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RI ARA

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Publication 2015 / Issue 40
Published in house by the
RI ARA

September 28, 2015 E-Newsletter

Alliance for Retired Americans Elects Two New Leaders **Robert Roach, Jr. will be President and Joe Peters, Jr. will be Secretary-Treasurer**



Robert Roach, Jr.

Washington, DC - Robert Roach, Jr. of the Bronx, New York, was elected today as President of the Alliance for Retired Americans, succeeding Barbara Easterling as the leader of the 4.4 million member grassroots advocacy organization. Joseph Peters, Jr. of Rochester Hills, Michigan was elected Secretary-Treasurer, replacing Ruben Burks. The votes occurred during a meeting of the Alliance's Executive Committee and take effect October 1, 2015. Richard Fiesta will continue to serve as Executive Director. "I am honored and excited to be joining the Alliance for Retired Americans," said Roach. "Older Americans are paying record-high prices for prescription drugs, and extremists in Congress are again trying to cut the earned Social Security and Medicare benefits seniors need. Educating and mobilizing retirees is more important than ever and I am excited to join the Alliance team."

Roach started his career as a ramp serviceman for TWA in 1975 and was a member of the International Association of Machinists and Aerospace Workers (IAM) Local Lodge 1056 in New York. He was elected to and held several union leadership positions including serving as the General Secretary-Treasurer of the IAM from 2012 until his retirement in July 2015. He currently serves as an Auditor for the International Trade Union Confederation and is a board member of the Pension Rights Center. He holds a B.S. in Labor and Management Relations from SUNY Empire State College's Harry Van Arsdale Jr. Center for Labor Studies and is a graduate of the Labor Liberal Arts Program at Cornell University.

"After a lifetime of work, Americans deserve a secure retirement. The Alliance has an important role to play in making sure that the rights of older Americans are protected," said Peters.

Peters began his career at the Ford Motor Company. He was elected to a leadership position in the United Auto Workers (UAW) in 1978 and rose through the UAW ranks, culminating in his serving as regional director of UAW Region 1. He is a native of Michigan, graduating from Highland Park High School and attending Highland Park Junior College, Wayne State University and Oakland University. He currently serves on the boards of three charitable organizations: Care House, which provides shelter and care for abused mothers and their children; ConcaD'Oro, an organization which provides funding for "No Child Without Christmas"; and the John Dewan scholarship foundation, which provides scholarships for deserving college students.



Joseph Peters, Jr.

Richard Trumka, President of the AFL-CIO, conveyed his full confidence in Roach and Peters. "With retirees such a key part of the labor movement, we need strong leadership at the Alliance for Retired Americans. With Robert Roach and Joe Peters, we will continue to have exactly the right people in place to fight to keep Social Security and Medicare strong for both current and future retirees."

AFL-CIO Secretary-Treasurer Elizabeth Shuler, who is also Executive Vice President of the Alliance, expressed thanks to Easterling and Burks for their years of service to the organization. "Under Barbara and Ruben's leadership, the Alliance has grown to more than 4 million members with 1800 chapters across the country. They have been terrific leaders and critical to the Alliance's success defeating many efforts to privatize Medicare and cut Social Security benefits over the years."

"The Alliance will play an important role in educating and mobilizing seniors as we head into the 2016 election season," said Fiesta. "We all look forward to Robert and Joe's leadership to advance a pro-retiree agenda."

Currently the Alliance is a leader in the effort to expand Social Security benefits while strengthening the trust fund and is also fighting for lower prescription drug costs for seniors.

From the RI ARA member organizations and their members, WELCOME ABOARD!!!

'Outrageous' pill prices are big business as usual

By Nadia Kounang and Azadeh Ansari, CNN



How much are you willing to pay for a potentially life-saving pill? It's a question that many doctors and patients are asking themselves.

Drugs such as Daraprim, Doxycycline, Flucytosine and Cycloserine have been **making news headlines** lately because of their dramatic price hikes. A 2014 House of Representatives **investigation found 10 generic drugs** that ranged in price increases anywhere from 420% to over 8,000% of their prices just a year before.

These generic drugs have jumped in price for a range of reasons, including shortages because of manufacturing issues and market consolidation. Generic drugs in particular are more susceptible to the market because they are off patent and can have competition. But what concerns doctors and patients most is the sheer ability of manufacturers to set their own price because there is no body or regulation that oversees drug prices.

That appears to be the case with Daraprim, manufactured by Turing Pharmaceuticals. The price of the 62-year-old drug jumped from \$13.50 to \$750 per pill overnight. The drug is used to treat patients with malaria and toxoplasmosis, a rare parasitic infection.

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Ranking Member Cummings and Chairman Sanders Investigate Staggering Price Increases for Generic Drugs

On October 2, 2014, Rep. Elijah E. Cummings, Ranking Member of the House Committee on Oversight and Government Reform, and Senator Bernard Sanders, Chairman of the Subcommittee on Primary Health and Aging, Senate Committee on Health, Education, Labor and Pensions, sent letters to 14 drug manufacturers requesting information about the escalating prices of generic drugs used to treat everything from common medical conditions to life-threatening illnesses. Data was provided by the Healthcare Supply Chain Association (HSCA) on recent purchases by group purchasing organizations (GPOs) of ten generic drugs....**[View the chart on how much prices have increased.](#)**



Alliance Activists Call on Congress to Stand Up for Seniors, Prevent Giveaway to Drug Companies

To raise awareness about the pharmaceutical industry's effort to secure a special exemption from the Inter Partes Review (IPR) process, the Alliance has launched a new campaign with press conferences in Burlington, Vermont, Chicago and Minneapolis. At the urging of certain drug companies, some members of Congress are trying to quietly remove only drug companies from the IPR process, which was put into place to allow for timely challenges to illegitimate patents. Illegitimate drug patents are one of the causes of rising drug prices, such as when a company changes a dosage amount in order to extend a monopoly and stop affordable generic drugs from being available to consumers. Special treatment for the pharmaceutical industry would cost taxpayers billions in higher prescription drug prices.

"Americans pay the highest prescription drug prices in the world and seniors are particularly hard hit," said Fiesta. "We are calling on members of Congress to stand up for consumers, taxpayers and seniors by opposing a special carve-out for drug companies from IPR patent review."

The Vermont Alliance held their press event in front of **Sen. Patrick Leahy's office**, and the Illinois Alliance organized their event with Rep. **Jan Schakowsky** in front of a Chicago pharmacy. An additional protest is planned for Minneapolis in October. Read an op-ed from Vermont Alliance president **Jane Osgatharp** **[here.](#)**

Alliance is looking for Members' Student Debt Stories

A recent *Friday Alert* brought attention to the fact that more than 160,000 Social Security beneficiaries are currently having their monthly benefits garnished to pay outstanding student debts. This comes at a time when student debt has quadrupled since 2003 and America is facing a \$7.7 trillion retiree savings gap. The garnishment of Social Security benefits to pay debts used to be illegal. However, in 1996, Congress passed a law that stripped those protections from people who owed debts to the Federal government – and 86% of student debts are government-owned.

If the government is dipping its hands into your benefits, the Alliance would like to hear your story. Please e-mail **aracommunications@retiredamericans.org** to tell us about your situation.

Early antiviral flu drugs reduce hospital stay, disability risk for senior citizens

Antiviral medications also reduces their risk of needing extended care



Early treatment of flu-hospitalized people 65 and older with flu antiviral medications cuts the duration of their hospital stay and reduces their risk of needing extended care after discharge, a new CDC study finds. The study is the first to look at the benefits of early antiviral treatment on preventing the need for extended care in community-dwelling flu-hospitalized people 65 and older.

Because people 65 and older are at high risk of serious flu complications, CDC recommends that they be treated for flu with influenza antiviral medications as early as possible because these drugs work best when started early. The study, published earlier this month in the journal *Clinical Infectious Diseases*, supports this recommendation.

“Flu can be extremely serious in older people, leading to hospitalization and in some cases long-term disability. This important study shows that people 65 and older should seek medical care early when they develop flu symptoms,” says Dr. Dan Jernigan, director of CDC's Influenza Division.

The study found that community-dwelling patients 65 years and older who sought medical care or who were hospitalized within two days of illness onset and who were treated with antiviral medications early (in the first four days of illness) had hospital stays that were substantially shorter than those who received treatment later (after 4 days of illness onset).

This benefit was observed even among those who sought care later (more than two days after they got sick), but the reduction in hospital stay was not as great.

Similarly, early treatment was associated with patients being 25 percent to 60 percent less likely to need extended care after leaving the hospital. The study authors suggest that the shorter hospital stays associated with early treatment could account for the reduced risk of needing extended care after discharge since lengthy bed restriction can lead to disability. Other factors like older age, the presence of neurologic disorders, intensive care unit (ICU) admission, and pneumonia at admission were also independent risk factors for extended care needs.

While flu seasons can vary in severity, people 65 years and older usually bear the greatest burden of severe flu disease. In recent years, it is estimated that between 80 percent and 90 percent of seasonal flu-related deaths have been in people 65 years and older and between 50 percent and 70 percent of seasonal flu-related hospitalizations have been in people in that age group.

Antiviral treatment as soon as possible is recommended for all hospitalized patients with suspected or confirmed flu and for all patients at high risk of serious flu complications, including people 65 years and older with flu-like symptoms.

The study used data collected during three consecutive flu seasons (2010-2013) from more than 250 hospitals in 13 states participating in the Influenza Hospitalization Network (FluSurv-NET). The study authors suggest that future research should investigate changes in functional status and extended care needs following influenza hospitalization.

This study is available online from the [Clinical Infectious Diseases website](#).

More information on flu antiviral drugs is available on the [CDC flu antivirals website](#).

Approved Antiviral Drugs

There are two FDA-approved antiviral drugs recommended by CDC. The brand names for these are

Tamiflu® (generic name oseltamivir) and **Relenza®** (generic name zanamivir). Tamiflu® is available as a pill or liquid and Relenza® is a powder that is inhaled. (Relenza® is not for people with breathing problems like asthma or COPD, for example.)

Cold, flu meds risky for senior citizens with high blood pressure

Some over-the-counter meds can have negative impact on hypertension

It is the season for colds and flu. Most of us seniors do not hesitate to seek quick relief from an over-the-counter (OTC) medication. Not so fast, says the American Heart Association, most senior citizens also have hypertension. Some medications taken over the counter can have a negative impact on blood pressure.

The prevalence of hypertension increases with age and is a problem for about 65 percent of Americans age 60 and older...[Learn More](#)



Surge In Statin Use Among Very Elderly Without Heart Trouble Raises Doubts

By Lisa Gillespie



Many doctors are choosing a better-safe-than-sorry approach to heading off heart trouble in very elderly patients.

Inexpensive statin drugs are given to millions of people to reduce cholesterol, even many who do not show signs of heart disease. But a recent study has found that seniors with no history of heart trouble are now four times more likely to get those drugs than they were in 1999.

Here's the catch: For patients of that age, there is little research showing statins' preventive heart benefits outweigh possible risks, which can include muscle pain and the onset of diabetes. There have only been a handful of studies that included the over-79 population, according to a review in the American Journal of Cardiology in 2012.

With the average life expectancy at 76 for men and 81 for women in the U.S., drug companies haven't funded such studies in people above 79. There have been many studies involving younger people.

Statin have been shown to reduce the risks of a heart attack or stroke in patients who have had one and possibly prevent an episode in people with high cholesterol who haven't. The drugs, which include the well-known brands Lipitor and Crestor as well as generics, have been on the market for almost 30 years...[Read More](#)

| Prescription medicines for Lowering cholesterol used most by U.S. adults 40 and older | |
|---|---|
| Type Of Statin (Brand Name) | Percent Of Americans On Statins Taking Drug |
| Atorvastatin (Lipitor) | 20.2% |
| Lovastatin (Altoprev Mevacor) | 7.4% |
| Pravastatin (Pravachol) | 11.2% |
| Rosuvastatin (Crestor) | 8.2% |
| Simvastatin (Zocor) | 42.0% |

IOM: Teamwork Key To Reducing Medical Diagnostic Errors

By Julie Appleby

Almost every American will experience a medical diagnostic error, but the problem has taken a back seat to other patient safety concerns, an influential panel said in a report out today calling for **widespread changes**.

Diagnostic errors — defined as inaccurate or delayed diagnoses — account for an estimated 10 percent of patient deaths, hundreds of thousands of adverse events in hospitals each year and are a leading cause of paid medical malpractice claims, a blue ribbon panel of the Institute of Medicine (IOM) said in its report.

Such errors can occur with very rare conditions, such as the Liberian man with undetected Ebola who was sent home from a Dallas hospital last September; or more common problems, such as acid reflux being mistaken for a heart attack or a pathology report showing cancer that is never communicated to a patient...[Read More](#)



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

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program" Get The Message Out: SIGN THE PETITION!!!!

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

Get The Message Out: SIGN THE PETITION!!!!

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

Get The Message Out: SIGN THE PETITION!!!!