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Inside The Rhode Island Department of Health During This Pandemic

By Peter DiPippo, President of the Professional Staff Association of NEARI at the Rhode Island Department of Health

As of April 29, 2020 there have been more than one million cases of COVID-19 diagnosed in the United States, and more the 58,000 related deaths. That's more people infected nationwide than the population of Rhode Island, and more deaths than US casualties during the Vietnam War. By the time you read this, the number of deaths will have exceeded the capacity of Gillette Stadium, where the New England Patriots play football. The union members and retirees at the Rhode Island Department of Health have been working behind the scenes to prevent the spread of the coronavirus, and to assist those who have been most impacted.

The Professional Staff Association at the Rhode Island Department of Health represents 283 members: laboratory scientists, data analysts, epidemiologists, outreach workers, environmental scientists, hospital and nursing facilities regulators and public health communications specialists. The Department's Center for Emergency Preparedness and Response and the Center for Acute Infectious Disease Epidemiology have been working non-stop to protect the health of the citizens of the state of Rhode Island during these difficult times.

We are a 74% Female, "pink-collar" shop. We work alongside 20 unionized nurses from NAGE and almost 100 clerical and technical staff from AFSCME Council 94. It is a team effort. Anyone who is, was, or ever wanted to be a medical professional has been enlisted to help: doctors, nurses, medical students, CNAs, retired, active or in training have been recruited into service. Our retirees have been particularly helpful. We cannot overstate the value of their experience, whether in the COVID laboratory or in epidemiology, or retired doctors and nurses, our retirees have made the difference.

We answer the hotline, triage cases, set up swabbing and sampling schedules, conduct laboratory analyses, investigate cases, trace contacts and recommend isolation and quarantine. We go into nursing homes and hospitals on inspections and correct and regulate any deficiencies.

We do this work not because it is easy, but because it is hard. We work in close quarters, for long hours, and with all the personal risks that come with that. We recognize that the elderly, the infirm, and the poor are most at risk, and we are working for you, the citizens of Rhode Island, so that you may continue to live safe and healthy lives.

The COVID pandemic is at its peak now. As it begins to abate, it will feel like it is over. However, it is only half over. We now know that we can handle it at its worst, but it will continue to impact our lives for many months to come. Know that we will continue to serve you throughout these difficult times.

President Trump's "taking care of seniors."

The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding President Trump's anticipated remarks later today about "taking care of seniors."

"We are on the eve of the May 1 start of Older Americans Month and seniors are more at risk for their health and economic security than they have been in decades.

"The CDC's national shelter in place recommendations expire today, putting millions of seniors further at risk. We remain in the midst of a COVID-19 pandemic. So far, **over half of ICU admissions and 80 percent of deaths** from COVID-19 have been among people aged sixty-five and over. That is outrageous and it is unacceptable to end shelter in place without scientific justification.

"The Trump Administration has been asleep at the switch which has led to avoidable illnesses and premature deaths of older Americans. Instead, President Trump has used this crisis as a pretense for weakening the retirement and health care seniors have earned over a lifetime. The incessant calls for cutting the payroll tax, the foundation of Social Security, is but one example.

"A president who protects seniors would require immediate, universal testing of nursing home residents and staff, like Maryland Governor Larry Hogan **did yesterday;**

"A president who protects seniors would require **OSHA to issue guidelines and emergency regulations** to protect nursing home employees and residents who are most vulnerable from COVID-19 from contracting the disease;

"A president who protects seniors would require all nursing homes and residential care facilities to report and release the number of COVID-19 cases and fatalities in their facility daily;

"A president who protects seniors would not be trying **to shield nursing homes from lawsuits** filed by families whose loved ones died or were injured due to unsafe practices during the pandemic;

"A president who protects seniors would require that every nursing home **increase, not relax, requirements for safety inspections** during a pandemic;

"A president who protects seniors would not **oppose voting by mail** and would not force them to leave their homes, often while under a shelter in place order, and risk infection to cast their ballots;

Rich Fiesta, Executive Director, ARA

"A president who protects seniors would move to prevent drug corporations from profiteering from COVID-19 treatments or vaccines;

"A president who protects seniors would have acted to lower drug prices. Just in 2020, **the average price increase for prescription drugs is 5%.** Instead of taking strong action to rein in pharmaceutical corporations, President Trump promised to veto **H.R. 3, a bill passed by the House of Representatives** requiring Medicare to negotiate lower drug prices and apply those lower prices to the private sector. That bill also caps out-of-pocket spending for Medicare beneficiaries;…***continued page 2***

President Trump's "taking care of seniors." continued from page 1

"A president who protects seniors would not have issued a budget **to cut $845 billion from Medicare over 10 years**, and told allies that gutting Medicare could be a good 'second-term project';

"A president who protects seniors would not seek to undermine Social Security by eliminating the payroll tax, **Social Security's dedicated funding stream**, which threatens the earned benefits of current and future retirees - all Americans will lose the bedrock of their retirement;

"A president who protects seniors would expand Social Security and increase benefits by eliminating the cap on earnings subject to the Social Security payroll tax so that the wealthiest Americans would pay their fair share into the system;

"A president who protects seniors would not tell a business cable news reporter that 'Social **Security and Medicare Cuts Will Be On the Table at the End of This Year**';

"A president who protects seniors would not be gutting the Affordable Care Act (ACA), which provides free annual wellness checks and screenings and drug coverage for individuals who fall in the doughnut hole. The ACA also provides critical protections for people with pre-existing health conditions; at least **25% of people 50-64 years old** have one or more pre-existing conditions;

"May is Older Americans Month. What older Americans would like to hear later today is that he will reverse course and protect their health and retirement security, but we are not hopeful."

Lost On The Frontline

America's health care workers are dying. In some states, medical staff account for as many as 20% of known coronavirus cases. They tend to patients in hospitals, treating them, serving them food and cleaning their rooms. Others at risk work in nursing homes or are employed as home health aides.

Some of them do not survive the encounter. Many hospitals are overwhelmed and some workers lack protective equipment or suffer from underlying health conditions that make them vulnerable to the highly infectious virus. Many cases are shrouded in secrecy. "Lost on the Frontline" is an ongoing project by Kaiser Health News and The Guardian that **aims to document** the lives of health care workers in the U.S. who died from COVID 19, and to investigate why so many are victims of the disease.

These are some of the first tragic cases.

These are some of the first tragic cases.

Despite warnings, Trump downplays threat of virus returning

President Donald Trump on Wednesday played down the possibility that the coronavirus could be worse this winter despite medical experts' warnings that COVID-19 could combine with the flu to make a more complicated return to the United States.

Trump, who has been pushing for states to begin reopening their economies, batted down notions that COVID-19 could return in large waves, as has happened in previous pandemics. Health experts and members of the White House coronavirus task force have warned of a possible comeback for the virus next fall.

"It's not going to be what we've gone through, in any way, shape or form," Trump said flatly.

He continued: "If it comes back, though, it won't be coming back in the form that it was. It will be coming back in smaller doses that we can contain. ... You could have some embers of corona ... (but) we will not go through what we went through for the last two months."

Trump then turned to Dr. Deborah Birx, coordinator of the coronavirus task force, and asked, "Doctor, wouldn't you say there's a good chance that COVID will not come back?"

"We don't know," Birx responded.

Dr. Anthony Fauci, the nation's top infectious disease expert, said later in the same briefing: "We will have coronavirus in the fall. I am convinced of that."

He stressed that in the fall, the nation would be better prepared to manage it.

"Whether or not it's going to be big or small is going to depend on our response," Fauci said.

Trump's insistence that the virus won't pose a grave danger later this year could run the risk of creating a false sense of security when health experts are still urging Americans to take precautions. Moreover, it could stand as a precarious political prediction when he goes before voters in November.

Trump opened his daily briefing by calling up the head of the Centers for Disease Control and Prevention, Dr. Robert Redfield, to address his assertion a day earlier that "there's a possibility that the assault of the virus on our nation next winter will actually be even more difficult than the one we just went through."

Redfield said he wanted to clarify those remarks to The Washington Post, although he confirmed the statement was accurately reported.

"I didn't say that this was going to be worse," Redfield said. "I said it was going to be more difficult and potentially complicated."

He added, "We are building that public healthcare capacity now to make sure that we stay in the containment mode for the upcoming fall and winter season so we will not need to resort to the kind of mitigation that we had to in the spring."

Trump had been unhappy about Redfield's remarks, which conflicted with the administration's optimistic messaging that the country will soon move beyond the virus. The president tweeted earlier in the day that Redfield's comments had been misconstrued.

Trump has frequently taken an optimistic view regarding the severity of the virus, including declarations last month that COVID-19 would "disappear." In recent days, he has pushed for the nation to begin restarting its economy.

But his own health experts on Wednesday continued to urge caution. Fauci said that states beginning to reopen "should be careful" and that rushing to lift social distancing guidelines would likely accelerate infections.

Trump also said Wednesday that the Pentagon is planning a multicity tour by the U.S. military's top flight demonstration teams to "champion national unity" amid the coronavirus pandemic. He said the Blue Angels and the Thunderbirds, the demonstration squadrons for the Navy and Air Force, will fly over a number of cities. And he promised a July Fourth celebration for the public on the National Mall.

Why your Social Security cost-of-living adjustment could be lower in 2021

The Covid-19 crisis has upended the U.S. economy. Now retirees may face another financial challenge: a lower Social Security cost-of-living adjustment in 2021.

Based on data for the first quarter of 2020, the estimated Social Security COLA for 2021 could be just 0.8%, according to The Senior Citizens League, a nonpartisan advocacy group for older Amercians.

That would be a substantial reduction from this year's COLA, which was **1.6%**. In 2019, recipients got a **2.8%** bump.

The number is an early estimate based on first quarter data from the Bureau of Labor Statistics. It could be subject to change by the time the change for next year is announced in October.

But the numbers are reflective of what is happening in the economy.

The Social Security Administration calculates the COLA based on the **Consumer Price Index for Urban Wage Earners and Clerical Workers**, or CPI-W.

"What's going on in the first quarter is, primarily, gasoline prices plunged," said Mary Johnson, Social Security and Medicare policy analyst at The Senior Citizens League. "That's driving it down because the gasoline is weighted more heavily for the CPI-W and that drives down the COLA."

A 0.8% increase would be the lowest adjustment since 2017, when it was 0.3%. However, it would also be better than 2016, 2011 and 2010, when the COLA was zero.

Right now, we're seeing the immediate effects of the coronavirus on the economy. That may be a domino effect that could hit seniors particularly hard, Johnson said.

"Older Americans are going to be hit by longer term effects," Johnson said. "Their retirement portfolios have gone down.

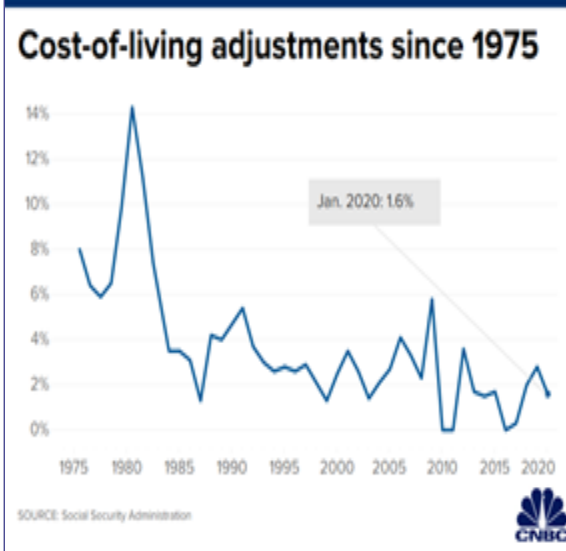
"They're much more reliant on their Social Security."

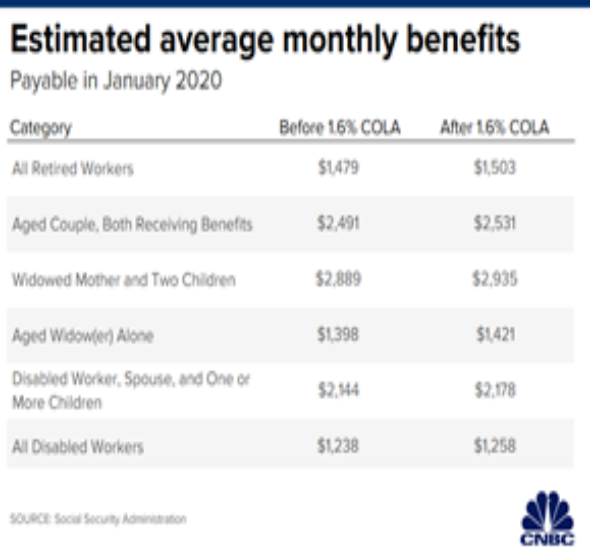
Currently, there are 65 million Americans who receive Social Security benefits, 45 million of whom are retired workers. Their average monthly benefit is $1,503.

Prior to the 1.6% increase this year, the average monthly benefit was $1,479.

A lower adjustment for 2021 would trigger a rule called the hold harmless provision, which protects certain people from having their Medicare Part B premiums go up more than their COLA adjustment. Nevertheless, individuals above certain income thresholds will pay premium surcharges as a result, Johnson said.

Meanwhile, older Americans will face likely face more financial challenges amid Covid-19, including hospitalizations that can result in higher out-of-pocket costs if they use Medicare Advantage plans.





Coronavirus: Drug companies uninterested in combating infectious diseases

As the COVID-19 crisis grows, Big Pharma is trying to position itself as the key to ending this pandemic. But drug corporations have been uninterested in fighting infectious diseases for decades.

In this blog, we examine pharma's deep disinterest in combating infectious diseases and why drug corporations are suddenly interested in working toward COVID-19 vaccines and treatments.

Recent History: A Drop In Pharma R&D

Drug corporations have substantially decreased their investment into treatments and vaccines for emerging infectious disease over the last decade. **From 2010 to 2014,** only six new drugs to treat antimicrobial infections were approved. That's compared to years 1980 to 1984 when 19 new antimicrobial medications were approved. In 2018, **only 1 percent** of research and development projects were for emerging infectious diseases. In fact, of the twenty companies that spent $2 billion on research and development in the last year, **only four** have units dedicated to vaccine development.

The lack of innovation from drug companies to combat infectious diseases was so concerning that last year **the United Nations** issued a report outlining the global infectious disease crisis we face without more innovation.

Antibiotics and antivirals treat some of the world's most deadly conditions, but they typically are only prescribed to patients for short periods, sometimes a **couple of weeks** or even a few days. They aren't well suited for blockbuster sales. Instead, manufacturers are more interested in investing in drugs that patients take for long periods of time like cancer and **chronic illness treatments.**

A similar trend is true for vaccines, which are essential to ending the COVID-19 crisis. Over the last 50 years, the drug industry's vaccine research and development pipeline slowed substantially because pharmaceutical manufacturers know the **market for vaccines** is small compared to chronic illnesses. The very design of vaccines make the markets small as individuals receive vaccines typically once, sometimes two or three times, throughout their lives.

Why is Pharma interested now?

So why are pharmaceutical companies suddenly competing to find treatments and vaccines for COVID-19? Because the extent of the crisis and generous government incentives have transformed this pandemic into a business opportunity with minimal risk and tremendous profit potential.

Profit Potential

Not until it became clear that the novel coronavirus was highly contagious and spreading rapidly did pharmaceutical corporations direct attention toward developing a vaccine...**Read More**

Seniors With COVID-19 Show Unusual Symptoms, Doctors Say

Older adults with COVID-19, the illness caused by the coronavirus, have several "atypical" symptoms, complicating efforts to ensure they get timely and appropriate treatment, according to physicians.

COVID-19 is typically signaled by three symptoms: a fever, an insistent cough and shortness of breath. But older adults — the age group most at risk of severe complications or death from this condition — may have none of these characteristics.

Instead, seniors may seem "off" — not acting like themselves — early on after being infected by the coronavirus. They may sleep more than usual or stop eating. They may seem unusually apathetic or confused, losing orientation to their surroundings. They may become dizzy and fall. Sometimes, seniors stop speaking or simply collapse.

"With a lot of conditions, older adults don't present in a typical way, and we're seeing that with COVID-19 as well," said Dr. Camille Vaughan, section chief of geriatrics and gerontology at Emory University.

The reason has to do with how older bodies respond to illness and infection.

At advanced ages, "someone's immune response may be blunted and their ability to regulate temperature may be altered," said Dr. Joseph Ouslander, a professor of geriatric medicine at Florida Atlantic University's Schmidt College of Medicine.

"Underlying chronic illnesses can mask or interfere with signs of infection," he said. "Some older people, whether from age-related changes or previous neurologic issues such as a stroke, may have altered cough reflexes. Others with cognitive impairment may not be able to communicate their symptoms."

Recognizing danger signs is important: If early signs of COVID-19 are missed, seniors may deteriorate before getting needed care. And people may go in and out of their homes without adequate protective measures, risking the spread of infection.

Dr. Quratulain Syed, an Atlanta geriatrician, describes a man in his 80s whom she treated in mid-March. Over a period of days, this patient, who had heart disease, diabetes and moderate cognitive impairment, stopped walking and became incontinent and profoundly lethargic. But he didn't have a fever or a cough. His only respiratory symptom: sneezing off and on.

The man's elderly spouse called 911 twice. Both times, paramedics checked his vital signs and declared he was OK. After another worried call from the overwhelmed spouse, Syed insisted the patient be taken to the hospital, where he tested positive for COVID-19.

"I was quite concerned about the paramedics and health aides who'd been in the house and who hadn't used PPE [personal protective equipment]," Syed said.

Dr. Sam Torbati, medical director of the Ruth and Harry Roman Emergency Department at Cedars-Sinai Medical Center, describes treating seniors who initially appear to be trauma patients but are found to have COVID-19.

"They get weak and dehydrated," he said, "and when they stand to walk, they collapse and injure themselves badly."

Torbati has seen older adults who are profoundly disoriented and unable to speak and who appear at first to have suffered strokes.

"When we test them, we discover that what's producing these changes is a central nervous system effect of coronavirus," he said.

Dr. Laura Perry, an assistant professor of medicine at the University of California-San Francisco, saw a patient like this several weeks ago. The woman, in her 80s, had what seemed to be a cold before becoming very confused. In the hospital, she couldn't identify where she was or stay awake during an examination. Perry diagnosed hypoactive delirium, an altered mental state in which people become inactive and drowsy. The patient tested positive for coronavirus and is still in the ICU….**Read More**

Updated Guidance for Medicare Advantage and Part D Plans Increases Access to Care

Last month, the Medicare Rights Center **highlighted guidance** that the Centers for Medicare & Medicaid Services (CMS) released for Medicare Advantage (MA) plans, Part D plans, and certain Medicare-Medicaid plans. This guidance described both the options and requirements such plans have for providing Medicare coverage for COVID-19 (also called coronavirus) testing, treatments, and prevention. This week, CMS **amended the guidance** to reflect additional information and flexibilities. Some of these changes are a result of legislation, while others are decisions made by the agency.

One update, as a result of the **Families First Coronavirus Response Act**, forbids MA plans from charging any cost-sharing, including deductibles, copays, or coinsurance, for coronavirus tests. This includes the administration of the test and any testing-related services, as well as any future vaccine. In addition, plans may not impose any prior authorization or other utilization management requirements on such testing.

Another change, this time as a result of the **Coronavirus Aid, Relief, and Economic Security (CARES) Act**, is a requirement that all MA and Part D plans allow 90-day fills of covered drugs during the emergency period if requested by the enrollee. In addition, plans cannot impose quantity limits that would prevent someone from getting a full 90-day supply if they have a prescription for that amount. Certain safety provisions called "safety edits" are still in place to prevent unsafe doses of opioids.

CMS is also encouraging plans to waive requirements for pharmacist consultation with the prescriber, and the agency will not enforce medication delivery documentation and signature requirements. The guidance clarifies that plans may otherwise continue to impose cost and utilization management requirements.

Further, CMS is allowing insurers to make mid-year changes to their plans that would uniformly provide enrollees with additional benefits or more generous cost-sharing. The agency notes that such changes should be tied to the public health emergency. For example, plans could add meal delivery or medical transportation services that support social distancing or reduce or eliminate cost-sharing for telehealth services.

CMS is also giving plans more discretion around disenrollments. CMS is encouraging plans to maintain enrollment for people who fail to pay premiums or no longer qualify for a type of specialized MA plan called a "Special Needs Plan." In addition, the agency is permitting plans to keep people enrolled if they are absent from the plan's service area for more than six months due to the pandemic. At Medicare Rights, we support efforts to ensure that people with Medicare have access to the medications and providers they need to maintain their health, financial stability, and well-being during this public health emergency and beyond. We encourage CMS **to do more to ensure that everyone who is eligible for Medicare is able to enroll without delay**, and we **support additional legislative changes** that would improve enrollment and appeals processes.

Read the updated guidance.

Trustees Reports Reflect Largely Unchanged and Improved Projections

The **Social Security** and **Medicare** Trustee s reports were released this week. The reports include short- and long-term projections for the financial situation of the Social Security Retirement and Disability and the Medicare HI (Part A) and SMI (Part B) trust funds. The findings are largely consistent with those from 2019 and confirm the Medicare and Social Security programs are strong and built to last.

Importantly, the reports do not include any adjustment or accommodation in light of the COVID-19 (also called coronavirus) public health emergency. The pandemic could have several significant effects on the reporting and underlying finances. For example, the Trustees' projections incorporate expected income from payroll taxes and from the general budget, both of which could see shortfalls. And the predicted expenditures include Medicare costs, which could be impacted by both increased utilization for coronavirus-related care and decreases in costs associated with routine and scheduled care. Proposed and recently implemented legislation, including bills that temporarily expand coverage, increase payments to certain providers, and alter cost-sharing structures, are also not accounted for in the reports.

The Trustees issued a statement along with the reports indicating that because the impacts related to the public health emergency are so uncertain, it is "not possible to adjust their estimates accurately at this time."

With that caveat, the reports go on to project that the Social Security Retirement reserve is expected to be depleted in 2034—the same as was projected last year—at which point Social Security could pay 76% of scheduled benefits. The Disability Trust fund is projected to become depleted in 2065, 13 years later than in 2019, at which point it could pay 92% of benefits. The report states that the projected costs increase faster than projected income "primarily because the ratio of workers paying taxes to beneficiaries receiving benefits will decline as the baby-boom generation ages and is replaced at working ages with subsequent lower birthrate generations."

For Medicare, the trustees project Part A spending to be lower than last year because of lower-than-projected 2019 spending and other factors, but this decrease in expenditures is "partially offset [by] higher projected spending growth for Medicare Advantage beneficiaries." The estimated depletion date for the Part A trust fund remains the same as last year—2026. At that time, program income will be sufficient to pay 90% of total scheduled benefits. The Part B trust fund is financed differently, with premiums and general revenue funding changing each year to reflect projected spending, so Part B is expected to be adequately financed "for the next 10 years and beyond."

The report projects the standard Part B Premium for 2021 will increase from $144.60 in 2020 to $153.30, and that the deductible will be $212, an increase from $198 currently. Notably, these are just estimates. Final amounts are expected to be released later this year.

The Social Security Act established the Medicare Board of Trustees to oversee the program's funding. The Board has six members, four of whom serve by virtue of their positions in the federal government: the Secretary of the Treasury, the Secretary of Labor, the Secretary of Health and Human Services, and the Commissioner of Social Security. The other two Trustees are public representatives appointed by the President, subject to confirmation by the Senate. The two Public Trustee positions have been vacant since July 2015. They are required to submit these reports to the president and congress annually.

For more, read the following:

Reports Summary
Social Security Report

Telehealth Will Be Free, No Copays, They Said. But Angry Patients Are Getting Billed.

Karen Taylor had been coughing for weeks when she decided to see a doctor in early April. COVID-19 cases had just exceeded 5,000 in Texas, where she lives.

Cigna, her health insurer, said it would waive out-of-pocket costs for "telehealth" patients seeking coronavirus screening through video conferences. So Taylor, a sales manager, talked with her physician on an internet video call.

The doctor's office charged her $70. She protested. But "they said, 'No, it goes toward your deductible and you've got to pay the whole $70,'" she said.

Policymakers and insurers across the country say they are eliminating copayments, deductibles and other barriers to telemedicine for patients confined at home who need a doctor for any reason.

"We are encouraging people to use telemedicine," New York Gov. Andrew Cuomo said last month after ordering insurers to eliminate copays, typically collected at the time of a doctor visit, for telehealth visits.

But in a fragmented health system — which encompasses dozens of insurers, 50 state regulators and thousands of independent doctor practices — the shift to cost-free telemedicine for patients is going far less smoothly than the speeches and press releases suggest. In some cases, doctors are billing for telephone calls that used to be free.

Patients say doctors and insurers are charging them upfront for video appointments and phone calls, not just copays but sometimes the entire cost of the visit, even if it's covered by insurance.

Despite what politicians have promised, insurers said they were not able to immediately eliminate telehealth copays for millions of members who carry their cards but receive coverage through self-insured employers. Executives at telehealth organizations say insurers have been slow to update their software and policies.

"A lot of the insurers who said that they're not going to charge copayments for telemedicine — they haven't implemented that," said George Favvas, CEO of Circle Medical, a San Francisco company that delivers family medicine and other primary care via livestream. "That's starting to hit us right now."

One problem is that insurers have waived copays and other telehealth cost sharing for in-network doctors only. Another is that Blue Cross Blue Shield, Aetna, Cigna, UnitedHealthcare and other carriers promoting telehealth have little power to change telemedicine benefits for self-insured employers whose claims they process.

Such plans cover more than 100 million Americans — more than the number of beneficiaries covered by the Medicare program for seniors or by Medicaid for low-income families. All four insurance giants say improved telehealth benefits don't necessarily apply to such coverage. Nor can governors or state insurance regulators force those plans, which are regulated federally, to upgrade telehealth coverage.

"A lot of providers may not have agreements in place with the plans that they work with to deliver services via telemedicine," she said. "So these providers are protecting themselves upfront by either asking for full payment or by getting the copayment." ...**Read More**

Retirement Insecurity in the Time of COVID-19: The Next Shoe to Drop?

Americans of all ages are **increasingly worried** about their finances now that the coronavirus has infected the economy. So far, the media coverage has focused more on the fallout for working families who are struggling to make ends meet, after losing their jobs, and income, as businesses shutter for the foreseeable future. There's been far less attention to the financial impact on older adults, who are not only **at higher risk of serious illness** if they get the coronavirus, but also financially vulnerable if the pandemic leads to a sustained drop in their income and retirement savings. Seniors already face **significant out-of-pocket costs** for their health care and as a **share of their income.**

It doesn't take much to imagine how the coronavirus economy could lead to a drop in both income and retirement savings for seniors for an unknown period of time. Older adults 50 and older who lose their jobs in the wake of the pandemic may find it more difficult than younger workers to get jobs and comparable compensation when the economy begins to recover. And, while some of the 12 million adults ages 65 and older choose to work mainly for professional or personal fulfillment, others do so to pay their bills, **often to help support their children and grandchildren**. More than 4 million adults ages 65 or older who worked at some time during the year were in families with incomes below 400% of poverty, including a disproportionate share of black and Hispanic seniors, according to an unpublished KFF analysis. Older adults who decide to collect Social Security to compensate for lost earnings, but before their full retirement age, **will get lower monthly payments** than they would have for the rest of their lives.

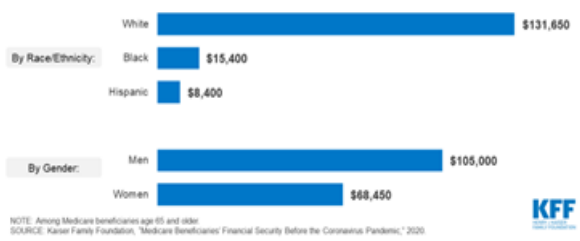
We recently released **new data** that paints a fairly dim picture of seniors' financial resources in 2019 — before the coronavirus pandemic. These 2019 estimates are likely to be a high-water mark for older adults, at least for the foreseeable future, given relatively high unemployment among older workers and volatility in the stock market, which can affect retirement savings.

In 2019, as in prior years, the distribution of savings among seniors is highly skewed: the top five percent of seniors had savings of more than $1.4 million per person. However, even before the economy started to falter, half of all seniors had savings of $83,850 or less, a quarter had less than $9,650, and about one in ten (12%) no had no savings at all. Median savings among adults ages 65 and older were substantially lower for black and Hispanic than white seniors, and lower for older women than older men (**Figure 1**).

For older adults with some or all of their retirement savings invested the stock market, the recent volatility raises uncertainty, more for some than others. The average age 65 and older household with any savings invested about one fifth (18%, on average) of total savings in the stock market in 2016; the share was very low among older households with savings in the bottom savings quintile (<1%, on average) but much higher (36%, on average) among older households in the top **savings quintile**.

Figure 1

Among Adults Ages 65+, Median Savings Are Significantly Lower For Black And Hispanic Than White Seniors And Lower For Women Than Men



NOTE: Among Medicare beneficiaries age 65 and older.
SOURCE: Kaiser Family Foundation, "Medicare Beneficiaries' Financial Security Before the Coronavirus Pandemic," 2020.

KFF

The volatility in the stock market raises particular concern for older retirees who have fewer years than younger adults to recover lost retirement savings from a downturn in the economy.

The recently enacted CARES Act aims to mitigate the immediate impact of economic losses on Americans, including older Americans, such as direct payments of up to $1,200 to individuals and more generous unemployment benefits. However, these are short-term solutions to what appears to be a long-term problem. The economic impact of the coronavirus economy on older Americans has important implications for the current response to COVID, and future policy discussions pertaining to Medicare, Medicaid and Social Security.

FDA pushed through scores of inaccurate antibody tests without agency review

Some are giving too many false positive results, which could mislead some people into thinking they have already been infected.

The Food and Drug Administration is dealing with a flood of inaccurate coronavirus antibody tests after it allowed more than 120 manufacturers and labs to bring the tests to market without an agency review.

The tests, which look for antibodies that indicate whether a person has been exposed to the virus, have been eyed as a tool to help reopen the country by identifying people who may have immunity. Antibody data could also help determine the true extent of the U.S. outbreak by finding cases that were never formally diagnosed.

Normally, the FDA does its own quality check before allowing tests on the market. Agency leaders have said they tried to create more flexibility for makers of antibody tests to help inform discussions about when people can safely return to work and school, and to identify survivors whose antibody-rich blood could help treat the sick.

But many of the tests available now aren't accurate enough for such purposes. Some are giving too many false positive results, which could mislead people into thinking they have already been infected.

The problem has gotten so bad that the New York City Health Department warned health providers last week against using the tests to determine whether someone is infected with the coronavirus or has developed immunity through exposure.

Public health experts say the FDA shouldn't have waived its reviews of antibody tests and are calling on it to crack down. To date, the FDA has granted a formal emergency use authorization, in which it reviews data from manufacturers, to just seven of the tests.

"We're facing a public health epidemic," David Kessler, who led the FDA under Presidents George H.W. Bush and Bill Clinton and is now advising former Vice President Joe Biden on the coronavirus, told POLITICO. "If FDA is not looking at validation studies, then FDA is not doing its job."

On Friday, the House Oversight Committee released a report on antibody testing that said "numerous companies appear to be marketing fraudulent tests" — and that the FDA had "failed to police the coronavirus serological antibody test market."

Current FDA Commissioner Stephen Hahn, told POLITICO that the agency has discussed changing the current policy, which allows manufacturers to validate the quality of their own products as long as they include a disclaimer with test results. The FDA is trying to balance concerns about quality with its desire to allow innovative tests to reach the market quickly during a pandemic, he said….**Read More**

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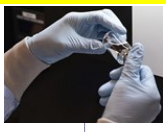
WHO data leak shows no benefit from Gilead coronavirus drug

The experimental drug, an antiviral called remdesivir, is being studied in several late-stage trials.

A leading coronavirus drug candidate showed no benefit in results from a hotly anticipated clinical trial that were mistakenly posted to the World Health Organization's website today.

The experimental drug, an antiviral called remdesivir, is being studied in several late-stage trials and has recently



drawn praise from President Donald Trump after a sliver of early data from a different clinical trial **leaked last week.**

The draft documents posted to the WHO website — and then quickly removed — suggest that the drug did not help patients enrolled in a randomized clinical trial in China, and caused significant side effects in several people that led them to end treatment. More participants who received remdesivir died compared to those in the control group, although the difference between the two groups was not statistically significant.

Gilead thinks the results were mischaracterized because the study ended early due to low enrollment, spokesperson Sonia Choi said. "As such, the study results are inconclusive, though trends in the data suggest a potential benefit for remdesivir, particularly among patients treated early in disease."

"We regret that the WHO prematurely posted information regarding the study," Choi added.

The Financial Times **first reported** the mistakenly posted results. Gilead's stock price dropped more than 7 percent in the hours after the news.

Multiple "phase III" remdesivir studies are still ongoing in the U.S., with early results from some expected this month.

Read Update on this drug

How Well Do You Know Your Numbers?

If you've been diagnosed with a major illness -- like heart disease, diabetes, heart failure, cancer, or asthma -- you've probably already done a lot of research on your condition. That's a wise move. Staying informed is an important step toward staying healthy.

You can learn a lot about your illness on the Internet or at a hospital library, but no Web site or medical journal in the world can tell you whether your illness is truly under control. If you want to keep track of your health, you need to do more than pay attention to how you feel and how you take care of yourself -- you also need to keep track of your numbers.

What numbers really matter? For starters, there's a reason why you step on a scale and get your blood pressure checked every time you set foot in a doctor's office. Regardless of the condition you have, weight and blood pressure are important measures of health. But even these measurements are

more crucial for some patients than for others. If you have heart failure, which means that your heart can't pump enough blood and oxygen to the rest of your body, a few extra pounds on the scale could mean that your condition has taken a serious turn for the worse. And if you have heart disease, a sudden rise or drop in blood pressure -- or a change in pulse rate -- could be a red flag that requires immediate action.

Ask your doctor to explain which numbers are especially important to your health. Depending on your condition, you may have to check them monthly, weekly, or even daily. Here's a look at the crucial numbers for several common diseases.

Read More on each of these subjects below.

Heart disease
Diabetes
Heart Failure
Asthma

What is occupational therapy?

Occupational therapists focus on enabling people to do the things they want and need to do in their everyday lives.

In this article, we explain what occupational therapy is, what occupational therapists do, and what to expect during an appointment with one of these professionals.

We also explain the differences between occupational therapy and physical therapy.

What is occupational therapy?

Occupational therapy is a healthcare profession. It focuses on helping people do all the things that they want and need to do in their daily lives.

These might include:

Work, school, hobbies, social situations, household tasks

A doctor might refer someone to an occupational therapist if they have acquired a disability, are recovering from a medical event, such as a stroke, or have had an operation.

By helping people carry out their daily activities, occupational therapy aims to promote health and improve quality of life.

Occupational therapists work to help people develop, recover, and improve while maintaining the skills that they need to live their lives.

What do occupational therapists do?

Occupational therapists (OTs) offer practical advice and support to help people carry out their daily activities. Their work centers on adapting a person's environment so that it better suits them and the things they want and need to do. OTs work with lots of people of all ages.

Common examples of what they do include:

- helping people going through physical changes to carry on working
- helping people experiencing changes in how they think or remember things to carry on working
- helping children with disabilities fully participate in school
- helping people with disabilities take part in social situations, hobbies, or sports

According to the **American Occupational Therapy Association,** therapists will:

- work with the person and their family to identify their goals
- design a custom intervention, or plan, that will help the person perform their everyday activities and reach their goals
- check to see whether the person is meeting their goals and make any necessary changes to the plan

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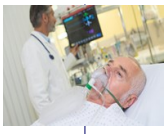
Pneumonia More Deadly Than Hip Fractures for Hospitalized Seniors

Seniors hospitalized with pneumonia are much more likely to die in the hospital and within two years of leaving the hospital than those with hip fractures, new research shows.

But many older people don't recognize the serious threat posed by pneumonia, the researchers said. The study took place in 2009 to 2015, years before the coronavirus pandemic and its respiratory effects became a well-known threat to human life.

For the study, the investigators compared outcomes among patients in France, aged 80 and older, who were hospitalized for either pneumonia (nearly 12,200) or hip fractures (nearly 4,800).



The pneumonia patients had a greater number of other health problems ("co-morbidities") and a higher in-hospital death rate than the hip fracture patients (about 18% versus 5.4%, respectively).

After adjusting for co-morbidities, frailty scores, age and sex, the overall risk of death within two years after hospitalization was 80% higher among the pneumonia patients than among the hip fracture patients.

The research, which should be considered preliminary, was scheduled for presentation at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). However, the meeting was cancelled due to the coronavirus pandemic.

Despite the threat posed by pneumonia, many seniors don't understand their risk from the common lung infection, the researchers said. This results in inadequate pneumonia prevention efforts, especially low use of vaccines.

In contrast, breaking a hip is viewed as a major concern for seniors, noted study author Leslie Grammatico-Guillon, from the University of Tours in France, and colleagues.

"We hope that placing the consequences of pneumonia in relation to the consequences of a hip fracture may provide useful perspective for discussions of pneumonia and its prevention with aging populations," the authors said in an ECCMID news release.

"The population, but also their caregivers and clinical practitioners, should be more aware of the risk from this disease. Better recognition will improve the prevention of pneumonia by increasing uptake of vaccines, such as influenza and pneumococcus," the team concluded.

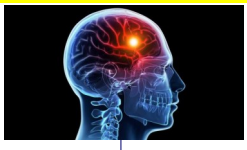
More information

The American Academy of Family Physicians has more on **pneumonia**.

COVID-19 Is Causing Blood Clots and Strokes in Some Patients, why?

For the most part, strokes affect older adults: The American Stroke Association says a person's **risk of stroke** nearly doubles every 10 years after the age of 55. But due to the **new coronavirus**, doctors have seen an increase in strokes among people as young as 30—and doctors are scrambling to find out why.

According to new reporting by the ***Washington Post***, three large US medical institutions—Philadelphia's Thomas Jefferson University Hospitals, and New York City's NYU Langone Health and Mount Sinai Beth Israel Hospital—are preparing to publish data on the stroke phenomenon among younger patients with COVID-19. While the institutions maintain that there are only a few dozen cases per location, the situation is concerning enough among doctors to raise red flags.



One set of data, to be published in the *New England Journal of Medicine* (*NEJM*) on April 29, details five cases of large-vessel strokes in patients under the age of 50, all diagnosed with COVID-19, though patients only had mild symptoms—or none at all. Five cases may not sound like a lot, but it's a sevenfold increase of what would normally be expected among patients in that age range. "It's been surprising to learn that the virus appears to cause disease through a process of blood clotting," Thomas Oxley, MD, PhD, a neurosurgeon at Mount Sinai Health System and lead investigator of the research told ***Medscape***

The increase in blood clotting among COVID-19 patients itself has also been a concern for doctors and researchers. "The number of clotting problems I'm seeing in the ICU, all related to COVID-19, is unprecedented," Jeffrey Laurence, MD, a hematologist at Weill Cornell Medicine in New York City, wrote in an email to *CNN*. "Blood clotting problems appear to be widespread in severe Covid."

Dr. Laurence was one of the physicians involved in an April 2020 commentary published in the journal ***Translational Research***, which detailed the cases of five patients—two autopsied patients and three living patients—who had blood clots in the lungs, beneath the surface of the skin, or both….**Read More**

Americans Report Concerns Over Their Mental Health During Pandemic

Mental health concerns top economic worries during the COVID-19 pandemic, according to the results of a survey released by the University of Phoenix.

The Harris Poll conducted an online survey of 1,055 U.S. adults on behalf of the University of Phoenix from March 30 to 31, 2020, to assess perceptions of the COVID-19 pandemic.

The vast majority of Americans (84 percent) say that if social distancing continues longer than they expect, it will have an impact on their mental health. Two-thirds of respondents (68 percent) say they feel like everything is out of their control right now, and more than half (56 percent) say they are balancing more now during the pandemic than ever before. Concern about experiencing increased anxiety (41 percent) is a top concern, followed by not being able to pay bills (33 percent), reduced job salary/work hours (26 percent), and losing their job/not being able to get a new job (22 percent). Despite these concerns, respondents express gratitude, with 65 percent saying they are thankful for their health, family, and friends. More than one-third of adults (38 percent) are optimistic that the country will come out of this pandemic stronger than ever and 30 percent are making plans for a postpandemic future.

"Feelings of anxiety are not solely due to isolation or social distancing. The everyday choices we make, including technology overuse, impersonal interactions, and engaging with people that are unhealthy for us, all lead to anxiety," Dean Aslinia, Ph.D., counseling department chair at the University of Phoenix, said in a statement. "If something good can come from this pandemic, we can hopefully recognize the need for intentional behaviors that maintain and improve our mental health."

More Information

Mediterranean diet reduces risk of cognitive impairment

A new study suggests that following a Mediterranean diet may help reduce the risk of cognitive impairment and slow the rate of cognitive decline at a population level.

A new study has drawn a link between following a Mediterranean diet and reduced cognitive impairment.

The research, which features in the journal **Alzheimer's and Dementia**, suggests that, at a population level, following a Mediterranean diet may reduce the risk of cognitive impairment and slow cognitive decline.

The research is particularly pertinent to health policies that may help reduce the risk of types of dementia, such as Alzheimer's disease.

Dementia and Alzheimer's

According to the **Centers for Disease Control and Prevention (CDC)**, dementia is a general term referring to significant cognitive decline, often in later life. Different diseases can cause dementia, the most common type of which is Alzheimer's disease.

While some level of cognitive decline is common as people age, significant cognitive decline, as occurs in people with dementia, is not a normal part of aging.

According to the **National Institute on Aging**, Alzheimer's disease is a type of neurodegenerative dementia. It occurs when abnormal deposits of proteins build up in a person's brain, causing neurons to lose connectivity with each other and die.

A person with mild Alzheimer's may experience memory loss and changes in personality or behavior. As the disease develops, they may go on to experience difficulty moving and have more significant confusion — for example, being unable to recognize family members or close friends.

Severe Alzheimer's may leave a person unable to communicate and entirely dependent on other people for their care.

There is currently no known cure for Alzheimer's. As a consequence, interventions that can delay or slow down the onset of cognitive decline may be very valuable for reducing the general rate and severity of Alzheimer's disease in a population.

Mediterranean diet

The authors of the new study wanted to explore the possible role of the diet in combatting dementia within a population. In particular, they wanted to see what effect a Mediterranean diet might have on relative cognition.

According to a 2017 article in the journal ***Nutrition Today***, research has shown the Mediterranean diet to have a variety of health benefits, including a reduced risk of cardiovascular diseases, diabetes, breast and bowel cancer, inflammatory bowel disease, and neurodegenerative diseases.

It was the relationship between this last health issue and the Mediterranean diet that the authors of the present study wanted to look at in more detail.

Almost 9,000 participants

To conduct the research, the authors drew on data **from two large studies** exploring the relationship between nutritional supplementation and age-related macular degeneration, a condition that affects the vision.

For the two studies, scientists recruited almost 9,000 participants. The first study recruited its participants between 1992 and 1998, and the second between 2006 and 2008. After applying exclusion criteria, the remaining number of participants was 7,756.

Scientists assessed the cognitive function of the participants in the first study between 2000 and 2004. The second study included assessments at the beginning of the study and then in years 2, 4, and 10.

The authors used standardized tests to determine cognitive functioning and a questionnaire to determine the extent to which the participants had followed a Mediterranean diet in the previous year.

Reduced risk of cognitive impairment

The authors found that stricter adherence to a Mediterranean diet resulted in a reduced risk of cognitive impairment and a higher numerical result in cognitive functioning scores. In particular, the authors found that consumption of fish was particularly associated with reduced risk of cognitive impairment, as well as slower general cognitive decline.

Coronavirus: Who's immune?

It's not at all clear yet when the need for social isolation will end and life will return to normal. For many people, two questions are top of mind. What does it take to be immune to the coronavirus and how would you know if you are immune? Andrew Joseph reports for **Stat News** on what we know about immunity.

If you have tested positive for the virus or have had the symptoms, you are likely to have the Covid-19 antibodies. And, because at least some people have Covid-19 without experiencing any symptoms, even if you have had no symptoms, you might have the antibodies.

A number of tests are being developed that can determine whether you have Covid-19 antibodies. Unfortunately, they are not 100 percent accurate.

What's worse is that many experts believe that the antibody test could show that you have the antibodies and you could still contract the virus again. To repeat, the antibody test cannot show with complete certainty that people are immune and cannot be reinfected.

Right now, top scientists cannot say for sure that having the virus or having the antibodies protects you against reinfection. Most likely you will be protected against reinfection if you've had the virus because your body develops antibodies to fight off the virus; the problem is that those antibodies might not be strong enough to ward off a more powerful strain of the virus.

Some experts believe that even if you have the antibodies and are not reinfected, you could still spread the virus to others. Yes, just because you've had Covid-19 and have the antibodies does not mean that you cannot spread the virus at some later date.

To complicate matters further, even if the antibodies protect you against getting the virus again, no one knows how long that protection will last. In the case of other coronaviruses, the antibodies have offered people some protection against reinfection for at least a year. For Covid-19, scientists still don't know what level of antibodies is needed for longer or better protection.

Some evidence suggests that if you had a mild case or were asymptomatic, you might have only a low level of antibodies making you more susceptible to reinfection. Other evidence suggests that some people develop lower levels of antibodies than other people, increasing their likelihood of reinfection. And, still other evidence indicates that some people have immune cells, separate and apart from antibodies, that could protect them from reinfection even if they don't have antibodies.

For all these reasons, many experts believe that President Trump's plan to reopen the country in states that are seeing a reduced number of Covid-19 cases is foolhardy. Similarly, the idea that some people could have "immunity passports" sounds good in theory, but could be a big mistake. While we wait, here are some tips for **boosting your immune system**.

How bad is my eye prescription? What the numbers mean

Many people wonder how bad their eye prescription is, especially as the numbers and symbols are often difficult to interpret.

Although roughly 3 out of every 4 people in America require corrective lenses, according to research from the Vision Council, many do not understand what their eye prescription means.

In this article, we look at how to read an eye prescription and what the numbers mean.

How to read an eye prescription

The following tips can help people read their eye prescriptions:

- **Identify a + sign**: Positive numbers, such as +1.00, explain how strong a lens needs to be to correct for farsightedness. Farsightedness means a person can see distant things but nearby objects appear blurry.

- **Identify a – sign**: Negative numbers, such as -1.00, indicate the lens strength needed to correct shortsightedness. Shortsightedness is when a person can see close things but distant objects appear blurry.
- **A large number**: Whether a + or -, a large number indicates a stronger prescription.
- **OS and OD**: On an eyeglasses prescription, OS stands for Oculus Sinister, which refers to the left eye. OD stands for Oculus Dexter and refers to the right eye.
- **Eye differences**: It is common for people to have different qualities of vision in their left and right eyes, particularly those with astigmatism.
- **Spherical correction (SPH)**: The spherical correction (SPH) refers to the lens strength needed to correct vision that affects the whole eye. This is usually the first number listed.
- **Cylindrical correction (CYL)**: Cylindrical correction is the second number and is only on prescriptions for people with astigmatism.
- **ADD**: Some people need a different prescription to see things that re close by. ADD refers to the strength that the optician needs to add to a prescription to magnify objects.
- **AXIS**: The axis notation tells lens makers where they should place the astigmatism correction in a lens.
- **PRISM**: Eye doctors incorporate a prism into a lens to help correct problems with the eyes working together, such as one eye tilting inward while the other looks straight ahead.

A person with any questions about what their prescription means should speak to their optician who can answer any questions and help explain the numbers.

Why does my prescription change?

Eyeglass prescriptions change because people's eyes change. Usually, these differences are not due to illness. For example, children do not fully develop the ability to focus both eyes on one object at the same time until they are 7 years old….Read More

Potato & Sausages, Cold Cuts a Bad Combo for Your Brain

If your diet consists mostly of processed meats, starches and sugary snacks, you may run the risk of developing dementia, a new study suggests.

"How foods are consumed, not only the quantity consumed, may be important for dementia prevention," said lead researcher Cecilia Samieri, a senior researcher in epidemiology at the University of Bordeaux in France.

In other words, it's the total combination of foods, or "network," that may be damaging, she and her team discovered.

Dementia was more common among folks who ate mostly processed meats like ham and sausages, starches like potatoes, and snacks such as cookies and cakes. People without dementia were more likely to eat a diverse diet that included fruits, vegetables, seafood and poultry, according to the findings.

This study, however, can't prove that these foods cause dementia or that healthier foods prevent it, said Keith Fargo, director of scientific programs and outreach at the Alzheimer's Association.

Still, Fargo noted that dementia, including Alzheimer's disease, can start developing decades before any symptoms appear, and long-term diet factors may play a role.

"Worse eating habits toward charcuterie and snacking were evident years before dementia diagnosis in our cohort. In contrast, diverse and healthy diets appear to decrease the risk to develop dementia," Samieri said. Charcuterie includes bacon, ham, sausages and salami.

For the study, Samieri and her colleagues looked at 209 people with dementia and 418 without it in France. Participants were an average of 78 years old and followed for 12 years. They had completed a food questionnaire five years earlier.

Years before the diagnosis, those who developed dementia during the study had a diet very different from those who did not develop dementia, Samieri said.

In people with dementia, highly processed meats, such as sausages, cured meats and paté, formed the "hub" of their diet. These meats were mostly eaten in combination with potatoes, alcohol and sweet snacks, Samieri said.

Moreover, it wasn't the amount of these foods that seemed to increase the risk for dementia, but rather not eating other healthier foods, she said.

Other studies have found that a diet rich in green leafy vegetables, berries, nuts, whole grains and fish may lower the risk of dementia, Samieri said.

It's not possible to tell from this study what it is about certain foods that might raise the risk for dementia, she said.

It may be that they're close to the so-called Western diet that has been linked with heart disease, obesity and diabetes, but that's only a guess, Samieri noted.

It's also possible that the frequency of eating unhealthy foods, rather than the quantity, is important in the risk for dementia, she said.

"These findings suggest that promoting a diverse and healthy diet rather than diets centered on processed meats and unhealthy foods could lower the risk to develop dementia, although this deserves confirmation in a randomized controlled trial," Samieri said.

Fargo said that no one nutrient or kind of food needs to be eliminated from the diet to protect people from dementia.

"It's really more about the universe of foods that you're eating, it's not about one particular food," he said.

Fargo said having a cheeseburger once in a while probably won't hurt you, but they shouldn't be the mainstay of your diet. Skip the fries and cola as the combination may be even unhealthier, he noted.

"Be thoughtful about your dietary intake," Fargo said. "It's not about making sure you're getting one particular nutrient or cutting out one particular kind of food. It's more about a healthy approach to eating in general, and making sure you're getting a broad variety and nutritious foods."

The study was funded by the Alzheimer's Association and published online April 22 in the journal *Neurology*.