefit.

When can you claim Social Security?

Americans who meet the eligibility requirement (either on their own or based on a spouse's work record) can claim Social Security as early as age 62 or as late as age 70. In other words, you have an eight-year window during which you can choose to start your Social Security benefit.

However, as we'll outline in



the next section, your age when you start collecting your retirement benefit has a big impact on how much you'll get.

How is Social Security calculated?

This question is far more complicated than you might think. It depends on a few factors, specifically:

- ◆ How many years you worked in Social Security covered employment.
- ◆ How much you earned each year.
- ◆ How old you are when you start benefits.
- ◆ When you were born.
- ◆ With that in mind, here's a rundown of how your Social Security benefit will be

calculated in 2020 (or whenever you decide to claim):

Your full Social Security retirement age

As mentioned earlier, you can start your Social Security retirement benefit anytime between the ages of 62 and 70. However, it's also important to realize that you have a full retirement age for Social Security purposes. You don't necessarily have to claim your benefit (or do anything else, for that matter) once you reach full retirement age, but it plays a major role in the benefit calculation.

Your **Social Security full retirement age** depends on what year you were born, so here's a quick chart to help you find yours:

Birth Year	Social Security Full Retirement Age
1943-1954	66 years
1955	66 years, 2 months
1956	66 years, 4 months
1957	66 years, 6 months
1958	66 years, 8 months
1959	66 years, 10 months
1960 or later	67 years

[Read More](#)

New year brings new and higher drug prices

Surprise, surprise. Reuters reports that Pharma is ushering the new year with new and higher drug prices. The true surprise would be if prescription drug prices did not continue to rise. Republicans in the Senate are not prepared to step in and enact **Speaker Pelosi's** drug bill, which has passed in the House, or any other legislation to lower drug prices.

Congress effectively has given pharmaceutical companies monopoly power over

prescription drug prices. **Patents** on prescription drugs protect them from competition for at least a decade and often longer. And, pharmaceutical companies often have considerable control over the availability and price of drugs in the generic drug market.

Consequently, on January 1, several big drugmakers, including Bristol-Myers Squibb, Gilead Sciences and Biogen,



raised prices on scores of drugs. Pfizer, GlaxoSmithKline and Sanofi are also planning to raise prices on scores of drugs. Bristol-Myers says it will raise its drug prices as much as six percent this year.

Prices for most of these prescription drugs are going up about five percent, more than inflation. And, the drug price increases do not reflect any significant change in the cost of producing these drugs, which

tend to cost pennies to produce. Still, you should expect to see more increases throughout the course of 2020.

Every country other than the US regulates drug prices. They recognize that competition does not work for pharmaceuticals. Rather, the incentives of insurers and drug middlemen, **pharmacy benefit managers**, are generally aligned with drugmakers. They profit more when drug prices are high.

The Scorecard: GPO/WEP Progress So Far This Year

THANK YOU FOR STANDING UP FOR SOCIAL SECURITY FAIRNESS! Keep making our case to everyone you know.

We are halfway through the current legislative session—"the 116th Congress." This Congressional session and the bills so far introduced continue through 2020. Here is a quick look at the bills that could affect the Social Security offsets. Please call or email your Senators and House Members and send them a thank you or a reminder to co-sponsor if they haven't yet done so.

The Repeal Bills (click on blue links for more information):
H.R. 141 Social Security Fairness Act

Introduced by Representative Rodney Davis (R) of Illinois
Currently has 235 co-sponsors: 180 Democrats, 55 Republicans

Would stop the application of

Social Security Fairness *Repeal the Government Pension Offset and the Windfall Elimination Provision*



the offsets to already retired persons as well as to future retirees.

S. 521 Social Security Fairness Act

Introduced by Senator Sherrod Brown (D) of Ohio

Social Security Fairness Act
Currently has 36 co-sponsors: 30 Democrats, 4 Republicans, 2 Independents

Would stop the application of the offsets to already retired persons as well as to future retirees. Companion to the House bill.

More than half the House of Representatives has signed onto the repeal bill, HR 141, and many have also signed onto the WEP change bills. We need to put more pressure on our SENATORS to

REPEAL, not just change BOTH offsets!

Bills to modify only the Windfall Elimination Penalty: H.R. 3934 Equal Treatment of Public Servants Act

Introduced by Kevin Brady (R) of Texas

Currently has 43 co-sponsors: 40 Republicans, 3 Democrats
Uses a different formula to calculate the windfall, taking into account years of covered and non-covered Social Security income. Would not re-calculate benefits of persons already retired. They would receive an extra \$100 per month and \$50 for spouse.

H.R. 4540 Public Servants Protection and Fairness Act
Introduced by Richard Neal (D) Chairperson of the Ways

and Means Committee

Currently has 79 Cosponsors: 77 Democrats, 2 Republicans (similar to H.R. 3934) Uses a different formula to calculate the windfall, taking into account years of covered and non-covered Social Security income. Would not re-calculate benefits of persons already retired. They would receive an extra \$150 per month.

Bill to expand Social Security benefits for all retirees. H.R. 860 Social Security 2100 Act

Introduced by John Larson (D) Connecticut

Currently has 208 Co-sponsors, all Democrats
Would increase retirement benefits as well as contributions to Social Security retirement funds. Does not currently affect GPO/WEP. There is an campaign to add repeal of both offsets to this bill.

Retirement security is not improving

Except for the wealthiest Americans, retirement security is not improving. Mark Miller reports for the [New York Times](#) on the plight of most older adults since the great recession. Although many parts of the economy have recovered, middle and low-income Americans have largely not seen meaningful growth in their retirement income.

In fact, evidence from the Federal Reserve shows that, at best, middle and lower-income families have managed to recover their retirement savings. And, many middle and lower-income families have not managed to recover their retirement savings.

In addition, Social Security benefits are replacing a lower proportion of people's retirement income, even though [benefits have adjusted up a bit for inflation](#). The longer wait to reach Social Security's full retirement age—once 65 and now increasing to 67 for people born in 1960 or later—also operates as a benefit cut. And, [Medicare costs](#) are

going up.

It is getting harder for baby boomers and GenXers to have adequate resources in retirement. The wealthiest households are doing a lot better today and should be in good shape when they retire. But, [middle-income households](#) have as good a chance of success in retirement as of failure. Meanwhile, people with low incomes have a much lower chance of having the resources they will need in retirement.

People who were out of work during the recession also often were without health insurance. Those people who were not yet eligible for Medicare could sign up for coverage through the Affordable Care Act, but at a significant cost. Today, 9.4 percent of people between 50 and 65 are uninsured. That's largely because 14 states opted not to expand Medicaid.

Medicare spending has risen considerably, in large part as a result of private **Medicare Advantage plans, which have**



been overbilling the federal government and taxpayers for their services. The question is whether

Republicans in Congress will succeed at shifting more costs onto older and disabled Americans with Medicare to reduce spending or whether Democrats will succeed at enacting laws that end [Medicare Advantage abuses](#) that drive up spending as well as rein in health care prices. [Speaker Nancy Pelosi's prescription drug bill](#), H.R. 3, would save Medicare tens of billions of dollars a year in lower prescription drug costs alone.

The official unemployment rate for people over 55 is at 2.6 percent. But, if you include people who were unsuccessful at finding jobs and have stopped looking for work, the unemployment rate goes up to 5.5 percent. Moreover, wages are not up in the last decade for older people who are working. They are at \$872 a week, as

compared with \$861 ten years ago.

Nearly 80 percent of older adults have equity in their homes that they may be able to draw on if they need money. But, since the recession, [fewer older adults own their homes](#). And, there has been a significant drop in the proportion of people under 65 who now own their homes. They are at serious risk of not having adequate resources to pay for [health care and housing costs](#) as they grow older. Today, almost five million older people who own their homes are paying at least half their income on housing costs, forcing them to spend less on food and health care.

More information in links below

[Improving U.S. Retirement Security Requires Addressing](#)

[Demographic Disparities Demographic Disparities At Heart Of Retirement Fails, Study Finds](#)

USPS could privatize as early as next year

The right to an inexpensive, public postal system in the United States has roots that go back further than most amendments recorded in the Bill of Rights.

In 1775, Benjamin Franklin ran the post office and used it to sustain communications between a small group of revolutionaries who would soon wage a winning war against the largest empire in the world. In 1792, George Washington and James Madison created legislation to allow newspaper companies to send their products through the mail at very low rates and to protect correspondence from any prying eyes. That act is credited with cementing Americans' rights to free information and privacy.

In 1831, Alexis de Tocqueville came to the U.S. from France to study American democracy. He wrote that the Postal Service was a "great link between minds," and credited it with aiding in a stable democracy.

But the Postal Service as a public, government-run entity is not guaranteed, and advocates in Congress, President Donald Trump's administration, and consulting firms like McKinsey & Co. have called for privatization of the agency for some time.

Those changes could come as early as next month.

The United States Postal Service shipped more than 13 billion pieces of mail and

packages this holiday season. But now that gift-giving has abated, the agency, which falls under President Trump's jurisdiction, is facing another deadline: find a new Postmaster General by January 2020.

The new leadership will be handpicked and approved by the Postal Service's Board of Governors: a group of five men (mostly with investment banking and private banking experience), three of whom were appointed by Trump, along with the current Postmaster General and her deputy.

Related video: US Postmaster General Megan Brennan announces retirement (provided by Yahoo Finance)

Once the new leadership is in place, the board will also be tasked by the Trump administration with creating a package of large, structural changes intended to help the ailing Postal Service. Those changes will likely include privatizing and selling pieces of the public service off, according to the American Postal Workers Union (APWU), which represents more than 200,000 current and retired postal employees.

In 2018, Trump issued an executive order to create a postal task force, led by Treasury Secretary Steven Mnuchin. The



group was charged with figuring out how to make the postal service a more profitable entity. They recommended that the agency roll back collective bargaining rights for postal workers and sell off pieces of the service to private industry.

"The USPS's current business model has become outdated due to changes in technology, markets, and customer needs and preferences," **the report stated**. "It is unsustainable and must be fundamentally changed if the USPS is to avoid a financial collapse and a taxpayer-funded bailout."

At the time, current Postmaster General Megan Brennan said she would consider the findings but would not act directly upon them. "The recommendations contained in the report should be evaluated together with legislative and regulatory reforms to address our urgent financial challenges," she said in a statement.

Around the same time in 2018, the White House Office of Management and Budget also proposed privatizing parts of the USPS and ending package delivery—something that alarmed the APWU.

"The OMB report suggests that the U.S. Postal Service should be sold off to private interests and perhaps shouldn't even be allowed to ship packages. Most

Americans oppose the OMB's recommendations," said APWU president Mark Dimondstein, in a statement. "We need to send a clear message to the next Postmaster General that the U.S. Mail is not for sale."

Dimondstein, in his defense of the USPS, pointed to a **recent poll by the Pew Research Center** which found that the Postal Service was the most popular government agency in America. About 90% of respondents held a favorable view of the agency.

The union also launched a TV and social media ad campaign over the holidays in an attempt to pressure the next Postmaster General to keep the agency public.

"The next Postmaster General should protect universal home delivery and keep public ownership of the U.S. mail," the ad says, ending with the tagline "The people's postal service. Keep it, it's yours."

The changes come as FedEx, Amazon, and UPS eat up a larger portion of delivery in the U.S. But these companies tend to focus their services more on urban and suburban areas and not rural parts of the country that don't provide a large profit margin. A study by the Institute for Policy Studies found that 70 million more Americans would have to pay hefty surcharges for deliveries without the USPS....**Read More**

Health care is top concern for women over 50

Axios reports that a new **AARP poll** finds that health care is the top concern for women over 50. And, 95 percent of them plan to vote in 2020. What does that mean for the 2020 elections?

Women over 50 represent about 28 percent of registered voters. Of note, seven in ten of them say they are undecided among presidential candidates. So, candidates need to be focused on getting their support. For sure, women over 50 are looking for lower health care costs. It also appears they are looking for jobs which make it easier for them to be a caregiver. Four in ten of

them said if they could get a job with a company that was sympathetic to caregivers, they would switch to that job.

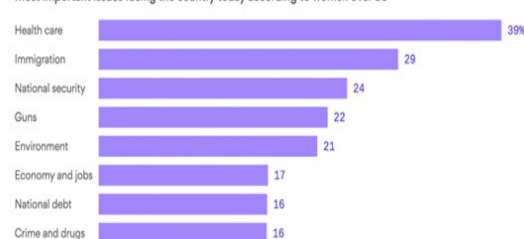
Four in ten women over 50 report not being able to afford health care. Many skipped getting care or got less care than needed. Many others who got care ended up in medical debt. More than one in four (26 percent) women reported skipping care because they could not afford it.

Almost half of women over 50 (46 percent) give political leaders on both sides of the aisle failing grades for their inability to address high health care and

prescription drug costs.

The **poll** also found that women living in rural communities and small towns reported health care to be an even more important concern than urban women. Overall, about four in 10 women (39 percent) said that health care was their top concern as compared to 47 percent of rural and small-town women voters.

Most important issues facing the country today according to women over 50



Data: AARP/Harris Poll, Chart: Axios Visuals

For women over 50, affordable health care is more important than immigration, terrorism, national security, guns and climate change. Immigration is the top concern for men over 50.

Somebody Stopped Paying Their Social Security Taxes Today, 01/01/2020

Most likely you will pay your Social Security taxes all year round. But some high earners will stop paying a few hours after we ring in the New Year, many before we return to work in the new year.

Social Security benefits are paid by the FICA tax, which is 12.4% of pay (split evenly between the employer and the employee). But earnings are taxed only up to a cap. In 2019, the cap was \$132,900, a threshold that rises to \$137,700 in 2020. Ninety-five percent of American workers pay FICA tax all year long because our annual earnings fall below the cap, while 5% stop paying sometime during the year when their earnings reach \$137,700.

Who are these people who don't pay Social Security taxes all year?

People don't post their salaries, so we don't know who is the highest salaried person in America. We know the richest man in the world is Jeff Bezos, but the system doesn't tax wealth, it taxes wages and salaries (Social Security could tax wealth, but it never has). Public companies post the

salaries and bonuses of their executives and these filings show that the highest-paid executives in 2019 were Safra Catz and the late Mark Hurd, the co-CEOs of tech giant Oracle, who each earned \$108 million. At that pay level, executives effectively finish paying their Social Security taxes before noon on New Year's Day.

In 2018, 168 million workers paid a total of \$874 billion into the Social Security system. I don't know the names of all the 1,174 people in 2018 who earned over \$20 million or the 211 employees who earned over \$50 million each (with an average salary of \$95 million). But these extremely wealthy people paid Social Security taxes only on the first \$128,400 they earned in 2018. On average, those 211 people at the top will stop paying Social Security taxes about 12 working hours into 2019.

Social Security Is Short of Funds Because of income Inequality, Not Longevity Increases
Social Security is in good



shape, but the program will have enough money to pay only 80% of benefits in 2034 unless the system obtains the equivalent of about one trillion dollars. That is unfortunate, because the Social Security system as it stands plays a crucial role in narrowing retirement wealth inequality between the rich and the poor.

Some people wrongly think that people living longer is causing Social Security's revenue shortfall. But Social Security actuaries can count. They count babies and budgeted in anticipation of Baby Boomers' retirement and longevity improvements. What the actuaries didn't predict—and what is hurting the system—is the growth in extreme earnings inequality and ever-increasing health insurance premiums that aren't taxed for Social Security.

According to Urban Institute economists **Karen Smith and Eric Toder**, the inequality of wage income and taxable wages escaping as health insurance premiums are the most salient and unexpected reasons for the

shortfall. The Economic Policy Institute found that most labor earnings growth since 1979 has gone to the top earners; the top 1% wages grew 158% since 1979, while wages for the bottom 90% grew only 24%.

Lopsided growth in earnings is the main reason behind the system's shortfall. Every year, the earnings cap means that over \$1.2 trillion dollars of earnings—wages and salaries, not capital income—of an economy-wide \$8.4 trillion in taxable earnings escapes Social Security tax. That's over one-fourth of total earnings.

This escape happens not by design, but by accident. According to **Kathleen Romig** of the Center for Budget and Policy Priorities, in 1983, Social Security reformers never imagined we would see such a rapid increase in earnings above the cap, nor did they imagine that workers in the bottom 95% of earnings would experience wage stagnation during the 1990s and 2000s. Otherwise, they might well have raised the earnings cap, putting more revenue into the system... **Read More**

Lilly breaks its promise to offer lower-cost insulin

Eli Lilly may be talking the right talk when it comes to insulin prices, but it is not walking the walk, according to **a report** by Senators Richard Blumenthal and Elizabeth Warren. Eli Lilly's new generic version of Humalog, Lispro, which it promised to sell at lower cost, tends to be out of stock at pharmacies. And, when surveyed, many pharmacies did not know it was even available.

Senators Blumenthal and Warren surveyed 190 chain pharmacies and 196 independent pharmacies across the US about the availability of lower-cost insulin over a five-month period in 2019. And, it found that lower-cost insulin is hard to find. Only 17 percent of pharmacies had it in stock.

What's worse, the pharmacies that did stock Lispro were not

telling their customers about it. And, nearly seven in ten pharmacies that did not carry Lispro reported that they could not order it. Instead, prices for insulin are sky high.

It's not clear why insurers have not been informing their members to use Lispro. **Stat News** reports that many insurers do not even include Lispro on their formulary. Rather, insurers are **driving up costs** for people with diabetes.

Warren and Blumenthal believe that it's time that Congress took action to rein in high drug prices. In the meantime, they want Lilly to deliver on its promise and lower the price of insulin. It charges far lower prices abroad for

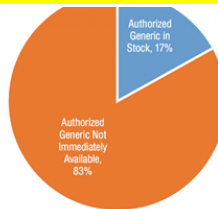


Figure 1: 83% of Pharmacies Did Not Have Eli Lilly's Authorized Generic in Stock

Humalog. Some 30 million Americans have diabetes, more than one in every nine people. The price of insulin should be very low, given that it was discovered 100 years ago. Instead, its cost has more than tripled in the last 20 years. The cost of a 10 ml vial of Humalog is nearly seven times what it was in 2001, \$275 today as compared with \$35 in 2001. A typical person with diabetes uses between two and four vials a month at a cost of about \$1,000.

Of course, people with drug coverage typically pay only a small fraction of the cost at the pharmacy. But, everyone with insurance pays high premiums because the cost of drugs are so

high. If insurers are not covering the generic version, they're likely also making money off the higher cost.

Given their findings, Senators Blumenthal and Warren question whether generics can deliver Americans the low prices people assume they deliver. They offer several recommendations to address the high cost of insulin and other critical and life-saving drugs. First and foremost, they say that Congress must act to reduce the price of drugs across the US, including for people with Medicare. Congress should also allow safe importation of drugs. And, it should allow the federal government to develop generic drugs, including insulin, when the market is not producing them as it should.

FDA can't prove effectiveness of opioid safety strategy, analysis finds

The Food and Drug Administration (FDA) can't prove that a program intended to curb opioid misuse and improper prescribing was ever effective, according to an analysis of newly uncovered documents.

The analysis, published Monday in the journal JAMA Internal Medicine, found that the FDA never collected the right data to determine the effectiveness of the program in reducing addiction or changing physician prescribing practices.

The authors from the Johns Hopkins Bloomberg School of Public Health reviewed more than 9,700 pages of FDA documents gained by Freedom of Information Act requests related to the agency's risk evaluation

and mitigation strategy (REMS).

The strategy was launched in 2012 to address risks tied to extended-release and long-acting opioids, which were more associated with greater risk of addiction, unintentional overdose and death than their immediate-release counterparts.

The REMS program was intended to be the FDA's primary tool "to reduce serious adverse outcomes resulting from inappropriate prescribing, misuse, and abuse," according to the researchers.

Yet the authors found that "more than 5 years after implementation, the FDA was unable to assess whether these



outcomes were achieved."

Under the program, the FDA required opioid manufacturers to pay for voluntary safety training for physicians who prescribe the drugs, and to track the effectiveness of the training.

The researchers found the REMS program was implemented "largely as planned," but when its shortcomings became known, "FDA instead changed the goal" of the assessments, instead of improving them.

The agency could have done more to study the program's effectiveness, and has come under fire for allowing drug companies to fund prescriber

training. Prior assessments of the REMS program have also been funded by opioid manufacturers, and a May 2016 FDA advisory committee noted "methodological concerns" regarding the studies.

In an editorial accompanying the analysis, retired senior FDA official William Hubbard called on the FDA to take more aggressive action, and said the agency has "broad authority" to restrict the distribution of dangerous medications.

FDA "has tools that could mitigate opioid risks more effectively if the agency would be more assertive in using its power to control opioid prescribing, manufacturing, and distribution," Hubbard said.

Should you be tested for Alzheimer's?

Alzheimer's disease affects more than 5.5 million Americans, and its prevalence is growing. More than **90,000** Americans die of Alzheimer's disease each year. Should you be tested for Alzheimer's?

Alzheimer's is the sixth leading cause of death in the United States and may be the third leading cause of death for older adults, right behind heart disease and cancer, according to the **National Institute on**

Ageing. In recent years, there has been a significant increase in the number of people dying of Alzheimer's disease.

Exercise, healthy eating and other behavioral changes may help stave off Alzheimer's, but they have not been found to treat Alzheimer's disease. Alzheimer's is a brain disorder that, over time, destroys your ability to think and remember as



well as to do even simple tasks. It is irreversible.

Today, brain scans and spinal taps can find high levels of amyloid in people's brains, a sign of the Alzheimer's protein, and a proclivity to Alzheimer's disease. And, a **blood test** will soon be able to find amyloid beta in people's brains as long as twenty years before they experience Alzheimer's symptoms.

The question becomes whether you would want to get that blood test or brain scan? On one hand, it could help prepare you for the disease. But, Alzheimer's comes on gradually, so **early diagnosis** would still give you time to prepare. Moreover, knowing you were likely to get Alzheimer's before you had real symptoms wouldn't tell you when you would get the disease. So, what is the value in knowing? Would you want your family and friends to know?

Feds approve drug for treating pancreatic cancer

An FDA spokesperson confirmed the approval. A panel at the agency this month recommended Lynparza after a study found that pancreatic cancer patients taking the drug went almost twice as long without their cancer getting worse than those taking a placebo.

The FDA approved Lynparza's use as a maintenance treatment for those with so-called BRCA gene mutations whose cancer had spread beyond the pancreas and whose tumors did not grow

after at least 16 weeks of chemotherapy, AstraZeneca and Merck said Monday in a joint news **release**. Whether a patient meets those criteria is determined by an FDA test.

Mutations in BRCA genes hinder the body's ability to fix DNA damage, making it more likely that cells develop genetic alterations that can lead to cancer, the companies explained. Lynparza is among the drugs known as PARP inhibitors, which are used to stop cancer



cells from reproducing. "Patients with advanced pancreatic cancer historically have faced

poor outcomes due to the aggressive nature of the disease and limited treatment advances over the last few decades," Dave Fredrickson, executive vice president of AstraZeneca's oncology business unit, said in a statement.

"Metastatic pancreatic cancer patients have been waiting a long time for new therapy options for their devastating disease," Julie

Fleshman, president and CEO of Pancreatic Cancer Action Network, added.

Pancreatic cancer is particularly deadly because it often goes undetected until it's in advanced stages. The American Cancer Society estimates that nearly **46,000** Americans will die of the disease this year.

In 2017, AstraZeneca and Merck announced a joint effort to develop and market Lynparza to treat multiple types of cancer. The drug is already approved to treat ovarian and breast cancer.

Do These Common Drugs Increase Your Risk for Dementia?

Can taking certain drugs increase your risk for dementia? That's a question that has dogged anticholinergic medications, which are commonly used to treat an array of conditions, including asthma, depression, heart problems and urinary incontinence. And for some people, the answer is yes, says Dr. Suzanne Schindler, an assistant professor of neurology at the Knight Alzheimer Disease Research Center, which is part of the Washington University School of Medicine in St. Louis.

Many medications, both over-the-counter and prescription, can cause cognitive problems that increase **the risk for dementia**, Schindler says. "For example, people who take anticholinergic medications may notice that they become confused or groggy," she says. Some patients take these medications, which can impair memory and thinking, for years, and the drugs may lead to more severe, chronic problems like dementia.

"These patients may not even realize the medications are causing cognitive problems," Schindler explains. "When an individual's cognitive abilities decline and they are unable to maintain their typical daily activities, the medical term for this is dementia."

Dementia describes a set of symptoms that can include memory loss and difficulties with thinking, problem-solving, planning or organizing or using language. The most common cause of dementia in older people is Alzheimer's disease, which causes specific brain changes.

Overall, about 5.8 million people in the U.S. have Alzheimer's disease, most of them age 65 or older, according to the Alzheimer's Association.

Common signs and symptoms of dementia caused by Alzheimer's disease include:

Memory loss that disrupts daily life.

- ◆ Challenges in planning or

solving problems.

- ◆ Difficulty completing familiar tasks.
- ◆ Confusion with time or place.
- ◆ Trouble understanding visual images and spatial relationships.
- ◆ New problems finding the right words when speaking or writing.
- ◆ Misplacing things and losing the ability to retrace steps.
- ◆ Decreased or poor judgment.
- ◆ Withdrawal from work or social activities.
- ◆ Changes in mood and personality.
- ◆ Research suggests that taking various types of commonly used drugs, including anticholinergic medications, could raise a person's risk for developing dementia. For example, a large study published in JAMA Internal Medicine in June 2019 found taking these drugs was associated with an risk for developing dementia:

- ◆ Antidepressants.
- ◆ Anti-Parkinson's disease medication.
- ◆ Anti-psychotic drugs.
- ◆ Medication for an overactive bladder.
- ◆ Anti-epileptic drugs.

The study involved 58,769 patients with a diagnosis of dementia in England and 225,574 control individuals age 55 or older. "These findings highlight the importance of reducing exposure to anticholinergic drugs in middle-aged and older people," the researchers wrote.

It's important to note that anticholinergics probably don't cause the brain changes associated with Alzheimer's disease, Schindler says.

"Anticholinergics change brain chemistry, but they probably don't change the structure of the brain," she says. However, she adds that anticholinergic medications



may make the symptoms of Alzheimer's disease worse.

The most common anticholinergic drugs fall into three types, says Kajua B. Lor, an associate professor in the clinical sciences department at the Medical College of Wisconsin in Milwaukee.

These types of anticholinergic drugs are:

- Antidepressants.
- Certain types of antihistamines.

Some medications used to treat an overactive bladder.

The greater the amount of anticholinergic drugs you take and the longer you take them, the greater risk they pose for dementia, says Dr. Babak Tousi, who heads the clinical trials program at Cleveland Clinic's Lou Ruvo Center for Brain Health.

If you're taking or considering an anticholinergic drug, experts recommend that you:

- ◆ Talk to your primary care physician and pharmacist.
- ◆ Review your medication annually.
- ◆ Discuss ways to minimize use of anticholinergic drugs that can cause cognitive symptoms.
- ◆ Stop taking medications that are no longer useful.

Don't dismiss all anticholinergic medications.

Talk to your primary care physician and pharmacist. Ask your primary care doctor and your pharmacist whether any anticholinergic medications you've been prescribed could increase your risk for dementia, Tousi suggests. Talk through the potential risks and ask about alternative, safer medications. When your doctor prescribes a new medication, ask if it can affect your thinking.

Review your medication annually. Tousi advises patients to review what medications they're taking each year with their doctor, a pharmacist or a geriatrician, especially if there

are any concerns about cognition or thinking. If an anticholinergic medication you're taking isn't as beneficial as before, ask your doctor whether it can be discontinued or if the dose can be reduced.

Stop taking medications that are no longer useful. It's not unusual for some patients to still take anticholinergic medication for, say, an overactive bladder even after they've become fully incontinent, Tousi says. There's no need to keep taking a medication that's no longer beneficial.

Discuss ways to minimize use of anticholinergic drugs that can cause cognitive symptoms. "If possible, use medications that don't cause cognitive side effects," Schindler says. For example, instead of taking Benadryl, an anticholinergic, for allergies, Schindler typically recommends other, non-anticholinergic medications like Claritin. To treat pain, also consider non-pharmacological treatments, like physical therapy or massage.

Don't dismiss all anticholinergic medications. It's important to keep in mind that all medications have potential benefits and side effects, Schindler says.

"Anticholinergics are used because they can be very helpful to patients with a variety of problems," she says. "Some patients may have no major side effects from the anticholinergics, while other patients may have major problems. Therefore, it's important for patients to talk to their physicians about the benefits and side effects they've noticed from anticholinergics and other medications, so that their physician can find the treatment plan that's best for them."

The Easy Way to Swallow Pills

You might need certain meds to help you stay healthy, but the act of swallowing them can be unpleasant. Between 10 percent and 40 percent of adults report such difficulty, according to a 2018 review in the journal Patient Preference and Adherence.

Swallowing pills may be especially challenging for older adults, says Rosanne M. Leipzig, M.D., Ph.D., a professor of geriatrics and palliative medicine at the Icahn School of Medicine at Mount Sinai Hospital in New York. That's likely due to "the sheer number of pills they're taking, the fact that they're more susceptible to conditions like dry mouth, and the reality that the muscles at the back of the mouth naturally weaken over time," Leipzig says.

Plus, anxiety about taking pills can create muscle tension, making the task even harder.

Here are six ways to make **taking your meds** more manageable.

1. Cut or Crush Pills

Check with your pharmacist before altering any medications, says Jeannie Lee, Pharm.D., a clinical associate professor of geriatrics at the University of Arizona College of Pharmacy.

Some meds lose their effectiveness or become toxic when cut or crushed. If you get the okay, try using a pill cutter, available in most drugstores.

To crush a pill, wet it with a few drops of water, let it soften for 5 minutes, squish it between two spoons, then mix it with something like applesauce or yogurt.

2. Address Dry Mouth

Some drugs that older adults take can make dry mouth worse, according to a 2018 review of 52 studies published in the Journal of the American Geriatrics Society.

To help minimize dry mouth, sip plenty of water and avoid caffeine. You can also chew sugarless gum to stimulate saliva flow, says Bri Palowitch, Pharm.D., of the American Society of Consultant Pharmacists. Certain mouthwashes, such as Biotène Dry Mouth Oral Rinse and ACT Dry Mouth Mouthwash, may also help.

Ask your doctor or pharmacist whether any of your current meds cause dry mouth and **whether there are any alternatives**.



3. Perfect Your Technique

For a problematic tablet, try placing it on your tongue and then closing your

lips around the opening of a bottle of water. Using a sucking method, swallow some water and the pill. With a capsule, try putting it on your tongue, taking a sip of water, tilting your chin toward your chest, then swallowing.

Both methods are significantly more effective than simply trying to swallow with a sip of water, according to a 2014 study published in the journal Annals of Family Medicine.

There are also products on the market such as pill-swallowing cups and straws that mimic these techniques.

4. Use Different Fluids

Taking pills with slightly warm water is better than with cold water, Lee says.

You can also try a thicker fluid, such as juice. (Just keep an eye on the sugar and salt content, and beware of potential **food-drug interactions**.) An over-the-counter thickener such as Thick-It may also help, she suggests.

Another option is applesauce, because it contains pectin, a

substance that makes it slippery and can help a pill slide down your esophagus more easily.

5. Try Other Forms

If you really can't get a pill down, check with your pharmacist to see whether it's available as a disintegrating tablet or in a liquid form, Lee recommends. Even if it's not commercially available, a local independent pharmacy can often make a liquid version for you.

Special aids such as Pill Glide (a spray) and Medcoat (a coating) may help too, though research is limited. And using these products can become expensive over time, Palowitch says.

6. Rethink Your Regimen

An **annual medication review**, where you meet with your physician or pharmacist to go over everything you're taking, can help reduce the number of pills you need as well as flag any that may be causing dry mouth.

If you're also having trouble swallowing food and drinks, see your physician to rule out other problems, such as **chronic heartburn**, that could be causing these symptoms.

Not sure how to get rid of extra opioids or antibiotics? The pharmacy may not know, either

When it comes to getting rid of prescription drugs, fewer than half of the pharmacies surveyed for a new study gave accurate guidance that met U.S. Food and Drug Administration standards for disposing of unused opioids and antibiotics.

Researchers from **the University of California at San Francisco** surveyed nearly 900 California pharmacies by phone over a two-month period in 2018 during the week and on weekends. For the study, published Monday in the journal **Annals of Internal Medicine**, researchers posed as parents with leftover opioids and antibiotics from a child's

surgery.

They were looking for correct drug disposal instructions based on **US Food and Drug Administration guidelines**.

The agency recommends taking unused medications to drug disposal or takeback programs as the best way of getting rid of unused or unwanted drugs. If a disposal program is not available, the agency suggests mixing antibiotics with coffee grinds or kitty litter, sealing the mixture in a container and throwing it in the garbage. It recommends flushing opioids.



Researchers found only 47% of pharmacies gave correct instructions on how to dispose of antibiotics and 34%

provided correct information about opioid disposal. On weekends, only 15% correctly directed customers about safe antibiotic disposal and 7% gave the correct information about disposing of opioids.

When asked about takeback programs at the 898 pharmacies, 91 said they had a program for antibiotic disposal and 82 said they had a program for opioid disposal.

"This clearly points to the

need for better dissemination of information on proper medication disposal," Hillary Copp, senior study author and associate professor of urology at UCSF, said in a statement.

"**The FDA has specific instructions** on how to dispose of these medications, and the American Pharmacists Association has adopted this as their standard. Yet it's not being given to the consumer correctly the majority of the time," Copp said.

The improper disposal of medication can result in antibiotic resistance, pollution, child and pet poisonings and drug misuse.

Large study of heart stenting vs. surgery sparks controversy

A dispute over how to define a heart attack has prompted some European doctors to back away from the findings of a major study that concluded bypass surgery and stents are equally good at preventing heart disease deaths when a major heart artery is clogged.

Stents - tubes that reopen a narrowed artery - have become increasingly popular because patients recover faster than after surgery. But questions have lingered over whether stenting is as effective as bypass surgery over the long term when the left main coronary artery is blocked.

The study, known as EXCEL, followed nearly 1,900 volunteers for five years. As reported in **The New England Journal of Medicine** in September, the overall death rate was higher with stents (13%) than with surgery (9.9%). But when researchers looked only at deaths from heart disease, the procedures were equally safe. Rates of heart attack were also similar with stenting and surgery.

The new controversy, sparked by a report on the British TV program BBC Newsnight, stems from EXCEL results published in 2016, when patients had been followed for three years.

At the time, the EXCEL authors had similarly concluded the two procedures seemed equally effective. In 2018, using those findings and results from other studies, two major medical organizations changed their guidelines: the European Association for Cardio-Thoracic Surgery (EACTS) and the European Society of Cardiology (ESC).

But on Dec. 9, BBC Newsnight said data leaked from EXCEL shows that if something called the "Universal Definition" is used to define a heart attack, stent recipients are 80% more likely to have one.

Instead of the universal definition, EXCEL researchers used a popular standard for defining a heart attack developed by the Society for Cardiovascular Angiography



and Interventions. The BBC's reporting prompted EACTS secretary general

Domenico Pagano to say, "some results in the EXCEL trial appear to have been concealed." The association subsequently advised doctors to disregard the updated guidelines for such patients.

In contrast, the ESC stood by its new guidelines, emphasizing they were based on more than the EXCEL results.

Everyone involved in EXCEL, including surgeons who do cardiac bypass, felt the Universal Definition "was not suitable" for comparing the two techniques, according to the response from the EXCEL team. For example, it defines heart attacks differently in stent and bypass patients, making comparison of the procedures difficult.

Also, the Universal Definition employs a highly-sensitive blood test to look for damage to heart muscle, a test so sensitive it may detect minor damage

inflicted simply by the procedure itself. Many doctors don't even do the test on patients undergoing stenting or bypass surgery.

The higher death rate in the stent group was largely due to causes not heart-related, particularly cancer and infections that appeared several years after stenting or surgery, the EXCEL researchers said.

"There was absolutely no attempt to hide meaningful data," the researchers said, and EACTS withdrew from the guidelines "without so much as even asking the EXCEL study group for clarification."

The researchers also said that because data needed to assess heart attacks under the Universal Definition were not consistently collected from patients in the study, any data leaked to the BBC claiming to show heart attack rates under the Universal Definition "are not accurate. We asked the BBC to send us this data so we could verify it, but they refused."

Best and worst diets for 2020, ranked by experts, with a popular one near last

Who won the 2020 battle of the diets?

For the third year in a row, the well-researched Mediterranean diet KO'd the competition to win gold in **US News and World Report's 2020 ranking of best diets**. The report, released Thursday, is now in its 10th year.

"The hallmarks of a 'best' diet include balance, maintainability, palatability, family-friendliness, sustainability, along with healthfulness. The Mediterranean diet gets checkmarks in all of those boxes," said Yale University Prevention Research Center founding director Dr. David Katz, who was **one of 25 judges** on the U.S. News and World Report panel.

"It's no surprise that the Mediterranean diet remains the No. 1 best diet overall," said nutritionist Lisa Drayer, a CNN contributor. "It's easy to follow

and offers a healthy eating lifestyle."

The **Mediterranean diet**, which emphasizes simple, plant-based cooking, also captured first place in **best diet for healthy eating, easiest diet to follow, best plant-based diet** and best diet for diabetes.

Meals from the sunny Mediterranean have been linked to stronger bones, a **healthier heart, a lower risk of dementia** and **breast cancer**, and **longer life**, along with a **reduced risk for diabetes** and high blood pressure.

The diet focuses on eating less red meat, sugar and saturated fat and more Omega-3-rich fish and olive oil. Red wine can be enjoyed in moderation and socializing with friends and family during meals is part of the prescription.

Top honors
Following closely behind the



Mediterranean diet were the respected DASH, Flexitarian, WW (the rebranded name popularly known as Weight Watchers) and MIND diets. Their high rankings are a trend in the report's results each year.

"We're interested in diets that have proven staying value -- not fad diets that are here today, gone tomorrow," said Angela Haupt, managing editor of health at U.S. News & World Report. "The diets that perform well are safe, sensible and backed by sound science. That's going to be consistent from year to year."

The DASH diet is often recommended to lower blood pressure. Its premise is simple: Eat more veggies, fruits and low-fat dairy foods while cutting way back on any food high in saturated fat, and limit your intake of salt.

Studies have shown following this diet can reduce blood pressure in a matter of weeks.

The **flexitarian diet** tied with the **DASH diet** for second place because of its emphasis on whole grains, fruits, veggies and plant-based proteins. It's basically a vegetarian diet that allows the occasional piece of meat or fish, thus making it "flexible."

The **MIND diet** is a combination of the Mediterranean and DASH diets that some may find a bit easier to follow, as it requires less fish and fruit. Both MIND, which stands for "Mediterranean-DASH Intervention for Neurodegenerative Delay," and the Mediterranean diet have been shown to **lower the risk of Alzheimer's disease** in **studies**.
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