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RI ARA

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From the Alliance for Retired Americans & the RI ARA

Pfizer Won't Commit to Affordable COVID-19 / Vaccine / Ponchos for PPE's

Despite investing billions of taxpayer dollars on research and development of COVID-19 vaccines and treatments, pharmaceutical corporations refuse to guarantee that these drugs will be affordable for all who need them.

Pfizer CEO **Albert Bourla said** this week that his corporation won't put a "huge price" on a coronavirus vaccine. However, Pfizer's definition of a "not huge price" could be very different from what patients can afford, and the public has no way to hold them

accountable. Pfizer has a history of price-gouging -- its best-selling drug is **Prevnar 13**, a vaccine that protects against pneumonia and other infections. Pfizer has dramatically increased the price on that drug.

Some members of Congress have proposed legislation to require that any COVID-19 vaccine or treatment is affordable, but it has not yet come up for a vote. The bipartisan **Affordable COVID-19 Drug Pricing Act of 2020** from Reps. **Jan Schakowsky** (IL) and **Francis Rooney** (FL) will establish **critical protections against price gouging amid the pandemic**.

The bill:

- ensures universal access to new, taxpayer-funded drugs that are used to treat COVID-19;
- mandates these COVID-19 drugs be reasonably and affordably priced;
- requires manufacturers to publicly report specific cost breakdowns; and
- prevents excessive pricing of drugs used to treat any disease that causes a public health emergency.

"Without the kind of controls in this bill, drug corporations can continue to use their monopoly control over prices," said Alliance Executive Director **Richard Fiesta**. "Big Pharma has demonstrated time and time again that they will use every opportunity to profiteer by setting sky-high prices on drugs developed with taxpayer dollars. Lawmakers must take strong action to prevent drug corporations from putting patients' health over shareholders' profits."

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Ponchos without arm holes. Cloth masks. This is the "PPE" that the Federal Emergency Management Agency (FEMA) is sending to nursing homes to protect staff and residents from COVID-19.

Are they kidding? Sending inadequate equipment shows blatant disregard for nursing home residents and staff who are most at-risk.

Way back in April, President Trump promised that his administration would deploy "every resource" at its disposal to protect older Americans during the coronavirus pandemic. The Vice President even delivered a few cases of FEMA PPE to a Florida nursing home.

Rich Fiesta, Executive Director, ARA

But the people on the front lines are afraid of using it -- with one health system CEO in New York recently saying "as we sit here today, I'm still not able to get more than a few days' supply of N95 masks, and I still struggle to a certain extent with gowns... that doesn't make you sleep at night, because you're not sure when the next delivery comes."

We know that at least 26,000 nursing home residents and workers have died from COVID -19 already. That is shameful and FEMA has to fix it.

ADD YOUR NAME

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

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How Coronavirus Disproportionately Affects Communities of Color

While all Americans have felt its effects, the coronavirus public health emergency is disproportionately impacting minority communities, especially Black, Hispanic or Latino, and American Indian and Alaska Native (AIAN) people.

In several issue briefs and data notes, the Kaiser Family Foundation (KFF) has outlined ways the pandemic is taking an unequal toll. In **one such brief**, published in early April, KFF highlights the potential health and financial challenges the coronavirus outbreak poses to communities of color due to underlying health, social, and economic disparities. Subsequent KFF analysis, which draws upon additional—but still limited—data from states and the **Centers for Disease Control and Prevention** (CDC) reinforces initial reporting about the pandemic's disproportionate impacts. Additional demographic data collected and aggregated by the COVID Racial Data Tracker, a joint initiative from the Antiracist Research & Policy Center and The COVID Tracking Project at *The Atlantic*, further underscores these findings, as does the work of **APM Research Lab.**

The researchers agree that while data remains incomplete, it is clear that communities of color are being hit especially hard. According to analysts:

- **Black people account for a higher share of coronavirus-related deaths and cases compared to their share of the population**. Nationally, Black Americans continue to experience the highest overall mortality rate—more than twice as high as others. In four out of the five counties with the highest death rates, Black Americans are the largest racial group.
- **Hispanic and Latino individuals are also disproportionately impacted.** In 42 states plus Washington D.C., Hispanics and Latinos make up a greater share of confirmed cases than expected, based on their share of the population. In eight states, it's more than four times greater.
- **There are also striking impacts for AIAN people in some states**. In Arizona, AIAN people account for 11% of coronavirus cases, but only 4% of the total population. The asymmetry is even more pronounced in other states, like New Mexico (57% of cases compared to 9% of the total population) and Wyoming (30% of cases compared to 2% of the total population).

At the same time, the economic fallout from the coronavirus is also impacting people of color more severely. **In May**, unemployment for Black workers rose to 16.8%, the highest rate in over a decade. The pandemic has also pushed the unemployment rate for Asian Americans to 15%, and to 17.6% for Hispanic or Latino workers. In contrast, unemployment for White workers fell two percentage points to 12.4% in May, **a record drop**.

While racial health and economic disparities are being laid bare by the coronavirus, they are the result of pre-pandemic realities. Structural inequities have long been embedded in the nation's housing, education, employment, health care, and justice systems. This systemic racism has consistently, and intentionally, yielded policies of oppression and discrimination. Effectively responding to the current public health crisis, and those that exist alongside and within it, requires understanding and addressing these institutional failings.

Medicare Rights is committed to doing just that, in ways that advance health equity, well-being, and justice. As part of this ongoing work, we are launching a series of Medicare Watch articles to explore the disparate impacts of the coronavirus on communities of color, as well as reasons for these outcomes and needed policy solutions. Working together, we can ensure that all older adults and people with disabilities have the opportunity to live with dignity and choice.

Health Workers Resort To Shady Deals To Find Safety Gear

A nursing home worker in New Jersey rendezvoused with "the parking lot guy" to cut a deal for gowns. A director of safety-net clinics in Florida learned basic Chinese and waited outside past midnight for a truck to arrive with tens of thousands of masks. A cardiologist in South Carolina tried his luck with "shady characters" to buy ingredients to blend his own hand sanitizer.

The global pandemic has ordinary health care workers going to extremes in a desperate hunt for medical supplies. Community clinics, nursing homes and independent doctors, in particular, find themselves on the fringe of the supply chain for masks, gowns, gloves and ventilators.

Their missions have the cinematic quality of the drug trade or a black-market arms deal: Desperate administrators wire money to mysterious offshore bank accounts, wary of the flimflam man.

Most medical supplies — from isolation gowns to the filtration components of N95 masks — originate in China, in vast factories that manufacture so-called spunbond polypropylene out of toxic chemicals. Decades of honing has turned the supply chain into an efficient, just-in-time wonder of globalization. But that system crumbled in the midst of the pandemic as countries, states, cities and health care providers all sought the same things at the same time.

"You had all these brokers entering the market looking for arbitrage," said Michael Alkire, president of Premier, a company that negotiates supply contracts for hospitals. "Unless you were a significant player, it was hard to get access."

That's how Carol Silver Elliott, president of the Jewish Home Family in Rockleigh, New Jersey, ended up here: "We wired 'the parking lot guy' half the money," she said. "I swear I don't know his name."

At the end of May, the "parking lot guy" remained her go-to source. The nursing home is spending "significant money," Silver Elliott said, but the risk is worth it if she can outfit her staff with adequate personal protective equipment, known as PPE.

As the **crisis dissipates** at major hospital systems in urban centers like New York, Seattle and Detroit, the collateral damage is becoming apparent elsewhere.

The burden of managing the disease long term is **shifting** to nursing homes, safety-net clinics and outpatient medical practices. As these facilities brace for rolling waves of new infections, they are hustling to stock up on essential medical supplies — masks, gowns, testing kits, even disinfectant wipes — needed for basic care.

Thus far, things are not going well.

The first time Andy Behrman pulled up to the warehouse in Ocala, it was empty.

Behrman, director of the Florida Association of Community Health Centers, had spent the beginning of April trying to get gowns, gloves and masks for community clinics across the state's 67 counties….**Read More**

Social Security Administration Expands Online Medicare Enrollment Process on SSA.gov

The Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA) recently **expanded the functionality** of the Medicare enrollment process to accommodate more online applications during the coronavirus pandemic.

Previously, only people applying for Medicare Parts A and B at the same time could use the online portal. People who were already enrolled in Part A and were using a Special Enrollment Period (SEP) or seeking Equitable Relief to enroll in Part B had to submit documentation to SSA in person or via fax—an option made available during the current public health emergency. Advocates, including the Medicare Rights Center, have long called for a user-friendly online tool to allow for Part B enrollment. We applaud CMS and SSA for introducing this improvement and urge its permanent adoption.

Under the modernized system, people who are eligible for a Part B SEP can now apply online. To qualify for this enrollment window, either they, their spouse, or sometimes a family member, must currently have or have **recently lost a job that provided health insurance**. Applicants m ust also upload proof of this job-based coverage, to show they have been consistently insured since becoming Medicare-eligible. Typically, people submit this documentation with Form CMS-L564, which their employer must fill out and sign. However, if people are unable to obtain their employer's signature, as many are during the pandemic, they can supply other proof instead, including:

- Income tax returns that show health insurance premiums paid
- W-2s reflecting pre-tax medical contributions
- Health insurance cards with dates
- Explanation of benefit documents showing claims processed or paid by the job-based insurance
- Statements or receipts that show health insurance premium payments

While this portal is a welcome update, additional Medicare enrollment improvements are still needed. Even with these changes in place, not all Medicare applications can be completed online, and not everyone has access to a computer or the ability to upload the required documents. It is critical that SSA offices have the capacity to assist with and process all enrollments, and that applicants have the information they need to make timely coverage decisions. During the public health emergency in particular, **additional enrollment protections** remain necessary.

Additional Resources:

The instructions for applying online are available here.

If you have questions about enrolling online, contact your local Social Security Office. Although many offices are currently closed to in-person appointments, SSA staff is available to assist enrollees by phone. Contact information for local offices can be found by using the online **field office locator**. You can also send your paperwork to your local office by certified mail, or fax it to 1-833-914-2016.

If you experience any issues with your local Social Security office, such as being told your enrollment cannot be processed, **contact a U.S. Congressperson for your state.** Elected officials may be able to help and may be interested in constituent stories that illustrate particular problems.

Masks now seen as vital tool in coronavirus fight

Evidence is mounting that widespread mask-wearing can significantly slow the spread of coronavirus and help reduce the need for future lockdowns.

Public health authorities did not initially put an emphasis on masks, but that's changed and there is now increasing consensus that they play an important role in hindering transmission of the virus at a time when wearing one has become politicized as some states and businesses have made them a requirement for certain activities.

Wearing a mask is also seen by experts as a relatively easy action that could help avoid much costlier responses like stay at home orders and closing businesses.

"It's a lot less economically disruptive to wear a mask than to shut society, so I can't understand some of the resistance to mask wearing," Tom Frieden, the former director of the Centers for Disease Control and Prevention (CDC), said on a call with reporters on Thursday.

Experts say mask-wearing is not the only response needed to slow the spread of the virus. Avoiding crowds and staying six feet apart from others is also important, as is an effective system of testing and contact tracing so people can quarantine and prevent further spread.

A **study from** University of Cambridge researchers this week found that widespread mask-wearing can help prevent a resurgence of the virus with less reliance on lockdowns that have proven economically devastating.

The modeling in the study found that if 50 percent or more of the population routinely wore masks, each infected person would on average spread the virus to less than one additional person, causing the outbreak to decline, **the university said**.

"We have little to lose from the widespread adoption of facemasks, but the gains could be significant," Renata Retkute, one of the authors of the study, said in a statement.

Scott Gottlieb, the former FDA Commissioner for **President Trump, pointed to** the study on Twitter this week and wrote: "More widespread masking with higher quality masks could help mitigate a second wave."

It cannot be ruled out that further lockdowns will be needed, but wearing a mask is one part of a strategy to help avoid them, according to Joshua Sharfstein, vice dean at the Johns Hopkins Bloomberg School of Public Health.

"I think it could substantially help open workplaces, but I'd still want to maximize distancing," he said.

The emphasis on masks has been slow to develop in some places. The World Health Organization did not issue a recommendation for the general public to wear masks until **last week**, previously only saying people who are sick and those caring for them should use masks.

In the early days of the outbreak in the United States, there was also concern about the general public using up masks that were in short supply for health workers.

"Seriously people- STOP BUYING MASKS!" Surgeon General Jerome Adams **tweeted** at the end of February. "They are NOT effective in preventing general public from catching #Coronavirus, but if healthcare providers can't get them to care for sick patients, it puts them and our communities at risk!"...**Read More**

Coronavirus: Lawmakers ignore horrific number of nursing home deaths

David Dayen writes for **The American Prospect** on the horrific number of deaths at nursing homes during this novel coronavirus pandemic. At last count, **more than 31,000 nursing home residents had died** from COVID-19. What's shocking is that lawmakers are turning a blind eye to the issue and protecting nursing home owners.

First, we have incomplete and inaccurate information about nursing home deaths. In fact, only four in five nursing homes have reported COVID-19 casualties to CMS. It's unclear how many are misreporting their data.

At a minimum, **one in four COVID-19 deaths** are in nursing homes. To put that in context, nursing home residents represent fewer than one in 165 Americans. Dayen says that the number of nursing home deaths translate to between 12 and 18 deaths each hour.

This is criminal. Horrific. But, there is not the due uproar and focus on this scandal because it is largely hidden. We are not seeing the images to trigger the needed response. We only recently have seen data.

Meanwhile, states have imposed **rules on nursing homes** regarding testing of residents and staff to help contain the spread of the novel coronavirus. In some states, staff are expected to be tested twice a week. Some insurers are refusing to pay for these tests, which are related expressly to employment and not personal health. Nursing homes say they cannot afford to pay for them. Again, a guaranteed, universal health care system could easily address this issue.

On a separate note, lawmakers have given nursing home executives immunity from liability for failing to properly care for their residents. Nursing home regulations have been loosened. Fines for failing to abide by regulations have been lowered. Yet, many nursing homes have been **cited for endangering their residents** over the last decade, including improper care, abuse and theft of resources.

We have a **terrible** long-term care system in this country that is desperately in need of fixing. It's long past time to start remedying this abhorrent situation.

Harrowing blame game over COVID-19 toll in nursing homes

A grim blame game with partisan overtones is breaking out over COVID-19 deaths among nursing home residents, a tiny slice of the population that represents a shockingly high proportion of Americans who have perished in **the pandemic**.

The Trump administration has been pointing to a segment of the industry — facilities with low federal ratings for infection control — and to some Democratic governors who required nursing homes to take recovering coronavirus patients.

Homes that followed federal infection control guidelines were largely able to contain the virus, asserts Seema Verma, head of the Centers for Medicare and Medicaid Services, or CMS, which sets standards and pays the bills. "Trying to finger-point and blame the federal government is absolutely ridiculous," she says.

Verma says data collected by her agency suggest a connection between low ratings on safety inspections and COVID-19 outbreaks. But several academic researchers say their own work has found no such link.

Advocates for older people say the federal government hasn't provided needed virus testing and sufficient protective gear to allow nursing homes to operate safely. **A White House directive to test all residents and staff** has been met with an uneven response.

"The lack of federal coordination certainly has impeded facilities' ability to identify infected persons and to provide care," Eric Carlson, a long-term care expert with the advocacy group Justice in Aging, told lawmakers.

Democrats are critical of the Trump administration.

"We need a plan from CMS and we need resources to stop the spread of COVID-19 in nursing homes," says Sen. Bob Casey, D-Pa.

Nationwide, more than 45,500 residents and staff have died from coronavirus outbreaks at nursing homes and other long-term care facilities, according to a running count by The Associated Press. That's about 40% of more than 115,000 total deaths. Nursing home residents are less than 1% of the U.S. population.

It's a sensitive election year issue for President Donald Trump, who's trying to hang on to support from older voters.

With more coronavirus legislation possible this year, congressional Democrats are pressing for a national testing plan and additional resources for nursing homes. Republicans are mainly seconding the administration's arguments….**Read More**

Unions launch massive car caravan for racial, economic justice

The nation's unions will launch a massive car caravan on June 17 – and not just in the Nation's Capital – for racial and economic justice.

"Facing front line worker deaths, record unemployment and continued racial injustice, working people from coast to coast are demanding action," the AFL-CIO, which led the caravan organizing, says.

From coast to coast, unionists will descend in cars, engage in e-mailing and letter-writing, meet lawmakers and run phone banks to demand lawmakers get off their rear ends and enact legislation – led by the latest House-passed stimulus bill and by a massive police reform bill – to support workers, not bosses.

And they also want Congress to force the GOP Trump administration's Occupational Safety and Health Administration to vigorously pursue and prosecute those firms which refuse to protect their workers against the coronavirus pandemic.

The pandemic now has more than two million sufferers in the U.S. and more than 116,000 dead. And closures to help fight it – from hotels and restaurants to airlines to retailers to factories – have caused the worst economic crash since the Great Depression.

"Representing those employed in health care, public education, public service, and hospitality, workers will call on lawmakers to act now to save our nation, save our economy and save workers' lives," the AFL-CIO's announcement said.

The caravans are supposed to support the "five economic essentials" for workers the federation has outlined and is pushing on both its website and social media: Keeping "front-line workers safe and secure" from the coronavirus pandemic, keeping workers employed and protecting their pensions.

They also will demand "keeping state and local governments, our public schools and the U.S. Postal Service solvent and working," protecting and expanding health insurance for all workers and to "keep America competitive" by hiring "people to build infrastructure."...**Read More**

President – once more – calls for Payroll Tax Cut

Last week President Trump announced he will once again ask Congress to pass more economic stimulus legislation that he insists must include a payroll tax cut. In other words, he wants to cut the amount of money that is paid into Social Security and Medicare by today's workers – the money that funds the checks sent out to those who receive payments and pays for the health care of seniors each month.

He had demanded a payroll tax cut previously this year. Thankfully, Congress did not go along with him when it passed the previous legislation meant to deal with the coronavirus pandemic and the ailing economy that resulted.

His renewed call for the cut comes only a few weeks after the annual reports regarding the financial stability of the Social Security and Medicare programs were issued by their respective boards of trustees. As we reported at the time, both programs are facing insolvency, albeit at different times.

The part of Social Security that pays old age and survivor benefits is projected to become insolvent in just 14 years. The Social Security fund that pays disability benefits is projected to last longer – until 2065. But that fund is much smaller and even if money were diverted from it to the old age fund, it would only last for an additional year.

The estimated depletion date for the Medicare Part A trust fund is 2026. At that time, program income will be sufficient to pay 90% of total scheduled benefits. The Part B trust fund is financed differently, with premiums and general revenue funding changing each year to reflect projected spending, so Part B is expected to be adequately financed "for the next 10 years and beyond."

However, those projections were made prior to the severe economic downturn caused by the pandemic. Those funds will be affected both by the amount each program spends this year, and by the lower-than-projected revenue because of the depression-level unemployment. Those factors will not be determined until the end of this year. And until a vaccine or an effective treatment is found, the improvement in the economic outlook remains very uncertain.

President Trump pledged that he would protect Social Security and Medicare when he ran for president in 2016. He has repeated that pledge several times since. But to advocate for a payroll tax cut that would bring both programs much closer to insolvency is not in keeping with his pledge.

The Social Security trustees now anticipate that when the old age and survivor fund runs out of money in 2034, it will be able to pay only 76% of the retirement and survivor benefits otherwise due to recipients.

Can you afford a 24% cut in your Social Security check? Can you afford to pay even more than you do now for your health care after you get a 24% cut in your Social Security?

Again, those projections were made prior to the effects of the pandemic. You can be sure when this is all over, the projections will be much worse.

That is why TSCL so strongly opposes the President's proposal. True, it would be a boost for those now employed. But it will do nothing for those who are unemployed, and those are the people who need the most help right now. There are other ways to aid them, as well as to help the currently employed.

As we all know, seniors are being hit the hardest by the coronavirus. To add even more insecurity and uncertainty to the lives of seniors is just plain wrong.

We hope you will use these points and contact your own Senators and Representatives and tell them you are absolutely opposed to any payroll tax cut.

TSCL will be letting Congressional leaders know of our opposition to a payroll tax cut and we will continue to advocate – both in opposition to any payroll tax cut, and also for a fairer and more accurate way of calculating what the COLA should be each year.

Almost One in Four Adult Workers is Vulnerable to Severe Illness from COVID-19

As states and employers continue to reopen businesses and public offices, important decisions are being made about how to keep workers safe from becoming infected with coronavirus at work or on their commutes to and from their homes. In addition, outbreaks of coronavirus at some businesses, such as **food processing facilities and long-term care facilities**, highlight the risks faced by essential workers who have continued to work outside the home. Safety considerations will be particularly important for those workers at greater risk of becoming seriously ill if they become infected with coronavirus. This caution applies to older workers in general, as well as to younger workers with certain medical conditions that put them at higher risk of serious illness if they become infected.

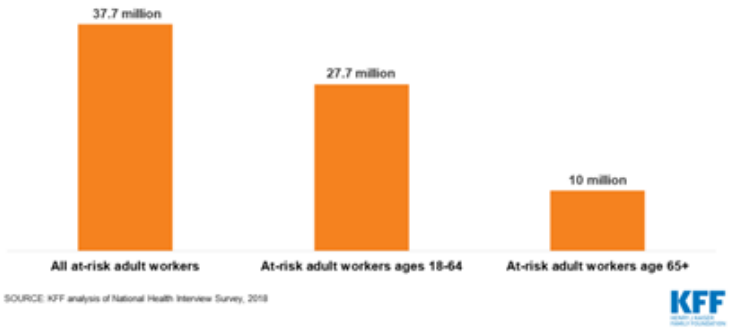
We use the National Health Information Survey (NHIS) to look at how many adult workers[1] are at increased risk of severe illness if infected with coronavirus, based on risk factors identified by the Centers for Disease Control and Prevention (CDC). These risk factors include having diabetes, chronic obstructive pulmonary disease (COPD), heart disease, a body mass index (BMI) above 40, moderate to severe asthma, and a functional limitation due to cancer. All workers 65 and older also are considered at higher risk. The approach is similar to our **prior work** identifying at-risk adults and is described in more detail in the Methods.

Who are the At-Risk Workers?

We find that over 90 million adults are at greater risk for severe illness from COVID-19 due to underlying health conditions or age. Of these at-risk adults, we estimate that about 37.7 million were employed at a job or business in the prior year, including 10 million people age 65 and older (19.5% of adults age 65 and older, all of whom are considered at greater risk) and 27.7 million non-elderly adults (Figure 1). These at-risk workers comprise 24% of all adult workers….**Read More**

Figure 1

Number of Adult Workers Who Are at Risk of Severe Illness From COVID-19, 2018

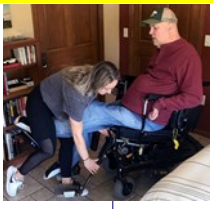


Pandemic Upends The Lives Of People With Disabilities — And Of Their

When the COVID-19 pandemic hit, Stacy Ellingen, 34, of Oshkosh, Wisconsin, lost two of the three caregivers she depends on to dress, shower, eat and use the bathroom. The caregivers — both University of Wisconsin-Oshkosh students — returned to their parents' homes when the university canceled in-person classes.

Ellingen, who lives with complications from cerebral palsy, had little choice but to do the same — moving back to her parents' home in Fond du Lac.

Matt Ford, whose arms and legs are paralyzed, already lived with his 76-year-old father, his primary caregiver, in a specially designed house in Verona. One of Ford's other caregivers moved into his basement for a while, since it was easier for her to quarantine there rather than come and go and risk infection and transmission of the virus to Ford.



Jason Endres asked his care workers to stay away from the home he shares with his wife Julie in Eau Claire. With masks hard to come by, Endres feared the caregivers could inadvertently spread the virus, possibly ravaging his lungs, which have been weakened by spina bifida.

The novel coronavirus, which has infected nearly 13,000 Wisconsinites, has exposed vulnerabilities in the state's health care programs, including those designed to serve older residents and those with disabilities.

Before the pandemic, Gov. Tony Evers in 2019 **created** a state task force to address a chronic shortage of caregivers. A **report** released in February described a "crisis" in the direct care workforce, with 20,655 vacant positions in Wisconsin's long-term care facilities and residential settings, and an average workforce vacancy rate of nearly 26%.

For residents with disabilities who need caregivers in order to live and work independently, the pandemic is adding hurdles. These visiting aides take on demanding duties and are typically paid **about $12 an hour** in Wisconsin.

Clients with disabilities and their caregivers must weigh how to keep each other safe during close interactions, especially as protective equipment remains scarce. Some caregivers have stuck around; others have quit. And many clients who lose their caregivers also lose independence.

Every respondent to an April **survey** of nearly 500 Wisconsinites with disabilities and older adults said the pandemic had disrupted their caregiving service. Wisconsin Watch conducted a dozen interviews with people with disabilities, their family members and caregivers across Wisconsin, revealing how the crisis has transformed each life in unique ways….**Read More**

Lost On The Frontline

America's health care workers are dying. In some states, medical personnel account for as many as 20% of known coronavirus cases. They tend to patients in hospitals, treating them, serving them food and cleaning their rooms. Others at risk work in nursing homes or are employed as home health aides.

"Lost on the Frontline," a collaboration between KHN and The Guardian, has identified **653** such workers who likely died of COVID-19 after helping patients during the pandemic.

We have published profiles for **113** workers whose deaths have been confirmed by our reporters.

Some cases are shrouded in secrecy. Our team contacts family members, employers and medical examiners to independently confirm each death. Many hospitals have been overwhelmed and workers sometimes have lacked protective equipment or suffer from underlying health conditions that make them vulnerable to the highly infectious virus. In the chaos, COVID casualties might otherwise get overlooked.

This project **aims to document** the lives of U.S. health workers who die of COVID-19, and to understand why so many are falling victim to the pandemic.

With Nursing Homes on Lockdown, Stay Connected With Loved Ones

Social restrictions during the coronavirus pandemic can be especially hard for people who can't visit loved ones with Alzheimer's disease who are in nursing homes.

Despite an easing of restrictions, the U.S. Centers for Medicare and Medicaid Services says nursing homes shouldn't allow outside visitors until the last phase of its reopening guidelines.

"One of the hardest parts of the COVID-19 pandemic for families who have relatives with Alzheimer's disease living in a care setting is not being able to see their loved ones in person," said Jennifer Reeder, director of educational and social services for the Alzheimer's Foundation of America.

"Many nursing homes are likely to continue limiting or prohibiting outside visitors, given how fast COVID-19 can spread and the high risks to seniors with underlying health conditions," Reeder added.

However, there are several ways families can stay connected from afar, she said in a foundation news release.

- **Use technology.** Video chat platforms like FaceTime, Zoom or Skype allow you to see and talk with your loved one. Many care facilities provide this type of service, so ask if it's available. Phone calls, emails and letters are also good ways to keep in touch.
- **Send a care package.** Drop off some of your loved one's favorite snacks, trinkets and other fun items to give them comfort, improve their mood and reduce stress or anxiety. Check with the care center first to find out if any items are prohibited for health reasons.
- **Share photos.** Some care centers regularly send pictures of their residents to loved ones and also invite families to send photos in return. Sending residents family photos can help trigger memories.
- **Get updates.** Ask the staff for regular updates on your loved one. If he or she requires physical or occupational therapy, or personal care services such as nail clipping, find out how these services are being provided or what alternatives are in place.
- **Ask about activity programs.** Music, art, dance/movement, crafts and exercise programs can help keep your loved one engaged and active.
- In addition, all care facilities are required to have plans to monitor and prevent infections and should be able to provide you with information about these measures if you ask.

More information

The Alzheimer's Association has more on the **coronavirus pandemic.**

Does Medicare cover home health aide services?

Medicare covers home health services. Depending on the circumstances, Part A or Part B provides coverage. However, beneficiaries must meet eligibility criteria.

Home health primarily involves helping a person receive care in their own home instead of the hospital when it is appropriate.

In many cases, home health costs less and is just as effective as care that a person may otherwise receive in a skilled nursing facility (SNF) or hospital.

For Medicare to pay for home healthcare, a Medicare-certified home health agency must provide the service. People who receive services from a noncertified home health agency will need to pay the costs out of pocket.

In this article, we explain the coverage of home health services under Medicare.

What home health services does Medicare cover?

Medicare covers a variety of home health services for as long as it is reasonable and deemed necessary to treat an injury or illness.

Medicare covers up to 8 hours of care a day for a maximum of 28 hours a week. For some people, the insurance program pays for up to 35 hours a week of home health. Medicare assesses the need for 35 weekly hours of care on a case-by-case basis.

Medicare covers the following services:

Rehabilitation therapy

Rehabilitation services help an individual regain daily function and improve their ability to live independently every day.

These services may include physical, occupational, and speech therapy.

Medical supplies and equipment

Medicare Part B covers certain medical supplies that are necessary for home health services. A doctor must prescribe the equipment for Medicare to provide coverage.

Medical supplies and equipment that Medicare covers may include:

- canes
- infusion pumps
- walkers
- wheelchairs
- hospital beds
- blood sugar testing strips and monitors
- nebulizer equipment
- traction equipment
- wound dressings and supplies

Medicare covers the cost of medical equipment for home use in a few different ways, depending on the type of supplies or equipment.

For example, Medicare pays rental costs for certain types of equipment. Patients may choose to buy the equipment, in which case, Medicare also covers the cost.

Medical social services

These services involve assistance from a social worker or counselor. They can help people deal with emotional issues that may be presenting barriers to recovery from an illness or injury.

Skilled nursing care

Medicare Part A also covers the provision of skilled nursing care through home health if it is intermittent or part-time.

Intermittent nursing involves under **8 hours** of care a day for 21 days or, in some circumstances, up to 35 days. It can also refer to nursing care that a person receives on fewer than 7 days of the week.

Medicare does not cover skilled nursing care that requires more than 8 hours a day or is not intermittent.

A registered nurse or licensed practical nurse must provide skilled nursing during home health services for Medicare to pay. Home health skilled nursing care may include:

- wound care and dressing changes
- tube feedings
- administering intravenous (IV) drugs
- education in disease management

Home health personal care

Home health aides provide personal care, such as help dressing and bathing.

Medicare only pays for a home health personal care aide when an individual also receives skilled nursing care or rehabilitation services through home health. Medicare does not cover home health personal care aides as a stand-alone service….**Read More**

White House Left States On Their Own To Buy Ventilators

Fearful that New Orleans would run out of ventilators by early April as the number of COVID-19 patients rose by the hundreds, even thousands, per day, Louisiana officials set out to get every device they could find. At the time, that meant securing an additional 14,000.

Within days of President Donald Trump's urging states to get their own supplies because it would "be faster if they can get them directly," Louisiana sought only a fraction of them from the federal government and turned to private companies for the rest, having little confidence one supplier would give the state all it needed.

"If I knew for a fact that I could get all that I wanted from one vendor, I wouldn't be ordering from another," Gov. John Bel Edwards said March 31.

Louisiana set out to buy 9,000 from the private sector, where each device can cost tens of thousands of dollars.

"Medtronic Ventilators — $88,000,000 for 2,000 ($43,500 a piece)!" Christina Dayries, a senior state official for homeland security and emergency preparedness, wrote March 27 to two colleagues about one type of high-acuity ventilator from medical device behemoth Medtronic, according to emails between Louisiana and Federal Emergency Management Agency officials on the state's pandemic response that KHN obtained through a public records request. The total order for the ventilators and related accessories amounted to $88.2 million.

The ventilator price is 23% higher than the $35,383 average price Medtronic was offering for the same model last year, according to market analysis from ECRI, a nonprofit research firm.

Laws prohibit price gouging on precious resources during times of emergency — such as gas prices during an oil shortage or water during a drought. But no such rules or laws applied as states like Louisiana — which got an $88.2 million quote while bracing for a deadly pandemic — scrambled to find essential medical equipment according to the laws of supply and demand.

One state health official said they didn't think there was "egregious price gouging" from manufacturers, but officials nonetheless had little choice but to pay what was asked.

Louisiana also overshot orders out of fear that ventilators wouldn't arrive or that they would be sent elsewhere to a higher bidder.

Louisiana's hunt for thousands of ventilators underscores the crisis triggered by the federal government's lack of a coordinated response to the pandemic. It speaks to the "every man for himself" mentality promoted by the White House.

As Jared Kushner, Trump's son-in-law and a senior adviser, said in a daily press briefing April 3: "The notion of the federal stockpile was, it's supposed to be our stockpile. It's not supposed to be states' stockpiles that they then use."...**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

1 in 5 Worldwide Has Health Issue That Could Mean Worse COVID-19

About 1 in 5 people worldwide has a least one underlying health condition that puts them at increased risk of severe COVID-19 illness, researchers say.

While the analysis of data from 188 countries suggests that 22% of the world's population, or 1.7 billion people, might need additional protective measures, not all people with underlying conditions will develop severe COVID-19 illness if infected with the new coronavirus, the study authors noted.

The international team of investigators concluded that 4% (349 million) of these people would require hospitalization, according to the study published June 15 in *The Lancet Global Health* journal.

"As countries move out of lockdown, governments are looking for ways to protect the most vulnerable from a virus that is still circulating," said study author Andrew Clark, an associate professor of public health and policy at the London School of Hygiene & Tropical Medicine.

"We hope our estimates will provide useful starting points for designing measures to protect those at increased risk of severe disease," he added in a journal news release. "This might involve advising people with underlying conditions to adopt social distancing measures appropriate to their level of risk, or prioritizing them for vaccination in the future."

Risk factors for severe COVID-19 include heart disease, chronic kidney disease, diabetes and chronic respiratory illness, according to the World Health Organization and public health agencies in the United States and United Kingdom.

The researchers noted that their study focused on chronic underlying conditions, and didn't include other possible risk factors for severe COVID-19, such as ethnicity and economic status.

That means that the estimates may not provide a complete picture, but do serve as a starting point for policymakers.

Rates of people with at least one underlying condition are lower in places with younger populations than in those with older populations. For example, rates of people with one or more health condition range from 16% in Africa to 31% in Europe.

But Clark warned against complacency about the risk in Africa. "The share of the population at increased risk of severe COVID-19 is generally lower in Africa than elsewhere due to much younger country populations, but a much higher proportion of severe cases could be fatal in Africa than elsewhere," he said.

Worldwide, fewer than 5% of people under age 20 have at least one underlying condition that could increase their risk of severe COVID-19, compared to more than 66% of people 70 and older.

Among 15- to 64-year-olds, an estimated 23% have at least one underlying condition, according to the study. While the rate is similar between men and women, researchers said men are twice as likely to be hospitalized for COVID-19.

The risk of hospitalization ranges from less than 1% of people under age 20 to nearly 20% of those 70 or older, and more than 25% in men over 70.

In people under 65, about twice the number of men as women would require hospitalization. Among those older than 65, the gender difference narrows because women live longer.

"Our estimates suggest that age-based thresholds for shielding could play a role in reducing deaths and reducing the number of people who require hospital treatment, but the choice of threshold needs to be balanced against the proportion of people of working age affected, as well as the health and economic consequences that might be associated with long periods of isolation," said epidemiologist Rosalind Eggo, of the London School of Hygiene & Tropical Medicine.

Nina Schwalbe, an adjunct assistant professor of population and family health at Columbia University Mailman School of Public Health in New York City, wrote an editorial that accompanied the findings.

The study shows that "it is time to evolve from a one-size-fits-all approach to one that centers on those most at risk," she wrote.

More information

The U.S. Centers for Disease Control and Prevention has more on **COVID-19**.

How to Spot Elder Abuse from Afar

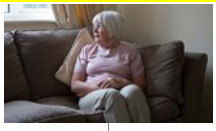
Signs and Solutions for Long-Distance Caregivers

From a distance, it can be hard to assess the quality of your family member's caregivers. Ideally, if there is a primary caregiver on the scene, he or she can keep tabs on how things are going.

Perhaps you have already identified friends or neighbors who can stop in unannounced to be your eyes and ears. Sometimes, a **geriatric care manager** can help.

You can stay in touch with your family member by phone and take note of any comments or mood changes that might indicate neglect or mistreatment. These can happen in any setting, at any socioeconomic level.

Abuse can take many forms, including domestic violence, emotional abuse, financial abuse, theft, and neglect.



Sometimes the abuser is a hired caregiver, but he or she can also be someone familiar. Stress can take a toll when adult children are caring for aging parents, or when an older person is caring for an aging spouse or sibling. In some families, abuse continues a long-standing family pattern. In others, the older adult's need for constant care can cause a caregiver to lash out verbally or physically. In some cases, especially in the middle to late stages of **Alzheimer's disease**, the older adult may become difficult to manage and physically aggressive, causing harm to the caregiver. This might cause a caregiver to respond angrily.

But no matter who is the abuser or what is the cause, abuse and neglect are never acceptable responses. If you feel that your family member is in physical danger, contact the authorities right away. If you suspect abuse, but do not feel there is an immediate risk, talk to someone who can act on your behalf: your parent's doctor, for instance, or your contact at a home health agency. Suspected abuse must be reported to adult protective services.

For More Information About Elder Abuse

Eldercare Locator
1-800-677-1116 (toll-free)
eldercarelocator@n4a.org
https://eldercare.acl.gov

National Committee for the Prevention of Elder Abuse
info@preventelderabuse.org
www.preventelderabuse.org

National Center on Elder Abuse
1-855-500-3537 (toll-free)
ncea-info@aoa.hhs.gov
https://ncea.acl.gov

COVID-19 Brings New Challenges to Alzheimer's Caregiving

Caring for someone with Alzheimer's disease comes with daily challenges and disruptions, and those have only increased during the COVID-19 pandemic.

Due to the risk of infection, contact with your loved one may now be off-limits or severely restricted. Caregivers probably need to wear masks, which may be confusing to someone with Alzheimer's. And, if your loved one gets sick, how do you deal with a doctor's office visit?

These were just some of the topics covered Tuesday at the Alzheimer's Foundation of America's "Educating America Tour" in New York City, where TV's Dr. Mehmet Oz talked about his mother's Alzheimer's disease.

"Her name is Suna. She came from a respected family in Turkey. She was married to my dad for 60 years. We would joke that my mom would run the world from her living room," Oz recalled fondly.

After his mother had a small stroke, he noticed that her behavior changed a bit. What Oz didn't realize at the time was how much his father had done to compensate for his mother's shortcomings.

"My dad was there, finishing her sentences, covering for her. Then my dad developed a problem, and we lost him last year. The crutch my mother leaned on wasn't there anymore," he said.

Suddenly, Oz said, her problems became more obvious. The family noticed unusual moods and behaviors.

"She was arguing about everything. She wasn't dressing right. Her makeup wasn't right. We finally put the pieces together," he said.

Oz then acknowledged the harsh reality that so many Alzheimer's caregivers face.

"I will lose my mom twice. She is no longer the same person I grew up with," he said. "Alzheimer's is not just losing memory, you lose your identity. It is a stunning challenge."

It's a challenge many families face. About 6 million people in the United States have Alzheimer's disease, said Charles Fuschillo, president of the Alzheimer's Foundation of America. The foundation is teaming up with several major pharmaceutical companies to sponsor caregiver training sessions across the country.

The effort is timely: Dr. Allison Reiss, head of the inflammation lab at NYU Winthrop Hospital in Mineola, N.Y., noted that the challenge of Alzheimer's is being complicated by coronavirus concerns. Reiss said that it's important for caregivers to realize that the vast majority -- 85% -- of people over 80 will survive a bout of COVID-19. While it's important to take steps to prevent it, Reiss said people need to know an infection won't always lead to serious complications or death, even for the elderly.

If you suspect your loved one with Alzheimer's might have COVID-19, Reiss recommended trying to get help from a distance, through telemedicine. Most primary care offices offer appointments via phone or internet, and addressing health concerns remotely, while your loved one is in their everyday environment will help head off anxiety, confusion and agitation.

Telemedicine can also be used for non-COVID-19 concerns, too -- both for physical and mental health.

There are also online virtual support groups and activities for people with Alzheimer's and their caregivers, Reiss added.

If your loved one has caregivers who come into the home, be sure they check their temperature before coming inside. "If it's over 99.5 Fahrenheit, they're excluded from providing care," Reiss said.

Those with a normal temperature should wash their hands thoroughly upon entering the home and wear a mask. If possible, care should take place outdoors, she said.

Nancy Lorince is owner and managing director of ComForCare Home Care in Somerset County, N.J.

She said masks can be hard for people with dementia, because they can't see their caregiver's expressions, and miss the emotional cues they provide. Still, Lorince said, it's important for caregivers to wear masks. "Dementia suppresses the immune system," she explained.

It's also important to discourage your loved one from touching their face, Reiss said.

As states reopen businesses and some activities, she recommended trying to maintain your routine and keep your loved one's environment calm.

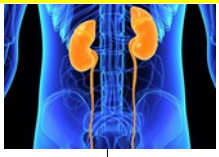
Oz said it's important to take care of yourself, too. To try to prevent Alzheimer's disease himself, he eats a Mediterranean diet full of vegetables, fruits, nuts and olive oil, and he limits his intake of red meat….**Read More**

What Happens to Your Kidneys as You Age?

FRIDAY, June 12, 2020 (HealthDay News) -- Kidney function declines naturally with age, even if a person is in good health, a new European study says.

Researchers assessed nearly 3,000 people in Norway, Germany and Iceland, age 50 and older, in order to learn more about how kidney function changes with age.

"What happens in our kidneys when we age is representative of all the other things that happen in our bodies. The kidney function deteriorates, not because we get ill, but as part of aging," said lead author Bjørn Odvar Eriksen, leader of the Metabolic and Renal Research Group at the University of Tromsø (UiT)–The Arctic University of Norway.



Because loss of kidney function happens to everyone, Eriksen said it is an ideal way to determine aging in general.

"There is still variation as to how quickly this happens, and we still do not have good answers as to why this variation occurs. We have examined many factors that can play a part as to why some of us experience larger loss of kidney function than others," Eriksen said in a university news release.

More than 1,600 kidney-study participants are part of the Tromsø Study -- Norway's most comprehensive population study. They were examined between 2007 and 2009, again between 2013 and 2015, and finally, between 2018 and 2020.

The researchers measured function by injecting a substance that only separates in the kidneys into participants' bloodstream, waiting a few hours, and then testing how much of the substance remained in the blood.

Eriksen noted that more people may experience loss of kidney function as survival rates improve for illnesses like cancer and heart disease.

"For those who experience loss of kidney function at a high age, this is a considerable burden. That is why this is an area that needs further research to find more answers. We are still looking for the fountain of youth," Eriksen said.

The study was published in the June issue of the *Journal of the American Society of Nephrology*.

More information

The U.S. National Institute of Diabetes and Digestive and Kidney Diseases explains how to **keep your kidneys healthy**.

Major study finds common steroid reduces deaths among patients with severe Covid-19

A cheap, readily available steroid drug reduced deaths by a third in patients hospitalized with Covid-19 in a large study, the first time a therapy has been shown to possibly improve the odds of survival with the condition in the sickest patients.

Full data from the **study have not been published or subjected to scientific scrutiny**. But outside experts on Tuesday immediately embraced the top-line results. The drug, dexamethasone, is widely available and is used to treat conditions including rheumatoid arthritis, asthma, and some cancers.

In a statement, Patrick Vallance, the U.K. government's chief scientific adviser, called the result "tremendous news" and "a ground-breaking development in our fight against the disease." Scott Gottlieb, a former commissioner of the U.S. Food and Drug Administration, called it "a very positive finding" in an interview on CNBC. "I think it needs to be validated, but it certainly suggests that this could be beneficial in this setting."

tul Gawande, the surgeon, writer and public health researcher, urged caution, tweeting, "after all the retractions and walk backs, it is unacceptable to tout study results by press release without releasing the paper."

The study randomly assigned 2,104 patients to receive six milligrams of dexamethasone once a day, by mouth or intravenous injection. These were compared to 4,321 patients assigned to receive usual care alone.

In patients who needed to be on a ventilator, dexamethasone reduced the death rate by 35%, meaning that doctors would prevent one death by treating eight ventilated patients. In those who needed oxygen but were not ventilated, the death rate was reduced 20%, meaning doctors would need to treat 25 patients to save one life. Both results were statistically significant.

There was no benefit in patients who didn't require any oxygen. The researchers running the study, called RECOVERY, decided to stop enrolling patients on dexamethasone on June 8 because they believed they had enough data to get a clear result.

"Dexamethasone is the first drug to be shown to improve survival in COVID-19," Peter Horby, one of the lead investigators of the study and a professor in the Nuffield Department of Medicine at the University of Oxford, said in a statement. He added that the drug should now become the standard treatment for patients with Covid-19 who need oxygen. "Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide.'"

A different arm of the same study showed on June 5 that hydroxychloroquine, widely touted as a potential Covid treatment, had no benefit in hospitalized patients. Yesterday, based in part on those results, the Food and Drug Administration revoked an Emergency Use Authorization for using hydroxychloroquine in those patients.

From the start of the pandemic in March, researchers have focused on two different stages of Covid-19, which will likely require very different interventions. Some drugs are designed to directly combat the novel coronavirus, SARS-CoV-2, that causes the disease. The first medicine shown to have a benefit, remdesivir from the biotech firm Gilead Sciences, falls into this category, even though, because it must be given intravenously, it has been tested in hospitalized patients. Remdesivir shortens the course of infection, but has not been shown to save lives.

After patients have become profoundly sick, the problem starts to become not only the virus but their own immune system, which attacks the lungs, a condition called acute respiratory distress syndrome, or ARDS. For these patients, doctors have believed, they would need to dampen patients' immune response even as they fought the virus.

Initially, excitement in this area fell on new and expensive drugs, such as Actemra, a rheumatoid arthritis drug from Roche that is used to treat a similar condition caused by some cancer immunotherapies. But a study in patients who needed oxygen showed no benefit from a similar drug, although another arm in sicker patients is continuing. The National Institutes of Health is conducting a study of an Eli Lilly pill targeting rheumatoid arthritis, an extension of the study that showed remdesivir has a benefit….**Read More**

Want Added Years? Try Volunteering

If you're older and you want to prolong your life, try volunteering, new research suggests.

"Humans are social creatures by nature. Perhaps this is why our minds and bodies are rewarded when we give to others," said lead investigator Eric Kim. He is from the department of social and behavioral sciences and the Center for Health and Happiness at Harvard T.H. Chan School of Public Health, in Boston.

For the study, Kim's team looked at nearly 13,000 people older than 50 who took part in the U.S. Health and Retirement Study and were tracked for four years between 2010 and 2016.

Compared to those who didn't volunteer, those who volunteered at least 100 hours a year (about two hours per week) had a substantially reduced risk of death and of developing physical limitations during the study period, and higher levels of physical activity and improved sense of well-being.

The study was published online June 11 in the *American Journal of Preventive Medicine*.

"Our results show that volunteerism among older adults doesn't just strengthen communities, but enriches our own lives by strengthening our bonds to others, helping us feel a sense of purpose and well-being, and protecting us from feelings of loneliness, depression and hopelessness," Kim said in a journal news release. "Regular altruistic activity reduces our risk of death, even though our study didn't show any direct impact on a wide array of chronic conditions," Kim added.

The study didn't find connections between volunteering and improvements in chronic conditions such as diabetes, high blood pressure, stroke, cancer, heart disease, lung disease, arthritis, obesity, mental impairment or chronic pain.

The study was conducted before the COVID-19 pandemic and the resulting need for social distancing, the researchers noted.

However, "now might be a particular moment in history when society needs your service the most. If you are able to do so while abiding by health guidelines, you not only can help to heal and repair the world, but you can help yourself as well," Kim said.

"When the COVID-19 crisis finally subsides, we have a chance to create policies and civic structures that enable more giving in society," he said. "Some cities were already pioneering this idea before the pandemic and quarantine, and I hope we have the willingness and resolve to do so in a post-COVID-19 society as well."

More information

HelpGuide.org has more on the **benefits of volunteering**.