

Trans-Pacific Partnership, currency manipulation, trade, and jobs

By Robert E. Scott and Elizabeth Glass

U.S. trade deficit with the TPP countries cost 2 million jobs in 2015, with job losses in every state



Summary

The Trans-Pacific Partnership (TPP) agreement between the United States and 11 other Pacific Rim countries lacks an absolutely key component to keep it from doing potential damage to the U.S. economy. The missing piece of this trade and investment deal is a set of restrictions and/or enforceable penalties against member countries that engage in currency manipulation. Currency manipulation is one of the key driving forces behind the high and rapidly rising U.S. trade deficit with the 11 other members of the TPP. In 2015, the U.S. deficit with TPP countries translated into 2 million U.S. jobs lost, more than half (1.1 million) of which were in manufacturing. Without such provisions against currency manipulation, the TPP could well follow other trade agreements and leave even greater U.S. trade deficits in its wake.

Currency manipulation occurs when a country artificially depresses the value of its currency. Currency manipulation acts like a subsidy to the exports of the manipulating country, and a tax on U.S. exports to every country where U.S. exports compete with the currency manipulator's exports. In this way, currency manipulation increases U.S. imports, suppresses U.S. exports, and inflates U.S. trade deficits. As past EPI research has shown, currency-manipulation-fueled trade deficits have reduced U.S. gross domestic product (GDP), eliminated millions of U.S. jobs, driven down U.S. wages, and propelled the outsourcing of U.S. jobs to currency manipulators...

[Click here to read this very interesting article on the Trans-Pacific Partnership and its effects](#)

Kaiser Family Foundation Releases Brief on Government Negotiation of Prescription Drug Prices

According to polling by the Kaiser Family Foundation (KFF), most Americans (83%) support allowing the federal government to negotiate the price of prescription drugs in the Medicare program in order to control costs. This includes a majority of Democrats (93%) and Republicans (74%).

Prescription drug prices in Medicare have recently started to rise partly due to spending on blockbuster drugs, like life-saving treatments for Hepatitis C. Medicare accounts for a significant portion of national prescription drugs spending (29% in 2014), and costs in the Part D program are expected to increase annually by 6.5% over the next 10 years.

Some policymakers propose giving the Secretary of the Department of Health and Human Services (HHS) the authority to negotiate prescription drug prices, leveraging the millions of people with Medicare to lower the prices of prescriptions, particularly medications with high prices and no competitive alternatives. Opponents of this proposal claim that the HHS Secretary will not be able to secure lower drug prices than the private Medicare plans that already negotiate the price of medications. Some also argue that if HHS were to secure lower prices, pharmaceutical companies would decrease spending on research and development of new prescription drugs in order to compensate for the lower prices.

Medicare Rights supports allowing the Medicare program to negotiate Part D prescription drug prices just like state Medicaid programs and the Veteran's Administration do for their populations. We also support granting the HHS Secretary additional tools to use in those negotiations, such through the creation of a public Part D benefit administered by the Medicare program... **[Read the KFF brief.](#)**



Brain stimulation may become an Alzheimer's treatment

Now used to help Parkinson's patients, testing underway for AD



A brain surgeon believes a brain stimulation now only approved for treating Parkinson's disease and essential tremor has the potential to succeed in treating Alzheimer's disease. Francisco Ponce, MD, is Director of the Barrow Neurological Institute in Phoenix, where neurosurgeons are involved with testing the viability of deep brain stimulation (DBS) to treat Alzheimer's disease, a disorder that currently has few treatment options.

Results from the Phase 2 study, reported in the *Journal of Neurosurgery* on Dec. 18, 2015, demonstrated the safety of DBS in Alzheimer's patients.

In this neurosurgical procedure an implanted neurostimulator delivers electrical signals to specific areas of the brain to help regulate abnormal signals. Its use is being researched for a number of conditions, including epilepsy, depression and bipolar disorder.

Dr. Ponce believes there are potential applications for Alzheimer's disease - the most common form of dementia - as well. Whereas in Parkinson's disease and essential tremor, the target for the electrodes are nodes within the motor circuits, the Alzheimer's study targeted the fornix, which is part of the memory pathway.

"There are more than five million Americans living with Alzheimer's, and yet there are few promising pharmacologic treatment options for this progressive disease," says Dr. Ponce.

"Previous pilot studies researching the use of DBS in Alzheimer's have indicated the potential to slow cognitive decline in some patients, and have even shown metabolic changes in the brain that may slow the progression of the disease."...[Read More](#)

What we know about ovarian cancers has surprising gaps

New national report finds clues to reducing number of women with disease and that die

Ovarian cancer should not be categorized as a single disease, but rather as a constellation of different cancers involving the ovary, yet questions remain on how and where various ovarian cancers arise, says a new congressionally mandated report from the National Academies of Sciences, Engineering, and Medicine.

The report presents research opportunities that if addressed could have the greatest impact on reducing the number of women who are diagnosed with or die from ovarian cancers.

Each year in the United States, more than 21,000 women are diagnosed with ovarian cancer, and more than 14,000 women die from the disease. It is the fifth leading cause of cancer deaths among women, with a five-year survival rate of less than 46 percent.

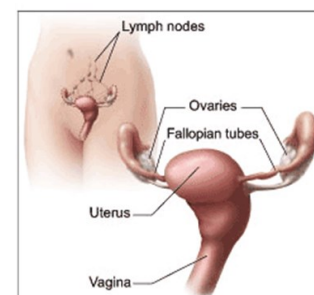
The five-year survival rate has increased over the years, though; between 1975 and 1977, only 36 percent of women diagnosed with ovarian cancer lived five years or more. However, five-year survival rates decreased for black women, from 42 percent between 1975 and 1977 to 36 percent between 2005 and 2007.

Often called a silent killer, ovarian cancer has no distinct symptoms in the early stages of the disease, and an effective screening test is unavailable. Roughly two-thirds of women are diagnosed at an advanced stage when the cancer has already spread beyond the ovary, of which less than 30 percent survive past five years.

"While progress has been made in ovarian cancer research over the past few decades, much remains to be learned," said Jerome F. Strauss III, chair of the committee that carried out the study and wrote the report, and executive vice president for medical affairs and dean of Virginia Commonwealth University School of Medicine, Richmond.

"The more that is understood about the basic biology of various types of ovarian cancers, such as where they originate in the body, the more rapidly we can move toward advances in prevention, screening, early detection, diagnosis, treatment, and supportive care."

The committee found recent evidence that suggests many ovarian cancers arise in other tissues besides the ovary, such as the fallopian tubes, which eventually metastasize to the ovary, or they arise from cells that are not considered intrinsic to the ovary....[Read More](#)



National Cancer Institute

Medicare Reminder



If you were denied coverage for a prescription drug, you should ask your plan to reconsider its decision by filing an appeal. Your appeal process will be the same whether you have a stand-alone Part D prescription drug plan or a Medicare Advantage plan that includes your Part D prescription drug coverage.

If your pharmacist tells you that your plan will not pay for your prescription drug, you should call your plan to find out the reason it is not covering your drug. Then, you should talk to your prescribing physician about your options. If switching to another drug is not an option, you should file an exception request – a formal coverage request – with your plan. Call your plan to learn how to file an exception request. Make sure you get a letter of support from your doctor and include that with your request.

Your plan should issue a decision within 72 hours. File an expedited request if you need your drug right away, and your plan should issue a decision within 24 hours. If your request is approved, your drug will be covered. If it is denied, you should follow the directions on the written denial you receive to appeal...[Learn more about this process on Medicare Interactive.](#)

Good cardiovascular health at 80 could be pointing to dementia risk

Increased longevity also increases risk for age-related dementia

A new study highlights an emerging dilemma for senior citizens. Do you want to live longer? Of course you do. Do you want to have dementia? Of course you don't. But it is becoming less likely you will get both wishes.

Seniors who reach their 80s without cardiovascular disease are likely to enjoy more years without a heart attack or stroke. They are, in fact, more likely to face the effects of dementia, according to a study today in the *Journal of the American College of Cardiology*.

In a small group of participants, an association was also found between zero or low levels of artery-clogging calcium deposits and a low risk of dementia and cardiovascular events, suggesting that the cardiovascular risk factors that lead to coronary heart disease could also affect the brain.

Increasingly successful heart disease prevention and treatment methods have led to longer lifespans, which in turn creates a larger population of older people at risk for dementia.

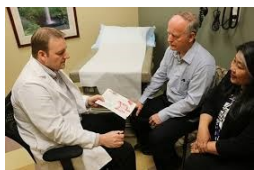
In the United States, dementia mainly affects people over the age of 75.

Researchers in the study looked at individuals over age 80 to determine if coronary artery calcium levels predict risk of death and risk of dementia and coronary heart disease....[Read More](#)



Half of elderly colorectal cancer patients receiving wasted treatment

Treatments increase, cost skyrockets, results minimal for those 75 and older; those 65-74 did better



During a recent 10-year period the rate of metastatic colorectal cancer patients older than age 75 receiving three or more treatments increased from 2 percent to 53 percent. The cost of treatment for one year increased, however, by 32 percent to \$2.2 billion. Unfortunately, the median survival for these elderly patients increased by only one month.

"In addition, these newer therapies carry more toxicities than many of the older therapies. These patients may get sicker and it costs them a lot of money with almost no survival benefit," says first author Cathy J. Bradley, PhD, associate director for Population Science Research at the University of Colorado Cancer Center and professor in the Colorado School of Public Health.

The study was published online ahead of print in the journal *Medical Care*

The data included results from over 20,000 Medicare patients with metastatic colon or rectal cancer between the years 2000 and 2009....[Read More](#)

Older adults with history of fainting double risk of vehicle crash

Study of patients with average age of 66

Older people with a history of fainting or passing out – a condition known as syncope – were nearly twice as likely to be involved in a motor vehicle crash, according to a Danish study published online by JAMA Internal Medicine.

Their study included 41,039 Danish residents with a first-time diagnosis of syncope from 2008 through 2012...[Read More](#)



Older adults just need to move a little to extend life

Striking results show least active 5 times more likely to die than most active



Older adults – ages 50 to 79 – can give up just a few minutes of their sedentary time for some type of movement and it will add to their longevity. Washing dishes, sweeping the floor – it all helps seniors live longer.

"Get up and move." That's the take-home message from a new study from Ezra Fishman, a doctoral candidate in demography at the University of Pennsylvania, and colleagues from Johns Hopkins University, the National Cancer Institute, the National Institute on Aging and others.

Even for people who already exercised, swapping out just a few minutes of sedentary time with some sort of movement was associated with reduced mortality, according to the research, published in the journal *Medicine & Science in Sports & Exercise*.

Fishman, part of Penn's Population Studies Center, and the other researchers looked at data from approximately 3,000 people aged 50 to 79 who participated in the National Health and Nutrition Examination Survey conducted by the Centers for Disease Control and Prevention.

For the study, subjects wore ultra-sensitive activity trackers, called accelerometers, for seven days, generating data compiled by the CDC. For these same people, the agency then tracked mortality for the next eight years.

The results were striking. The least active people were five times more likely to die during that period than the most active people and three times more likely than those in the middle range for activity.

"When we compare people who exercise the same amount, those who sit less and move around more tend to live longer," said Fishman, the lead author on the paper... [Read More](#)

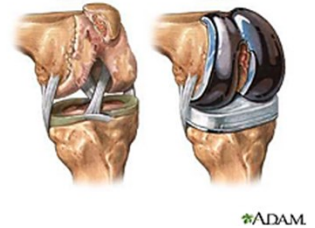
Elderly and youngest patients suffer most after knee replacement

Patients age 75 and older - as well as those age 45 and younger - report more pain and less activity following total knee replacement surgery (TKR), finds a new study. It also says patients of all ages report comparable improvement in range of motion.

Total knee replacement (TKR) is one of the most popular elective orthopaedic surgeries, with the overall incidence increasing by 120 percent from 2000 to 2009: 188 percent for patients ages 45 to 64, and 89 percent for elderly patients ages 65 to 84.

The results were presented today at the 2016 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

"Knee replacement is a common, successful surgery in orthopaedics," said Randa Elmallah, MD, lead study author and research fellow working under the supervision of Michael Mont, MD, at Sinai Hospital's Rubin Institute in Baltimore. However, despite comparable clinical results, "some patients are not satisfied, and we are trying to explore the potential reasons why."... [Read More](#)



The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

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Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973 & S.1651

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