

March 14, 2021 E-Newsletter

Statement by President Joe Biden on the House Taking Up the PRO Act

I strongly encourage the House to pass the Protecting the Right to Organize (PRO) Act of 2021, which would dramatically enhance the power of workers to organize and collectively bargain for better wages, benefits, and working conditions.

As America works to recover from the devastating challenges of deadly pandemic, an economic crisis, and reckoning on race that reveals deep disparities, we need to summon a new wave of worker power to create an economy that works for everyone. We owe it not only to those who have put in a lifetime of work, but to the next

generation of workers who have only known an America of rising inequality and shrinking opportunity. All of us deserve to enjoy America's promise in full — and our nation's leaders have a responsibility to deliver it.

That starts with rebuilding unions. The middle class built this country, and unions built the middle class. Unions give workers a stronger voice to increase wages, improve the quality of jobs and protect job security, protect against racial and all other forms of discrimination and sexual harassment, and protect workers' health, safety, and



benefits in the workplace. Unions lift up workers, both union and non-union. They are critical to strengthening our economic competitiveness.

But, after generations of sweat and sacrifice, fighting hard to earn the wages and benefits that built and sustained the American middle class, unions are under siege. Nearly 60 million Americans would join a union if they get a chance, but too many employers and states prevent them from doing so through anti-union attacks. They know that without unions, they can run the table on workers — union and non-union alike.

We should all remember that the National Labor Relations Act didn't just say that we shouldn't hamstring unions or merely tolerate them. It said that we should encourage unions. The PRO Act would take critical steps to help restore this intent. I urge Congress to send the PRO Act to my desk so we can seize the opportunity to build a future that reflects working people's courage and ambition, and offers not only good jobs with a real choice to join a union — but the dignity, equity, shared prosperity and common purpose the hardworking people who built this country and make it run deserve.



Retirees Applaud Action to Save Multiemployer Pension Plans from Insolvency

More than ten million Americans will have greatly increased pension security for the benefits they have earned thanks to a provision in the American Rescue Plan which President Biden will sign into law this week.

"Working people deserve to retire with dignity. A pension is a promise that should be guaranteed after a lifetime of dedication and hard work," said Liz Shuler, Secretary-Treasurer of the AFL-CIO and Executive Vice President of the Alliance for Retired Americans. "The labor movement and the Alliance have worked for years to ensure that millions of workers are protected and receive their earned retirement income security. This legislation finally does that."

Multiemployer pension plans are collectively bargained pension plans operated jointly by unions and employers, usually within the same or related industries — such as construction, retail, manufacturing, transportation, and mining. Many multiemployer plans are in financial trouble due to the 2008 recession and corporate bankruptcies. The COVID-19 recession has exacerbated the situation.

"Millions of Americans can feel confident today knowing that the retirement benefits they have earned and paid for will be there when they need them," said Robert Roach, Jr., President of the Alliance. "Plans experiencing problems will have the resources they need from the Pension

Benefit Guaranty Corporation to pay benefits for the next thirty years. We salute the U.S. House and Senate for passing this historic legislation and President Biden for his leadership in seeing it through and announcing he will sign it into law soon."

"I am breathing a sigh of relief and so are millions of Americans whose pensions were at risk through no fault of our own," said Greg Smith of Norton, Ohio, an Alliance member and retired Teamster who has fought for a solution to the multiemployer pension crisis for eight years. "I worked for 31 years and contributed to my pension with every paycheck. But when Congress passed the Multiemployer Pension Reform Act in 2014, my fund announced

in 2015 that they were going to cut my pension benefit by 52 percent. It took years of fighting, but my retirement will now be more secure."



Robert Roach, Jr.
President, ARA

"There is ample precedent for this legislation," said Richard Fiesta, Alliance Executive Director. "The U.S. government has provided funding guarantees to many troubled industries facing dire circumstances. Billions of dollars in rescue payments have gone to banks and corporations. Now this new Congress is extending the same assistance to workers and retirees."

ADD
YOUR
NAME

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

Raising the minimum wage helps workers and Social Security

The minimum wage has not been adjusted appropriately for inflation over the last several decades, while core expenses such as housing and health care have increased significantly. As a result, minimum wage workers do not make a living wage. Social Security Works just issued [a report](#) that explains why increasing the minimum wage to \$15 an hour provides greater economic security to workers and their families both today and over the long-term in the form of higher Social Security benefits.

The report finds that a \$15 minimum wage will increase Social Security benefits for workers by as much as \$5,000 a year. At the current minimum wage, Social Security monthly benefits are \$979.80 for people at their full retirement age and \$685.80 if they retire at 62.

At a \$15 an hour minimum wage, the monthly benefit would

be \$1,409.60. Each additional dollar in wages increases a worker's Social Security benefits. Today, 1.7 million workers earn the \$7.25 an hour minimum wage, and tens of millions of additional workers earn less than \$15 an hour.

The Economic Policy Institute found that a \$15 an hour minimum wage beginning in 2025 would help 32 million workers directly or indirectly. Collectively, they would earn an additional \$107 billion a year. Additional Social Security contributions would total 6.2 percent of that \$107 billion.

And, there's more. Once the minimum wage increases, overall wages across the nation also increase. Consequently, the Social Security Trust Fund benefits even more. In addition, retirement security improves with an increase in the minimum wage, helping retirees who too



often do not have retirement savings or traditional pensions. Increasing the minimum wage also helps older

workers, women and people of color. About one in six older workers are paid the minimum wage; one in four older adults rely on Social Security for most all of their income. Women represent 59 percent of the population benefiting from an increase in the minimum wage, although women make up 50 percent of the workforce. More than three in ten Black Americans would benefit from the increase, although they make up 13 percent of the workforce.

About one in eight older adults live in poverty today. More than four in ten older adults have incomes under 200 percent of the Supplemental Poverty Measure. The numbers are projected to go up.

In sum, increasing the

minimum wage is a much-needed reform that voters overwhelmingly support and that would benefit a large swath of the population and their families. The House COVID-19 relief bill included this increase. However, because the Senate Parliamentarian ruled that increasing the minimum wage is not directly related to the budget and should not be part of a budget reconciliation bill, it is no longer in the Senate relief bill. The Senate has the power to ignore the Parliamentarian's ruling or to replace the Parliamentarian. But, Majority Leader Schumer doesn't have the desire, it appears. Nor does President Biden. What will it take for a Democratic Congress and president to increase the minimum wage?

Leaked Documents Detail Postmaster General's Plans to Slow Mail Delivery

The Washington Post published documents detailing Postmaster General Louis DeJoy's new restructuring plan for the United States Postal Service (USPS) this week.

The plan dramatically changes the way the agency functions. Mailing industry officials now worry that it would further slow the nation's mail service that delivers prescription drugs, bills,

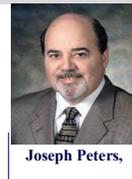
checks and other important documents. The plan would offer early retirement to tens of thousands of employees with at least 20 years of service, with no retirement incentives.

DeJoy, a former logistics executive and major Republican fundraiser, told the House Oversight and Reform Committee last week that he will roll out the rest of his

restructuring plan for the Postal Service by the end of March. He told the panel that he is considering both longer delivery times and higher prices.

"Older Americans rely on the Postal Service, and these cuts in service would be devastating," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "As the White House said last week, the USPS needs new leadership.

The Senate must quickly confirm President Biden's three nominees to the Postal Service Board of Governors who have pledged to strengthen the Post Office, not dismantle it."



Joseph Peters, Jr.

Will Stimulus Checks Increase Your Social Security Taxes?

Everyone loves a free check. Seeing Uncle Sam suddenly drop money into your savings account is likely to stoke your patriotic spirit.

But is there a downside to all that unexpected money? Specifically, if you are a senior, is it possible that the stimulus money could push up your income to the point where you suddenly owe taxes on your Social Security benefits or see those benefits taxed at a higher rate?

Millions of Americans pay no federal income taxes on their Social Security benefits. But millions of others are not so

fortunate. Up to 85% of Social Security benefits **can be subject to federal taxes** if what

is known as your "combined income" is at least \$25,000 for singles or \$32,000 for married couples filing jointly.

"Combined income" is defined as the sum of:

- ◆ Your adjusted gross income
- ◆ Any nontaxable interest
- ◆ One-half of your Social Security benefits

We explain the term — and other important words — in "[9 Social Security Terms](#)



Everyone Should Know."

So, the question remains: Will those stimulus payments push

your combined income high enough that Uncle Sam soon will come knocking on your door?

Thankfully, the answer is "no." Technically, the stimulus payments are not a form of combined income — or any other kind of income.

Instead, they are considered to be advance payments of tax credits. Specifically, the stimulus money is an advance payment of what is known as a

recovery rebate credit. So, they have no impact on whether you pay taxes on Social Security.

If you don't get a stimulus check, you instead can claim the recovery rebate credit when you file your annual taxes, as we detail in "[5 Changes to Your Federal Tax Return Form in 2021.](#)"

So, enjoy spending your stimulus money with a worry-free mind. Or better yet, use the check to **build a stronger foundation for the rest of your retirement.**

'Neanderthal thinking': Biden lays into states lifting Covid restrictions

The president's remark came after Texas and Mississippi moved to eliminate mask mandates and let all businesses open at 100 percent capacity.

President Joe Biden said Wednesday that moves by Texas Gov. Greg Abbott and others to lift statewide Covid restrictions showed "Neanderthal thinking."

"I think it's a big mistake. I hope everyone has realized right now these masks make a difference," Biden said of the decision to lift mask mandates and other Covid mitigation measures. "We are on the cusp of being able to fundamentally change the nature of this disease because of the way in which we are able to get vaccines in people's arms."

The president's remark came after both **Texas and Mississippi issued executive orders Tuesday** to eliminate mask mandates and let all businesses open at 100 percent capacity, flying in the face of health officials who have urged

continued Covid restrictions. Biden has signed an executive order **requiring mask-wearing on federal**

property but has little authority to overrule governors and other state and local officials.

Mississippi Gov. Tate Reeves, a Republican, laid into Biden for his comments Wednesday.

"President Biden said allowing Mississippians to decide how to protect themselves is 'neanderthal thinking.' Mississippians don't need handlers," Reeves wrote in a tweet. "As numbers drop, they can assess their choices and listen to experts. I guess I just think we should trust Americans, not insult them."

Later in the evening, the governor criticized Biden as being out of touch with people who live outside the Beltway.

"Today I feel the same way as I did the day that Hillary Clinton called all of us in Middle America 'deplorables,'" he said



on Fox News, referencing a comment the 2016 Democratic presidential nominee had made about

supporters of Donald Trump. "When President Biden said that we were all Neanderthals, it struck me as someone who needs to get outside of Washington, D.C., and actually travel to Middle America."

In a statement to POLITICO, Abbott spokesperson Renae Eze said Abbott was "clear in telling Texans that COVID hasn't ended, and that all Texans should follow medical advice and safe practices to continue containing COVID."

"The fact is, Texas now has the tools and knowledge to combat COVID while also allowing Texans and small businesses to make their own decisions," Eze said. "It is clear from the recoveries, the vaccinations, the reduced hospitalizations, and the safe practices that Texans are using,

that state mandates are no longer needed. We must now do more to restore livelihoods and normalcy for Texans."

On Wednesday evening, Dr. Anthony Fauci, Biden's top health adviser and the director of the National Institute of Allergy and Infectious Diseases, called these actions "ill advised." Although coronavirus numbers have declined since January highs, they have seemingly plateaued at levels that have concerned health officials.

"It's just inexplicable why you would want to pull back now," Fauci said on CNN. "I understand the need to want to get back to normality, but you're only going to set yourself back if you just completely push aside the public health guidelines, particularly when we're dealing with anywhere from 55,000 to 75,000 infections per day in the United States. That's a very, very high baseline....**Read More**

Fake coronavirus vaccine seizures in several countries are 'tip of the iceberg,' Interpol warns

By the time police discovered the shipment of fake COVID-19 vaccines, the vials had travelled over 6,000 miles from China to South Africa, the work of a smuggling ring that has produced thousands of counterfeit doses, according to Interpol, the global police agency that helped break up the operation.

The trafficking case, involving a shipment of at least 2,400 doses, is the first confirmed

instance of fake vaccines being smuggled across continents, an Interpol spokesperson told TIME—though there are likely more that have occurred, and more still that may be uncovered in the future. "This is only the tip of the iceberg when it comes to COVID-19 vaccine related crime," said Jürgen Stock, the agency's secretary general, in a statement on March 3.



Interpol first issued a warning about such the potential for such crimes in early December, alerting law enforcement agents in its 194 member countries that criminal networks were trying to "infiltrate and disrupt supply chains" involved in the global rollout of vaccines to fight the COVID-19 pandemic.

These networks are not expected to corrupt vaccination

programs that are supplied by reputable companies and administered by national governments, which account for nearly all vaccines available around the world. But small batches of fake vaccines could reach consumers through the Internet or other informal channels, especially in developing countries that have been unable to get sufficient supplies....**Read More**

Stimulus Check Update

Direct Payments Delivered in 4 Waves. Which Wave Will Carry Your Check?

The first round of **COVID-19 relief** checks was released 11 months ago. Since that time, the IRS has become a well-oiled direct stimulus distributor. It took them less than three weeks to distribute the first two rounds of direct payments, and they say they're ready to do it again.

After two rounds of direct

payments, we have a good sense of what we can expect with the third shot in the arm. President Joe Biden says that checks should begin arriving in bank accounts this month, and based on history, it's safe to believe that his prediction is accurate.

We also know from history that payments are sent in four waves. The wave in which you



can expect your check is likely to be a repeat of your previous payments.

Wave No. 1: Direct deposit recipients

With the first two rounds of stimulus payments, the earliest recipients were taxpayers who opted for direct deposit when they filed their 2019 tax return. That's because the IRS could easily move funds into those accounts using information they

already had available to them. The only fly in the ointment was the number of direct payments accidentally sent to tax preparation companies instead of individual taxpayers. Companies like H&R Block and Jackson Hewitt quickly corrected the glitch, making it less likely that it will happen again with this round....**Read More**

Social Security scammers swindled \$45 million from people last year

You've probably received a phone call claiming your Social Security number has been compromised.

For people who fall for such scams, the experience can add up to big financial losses.

One elderly woman in Massachusetts **lost more than \$900,000** to a Social Security imposter scam operation, according to the office of the U.S. Attorney for the Northern District of Illinois.

In January, a Chicago-area man pled guilty to money laundering for his role in the scheme, whereby he used a phony Indian passport, false name and false address in order to open U.S. bank accounts in order to receive money from victims.

The volume of calls is high. One telecom company terminated relationships with customers who collectively made 27 million calls in a single day after warnings and subpoenas from the Social Security Inspector General.

Since October, the government has received almost 300,000 Social Security-related scam complaints.

Last year, there were more than 718,000 reports of Social Security-related telephone scams, representing nearly \$45 million in victim losses.

"Scammers have been hard at work for years going to great lengths to trick people out of their personal information and money," Social Security Commissioner Andrew Saul said.

The calls often claim to represent credit card companies, other businesses and even the Social Security Administration.

The caller may claim there is a problem with your Social Security number or account. They may ask for your Social Security number or bank account information. And they may threaten you with an arrest or fine if you don't pay a fee.

"The scammers play on emotion, generally fear, to get



people to act without thinking," Saul said.

One new twist to the scams is that the perpetrators will use real Social Security and other government officials' names and show fabricated government identifications or badge numbers.

"Hang up," Saul said. "Don't engage with the caller." It's also important to know that the SSA will never call you about a problem with your Social Security number or email or text photos purporting to be official identification, said Social Security Inspector General Gail Ennis.

"Never make payments with gift cards, wire transfers or mail in cash for any reason," Ennis said. If you receive a suspicious call, report it to the **SSA Office of the Inspector General's website**.

On Thursday, the SSA is conducting an annual campaign to help raise public awareness

about how to handle these schemes.

Called Slam the Scam Day, it will include live social media events to help educate the public about the scams. USA.gov will be hosting a Twitter chat at 3 p.m. Eastern, or 1 p.m. for Spanish speakers.

The SSA will be hosting a Facebook live event at 7 p.m. Eastern, where the Federal Trade Commission will be answering questions on the schemes.

This year, **CVS** stores have agreed to help spread the message by playing an announcement from Saul in its 10,000 U.S. stores.

The campaign will coincide with vaccine distribution that is underway in select CVS stores.

"We have a little bit of a captive audience and hopefully more people than normal in their stores," Ennis said.

Other retailers who are also helping to get the word out include **Walmart** and **Home Depot**.

It's Too Soon to Lift COVID Restrictions: Fauci

Coronavirus restrictions should not be lifted until the daily toll of new U.S. cases falls below 10,000, "and maybe even considerably less than that," Dr. Anthony Fauci said Thursday.

The last time the United States saw that low a number was almost a year ago. The daily case count hasn't fallen below 50,000 since mid-October, and the seven-day average on Wednesday was more than 64,000, *CNN* reported.

Even so, some states have begun to ease restrictions, including doing away with mask mandates, allowing businesses to fully open and increasing the number of people allowed at mass gatherings.

On Thursday, Alabama became the latest state to move to lift a mask mandate, saying its face-covering rule will expire on April 9, *CNN* reported. Earlier this week, the governors of Texas and Mississippi said they were lifting mask mandates and allowing businesses to operate at full capacity immediately or

within days.

Those announcements came as health experts warned that the spread of more infectious variants could send U.S. infection rates soaring again.

Of particular concern is the B.1.1.7 variant which was first discovered in the U.K. The so-called British variant has now been found in 48 U.S. states, as well as in Puerto Rico and Washington, DC. As of Friday, there were 2,672 cases of the variant in this country, according to the U.S. Centers for Disease Control and Prevention.

A person with the variant can infect 43% to 90% more people than the older versions of the virus, new research from scientists at the Centre for Mathematical Modelling of Infectious Diseases at the London School of Hygiene and Tropical Medicine shows, *CNN* reported.

In a statement, the Infectious Diseases Society of America said



the United States must continue to use masks, social distance, wash hands and avoid large gatherings.

"We can't forget the lessons this pandemic has taught us or its terrible toll, and we must not relinquish the ground we've gained," said Dr. Barbara Alexander, the president of ISDA.

Dr. Rochelle Walensky, the director of the US Centers for Disease Control and Prevention, said Thursday that state officials must continue to emphasize the importance of wearing masks for the foreseeable future, and "encourage everyone to roll up their sleeve for the vaccine when it's available to them."

COVID death rates 10 times higher in nations where most are obese

In a finding that suggests overweight people should be prioritized for COVID-19 vaccines, a new report released Thursday shows the risk of death from coronavirus infection is

about 10 times higher in countries where most of the population is overweight.

The World Obesity Federation report found that 88 percent of deaths due to COVID-19 in the first year of the pandemic were in countries where more than half of the population is classified as overweight, the *Washington Post* reported. Having a body mass index (BMI) above 25 is considered overweight.

The results prompted the London-based federation to urge governments to prioritize overweight and obese people for both coronavirus testing and vaccinations, the *Post* reported.

Among the nations with overweight populations above the 50 percent threshold were also those with some of the largest proportions of coronavirus deaths — including countries such as Britain, Italy and the United States, the *Post* reported....**Read More**

Medicare Rights Testifies on the Future of Telehealth

This week, Medicare Rights Center President Fred Riccardi testified at a hearing of the House Committee on Energy & Commerce, Subcommittee on Health entitled “**The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care.**”

While new information about COVID-19 continues to emerge, it has long been clear that Medicare beneficiaries—people over 65 and those with disabilities—are at high risk of infection, serious illness, and even death from the virus. Policymakers responded to these threats, in part, by adding temporary telehealth flexibilities to Medicare. The changes were

swiftly adopted and have helped beneficiaries safely obtain needed care during the pandemic—protecting patients, providers, caregivers, and communities.

While Medicare Rights applauds these successes, much is still unknown about the impact of these sudden changes on beneficiaries and the program. Amid calls to make all of the public health emergency telehealth changes permanent, Mr. Riccardi urged a more thoughtful approach.

“We recognize the rapid shift to telehealth has led to pushes for rapid policymaking. We agree that modernizations are needed, but so is restraint. As



you consider the future of [Medicare telehealth] coverage, we

respectfully ask you to move forward deliberately and collaboratively, collecting and following the data, and prioritizing beneficiary needs and preferences. Since this may take time and extend beyond the public health emergency period, we support the immediate establishment of a glide path. This would allow the temporary telehealth rules and waivers to phase out gradually, minimizing care interruptions.”

To support these efforts, Mr. Riccardi presented a set of principles, which Medicare Rights Center developed

together with our partner, the Center for Medicare Advocacy, for lawmakers to consider, recommending that any Medicare telehealth changes:

- ◆ Include robust consumer protections and oversight requirements;
- ◆ Ensure the provision of high-quality care;
- ◆ Meaningfully increase access to such care; and
- ◆ Promote health equity.

Adhering to these goals will best ensure a system that works for all people with Medicare, regardless of where they live, the coverage pathway they choose, or how they prefer to receive care.

Firefighters — ‘Health Care Providers on a Truck’ — Signal Pandemic Burnout

Tim Dupin thought — or at least hoped — that Missouri firefighters, paramedics and other emergency medical services personnel would be among the first to get vaccinated against the coronavirus.

After months of feeling overlooked by elected leaders in the distribution of safety equipment and other resources, surely, Dupin thought, their role on the front line of the medical system would be recognized. They had, throughout the pandemic, responded to calls the way they always had: Without

regard to whom or what they would encounter at the scene, interacting with people who could have the coronavirus, despite often having makeshift personal protective equipment and masks that were old, faulty or moldy.

Dupin, a captain with the Kansas City Fire Department and president of the [International Association of Fire Fighters](#) Local 42, was dumbfounded when the recommended vaccine schedule was released and he saw firefighters would have to wait



behind health care workers to get their shots. Despite lobbying Missouri’s governor, and even after three members of the KCFD died of covid-19, firefighters were not included in the first phase of vaccine distribution.

Missouri, like many other states, had adapted [guidelines](#) from the [Centers for Disease Control and Prevention](#), which put firefighters in the second phase. When the state moved into that round in mid-January,

state officials encouraged firefighters to sign up. And now, most members of the KCFD have been offered the shots.

But firefighters in multiple states said the vaccine prioritizations and the pandemic overall exposed a startling misunderstanding of — or lack of concern for — their role in the medical system.

“They don’t really understand what we went through and what we do,” said Dupin. ...[Read More](#)

When Facebook, Twitter Flag Posts as 'Unverified,' Readers Listen

Readers pay attention when social media sites label an article as “unverified” or “suspicious,” a new study suggests.

But how an article is presented -- including author credentials and writing style -- doesn't affect readers' views about its credibility.

The findings show that big tech companies such as Facebook and Twitter have a responsibility to combat the spread of misleading and dangerous information, according to the University of Kansas researchers.

“Whenever we see information that has been flagged, we immediately raise

our skepticism, even if we don't agree with it. Big tech companies have a very important role to play in ensuring a healthy, clean information environment,” said study co-author Hong Tien Vu, an assistant professor of journalism and mass communications.

Although the study was conducted before the emergence of COVID-19, the conclusions are particularly relevant today, given the dangerous role “fake news” can play in the midst of the pandemic. Concerns that fraudulent or misleading vaccine information could hamper efforts to quell virus



transmission led Facebook, Twitter and YouTube to team up to fight such misinformation.

For their study, the researchers shared eight versions of a false article with 750 participants. The article wrongly claimed that a lack of vitamin B17 could be a cause of cancer.

One version had a doctor's byline and included a short description of her medical credentials. Another version described the author as a mother of two with a background in creative writing, and another script said she was a lifestyle blogger.

Some versions of the article used journalistic style, while others had more casual language.

Readers' responses varied, the researchers said.

Participants with greater social media savvy evaluated the article more carefully and said they would be less likely to share the article.

People who were interested in or sought out health information were not better at determining the accuracy of the article, but were more likely to share it, even if they didn't know if it was true...[Read More](#)

The Importance of Curated Caregiver Resources

THE PLIGHT OF FAMILY caregivers has received warranted attention during the pandemic. No one can be sure how many more family caregivers exist beyond the 54 million that were reported in [pre-pandemic studies](#).

There's been a lot of talk and action around employers offering benefits related to [family caregiving](#), especially paid time off and leave. I've spent the last few years advocating for solutions that make life easier for family caregivers, whether these were assistance programs that companies offered in employee assistance programs or

technology solutions that made life easier. Make no mistake, these are needed.

However, we're not having the necessary bigger conversation around [caregiving](#). For example, health systems fail to recognize the family caregiver as part of the team; fail to recognize that the family caregiver has health issues of his or her own; and fail to realize that caregiving is a social determinant of health.

Caregiving can be gratifying. I know that personally. How do we reach an equilibrium where family members can do what they want to do, and can reasonably do, while not



suffering guilt or giving up the gratification that comes with caregiving? Caregivers have become health care workers. Working family caregivers are essentially dual employed. That is not a sustainable national workforce strategy in a competitive marketplace.

Jeannette Galvanek, founder of [CareWise Solutions](#), suggests we need a new category of job creation that's devoted to absorbing more of the burden of caregiving.

Until then, the answer isn't providing tools for more effective caregiving at home, offering flexible schedules or a

leave of absence. Giving people more time off, paid time off or flex time doesn't make them a more productive caregiver.

Several companies have recognized that curating resources is a bridge to making the family caregiver less harried and more productive.

Take [Joe and Bella](#), for example. They've taken a rather straight-forward category – household goods – and curated specific packages for caregivers. As they bill it, "Everything you need to make life a little better for older adults – all in one place." ...[Read More](#)

Pandemic Aid Package Includes Relief From High Premiums

As President Joe Biden's pandemic relief package steams through Congress, Democrats have hitched a ride for a top health care priority: strengthening the Affordable Care Act with some of the most significant changes to insurance affordability in more than a decade.

The bill would spend \$34 billion to help Americans who buy insurance on the marketplaces created by the ACA through 2022, when the benefits would expire. The

Senate sent its relief package, one of the largest in congressional history, back to the House where it could come up as early as Tuesday. It is expected to pass and then go to Biden for his signature.

Those who have studied the legislation said it would throw a lifeline to lower- and middle-income Americans who have fallen through the cracks of the government's eligibility requirements for ACA assistance. Stephanie Salazar-



Rodriguez of Denver, for instance, is hopeful it will make a difference. Without changes, she expects to spend more than \$10,000 on premiums this year after losing her primary job, and her insurance, last month.

If her annual income were \$3,000 less, she could pay as little as \$3,000 a year after subsidies.

"To me, that's not affluence," Salazar-Rodriguez said. "You're talking about people who are struggling to survive."

The legislation could also provide relief to others who purchase insurance on the exchanges and opt for policies with lower premiums but high deductibles — and often avoid seeking care because they don't have the cash to cover those costs. Most of the nearly 14 million people enrolled in plans sold on the marketplaces would pay less under the new provisions, with the option to use those savings to buy a new plan with a lower deductible...[Read More](#)

Retiree Tax Uncertainty Triples, According to New Survey by The Senior Citizens League

This tax season is likely to be more uncertain for taxpayers of all ages due to the impact of COVID-19 on business closures, loss of income from earnings and wages, a temporary waiver of minimum distributions from retirement accounts, high medical costs for some people, confusion over tax treatment of working from home, and how stimulus payments and program benefits such as unemployment should be treated for tax purposes.

The percentage of retired households that expect to pay tax on their Social Security benefits has experienced a rare decline this tax season, but that appears to be due to a much higher level of uncertainty than usual ahead of this tax season according to a

new survey by The Senior Citizens League (TSCL). "This could potentially mean lower than expected tax revenues for the Social Security and Medicare Trust Funds," says Mary Johnson, a Social Security and Medicare policy analyst for The Senior Citizens League

Some 48 percent of participants in The Senior Citizens League latest survey, reported that they expect to pay income taxes on a portion of their Social Security benefits for the 2020 tax year. That's down from 53 percent who reported paying income taxes on their Social Security benefits for the 2019 tax year. But that wasn't the only change. Far fewer retirees also indicated that they



would not pay tax on their Social Security benefits — 32 percent for 2020 tax year versus 41 percent for the 2019 tax year.

"This leaves 20 percent of survey participants who just aren't sure if their Social Security benefits will be taxable this tax season or not, more than triple the 6 percent who were uncertain about the 2019 tax year," Johnson says. The survey, which was conducted online from mid-January through February, had more than 864 participants.

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and wages, a temporary waiver of minimum distributions from retirement accounts, high medical costs for some people, confusion over tax treatment of working from home, and how stimulus payments and program benefits such as unemployment should be treated for tax purposes.

"If more retired taxpayers aren't paying taxes on their Social Security benefits, that's good news for their tax liability, but would also mean their adjusted gross income was lower than in 2019," says Johnson. "And that could mean those households might be living too close for comfort to the federal poverty level," she adds ...[Read More](#)

Coronavirus Deranges the Immune System in Complex and Deadly Ways

There's a reason soldiers go through basic training before heading into combat: Without careful instruction, green recruits armed with powerful weapons could be as dangerous to one another as to the enemy.

The immune system works much the same way. Immune cells, which protect the body from infections, need to be "educated" to recognize bad guys — and to hold their fire around civilians.

In some covid patients, this education may be cut short. Scientists say unprepared immune cells appear to be responding to the coronavirus with a devastating release of chemicals, inflicting damage that may endure long after the threat has been eliminated.

"If you have a brand-new virus and the virus is winning, the immune system may go into an 'all hands on deck' response,"

said Dr. Nina Luning Prak, co-author of a **January study** on covid and the immune system. "Things that are normally kept in close check are relaxed. The body may say, 'Who cares? Give me all you've got.'"

While all viruses find ways to evade the body's defenses, a growing field of research suggests that the coronavirus **unhinges the immune system** more profoundly than previously realized.

Some covid survivors have developed **serious autoimmune diseases**, which occur when an overactive immune system attacks the patient, rather than the virus. **Doctors in Italy** first noticed a pattern in March 2020, when several covid patients developed **Guillain-Barré syndrome**, in which the immune



systems attacks **nerves throughout the body**, causing muscle weakness or paralysis.

As the pandemic has surged around the world, doctors have diagnosed patients with rare, immune-related **bleeding disorders**. **Other patients** have developed the **opposite problem, suffering blood clots** that can lead to stroke.

All these conditions can be triggered by **"autoantibodies"** — rogue antibodies that target the patient's own proteins and cells.

In a report published in October, researchers even labeled the coronavirus **"the autoimmune virus."**

"Covid is deranging the immune system," said John Wherry, director of the Penn Medicine Immune Health Institute and another co-author of the January study. "Some

patients, from their very first visit, seem to have an immune system in hyperdrive."

Although doctors are researching ways to overcome immune disorders in covid patients, new treatments will take time to develop. Scientists are still trying to understand why some immune cells become hyperactive — and why some refuse to stand down when the battle is over.

Key immune players called **"helper T cells"** typically help antibodies mature. If the body is invaded by a pathogen, however, these T cells can switch jobs to hunt down viruses, acting more like **"killer T cells,"** which destroy infected cells. When an infection is over, helper T cells usually go back to their old jobs...**Read More**

With 3 COVID Vaccines Approved, Is There a 'Best' Shot?

Americans love to have choices, and now there are three COVID-19 vaccines approved for use in the United States.

But infectious disease experts say that all three protect strongly against severe COVID-19, so there is only one criteria to use in deciding which vaccine is the best.

"There is a single best vaccine. It's the one that's available to you today," said Dr. William Schaffner, a professor of infectious disease with the Vanderbilt University Medical Center in Nashville, Tenn. "Roll up your sleeve. Get it."

The two-dose Pfizer and Moderna vaccines were the first to be included in the nation's vaccine rollout, with the one-dose Johnson & Johnson vaccine just approved by federal regulators last weekend.

But some have questioned whether the Johnson & Johnson (J&J) vaccine is a "second-best" vaccine, comparing how it performed in clinical trials versus the two-dose messenger RNA vaccines from Moderna and

Pfizer.

Two doses of the Pfizer and Moderna vaccines were about 95% effective against cases of symptomatic COVID-19. A single shot of the J&J vaccine had a total effectiveness of about 66% against moderate to severe COVID-19 cases.

However, all three vaccines offer strong protection against the most serious and life-threatening effects of COVID-19, the symptoms that cause people to die or require mechanical ventilation and treatment in an intensive care unit, said Dr. Greg Poland, founder of the Vaccine Research Group at the Mayo Clinic, in Rochester, Minn.

"If we take death and hospitalization [into account], all three vaccines are essentially equal and as close to 100% as we can measure," Poland said.

"If you say to me, 'Doc, what I really care about is I do not want my wife to die of this, I don't want her to have a severe illness, I don't want her hospitalized, I do



not want her on a ventilator' -- I would say you are in luck," Poland continued. "Pick any one of the three and it's basically 100%."

Schaffner added, "If you're trying to distinguish between these vaccines, it's like asking was Babe Ruth or Lou Gehrig the better ball player. You want to compare their batting averages? Give me a break. They're all great."

J&J vaccine not 'next-best' choice

Further, the Johnson & Johnson vaccine is proven effective against the new South African COVID-19 variant, since part of its clinical trial was conducted in that country and in Latin America, Poland noted.

The Moderna and Pfizer vaccines only were tested against the original strain of COVID-19, and the new variants are posing some limited challenge to the protection those vaccines confer.

"I'm not sympathetic with the idea that it's a next-best vaccine," Poland said of the J&J vaccine.

Even the 66% clinical trial effectiveness of the J&J vaccine against all symptomatic COVID-19 is nothing to sneeze at, said Dr. Abhijit Duggal, a critical care specialist at Cleveland Clinic, in Ohio.

"Those numbers are much, much better than anything you would usually see with the influenza vaccine," Duggal noted.

Flu vaccines typically provide 40% to 60% effectiveness, according to the U.S. Centers for Disease Control and Prevention.

Infectious disease experts have good reason to want to beat down any notion that the J&J vaccine is second-rate.

The vaccine has advantages that will make it much easier to distribute to places in the United States that are more remote or are not as well-served by health care.

Want a choice of vaccines? Not happening anytime soon Read More

U.S. Hispanics at High Heart Disease Risk and Many Go Untreated

Even after suffering a stroke, many Hispanic Americans still have uncontrolled diabetes, high blood pressure or other conditions that raise their risk of a repeat one, a new study finds.

The study involved 404 Hispanic adults with a history of stroke or "mini-stroke," which is a brief reduction in blood flow to the brain that can foreshadow a full-blown stroke. The researchers found that despite those scares, few patients had their stroke risk factors under control.

Awareness did not seem to be the issue: Most patients with

high blood pressure, high cholesterol or diabetes knew it.

Still, many did not have those conditions under good control, the study found.

"This shows we have work to do," said senior researcher Dr. Fernando Testai, an associate professor of neurology at the University of Illinois at Chicago. "It's a wake-up call to the medical community."

The study, published online March 4 in the journal *Stroke*, is not the first to uncover a high prevalence of heart and blood vessel disease risks among Hispanic Americans.



According to the American Heart Association, more than half of Hispanic men and about 43% of Hispanic women in the United States have some form of cardiovascular disease.

The new study zeroed in on a group of patients who, due to their history of stroke, should ideally have tight control of conditions like high blood pressure and diabetes.

Yet that was not the case. "We found that less than half of patients who knew they had high blood pressure had gotten their numbers to where we'd want them to be," Testai said.

Meanwhile, only one-third of those with known high cholesterol had gotten those numbers down, the findings showed. And of patients who were aware they had diabetes, just over half had the condition under good control.

The precise reasons are unclear. But many patients were not on standard medications: Around half were on clot-preventing drugs; even fewer were on cholesterol-lowering statins.

Testai pointed to some broad patterns the study turned up...[Read More](#)

Bypass Surgery Turned Doctor From Couch Potato Into Mountain Climber

Because of the lack of oxygen at such lofty altitudes, Dr. Akil Taherbhai needed four hours to climb the last mile to the peak of Mount Kilimanjaro, the highest freestanding mountain in the world.

Savoring the sense of triumph as he finally reached the summit, the family physician who is known as Dr. Taher to his patients in Gadsden, Alabama, reflected on his journey. Not the 19,000-plus feet beneath him, but the pursuit of health and adventure he started only after undergoing heart bypass surgery.

"I could either lead a cautious, mediocre and sedentary life, or I

could abandon the ordinary by taking my own journey to the extraordinary," he said.

Despite a family history of heart disease and his professional understanding of the importance of diet and exercise, Akil spent much of his adult life eating unhealthy foods and getting hardly any physical activity.

"The only muscles I exercised were my eye muscles, looking at people running in the park," he said. "I depended on my father's side, which had no history of heart disease."

In his 50s, though, Akil showed a tendency to follow his



mother's side. He had metabolic syndrome and sky-high LDL, the bad kind of cholesterol. While his body mass index was barely inside the normal range, a distinct pouch protruded from his otherwise slender frame.

"It was visceral fat around my heart, liver and muscles, which is directly related to heart disease," he said. "When I was 56, coronary artery disease came knocking at my door."

Akil was visiting London when he first felt chest pain. When he returned home to Atlanta, he saw a cardiologist, who discovered two of the main arteries feeding Akil's heart

were 98% blocked and another was 84% blocked.

His doctor said he could open the blockages with stents via cardiac catheterization or perform bypass surgery. Unwilling to endure having his chest cracked open, Akil selected the less invasive procedure. The blockages were so hard his cardiologist used a diamond-tipped drill to shave through them. During the procedure, Akil had a cardiac arrest.

"If they hadn't shocked me," he said, "I wouldn't be here..."[Read More](#)

Is It Safe to Take Ibuprofen and Acetaminophen Together? Doctors Explain

Whether you're dealing with an injury, illness, or **chronic condition**, chances are you've reached for a bottle of Advil or Tylenol at some point. Both drugs are extremely helpful when it comes to keeping pain (and a fever) at bay.

These OTC meds are especially useful in the midst of **flu season** and the **COVID-19 pandemic** when you may find yourself sick and struggling with **symptoms** like a fever, body aches, and a sore throat. In general, people with a mild case of cold, flu, or COVID-19 should be able to recover at home.

While you're resting up and

drinking plenty of fluids, you might be wondering which OTC drugs will help you feel better faster. At the top of the list? Ibuprofen and acetaminophen (a.k.a Advil and Tylenol).

Doctors say these meds will keep your fever and pains under control until you recover—but what's the best way to take them? And is it safe to alternate the two, or even take them together? Here's what you need to know.

Ibuprofen vs. acetaminophen: What's the difference?

Ibuprofen (Advil, Motrin IB) is a nonsteroidal anti-inflammatory drug (NSAID)



that's often used in its nonprescription form to reduce fever, swelling, and minor pain

from **headaches**, muscle aches, **arthritis**, menstrual cramps, and the common cold or flu, according to the **U.S. National Library of Medicine**. Ibuprofen works by inhibiting your body's production of substances that can cause pain, fever, and inflammation.

Acetaminophen (Tylenol) is essentially used for the same reasons as ibuprofen—it's just in a different class of medications called analgesics (pain relievers) and antipyretics (fever reducers). The exact mechanism for how

acetaminophen works isn't entirely understood, but it helps cool down the body while altering the way your body senses pain.

Is it safe to take ibuprofen and acetaminophen at the same time?

If you're having minor pain or discomfort from a **respiratory virus**, injury, or chronic condition, it's best to start by taking just one medication to see if it helps, says **Richard Watkins, M.D.**, an infectious disease physician and a professor of internal medicine at the Northeast Ohio Medical University....[Read More](#)

The Skinny on Wrinkle-Free Skin

Wrinkles may be a natural part of getting older, but you can slow your skin's aging with changes to your lifestyle and environment, a skin expert says.

"Daily activities, such as protecting your skin from the sun and eating healthy foods, can go a long way in preventing your skin from aging more quickly than it should," dermatologist Dr. Michele Green said in an American Academy of Dermatology news release.

Sun exposure is a major cause of premature skin aging. Protect your skin from the sun by seeking shade, wearing sun-protective clothing -- including a lightweight, long-sleeved shirt, pants, a wide-brimmed hat and

sunglasses with UV protection -- and by applying a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher to all skin not covered by clothing.

Clothing with an ultraviolet protection factor (UPF) number on the label will provide the greatest sun protection.

Here are some other ways in which you can protect your skin:

- Apply a facial moisturizer every day. Moisturizers trap water in the skin, giving it a more youthful appearance. Consider using a moisturizer that contains sunscreen, but remember that sunscreen needs to be reapplied every two hours when you're



outdoors.

- Limit face washing to twice daily and after sweating, and use skin care products labeled "hypoallergenic," "fragrance-free" or "non-comedogenic."
- Don't scrub your skin or use skin care products that sting or burn.
- Avoid repetitive facial movements such as squinting, frowning or holding a straw or cigarette in your mouth, which can cause wrinkles over time.
- Never use tanning beds.
- Don't smoke.
- Drink alcohol in moderation.
- Eat a healthy, well-balanced diet with plenty of fresh fruits

and vegetables. This may help prevent damage that leads to premature skin aging.

- Exercise regularly to improve circulation and boost the immune system, which may give the skin a more youthful appearance.
- Consider using a retinol cream, which is a derivative of vitamin A. And there is always professional help available. "If you're worried about aging skin, talk to a board-certified dermatologist," Green said. "There are plenty of treatments available, including noninvasive procedures, to help smooth wrinkles, tighten skin and improve your complexion."

What You Need to Know About Ulcerative Colitis

What is ulcerative colitis? **Ulcerative colitis** is a chronic inflammatory bowel disease that causes irritation and ulcers, or open sores, in the intestine. This can result in painful symptoms, such as severe **belly pain**, cramping, and **urgent bowel movements**, that often leave you on the sidelines.

In the United States, the number of individuals with ulcerative colitis is estimated to be 900,000, says Kelly Cushing, MD, a clinical lecturer and gastroenterologist at Michigan Medicine in Ann Arbor. That's much less frequent than

common diseases like **type 2 diabetes** and **heart disease**.

"However, it is also not a rare disease, and individuals should be aware of common signs and symptoms," says Dr. Cushing.

Where does ulcerative colitis start?

Ulcerative colitis occurs in the large intestine, also called the colon, and can include the rectum, but the painful inflammation occurs only in the innermost lining of the intestine, or mucosa.

The condition usually begins



in the rectum and the lower part of the colon, but the inflammation can spread to the entire colon.

The inflammation causes diarrhea and the cells in the mucosa to die, causing ulcers to form. These ulcers may cause pus, **mucus**, and bleeding.

Ulcerative colitis usually starts slow and gets worse, and it's unpredictable—you may have months or even years of remission, when symptoms are very mild or not present at all, or you may have flare-ups when symptoms get worse or return more often. This is not an

unusual pattern for autoimmune diseases, which includes inflammatory bowel diseases like ulcerative colitis.

Ulcerative colitis can happen at any age, even in children, but is more commonly diagnosed in young adulthood, such as in the teens or 20s, and late adulthood, in people in their 50s or 60s, Dr. Cushing says.

"Infections can trigger the onset of ulcerative colitis or a flare of ulcerative colitis. However, the disease can also occur or flare in the absence of infections," she says....**Read More**

Lots of Belly Fat at Menopause Could Boost Heart Risks

If you are approaching menopause and you have some extra belly fat, new research suggests you might want to shed some inches now.

Women who carry weight around their midsection during menopause may be more likely to develop heart disease even if their overall weight remains the same, researchers report.

For every 20% increase in belly fat, the thickness of the carotid artery lining grew by 2%, according to their study. The carotid arteries carry blood to the head and neck, and carotid artery thickness is

considered an early sign of heart disease.

The new findings held even after the researchers controlled for other heart disease risk factors such as weight and BMI, a measure of body fat based on height and weight.

Heart disease is the No. 1 killer of women in the United States, and it's not necessarily your weight but where it goes that affects your heart disease risk, said study author Samar El Khoudary, an associate professor of epidemiology at the University of Pittsburgh



Graduate School of Public Health. Exactly what makes belly fat so dangerous is not fully understood yet. But "it has been shown that this fat is metabolically active and can secrete inflammatory markers that may raise risk for heart disease," she explained.

The researchers measured fat surrounding the abdominal organs (visceral fat) with CT scans and the thickness of the internal carotid artery lining using ultrasounds in about 360 women from Pittsburgh and Chicago who participated in the

Study of Women's Health Across the Nation (SWAN) Heart study. Women in the study were about 51, which is the average age for entering menopause in the United States.

In addition to increases in carotid artery thickness associated with belly fat, the investigators found that visceral belly fat goes up with aging and that the rate of increase picks up at the time of the menopause.

Importantly, these changes may not be reflected by your weight or BMI, El Khoudary said....**Read More**

Opioid Use (and Overuse) for Knee Arthritis Takes Big Financial Toll

Opioids and arthritic knees are a costly mix, new research claims.

"These data offer new evidence of the magnitude of the societal burden generated by opioid use and misuse, and could be used to educate health care providers and health policy decision makers on the best alternatives to opiate use," said lead investigator Elena Losina. She's a professor of orthopedic surgery at Brigham and Women's Hospital in Boston.

Using opioid painkillers to treat knee osteoarthritis goes against medical guidelines and carries a high cost to society, Losina's team found.

For the study, the investigators

used a computer simulation to estimate how much opioids contribute to annual and lifetime knee arthritis-related costs in the United States.

The researchers concluded that 858,000 Americans use opioids such as tramadol and oxycodone for knee pain, which results in \$14 billion in lifetime opioid-related societal costs, or nearly \$0.5 billion a year.

The direct medical cost of knee arthritis treatment with opioids is nearly \$7.5 billion, which is 53% of lifetime costs.

The remaining 47% of lifetime costs to society are due to lost productivity at work, criminal



justice expenses associated with opioid use disorders among patients with arthritic knees, and illicit use of prescription opioids by non-patients, the researchers said.

For an individual patient who takes opioids to treat their knee arthritis, the estimated lifetime opioid-related cost is \$13,770, according to the report published online recently in the journal *Arthritis Care & Research*.

The findings show the importance of following guidelines that recommend against the use of opioid painkillers in patients with knee arthritis, the study authors said.

Given the large number of patients with arthritic knees using opioids, "our results provide additional evidence of the substantial economic burden of opioid use for knee osteoarthritis pain management and the potential savings from preventing opioid use," Losina said in a journal news release.

"The most important part of our study is that we estimated that almost half of the total societal cost of opioid use in persons with symptomatic knee osteoarthritis is used to pay for lost work productivity and criminal justice and other consequences of the diversion of prescribed opiates to unlawful use," Losina added.

Could a Drug Prevent Type 1 Diabetes in Those at Risk?

Just two weeks of treatment with an experimental drug can delay the onset of type 1 diabetes by several years, researchers report.

The drug, called teplizumab, is already under review by the U.S. Food and Drug Administration based on earlier evidence of its effectiveness.

If it gets the green light, it would become the first drug approved for delaying type 1 diabetes in high-risk people.

In the earlier study, researchers found that two weeks of teplizumab infusions typically held the disease at bay for two years, versus a placebo.

In this latest follow-up, the investigators found that half of patients given teplizumab were still diabetes-free five years later, versus only 22% of the placebo group.

At the outset, patients in the study, most of whom were younger than 18, were almost certain to develop type 1 diabetes: They had a relative with the disease and were already harboring "auto-antibodies" in their blood, which is a sign the immune system was beginning to attack the body's own cells.

Type 1 diabetes arises when the immune system mistakenly



goes after cells in the pancreas that produce the hormone insulin.

Insulin has the critical job of moving sugars from food into the body's cells to be used as fuel.

To survive, people with type 1 diabetes need to take synthetic insulin, either via daily injections or a pump attached to the body.

How does the new drug work? Teplizumab is a lab-engineered antibody that targets specific immune cells, interfering with their ability to disable and destroy insulin-producing cells.

It's not clear yet whether the drug might fully prevent type 1 diabetes in some people.

But it can forestall the disease, which is critical, according to Sanjoy Dutta, vice president of research at the JDRF, a nonprofit that funds type 1 diabetes research.

The disease often strikes in childhood, and after many years people commonly develop complications such as heart, kidney and eye disease, as well as serious nerve damage.

Delaying diabetes, especially in kids, "is like money in the bank," Dutta said....[Read More](#)

Dehydration in Elderly People: Risks, Warning Signs, and Prevention Tips

Did you know that the consequences of dehydration in elderly adults are often serious—more so than in younger people? Seniors also have more risk factors for becoming dehydrated. But here's the good news: Dehydration can be easily prevented. Awareness is the first step in avoiding the health problems that can be caused by a lack of fluids.

But many people don't realize just how problematic dehydration can be for older adults—and how common it really is. Take a look at these

facts:

- ◆ According to a review article in *e-SPEN, the European e-Journal of Clinical Nutrition and Metabolism*, one study showed that about 31 percent of long-term care patients were found to be dehydrated.
- ◆ Treating elderly people who are hospitalized for dehydration costs the medical system about \$1.36 billion annually, according to an article in *Nutrition and Healthy Aging*.



- ◆ Dehydrated patients are six times more likely to die in the hospital than patients who are not dehydrated, according to a study in *Age and Ageing*. This article explains why older people are at greater risk for becoming dehydrated. It also lists the consequences of dehydration in the elderly. As well, you'll learn how to spot the warning signs of dehydration and discover what to do if you or a loved one experiences symptoms.

Contents

- ◆ [What is dehydration?](#)
- ◆ [Why dehydration is more common among seniors](#)
- ◆ [Signs of dehydration in elderly people](#)
- ◆ [Treating dehydration: What to do and when to seek help](#)
- ◆ [How to prevent dehydration in elderly adults](#)
- ◆ [Products that can help prevent dehydration](#)
- ◆ [Consequences of dehydration in seniors](#)