

May 23, 2021 E-Newsletter

For the People Act Advances in the U.S. Senate

The Senate Rules Committee has advanced S1, the For the People Act, despite a contentious hearing that produced a **deadlocked 9-9** vote along party lines. Under Senate rules, Majority Leader Chuck Schumer can advance the bill to the Senate floor.

The bill will protect Americans' right to vote and

ensure that elections are safe and accessible for all. It will also help combat voter suppression efforts. Several state legislatures have already introduced more than 300 anti-voter bills this year.

This is particularly harmful for seniors, who **voted by mail in large numbers** in the 2020 election.

"Older Americans take voting seriously," said **Richard Fiesta**, Executive Director of the Alliance for Retired Americans. "Lawmakers should be making it easier for everyone to cast their ballots instead of putting up unnecessary barriers and making it more difficult to vote."

Several provisions of the bill are quite popular with the

American public, according to a **Pew Research Poll**. But it will be difficult for supporters to pass S1 in the Senate despite its popularity. Currently, there are no Republican Senators who are co-sponsoring the bill.



Rich Fiesta,
Executive Director, ARA

Congress Takes Significant Steps to Strengthen the Postal Service

The U.S. Senate **confirmed two of President Biden's** nominees to the U.S. Postal Service Board of Governors this week: **Ron Stroman**, a former deputy postmaster general, and **Amber McReynolds**, chief executive of the National Vote at Home Institute. A third nominee, former American Postal Workers Union (APWU) General Counsel **Anton Hajjar**, is still awaiting confirmation.

On Thursday the House Committee on Oversight and

Reform passed the 2021 Postal Reform Act, with bipartisan support. The bill still must be passed by the full House of Representatives and the U.S. Senate.

APWU President **Mark Dimondstein** released a **statement** that said the bill "will place USPS on the path toward financial stability by taking the critical step of repealing the unfair pre-funding mandate, adding much-needed transparency to the Postal

Service, and enacting prospective Medicare integration. The pre-funding mandate requires USPS to fully pre-fund retirement health benefits for future postal workers who have not even been born yet. This burden—which no other organization is forced to bear—is responsible for 84 percent of the Postal Service's net losses since 2007."

"Older Americans rely on the Post Office to deliver their prescription drugs and other

critical mail," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "The activism of thousands of Alliance members who attended demonstrations and wrote to their members of Congress helped make this happen. We need to keep the pressure on until this bill is signed by President Biden."



Joseph Peters, Jr.

Leaders Position House G.O.P. Against Independent Accounting for Jan. 6 Riot

Top House Republicans urged their colleagues on Tuesday to oppose **bipartisan legislation** creating an independent commission to investigate the Jan. 6 Capitol attack, positioning their conference against a full accounting of the deadly riot by a pro-Trump mob.

Representative Kevin McCarthy, Republican of California and the minority leader, **announced his opposition** in a lengthy statement on Tuesday morning, and his leadership team followed up later to recommend that lawmakers

vote "no" on Wednesday. Together, the actions suggested that the House vote would be a mostly partisan affair, highlighting yet again **Republicans' reluctance to grapple with former President Donald J. Trump's election lies** and their determination to deflect attention from the Capitol assault.

Mr. McCarthy had been pushing for any outside investigation to include a look at what he called "political violence" on the left, including by anti-fascists and Black Lives



Matter, rather than focus narrowly on the actions of Mr. Trump and his supporters who carried out the riot.

"Given the political misdirections that have marred this process, given the now duplicative and potentially counterproductive nature of this effort, and given the speaker's shortsighted scope that does not examine interrelated forms of political violence in America, I cannot support this legislation," Mr. McCarthy said in a statement.

His opposition raised questions about the fate of the commission in the Senate, where **Democrats would need at least 10 Republicans** to agree to support its formation. Senator Mitch McConnell of Kentucky, the minority leader, said he and other Republican senators were undecided and would "listen to the arguments on whether such a commission is needed."

House Republican leaders had initially suggested that they would allow lawmakers to vote however they saw fit, too. But they abruptly reversed course on Tuesday...**Read More**

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America's unmasking brings liberation but also trepidation as huge questions loom

Americans stripped off their masks Thursday as the US Centers for Disease Control and Prevention made the sudden announcement that vaccinated people no longer need to wear them indoors or outdoors. It was **a great moment of liberation** after a year of intense stress and fear, but also one of trepidation for many as the policy created a whole new set of complex questions for parents, employers, business owners and the millions of Americans who are still hesitant to get shots.

Biden administration officials greeted the news with euphoria in Washington. In the White House, the President took off his mask during a meeting with Sen. Shelley Moore Capito and other senators, the West Virginia Republican said. The President's aides, who had been wearing masks as late as Thursday morning, put them away. Senators on Capitol Hill uncovered their faces. "Free at last," Senate Minority Leader Mitch McConnell said.

The CDC's decision to change the guidance for fully vaccinated people -- which was a surprise even to White House officials informed late

Wednesday -- marks a huge **political success** for Biden early in his term and a key turning point on the road to eradicating the pandemic, which is perhaps the most important goal of his presidency. Yet in the coming days, the onus will be on officials -- none more so than the President himself -- to manage and demonstrate the transition between the CDC's pronouncement and its impact on the lives of millions of Americans.

"I think it's a great milestone, a great day," **Biden said** in the White House Rose Garden, making a point to smile and tell others to do so after months of concealing their faces to keep one another safe. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told CNN's Jake Tapper that the announcement did not mean that the pandemic was over in the US but said that the nation had just taken one step closer to normal life.

"Being able to go around without a mask, indoors as well as outdoors, is really a big step in that direction," Fauci said. "I



wouldn't want to declare victory prematurely, but I'm saying this is clearly a step in the direction that we want to go."

New questions

Still, the CDC's decision immediately raised a flurry of questions and consequences, including a debate over whether an agency often criticized for being too cautious had suddenly gone too far.

There were already key points of confusion and conflicting policies that could raise doubt in the minds of some Americans about the science of unmasking at this point when **about 46% percent** of Americans who are 18 and older are fully vaccinated, according to data published by the CDC.

The equivocation was evident Thursday in the dissonant policies even within different government agencies and entities in Washington. The White House told vaccinated staffers that they could take off their masks at work. But when House Speaker Nancy Pelosi was asked whether she planned to change the rules and allow members to unmask on the floor of the House of Representatives, the California Democrat replied:

"No," then asked rhetorically: "Are they all vaccinated?"

During school pickup Thursday throughout the country, many parents still wore their masks after the announcement as unvaccinated children streamed from the doors -- raising questions about what the new policies will mean at a time when vaccines are not approved for younger children. Parents are also left struggling to explain why there are now different rules for adults and kids without creating more worries among young children.

By Thursday evening, many Americans were out on the town or at bars raising their glasses to celebrate the moment -- even though bars have often been cited by scientists as one of the breeding grounds for Covid-19 transmission. Yet the federal transportation mask mandate will **stay in place** through September 13, according to the Transportation Security Administration Thursday, even though the science has generally shown that it has been safer to fly on planes than to fraternize at bars.... **[Read More](#)**

KHN's 'What the Health?': Drug Price Effort Hits a Snag

The high cost of prescription drugs is a top health issue for the public and politicians, but concerns raised by a group of moderate Democrats threaten to derail a bill being pushed by House Democratic leaders. Opposition by a handful of conservative and moderate Democrats to House Speaker Nancy Pelosi's proposal to drive down prescription drug prices

was a bit of a surprise since some of the members had voted for very similar legislation in the previous Congress. Back then, though, it was clear the bill had no chance of survival in a Republican-controlled Senate. Now the stakes are much higher because Democrats control Congress and the White House. In addition to drugmakers'



clout on Capitol Hill, some resistance to Pelosi's plan reflects the fact it was written by leadership behind closed doors and didn't go through the typical committee process, in which members of the House would have had a chance to debate and amend the legislation.

Another factor in the dispute is that several of the representatives who signed the letter to the speaker come from areas where drugmakers have large operations and argue that measures to lower prices could cost jobs.

[Click here to listen to the Podcast](#)

CFPB Offers Financial Resources for Seniors

To mark Older Americans Month, the Consumer Financial Protection Bureau (CFPB) has published four free resource guides on **financial caregivers**, the **Social Security Advance Designation**, **planning for diminished capacity and illness**, and **managing someone else's money**.

It can be more complicated for

older adults to maintain their financial well-being, and they may be more vulnerable to fraud and abuse. A **CFPB analysis showed** that the number of people reporting elder financial exploitation quadrupled between 2013 and 2017, with victims losing an average of \$34,200.

These CFPB guides can help

older Americans take control of their finances by giving them the power to plan for the future. They also provide guidance for loved ones so they know how to get involved and protect seniors from fraud.

"It is important for older adults to have access to helpful information that will help them

navigate the financial world as they age," said **Robert Roach, Jr.**, President of the Alliance. "We urge retirees to consult trusted sources like the CFPB for guidance when they need it."



Robert Roach, Jr.
President, ARA

CMS Looks to Expand COVID-19 Vaccine Education

On Tuesday, the Centers for Medicare & Medicaid Services (CMS) updated COVID-19 vaccination education, uptake, and reporting policies for Medicaid and Medicare Long-Term Care (LTC) facilities and Intermediate Care Facilities serving people with Intellectual Disabilities (ICF-IID).

The interim final rule with comment period (IFC) revises the infection control standards the facilities must meet to participate in Medicare and Medicaid. In part, the rule requires facilities to educate residents, clients, and staff about the COVID-19 vaccine and to

offer shots when supplies are available. This aligns with existing nursing home rules for influenza and pneumococcal vaccines.

It also directs LTC facilities to submit weekly **reports** on resident and staff vaccination status to the Centers for Disease Control and Prevention (CDC). This builds on current COVID-19 reporting protocols, under which LTC facilities must submit information on testing, cases, and mortality. The facility-specific vaccination data will be **publicly available**. CMS plans to use it to monitor



vaccination rates and identify facilities that may need additional support.

In announcing the revisions, CMS Chief Medical Officer Lee Fleisher, M.D., noted, “These new requirements reinforce CMS’ commitment of ensuring equitable vaccine access for Medicare and Medicaid beneficiaries ... Today’s announcement directly aids nursing home residents and people with intellectual or developmental disabilities who have been disproportionately affected by COVID-19. Our

goal is to increase COVID-19 vaccine confidence and acceptance among these individuals and the staff who serve them.”

The IFC is effective as of May 21, and non-complying facilities will face fines.

While the IFR is specific to LTC facilities and ICFs-IID, CMS seeks comments on whether the policies should be expanded to other congregate settings, like psychiatric residential treatment facilities, group homes, and assisted living facilities. Comments are due July 12, and we will share ours once they are submitted.

Biden Administration Prohibits Discrimination on Basis of Sexual Orientation or Gender Identity

This week, the Department of Health and Human Services Office for Civil Rights **announced** that a ban on sex discrimination in health care includes a ban on discrimination on the basis of sexual orientation or gender identity. This is a reversal of a Trump-era policy, bringing the Biden administration more in line with a recent Supreme Court decision and the initial interpretation of the statute.

In 2019, the Trump administration **proposed a rule** that, among other harmful changes, sought to eliminate regulatory prohibitions on discrimination based on gender identity, as well as specific

health insurance coverage protections for transgender individuals.

The rule could not touch the underlying Health Care Rights Law—Section 1557 of the Affordable Care Act—but it threatened to remove some avenues for relief and put the dignity and access to care for LGBTQ+ individuals at risk. Medicare Rights strongly **objected to the proposed changes**.

A subsequent **landmark U.S. Supreme Court decision, Bostock v. Clayton County, Georgia**, changed the playing field. In Bostock, the Supreme Court found that discrimination “on the basis of



sex” in labor contexts extends to gender identity and sexual orientation under Title

VII of the Civil Rights Act of 1964. This was the first Supreme Court decision to grapple with this issue, and most experts expect the reasoning to hold true for cases outside of labor.

Despite this decision, the Trump administration in 2020 announced that it was finalizing the rule. The Biden administration is now bringing administrative policy in line with Bostock: “The update was made in light of the U.S. Supreme Court’s decision in Bostock v. Clayton County and

subsequent court decisions.” They also cite the dangers of discrimination, including the risk of people losing access to care or forgoing care entirely.

In Medicare Rights’ recommendations to the Biden administration, **we urged a reversal of this Trump-era policy**. We welcome this move to ensure that people will not have to fear discrimination from their health care providers. This change brings the administration in line with both the Supreme Court precedent and the underlying Health Care Rights Law, and it reduces the risk of LGBTQ+ individuals going without needed care.

Medicare IS Under Attack, and In Danger of “Withering on the Vine”

In 1995 Newt Gingrich predicted that privatization efforts would lead Medicare to **wither on the vine**. He said it was unwise to get rid of Medicare right away, but envisioned a time when it would no longer exist because beneficiaries would move to private insurance plans.

Well ... that’s what’s happening. Not just by happenstance, but rather according to a determined, strategic plan. The plan has included the following:

1. Government subsidies to private plans, renamed

“Medicare Advantage,” ranging from 14% – 2% above traditional Medicare per-beneficiary costs;

2. Additional benefits added to private Medicare Advantage, benefits that weren’t added, and aren’t allowed, in traditional Medicare;
3. Part D prescription drug coverage wrapped into Medicare Advantage, but not into traditional Medicare;
4. Increases in traditional Medicare Part B premiums, especially for the middle



class;
5. Limits on access to Medigap insurance to supplement traditional Medicare and on benefits for those who can obtain a Medigap policy.

It didn’t take a crystal ball. It took a vision, planning and persistence.

The Center for Medicare Advocacy also has vision, planning and persistence. We do all we can to keep Medicare focused on the needs of older and disabled people, not the insurance industry. We speak out with expertise and with the

stories of real people.

With your support, we’ll keep insisting that Medicare is fully present for the families that rely on it – now and in the future. **We’re ready to keep Medicare from withering on the vine.**

Read More on.....
[Medicare Platform: Principles to Improve Medicare for All Beneficiaries Now and In the Future](#)

[Medicare is a Success: Preserving a Sound Program for Future Generations](#)

Medicare mental health care cost and access issues

As a nation, the US has done a terrible job of meeting people's mental health care needs. Both public and private health insurance cover mental health care, but they pay so little for mental health services that it is often hard to find mental health providers who accept insurance. **CNBC** reports on mental health care cost and accessibility issues.

Almost 20 percent of Americans have a **mental health condition**. And, spending on mental health care, including therapy, prescription drugs and inpatient care, is up 52 percent in the last 11 years. But, it's hard to find mental health providers who take insurance.

Nine in ten physicians providing physical health care take insurance. Fewer than six in ten psychiatrists, 56 percent, take insurance. More than five times as many people are forced to pay out of pocket for the full cost of their mental health care than for their physical health care.

Mental health care tends to cost people a lot more than physical health care. People

with depression typically spend \$10,836 each year. People with diabetes on insulin spend less than half that, \$4,800 a year.

It's also hard to find mental health care providers in many areas of the country. More than one-third of Americans live in areas where they are scarce.

Between high costs and the difficulty of finding mental health providers, more than half of people who need treatment do not get the treatment they need. And, Black Americans have twice as much difficulty getting mental health care than white Americans.

The US needs to do a far better job of ensuring people access to mental health care for their personal needs as well as for the economic health of the nation. Mental health conditions take a toll on workplace productivity. People miss work or cannot perform at their best level. Reduced productivity is estimated to cost an additional **\$44 billion a year**.

The 2008 Mental Health Parity and Addiction Equity Act improved access to mental



health care. It requires insurers to cover access to mental health care on an equal level with physical health care. Put differently, insurers are not allowed to discriminate against people with mental health conditions. But, there are plenty of ways insurers can get around the law.

There are a few ways that people who can't see a psychiatrist can still get help. For one, their primary care doctors have the opportunity to identify and address their mental health care needs. That's another reason why having a **primary care doctor is so important**. Also, at least for now, if you have Medicare or most private health insurance, you could see whether using telehealth services, which are easier to access and cost less, can help.

Medicare coverage of mental health services has improved some, but it is still in need of significant improvement. There is coinsurance parity for outpatient mental health visits. It also now covers depression screenings

through the annual wellness visit.

But, more generally, Medicare offers poor coverage for mental health treatments and **substance abuse counseling**. And, at most, Medicare covers 190 days of inpatient mental health care services in a lifetime. Moreover, fewer than one in four psychiatrists accept Medicare's rates.

In addition, Medicare does not cover care delivered by mental health counselors. And, people in Medicare Advantage plan have particularly poor access to mental health providers.

Right now, if you need mental health services, NAMI, the National Alliance on Mental Illness, has a free helpline at 1-800-950-6264. And, you can find other lower-cost places to go for treatment through the **Substance Abuse and Mental Health Services Administration**. If neither of these resources provide you with the information you need, try the **National Association of Free & Charitable Clinics** or the **Open Path Psychotherapy Collective**.

What Inflation Means for Social Security Checks in 2022

What do the latest inflation figures tell us about what the annual Social Security benefits adjustment is likely to be in January 2022?

A quick answer to this question is that there will be an inflation adjustment to Social Security benefits beginning in that month. It will almost certainly be much higher than the **1.3% increase** for 2021, but it is hard to know right now how high it will be.

In the early 1970s, an inflation adjustment was added to the Social Security program to protect beneficiaries from increases in inflation..

This inflation adjustment, also known as a cost-of-living adjustment (COLA), is tied to the change in the federal Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W).

The Social Security inflation adjustment for a given year reflects the change in the index during the four quarters ending in September of the prior year.

This means that Social Security beneficiaries will receive an increase in benefits in January 2022 based on the change in the index from the third quarter of 2020 through September 2021.

This week, the government released figures for the monthly inflation increase in April. Prices for urban consumers as a whole **increased 4.2%** over the prior 12 months.

On the one hand, this may be misleading when thinking about the increase in Social Security benefits, because this is an increase in prices between April 2020 — when prices were



falling due to the pandemic — and April of this year, when the economy is recovering. Still, if we look back to September 2020, we see that prices have already risen by approximately 1.9%.

The biggest Social Security increase in 10 years?

The inflation adjustment in Social Security benefits was only 1.3% this past January and has not exceeded 2.8% in any year since 2011. That means the adjustment in January 2022 is likely to be the largest increase in 10 years.

The average monthly benefit for all retired workers in 2021 is **\$1,543**. An increase in benefits of 1.9% would increase this benefit to about \$1,572. Under the likely scenario that the inflation adjustment will be even higher than this, the

increase in benefits will be even greater.

The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) **measures** the change in prices of a "market basket" of goods and services that such consumers buy. But the market basket of goods typically consumed by older Americans can differ from the market basket of goods consumed by workers. For example, older Americans consume more medical services than younger people.

This year, the index might be further distorted as a cost-of-living measure because of the changing market basket of goods people have been buying during the pandemic.....**Read More**

Social Security Buying Power

An abrupt jump in inflation in February and March wiped out a temporary improvement in the buying power of Social Security benefits, according to a new study released today by The Senior Citizens League (TSC). The study, which compares the growth in the Social Security cost of living adjustments (COLA)s with increases in the costs of goods and services typically used by retirees found that, while consumer prices flatlined in 2020 through January 2021, retirees will not be benefiting now.

The annual COLA increased Social Security benefits in January of 2021 by just 1.3 percent. While the lack of inflation in 2020 did improve the buying power of Social Security benefits by 2 percentage points through the month of January 2021 — from a loss in buying power of 30 percent to a loss of 28 percent — that improvement was completely wiped out by soaring inflation in February and March of this year,” says Mary Johnson, a Social Security policy analyst for The Senior Citizens League (TSC).

The new study found that consumer price data through March 2021 indicate that Social Security benefits have (once

again) lost 30 percent of their buying power and “that loss of buying power could grow deeper in 2021, should the current inflationary trends continue,” Johnson says.

The Senior Citizens League, which has been conducting the study for 12 years, typically looks at data from the 12 - month period of January of the previous year to January of the current year. “But we are in an aggressive inflation pattern that I haven’t seen previously,” Johnson says. “We felt compelled to include this data in our study findings for 2021, in order to learn how this abrupt rise of inflation affects the buying power of Social Security benefits today,” she adds.

This study, looks at 39 expenditures that are typical for people age 65 and up, comparing the growth in the prices of these goods and services to the growth in the annual COLAs. Based on consumer price index data through April 2021, it appears that the next COLA will be considerably higher in 2022. The Senior Citizens League (TSC) is forecasting that the 2022 COLA could be 4.7%, making it the highest since 2009. But with such a high level of inflation volatility, this estimate could change several

times before the COLA is announced in October 2021.

Since 2000, COLAs have increased Social Security benefits a total of 55 percent, yet typical senior expenses through March 2021 grew 101.7%. The average Social Security benefit in 2000 was \$816 per month. That benefit grew to \$1,262.40 by 2021 due to COLA increases. However, because retiree costs are rising at a far more rapid pace than the COLA, this study found that a Social Security benefit of \$1,645.60 per month in 2020 would be required *just to maintain the same level of buying power as \$816 had in 2000.*

The study looks at the costs of goods and services that are typically purchased by most Social Security recipients. This includes expenditures such as the Medicare Part B premium, which is not measured by the index currently used to calculate the COLA, yet is one of the fastest growing costs that retirees

face. Of the 39 items analyzed, 27 exceeded the COLA while 14 were lower than the COLA. “This study illustrates why legislation is needed to provide a more fair and adequate COLA,” Johnson says. “To put it in perspective, for every \$100 worth of groceries a retiree could afford in 2000, they can only buy \$70 worth today,” Johnson adds.

To help protect the buying power of benefits, TSC supports legislation that would provide a modest boost in benefits and base COLAs on the Consumer Price Index for the Elderly (CPI-E) or guarantee a COLA no lower than 3 percent. To learn more, visit www.SeniorsLeague.org.

Item	Cost in 2000	Average cost 1 yr as measured CPI data*	Cost in March 2021	Average cost	Percent Increase Since 2000
1. Prescription drug out-of-pocket (generic, brand, specialty) per yr.	\$1,102.00		\$4,096.93		272%
2. Medicare Part B monthly premiums	\$45.50		\$148.50		228%
3. Homeowner's insurance (per yr.)	\$508.00		\$1,414.00		179%
4. Veterinarian services	100.30*		285.19*		161%
5. Home heating oil (per gal.)	\$1.15		\$2.86		150%
6. Total medical out-of-pocket costs	\$6,140.00		\$14,846.00		142%
7. Potatoes (10 lbs.)	\$2.98		\$6.98		134%
8. Propane gas (per gal.)	\$1.01		\$2.30		127%
9. Ground chuck (per lb.)	\$1.30		\$4.31		127%
10. Gasoline (per gal.)	\$1.31		\$2.86		118%
10. Real estate taxes (per yr.)	\$690.00		\$1,494.00		117%

Why Retirees Are Losing Ground on Social Security

Retirees generally rely on Social Security to help them pay for necessities. That's because retirement benefits are an important source of income that's guaranteed for life.

They're also supposed to be protected against inflation by periodic Cost of Living Adjustments (COLAs). Sadly, however, while retirees aren't supposed to lose buying power because of these COLAs, the reality is very different.

In fact, new data from the Senior Citizens League shows there's a vast gap between the amount by which retirees' expenses increase and their periodic raises. And the sad truth is, this gap is likely only going to grow unless big (and unlikely) changes are made.

Social Security retirement benefits are rapidly losing value

The buying power of Social Security benefits has been **declining for decades**, but retirees took an especially big hit last year.

In fact, according to a recent survey conducted by the Senior Citizens League, 63% of retirees indicated their Social Security benefits went up by less than \$15 per month in 2020 due to last year's low COLA and the increase in Medicare Part B premiums (which are generally paid out of Social Security checks).

During that same time period, 65% of retirees indicated their monthly household expenses



increased by \$80 or more -- including 40% of retirees who said their spending went up to \$120 or more per

month.

You don't need to do a lot of complicated math to figure out that if expenses rise by \$80 or more, but seniors get just \$15 more in their monthly checks, this is going to pose problems.

Why are retirees losing ground?

The reason that COLAs aren't keeping pace with the cost increases that seniors are experiencing is because of the method used to calculate these periodic raises.

Social Security's annual raise is determined by changes to the Consumer Price Index for

Urban Wage Earners and Clerical Workers (CPI-W). The spending habits of this group don't mirror the actual spending retirees do. And the areas where seniors devote most of their income -- housing and healthcare -- have seen prices rise much faster than inflation.

Although there have been some efforts to change the formula to a different price index designed to more closely mirror spending among the elderly, this is politically difficult. And it would only serve to make Social Security benefits costlier at a time when there are already concerns about its long-term financial viability....**Read More**

Largest US nurses' union rips CDC's new mask guidelines

Union says move 'threatens the lives of patients, nurses and other front-line workers'

The country's largest nurses' union is blasting the Centers for Disease Control and Prevention over its **latest recommended easing of mask restrictions** – claiming the move "threatens the lives of patients, nurses and other front-line workers."

"Now is not the time to relax protective measures, and we are outraged that the CDC has done just that while we are still in the midst of the deadliest pandemic in a century," said registered nurse Bonnie Castillo, president of National Nurses United, which **says it represents** more than 170,000 members.

The stinging remarks came just days after the CDC announced it was recommending

that anyone who is fully vaccinated against **COVID-19** can safely stop wearing masks and socially distancing in most instances.

"Anyone who is fully vaccinated can participate in indoor and outdoor activities – large or small – without wearing a mask or physically distancing," CDC chief Dr. **Rochelle Walensky** said at a press briefing Thursday.

"You certainly could wear a mask if you wanted to, but we are saying in those settings based on the science that it is safe," she said.

New York Gov. Andrew **Cuomo** and Big Apple Mayor Bill de **Blasio** **immediately balked** at the notion, refusing to accept the



National Nurses United

updated guidance, at least for now – **adding to the confusion** for people already struggling to figure out what they should be doing to stay safe.

But Walensky doubled down Sunday on her agency's stance, telling ABC-TV's "This Week," "We now have science that has really just evolved – even in the last two weeks – that demonstrates that these vaccines are safe."

"They are effective. They are working in the population just as they did in the clinical trials," she said.

Asked separately on "Fox News Sunday" who would be the "vaccination police" to make sure people are properly complying with the guidance,

Walensky said everyone should use "the honor system."

Meanwhile, the nurses' union also took issue with the fact that the CDC said it won't continue tracking people who are fully vaccinated and might get COVID-19 again – unless the patients end up in the hospital or morgue. The agency said this would focus its resources better.

"This means that the CDC is no longer tracking data necessary to understand whether vaccines prevent asymptomatic/mild infections, how long vaccine protection may last, and to understand how variants impact vaccine protection," the union said in its statement.

The CDC did not immediately respond to a request for comment from The Post on Sunday.

New Factsheet | CMS Nursing Home Visitation Guidance

According to the Centers for Disease Control and Prevention (CDC), as of May 3, 2021 the number of confirmed nursing home resident cases has fallen to **0.99 cases per 1,000 residents**. This is compared to the 30.89 cases per 1,000 residents reported at the end of December 2020.

Given this positive trend, the

Centers for Medicare & Medicaid Services (CMS) has **revised its expanded guidance for visitation** in nursing homes that was originally issued on March 10, 2021, which confirmed that all nursing home residents should be allowed to have indoor visitation.



Part of the Center for Medicare Advocacy's (Center) **mission** is to ensure that the rights of older adults and people with disabilities are protected and known. We have created **this Factsheet** to outline CMS's latest guidance, along with caveats regarding where and

when indoor visitation could be curtailed by a nursing home. In the event that a nursing home refuses to open its doors to visitors, the information in **this Factsheet** could be used to help navigate resident visitation rights.

Drug Price Legislation Facing a Surprise Problem

Politico.com reported that major legislation meant to lower prescription drug prices has run into unexpected trouble in the House of Representatives.

It was always expected that few if any Republicans in the House of Representatives would support legislation to lower drug prices. But it turns out that a group of moderate Democrats has now said they do not support the sweeping legislation that Democratic leaders in the House have proposed.

According to *Politico*, "At least 10 caucus moderates are signaling opposition to Democrats' drug pricing negotiation bill — more than enough to potentially force House Speaker Nancy Pelosi into dropping the reforms from [President Biden's] infrastructure

legislation Democrats hope to pass along party lines. Pelosi can only spare two Democratic defections on partisan legislation because of the party's slim House majority."

The report also states that "House leaders have said they're committed to moving forward on H.R. 3, citing polls showing strong bipartisan support for empowering Medicare to negotiate drug prices. House Democratic leaders still see the infrastructure package as their best chance of passing major drug reforms, despite concerns raised by the moderate members, a senior aide said.

"House Democrats in the previous Congress, when they enjoyed a larger majority, passed H.R. 3 almost entirely along



party lines. The legislation went nowhere in the Senate, which was then controlled by Republicans, and former President Donald Trump opposed the bill. But many Democrats campaigned on the bill last cycle, showcasing it as an example of what the party could achieve if it won full control of Washington."

Because the Democratic majority in the House is so slim, lawmakers are approaching legislation with an eye on the elections next year. Democrats, especially those facing tough reelection fights in swing districts, will face enormous pressure from the powerful drug lobby to oppose the bill...

Instead of the sweeping legislation supported by the

House Democratic leadership they have indicated supported for more modest measures that already have some Republican support. Those include things like capping Medicare enrollees' out-of-pocket drug costs.

Again, according to the *Politico* report, "Several of the moderate Democrats expressing reservations about the drug pricing bill are the targets of a \$4 million-plus campaign by the conservative American Action Network opposing the legislation. The group plans to air ads in the districts of more than 40 Democrats, slamming H.R. 3 as "Nancy Pelosi's socialist prescription drug takeover plan" and warning it would 'cancel new cures for the patients who need them and send American innovation overseas.'"...**Read More**

Magnets in Cellphones, Smartwatches Might Affect Pacemakers, FDA Warns

The U.S. Food and Drug Administration is warning that strong magnets in some cellphones and smartwatches can interfere with pacemakers and other implanted medical devices.

Studies have shown that these high-strength magnets may cause some implants to switch to "magnet mode," stopping normal functioning until the magnet is moved away from the device.

Many implants have a "magnet mode" so they can be safely operated during medical procedures, such as MRI scans. Doctors typically activate these

features by placing a high-strength magnet near the implant. Removing the magnetic field restores normal operation of the medical device.

The FDA said patients with implanted medical devices should take these precautions:

- ◆ Keep cellphones and smartwatches six inches away from implanted medical devices, especially heart defibrillators. Do not carry these devices in a pocket over the medical implant.
- ◆ Check your device using a



home monitoring system, if you have one. Talk to your doctor if you are having any symptoms or have questions about magnets in consumer electronics and implanted medical devices.

- ◆ When near high-strength magnets, devices with a magnetic safe mode could stop working or change how they work. For example, a heart defibrillator may not detect the rapid heart rate known as tachycardia. Or it may switch a pacemaker to asynchronous mode, blocking its sensing

capabilities.

Implanted devices are designed to aid heart rhythm disorders, such as fast or slow heart rates. If the device stops working, a patient could get dizzy, lose consciousness or even die, the FDA warned in an agency news release.

The FDA conducted its own testing on some products that use the high field strength magnet feature and said that it considers the risk to patients low. The agency said it is not aware of any adverse events associated with this issue at this time.

Feel Younger Than Your Age? You Might Live Longer

Can feeling young at heart, or at least younger than your actual age, help older people live healthier, longer lives?

Yes, according to researchers in Germany.

"Individuals who feel younger than they chronologically are seem to benefit from their younger subjective age in various aspects," explained study lead author Markus Wettstein.

Surveying more than 5,000 middle-aged adults and seniors, his team found that feeling younger seems to create a protective force field against stress. And the "connection seems to work via various pathways," said Wettstein, who was a researcher with the German Centre of Gerontology in Berlin when the study was conducted.

On the one hand, he noted that stress reduction due to a youthful self-perception may translate into tangible physical benefits, including staving off the threat of systemic inflammation.

Having a youthful sense of self may also shape behavior in positive ways that help to keep physical and mental well-being intact.

"Individuals who feel younger [may] engage in health-protective behaviors," Wettstein said. For example, they may be

more physically active than those who don't feel quite as young.

In addition, perceiving oneself to be younger might also be a motivating force behind self-improvement, giving folks a greater "health-enhancing" confidence in their ability to accomplish things successfully and effectively.

The study participants' average age was 64. All were enrolled in a larger ongoing study on aging and physical and mental health.

Over three years, they were asked to indicate how old they felt, how much stress they experienced, and how well they could perform basic everyday activities, such as walking, dressing and/or bathing.

Overall, those who reported greater stress also indicated a greater decline in their ability to execute those routine tasks. And that association was generally found to be stronger as people aged.

But the link between stress and impairment was notably weaker among those who indicated they felt younger than their true age. In fact, feeling younger was found to be particularly protective the longer-toothed one actually got.

All of this suggests that interventions designed to help older adults feel younger than they are might help seniors stay



healthier and live longer, Wettstein and his colleagues observed.

One U.S. researcher not involved in the study said that prior efforts to explore the question of "subjective age" seem to support the German team's findings.

"I don't find this surprising at all, given the considerable prior research that has shown that feeling younger than your actual age is associated with a wide range of indicators of better health," said Jim Maddux. He's a professor emeritus from George Mason University's Department of Psychology, and a senior scholar with GMU's Center for the Advancement of Well-Being, in Fairfax, Va.

"What this study tells us that's new," Maddux said, "is that there seems to be an indirect path from feeling younger and being healthier, in that feeling younger seems to protect people from the unhealthy effects of stress. And that this effect gets stronger as we get older."

Maddux suggested that feeling young may ultimately give rise to a so-called "virtuous cycle," causing people to take better care of themselves, and thereby refueling a youthful sense of self.

"I just lost the 10 pounds I gained during the pandemic," Maddux volunteered. "And I

certainly feel younger than I did three months ago now that I can see my abs again!"

Still, Wettstein and his team cautioned that prior research suggests the potential health benefits of youthful perceptions may evaporate if the gap between how young one feels and how old one actually is grows too large.

The debate, said Wettstein, is "whether too-optimistic perspectives on one's own aging might have disadvantages, as those over-optimistic individuals might not anticipate certain potential age-related losses, and are thus unprepared when they set in."

For now, more research is required to determine what degree of "positivity" in views on aging -- and which subjective age -- is most beneficial for health, longevity and well-being, he added.

The findings were published in the May issue of *Psychology and Aging*.

More information

There's more on healthy aging at the [U.S. National Institute on Aging](https://www.nia.nih.gov/healthy-aging).

Depression Even More Common With Heart Failure Than Cancer

People with heart failure are 20% more likely than those with cancer to develop depression within five years of their diagnosis, a new study finds.

Nearly 1 in 4 patients with heart failure are depressed or anxious, according to the German researchers.

"The treatment of mental illnesses in cancer patients -- psycho-oncology -- is long-established, but similar services for heart patients [psycho-cardiology] are still in their infancy," said study author Dr. Mark Luedde of the Cardiological Group Practice in

Bremerhaven, Germany. "Our study suggests that heart failure patients could benefit from greater support with psychological problems."

The research, published May 14 in the *European Journal of Preventive Cardiology*, used a German disease database to compare rates of depression and anxiety in the five years following a diagnosis of heart failure or cancer.

The database included nearly 97,000 patients with heart failure and about 67,000 with cancer.

Within five years of diagnosis,



23% of heart failure patients had developed depression or anxiety, the analysis found. That compared to 25.7% of patients with breast cancer, 22% of those with digestive cancers and 15% of those with prostate cancer.

"The high incidence of depression and anxiety in heart failure patients shows the importance of these problems," Luedde said in a journal news release.

While researchers did not examine the causes of mental health issues, Luedde suspects that the higher rate in breast

cancer patients may owe to a fear of recurrence.

He said the rising incidence of mental health issues over time in both heart and cancer patients studied could owe to limitations on daily activities due to fatigue, impaired mobility and other debilitating symptoms.

"Psychological support services for patients with cancer are relatively common," Luedde said. "However, more help is needed for those with heart failure -- of whom almost one-quarter develop depression or anxiety after their diagnosis."

Road to Healthy Middle-Aged Brain May Begin in Childhood

Could having heart disease risk factors in childhood sow the seeds of thinking declines in middle-age?

It looks like it might, new research claims.

"I think it was not so big of a surprise for us, but maybe for the scientific community who have been focusing mainly on the midlife risk factors and old-age cognition," said study co-author Suvi Rovio. She is senior researcher of cardiovascular medicine and adjunct professor in the department of clinical medicine at the University of Turku, in Finland.

"It is something really novel to put it down to the childhood, and show the same associations beginning from childhood,"

Rovio said.

For their research, her team used data from the Cardiovascular Risk in Young Finns Study, a national, longitudinal study. The researchers were able to follow participants for 31 years, starting in childhood.

The study included baseline clinical exams of nearly 3,600 girls and boys aged 3 to 18 in 1980. In 2011, more than 2,000 of the participants, then aged 34 to 49, took a computerized cognitive function ("thinking skills") test.

The investigators found that total cholesterol, as well as systolic blood pressure and body mass index, from childhood to midlife were associated with



brain function. Specifically, a high systolic blood pressure (the top number in a blood pressure reading) and high total and LDL ("bad") cholesterol were associated with worse memory and learning in midlife. Obesity from childhood to adulthood was linked to lower visual information processing speed and to maintaining attention.

All three were linked to poorer memory and associative learning, worse visual processing, decreased attention span, slower reaction time and slower movement. Study first author Dr. Juuso Hakala said, "Our results indicate that monitoring and

prevention of the cardiovascular risk factors beginning from childhood may turn into better brain health in midlife." Hakala is a PhD student at the Research Centre of Applied and Prevention Cardiovascular Medicine at the University of Turku.

"Risk factor reduction can be reached by healthy lifestyle choices, such as dietary habits, for example avoiding unhealthy food items," Hakala said. "But also promoting physical activity for children is one way to a healthy lifestyle, which children can carry on to adulthood and later in life as well."...[Read More](#)

Is Rise in Liver Damage Tied to More Drinking During Lockdowns?

Many people drank more to cope with the stress of the coronavirus pandemic and the restrictions it placed on daily life, and now a new study suggests that all of this drinking is causing a serious spike in alcohol-related diseases.

"Incidence of hospitalizations for alcohol-related gastrointestinal (GI) and liver disease increased quite dramatically since the beginning of the COVID-19 lockdowns and has continued during the re-opening stage," said study author Dr. Waihong Chung. He is a research fellow in the

division of gastroenterology at the Warren Alpert Medical School of Brown University, in Providence, R.I.

"Our study only looked at patients who are sick enough to come to the hospital, but we expect that the problem is way worse in outpatient settings where patients are not sick enough to seek care...yet," Chung added.

The study is scheduled to be presented May 21 at the virtual Digestive Disease Week meeting. Findings presented at meetings should be considered



preliminary until published in a peer-reviewed journal.

For the study, the researchers looked at people who saw a specialist for alcohol-related GI and liver conditions while hospitalized during the COVID-19 lockdown and re-opening phases in Rhode Island from March 23 to May 10, 2020, and June 1 to July 19, 2020, respectively. The investigators compared these to consults that took place during the same periods in 2019.

The total number of all GI consults fell by 27% during

lockdown because of widespread shelter-in-place orders, but the proportion of those due to alcohol-related GI and liver diseases jumped by close to 60%, including consultations for alcohol-related hepatitis or inflammation of the liver and cirrhosis (scarring of the liver), the study found.

While the number of GI visits for all conditions returned to pre-pandemic levels as Rhode Island began to reopen, the proportion of those for alcohol-related issues increased by 80%, the study found....[Read More](#)

Surgical Snip Might Prevent Stroke in People With A-fib

A simple surgery may help lower the risk for strokes by more than a third in patients with atrial fibrillation, a common irregular heartbeat, a new trial finds.

The reduction in stroke risk is achieved by blocking the left atrial appendage, an unused, finger-like tissue that traps blood in the upper chamber of the heart and increases the risk of clots that can cause strokes, the researchers explained.

"This study was performed in patients who were already undergoing heart surgery for other indications, so it was basically the addition of a secondary procedure," said lead researcher Dr. Richard Whitlock, a professor of surgery at McMaster University in Hamilton, Ontario, Canada.

As with most patients with atrial fibrillation, patients in this study were already taking blood thinners to prevent stroke.

This study supports this procedure of removal and closure (occlusion) of the left atrial appendage while doing heart surgery. But patients will still need to take blood thinners after the operation, Whitlock noted.

The combination of the surgery plus continuing to take blood thinners is how the additional protection from stroke is achieved, he added.

Removing the left atrial appendage does not affect how the heart functions, and the procedure is safe with no side effects, Whitlock said.



"This appendage is left over from how the heart forms when you're developing in the womb," he said. "It is not a vital factor, but happens to be quite harmful when you develop atrial fibrillation."

For the study, researchers tracked nearly 4,800 people in 27 countries who had atrial fibrillation and were taking blood thinners. They were an average age of 71.

When these patients were undergoing cardiac bypass surgery, they were randomly selected to have their left atrial appendage removed or not. Patients were followed for a median of four years.

Dr. Gregg Fonarow, interim chief of the division of cardiology at the University of

California, Los Angeles, and director of the Ahmanson-UCLA Cardiomyopathy Center, believes this procedure is a breakthrough in the treatment of atrial fibrillation.

"Atrial fibrillation is associated with a three- to fivefold increased risk of stroke," he said.

For patients having cardiac surgery, removing the left atrial appendage was hypothesized to help lower the risk of stroke, even among patients being treated with blood thinners, Fonarow said.

Previously, however, no large-scale clinical trials have tested this hypothesis, and other studies have had mixed results. Also, guidelines have not provided definitive recommendations, he said....[Read More](#)

Melanoma Can Strike Your Nails: Here's How to Check

When checking your body for signs of skin cancer, don't overlook your nails.

The American Academy of Dermatology (AAD) points out that skin cancer -- including melanoma, the deadliest type -- can develop under and around the fingernails and toenails. Though it's rare, it's more common in older people with darker skin.

Risk factors include personal or family history of melanoma or nail trauma.

"When found early, melanoma -- even on the nails -- is highly

treatable," said Dr. Skylar Souyoul, a board-certified dermatologist in Norwell, Mass. "The best way to find skin cancer on your nails early, when it's most treatable, is to know what to look for and regularly check your nails."

Souyoul recommends looking for:

- ◆ Dark streaks. They may look like a brown or black band. They're often on the thumb or big toe, but can develop on any nail. Nails might also have a band of color, which can be



wide and irregular or dark and narrow.

- ◆ Dark skin next to the nail. When the skin around nails is darker, it could be a sign of advanced melanoma.
- ◆ Nail lifting from fingers or toes. The nail begins to separate from the nail bed and the white edge at the top will look longer as the nail lifts.
- ◆ Splitting. Watch for nails that split down the middle.
- ◆ A bump or nodule under your nails.

"Nail melanoma is often diagnosed at a more advanced stage than melanoma on the skin, making it more dangerous for your health," Souyoul said in an AAD news release. "If you notice any changes to your nails, including a new dark band on your nail, make an appointment to see a board-certified dermatologist."

May is Skin Cancer Awareness Month.

Get First Colonoscopy at 45, not 50: U.S. Expert Panel

A lot of people think of age 50 as the magic number for getting a first colonoscopy, but earlier is better, a prestigious U.S. expert panel now says.

Based on evidence that younger people are being diagnosed with colon cancer and would benefit from screening, the U.S. Preventive Services Task Force (USPSTF) is moving the recommended age for colon cancer screening from 50 to age 45.

The recommendation is for all adults without symptoms, personal health history of colon polyps or family health history of

genetic disorders that increase risk, the task force noted.

"Colorectal cancer screening saves lives and people ages 45 to 75 should be screened ... to lower their risk of dying from this devastating disease," said Dr. John Wong, chief scientific officer of the USPSTF. "There is new science about colorectal cancer in people younger than 50. That science has allowed us to expand our recommendation to people ages 45 to 49."

Though the USPSTF is an independent, volunteer group of health experts in a range of



specialties, its recommendations carry weight. For example, the Affordable Care Act linked USPSTF recommendations with its insurance coverage requirements.

The task force does not have enough evidence to show benefits to moving the screening age even lower, Wong said, but called for additional research.

The American Cancer Society was already recommending screening this younger age group, having altered its recommendations in 2018 to include those age 45 to 49.

The changing USPSTF recommendations will be mean less confusion about which recommendation to follow as well as insurance coverage for screening at an earlier age, said Robert Smith, senior vice president of cancer screening for the American Cancer Society.

"We want doctors and the public to recognize the value of starting screening at age 45, instead of putting it off until age 50 or even later, which frankly many people do," Smith said. "It's not as if everybody immediately begins screening at age 50. They commonly put it off until their middle 50s."...[Read More](#)

Starting Rehab Earlier Boosts Outcomes for Heart Failure Patients

Getting heart failure patients into cardiac rehabilitation sooner rather than later after a hospitalization is tied to a better prognosis, new research shows.

"Typically, cardiac rehabilitation programs require patients to be stable for six weeks after a hospitalization," explained cardiologist Dr. Benjamin Hirsh, who wasn't connected to the new research.

"This study challenges this rule by enrolling patients into cardiac rehabilitation early after hospitalization," said Hirsh, who

directs preventive cardiology at Northwell Health's Sandra Atlas Bass Heart Hospital in Manhasset, N.Y.

"The patients randomized to early cardiac rehabilitation demonstrated earlier mobility and less feelings of depression," he noted. "I imagine these benefits will translate into greater survival and reduced hospitalizations with further study."

The new findings were presented on Sunday at the



virtual meeting of the American College of Cardiology and were also published simultaneously in the *New England*

Journal of Medicine.

Heart failure is a major killer. It occurs when a damaged heart fails to pump blood as well as it once did. Symptoms of heart failure include shortness of breath, fatigue, swollen legs and rapid heartbeat.

The new study was led by Dr. Dalane Kitzman, a professor of cardiovascular medicine and

geriatrics/gerontology at Wake Forest School of Medicine in Winston-Salem, N.C. His team tracked outcomes for 349 patients with heart failure.

Patients were typically quite ill, having an average of five other medical conditions, including diabetes, obesity, high blood pressure, lung disease or kidney disease. In an earlier study, Kitzman and his colleagues found a lack of strength, mobility and balance, along with loss of endurance in ... [Read More](#)

Incontinence in Alzheimer's Disease

Most caregivers will do practically anything for a loved one with Alzheimer's disease. They'll give baths, help to dress the person, cut up food into manageable bites, and patiently answer the same question 20 times in a row.

But when a patient starts wetting or soiling himself, even the most dedicated caregivers can feel defeated. It's hard to face

the prospect of constantly cleaning urine stains from the couch cushions or changing the sheets three times a night. Such accidents, in fact, drive some dedicated caregivers to look for nursing homes.

It doesn't necessarily have to be that way. Sometimes, with a few simple steps, you may be able to help your loved one



regain control, or at least more comfort, while saving yourself some work and distress.

How to keep it under control

The first thing you should do is discuss the problem with the patient's doctor. Incontinence -- especially urinary incontinence -- is a very common condition among older people, and it may have nothing to do with

Alzheimer's.

For instance, many older people have overactive bladders, which leads to a sudden and urgent need to urinate and causes frequent leaking. Others have trouble squeezing urine from the bladder, so the bladder overfills and produces a more or less constant dribble of urine... [Read More](#)

Is Your Family 'CO Safe' When Big Storms Hit?

If you live in the path of hurricanes, the U.S. Consumer Product Safety Commission (CPSC) is urging you to be prepared.

Deaths from carbon monoxide (CO) poisoning, fires and electric shock are common during severe weather events, according to the CPSC.

Hurricane season in North America runs from June 1 through Nov. 30. The National Oceanic and Atmospheric Administration (NOAA) has upped averages from 12 to 14 named storms and from six to seven hurricanes. Its official forecast is due out next week, but Colorado State University has already forecast a dire season, with 17 named storms and eight hurricanes, four of them major ones.

"Millions of Americans who are still dealing with the stress of the global COVID-19 pandemic also live in regions prone to devastating hurricanes and severe storms," said Robert Adler, acting chairman of the CPSC. "It only takes one

hurricane to cause massive destruction and loss of life. Be prepared, stay informed, and keep safe before and after storms."

The CPSC said that people who rely on portable generators when power is out need to be cautious because the devices carry the risk of CO poisoning and fire. More than 400 people die from CO poisoning each year in the United States, according to the U.S. Centers for Disease Control and Prevention. Carbon monoxide from a portable generator can kill within minutes.

To stay safe, follow these tips:

- ◆ Before the storm, install battery-operated CO alarms or CO alarms with battery backup in your home.
- ◆ Have smoke alarms on every level of your home, inside bedrooms and outside sleeping areas.
- ◆ Test your alarms every month.
- ◆ Be sure your generator is properly maintained.



- ◆ Have flashlights and extra batteries on hand.
- ◆ Use portable generators outside only. Keep them at least 20 feet from the house.

- ◆ Direct the generator's exhaust away from the home.
- ◆ Never use a portable generator inside the house, garage, basement, crawlspace, shed or on the porch. Opening doors or windows will not provide enough ventilation to prevent CO buildup.
- ◆ CO poisoning can happen so fast that people may become unconscious before recognizing the symptoms of nausea, dizziness or weakness.
- ◆ If CO or smoke alarms go off, get outside immediately and then call 911.

Other hazards during hurricane season include:

Charcoal: Don't use it indoors as it can produce deadly levels of CO. Never cook on a charcoal grill in a garage, even with the door open.

Candles: Use flashlights

instead. If you do use candles, do not burn them on or near anything that can catch fire. Never leave burning candles unattended. Put candles out when you leave the room and before sleeping.

Wet appliances: Look for signs that appliances have gotten wet. Discard unplugged gas or electric appliances that have been wet, because they can cause shocks and fires. Do not touch appliances that are still plugged in.

Before using appliances: Have a professional or your gas or electric company evaluate your home and replace gas control valves, electrical wiring, circuit breakers and fuses that have been underwater.

Gas leaks: If you smell or hear gas, get out of the house immediately. Do not turn lights on or off, or use electrical equipment, including a phone. Once safely outdoors and away from the house, contact the gas company.