

July 5, 2020 E-Newsletter

Gilead's Remdesivir Price Gouging is Shameful Profiteering During a Pandemic

The following statement was issued by **Richard Fiesta**, Executive Director of the Alliance for Retired Americans, regarding Gilead's announcement that the price of Remdesivir in the United States will jump by 30% percent from \$2,340 per patient to \$3,120:

"Drug corporation Gilead today announced that it has jacked up the price of Remdesivir, the promising COVID-19 treatment, by 30%. It will now cost more than \$3,000 for a 5-day treatment in the United States. Americans already pay the highest prescription drug prices in the

world. This is yet another sad example of a drug corporation taking advantage of a worldwide pandemic and putting profits over people. Our Alliance retiree members, the most vulnerable COVID-19 population, are left paying for this greed.

"The American people **invested at least \$70 million in taxpayer dollars** to develop Remdesivir. But we have no say in how much Gilead can charge for it because our government put no strings on our investment. Congress needs to take strong action to finally end the drug



industry's monopoly power to set prices for life-saving drugs as high as they want to.

"Gilead has shown that we can't trust drug corporations to do the right thing and make critical drugs affordable, rather than more expensive, for all who need them. Seniors face the greatest risk during the coronavirus pandemic, and they are likely to be harmed the most by Gilead's action.

"Congress should have fixed this problem years ago -- by passing laws that both prevent pandemic profiteering AND

require that Medicare negotiate lower drug prices on behalf of all Americans and taxpayers. The need for strong action to curb this industry's practices has never been clearer.

"Gilead isn't the only drug company that price gouges. But as the federal government invests billions of our tax dollars into research for a COVID-19 vaccine or cure, we have to stop these unscrupulous corporations."



Rich Fiesta,
Executive Director, ARA

House Democrats Move to Protect Affordable Care Act As Judicial Threat Rises

House Democrats introduced new legislation to expand access to health care and make prescription drugs more affordable, and a vote is scheduled on Monday, June 29. The package, called the **The Patient Protection and Affordable Care Enhancement Act** (H.R. 1425), was introduced by House Energy and Commerce Committee Chairman **Frank Pallone, Jr.** (NJ), Ways and Means Chairman **Richard E. Neal** (MA) and Education and Labor Chairman **Robert C. "Bobby" Scott** (VA).

The **legislation** strengthens the Affordable Care Act (ACA) and

its protections for people with pre-existing conditions, which are especially significant for older Americans. Among people ages 55 to 64, **84 percent** have at least one pre-existing condition.

The bill also creates a national reinsurance program to help cover the costs of people with expensive medical conditions, lowering premiums and providing funds to states to help reduce deductibles and out-of-pocket costs for everyone. It also expands eligibility for insurance premium tax credits and increases the size of tax credits for all income brackets.

The legislation comes as the

Trump administration again challenges the ACA's constitutionality. On Thursday night the Administration urged the Supreme Court to strike down the ACA, escalating its attack on the health care law even as millions of newly jobless Americans may come to depend on its coverage. The administration and Republicans in Congress have tried time and time again to dismantle the health care program and have even continued to do so amid the coronavirus pandemic, when millions are losing their employer-sponsored coverage.

"Health care, specifically the

Affordable Care Act, has never been more important than in the middle of this pandemic," said **Richard Fiesta**,

Executive Director of the Alliance. "Protecting all Americans, including retirees, requires a comprehensive solution. The legislation that House Democrats introduced this week - combined with the Lower Drug Costs Now Act, will strengthen the ACA as the Trump Administration continues to sabotage it by supporting the lawsuits that repeal it."



Rich Fiesta,
Executive Director,
ARA

Global coronavirus deaths top half a million

The death toll from COVID-19 surpassed half a million people on Sunday, according to a Reuters tally, a grim milestone for the global pandemic that

seems to be resurgent in some countries even as other regions are still grappling with the first wave.



The respiratory illness caused by the new coronavirus has been particularly dangerous for the elderly, although

other adults and children are also among the 501,000 fatalities and 10.1 million reported cases....[Read More](#)

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Trump administration asks Supreme Court to strike down Obamacare

House Speaker Nancy Pelosi (D-Calif.) responded to the brief by saying there is “no moral excuse for the Trump Administration’s disastrous efforts to take away Americans’ health care.” Dismantling the ACA would leave more than 23 million people without healthcare plans, **according to a recent analysis** by the liberal-leaning think tank Center for American Progress.

“President Trump and the Republicans’ campaign to rip away the protections and benefits of the Affordable Care Act in the middle of the coronavirus crisis is an act of unfathomable cruelty,” Pelosi, who on Wednesday filed a bill to expand the ACA, **said in a statement.**

The administration’s brief was filed in support of a challenge to the ACA by a coalition of Republican attorneys general, following through on **Trump’s pledge last month** to overturn President Obama’s landmark healthcare legislation.

he filing came the same day that a government report showed nearly half a million Americans turned to the ACA in April and May amid covid-19’s economic devastation. According to the **Thursday report from the Centers for Medicare and Medicaid Services**, 487,000 Americans took advantage of the special enrollment period on Healthcare.gov after losing their healthcare plans, likely among the millions of Americans who lost their jobs during the pandemic. The numbers mark a 46 percent increase from enrollments in April and May

2019.

Former vice president Joe Biden, the presumptive Democratic nominee, **said during a campaign trip in Pennsylvania on Thursday** that axing the healthcare law as the nation is still reeling from the pandemic would amount to a double whammy for covid-19 survivors. He worried insurers would view covid-19 as a preexisting condition, and without the ACA, would be free to deny survivors coverage.

“Those survivors, having struggled and won the fight of their lives, would have their peace of mind stolen away at the moment they need it most,” Biden said. “They would live their lives caught in a vise between Donald Trump’s twin legacies: his failure to protect the American people from the coronavirus, and his heartless crusade to take health-care protections away from American families.”

White House spokesman Judd Deere brushed aside concerns that dismantling Obamacare could worsen the pandemic crisis, saying in a statement to The Post, “A global pandemic does not change what Americans know: Obamacare has been an unlawful failure and further illustrates the need to focus on patient care.”

Deere added, “The American people deserve for Congress to work on a bipartisan basis with the President to provide quality, affordable care.”

Oral arguments are scheduled for next term but it’s unclear if



they’ll happen before the election. A decision in the case may not come until 2021.

Trump has said he wants to protect health care coverage for Americans with preexisting conditions, which a White House spokesman reiterated Thursday night. But the administration has not presented any plan showing how it would accomplish that, and the Justice Department’s Thursday brief takes the opposite position.

In the brief, Solicitor General Noel J. Francisco argues that all of the ACA should be struck down because one of its core provisions, the individual mandate, is unconstitutional, rendering the rest of the law invalid as well.

Francisco argues that the individual mandate provision became unconstitutional when Congress reduced penalties to zero in 2017. Without any remaining tax penalty, Francisco argued, the provision could no longer be considered a constitutional use of Congress’s taxing power — the reason the Supreme Court upheld it in a previous challenge.

He argued that the provisions protecting Americans with preexisting conditions or high-risk medical histories are “inseparable” from the individual mandate, and therefore should be struck down with it.

“Nothing the 2017 Congress did demonstrates it would have intended the rest of the ACA to continue to operate in the absence of these ... integral provisions,” he wrote. “The

entire ACA thus must fall with the individual mandate.”

As The Washington Post reported last month, even some within Trump’s administration, including Attorney General William P. Barr, had urged a less aggressive position against the ACA, fearing that advocating for its total elimination would backfire against Republicans in the election.

The administration previously supported preserving the law’s more popular provisions, such as the guaranteed coverage for those with preexisting conditions, but adopted a more stringent stance following **a ruling from a Texas federal judge gutting the entire law.**

The ruling by U.S. District Judge Reed O’Connor, which reflected the position laid out by Francisco on Thursday, was put on hold as the case remains under review and now rests with the high court.

California Attorney General Xavier Becerra, who is leading a coalition of states battling to protect the ACA, said Thursday night that as more Americans die of covid-19, “this fight comes at the most crucial time.”

“The ACA has been life-changing and now through this pandemic, we can all see the value in having greater access to quality healthcare at affordable prices,” Becerra said in a statement. “Now is not the time to rip away our best tool to address very real and very deadly health disparities in our communities.”

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Coronavirus may have infected 10 times more Americans than reported, CDC says

Government experts believe more than 20 million Americans could have contracted the coronavirus, 10 times more than official counts, indicating many people without symptoms have or have had the disease, senior administration officials said.

The estimate, from the Centers for Disease Control and Prevention, is based on serology testing used to determine the presence of antibodies that show whether an individual has had the disease, the officials said.

The officials, speaking to a small group of reporters on

Wednesday night, said the estimate was based on the number of known cases, between 2.3 million and 2.4 million, multiplied by the average rate of antibodies seen from the serology tests, about an average of 10 to 1.

"If you multiply the cases by that ratio, that's where you get that 20 million figure," said one official.

If true, the estimate would suggest the percentage of U.S. deaths from the disease is lower than thought. More than 120,000



Americans have died from the disease since the pandemic erupted earlier this year.

The estimate comes as government officials note that many new cases are showing up in young people who do not exhibit symptoms and may not know they have it.

Officials said young people with no symptoms, but who are in regular contact with vulnerable populations, should proactively get tested to make sure they do not spread it.

"We have heard from Florida

and Texas that roughly half of the new cases that are reporting are people under the age of 35, and many of them are asymptomatic," one official said.

The CDC has sent 40 response teams to help deal with the outbreaks, they said.

More than 36,000 new cases of COVID-19 were recorded nationwide on Wednesday, just shy of the record 36,426 on April 24, concentrated on states that were spared the brunt of the initial outbreak or moved early to lift restrictions aimed at curbing the virus' spread.

Seniors In Low-Income Housing Live In Fear Of COVID Infection

Davetta Brooks, 75, who has heart failure, a fractured hip and macular degeneration, is afraid. Conditions in her low-income senior building on Chicago's Near West Side — the Congressman George W. Collins Apartments — are "deplorable," she said.

Residents are not wearing masks or gloves to guard against the coronavirus, she said: "They're touching everything on the elevator, in the laundry room. And anybody and everybody's relatives and friends are coming in and out with no scrutiny."

No one is checking on residents to see if they need help, Brooks said. And no one seems to know whether residents have tested positive for COVID-19 or died, though ambulances have screeched up to the entrance several times.

"This building is not safe," she said in mid-June. "With all the things happening in the U.S., this is what 'seniors lives don't matter' looks like."

Nationwide, more than 1.6 million older adults live in low-income housing subsidized by the Department of Housing and Urban Development — most in apartment buildings with shared common spaces, elevators, staircases, mailrooms, hallways and laundry rooms where the coronavirus might lurk.

Most of these seniors have endured a life of disadvantage, have chronic illnesses such as diabetes and heart disease, and lack financial reserves to draw upon.

Yet in the midst of the pandemic, this population — the age group deemed most at risk of becoming critically ill and dying



— has largely been overlooked.

"This is a moment when we really should be pushing assistance and guidance toward these senior communities, but we're not," said Linda Couch, vice president of housing for LeadingAge, an association that represents nonprofit senior housing and long-term care providers. "No one is watching over what's happening."

Nationally there is no data on COVID-19's spread in low-income housing. The Centers for Disease Control and Prevention is not collecting it or requiring states to do so. The same is true of HUD and state and local housing agencies: This is "independent living," and operators are not expected to monitor the health of residents.

Low-income housing operators

find out about COVID cases only when residents or family members volunteer the information. For the most part, systematic testing is not done. A rare exception: Gov. Andrew Cuomo in mid-May announced plans to bring coronavirus testing to **40 public housing developments** in New York.

"Without testing, there's no way of knowing how many people have the virus," said Michael Kane, executive director of the National Alliance of HUD Tenants. "Our concern is that there could be a transmission danger similar to what's going on in nursing homes or assisted living."

"People are dying all over in these buildings, and we don't know what they're dying from," said Geraldine Collins, president of the National Alliance of HUD Tenants... **Read More**

As the pandemic rages, Trump indulges his obsessions

With **the pandemic** exploding and setting record infection rates, President Donald Trump spent the weekend on his own often divisive obsessions, piling up new evidence for detractors who say he's not fit for office.

The President largely ignored the implications of the disastrous US government response to the **worst public health crisis in 100 years**, even though it emerged late on Friday in **CNN reporting** that the White House is taking vigorous efforts to protect him from

infection at rallies that contravene social distancing and masking guidelines, and that put even his own supporters at risk of getting sick.

Trump did, however, find time to **defend a statue of** former President Andrew Jackson, who **retired to his slave plantation in 1837**, and to retweet a video in which a supporter **chanted "white power."** Trump **denied reports that he was briefed** that Russia offered a bounty for the killings



of US and UK soldiers by the Taliban -- but didn't say how he would respond and stand up for American troops if the story was true. And Trump, who lambasted his predecessor Barack Obama for his less prolific golf hobby, made two trips to his Virginia course, despite boasting that he canceled a weekend trip to his New Jersey resort to make sure "law and order is enforced" in Washington, DC.

Trump's weekend represented

yet another sign that he has moved on from a pandemic, which has killed more than 125,000 Americans and threatens to claim tens of thousands more, that he initially ignored, then mismanaged and politicized and has now has grown tired of talking about as his reelection fight looms.

His negligence came despite his Health and Human Services Secretary Alex Azar delivering an alarming warning on CNN... **Read More**

Coronavirus underscores and might worsen health and income inequalities in the US

Nobel laureate and Princeton University economics professor Angus Deaton explains how the novel coronavirus pandemic underscores inequalities in the US. He suggests that without major reforms to our for-profit health care system and to the labor market these inequalities will become even more pronounced.

Deaton spoke with **Agence France-Presse** about how COVID-19 meant higher death rates for people of color and essential workers. He also spoke about the high unemployment rate and rising uninsurance rates. Even people with insurance are

struggling to pay out-of-pocket costs for their health care.

People who are less educated are particularly at risk. Either they are nonessential workers and are at risk of losing their jobs and endangering their financial well-being. Or, they are essential workers and are at risk of getting COVID-19.

He explains that health care is “**a major source of inequality**,” in the US. Other countries do not have this issue because they regulate prices and do not leave it to the market to deliver health insurance. Deaton says “Anything is better than



pretending that the market can deliver healthcare—because it can't.” Rather, the market takes money from ordinary individuals and turns it over to wealthier individuals and corporations who exploit them.

In an **op-ed** for Project-Syndicat, Angus and his wife, Princeton professor Anne Case, say that the pandemic and attendant public displeasure over the exorbitant costs of health care, along with anger fueling the nationwide protests over structural racism, could trigger a change for the better. Or not.

Historically, pandemics have led to greater equality. But, this

time around, Deaton and Case are not at all sure it will. In fact, it could worsen health and income inequalities in the US.

Angus and Deaton are the authors of “Deaths of Despair.” Deaths of despair are deaths by suicide, alcohol-related liver disease, and drug overdose. In their book, they document how these deaths have increased quickly, more than doubling, since the mid-1990's. In 1995, there were about 65,000 deaths of despair, and in 2018, there were about 158,000. They attribute the increase in these deaths to Americans with less than a four-year college education, who they find experience greater disability, loneliness and pain.

States charge 26 drugmakers with illegally driving up the price of generic drugs

In America, we **lock people up** when they don't respond to a bench warrant issued because they failed to pay their medical bills. We **deny people health care** based on their ability to pay. But, there's little chance we will punish the CEOs of 26 pharmaceutical companies if states prevail and the companies are found to have illegally driven up the price of generic drugs.

Stat News reports that 51 states and territories have charged Pfizer, Novartis, Sandoz, Teva and others with price-fixing, manipulating the market for more than 80 **generic drugs**. They forced Americans to pay more for their generic drugs. The Connecticut press release explains: “These generic drug manufacturers perpetrated a multibillion-dollar fraud on the American public so systemic that

it has touched nearly every single consumer of topical products.”

It's no surprise that these pharmaceutical companies chose to put their profits ahead of the public good. That's what they virtually always do. It will be a surprise, however, if the executives in charge of these companies, some of whom are defendants in the case, face more than a slap on the hand. Eight executives have been sued individually.

The states' allegation is of a “vast, systemic conspiracy” among pharmaceutical companies between 2009 and 2016. The pharmaceutical companies deny it. Novartis has already settled one suit regarding price-fixing of generic drugs between 2013 and 2015 for \$195 million.

The US pays two or three times



what other wealthy countries pay for drugs because Congress gives

drug companies **monopoly pricing power**, in the form of patents, for brand-name drugs, even when they are variants of drugs long on the market. The generic drug market is supposed to be competitive. But, because of a variety of practices, and alleged price-fixing, **generic drug prices** are far higher than they should be.

Insurers are sometimes paid well to **keep generic drugs off of their formularies**. When a drugmaker or **Pharmacy Benefits Manager**—a middleman—wants to promote particular brand-name drug alternatives, they offer insurers incentives not to put the generic drugs on their formularies. People then do not have access to lower-cost

generics unless they pay cash for them.

There are so many ways pharmaceutical companies flout the law in order to drive up their profits with impunity, at a huge cost to Americans. Most of their abuses cannot happen in other wealthy countries because prices for drugs are regulated by the government. Why Congress gives pharmaceutical companies in the US license to set prices for brand-name drugs is beyond comprehension.

The US House of Representatives has **passed a bill** that would regulate the price of a number of drugs in the US. It's a start. We need regulation of all drug prices. But, the Republican-led Senate is not considering even the House's modest attempt to regulate prescription drug prices.

Coronavirus: How many more nursing home residents will die before the Senate acts?

Not only has the US not been able to contain the spread of the novel coronavirus, it has allowed COVID-19 to kill tens of thousands of vulnerable older adults and people with disabilities living in nursing homes. How many more nursing home residents will die before the Senate acts?

Here are the numbers: Every **hour eighteen** nursing

home residents die. Every week, more than 3,000 nursing home residents die. In the last five months, more than **50,000 nursing home residents** have died.

When will this plague end?

Many of these mothers, fathers, sisters, brothers, aunts, uncles, friends and neighbors would still be alive today were it



not for COVID-19. They'd still be alive today were it not for the failure of US leadership in containing the novel coronavirus. They'd still be alive today were it not

for their nursing homes' mishandling of the novel coronavirus.

Nursing home residents represent more than **one in ten**

COVID-19 cases. Yet, **four in ten people who die** of COVID-19 are nursing home residents. In some states, nursing home residents represent **more than half** of COVID-19 deaths. And, these are the reported cases. Lord knows how many of these deaths are going unreported....**Read More**

New CMS Data Confirm the Impact of Coronavirus on Older Adults and Communities of Color

This week, the Centers for Medicare & Medicaid Services (CMS) **released** preliminary data on the coronavirus pandemic's impact on people with Medicare. It confirms that older adults are at high risk of infection and serious illness, and that the virus is disproportionately impacting communities of color.

The **data snapshot** is based on Medicare claims from January 1 to May 16. During this time period, Black people with Medicare were hospitalized due to COVID-19 at a rate nearly four times higher than their white counterparts. Disparities were also striking among Hispanics/Latinos and Asian Americans. Hispanics/Latinos were more than twice as likely to be hospitalized as whites, while Asian Americans were about 50% more likely. Black and Hispanic/Latino people with Medicare were also more likely to test positive for

the coronavirus than their white peers.

CMS notes the data are incomplete, in part due to reporting lags, and will be updated monthly. Nevertheless, it aligns with other information that illustrates COVID-19's stark racial impacts. For example, as **previously discussed**, the **Kaiser Family Foundation**, the **COVID Racial Data Tracker** project at *The Atlantic*, **APM Research Lab**, and the **Centers for Disease Control and Prevention** have all outlined ways the pandemic is taking an unequal toll.

In addition to age and race, CMS released data by Medicare enrollment type. The agency found that COVID-19 has severely affected people who are dually eligible for both Medicaid and Medicare. Infections and hospitalizations were higher for this group than for Medicare-only beneficiaries



across all demographics. **Previous research** has shown that dually-eligible

individuals experience high rates of chronic illness and poverty, and that communities of color are over-represented in this population. **In 2018**, 20% of dually eligible beneficiaries were Black and 18% were Hispanic/Latino—while **in the overall Medicare program**, 10% of enrollees were Black and 9% were Hispanic/Latino.

Medicare beneficiaries with end-stage renal disease (ESRD) had the highest rates of cases and hospitalizations, according to the data. CMS comments that people with ESRD are also more likely to have chronic conditions associated with COVID-19 complications, such as diabetes and heart failure. But here too, racial disparities play a **significant role**. People of color are at increased risk of kidney disease and of

experiencing more rapid disease progression. Black Americans and Hispanics/Latinos develop ESRD more often than white enrollees, at rates of 3:1 and 1.3:1, respectively. They are also less likely than whites to receive a kidney transplant.

These findings underscore the need for comprehensive action to address not only the pandemic, but also the deliberate, structural racism that is driving its health disparities. Medicare Rights urges policymakers to continue to track and report comprehensive data, and to identify opportunities to repair the flaws in the underlying health care, housing, education, and criminal justice systems. This includes crafting a fourth coronavirus bill that prioritizes people with Medicare and promotes health equity program-wide.

Packed Bars Serve Up New Rounds Of COVID Contagion

UPDATE: Officials in Texas and Florida announced Friday they were closing bars in those states to help contain the spread of the coronavirus. Texas Gov. Greg Abbott said that taverns there could continue to provide delivery and takeout services if authorized by liquor board officials. In Florida, Halsey Beshears, secretary of the Department of Business and Professional Regulation, reported the suspension of bar service in a tweet but gave no other details.

As states ease their lockdowns, bars are emerging as fertile breeding grounds for the coronavirus. They create a risky cocktail of tight quarters, young adults unbowed by the fear of illness and, in some instances, proprietors who don't enforce crowd limits and social distancing rules.

Public health authorities have identified bars as the locus of outbreaks in Louisiana, Florida, Wyoming and Idaho. Last

weekend, the Texas alcohol licensing board **suspended the liquor licenses of 17 bars** after undercover agents observed crowds flouting **emergency rules** that required patrons to keep a safe distance from one another and limit tavern occupancy.

Adriana Megas found HandleBar Houston so crowded when she went one night two weekends ago that she left. "They weren't counting who came in and came out," said Megas, 38, a nursing student. "Nobody was wearing any masks. You would never think COVID happened."

The owners of HandleBar Houston, one of the bars whose licenses were suspended, did not respond to requests for comment. Megas said she and her friends drove by five other jammed bars on their way home. "The street was insanely busy," she said. "Every single bar was filled."



In Boise, Idaho, **at least 152 people** have been diagnosed with COVID-19 in cases that health authorities linked to people who, unaware they were infectious, visited bars and nightclubs, officials said. On Monday, the Central Health District, which oversees four counties, **rolled back its reopening rules** to shutter bars and nightclubs in Boise's Ada County.

Bars are tailor-made for the spread of the virus, with loud music and a cacophony of conversations that require raised voices. The alcohol can impede judgment about diligently following rules meant to prevent contagion.

"People almost don't want to social-distance if they go to the bar," said Dr. Amesh Adalja, a senior scholar at the Johns Hopkins University Center for Health Security in Baltimore. "They're going to be drinking alcohol, which is a social

lubricant. People will often be loud, and if they have forceful speech, that's going to create more droplets."

On top of that, the very act of drinking is incompatible with wearing a mask, a primary way of limiting the spread of infection. Public health experts say many patrons are young adults who may think they are impervious to the coronavirus.

It's certainly less lethal for them: Fewer than 4% of adults in their 20s with COVID-19 have been **hospitalized**, compared with 22% of those in their 60s, according to the federal Centers for Disease Control and Prevention. Only 1 in 1,000 COVID-19 patients in their 20s die from the virus.

Nonetheless, as bars and other public places reopen, **rates of infection** in younger adults are rising, and bars are a particularly dangerous vector.....**Read More**

Nurse Union Leader on COVID-19: 'We're Being Treated Like We Don't Matter'

ZENEI TRIUNFO-CORTEZ IS a leader. As president of National Nurses United, she demands answers from health agencies on how to better contain the spread of **COVID-19**. With nurses and others on the pandemic frontlines who have died from exposure to the coronavirus, she insists that employers like hospitals provide adequate personal protective equipment – not compromise measures – to all **health care workers**.

Triunfo-Cortez, a nurse, is her union's first Filipina president. She has consistently reached out to provide guidance to the Filipino nursing community, including nursing students. Well before the COVID-19 **pandemic** struck, she was advocating against workplace

violence and championing Medicare for All.

Press conferences, petition drives, meetings with local government officials and marches on Capitol Hill are all part of Triunfo-Cortez's role. While such gatherings are typically vociferous and enthusiastic, certain recent assemblies have been somber.

On May 12, Triunfo-Cortez and her union colleagues hosted a national online vigil to honor **nurses who have died** from COVID-19 in the U.S. As of June 24, at least 143 RNs have passed from the illness across the country, according to NNU tracking using media reports, social media and obituaries.

Triunfo-Cortez doesn't mince words. "We're being treated like



we don't matter and we're dispensable," she says.

"Our employers and the government would rather protect their profits than protect their workers – and it's really sad."

Triunfo-Cortez has spoken out on the danger of COVID-19 often and early. Back in January, the rising pandemic was on her group's radar though Global Nurses United, which connects various nursing organizations worldwide.

"We had been in touch with our colleagues from China, from South Korea, from Spain," Triunfo-Cortez says. "When we were told that there was a virus going around in their respective countries, we immediately wrote a letter to the World Health Organization on behalf of 28

nations, saying (they) need to send out strict guidance on how we can stop the spread and transmission of this disease."

The NNU sent similar letters to the Trump administration, members of Congress and the Centers for Disease Control and Prevention. "And yet, it fell on deaf ears," Triunfo-Cortez says.

In light of PPE shortages, the CDC has eased its guidelines on reusing **face masks** that were designed to be disposable. That may be expedient but it's not necessarily safe for health care workers, Triunfo-Cortez says: "Our employers are banking on the fact that they're following the Centers for Disease Control guidelines, which have been watered down to accommodate the supply, rather than basing it on science."...[Read More](#)

Workers Filed More Than 4,100 Complaints About Protective Gear. Some Still Died

COVID-19 cases were climbing at Michigan's McLaren Flint hospital. So Roger Liddell, 64, who procured supplies for the hospital, asked for an N95 respirator for his own protection, since his work brought him into the same room as COVID-positive patients.

But the hospital denied his request, said Kelly Indish, president of the American Federation of State, County and Municipal Employees Local 875.

On March 30, Liddell posted on Facebook that he had worked the previous week in both the critical care unit and the ICU and had contracted the virus. "Pray for me God is still in control," he wrote. He died April 10.

The hospital's problems with personal protective equipment (PPE) were well documented. In mid-March, the state office of the Occupational Safety and Health Administration (OSHA) received five complaints, which described employees receiving "zero PPE." The cases were closed April 21, after the hospital presented paperwork saying problems had been resolved. There was no onsite inspection, and the hospital's written response was deemed sufficient to close the complaints, a local OSHA spokesperson confirmed.

The grief and fear gripping workers and their families reflect



a far larger pattern. Since March, more than 4,100 **COVID-related complaints** regarding health care facilities have poured into the nation's network of federal and state OSHA offices, which are tasked with protecting workers from harm on the job.

A KHN investigation found that at least 35 health care workers died after OSHA received safety complaints about their workplaces. Yet by June 21, the agency had quietly closed almost all of those complaints, and none of them led to a citation or a fine.

The complaint logs, which have been made public, show

thousands of desperate pleas from workers seeking better protective gear for their hospitals, medical offices and nursing homes.

The quick closure of complaints underscores the Trump administration's hands-off approach to oversight, said former OSHA official Deborah Berkowitz. Instead of cracking down, the agency simply sent letters reminding employers to follow Centers for Disease Control and Prevention guidelines, said Berkowitz, now a director at the National Employment Law Project.

"This is a travesty," she said....[Read More](#)

CDC Doctor Warns 'This is the Beginning' of Coronavirus

In an age when we're used to seeing authorities using measured tones to describe the current coronavirus pandemic, some are becoming more vocal about what needs to be done to contain the virus. One of them is Dr. Anne Schuchat, the principal deputy director of the US Centers for Disease Control and Prevention (CDC), who is very worried about the current outbreaks happening across the United States. "What we hope is

we can take it seriously and slow the transmission in these places," said Dr. Schuchat in an interview with *The Journal of the American Medical Association's* Dr. Howard Bauchner. "But what I think is very discouraging is we're clearly not at a point where there's so little virus being spread that it's going to be easy to snuff out."



This is Really the Beginning "This is really the beginning," she continued about our recent spikes in hotspots like Arizona, Texas and Florida. "I think there was a lot of wishful thinking around the country that, hey it's summer. Everything's going to be fine. We're over this and we are not even beginning to be over this. There are a lot of

worrisome factors about the last week or so."

She added: We can "expect this virus to continue to circulate."

"At least 16 states have **halted their reopening plans in response to a surge in new infections**, but some health officials say the **spread of coronavirus** will be difficult to control."...[Read More](#)

Amid Pandemic, Fears That Older Americans Are Feeling 'Expendable'

From the start of the coronavirus pandemic, it's been clear that older adults are especially vulnerable to serious illness.

Now, experts are concerned that older Americans are falling victim to ageism and messages that they are "expendable" amid the crisis.

The pandemic has seen "horror stories" from around the world on the toll exacted on older people, said Gordon Flett, a psychology professor at York University in Toronto.

In countries around the world, the SARS-CoV-2 virus has swept through nursing homes, sometimes aided by decisions to move ill patients from hospitals into care centers. Some of the worst stories, Flett noted, have included certain care homes in Spain where staff abandoned residents, leaving the military to find some dead in their beds; and hospitals in Lima, Peru, that stopped admitting older patients, partly because they are less likely to survive than younger people.

And outside of nursing homes and hospitals, instances of ageism abound -- including messages that most deaths from COVID-19 are "only" among the older people, and that restarting

the economy is the priority.

Flett pointed to the widely reported example of Texas Lt. Gov. Dan Patrick, who claimed "lots of grandparents" would be willing to "take a chance" on their survival if it kept the U.S. economy running.

Messages like that can tell seniors they're "expendable," Flett said.

"I've heard one too many times that jumpstarting the economy is more important," he said.

That spurred Flett to pull together a review of research on "mattering" -- which was recently published in the *International Journal of Mental Health and Addiction*.

It may be no surprise that human beings have a need to matter -- to the people in their lives and to society.

But research suggests mattering has protective effects that are on top of things like "belonging" to a group, Flett said. Believing you are valued is critical.

"This feeling of mattering can be a buffer against stress and a source of resilience," Flett said.

Studies have linked older adults' sense of mattering to lower odds of depression and



loneliness, and also to better physical well-being. When people feel important, Flett noted, they may be motivated to take better care of their physical health.

And the belief that you matter appears especially important for young people and seniors. "They really need the reassurance that they're important," Flett said.

Yet the current climate may send older adults the opposite message, according to Dr. Timothy Farrell, a geriatrics specialist and associate professor at the University of Utah School of Medicine in Salt Lake City.

Those messages can come in the form of states rushing to reopen after stay-at-home orders, or people flouting social distancing guidelines or refusing to wear masks, Farrell said.

In his own local area, Farrell said it's striking how few people are wearing masks. It seems that many younger people think the burden should be on older adults to protect themselves, he added.

"Individual liberty is taking precedence over communal responsibility," Farrell said.

And communal effort would pay off for everyone, he added. If some states hadn't lifted their stay-at-home orders so soon,

"we'd all be in a better place now," Farrell said.

Many are now seeing a surge in new COVID-19 cases, causing some to "pause" their reopening.

At a time when older adults face the risk of a potentially fatal disease -- and are being cut off from their normal interactions and routines -- it's even more important that they get the message they are valued, Flett said.

Family, friends and neighbors can help by simply reaching out. "Even small gestures go a long way," Flett said. "It can just be you calling and saying, 'Hey, I was thinking of you,' or 'I miss seeing you.'"

He added that older adults are not the only ones who might feel expendable during the pandemic: Essential workers, from health care professionals to grocery store employees, are at risk, too -- especially if they feel they have not been given adequate protection and support.

"We have to be much more proactive in showing people that they matter," Flett said.

More information

Northeastern University has advice on [COVID-19 and mental well-being](#).

Signs of Developing Adult Diabetes Seen as Early as Age 8: Study

Kids as young as age 8 can show signs of being at increased risk for diabetes in adulthood, a British study finds. Researchers analyzed blood samples collected from more than 4,000 participants at ages 8, 16, 18 and 25, looking for patterns specific to early stages of type 2 diabetes development.

"We knew that diabetes doesn't develop overnight. What we didn't know is how early in life the first signs of disease activity become visible and what these early signs look like," said study co-author Joshua Bell, an epidemiologist at the University of Bristol.

While diabetes is most

common in older age, signs that one is prone to it can be seen about 50 years before it's typically diagnosed, the researchers said.

"Knowing what these early signs look like widens our window of opportunity to intervene much earlier and stop diabetes before it becomes harmful," Bell said in a university news release.

He and his colleagues found that in susceptible children, certain types of "good" HDL cholesterol were lower at age 8 before other types of cholesterol, including "bad" LDL, increased.



By ages 16 and 18, inflammation and amino acids were also elevated, the study showed.

These differences widened over time.

"We're talking about the effects of susceptibility rather than of clinical disease itself," Bell said. "This does not mean that young people 'already have adult diabetes'; these are subtle differences in the metabolism of young people who are more prone to developing it later in life."

He said the findings help reveal how diabetes unfolds and

what features could be targeted to prevent it.

"This is important because we know that the harmful effects of blood glucose, such as on heart disease, are not exclusive to people with diagnosed diabetes but extend to a smaller degree to much of the population," Bell said.

The study was published June 19 in the journal *Diabetes Care*.

More information

The U.S. National Institute of Diabetes and Digestive and Kidney Diseases has more on [preventing type 2 diabetes](#).

The One COVID-19 Side Effect That's 'Terrifying' People

While most of us are familiar with the physical manifestations of severe COVID-19 infections, there is one neurological side effect of the virus plaguing hospitalized patients in an unimaginable and tortuous way: delirium. Early on in the pandemic, doctors started noticing coronavirus patients of all ages, suffering from terrifying visions—some that have continued long after their physical symptoms subsided.

Delirium isn't anything new, most commonly experienced by older patients with dementia. However, doctors maintain that coronavirus-induced delirium is next-level, impacting people of all ages without any previous cognitive impairment. According to reports from hospitals and researchers suggest that approximately **two-thirds to three-quarters** of coronavirus patients in ICU's are experiencing them in some capacity. The *New York Times* reports that some experience "hyperactive delirium," paranoid hallucinations and agitation, others have "hypoactive delirium," internalized visions and confusion that cause patients

to become withdrawn and incommunicative, while the unlucky ones experience both.

"Terrifying and Disorienting"

The publication also points out that aside from being "terrifying and disorienting," there can be other repercussions as a result, including extended hospital stays, slowing recovery, and an increased risk of developing depression or post-traumatic stress. Research has also found that previously healthy older patients with delirium can develop dementia sooner than they otherwise would have and have an increased chance of dying sooner as well.

"There's increased risk for temporary or even permanent cognitive deficits," Dr. Lawrence Kaplan, director of consultation liaison psychiatry at the University of California, San Francisco Medical Center, explained to the NYT. "It is actually more devastating than people realize."

Why and how does COVID-19 provide the ingredients for delirium? According to experts, the recipe seems to include long stints on ventilators mixed with



heavy sedatives and poor sleep. Other factors may include patients being mostly immobile, occasional restraintment to keep them from accidentally disconnecting tubes, and overall, being cut off from social contact due to the fact that their loved ones are not allowed to visit. "It's like the perfect storm to generate delirium, it really, really is," Dr. Sharon Inouye, a leading delirium expert, explained.

Dr. Sajan Patel, an assistant professor at University of California, San Francisco, added that the virus itself or the body's response to it may also trigger neurological effects, "flipping people into more of a delirium state."

In their profile on COVID induced delirium, they highlighted a number of coronavirus patients who experienced traumatic delirium.

"I Was So Scared"

As part of her "nightmarish visions" Kim Victory was paralyzed on a bed and being burned alive, before being rescued. Then, she was turned into an ice sculpture on a fancy cruise ship buffet, followed by a

stint as a subject of an experiment in a lab in Japan. She was also attacked by cats. "It was so real, and I was so scared," she told the paper. Two months have passed since she left the hospital, but she is still feeling the wrath of delirium. "I feel like I'm going down a rabbit hole, and I don't know when I will be back to myself," she said.

After Ron Temko, a 69-year-old mortgage company executive, was on a ventilator for three weeks, he basically asked his family to kill him after a delirium-fueled delusion that he'd been abducted. "I was in a paranoid phase where I thought there was some sort of conspiracy against me," he said. Other hallucinations included a rotating human head. "Every time it came around, someone put a nail in it, and I could see that the person was still alive," he said.

As for yourself, only leave the home if it's essential, wear a face covering, wash your hands frequently, practice social distancing, monitor your health and to get through this pandemic at your healthiest, don't miss these **Things You Should Never Do During the Coronavirus Pandemic.**

Hollowed-Out Public Health System Faces More Cuts Amid Virus

The U.S. public health system has been starved for decades and lacks the resources to confront the worst health crisis in a century.

Marshaled against a virus that has sickened at least 2.6 million in the U.S., killed more than 126,000 people and cost tens of millions of jobs and \$3 trillion in federal rescue money, state and local government health workers on the ground are sometimes paid so little that they qualify for public aid.

They track the coronavirus on paper records shared via fax. Working seven-day weeks for months on end, they fear pay freezes, public backlash and even losing their jobs.

Since 2010, spending for state public health departments has dropped by 16% per capita and spending for **local health**

departments has fallen by 18%, according to a KHN and Associated Press analysis of

government spending on public health. At least 38,000 state and local public health jobs have disappeared since the 2008 recession, leaving a skeletal workforce for what was once viewed as one of the world's top public health systems.

KHN and AP interviewed more than 150 public health workers, policymakers and experts, analyzed spending records from hundreds of state and local health departments, and surveyed statehouses. On every level, the investigation found, the system is underfunded and under threat, unable to protect the nation's health.



Dr. Robert Redfield, the director of the Centers for Disease Control and

Prevention, said in an interview in April that his "biggest regret" was "that our nation failed over decades to effectively invest in public health."

So when this outbreak arrived — and when, according to public health experts, the federal government bungled its response — hollowed-out state and local health departments were ill-equipped to step into the breach.

Over time, their work had received so little support that they found themselves without direction, **disrespected, ignored, even vilified.** The desperate struggle against COVID-19 became increasingly

politicized and grew more difficult.

States, cities and counties in dire straits have begun laying off and furloughing members of already limited staffs, and even more devastation looms, as states reopen and cases surge. Historically, even when money pours in following crises such as Zika and H1N1, it disappears after the emergency subsides. Officials fear the same thing is happening now.

"We don't say to the fire department, 'Oh, I'm sorry. There were no fires last year, so we're going to take 30% of your budget away.' That would be crazy, right?" said Dr. Gianfranco Pezzino, the health officer in Shawnee County, Kansas. "But we do that with public health, day in and day out..." **Read More**

Follow the Three C's to Reduce COVID-19 Risk

AS AN INFECTIOUS disease doctor and epidemiologist, I find myself getting many COVID-19-related questions from my family and friends: Can I get a haircut? Can I eat out or go out for a drink? Can my soon-to-be 85-year-old mother celebrate her family birthday party at our house?

I tell family and friends that, as a general rule of thumb, they should avoid the **three C's**: crowds, closed spaces with poor ventilation and close contact with anyone outside their household. Crowds bring you into contact with many people who could have COVID-19 even if they're **asymptomatic**. The more people around you, the greater your chance of getting infected, particularly if you're in a hotspot area with a rising number of cases.

COVID-19 is primarily a respiratory pathogen that spreads through droplets from infected people who talk, shout or sing. Closed spaces make it more likely you could inhale these droplets because the droplets are not diluted.

Close contact through a hug or close conversation, for example, also enhances this risk. The **risk of COVID-19 spread** is greatest when the three C's converge: chatting with a group in a crowded indoor bar is one of the highest risk activities.

Your COVID-19 prevention efforts should focus on moderating the three C's. When

socializing with others outside your household, **wear a mask**. Avoid groups of more than 10 people and stay 6 feet apart. Enhance ventilation by gathering outdoors. If that's not possible, choose the largest space possible indoors, and try to keep the door and windows open to allow air to circulate.

My approach to whether to do a face-to-face activity with a friend or co-worker involves asking four crucial questions.

1. How much of a risk is the activity, and has the risk been minimized as much as possible?

2. What are the consequences of COVID-19 if I become infected?

3. Is there an acceptable alternative to the activity that is safer?

4. What is the activity worth to me?

Can I get a haircut?

I got a haircut as soon as I could. My stylist has her own business. She and I were the only people in her salon. We both wore masks, though I put a towel over my face during the shampoo. I am not at high risk for severe COVID-19, nor is anyone in my household. I have short hair that needs to be cut frequently. I live with my husband and son, who I would never let cut my hair. I felt much happier with a haircut. That said, I don't feel as strongly about getting a pedicure.



Can I eat out or go out for a drink?

I have not gone out to eat or for a drink. I would not rule it out for a special occasion under the right circumstances: Eating with household members at an outdoor restaurant with plenty of space between tables. Right now, I'm happy with **takeout** and wine delivery.

Can my soon-to-be 85-year-old mother who does not live with me have an extended family birthday party at our house?

This is a tough question I've had to recently consider. My mother, due to her advanced age, is at substantial risk of having complications from COVID-19 if she gets infected. She would be eating with people outside of her household. The gathering would be 10 people from three separate households. There is an outdoor seating area that allows for each household to sit at least 6 feet apart from others. When talking and socializing as a larger group, we would all wear masks.

Those precautions minimize the risk of spreading COVID-19 in any party goes who are infected, but they do not bring the risk down to zero. The only way to do that would be to have a video-conference party, which my mother would enjoy far less.

Ultimately, the choice comes down to an individual decision: This activity is worth a lot to her, but enough for her to be

willing to take the risk? That's up to her to decide.

It's also up to each of us to decide how much risk we're willing to take to get infected or potentially **spread the disease to others**. We need to assess our own individual health risks, as well as our willingness to accept safer alternatives vs. missing out on a "once in a lifetime" event like a wedding, 50th anniversary party or baby shower.

What's clear is the importance of following the three C's to protect yourself and others from infection while the pandemic continues.

Hallmark **symptoms** of the virus include fever, cough and shortness of breath, though some who are infected are asymptomatic. Diagnosis is confirmed through a nasal or throat swab. Treatment focuses on supportive care (there is currently no cure for COVID-19), and the **recovery** rate for COVID-19 varies greatly depending on whether patients **stay at home** or are hospitalized, and if hospitalized, whether they need intensive care.

The Centers for Disease Control and Prevention recommends washing your hands frequently, practicing **social distancing** and wearing a cloth **face mask** or cover in public as ways to protect yourself and others.

Walk more, sleep better

Most people need about seven to nine hours of sleep each night.

With anxiety and stress levels high during this pandemic, getting a good night's sleep can be difficult. There are **many ways you might improve your sleep**. One of them is to walk more, reports Gretchen Reynolds reports for **The New York Times**.

A variety of studies show the complex relationship between different types of exercise and sleep. It is not as simple as

exercise leads to good sleep. In fact, people who work out strenuously might not sleep as well.

Strenuous workouts could actually cause **worse sleep**.

A recent study, published in Sleep Health, of 59 middle-aged and older people who did not have time to exercise, links incidental physical activity, such as walking, to a good night's sleep, even for people who do not exercise. Researchers at Brandeis University et al.



examined the relationship between walking and sleep. They found a tight relationship.

Interestingly, walking more was not linked to length of sleep.

Here are the two biggest takeaways based on a month of walking:

- ◆ People said they slept better the more steps they had taken.
- ◆ The more minutes people spent walking, the better people said they slept.

After a day of walking, any day, people who had taken more steps than usual tended to say they slept better. The volunteers typically walked 7,000 steps a day. That's somewhat more than three miles.

But, even volunteers who did not walk 7,000 steps a day found that more walking improved their sleep.

Of note, this is an observational study. It does not prove that walking more improves your sleep. It simply shows a relationship.

Brain's Iron Stores May Be Key to Alzheimer's

The progression of Alzheimer's disease may accelerate as iron deposits build up in the brain, a new study finds, hinting at a possible role for the mineral in mental decline.

Using MRI scans of 200 older adults with and without Alzheimer's, researchers found that those with the disease generally had higher iron levels in various parts of the brain. And 17 months later, Alzheimer's

patients who had had a greater iron accumulation over time also tended to show a faster decline.

Experts stressed that it's not clear whether iron buildup helps cause the worsening symptoms: It may, for instance, just be a sign of overall degeneration in the Alzheimer's-affected brain.

But the findings add to evidence linking iron buildup to declines in thinking and



memory.

"Iron levels in the brain are like amyloid and tangles -- a pathological feature that is associated with [Alzheimer's]," explained Dr. Ashley Bush, director of the Melbourne Dementia Research Centre in Australia.

Amyloid "plaques" and neurofibrillary tangles are abnormal protein deposits that build up in the brains of people with Alzheimer's. It's not clear

whether they cause the disease.

Bush, who reviewed the new findings, has been studying the potential role of iron accumulation in dementia.

In one study, his team found that among people with amyloid deposits, those with greater iron buildup in the brain had a faster cognitive decline over the next several years. Their performance on tests of memory, language and thinking skills worsened to a greater degree....[Read More](#)

NIH Spearheads Study To Test At-Home Screening For HPV And Cervical Cancer

With a tiny brush, briefly swab the vagina to collect cells. Then slide the swab into a screening kit and drop it into the mail.

Proponents believe a simple test like this, which can be done at home, may help the U.S. move closer to eradicating cervical cancer. The National Cancer Institute plans to launch a multisite study next year involving roughly 5,000 women

to assess whether self-sampling at home is comparable to screening in the office by a clinician.

Nearly 14,000 Americans this year will be diagnosed with the highly preventable cancer, and more than 4,000 will die. Women who are uninsured or can't get regular medical care are more likely to miss out on



lifescaping screening, said Vikrant Sahasrabudhe, a program director in the NCI's Division of Cancer Prevention. If women could collect the vaginal and cervical cells to be tested for human papillomavirus (HPV) — the virus that causes virtually all cervical cancers — they could get screened from home, just as home-based stool samples can be

used to detect colon cancer, he said.

"What we have seen is this persistent group of women who continue to get cervical cancer every year," said Sahasrabudhe, who oversees studies involving **HPV-related cancers**. "And that number is really not going down."....[Read More](#)

A Drink or Two a Day Might Be Good for Your Brain: Study

Love a glass of wine with dinner? There's good news for you from a study that finds "moderate" alcohol consumption -- a glass or two per day -- might actually preserve your memory and thinking skills.

This held true for both men and women, the researchers said.

There was one caveat, however: The study of nearly 20,000 Americans tracked for an average of nine years found that the brain benefit from alcohol mostly applied to white people, not Black people. The reasons for that remain unclear, according to a team led by Changwei Li, an epidemiologist at the University of Georgia College of Public Health, in Athens.

Among whites, however, low to moderate drinking "was significantly associated with a consistently high cognitive function trajectory and a lower rate of cognitive decline," compared to people who never drank, the team reported June 29 in *JAMA Network Open*.

The study couldn't prove that

moderate drinking directly caused the preservation of thinking and memory, only that there was an association.

The range of drinking considered "low to moderate" in the study was set at less than eight drinks per week for women and less than 15 drinks per week for men. Drink more frequently, and any benefit to the brain begins to fade and even turn into possible harm, the researchers stressed.

Also, although the tests administered to the study participants measured cognitive attributes such as memory (word recall), overall mental status (tests of knowledge, language) and vocabulary knowledge, they were *not* designed to gauge whether alcohol could shield people from Alzheimer's or other dementias.

Still, the finding that moderate drinking does no harm to thinking skills, and may even provide a benefit, "could be good news for some of the alcohol-consuming public,



which makes up the majority of Americans according to the National Survey on Drug Use and Health," said geriatric psychiatrist Dr. Jeremy Koppel. He's an associate professor at the Feinstein Institutes for Medical Research, in Manhasset, N.Y.

But there are always downsides to drinking, including its effects on the heart, Koppel added.

"As the study authors note, the benefits of potentially enhanced cognitive performance in alcohol-consuming middle-aged Americans must be weighed against the risks of hypertension and stroke, amongst other maladies, that this exposure may confer," said Koppel, who wasn't involved in the new study.

The research used comprehensive data from an ongoing federal government health study involving almost 20,000 people tracked for an average of nine years between 1996 and 2008. The participants averaged about 62 years of age at the beginning of the study and

60% were women.

Li's team noted that the "findings are in line with previous research." Those prior studies include a major study of Californians that found that moderate alcohol consumption was tied to better cognitive function among folks averaging about 73 years of age. And data from the ongoing Nurses' Health Study found that drinking that didn't exceed more than a drink per day seemed linked to a slowing of cognitive decline for women in their 70s.

None of this means that Americans can go out and raise multiple glasses of booze to good health, however, because problem drinking is a major cause of suffering across the United States. In that regard, "public health campaigns are still needed to further reduce alcohol drinking in middle-aged or older U.S. adults, particularly among men," Li's group said.

More information

The U.S. Centers for Disease Control and Prevention has more [about alcohol and your health](#)