

June 4, 2023 E-Newsletter



Message from Alliance for Retired Americans Leaders

President Roach Urges House Subcommittee to Expand Social Security, Oppose Cuts



Robert Roach, Jr.
President, ARA

On Wednesday, May 24th, **Alliance President Robert Roach, Jr. testified** during a U.S. House Ways and Means Social Security Subcommittee hearing entitled "Social Security Administration's Role in Combating Identity Fraud." During his testimony, President Roach mentioned the Alliance's **retiree town hall** with Dr. Kilolo Kijakazi, MSW, Ph.D., Acting Commissioner of the Social Security Administration (SSA), and how she discussed what SSA is doing to raise awareness of and combat fraud.

He also made it clear that Republican proposals to cut Social Security benefits and to slash the SSA's budget would hamstring efforts to address fraud, saying "if the already short-staffed Social Security Administration was forced to cut the budget by 22 percent, as prescribed in House Bill 2811, the agency's work to protect

Americans from identity theft would be hampered. In fact, the drastic spending cuts in the bill would dramatically reduce the services beneficiaries depend on."

He also touched on the steps Congress can take to strengthen and expand Social Security, and warned the subcommittee that the current failure to increase the debt limit without preconditions will hurt seniors the most, adding "if there's a default, retirees will take the first brunt of it." The hearing occurred on the same day that Rep. John Larson (CT) **introduced the Social Security 2100 Act**. The Alliance-endorsed bill **would** strengthen Social Security by:

- ◆ Boosting benefits across the board;
 - ◆ Extending Social Security's solvency until 2044;
 - ◆ Removing the payroll tax cap for individuals with income above \$400,000; and
 - ◆ Repealing the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO)
- "We hope that Congress will pass a bill, the Social Security

2100 Act or something similar, and work together to fix this problem for all Americans," said President Roach

Speaker McCarthy Commission to Find Ways to Cut Government Spending, Including Social Security and Medicare, as House Passes Bill to Raise Debt Ceiling



Rich Fieta,
Executive Director, ARA

Speaking on Fox News, House Speaker **Kevin McCarthy announced** plans to assemble a bipartisan commission to look at **potential cuts to Social Security, Medicare**, and all federal government spending. McCarthy spoke hours before the U.S. House of Representatives **passed** HR 3746 by a bipartisan vote of **314-117** to raise the nation's borrowing limit through 2024, sending it to the Senate with less than six days until a June 5 default deadline.

The new commission announcement came as hardline members of the House Freedom Caucus revolted over the debt limit deal McCarthy struck with **President Biden**. The committee

would be formed despite vehement Republican claims earlier this year that Social Security and Medicare cuts were **off the table**.

The debt ceiling agreement did not include cuts to Medicare, Medicaid, Social Security, and other programs that millions of seniors rely on. Spending to help veterans was increased. However, Americans aged 49-54 who do not have dependents will now find themselves ineligible for the SNAP (food stamp) benefits they rely on if they are unable to meet new work requirements.

"The deal struck by President Biden means Social Security checks will arrive on schedule and Medicare will not be disrupted," said **Richard Fieta, Executive Director of the Alliance**. "However, we cannot let our guard down. Speaker McCarthy has made it clear that changing and cutting our earned Social Security and Medicare benefits remains a priority for his party."

Double Social Security payment in June 2023: who will receive them, amounts and payment dates

Each month, the Social Security Administration (SSA) sends Social Security checks and makes payments for Supplemental Security Income (SSI), in addition to distributing disability and survivor benefits.

The SSA is preparing to send out June benefits, and certain beneficiaries will receive a

double payment next month. Here's who's eligible, the amounts, payment dates, and why sometimes two payments are made.

Double Social Security payment in June

Supplemental Security Income (SSI) recipients will receive two payments in June. This is just a



feature of the distribution schedule, which leaves beneficiaries receiving two checks some months, followed by a month with no check. SSI payments are scheduled to be sent out on the first day of each month. In case the first day of the month falls on a weekend, the payment is sent ahead of the previous month. To

be specific, if the first day falls on a Saturday or Sunday, the payment for that month is sent on the Friday before the previous month. This is the situation in June which is why some will receive two checks....**Read More**

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Larson Announces Landmark Social Security Bill: *Social Security 2100*

"Social Security is the number one anti-poverty program for the elderly, for children, and a disability plan that more veterans rely on than the VA," said Larson. "As Americans are faced with a global pandemic, supply chain crisis and rising costs, Democrats are coming together to announce a plan of action to secure and expand Social Security. Social Security 2100 will provide an across-the-board benefit increase for all recipients, ensure benefits better reflect seniors' expenses, repeal the WEP/GPO that penalizes public servants, cut taxes for 23 million beneficiaries, and extend the solvency of the Social Security Trust Fund by asking Americans making more than \$400,000 a year to finally pay their fair share. Our seniors, veterans, children, and disabled Americans are not a political bargaining chip- they need our help now! I urge my Republican colleagues to join House Democrats to act with 'the fierce urgency of now' on Social Security."

A fact sheet on the bill can be found [here](#).

The press conference can be viewed [here](#).

"The distinction couldn't be any clearer between House Democrats and extreme MAGA Republicans," said Democratic Leader Hakeem Jeffries. "House Democrats, under the leadership of John Larson, want to strengthen and protect Social Security. That is what Social Security 2100 is all about. On the other hand, extreme MAGA Republicans want to end Social Security as we know it and, through their dangerous default gamesmanship, they are risking the earned Social Security benefits of millions of retirees all across the nation."

"Social Security is a guarantee between the federal government and each and every American," said Rep. Joe Neguse (CO-02), Chair of the DPCC. "When you contribute to Social Security throughout your career, you trust that you will be able to retire with pride. We must protect and expand Social Security for years to come, which is why I am proud to support Congressman

Larson's Social Security 2100 legislation.

This bill is necessary to strengthen this essential program."

"Social Security is a multi-generational success story, but Republicans continue to threaten a devastating national default that would cause economic catastrophe and halt Social Security payments to the 65 million Americans that receive benefits. House Democrats are standing against this extortion and for Seniors on Social Security. I am especially proud to join Congressman Larson to introduce the Social Security 2100 Act to shore up the program to help ensure all seniors, including AAPI seniors, have stable retirements today and for generations to come," said Rep. Judy Chu (CA-28), Chair of the Congressional Asian Pacific American Caucus.

"Before I was elected, my father passed away and I remember helping my mom make a budget so that she could stretch her \$535 Social Security check the entire month. Finding a way to make ends meet was nearly an impossible task for her and for far too many older people in our country," said

Rep. Jimmy Gomez (CA-34). "For 40% of Latino seniors, Social Security is their sole source of income, and that hard-earned monthly payment is the difference between having a roof over your head and food on the table or not. I'm proud to join Rep. Larson in introducing this legislation to strengthen Social Security so current and future generations who worked their entire lives can retire with dignity."

"In my district, the Social Security 2100 package would make a huge difference for the more than 160,000 people who rely on the program every single day – we cannot let them down," said Rep. Annie Kuster (NH-02), Chair of the New Democrat Coalition. "House Democrats take protecting Americans' hard-earned Social Security very seriously, and this



bill will help us live up to our promise to our seniors. I am proud to

support it."

"No corner of America is safe if Republicans blow up our economy. That starts with Social Security," said Rep. Bill Pascrell (NJ-09). "Social Security checks will halt if Republicans blow up the economy. That is not hyperbole. Republicans are threatening the lives of every single one of the 65 million Americans that rely on Social Security. Today we lay out our roadmap to protect this program for generations to come. John Larson's Social Security 2100 bill will do that."

"Social Security has never missed a payment since the first check was issued in 1940. It is a lifeline for millions of people, reducing the financial burden on retirees, surviving spouses and children, and disabled Americans," said Rep. Brian Higgins (NY-26). "Defaulting on these payments means defaulting on the families that rely on them. I am committed to honoring our promises and protecting this sacred system by fighting to pass Social Security 2100, which expands this critical safety net for all."

"People who work their entire lives and contribute with every paycheck should be able to rely on Social Security when they retire. When you work hard and play by the rules, you deserve to retire with dignity," Rep. Dan Kildee (MI-08) said. "Social Security is a lifeline for millions of Michiganders, and I am proud to introduce this legislation to protect and strengthen Social Security benefits for current and future retirees."

"For nearly a century, America has made a sacred promise – those who work hard throughout their lives will benefit from the fruits of their labor and of their sacrifice to save for the future. Social Security is an earned benefit and a promise that assures a safe and secure retirement for tens of millions of Americans during their golden years. But

without action – that promise is at risk," said Rep. Marcy Kaptur (OH-09). "I hear from thousands of retirees in Northwestern Ohio who want to see a responsible solution to protect Social Security. The Social Security 2100 Act aims to increase benefits for current and new beneficiaries, protect retirees against inflation, and repeal the Windfall Elimination Provision and is an important framework for strengthening and preserving America's bedrock retirement safety net."

"Social Security is an earned benefit and is our nation's most important social insurance program, helping keep millions of Americans out of poverty during retirement. As a Co-Founder and Co-Chair of the House Democratic Task Force on Aging and Families, I am proud to be an original cosponsor of the Social Security 2100 Act," said Rep. Jan Shakowsky (IL-09), Co-Chair Task force on Aging and Families. "Hardworking Americans put their trust in Congress to protect the treasure that is Social Security. It is past time to improve the program, particularly for women, who make up 55% of all Social Security recipients yet often lose wages due to caregiving responsibilities and a history of lower wages. By increasing Social Security benefits across the board, finally eliminating the harmful Windfall Elimination Provision, and creating a caregiver credit - the Social Security 2100 Act will protect and strengthen Social Security for generations to come. I look forward to working with my good friend and colleague Congressman Larson to ensure its passage."

"Although we live in the wealthiest country in the world, millions of older Americans are struggling to make ends meet," said **Robert Roach, Jr., President of the Alliance for Retired Americans**. "We strongly support Representative Larson's bill, 'Social Security 2100 Act,' because it will increase benefits.....[Read the full press release.](#)

What is a Benefit Verification Letter From Social Security?

As part of an ongoing series, Retirement Daily is asking ChatGPT a question about retirement and then asking a subject matter expert to critique the answer. In our latest installment, we asked ChatGPT the following question: What is an income or benefit verification letter from Social Security? Then we asked one of our contributors, Kurt Czarnowski, to review the response.

An income or benefit verification letter from Social Security is an official document issued by the Social Security Administration (SSA) that provides proof of your income or the benefits you receive from the

Social Security program. This letter contains important information about your Social Security benefits, such as the type and amount of benefits you receive, your payment schedule, and any deductions or taxes withheld.

The income or benefit verification letter can be used for various purposes, including:

Proof of Income: You may need the letter to verify your income when applying for a loan, mortgage, rental agreement, or other financial transactions.

Government Assistance Programs: The letter may be required to apply for or renew



eligibility for certain government assistance programs or benefits, such as housing assistance or Medicaid.

Proof of Retirement or Disability Benefits: If you receive Social Security retirement or disability benefits, the verification letter serves as proof of your eligibility and the amount you receive.

Proof of Medicare Coverage: The letter can also confirm your enrollment in Medicare and provide information about the coverage you have.

To obtain an income or benefit verification letter from Social

Security, you can request it in the following ways:

- ◆ **Online:** Create an account on the Social Security Administration's website (ssa.gov) and request the letter through the "My Social Security" portal.
- ◆ **Phone:** Call the Social Security Administration's toll-free number at 1-800-772-1213 (TTY 1-800-325-0778) and request the letter.
- ◆ **In Person:** Visit your local Social Security office and make a request in person. You may need to schedule an appointment beforehand....[Read More](#)

Study Finds Older Adults Skipping Medications Due to Cost

A **recently released study** found that in 2022, over 20% of adults 65 and older experienced cost-related medication nonadherence, meaning they decided not to fill a prescription, skipped doses, took less medicine, delayed filling a prescription, or used someone else's medication due to cost. Just over half of the study respondents said that they used some strategy to help them afford their medications.

Rising prices for prescription drugs and other consumer goods has left many older adults with less ability to afford their living

and medical expenses.

Unsurprisingly, cost-related medication nonadherence was most common for people who reported they had too little or just enough income to meet basic expenses. Those who did not adhere to their medication use were also more likely to be in fair or poor health, to be taking 6 or more medications, and to have 6 or more chronic conditions.

To manage the costs of medication, some study respondents used shopping, coupons, or asking physicians for samples or lower-cost



prescriptions. Troublingly, 8.5% reported going without basic needs, and 4.8% reported borrowing money or going into debt.

Help is on the horizon.

The **Inflation Reduction Act of 2022 (IRA)** will extend low-income assistance for prescriptions to people with income at or below 150% of the federal poverty level. It will also limit Medicare Part D out-of-pocket spending to around **\$3,000-3,500** in 2024 (the exact dollar figure is not yet determined), with a permanent

cap of \$2000 starting in 2025. Also in 2025, beneficiaries will be able to opt into a program to pay deductible and copay costs in monthly amounts spread over the whole year rather than all at once, a feature known as "smoothing." The IRA's drug price negotiation program will begin in 2026, and the penalties for manufacturers who increase drug prices beyond the rate of inflation are already underway....[Read More](#)

Remote Work: An Underestimated Benefit for Family Caregivers

By Joanne Kenen, KHN

For Aida Beltré, working remotely during the pandemic came as a relief.

She was taking care of her father, now 86, who has been in and out of hospitals and rehabs after a worsening series of strokes in recent years.

Working from home for a rental property company, she could handle it. In fact, like most family caregivers during the early days of covid-19, she had to handle it. Community programs for the elderly had shut down.

Even when Beltré switched to a hybrid work role — meaning some days in the office, others at home — caring for her father was manageable, though never easy.

Then she was ordered back to the office full time in 2022. By then, Medicaid was covering 17

hours of home care a week, up from five. But that was not close to enough. Beltré, now 61, was always rushing, always worrying. There was no way she could leave her father alone so long.

She quit. "I needed to see my dad," she said.

In theory, the national debate about remote or hybrid work is one great big teachable moment about the demands on the 53 million Americans taking care of an elderly or disabled relative.

But the "return to office" debate has centered on commuting, convenience, and child care. That fourth C, caregiving, is seldom mentioned.

That's a missed opportunity, caregivers and their advocates say.



Employers and co-workers understand the need to take time off to care for a baby. But there's a lot less understanding about time to care for anyone else. "We need to destigmatize it and create a culture where it's normalized, like birth or adoption," said Karen Kavanaugh, chief of strategic initiatives at the Rosalynn Carter Institute for Caregivers. For all the talk of cradle to grave, she said, "mostly, it's cradle."

After her stepmother died, Beltré moved her father into her home in Fort Myers, Florida, in 2016. His needs have multiplied, and she's been juggling, juggling, juggling. She's exhausted and, now, unemployed.

She's also not alone. About **one-fifth of U.S. workers are family**

caregivers, and nearly a third have quit a job because of their caregiving responsibilities, according to a report from the Rosalynn Carter Institute. Others cut back their hours. The Rand Corp. has estimated that caregivers **lose half a trillion dollars** in family income each year — an amount that's almost certainly gone up since the report was released nearly a decade ago.

Beltré briefly had a remote job but left it. The position required sales pitches to people struggling with elder care, which she found uncomfortable. She rarely gets out — only to the grocery store and church, and even then she's constantly checking on her dad..

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Financial scams: Beware of strangers offering help

Financial scams abound. Scammers prey on people, particularly older people, in all kinds of ways — first building trust, then offering “help” and then asking for money. Here are a few things you should never do.

1. **Do not give strangers your Social Security number, credit card information or bank account information under any circumstances.** A scammer might call or e-mail you to say you have a problem that he can fix for you if you provide him with some financial information. If you don't know the caller, you should not disclose this information. If in doubt, ask the caller for his name and phone number, discuss the issue with someone you trust, or call your local police department for advice.

2. **Don't wire money to anyone without first checking with someone you trust.** A scammer might call or e-mail,

impersonate a family member, often a grandchild, and claim she is in an emergency situation and needs an immediate wire transfer of money. With new technology, scammers can sound exactly like one of your family members or friends. If you are inclined to help, before doing anything, ask the caller for her name and phone number. Then, call the person you believe you just spoke with using the number you have in your contacts. You will likely find that the person who called you is an impostor. Note: If you wire money, you cannot get it back, even if it is to a fraudster.

4. **Do not buy gift cards to help someone claiming to be a friend or family member in need.** A scammer might call, impersonate a family member and claim that she has been arrested and needs money for bail. The scammer will then put someone



else on the phone who claims to be a police officer. The alleged police officer asks the victim for thousands of dollars of gift cards. The alleged police officer gives a phone number to the victim and asks for a call back with the gift card numbers. Again, you can verify that you are being scammed if you call your family member directly using the contact information in your personal records.

5. **Do not give strangers access to your computer.** A scammer might call or e-mail you, claim he is from a computer company, and offer to clean up your computer files or remove a computer virus. The scammer is trying to gain remote access to the personal information stored on your computer files, which he can do if you give him your computer passwords.

6. **Do not pay money to a**

caller, claiming to be an IRS agent or police officer from the IRS. The scammer will say you have a past due tax balance, which must be paid immediately. If it is not paid, the scammer says, a team of officers will come to your home to arrest you.

These are classic scams. And unsuspecting people lose millions of dollars a year to these scams. The **Federal Trade Commission shut down two computer scam operations that allegedly tricked people out of \$120 million.**

If you are wondering whether an email you receive is for real or the person on the other end of the phone is telling you the truth, go to www.snopes.com. Type in the nature of the email or phone call you received and see if it pops up. Snopes should tell you if it is a common scam. WISER, the Women's Institute for a Secure Retirement, offers a **checklist of common** scams.

Here's the Average Social Security Retired Worker Benefit by Age

For more than eight decades, the Social Security program has taken retired workers under its proverbial wing and provided some degree of financial foundation. For up to 90% of current retirees, it's a source of income they simply couldn't do without.

However, the amount a retired worker can expect to receive from **Social Security** can vary pretty drastically. Let's take a closer look at the factors responsible for influencing Social Security retirement benefits, what the average retired worker is bringing home each month from ages 62 through 99 and over, and

some of the ways payouts can be increased.

How your Social Security payout is calculated There are **more than a half-dozen factors** that can influence what you'll receive from Social Security and how much of your payout you'll get to keep. For instance, **12 states** and the federal government are currently taxing Social Security benefits to some degree.

But when retired worker benefits are whittled down to the core, four factors stand head and shoulders above everything else: Work history, earnings history,



full retirement age, and claiming age.

The first two are effectively joined at the hip. When the Social Security Administration (SSA) calculates your monthly retired worker benefit at **full retirement age** (FRA), it does so by taking your 35 highest-earning, inflation-adjusted years into account. While it's important to earn as much as possible each year, it's equally important to work at least 35 years. For every year less than 35 worked, the SSA averages a \$0 into your monthly calculation.

Your FRA is the age you become eligible to receive 100%

of your retired worker benefit. It's determined by your birth year, which you have no control over. Anyone born in 1960 or later will have to wait until age 67 to claim their full benefit.

The fourth factor, and the one I'd label as most important to swinging the payout pendulum, is your claiming age. Retired worker benefits can be claimed as early as age 62. However, the Social Security program incentivizes patience. Every year you delay taking your payout, your monthly benefit can grow by up to 8%. **This payout boost continues from age 62 until age 70....Read More**

H. R. 82, Repeal of the WEP/GPO now has 226 Cosponsors in the House!

Two hundred and twenty-six Members of Congress (House members) have already co-signed this **year's H.R. 82 bill** for full repeal of the WEP and GPO! We are working closely with the staff of this session's sponsors, Abigail Spanberger and Garret Graves. Their message to us: **Keep Getting More Co-sponsors!** They want to go for the 300 we got last session to make a point of the urgency of our issue.

Keep the phone numbers

of **your House Member**— both D.C. and home offices — on speed dial, and call to remind them to sign on or thank them if they have done so. It never hurts to emphasize that we are expecting results this session! **Also remind them that you or your spouse paid into FICA the same amount as everyone else did.** Get family members to call in also—they will lose out financially, also.

The **National WEP/GPO**



Social Security Fairness

Repeal Task

Force, which has

grown out of an Alliance for Retired Americans project, is coordinating a range of initiatives. A team of our members is putting together local broadcast and print connections for different states. **Are you interested in spreading the word locally? Please use our contact form** with your state & zip code information, and our P.R. team will forward you local contact information and messages

you can use.

If you haven't seen the **SSFairness.org homepage** featuring the National WEP/GPO Repeal Task Force rally last May, do check it out! There will be another rally in **Washington on September 13, this year.** Last year's rally was fun and effective. Do plan to join us! More information will be coming soon.

THANK YOU FOR STICKING WITH US!

House panel advances transparency and PBM bills

A House Energy and Commerce Committee health markup on Wednesday offered more evidence that price transparency and pharmacy benefit manager regulation are two issues that have enough bipartisan support to move ahead in this Congress.

Among the measures the panel advanced on a unanimous 27-0 vote:

- ◆ Codifying and strengthening Trump-era rules for hospitals

and insurers to make health care prices available and more transparent.

- ◆ Imposing new transparency requirements on PBMs and banning "spread pricing" in Medicaid, where PBMs charge more than they pay for a drug and keep the difference.

Yes, but: The committee took a pass on major measures to provide for site neutral payment



reforms in Medicare that address the way hospitals charge more for outpatient services that can be done in less-expensive settings.

- ◆ In a sign the issue is not dead, Chair Cathy McMorris Rodgers (R-Wash.) offered and withdrew an amendment, saying there is "more work to do" on the measures.

- ◆ "It's not a secret that hospitals have concerns with these proposals," she said, but argued

that there should be other ways to support hospitals than overpaying for certain services.

The bottom line: Versions of transparency and PBM bills could end up in a broader legislative package later this year, given the need to reauthorize programs like community health centers.

- ◆ PBM measures have particular momentum, given that the Senate HELP Committee **also advanced** measures aimed at providing drug savings.

Company responsible for 7.5 billion robocalls sued by nearly every Attorney General

We can all agree that robocalls are the worst. While there might never be a way to get rid of them entirely (though agencies are certainly **working on it**), one of the most prolific sources of these intrusions is finally getting hauled into court.

CBS News reports that Attorneys General from 48 states (as well as DC) are coming together to file a bipartisan lawsuit against Arizona-based Avid Telecom, its owner Michael D. Lansky and vice president Stacey S. Reeves. The **141-page suit** claims that the company illegally made over 7.5 billion calls to people on **the National Do Not Call Registry**. Arizona Attorney General Kris Meyers

claims that nearly 197 million robocalls were made to phone numbers in her state over a five-year period between December 2018 and January 2023.

The lawsuit says that Avid Telecom spoofed phone numbers, including 8.4 million that appeared to be coming from the government or law enforcement, and others disguised as originating from Amazon, DirecTV and many more. The suit alleges that Avid Telecom violated the Telephone and Consumer Act, the Telemarketing Sales Rule and several other telemarketing and consumer laws.



The AGs are asking the court to enjoin Avid Telecom from making illegal robocalls, and to pay damages and

restitution to the people it called illegally. They're also pursuing several statutory avenues to make Avid cough of money on a per-violation basis, which given the enormous volume of calls it has made, could add up quickly. Sumco Panama, which was responsible for a comparatively smaller 5 billion robocalls, was fined nearly **\$300 million** by the FCC late last year.

Earlier this month, **it was reported** that XCast Labs is

being sued by the U.S. Federal Trade Commission over allegedly helping other companies call those on the National Do Not Call Registry.

In 2017, Dish **reached a settlement** that cost them \$210 million. The company allegedly made millions of calls in an attempt to sell and promote its satellite TV service. Dish ultimately had to pay a \$126 million civil fine to the US government, and \$84 million to residents in California, Illinois, North Carolina and Ohio. Hopefully, we'll see a similar result with Avid Telecom.

Baby Boomers Push Median Age of Americans Up as Births Decline

The American population is older than it used to be, according to new U.S. Census data.

With fewer young children, more baby boomers and even more centenarians, the country's median age is higher — at 38.8 — and the share of people aged 65 and up more substantial, the **report** showed.

Among the most notable numbers is that the share of people 65 and older grew by more than one-third between the 2010 census and the 2020 census, and that the number of people reaching age 100 grew from more than 53,000 to more than 80,000. Meanwhile, millennials became adults or aged into their 30s, and fewer children were born between 2010 and 2020.

What does that all mean?

"Many more people who have

the genetic makeup and environmental exposures that increase one's chances of getting to 100, but who would have otherwise died of what are now readily reversible problems, are able to fulfill their survival destiny," **Thomas Perls**, a longevity expert and professor of medicine at Boston University, told the *Associated Press*.

The share of men living into old age is also larger, which can be attributed to improvements in medical care.

Some of the declines in younger people are attributed to women having babies later and to birth rates slowing during the 2007 to 2009 Great Recession and not recovering.

"In the short run, the crisis of work-family balance, the lack of affordable child care, stresses associated with health care,



housing and employment stability, all put a damper on birth rates by increasing uncertainty and making

it harder to decide to have and raise children," **Philip Cohen**, a sociologist at the University of Maryland, told the *AP*.

The 2020 data was delayed by nearly two years as the Census Bureau began a new privacy protection method that obscures respondent identity. The agency also had some trouble gathering information because of the pandemic, the *AP* reported.

The United States now has 331 million people. Those aged 65 and up comprised 16.8% of the U.S. population in 2020, a share that is still lower than other countries like Japan, Greece and Italy.

White people are the oldest cohort, with a median age of

44.5. Median age for Asian people was 37.2. Black Americans had a median age of 35.5. The youngest were Hispanic people with a median age of 30.

Age also varied by state, with Maine showing a median age of 45.1. Puerto Rico had a median of 45.2. These facts are attributed to baby boomers aging out of the workforce and people leaving Puerto Rico because of hurricanes and government mismanagement, the *AP* reported.

It matters that the country is getting older because there will be fewer working-age adults to support older Americans on Social Security and Medicare.

"In the long run, immigration is the only way the United States is going to avoid population decline," Cohen said.

Homelessness among older adults is on the rise

Christopher Rowland reports for **The Washington Post** on rising homelessness among older adults. Increasingly middle-class older adults are facing food and housing insecurity.

As many as 250,000 older adults were homeless in part of 2019, according to one federal study. While they are a small portion of the baby boomers, their ranks are growing. Local communities are scrambling to address this crisis, through shelters designed specifically for older adults and specially trained staff. In California, one company is setting up an assisted living facility for older adults who are homeless.

Some experts say that older adults are the “fast-growing group” of homeless people. Cities do not begin to have the resources to meet their needs and

ensure their health and well-being. One organization in Arizona said that its client population of older adults grew more than 40 percent in 2022 to 1,717.

The exact number of homeless older adults is hard to establish. But, estimates are that people who are older than 55 represent about one in six homeless people. In 2019, there were about 1.45 million homeless people. By 2030, projections are that the number of homeless older adults will **more than double**.

How did this happen? The cost of housing has risen dramatically across the US. Often, when a spouse or parent dies, it becomes impossible for the lone older adult to keep paying the bills.

Nursing homes and other housing for older adults often cannot meet the needs of older



adults who are homeless. They often suffer from mental illness and substance abuse; and they often have multiple chronic conditions.

Today, hospitals treat homeless patients with serious illnesses and then discharge them back to shelters, where their health is often at risk because the shelters do not have the staff to provide them with the care they need. Often, these older adults relapse and need to be readmitted to hospital. Dehydration, heat stroke and burns are common ailments for homeless older adults when the temperature rises. Subsidized housing for homeless older adults is generally not available or only available after a long wait.

Low-income older adults cannot always rely on Medicaid. Medicaid, which covers care for

people with low incomes, does not pay for nursing home care or assisted living when you can care for yourself. Some homeless older adults can care for themselves and don't meet the eligibility criteria. Nursing homes might determine they are not sufficiently infirm. And, if they are taken in, they can still be evicted.

Some shelters have units called “respite” centers. Some local hospitals help support these centers located in shelters. The hospitals can then discharge these older adults to the respite centers where they can rest post-hospitalization. But, even respite centers can fail older adults because they might not have the resources to care for them appropriately

There's a clause in the debt-ceiling deal that means bad news for Social Security

If there were no tax cheats in America, there would be no Social Security crisis. Benefits could be paid, and payroll taxes kept the same, for the next 75 years.

That's not me talking. That's math. It comes from the number crunchers at the Social Security Administration and the Internal Revenue Service.

And it explains why those of

us who support Social Security should be pounding the table in outrage over one clause of the Biden-McCarthy debt-ceiling deal: the part where the president has to retreat from his crackdown on tax cheats just so McCarthy and the House Republicans would agree to prevent the federal government from defaulting on its debts.



It's just two years since the administration got into law an extra \$80 billion for the IRS to beef up enforcement. That was supposed to include hiring an estimated 87,000 IRS agents.

OK, so nobody likes paying taxes, and nobody likes the IRS. Cue **the inevitable demagoguery about an army of militarized IRS tax enforcers,**

and so on. But this isn't about whether taxes should be higher or lower. It's about whether everyone should pay the taxes that they owe.

After all, if we're going to cut taxes, shouldn't that apply to those of us who obey the laws as well as those who don't? Or do we just support a Tax Cuts for Criminals Act? ...**Read More**

U.S. Nursing Homes Fail to Report Many Serious Falls, Bedsores: Study

A federal website intended to help people choose a nursing home not only contains inaccurate information, but those inaccuracies appear to be at least partially driven by race, a new study reports.

The U.S. Centers for Medicare and Medicaid Services (CMS) established the Nursing Home Care Compare website in the 1990s to publicly report patient safety indicators for every nursing facility in the nation.

But the site appears to drastically underreport the number and severity of major injury falls and bedsores suffered by Medicare residents in specific nursing homes.

The site relies on self-reported data from nursing homes to track falls and bedsores, but Medicare claims data show that nursing

homes are not reporting all of these incidents, said lead researcher **Prachi Sanghavi**, an assistant professor of public health sciences at the University of Chicago.

About 40% of major injury fall hospitalizations and 32% of severe bedsore hospitalizations found in Medicare claims data did not show up on the CMS website, the researchers found.

"It's not just slightly inaccurate. It's actually very inaccurate," Sanghavi said.

What's more, Sanghavi and her colleagues found that the underreporting varied based on the racial composition of the nursing homes.

Nursing homes with more white residents had higher reporting rates for major injury falls and lower reporting rates for



pressure ulcers, and vice versa was true for nursing homes with more Black residents.

"Nursing homes in the U.S., as you probably know, are fairly segregated," Sanghavi said. "Nursing homes that have more white residents have more falls and report falls more accurately, and don't report pressure ulcers as accurately. And the opposite happens with nursing homes that have more Black residents."

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) — the nation's largest association representing long-term care providers — took exception to the new report.

"Nursing homes are committed to accurate reporting of quality measures, and this flawed study

does not represent what's happening today. Additionally, nursing homes have made dramatic improvements on all quality measures over the past decade and continue to focus on improving the quality of life for our residents," the AHCA/NCAL said in a statement.

Race plays a part

"Throughout health care, including long-term care, we all need to address racial and ethnic disparities. A key step policymaker can take is addressing chronic, inadequate funding on Medicaid — a program a disproportionate portion of minority nursing home residents rely on," the statement continued....**Read More**

Hi-Tech Implant Helps Paralyzed Man Walk Naturally Again

A Dutch man with paralyzed legs can now stand and walk, thanks to a wireless brain-spine interface that responds to his thoughts by moving his legs.

Gert-Jan Oskam, 40, suffered a spinal cord injury 11 years ago from a bike accident in China that left him unable to walk.

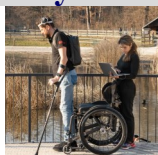
Oskam now has a brain implant that picks up signals of movement that, in a healthy person, would travel down the spinal cord and cause the legs to move. Instead, that implant transmits those signals wirelessly to a second implant located in his lower spine, which then stimulates the muscles of the leg

into action, researchers report

This experimental high-tech "digital bridge" between the brain and spine allowed Oskam to pick up a paint brush just the other day and perform a simple low-tech chore around his home in the Netherlands.

"Something needed to be painted and there was nobody to help me, so I had to walk around and to paint," Oskam said in a media briefing Tuesday. "I did it myself, while I was standing."

Researchers for years have been trying to restore the ability to walk using nerve stimulators



implanted in the spinal cords of patients.

However, those test subjects often walked robotically and were unable to adapt their leg movements to different terrain.

Oskam has benefited from the next step in that research, a means of allowing the brain to control the spinal stimulation and create a more natural stride for patients.

"What we have been able to do here is to reestablish the communication between the brain and the region of the spinal cord that controls leg movement with a digital bridge that captures the

thoughts of Gert-Jan and translate these thoughts into stimulation of the spinal cord to reestablish voluntary leg movement," said senior researcher **Gregoire Courtine**, a neuroscientist and professor with the École Polytechnique Fédérale de Lausanne, in France.

Oskam says he can now walk 100 to 200 meters (up to about 660 feet) at a time, and can stand without using his hands for two or three minutes.

The device has also improved Oskam's neurological recovery. He's been able to walk with crutches even with the implant switched off....[Read More](#)

The Most Common Depression Medications, Explained

You've been diagnosed with depression. What's next?

The cornerstone of treatment remains antidepressants, so it's likely your doctor will prescribe one for you, but which one might be best?

You will join millions around the world who struggle with how to treat the mental health disorder. An estimated 3.8% of the global population experiences depression, according to the [World Health Organization](#). The numbers are staggering, but when depression is left untreated, it can impair daily functioning, raise the risk of suicide and lower quality of life.

Fortunately, there are many different types of antidepressants available, each with unique mechanisms of action, benefits and potential side effects. Here, experts will explore the most commonly prescribed depression medications, how they work and their common side effects.

Depression medications
Dr. Abid Nazeer, founder, chief medical officer and medical director of Advanced Psych Solutions in Naperville, Ill., stated, "If you don't treat depression, there's a risk that you may get through the day, but it will feel like a struggle. If it's



been adequately treated, you can have a much better day."

Meanwhile, **Pardis Khosravi**, a psychologist and clinical director at Children's Health Council in California, said, "Depression is not something you can 'power through' or think your way out of with positive thoughts. It is a medical illness that left untreated can have a profound impact on your health, quality of life and daily functioning. Untreated depression increases the likelihood of risky behaviors such as substance use, self-harm and suicidal ideation and/or

behaviors."

Although alternative therapies can be successful in treating depression, medication might become necessary in certain situations when other treatments have failed, depression symptoms interfere considerably with daily life, there is a history of mental health issues, or when a person feels too exhausted to pursue non-medication treatments.

Here are some of the most common depression medications:...[Read More](#)

Minimally Invasive Surgery May Be Good Option for People With Pancreatic Cancer

Minimally invasive surgery works just as well as full-scale open surgery in removing early-stage pancreatic cancers, allowing patients a faster recovery with less infection risk, a new clinical trial has found.

The ability to remove all the cancer and the rate of cancer recurrence was essentially the same between the two groups, said lead researcher **Dr. Mohammad Abu Hilal**, surgical director at the Instituto Ospedaliero Fondazione Poliambulanza in Brescia, Italy.

"This trial, which is the first trial of its kind, can confirm that minimally invasive distal

pancreatectomy is a safe, valid, efficient alternative approach to the open approach in the treatment of resectable pancreatic cancer," Hilal said during a recent media briefing held by the American Society of Clinical Oncology (ASCO). Hilal will present the trial results at ASCO's annual meeting, which takes place June 2 to 6 in Chicago.

These results "could change standard of care, but there may be a gap" in its availability to patients, said **Dr. Julie Gralow**, ASCO's chief medical officer.

"A lot of places in the U.S. that might be more rural or more



general surgeons doing these might not be trained in minimally invasive approaches yet, but this

shows that it is equal in terms of outcomes and better for patients in terms of recovery time," Gralow said.

Gralow and Hilal also acknowledged that fewer than 1 in 7 pancreatic cancer patients will have this option, because this form of cancer is often detected late.

"Sadly, only 15% of pancreatic cancers are diagnosed at the time that they're eligible for surgery," Gralow said. "So, we will acknowledge upfront that most

pancreatic cancer patients are not resectable [able to have their cancers removed by surgery] at the time we diagnose them."

The five-year relative survival rate for early-stage pancreatic cancer that can be treated with surgery is 44%, ASCO says. About 64,000 adults are diagnosed with pancreatic cancer each year in the United States.

For this clinical trial, Hilal and his colleagues screened more than 1,100 people with pancreatic cancer and diagnosed 258 with early-stage pancreatic cancer that could be surgically removed without first receiving chemotherapy....[Read More](#)

How to protect your eyesight and a warning about some eyedrops

As you age, your eyesight often deteriorates, particularly for seeing things up close and distinguishing colors. Unfortunately, Medicare does not cover most vision care. **The National Institute on Aging** offers practical advice on what you can do to protect your eyesight. And, the CDC issues a warning about some eyedrops that are causing severe eye problems.

Warning: The **Centers for Disease Control** (CDC) recommends you stop using EzriCare Artificial Tears, Delsam Pharma's Artificial Tears, and Delsam Pharma's Artificial Ointment. These eye drops, manufactured in India, might

have been **contaminated** with rare drug-resistant bacteria. As a result, they might have caused three people to die and dozens of others to get eye infections that caused vision loss. Also, keep in mind that taking some prescription drugs can affect your eyesight.

How to improve your vision: Usually, glasses, contact lenses and better lighting can help you see better as you age. But, you are also at risk of eye diseases. So, you want to continue to get eye exams to protect your vision to prevent vision loss.

Eye care at the doctor's



office: Be sure to get a dilated eye exam every year or two years, especially if you have diabetes or high blood pressure. A dilated eye exam allows the eye doctor to look inside your eyes.

How to protect your eyes: Wear sunglasses that keep the ultraviolet rays out as well as a big hat, don't smoke, be active, keep your blood pressure normal, and don't spend too much time in front of a computer without a break.

Eye problems that can cause you to go blind or lose your vision:

- ◆ **Age-related macular degeneration (AMD)**
- ◆ **Diabetic retinopathy** may

occur if you have diabetes.

- ◆ **Cataracts** cause blurred vision. **Cataract surgery** can improve your vision and is safe. Medicare covers this treatment.
- ◆ **Glaucoma** can lead to vision loss if it goes untreated. It can be treated with surgery or prescription eyedrops.
- ◆ **Dry eye** resulting from blocked tear glands. Your eyes could sting or burn. Home humidifiers or air purifiers as well as special eye drops or ointments can help.

If you are looking for free and low-cost options for vision care, click [here](#).

More Mpox Cases Reported as Health Officials Fear a Summer Resurgence

U.S. health officials are bracing for the possibility that mpox could surge again this summer as cases mount in several states.

On Thursday, the U.S. Centers for Disease Control and Prevention **reported** 21 more cases of mpox, with Illinois, New York and Maryland reporting the most new infections. Illinois had nine, while New York and Maryland reported three each.

Several other states — Alabama, Arizona, Florida, Louisiana, Texas, Utah and Virginia — each reported one new case, *CBS News* reported. "The risk of near-term clusters and outbreaks is substantial and the outbreaks could be large, especially in the warmer months,

with planned gatherings that may have the potential for skin-to-skin contact and increased sexual activity," **Dr.**

Christopher Braden, head of the CDC's mpox response, said in a **recent call** with clinicians.

The CDC is already investigating a cluster of cases in the Chicago area, which have predominantly been reported in men who have sex with men and include several cases of individuals who've been vaccinated. It's possible the virus has evolved with mutations that evade the two-dose vaccine.

"CDC is collaborating with the Chicago Department of Health to investigate this cluster and specifically looking into why we



are seeing more vaccinated cases than expected," Braden noted.

Other mutations have been seen in the virus that causes mpox, according to the CDC. Some strains of the monkeypox virus also showed signs of resistance to the antiviral drug tecovirimat (TPOXX), the CDC noted in a **study** that has not yet been peer-reviewed.

A shift in vaccine strategy is now being considered, the experts said.

"We've already, really immediately after seeing the Chicago cluster, convened folks within the U.S. government to discuss what the data is that we have and if there needs to be any change," said **Dr. Demetre**

Daskalakis, deputy director of the White House national mpox response.

Americans should still get the two-dose Jynneos vaccine to guard against mpox infection, Daskalakis said, because it is still expected to be able to limit a resurgence.

"We are on it, from the perspective of having the scientific discussions and are obviously, as sort of demonstrated in the track record of the response, really adjust our strategy based on what science is showing us," Daskalakis added.

U.S. cases are still at less than three per day, with 32 infections diagnosed in May so far. A total of 41 mpox cases were diagnosed in April, *CBS News* reported.

Ketamine Beats Shock Therapy in Easing Tough-to-Treat Depression

Ketamine may be an alternative to shock treatment for people with treatment-resistant major depression, a new study suggests.

Currently, patients with major depressive disorder who don't find a medication or therapy that works may undergo electroconvulsive therapy (ECT), also known as shock therapy.

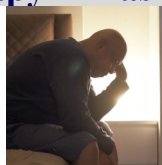
But researchers have also been studying intravenous ketamine -- a powerful anesthetic that's also long been used as an illicit 'party' drug -- as a potential antidepressant. They say the

results of a new study were surprising.

"I have to say it was a wow," said principal investigator **Dr. James Murrough**, director of the Depression and Anxiety Center for Discovery and Treatment at Icahn School of Medicine at Mount Sinai in New York City.

That isn't to say that ketamine is superior to ECT, Murrough cautioned. This study wasn't assessing that.

What it does mean is that in this comparative effectiveness



trial, "by the numbers ketamine performed very well," Murrough said. The findings apply to patients who don't have psychosis but have treatment-resistant major depression that has not been helped through two or three earlier medications.

The main takeaway, Murrough said, is that for doctors treating these patients, ketamine is something they could consider as an alternative to ECT.

"The take home from this study is there's another option

that's in that conversation now that really wasn't before in a meaningful way," Murrough said.

Major depression is estimated to affect 21 million adults in the United States. It's a leading cause of disability worldwide.

The study found the antidepressant response rate for patients with IV ketamine was 55%. For those receiving ECT, the response rate was 41%....**[Read More](#)**

What to do when an aging parent needs help but doesn't want it

When helping my aging father, I struggled to respect his autonomy while ensuring his safety. Not easy. Judith Graham provides helpful tips in **Kaiser Health News** on how to assist an aging parent and, more generally, older adults, who need help but doesn't want it.

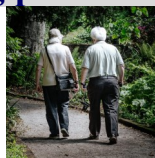
When older adults become frail, they are at risk of falls and other injuries to themselves and sometimes to others. But, they often do not want help. What to do? You might begin by exploring with them how comfortable they are in their home.

Walk through their home with them. Watch how they get up from their sofa or dining chair. See how easy it is for them to plug in an appliance or get a pot in the kitchen. Let them know that about helpful solutions, such

as grab bars in the shower and path lights that go on when you pass by them.

And, then, see how they are managing with their bills and other paperwork. Is it disorganized? Are the bills getting paid? Talk to them about the need to make sure that critical services are not erroneously terminated. Ask whether they would like help ensuring that they do not lose important services, like electricity and phone.

If possible, take a look at their credit card statement. A lot of older adults are snookered into spending money on all kinds of products and services they should not be spending money on—anything from unnecessary supplements to warranties, to charitable contributions for sham charities. Consider discussing



their expenses and how they can save money. Make sure your loved one knows never to provide their Social Security number, their Medicare

number, their bank account number or other important identification over the phone or to anyone showing up at their home. Even if the person seems nice and trustworthy, your loved one should know that scams abound and to beware. Some scammers are even able to mimic the voice of a grandchild!

But, don't try to take over without permission. You can make things worse. You can lose a parent's trust. You need to show respect for your loved one's independence and empathy. They still can make their own choices, so you can't take over without their consent.

Of course, you should not step away if help is needed and your loved one resists it. Prioritize those things that could put your loved one's health, safety or finances at risk. For example, if your mom is still driving, you might contact the local department of motor vehicles and her doctor. Her doctor can send a **letter to the RMV asking to retest her**. In that case, the RMV intervenes to ensure your mom can continue to drive.

Appeal to your loved one's best self—what you know and they know is the right thing for them to do. Or, go for an unannounced visit. Bring food. Ask for advice. If something seems off, arrange a doctor's appointment and let them know it is to help them better accomplish their goals.

Heavy Drinking Could Raise Your Risk for Frailty: Study

Drinking heavily while younger puts you at risk for muscle loss and frailty later in life, new research suggests.

These findings are another reason to cut back on the booze, according to the research team from the University of East Anglia (UEA) in the United Kingdom.

"Losing muscle as we age leads to problems with weakness and frailty in later life," said professor **Ailsa Welch** from UEA's Norwich Medical School.

"Alcohol intake is a major modifiable risk factor for many diseases, so we wanted to find

out more about the relationship between drinking and muscle health as we age," she said in a university news release.

Using data from the UK Biobank for nearly 200,000 people aged 37 to 73, the investigators found that those with the lowest amount of muscle in the study were drinking the equivalent of about a bottle of wine daily.

The researchers also scaled for body size because larger people have more muscle mass. They factored in protein consumption



and physical activity. "Most of the people were in their 50s and 60s. We found that those who drank a lot of alcohol had a lower amount of skeletal muscle compared to people who drank less, after we took into account their body sizes and other factors," said **Jane Skinner**, also of UEA's Norwich Medical School.

"We saw that it really became a problem when people were drinking 10 or more units a day" — which is the equivalent of about a bottle of wine or four or five pints of beer, Skinner

explained.

Muscle mass and alcohol consumption were measured in people at the same time so researchers can't be certain of a causal link.

Still, "this study shows that alcohol may have harmful effects on muscle mass at higher levels of consumption," Welch said.

"We know that losing muscle as we age leads to problems with weakness and frailty, so this suggests another reason to avoid drinking high amounts of alcohol routinely in middle and early older age," she added.

The COVID-19 Emergency Is Over, But the Need For Awareness Remains, Experts Say

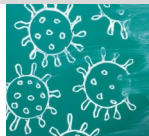
The official word on COVID-19, according to the World Health Organization and the U.S. government, is that it's no longer an emergency. But while that's a milestone, it's hardly an all-clear for everyone to behave as if the pandemic never happened, experts say.

"It doesn't mean there's no risk for anyone," said Dr. Preeti Malani, an infectious disease physician at the University of Michigan in Ann Arbor. "But it does mean that we are at a very different point than we were when the emergency was declared more than three years

ago."

The WHO first declared "a public health emergency of international concern" on Jan. 30, 2020, when just 213 people were known to have died from COVID-19, a number that has since grown to nearly 7 million deaths globally. The alert required nations to track and report cases. WHO ended that declaration May 5.

The following week, on May 11, a U.S. public health emergency that also had been in effect since January 2020 expired. Its end brought



administrative changes in how the disease is monitored and in who pays for testing and vaccines.

According to the U.S. Department of Health and Human Services, access to COVID-19 vaccines and important medications "will generally not be affected," although Medicare and Medicaid waivers that expanded health insurance coverage for millions are ending.

But as governing bodies move on, the coronavirus that causes COVID-19 has hardly gone away.

"The emergency phase is over, but COVID is not," Dr. Maria Van Kerkhove, the COVID-19 technical lead for WHO, said at a news conference about the declaration.

The Centers for Disease Control and Prevention reported that for the week ending May 13, 281 people in the U.S. died from COVID-19, and 9,204 people were admitted to hospitals for treatment. That's down from a peak of nearly 26,000 weekly deaths in mid-January 2021 and 151,000 hospital admissions a year later....**Read More**

Can AI help with medical advice?

A post by the **Lown Institute** asks whether AI (artificial intelligence) could replace your doctors and provide you with as good or better medical advice? It picks up on a **JAMA Internal Medicine** article reporting that AI chatbox answered patient questions better than many doctors, with regard to content and empathy.

The JAMA article actually found that AI chatbox offered as much as ten times more empathy

than your typical doctor. And, empathy is actually a critical component of treatment, though our health care system tends not to value it.

The researchers studied AI responses to 195 random patient questions found on social media. Then, the AI answers were compared with those of doctors. Licensed health care professionals preferred the AI answers to those of the doctors.

But, can AI really build trust



with patients? It can't replace the personal connection people have with their doctors? How could it?

At the same time, doctors are generally pressed for time. It's hard for them to be compassionate when they are typically in a rush. They often cannot offer quality time to their patients and then feel bad about their conduct while possibly harming patient well-being.

The question becomes whether

AI could offer a good support for patients in tandem with their doctors. It could supplement the care that doctors provide, even if it could never take the place of doctors.

AI could help to deliver care that is empathic. AI also can help doctors with administrative tasks so that doctors have more time with patients. And, AI can answer some medical questions.

Switching to Plant-Based Diet Helps Your Heart, Major Study Finds

Vegetarian and vegan diets lead to lower blood levels of cholesterol and fats, according to a major new analysis of all evidence from clinical trials published since 1982.

Compared to people eating an omnivorous diet, those following a plant-based diet experienced an average reduction in total cholesterol levels of 7% from levels measured at the start of the studies, a 10% reduction in "bad" LDL cholesterol levels, and a 14% reduction in apolipoprotein B, a blood protein used to estimate cholesterol level, the analysis found.

Those results showed that plant-based diets can play a significant role in reducing blocked arteries, thereby lowering the risk of stroke and heart attacks, researchers concluded in the review published May 24 in the **European Heart Journal**.

"If people start eating vegetarian or vegan diets from an early age, the potential for reducing the risk of cardiovascular disease caused by blocked arteries is substantial," said researcher **Dr. Ruth Frikke-Schmidt**, chief physician at the Rigshospitalet in Copenhagen,



Denmark.

"Importantly, we found similar results across continents, ages, different ranges of body mass index, and among people in different states of health," Frikke-Schmidt said in a journal news release.

Vegetarian and vegan diets benefitted people ranging from normal weight to obese, researchers found.

For the review, researchers analyzed data from 30 clinical trials, with nearly 2,400 participants, published between 1982 and 2022.

Participants in the 30 studies

were randomly assigned to follow either a vegetarian or vegan diet or to continue with an omnivorous diet that included meat and dairy products. The length of time on the diets ranged from 10 days to five years, with an average of 29 weeks.

It is the first such evidence review comparing omnivorous and vegetarian diets published since 2017, and none before had considered apolipoprotein B levels or the impact of continent, age, body mass index and health status, the researchers said....**Read More**

Are ERs Safe? Patients, Nurses and Doctors Say No in New Survey

Emergency departments aren't perceived as safe for professionals or their patients, according to an international survey from the European Society of Emergency Medicine (EUSEM).

More than 90% of emergency professionals surveyed said they felt at times the number of patients exceeded the capacity the emergency department (ED) had to provide safe care. Overcrowding was a problem, they said.

Overcrowding is known to carry substantial risk of harm and increased deaths, according to the society.

Preliminary results from a patient survey were even harsher, with more reporting that emergency staff were angry and rude than were kind, according to the report published May 25 in the **European Journal of Emergency Medicine**.

Among the issues were

overcrowding and staff shortages, plus the need to provide care in corridors because of too few beds.

"Last year's EUSEM survey into burnout among ED professionals was worrying enough, showing as it did that younger and less experienced [emergency medicine] professionals were more likely to be affected than older, more experienced staff," said **Dr. James Connolly, EUSEM president**.

"It is very disquieting to see this pattern repeated, and completely unacceptable that so little action has been taken to remedy it. If anything, the situation appears to be worse than before," Connolly said in an EUSEM news release.

In an editorial accompanying the study, Connolly said the behavior patients noted from staff was likely to be caused by



exhaustion and frustration, "given that the vast majority of those responding to the survey of professionals said that they were proud to work in an ED."

A typical response to one of the surveys was, "There were a lot of patients and very few doctors. Some nurses were very stressed."

Nurse respondents felt less safe than doctors, especially in terms of treating patients with mental health problems. Nurses tend to work with patients for longer periods of time, but this is troubling, the researchers said.

Staff also noted that when systems are under significant strain, they feel forced to meet external targets that they think could cause patient care to suffer, according to the study.

About 54% of emergency staff said they were permanently under external pressure. About

35% said hospital management never supported the introduction of improvements, and 47% said procedures for improving flow in the department were never effective.

Some patients reported feeling so concerned about their safety in the ED that they would prefer not to go there at all. They expressed concern that overcrowding, long waiting times and exhausted staff would lead to medical errors.

"Dedicated professionals need the right environment and support in which to carry out their work, and patients need to feel reassured that they will get the best treatment. Currently, we are far from that being the case. Governments and health care authorities must remedy this now, before the situation worsens further when it may become too late to arrest the spiral of decline," Connolly said.