

March 7, 2021 E-Newsletter

Alliance for Retired Americans PRO Act Position

On February 4, 2021, Representative Bobby Scott (VA) introduced the Protecting the Right to Organize (PRO) Act, H.R. 842, in the U.S. House of Representatives. Senator Patty Murray (WA) introduced the companion bill, S. 420, in the U.S. Senate on February 24, 2021. This landmark legislation would remove needless barriers for workers to form a union, while protecting workers and strengthening retirement security.

A strong and growing labor movement is good for workers and for all Americans. The labor movement has been, and continues to be, the leading force in the fight to strengthen Social Security, Medicare and Medicaid, ensuring a measure of retirement security for all Americans. Our country, our democracy and our people benefit when workers have a strong voice at work and are able to join together to build a more secure future for their families and their communities.

Alliance for Retired Americans Position

The Alliance for Retired Americans endorses the PRO Act and urges all senators and members of Congress to co-

sponsor the PRO Act and work toward its enactment. Union workers have higher wages and can negotiate for benefits such as health care, pensions and employer contributions to retirement plans, which leads to higher income in retirement. Union jobs often come with negotiated defined benefit pensions, which ensure lifelong retirement income.

What the PRO Act Does: Protects and Expands the Freedom to Organize

The PRO Act streamlines the National Labor Relations Board (NLRB) election process so workers can petition to form a union and get a timely vote. It prohibits employer interference of any sort, including delaying the vote or forcing workers to attend mandatory anti-union meetings as a condition of continued employment. Should an employer break the law or interfere with a fair election, the PRO Act mandates that the NLRB require the employer to bargain with the union if it had the support of a majority of workers prior to the election. The PRO Act also



requires employers to disclose the names and payments they make to outside third-party union-busters that they hire to campaign against the union.

Enables More Workers to Organize and Bargain for their Rights

When there is no union in a workplace, employers often misclassify workers as independent contractors or supervisors in order to deprive them of their rights under the National Labor Relations Act (NLRA). The PRO Act cracks down on misclassification by employers, extending NLRA protections to more workers. This is an extremely important provision given the rise in contracting jobs and workers who have jobs with more than one employer.

Strengthens Penalties against Employers who Violate the NLRA

The PRO Act strengthens labor laws by instituting civil penalties for violations of the NLRA, including for corporate officers and directors. It also provides compensatory damages to

workers.

The bill allows workers to go to court to seek relief and provides job and paycheck protections while their case is going through the system.

Ensures First Contract Agreements when Workers Choose to Organize

While existing law requires that employers bargain in good faith when workers have chosen to join a union, the employer often drags out the bargaining process to avoid reaching a contract, discouraging workers in the process. The PRO Act establishes a process to reach a first contract, including the use of mediation and, if necessary, binding arbitration to reach a contract.

Protects the Right to Strike and Protest

Currently, if workers strike, employers can permanently replace them. The courts have also sided with employers and prohibited workers from boycotting secondary companies doing business with their employer. The PRO Act repeals the prohibition on secondary boycotts and prohibits employers from permanently replacing strikers with new workers.

Tell Your Senator to Oppose the TRUST Act This Week

During the February 5, 2021 debate on Senate budget resolution, the Senate voted 71-29 in favor of an amendment to potentially pave the way for Social Security and Medicare "Rescue Committees." These committees would have the authority to recommend changes to the Social Security, Medicare and Highway Trust Funds. There would be no limits to what they can propose, including benefit cuts for current and future

retirees. Senator Mitt Romney (UT) offered the amendment. It is based on a bill he introduced with Representative Mike Gallagher (WI) during the last Congress, the Time to Rescue the United States Trusts (TRUST) Act, S. 2733 and H.R. 4907. Although this amendment cannot be included in the upcoming COVID Relief bill, the TRUST Act itself is a threat to the retirement security of



millions of Americans. Alliance for Retired Americans Position The Alliance for Retired Americans strongly opposes the TRUST Act.

Retirees have earned their Social Security and Medicare benefits over a lifetime of work. The benefits ensure older Americans receive the health care they need, and they provide necessary income for more than 60 million Americans. These benefits are

critical and they should not be cut. We ask all Senators and members of Congress to reject the TRUST Act and any future bills or amendments that aim to make dangerous changes or cuts to these essential earned benefits. . . . [Read More about how important it is to oppose this attack on your Social Security earned benefits that is included to the American Rescue Plan Act of 2021](#)

ADD YOUR NAME

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

Senator Whitehouse (D-RI) Introduces Legislation to Protect Nursing Home Residents and Workers

COVID-19 has taken disproportionate toll on nursing homes across the country
Washington, DC – With the COVID-19 pandemic having claimed the lives of more than 170,000 residents and workers in nursing homes and long-term care facilities, U.S. Senator Sheldon Whitehouse (D-RI) has joined Senators Bob Casey (D-PA), Raphael Warnock (D-GA), Richard Blumenthal (D-CT), and Cory Booker (D-NJ) in introducing legislation to save lives and assist with vaccinations.

The COVID-19 Nursing Home Protection Act would provide funding to ensure that nursing homes have the resources to keep residents and workers safe. Funding would go towards providing infection control assistance and organizing local health and emergency workers – known as “surge” teams – to manage COVID-19 outbreaks

and care for residents. The legislation would also require demographic data collection on the virus in nursing homes. Whitehouse is advocating for the measure to be included in the pandemic relief bill currently advancing in the House of Representatives.

“Nursing home residents and staff have been through a traumatic year,” said Whitehouse. “We need to prioritize vaccinating and caring for the Americans who live and work in these settings. That means providing additional staff as needed to control outbreaks and making sure every resident and care worker who wants a vaccine can get one.”

The **COVID-19 Nursing Home Protection Act** would provide \$750 million in funding to states to implement surge teams and \$210 million for the Secretary of HHS to contract



with quality improvement organizations to provide essential infection control assistance to nursing homes. The bill would also require the HHS Secretary to collect and make public demographic data on COVID-19 cases and deaths, including information on age, race, ethnicity and preferred language. The effects of the pandemic have been most devastating in communities of color, where research has found that facilities serving significant numbers of Black and Hispanic residents had case and death counts three times higher than in facilities serving a higher proportion of white residents.

“We applaud the efforts of Senator Whitehouse and his colleagues to provide funding for the protection of nursing home residents and staff,” said **Scott Fraser, President and CEO of the Rhode Island Health Care**

Association. “We are especially pleased with the creation of strike teams to address the critical issue of staffing shortages during times of crisis. This is a suggestion that RIHCA brought to Senator Whitehouse’s attention this past Spring when our homes were in critical need of additional staff due to the pandemic. We thank him for listening and taking action.”

The COVID-19 Nursing Home Protection Act is cosponsored by U.S. Senators Maria Cantwell (D-WA), Bob Menendez (D-NJ), Jeanne Shaheen (D-NH), Tina Smith (D-MN), Amy Klobuchar (D-MN), Tammy Duckworth (D-IL), Chris Van Hollen (D-MD), Sherrod Brown (D-OH), Catherine Cortez Masto (D-NV), Jack Reed (D-RI), Maggie Hassan (D-NH), and Mazie Hirono (D-HI).

Women’s History Month 2021

Women’s History Month is a celebration of women’s contributions to history, culture and society and has been observed annually in the month of March in the United States since 1987. Women’s History Month 2021 will take place from Monday, March 1- Wednesday, March 31, 2021

Women’s History Month is a dedicated month to reflect on the often-overlooked contributions of women to United States history.

From **Abigail Adams** to **Susan B. Anthony**, **Sojourner Truth** to **Rosa Parks**, the **timeline of women’s history milestones** stretches back to the founding of the United States.

The actual celebration of **Women’s History Month** grew out of a weeklong celebration of women’s contributions to culture, history and society organized by the school district of



Sonoma, **California**, in 1978. Presentations were given at dozens of schools, hundreds of students participated in a “Real Woman” essay contest and a parade was held in downtown Santa Rosa.

A few years later, the idea had caught on within communities, school districts and organizations across the country. In 1980, President **Jimmy Carter** issued the first presidential proclamation

declaring the week of March 8 as National **Women’s History** Week. The U.S. Congress followed suit the next year, passing a resolution establishing a national celebration. Six years later, the National Women’s History Project successfully petitioned Congress to expand the event to the entire month of March.

What Is Women’s History Month? What Are Its Origins?

Sign the petition to Congress: Save the USPS and provide services to all! Pass the Postal Banking Act

The U.S. Postal Service has faced **repeated** attacks by the Trump administration including denying emergency funding during the pandemic and putting postal workers at risk of losing their jobs, disrupting operations and services, and delaying mail delivery.

Congress and President Biden must immediately focus on ways to support this public institution.

One service that could not only strengthen the USPS but also serve individuals underserved by private institutions is postal banking. Postal Banking is simply the provision of financial services via the USPS. By allowing consumers to open a bank account at their post office, Postal Banking could **help** over 7 million American households that are unbanked — meaning they



lack access to a checking account or basic financial services. Postal Banking is far from a new concept. The U.S.

had a **Postal Savings System** from 1911-1967 which in 1947 had \$3.4 billion in assets (more than \$35 billion in today’s dollars). And worldwide, 1.5 billion people receive some financial services through their postal service.

Sens. Kirsten Gillibrand and Bernie Sanders previously **introduced** the Postal Banking Act, which would not only bring basic financial services like low-cost savings and checking accounts to post offices but also take aim at predatory practices — payday loans, high-fee prepaid debit cards, overdraft fees — that have taken advantage of unbanked and underbanked Americans...**Read More**

Biden Administration Takes Two Big Steps in Support of Health Care Coverage

The Biden administration recently took two important steps to preserve health care coverage for millions of Americans. First, the Department of Justice (DOJ) reversed course on its non-defense of the Affordable Care Act (ACA) and notified the U.S. Supreme Court of its change in stance. Second, the administration asked the Supreme Court to cancel upcoming oral arguments in a case centering on Medicaid work requirements, because it plans to roll back the ability of states to impose such restrictions.

In November 2020, the Supreme Court **heard oral arguments** in a case challenging the constitutionality of the ACA. The suit was initially brought several years ago by a group of Republican state attorneys

general and governors. They claim the entire law is unconstitutional because Congress reduced the financial penalty for not having insurance to zero in the 2017 tax bill. Though this argument was dismissed by many legal scholars, the Trump administration's DOJ first **supported the lawsuit, then asked for the entire law to be struck down.**

On February 10, the Biden administration reversed course, informing the Supreme Court in a letter that the change in administration had led to a **change in DOJ's position and that the law as it stands is valid.** Even if the specific provision of the law at issue, the now-zeroed out penalty, is unconstitutional, the administration argues that it can

MEDICARE RIGHTS
Getting Medicare right

simply be cut out and the rest of the law can stand.

This shift is a step in the right direction to protect care for millions who rely on the ACA. Ending the law would have **devastating consequences, including disrupting coverage for pre-existing conditions,** reopening the Medicare donut hole, and eliminating the Medicaid expansion.

In other news, the administration also reversed course on Medicaid work requirements, states' attempts to create hurdles that prevent people from accessing the coverage they need. **Federal courts have found work requirements impermissible** and not in keeping with the primary objectives of Medicaid, but

Arkansas, backed by the Trump administration, argued that the requirements were legal. The Supreme Court decided to hear the case and oral arguments are scheduled for March.

But the Biden administration has already taken steps to pull back this authority, notifying states that they will not be permitted to institute work requirements. The administration also requested that the Supreme Court throw out pending cases because states will not be permitted to institute such barriers, making a Supreme Court decision unnecessary.

We support both actions and urge the administration to do more to protect health coverage through Medicare, Medicaid, and the ACA.

New Coalition Advocates an End to Medicare Waiting Periods for People with Social Security Disability Insurance

This week, Medicare Rights joined over 20 nonprofit and advocacy organizations in the launch of a new coalition, **Stop the Wait.** The group is dedicated to eliminating harmful Medicare and Social Security Disability Insurance (SSDI) coverage gaps.

Currently, after waiting an average of 18 months to qualify for SSDI, most individuals with disabilities must wait an additional five months before they can begin to receive

payments, and then another two years before they can access Medicare. These harmful policies can prevent people with disabilities from obtaining needed care and force them to spend down their financial resources—eroding health and economic security.

As the coalition notes in an **open letter** to Congress, "For the Government to decide that people are eligible for SSDI, their income would have already

Stop The Wait.

fallen below the poverty line; to impose these additional exclusion periods is to force them to be impoverished while battling horrific chronic illness and disease."

According to the U.S. **Government Accountability Office**, in the last ten years nearly 110,000 Americans died while waiting for SSDI benefits; approximately 50,000 people filed for bankruptcy in half that time.

Medicare Rights has long advocated for improvements to this broken system. In the last Congress, we **strongly supported** legislation to eliminate the waiting periods. We are hopeful for its reintroduction and urge administrative solutions as well. People with disabilities must not be forced to wait to access their earned benefits. We look forward to working with policymakers and our coalition partners to advance this goal.

President Biden Takes Action to Help the Postal Service

On Wednesday, February 24th, President **Joe Biden nominated three people** to serve on the Postal Board of Governors: **Ron Stroman**, a former deputy postmaster general; **Amber McReynolds**, chief executive of the National Vote at Home Institute; and **Anton Hajjar**, former general counsel of the American Postal Workers Union. On Thursday, White House Press Secretary **Jen Psaki** said that President Biden wants "better" Postal Service leadership. The Postmaster General reports to the

Postal Service Board of Governors.

The announcement followed a House Committee on Oversight and Reform hearing about how to strengthen the U.S. Postal Service's financial footing. Committee members and witnesses discussed the USPS Fairness Act, S. 145 and H.R. 695, which would get rid of the agency's requirement to pre-fund future retirement health benefits for employees.

Members also questioned Postmaster General **Louis DeJoy**

about his so-called cost-cutting and efficiency strategies that have resulted in widespread service delay. During his testimony, DeJoy blamed "unachievable service standards" for first class mail problems and suggested that lowering standards and raising prices will continue to be part of his strategic vision.

"The Post Office is a vital institution that millions of Americans, particularly seniors and retirees, rely on," said **Richard Fiesta**, Executive

Director of the Alliance. "Millions of seniors rely on prompt delivery for their needed prescriptions. Last year's election saw record numbers of ballots cast by mail. We urge the Senate to speedily confirm President Biden's nominees so they can begin to strengthen and preserve the Postal Service."



Rich Fiesta,
Executive
Director, ARA

Why the WEP/GPO Must Be Repealed **NOW!** by Rose Marie Cipriano



My name is Rose Marie Cipriano, I am President of RIARP (Rhode Island Association of Retired

Principals) and a RIPERC (RI Public Employee Retirees Coalition) Executive Board member. As a member of RIPERC, I am a member of the Rhode Island Alliance for Retired Americans.

I am a retired High School Principal with forty years work experience in education. Twenty of those years as a High School Principal in Rhode Island and Connecticut. Prior to my high school principal administrative work, I was a teacher, department chair, and assistant principal for twenty years in an urban RI school district, local 951, which paid into social security. I had no reason to think about or know details about a 40% reduction in social

security benefits when I became age eligible to collect social security.

Like many school principals, there are less jobs available in this administrative education profession. I had an opportunity and became a RI suburban High School Principal for ten years in a Rhode Island district which did not pay into Social Security. After 30 years in Rhode Island, I spent ten years as a high school principal in two Connecticut communities. No school districts in Connecticut pay into social security.

As I prepared for retirement after 40 years committed and dedicated to working with future generations, taking and personally paying for post-secondary course work throughout that time to maintain certification, enhance job opportunities, and provide the best learning practices for our students and quality

administrative leadership skills, I learned of the windfall tax (WEP/GPO) and the ramifications of working in some school districts that paid into social security and others that did not. Educators in fifteen U.S. states fall into this category.

This injustice is compounded for me when my spouse dies. I cannot receive his social security benefit which is much higher than mine. So, I receive a double hit in social security income reduction. Currently, my benefit is less than some welfare recipients, yet I must keep this benefit instead of receiving the higher benefit of my husband. Some spouses could have never worked yet they will get the social security benefit of their deceased spouse.

I believe that the bill or bills causing these injustices to me and other education retirees impacted by WEP/GPO was and still is gender

discriminatory. Most teachers throughout the years have been women. Over the past years, it pained me to see older women have to obtain food stamps or utilize food centers to survive. I do not want this to happen to me or anyone else.

As a High School Principal, I made a higher salary than teachers and with the 40% reduction to my social security benefits, a greater financial amount was removed from my benefits with stern consequences to my quality of life in my senior years -- meaning **NOW!** Close to six million people across the United States are affected by this legislative injustice. Many are my age or older. I strongly urge everyone to step up and speak or write congressional leaders to remove this WEP/GPO discriminatory and unfair practice.

Vaccinating Oldest First for COVID Saves the Most Lives

Putting the oldest people near the front of the line for COVID-19 shots will save more lives and may extend their lifespan, too, researchers say.

The new study findings challenge the view that older people should be lower on the list for shots because they have a shorter life expectancy, according to the team from the University of California, Berkeley.

"Since older age is accompanied by falling life expectancy, it is widely assumed that means we're saving fewer years of life," said lead author Joshua Goldstein, professor of demography.

"We show this to be mistaken," he added in a university news release. "The age patterns of COVID-19 [death rates] are such that vaccinating the oldest first



saves the most lives and, surprisingly, also maximizes years of remaining life expectancy."

For the study, the researchers analyzed life expectancy in the United States, Germany and South Korea during the coronavirus pandemic. They based their calculations on the potential number of lives saved

through vaccination, multiplied by the life expectancy of those vaccinated.

For example, if one million vaccinations saved 1,000 lives, and vaccinated people were projected to live 20 more years on average, a total 20,000 years of life would be saved. ... [**Read More**](#)

Coronavirus: How many Medicare Advantage members went without treatment?

A new study in the [American Journal of Preventive Medicine](#) looks at out-of-pocket costs for people in Medicare Advantage plans and how they affect access to care. There is inexcusably little information available on what you will pay on average out of pocket in a particular Medicare Advantage plan in a given year, let alone for specific services. This study reports that some Medicare Advantage plans voluntarily paid the full cost of care for hospitalized members with COVID-19—although it does not say how many—and is concerned about Medicare Advantage plan members who went without

COVID-19 treatment because of the out-of-pocket costs.

To get a sense of what people in Medicare Advantage would pay for COVID-19 treatment, researchers looked at 2018 data to determine how much out-of-pocket costs could be for people hospitalized with the flu. The researchers found that of 14,278 people in a Medicare Advantage plan over 65, hospitalized with the flu in 2018, paid an average of \$989 on deductibles, copays and coinsurance. Hospitalizations averaged around six days. Averages are a bit misleading as there were a small group of



people in certain Medicare Advantage plans whose out-of-pocket costs were far higher. We don't know which Medicare Advantage plans charged more and which charged less.

Congress did not mandate that Medicare Advantage plans cover the full cost of COVID-19 treatment, only testing. It is not clear why it did not insist on full payment for COVID treatment given that out-of-pocket costs undermine access to needed care. It should not have cost more; the federal government was overpaying Medicare Advantage plans, paying them as if people were using the typical number of

health care services at a time when they were using far fewer health care services.

The researchers believe that it is critical that Medicare Advantage plans cover the full cost of COVID-19 treatment to ensure that everyone who needs care receives it. In 2018, four in ten people did not have \$400 in the bank to pay for an emergency.

Of note, the researchers only looked at some Medicare Advantage data and were unable to know for nearly three in four people studied whether they were enrolled in a Medicare HMO or Medicare PPO. The data is incomplete.

Biden's Straight-Talking CDC Director Has Long Used Data to Save Lives

In early December, **Dr. Katy Stephenson** was watching TV with her family and scrolling through Twitter when she saw a tweet that made her shout.

"I said 'Oh, my God!'" she recalled. "Super loud. My kids jumped up. My husband looked over. He said, 'What's wrong, what's wrong, is everything OK?' I was like, 'No, no, it's the opposite. It's amazing. This is amazing!'"

Dr. Rochelle Walensky had just been tapped to lead the Centers for Disease Control and Prevention.

Stephenson is an infectious diseases specialist and vaccine scientist at Beth Israel Deaconess Medical Center in Boston. So the news had special meaning for her and the many jubilant colleagues

tweeting their joy. They'd been helping one another through the brutal pandemic year, she said, while feeling they had little to no help from the federal government.

"It was so baffling," she said. "It wasn't even just that we didn't know what the government was doing. It was that sometimes it felt like sabotage. Like the federal government was actively trying to mess things up."

But through it all, as the long months became a year, Walensky had been out front, Stephenson said, sticking to the science and telling the truth.

When Walensky stepped up to lead the CDC, she promised to keep telling the truth — even when it's bad news. She told a



JAMA Network podcast last month that she'll welcome straight talk from the scientists at the CDC as well.

"They have been diminished," she said. "I think they've been muzzled — that science hasn't been heard. This top-tier agency, world-renowned, hasn't really been appreciated over the last four years and really markedly over the last year, so I have to fix that."

Walensky, 51, has long been a doctor on a mission — first, to fight AIDS around the world, and now, to shore up the CDC and get the United States through the pandemic. Beyond unmuzzling her agency's staff, she vows to tackle many other challenges, pushing particularly hard on

vaccine distribution and rebuilding the public health system.

Walensky's family has a tradition of service, including a grandfather who served in World War II and rose to be a brigadier general. And she likens the call she got from the Biden administration to a hospital alarm that goes off when a patient is in cardiac arrest.

"I got called during a code," she told JAMA. "And when you get called during a code, your job is to be there to help."

At Massachusetts General Hospital, where Walensky was the chief of infectious diseases, some of her many admirers now have T-shirts that read "Answer the Code" with her initials, RPW, beneath....[Read More](#)

COVID Cases, Deaths Plummet in Nursing Homes After Vaccine Rollout

In a hopeful turnaround during a long pandemic, U.S. nursing homes that were once the epicenter of coronavirus infections are now seeing both cases and deaths fall steeply as the country's vaccination rollout starts to take hold.

From late December to early February, new cases among U.S. nursing home residents fell by more than 80 percent, nearly double the rate of improvement in the general population, *The New York Times* reported. The downward trend in deaths was even more heartening: Even as fatalities spiked overall this winter, deaths inside nursing homes have dropped by more

than 65 percent.

"I'm almost at a loss for words at how amazing it is and how exciting," Dr. David Gifford, chief medical officer for the American Health Care Association, which represents thousands of long-term care facilities across the country, told the *Times*.

The good news comes not a moment too soon: Since the pandemic began, the coronavirus has raced through some 31,000 long-term care facilities in the United States, killing more than 163,000 residents and employees and accounting for more than a third of all virus deaths since the late spring, the *Times* said.



But with the arrival of vaccines, which were sent to long-term care facilities starting in late December, new cases and deaths in nursing homes have fallen steeply, outpacing national declines, the *Times* reported. It offers an early glimpse of what might be in store for the rest of the country, as more and more people get vaccinated.

"If we are seeing a robust response with this vaccine with the elderly with a highly contagious disease, I think that's a great sign for the rest of the population," Gifford told the *Times*.

About 4.5 million residents

and employees in long-term care facilities have received at least one dose of the vaccine, according to the U.S. Centers for Disease Control and Prevention, including about 2.1 million who have been fully vaccinated.

Now, new cases in nursing homes are at their lowest point since May, when the federal government began tracking such data, the *Times* said.

"What is certainly surprising to me is how quickly we're seeing this," Dr. Sunil Parikh, an associate professor of epidemiology and medicine at Yale School of Public Health in Connecticut, told the *Times*....[Read More](#)

The Staggering, Heartless Cruelty Toward the Elderly

Crises can elicit compassion, but they can also evoke callousness. Since the outbreak of the coronavirus pandemic, we've witnessed communities coming together (even as they have sometimes been physically forced apart), and we've seen individuals engaging in simple acts of kindness to remind the sick and quarantined that they are not forgotten. Yet from some quarters, we've also seen a degree of cruelty that is truly staggering.

Earlier today, a friend posted

on Facebook about an experience he'd just had on the Upper West Side of Manhattan: "I heard a guy who looked to be in his 20s say that it's not a big deal cause the elderly are gonna die anyway. Then he and his friend laughed

Maybe I'm lucky that I had awesome grandparents and maybe this guy didn't but what is wrong with people???" Some have tried to dress up their heartlessness as generational retribution. As someone tweeted



at me earlier today, "To be perfectly honest, and this is awful, but to the young, watching as the elderly over and over and over choose their own interests ahead of Climate policy kind of feels like they're wishing us to a death they won't have to experience. It's a sad bit of fair play."

Notice how the all-too-familiar rhetoric of dehumanization works: "The elderly" are bunched together as a faceless mass, all of them considered

culprits and thus effectively deserving of the suffering the pandemic will inflict upon them. Lost entirely is the fact that the elderly are individual human beings, each with a distinctive face and voice, each with hopes and dreams, memories and regrets, friendships and marriages, loves lost and loves sustained. But *they* deserve to die—and as for us, we can just go about our business....[Read More](#)

Do You Know Someone Suffering From Elder Abuse?

For many, aging offers wisdom, insight and self-assuredness. Unfortunately, it can also come with some unwelcomed vulnerabilities. As relatives and friends get older, they can become physically frail, and less able to protect themselves or fight back. Plus, many older people have diminishing vision or hearing, making them readily susceptible for others to take advantage of them. Strangers are not the only

ones to watch around the elderly. Even relatives can behave in unexpected ways because living with an elderly family member can cause overwhelming stress, with little relief in caring for them on a daily basis.

To this end, many seniors are abused or neglected everyday -- harmed physically, emotionally or financially, often by the people responsible for their care. We suspect that millions of



instances of elder abuse happen every year, with only a small percentage being reported. Elder abuse is an important social issue of which people need to be acutely aware, especially when dealing with older relatives and friends.

Being in one's own residence does not guarantee safety. Elder abuse usually occurs where the senior resides -- most often in the home they have lived in for

years. Surprisingly, abusers are most often adult children, grandchildren, spouses or other family members. However, abuse and neglect may also occur in institutional settings, including long-term care facilities....[Read More on...](#)

Types of Elder Abuse

Physical Abuse

Emotional Abuse

Financial Abuse

Are you Suspicious of Elder Abuse? Report it!

What is Non Medical Home Care?

Home Care aims to help senior citizens who live at home with assistance with activities of daily living (ADLs). This encompasses activities such as meal preparation, housekeeping and laundry, bathing and hygiene assistance, and help getting dressed. These are activities that allow a senior to age in place in their own home. This is not to be confused with Home Health, which deals with medical issues and rehabilitation therapy. Home care does not deal with shots, physical therapy, and other medical assistance many seniors need at home. It is important to note that home care is usually not covered by Medicare, and will have to be covered by insurance or as an out of pocket expense.

Different Types of Home Care

There are many different types of home care and forms of assistance. Below, you can find some of the basic types of home care, as well as what type of care and services you can expect.

Companion Care

Companionship care helps to act like another member of the family or friend. The caregiver become an aide whose purpose is to keep the senior company.

Homemaking

Homemaking deals with many of the simple, daily activities of life.

Personal Care

As many seniors age, it becomes more difficult for them to stay mobile and physically



independent. Personal Care helps seniors with mobility and independence.

Hygiene Care

One of the first things to go for many seniors is their hygiene. As they age, it becomes more and more difficult for them to fulfill the basic tasks necessary for good hygiene.

Wellness Care

Many home care providers will also work with a senior to try and provide non-medical services pertaining to health and wellness. This can come from planning nutritional meals, establishing light exercise regiments, and even helping to improved cognitive acuteness. Discussing this with your primary physician and

home care provider could help to implement care that focuses on the senior's specific wellness needs.

Cost of Non-Medical Home Care

The cost for non-medical home care will vary depending on the level of care needed and geographical location. Home care does cost less than other alternatives, such as adult day care, assisted living, and skilled nursing. It generally ranges from \$10 to \$36 per hour, and the average in 2015 was \$20 per hour. The best way to set a budget is to determine how many hours a week of assistance the senior will need....[Read More on each of these services.](#)

What are Social Security Representative Payees?

Millions of people get monthly Social Security benefits or Supplemental Security Income payments. Some need help managing their money. When we receive information that indicates you need help, we'll assign a representative payee to manage your benefits for you. We try to select someone who knows you and wants to help you. A representative payee receives your monthly benefit payment on your behalf and must use the money to pay for your current needs, including:

- ◆ Housing and utilities.
- ◆ Food.
- ◆ Medical and dental expenses.
- ◆ Personal care items.
- ◆ Clothing.

- ◆ Rehabilitation expenses (if you're disabled).

If you need help managing your benefits, tell a Social Security representative that there is someone you want to be your representative payee. They should be someone you trust and see often, and who clearly understands your needs. Social service agencies, nursing homes, or other organizations are also qualified to be your representative payee.

Ask them to contact us.

You can write to us within 60 days of being assigned a representative payee if you don't agree that you need one or if you want a different representative payee.



We also offer an option, called Advance Designation, which allows you to choose a representative payee in advance. In the event you can no longer make your own financial decisions, you and your family will have peace of mind knowing you already chose someone you trust to manage your benefits.

You can submit your advance designation request when you apply for benefits or after you are already receiving benefits. You may do so through your personal my Social Security account at www.ssa.gov/myaccount, by telephone, or in person.

You can find more information at www.ssa.gov/payee.

“Slam the Scam” Day 2021

SSA is again teaming up with our Office of the Inspector General (OIG) to promote awareness about Social Security scams. In 2020, the OIG received over 718,000 scam complaints and is continuing to work with the Department of Justice and other law enforcement agencies to identify and pursue scammers and their facilitators. In our continued effort to educate and protect the public against scamming, we are holding our second “Slam the Scam” Day on March 4, 2021. More information is available at oig.ssa.gov.

Mediterranean Diet Could Keep Aging Brains Sharp

Helping your brain stay sharp with age may be as simple as changing up the food on your plate at dinnertime, a new study suggests

The study focused on the healthy "Mediterranean" diet, a regimen reliant on olive oil, beans, nuts, fruits, vegetables and whole grains, with chicken and fish largely replacing red meat. Dairy products and eggs are only used in "low to moderate amounts," according to the American Heart Association.

Nutritionists have long touted the benefits of the diet on various facets of health, including cardiovascular health. But a team of researchers in Scotland, led by Janie Corley, wanted to see whether Mediterranean fare might help the brain work better with age,

too.

To do so, her team tested the mental ("cognitive") ability of over 500 people averaging 79 years of age, none of whom showed any signs of dementia. The tests focused on problem solving, thinking speed, memory and word knowledge, and the researchers also obtained MRI brain scans of over 350 of the participants.

"Including both cognitive ability and brain MRI markers in the one study is important, because it has the potential to further our understanding of the relationship between what we eat and cognitive aging," explained Corley, who is a postdoctoral researcher in psychology at the University of Edinburgh.



Participants were also asked to fill out questionnaires on what their typical diets were over the past year.

In their initial test, people who adhered more closely to the Mediterranean diet tended to score better, the study found. While the study couldn't prove cause and effect, the diet was positively associated with improved performance in specific brain functions, such as memory, verbal ability and visuospatial ability (people's ability to analyze and mentally alter objects).

Even after adjusting for childhood IQ and other health and education factors, the results still showed a significant benefit to the brain for folks adhering to a Mediterranean diet compared

to those who didn't.

The strongest association seen was between the diet and verbal ability. However, the Mediterranean diet had no effects on the brain's structure as shown on the MRIs.

In other words, the brain appeared to function differently depending on diet, but it did not look different. So what might be going on?

Of these, Sandon noted, red meat appears to be particularly unhealthy for the brain, probably because of red meat's high level of saturated fat. She added that processed foods are also packed with excessive salt, sugar and other components that can make them both cheap and addictive....[Read More](#)

History of Mental Illness Tied to Earlier Onset of Alzheimer's Disease

People with Alzheimer's disease often have a history of depression or anxiety, which might mean an earlier emergence of memory and thinking problems, a preliminary study suggests.

Researchers found that of 1,500 Alzheimer's patients at their center, 43% had a history of depression, while almost one-third had a history of anxiety disorders.

Those patients also tended to be diagnosed with dementia at a younger age -- about two to three years younger, on average, than Alzheimer's patients with no history of depression or anxiety.

The question is, what does it all mean?

"What's the directionality of this?" said senior researcher Dr. Zachary Miller, an assistant professor at the University of California, San Francisco. "Is it that you're at greater risk of Alzheimer's if you have depression or anxiety?"

Or, he said, are depression and anxiety symptoms an early sign of the dementia process?

Miller said he leans toward

that latter explanation, though this study cannot rule out the possibility that the mental health conditions contribute to dementia risk.

He is scheduled to present the findings at the American Academy of Neurology's annual meeting, being held online April 17 to 22. Studies featured at meetings are generally considered preliminary until they are published in a peer-reviewed journal.

The idea that mental health and Alzheimer's disease are linked is not new. A number of studies have found an association between depression and an increased risk of dementia, though none prove cause and effect.

Few studies, though, have looked at the relationship between Alzheimer's and other psychiatric conditions, including anxiety.

So Miller and his colleagues screened 1,500 Alzheimer's patients at their Memory and Aging Center for any history of five psychiatric disorders: depression, anxiety, bipolar



disorder, post-traumatic stress disorder and schizophrenia.

Just over 43% of patients had suffered from depression, and 32% had a history of anxiety; the other disorders were uncommon.

According to Miller, some patients had their psychiatric symptoms in the recent past -- within two years of their Alzheimer's diagnosis -- while for some others, it was 10 or more years before. But even those relatively distant symptoms, he said, could potentially be an early manifestation of dementia, since the process occurs over many years.

In general, the study found, patients who'd had depression or anxiety were diagnosed with Alzheimer's at a somewhat younger age.

And if they'd had two psychiatric conditions, their dementia diagnosis came earlier still. On average, those patients were more than three years younger at diagnosis, versus those with no history of mental health conditions.

Dr. John Morris is a fellow of the American Academy of Neurology and director of the Knight Alzheimer Disease Research Center at Washington University School of Medicine in St. Louis.

He agreed that mental health symptoms could be an early indicator of dementia, but said it is hard to be certain.

Morris pointed to his own recent study of people who had biological markers of Alzheimer's in the brain, but had not yet developed dementia. He said the research found little evidence that depression developed any sooner than the final stage of "preclinical" Alzheimer's, when people were "transitioning to dementia."

Morris, who was not involved in the new study, said one of its strengths was the inclusion of psychiatric conditions other than depression.

But there are unanswered questions. For one, Morris said, it's possible that people with depression or anxiety did not actually develop dementia sooner, but just sought medical attention earlier.[Read More](#)

Rheumatoid Arthritis Meds May Help Fight Severe COVID-19

Rheumatoid arthritis drugs may save lives of patients hospitalized with severe cases of COVID-19, according to a groundbreaking clinical trial.

The findings, first announced in January, have now been peer-reviewed and published in a major medical journal.

"We are delighted that our full results are now published after peer review. This confirms the robustness of our findings, that tocilizumab and sarilumab can reduce deaths by nearly a quarter, in the sickest patients with COVID," said researcher Dr. Anthony Gordon, chair in anesthesia and critical care at Imperial College London, in the United Kingdom.

In the study, initially reported in November, the arthritis drugs tocilizumab (Actemra) and sarilumab (Kevzara) reduced death among critically ill COVID-19 patients by nearly 9 percentage points, or about 25%. The drugs are immune modulators called IL-6 receptor antagonists.

These drugs also shortened patients' hospital stays significantly.

"On average, patients were discharged from [intensive care units] a week earlier and [left] hospital two weeks earlier," Gordon said, noting that "several thousand patients" had already benefited from the drugs' use



through the National Health Service in the United Kingdom.

"Other studies have now confirmed our results and so even more patients will continue to benefit," he said in a college news release.

Of 353 patients in the trial, some were given tocilizumab or sarilumab; others received an inactive placebo.

Thirty-six percent of patients given a placebo died, compared to 27% of patients receiving the drugs (28% for tocilizumab, 22% for sarilumab).

That means for every 12 patients treated, one life would be saved, the study authors explained.

Gordon noted that previous trials using IL-6 receptor agonists showed no clear benefit on disease progress or survival in COVID-19 patients. But those studies included patients whose illness was less severe and treatment started at different stages, he said.

"A crucial difference may be that in our study, critically ill patients were enrolled within 24 hours of starting organ support," Gordon said. "This highlights a potential early window for treatment where the sickest patients may gain the most benefit from immune modulation treatment."

Common Antidepressants Won't Raise Risk for Bleeding Strokes: Study

The most widely prescribed antidepressants in the United States don't appear to increase the risk of the deadliest type of stroke, according to a new preliminary study.

It examined the association between selective serotonin reuptake inhibitors (SSRIs) and intracerebral hemorrhage. This is when a brain blood vessel bursts and blood spreads into the surrounding tissue.

The most common causes of this type of stroke are high blood pressure and head trauma, but some earlier research had suggested that SSRIs may increase the risk. SSRIs include drugs such as Prozac (fluoxetine) and Zoloft (sertraline).

"Selective serotonin reuptake

inhibitors work by preventing reabsorption of the chemical serotonin, which regulates mood, into the cells, making more of it available in the brain," said study author Dr. Mithilesh Siddu, who did the research while at the University of Miami. He's now an assistant professor of neurology at the Medical College of Georgia at Augusta University.

"However, by interfering with serotonin, which also plays a role in blood clotting, SSRIs may increase the risk of bleeding. Therefore, to determine if these antidepressants increase the risk of bleeding strokes, we looked at a large population of people with stroke," Siddu said in an



American Academy of Neurology news release. The study included nearly 128,000 people who had a stroke between 2010 and 2019. Of those, just over 17,000 had been prescribed antidepressants before their stroke, and nearly 111,000 had never had an SSRI prescription.

Rates of intracerebral hemorrhage were 11% in people who'd been prescribed antidepressants and 14% in those who had not, according to the findings. The results will be presented at the American Academy of Neurology's virtual annual meeting, April 17-22.

After they adjusted for other stroke risk factors -- such as age, high blood pressure and diabetes -- the study authors concluded

that the risk of intracerebral hemorrhage was the same in people who took antidepressants as those who didn't take the medications.

"These findings are important, especially since depression is common after stroke, and selective serotonin reuptake inhibitors are some of the first drugs considered for people," Siddu said.

"More research is needed to confirm our findings and to also examine if SSRIs prescribed after a stroke may be linked to risk of a second stroke," he added.

Research presented at meetings is generally considered preliminary until peer-reviewed for publication in a medical journal.

Fauci: Whatever COVID-19 vaccine is available, 'take it'

Dr. Anthony Fauci, the nation's top infectious diseases expert, is advising Americans to not wait for certain COVID-19 vaccines to become available before getting inoculated.

"When a vaccine becomes available, take it," Fauci told Savannah Guthrie during an interview on the "Today" show Thursday.

"This is a race, Savannah, between the virus and getting vaccines into people. The longer

one waits on getting vaccinated, the better chance the virus has to get a variant or a mutation," Fauci said. "So, the sooner we get vaccine into the arms of individuals, whatever that vaccine is ... once it gets by the FDA for an [Emergency Use Authorization], if it's available to you, get it."

Fauci's comments come as the Biden administration seeks to administer 100 million COVID-



19 vaccine doses within the first 100 days of President Biden's term.

Roughly 66.5 million coronavirus vaccine doses have been administered thus far in the U.S., according to the **Centers for Disease Control and Prevention** (CDC).

The Food and Drug Administration (FDA) has granted emergency use authorization to two COVID-19 vaccines, one from Pfizer and

another from Moderna, both two-dose vaccines taken roughly one month apart. Both vaccines have been found to be over 90 percent effective.

Johnson & Johnson has also applied for emergency authorization of its single-dose coronavirus vaccine. The FDA **released data** on Wednesday affirming that the vaccine is 66 percent effective, which is still above the FDA's standards.

Engineered cartilage produces anti-inflammatory drug

Joints such as those in the knees and hands rely on cartilage tissue to keep the bones from rubbing together. Wear and tear over a lifetime can cause cartilage to break down. This leads to a condition called osteoarthritis.

The symptoms of osteoarthritis can include joint pain, stiffness, and swelling. More than 30 million adults nationwide are living with the condition. Currently, no treatments exist to prevent or reverse its progression.

Researchers have been interested in growing new cartilage in the lab that could be implanted into joints. However, joints with arthritis contain many molecules that promote chronic inflammation. This inflammation, plus the physical stress produced by normal movement, can destroy replacement cartilage quickly.

A research team led by Dr.

Farshid Guilak from Washington University in St. Louis has been testing whether cartilage cells could be engineered to protect themselves from inflammation. In a proof-of-concept study, the team altered cartilage cells from pigs to produce an anti-inflammatory molecule when stressed.

The study was funded in part by NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institute on Aging (NIA), and National Center for Advancing Translational Sciences (NCATS). Results were published on January 27, 2021, in *Science Advances*.

The researchers first identified a protein called TRPV4 in the membrane of cartilage cells that senses alterations within cells under compression. They found that TRPV4 becomes activated by a change to the fluid in cells



called osmotic loading. The protein can also be triggered by mechanical forces.

The team showed that, in response, TRPV4 activates specific genetic pathways in cartilage cells associated with inflammation and metabolism. The researchers modified these genetic circuits to produce an anti-inflammatory molecule called interleukin-1 receptor antagonist (IL-1Ra). Cells with these circuits were then grown to form cartilage.

When exposed to either mechanical forces or osmotic loading, the engineered cells produced IL-1Ra. The timing and duration of production depended on which genetic circuit was used. This suggests that production could be customized by harnessing different cellular pathways that turn on and off at different times.

Finally, the researchers tested whether production of IL-1Ra could protect cartilage cells in an inflammatory environment, similar to that seen in osteoarthritis. They exposed the engineered cartilage to both an inflammatory molecule and osmotic loading for three days.

By the end of that period, cartilage that didn't produce IL-1Ra was breaking down. In contrast, cartilage that produced the molecule maintained its structure and strength.

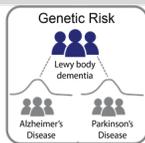
These findings demonstrate the ability to engineer living tissue to produce its own therapeutic drugs. "We think this strategy could be a framework for doing what we might need to do to program cells to deliver therapies in response to a variety of medical problems," Guilak says.

Genetic study of Lewy body dementia supports ties to Alzheimer's and Parkinson's diseases

In a study led by National Institutes of Health (NIH) researchers, scientists found that five genes may play a critical role in determining whether a person will suffer from **Lewy body dementia**, a devastating disorder that riddles the brain with clumps of abnormal protein deposits called Lewy bodies. Lewy bodies are also a hallmark of **Parkinson's disease**. The results, published in *Nature Genetics*, not only supported the disease's ties to Parkinson's disease but also suggested that

people who have Lewy body dementia may share similar genetic profiles to those who have **Alzheimer's disease**.

"Lewy body dementia is a devastating brain disorder for which we have no effective treatments. Patients often appear to suffer the worst of both Alzheimer's and Parkinson's diseases. Our results support the idea that this may be because Lewy body dementia is caused by a spectrum of problems that



can be seen in both disorders," said Sonja Scholz, M.D., Ph.D., investigator at the NIH's **National Institute of Neurological Disorders and Stroke** (NINDS) and the senior author of the study. "We hope that these results will act as a blueprint for understanding the disease and developing new treatments."

The study was led by Dr. Scholz's team and researchers in the lab of Bryan J. Traynor, M.D., Ph.D., senior investigator

at the NIH's **National Institute on Aging** (NIA).

Lewy body dementia usually affects people over 65 years old. Early signs of the disease include hallucinations, mood swings, and problems with thinking, movements, and sleep. Patients who initially have cognitive and behavioral problems are usually diagnosed as having dementia with Lewy bodies, but are sometimes mistakenly diagnosed with Alzheimer's disease....**Read More**

Many Women Getting Wrong Antibiotics to Treat a UTI

If you've gone to the doctor for a urinary tract infection (UTI), chances are that you've been given the wrong antibiotic or a longer-than-necessary treatment plan.

That's even more likely if you live in a rural area, researchers say.

A new study of private insurance claims data found that 47% of women were prescribed antibiotics that were outside recommended guidelines and

76% were prescribed those drugs for an inappropriate duration, mostly too long.

Inappropriate use of antibiotics has fueled a surge in drug-resistant bacteria. These germs can spread and cause infections that common antibiotics are unable to cure.

"Inappropriate antibiotic prescriptions for uncomplicated urinary tract infections are prevalent and come with serious



patient- and society-level consequences," said lead author Anne Mobley Butler. She is assistant professor of

medicine and surgery at Washington University School of Medicine in St. Louis.

"Our study findings underscore the need for antimicrobial stewardship interventions to improve outpatient antibiotic prescribing, particularly in rural settings,"

Butler said in a news release from the Society for Healthcare Epidemiology of America.

Rural patients were more likely to receive a prescription for an inappropriately long duration than urban patients, according to an analysis of geographic data.

The findings come from a look at insurance claims data for 670,400 U.S. women between the ages of 18 and 44....**Read More**

Which Blood Pressure Number Matters Most Might Depend on Your Age

Systolic blood pressure is the best way to predict future cardiovascular events and death, irrespective of age, according to new research. But in younger people, diastolic blood pressure could still be important.

Systolic pressure – the upper number in a blood pressure reading – measures how hard the heart pumps blood into arteries. Diastolic – the bottom number – indicates the pressure on the

arteries when the heart rests between beats.

In recent years, many medical experts shifted their focus to systolic readings when trying to determine the risk of heart problems, but questions lingered about how important diastolic readings really were, said Dr. Michael Hecht Olsen, lead author of a new study published Monday in the American Heart



Association journal Hypertension. To find out more, researchers looked at 26 years of data from 107,599 adults ages 19-97. Participants didn't start out with cardiovascular disease, but some eventually reached a "cardiovascular endpoint," which the study defined as stroke, heart attack or death from heart disease.

The study found that for people under 50, diastolic blood pressure readings "provided additional prognostic predictive information," Olsen said. But the study showed systolic readings were still "a strong predictor of cardiovascular risk independent of age, sex and other cardiovascular risk factors." ...[Read More](#)

Spring Allergies Are Near, Here's What Works to Fight Them

For millions of Americans, sneezing, coughing, runny noses, itchy eyes and congestion are sure signs that spring is on the way.

The American College of Allergy, Asthma and Immunology (ACAAI) has advice for coping with these classic hay fever symptoms. It recently published a guideline for health care providers caring for patients with these dreaded seasonal allergies.

"The guideline highlights the fact that cough is a common symptom of hay fever," said academy president Dr. Luz Fonacier. "Many people aren't aware of that, and especially as we face another spring with COVID-19, people should be aware that a cough isn't

necessarily a COVID-19 symptom -- it can just be part of allergies."

The guideline recommends avoiding first-generation antihistamines, such as diphenhydramine (Benadryl) and chlorpheniramine (Chlor-Trimeton). They can cause drowsiness and symptoms like dry mouth, dry eyes and constipation.

Instead, the college recommends non-sedating medications such as cetirizine (Zyrtec), levocetirizine (Xyzal), fexofenadine (Allegra Allergy), loratadine (Claritin) or desloratadine (Clarinex).

The guidelines say inhaled corticosteroids such as fluticasone (Flovent), mometasone (Asmanex HFA),



budesonide (Entocort) and triamcinolone (Nasacort) are the most effective treatment if you have persistent allergy symptoms, especially if they're affecting your quality of life. They may even help control symptoms that accompany eye allergies, according to the ACAAI.

The oral decongestant pseudoephedrine (Sudafed) can help clear a stuffy nose, but is the main ingredient in methamphetamine (meth), the guidelines point out. As such, pseudoephedrine is only available by prescription or by special request from a pharmacist, depending on the state.

Pseudoephedrine has many

side effects, including insomnia, loss of appetite, irritability, and heart palpitations. You should not use it if you're pregnant, ACAAI cautioned.

A lack of adequate studies means that the college couldn't make recommendations about alternative therapies such as acupuncture or herbal medications to treat hay fever.

It's common for people who get tested for hay fever to be tested for food allergies at the same time, but this shouldn't be done because food allergies don't cause nasal symptoms, according to the guideline.

Hay fever testing should check for sensitivity to pets, dust mites, trees, grasses, weeds and mold, which are the most likely triggers for nasal allergies.

Symptoms of the different types of knee arthritis

Arthritis causes swelling and inflammation in the joints and commonly affects the knee. People may also experience knee stiffness, weakness, and cracking noises when moving the knee.

Arthritis is a term that encompasses [over 100](#) conditions that may cause [inflammation](#) or swelling of the joints or tissues. Many of these conditions can affect the knee.

This article discusses the different symptoms of knee arthritis and explains which type of arthritis may be causing them. It will also provide information on diagnosis and treatment options.

[Symptoms of arthritis in the knee](#)

Symptoms of arthritis in the knee can include:

- knee pain and swelling after use, misuse, or trauma
- ◆ knee pain and swelling that worsens after extended periods of inactivity, such as sleeping, sitting, standing, or resting, or at the end of the day
- ◆ knee stiffness and swelling in the knee, which can make it hard to straighten or bend the knee properly
- ◆ a "locking" or "sticking" sensation when moving the knee
- ◆ a creaking, clicking, grinding, or snapping noise when moving the knee
- ◆ pain that may worsen with rainy weather
- ◆ weakness or buckling in the



knee
Do symptoms only affect one leg?

[Osteoarthritis \(OA\), reactive](#)

[arthritis](#), [gout](#), and post-traumatic arthritis often cause pain in only one joint or one side of the body, although they can affect both sides of the body. Autoimmune conditions such as [lupus](#) and [rheumatoid arthritis](#) tend to affect both sides of the body.

Is the pain continuous?

Gout, OA, post-traumatic, reactive, and [infectious arthritis](#) can cause continual discomfort during the acute phase of the flare or attack. However, symptoms may be worse on some days than others.

Other forms of arthritis may have symptoms alternating

between flare-ups and periods of remission where symptoms improve, such as:

- ◆ [rheumatoid arthritis](#)
 - ◆ [psoriatic arthritis](#)
 - ◆ arthritis due to lupus
- Do symptoms start in a smaller joint?**

Many autoimmune conditions, including rheumatoid and psoriatic arthritis, cause initial symptoms in smaller joints before impacting the knee.

Lupus arthritis also does not typically start in the knee. Early symptoms can affect the fingers, wrists, elbows, ankles, and toes.

However, gout, infectious and reactive arthritis, post-traumatic injury, and lupus tend to impact the knee early on.

[Learn more about arthritis in the knee here.](#)