

A Surprising Number of People Could See Their Monthly Social Security Benefit Rise \$100 (or More) in 2022

Whether you're in your 60s and readying to hang up your work coat for good or just entering the workforce, there's a good chance that **Social Security** will play a key role in your retirement.

According to an April-released survey from U.S. national pollster Gallup, just 15% of nonretirees don't believe they'll need a cent from Social Security to make ends meet during retirement. By comparison, 38% of respondents expect it to be a "major" source of income. That's the highest percentage considering Social Security as a major source of income since this survey began 20 years ago.

Because Social Security is so vital to the financial well-being of seniors, disabled people, and even the survivors of deceased workers, there's arguably no announcement that's more anticipated each year than the October cost-of-living adjustment (COLA).

What is Social Security's cost-of-living adjustment and how is it calculated?

COLA represents the "raise"

that Social Security beneficiaries will receive from one year to the next. I say "raise" in quotation marks because it's not a true benefit hike. Rather, it's an increase in payout that's designed to reflect the inflation beneficiaries have contended with over the past year. In other words, as the price for goods and services rises, Social Security benefits rise, too. That's what COLA is designed to mirror.

The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) is the inflationary tether used by the Social Security Administration. The CPI-W **has eight major spending categories** and a multitude of subcategories, each of which have their own percentage weighting. The CPI-W is expressed as a single number each month, thereby making it easy to compare the aggregate inflation or deflation of a large basket of predetermined goods and services.

What you might find interesting about Social Security



is that only the CPI-W readings from the third quarter (July to September) matter when calculating COLA. The other nine months of the year can help identify trends, but aren't in any way used in determining COLA for the upcoming year.

In simple terms, the average CPI-W reading from the third quarter (Q3) of the current year is compared to the average CPI-W reading from Q3 of the previous year. If the average CPI-W reading has risen year over year, **beneficiaries will receive a "raise" the following year** that's commensurate with the percentage increase and rounded to the nearest tenth of a percent.

For Social Security's more than 65 million beneficiaries, 2022 could offer an especially large payout hike. According to estimates from The Senior Citizens League (TSCL), a nonpartisan senior advocacy group, 2022's COLA **is expected to come in at 6.2%**. This would mark the highest COLA in nearly four decades (since the 7.4%

COLA in 1983).

A few weeks ago, I examined **what the average benefit increase in 2022 would look like** across the most popular payout categories with a COLA of 6.2%. For example, the average retired worker would see their benefit rise by approximately \$97 a month. Meanwhile, the average disabled worker and average survivor could see their respective monthly benefits increase by \$80 and \$78 in 2022.

What's even more impressive is how many beneficiaries could see their monthly payouts rise by at least \$100 next year, if TSCL's 6.2% COLA estimate proves accurate. To net a \$100 monthly increase in 2022, beneficiaries would need to be receiving \$1,613 or more each month by the end of this year. Here's a rundown from the Social Security Administration of all the beneficiaries who received at least \$1,600 a month as of the end of 2020: ...**Read More**

Stimulus checks for Social Security recipients: Senior Citizens League petitions for \$1,400 payments

Struggling Americans and progressive lawmakers alike have been advocating for the **fourth round of stimulus checks for months now**, as the COVID-19 pandemic surges.

This is all the while the American Rescue Plan has offered economic benefits to key demographics a.k.a. stimulus checks to homeowners and struggling renters, and the child tax credit to parents.

Though, there's one demographic that is also in need

that many argue is being overlooked — Social Security recipients. Hence, the Senior Citizens League is campaigning with an **online petition** for \$1,400 checks to be deposited to Social Security recipients.

"Social Security benefits are one of the few types of income in retirement adjusted for inflation," the **petition** states. "But soaring inflation has taken a toll on household finances of



retired and disabled Social Security recipients."

The **petition** adds:

"2021 Social Security benefits increased by just 1.3 percent raising the average benefit by only about \$20 a month. But about 86 percent of Social Security recipients surveyed say their expenses increased by much more than that amount," the petition noted before urging Congress to support an "emergency \$1,400 stimulus

check for Social Security recipients."

The call for these stimulus checks comes at a time when the **Senior Citizens League says** the expenses of Social Security recipients are growing.

The petition also comes during a time when it's being reported **Social Security benefits are in bad shape**, while retirees may **reportedly** see a 22% cut in Social Security benefits by 2034.

Biden Issues Tough New Vaccine Mandates Affecting Millions of U.S. Workers

In an assertive offensive against a resurgent COVID-19 pandemic, President Joe Biden on Thursday announced sweeping new efforts at pressuring tens of millions of U.S. government workers to get vaccinated against the illness or face disciplinary action.

"Many of us are frustrated with the nearly 80 million Americans who are still not vaccinated, even though the vaccine is safe, effective and free," Biden said in a White House briefing.

He said that "in total the vaccine requirements in my plan will affect about 100 million Americans, two-thirds of all workers." According to the president, "the bottom line [is] we're going to protect vaccinated workers from unvaccinated coworkers.

"This is not about freedom or personal choice. It's about protecting yourself and those around you," Biden said.

Using the power of presidential executive orders and other federal prerogatives, the Biden administration will compel an estimated 4 million federal government workers to roll up their sleeves for COVID shots if they haven't already done so.

"If you want to work with the

federal government, get vaccinated," Biden said.

The White House also plans to put tough financial pressures on federal contractors to get their workers immunized, as well as the more than 17 million Americans who work in hospitals and other institutions receiving Medicare and Medicaid funding.

"If you're seeking care at a health facility, you should be able to know that the people treating you are vaccinated. Simple. Straightforward. Period," Biden said.

Even the private sector could feel the strain of federal action. Biden is asking the U.S. Department of Labor to draft rules that would compel businesses with 100 or more employees to either have their workers get vaccinated or undergo weekly testing. According to Biden, that rule could affect about 80 million workers nationwide.

"The Department of Labor will require employers with 100 or more workers to give those workers paid time off to get vaccinated," Biden said. "No one should lose pay in order to get vaccinated or take a loved one to get vaccinated."



A way back to normalcy

According to information obtained by the *New York Times*, a 75-day grace period to get vaccinated will go into effect for people working for the federal government. With the exception of religious and disability exemptions, most of these workers would need to show proof of COVID-19 vaccination by the end of the 75 days or face disciplinary action through usual human resources department procedures at their place of work.

Unions representing workers are already expressing pushback. Speaking with the *New York Times*, Cathie McQuiston, a deputy general counsel for the American Federation of Government Employees, a union representing some 700,000 federal workers, said the union would be making sure that agencies "not skip over procedures and make sure employees have due process" if unvaccinated workers were disciplined.

Lawsuits against the new federal moves are expected. But according to the *Times*, sources say Biden views getting as many Americans vaccinated as possible as the only route back to

something approaching normal life.

He has been emboldened by the recent surge in new COVID-19 cases nationwide, and by the full approval of the Pfizer two-dose COVID vaccine last month by the U.S. Food and Drug Administration.

"Many said they were waiting for approval from the Food and Drug Administration, the FDA," Biden said. "Well, last month the FDA granted that approval. So the time for waiting is over."

FDA approval has already set worker vaccine mandates into motion at a number of the nation's leading private corporations, including Walmart, Google and the Walt Disney Company. During the press briefing Biden pointed to a number of other companies issuing mandates -- United Airlines, Tyson Foods and even Fox News.

Because vaccinations are controlled by individual states, the White House does not have the power to simply compel all Americans to line up for their COVID shots. But the measures the president outlined on Thursday remain powerful incentives for millions....[**Read More**](#)

Centrists throw wrench in House Democrats' drug pricing plans

An intraparty fight over drug price controls is threatening to derail Democrats' dreams of sweeping changes to Medicare, Medicaid and the Affordable Care Act as part of their mammoth social spending package.

House Energy and Commerce Chair Frank Pallone (D-N.J.) and his senior aides are racing to shore up support for leadership-backed language that would allow direct government negotiations over the prices of hundreds of drugs, penalize manufacturers that raise prices faster than inflation and apply both policies to private insurance plans as well as Medicare.

Efforts to wrap the language into the House Democrats' party-line social spending bill ran into opposition Tuesday from a cadre of moderates led by Rep. Scott Peters (D-Calif.), who put

forward a narrower set of pricing policies and threatened to withhold their support unless they're adopted. The centrist group, which also includes Reps. Kathleen Rice (D-N.Y.) and Kurt Schrader (D-Ore.), would only allow negotiation for a small subset of drugs in Medicare Part B that have no competition.

"I support many of the proposals being considered this week, but I do not support advancing policies that are not fiscally responsible and jeopardize the bill's final passage," Rice said.

The standoff came as the Energy and Commerce panel marked up its portion of the giant package set for passage using the filibuster-proof budget reconciliation process. And the clash's result could determine if



Democrats can spend as much as \$700 billion in projected savings over a decade on other health policy priorities, like adding dental, vision and hearing benefits to Medicare, making enhanced Affordable Care Act subsidies permanent and offering Medicaid coverage to 2 million people in red states that have refused to expand the program.

But the Peters-led plan is a non-starter for progressives, who argue that it lets the drug industry off easy and would generate far less savings to apply to other health priorities.

As Speaker Nancy Pelosi's members tussle, the uncertainty over drug pricing complicates her team's timeline for moving the social spending package through the House this month. Individual committees are supposed to report their portions

to the House Budget Committee by Wednesday so the panel can begin assembling the legislation for floor action later this month.

Should Peters, Rice and Schrader join all the panel's Republicans in voting against the drug pricing section of the bill, preventing it from advancing out of committee, it would mark an embarrassment for leadership, after Democrats from President Joe Biden to Senate Budget Chair Bernie Sanders (I-Vt.) spent months vowing to lower out-of-pocket health spending for tens of millions, if not hundreds of millions, of people. Democrats noted, however, that if all else fails they could add the provisions back later in the process, when the committee's whole package goes before the Budget Committee....[**Read More**](#)

LETTERS: Stop taking my earned Social Security benefits

I am a retired federal employee who worked for over 35 years in the CSRS system. I only had four quarters of Social Security work, which included nine months of DOD temporary federal employment, prior to becoming a permanent employee under DOD. Since I retired on April 03, 2004, I have continued to work in the private sector and earned the rest and more quarters of needed SS time before I applied for my Social Security Benefits.

Windfall Elimination Provision (WEP) has impacted my Social Security benefits significantly and cut it to almost half of what I should be

receiving – especially since I am still working today and paying into Social Security at 73 years old, by choice, and have more than covered my required quarters after retirement.

In addition, after losing a son almost six years ago, my husband and I have custody of our 10-year-old granddaughter. The reduced income due to WEP impacts my every day decisions and continuation of working longer into the future. For me, specifically, I feel WEP is an unfair burden since my Social Security Benefits were secured after my federal service.



The Government Pension Offset (GPO) impact to spouses that prevents them from collecting the Social Security benefits their

spouses earned from private-sector jobs due to their public service is an overall impact to families and their future income as well. The GPO affects thousands of beneficiaries, many of which are widows or widowers, and most of whom are women.

I loved working for the Federal Government and contributing to the welfare of our nation. At that time I did not realize the long-term impact on my family and my future income due to WEP

and GPO. The GPO affects 716,662 beneficiaries, 47 percent of which are widows or widowers, and 83 percent of whom are women.

These provisions are unfair to all of us and I am calling on Congress to repeal these provisions now and no longer punish those of us who served our nation in public service.

It's past time to stop punishing us for our public service and allow for us to collect what we rightfully earned.

— Anita Schultz, Defuniak Springs

Beware of the Tax Traps in Retirement

More people are going to retire in the next 15 years than have ever retired in the history of our country. By 2030, the Census Bureau projects we'll reach the first time that the United States will have **more 65-and-older adults** than children — 78 million age 65+ versus 76.4 million younger than 18.

Meanwhile, our spiraling national debt and its effect on taxpayers can't be ignored. Consider that prior to COVID, the United States was already over \$22 trillion in debt. Accelerated by the \$2.2 trillion

CARES Act passed in March 2020 and the \$1.9 trillion coronavirus relief bill in March 2021,

our **national debt now stands** at over \$28 trillion. At some point, it's more than likely taxes are going to increase to pay for all of the spending and borrowing.

At the same time, **more than \$30 trillion** is sitting in retirement accounts right now that must be withdrawn. As you plan for retirement, it's vital to keep in mind that the government has numerous ways to tax you, and that it can move the



goalposts. That could be a significant problem if you are unprepared.

These are the three tax traps that could ensnare the unaware:

Tax trap No. 1: The RMD. The **required minimum distribution, or RMD**, works like this: Starting at age 72, you must make taxable withdrawals from your retirement accounts, and if you miss your RMD, the government can impose a tax penalty of 50% of the amount you should have withdrawn. That's 50% in addition to your

income tax rate.

Tax-deferred retirement accounts subject to RMDs include traditional IRAs, 401(k)s, 403(b)s and any other type of tax-deferred account. The IRS mandates a withdrawal percentage that increases every year as you age. These withdrawals are all taxable at your ordinary tax rate, and they can trigger additional taxes on your government benefits as well, such as Social Security and Medicare....**Read More**

How Much Can the Average Senior Citizen Expect To Benefit From Social Security?

Ages 66-67 are magic numbers; that's when many people now and later down the road will become eligible to begin receiving Social Security retirement benefits — 65 was previously the full retirement age. According to the Social Security Administration, nearly nine out of 10 people ages 65 and older are currently receiving these benefits, and the number of Americans 65 and older is on the rise. By 2035, the SSA believes that the number of people ages 65 and older will increase from approximately 56 million to over 78 million.

You can expect to live just over 20 years once you turn 65, so it's important to maximize your Social Security benefit. Here's advice from financial

experts on how to get the most out of your Social Security benefit and how much can you expect to receive.

How Much Can the Average Senior Citizen Expect To Benefit From Social Security?

According to AARP in December 2020, the monthly maximum benefit that an individual can receive in 2021 at full retirement age (currently 66 years and 2 months) is \$3,148, and the maximum monthly benefit at age 70 is \$3,895. However, the average senior citizen can expect to benefit much less from Social Security. According to the Social Security Administration, the average monthly Social Security benefit for retired workers in July



2021 was only \$1,556.72. "It's important to remember that years worked, when you collect and other factors will determine your

monthly Social Security benefit. Social Security benefits are different for each and every person," said John Hill, president and CEO of **Gateway Retirement**.

What Does the Expected Social Security Benefit Mean in Terms of a Secure Future?

"Social Security was established to replace only 40% of pre-retirement earnings," said Wilson Coffman, president of **Coffman Retirement Group** in Huntsville, Alabama. "The current funds that pay Social Security benefits have been running low and projections

say those funds could run out by 2035. It is very important to create multiple income streams to replace the other 60% of pre-retirement earnings. Some options to consider would be placing retirement accounts, such as IRA or 401(k) accounts, in fixed index funds with income rider options or other annuity products that provide income streams."

What Are Some Tips To Maximize Your Social Security Benefit?

"Navigating Social Security income can be complicated, but there are strategies to maximize your Social Security benefits," said Greg Middendorf, CFP, of **HCM Wealth Advisors**. Here is Middendorf's advice: ...**Read More**

U.S. congressman presses Facebook, Amazon on efforts to curb vaccine misinformation

U.S. Democratic Representative Adam Schiff called on Facebook Inc and Amazon.com Inc on Thursday to provide a more thorough explanation of their efforts to mitigate the spread of COVID-19 vaccine misinformation.

"Despite some concrete and positive steps previously taken, these companies owe both the public and the Congress additional answers about the exponential and dangerous proliferation of misinformation," Schiff, chairman of the House of Representatives Intelligence Committee, said in a statement

after sending letters to the companies.

U.S. technology companies have come under fire from the Biden administration and other critics for the alarming spread of vaccine misinformation that they say is slowing inoculation in the country and increasing hostility to vaccines.

Other companies, including Twitter Inc and Alphabet Inc's Google and YouTube, have also faced criticism for allowing false information on COVID-19, including vaccines, to proliferate.



An Amazon spokesperson said the company is "constantly evaluating the books we list to ensure they comply with our content guidelines, and as an additional service to customers, at the top of relevant search results pages we link to the CDC advice on COVID and protection measures."

Facebook said in a statement that since the start of the pandemic it had "removed over 20 million pieces of COVID misinformation, labeled more than 190 million pieces of COVID content rated by our fact

-checking partners, and connected over 2 billion people with reliable information through tools like our COVID information center."

The company added it had "removed over 3,000 accounts, pages, and groups for repeatedly violating our COVID-19 and vaccine misinformation policies and will continue to enforce our policies and offer tools and reminders for people who use our platform to get vaccinated."

Facebook said last month it had removed dozens of vaccine misinformation "superspreaders."

Walmart, Amazon, and Kroger will start selling at-home rapid COVID-19 tests at up to a 35% discount starting this week

◆ Amazon, Walmart, and Kroger will offer at-home COVID-19 tests at sharply reduced prices beginning this week.

◆ It's part of the Biden administration's action plan to combat the coronavirus.

◆ The plan also includes requiring large employers to mandate vaccines for employees.

The three largest retailers in the US will soon start offering at-home COVID-19 rapid tests at a sharply reduced price.

The Biden administration on Thursday announced an action plan to help combat the coronavirus as new cases surge and **health officials urge more Americans to get fully vaccinated**. The plan includes a range of new measures, including requiring **employers with more than 100 employees to mandate vaccines** or require weekly testing for their workers, a rule that will impact more than 80 million employees



nationwide. Biden's plan also

includes cooperating with Amazon, Walmart, and Kroger to make COVID tests more widely available and easier to obtain. Those retailers will sell at-home rapid tests at-cost for the next three months, meaning they'll cost up to 35% less both in stores and online.

These price reductions will go into effect by the end of this week, the administration said.

As part of the administration's

effort to improve access to COVID tests, Medicaid is required to make at-home COVID tests free for beneficiaries, the administration said, adding that "states should ensure that any tools they use to manage at-home testing do not establish arbitrary barriers for people seeking care."

In addition, 25 million rapid tests will be sent to hundreds of food banks and 1,400 community health centers across the US.

Who benefits if Congress lowers drug prices and how much?

Democrats in Congress are determined to bring down prices for at least some prescription drugs as part of the budget reconciliation bill. The question is how will it do so. Will members talk the talk but then appease big Pharma and not walk the walk? Those Democrats who want to ensure that their constituents are not dying for lack of needed medicines should be doing everything in their power to ensure lower drug prices for everyone in the US.

Rachel Cohrs reports for **Stat News** that Democrats in Congress are focused on lowering drug prices for people with Medicare as part of the budget reconciliation bill. If that's all they do, the legislation will likely hurt their chances of

reelection. You can be sure that Pharma will invest in a mass marketing campaign telling everyone who does not have Medicare that it plans to raise prices on their drugs to make up for lost Medicare profits. Some economists believe Pharma would not succeed, as drug companies are already getting the highest prices they can get. Regardless of whether the economists are correct, it's the public perception that matters.

Crazy as it sounds, the Democrats do not have a simple plan to extend the benefits of Medicare drug price negotiation to everyone else in the country. The cleanest way to ensure everyone in America has



affordable drugs would be to give everyone Medicare for the purpose of benefiting from its negotiated prices. But, too many conservative Democrats would object to that tactic, and it is not clear that it would fit into a budget reconciliation bill even if all the Democrats supported it. That said, a bill that does not allow everyone to benefit from negotiated drug prices indirectly or passively will result in people foregoing life-saving medicines and dying prematurely.

H.R.3, which passed in the House in 2019, relied on international reference pricing—benchmarking drug prices to the average of what other wealthy countries pay—as a means for Medicare to lower the price of

250 drugs over 10 years. It permitted private insurers to piggyback off those rates but did not lower drug prices for the uninsured. Rumor has it that the Dems, this go round, are not relying on international reference pricing but rather "domestic reference pricing," basing drug prices somehow on prices already available in the US.

Of course, drug prices for the vast majority of people in the US are super high. So, unless Congress bases drug prices on the prices the Veterans Administration pays, domestic reference pricing will not reduce drug prices in a meaningful way.... **Read More**

Coronavirus: Medicare Trust Fund has reserves until 2026

Every year, Trustees of the Medicare Trust Fund project when the Trust Fund will not have the money needed to pay full Medicare Part A inpatient benefits. Notwithstanding the coronavirus pandemic, their 2021 projection remains the same as last year, 2026. And, Congress could and should act to shore up the Trust Fund.

A brief Medicare primer. About 63 million older adults and people with disabilities receive health insurance coverage through Medicare. Medicare has two primary funding sources, payroll contributions and general taxes. Payroll contributions cover the cost of Medicare Part A inpatient services. Fewer people

used these services in 2020 because of COVID-19. So, even though fewer people were working and making payroll contributions, Part A remains as strong as last year.

It's worth noting that the Medicare Part A Trust Fund has never had its reserves depleted. And, over the last 55 years, the Part A Trust Fund reserves have fluctuated wildly. Back in 2010, Congress gave it a large injection of capital, when it passed the Affordable Care Act and imposed an additional Medicare tax on the wealthiest Americans.

It's also important to recognize that if the Part A reserves were to run out, Medicare Part A would still be able to cover 91 percent of



projected benefits in 2026. And, if employment rises, payroll contributions will increase. Therefore, it's more likely that the trust fund will build more reserves.

Last year, the Part A Trust Fund lost between \$60 billion and \$134 billion because of loans extended to providers and suppliers to help with COVID-19 payment disruptions. The Trust Fund should get this money back this year and next.

One critical way to strengthen the Trust Fund is for Congress to stop overpaying Medicare Advantage plans. By one expert account, if Congress does nothing, these plans will be overpaid **as much as \$355 billion**

in the next ten years. These overpayments are also driving up Medicare Part B premiums. Congress must trim the fat in Medicare Advantage.

In addition to the Part A Trust Fund, Medicare has a Supplemental Medical Insurance Trust Fund that covers 75 percent of outpatient care under Medicare Part B. The Medicare Part B premium covers the remaining 25 percent. And there is a Trust Fund that covers prescription drugs under Medicare Part D.

The Medicare Part B and D Trust Funds have the money they need to cover outpatient and drug benefits. General revenues cover these expenses, so money never runs out.

Dear Marci: What is Fall Open Enrollment?

Dear Marci,

I just enrolled in Medicare a few months ago, and now I am hearing about Fall Open Enrollment coming up. What is Fall Open Enrollment, and what should do I do during this time? -Anne (Encinitas, CA)

Dear Anne,

What an important question! **Fall Open Enrollment** begins October 15 and ends December 7 each year. During this time, you can make changes to your health insurance coverage, including adding, dropping, or changing your Medicare Advantage and Part D coverage for next year. Even if you are happy with your current health and drug coverage, Fall Open Enrollment is the time to review what you have, compare it with other options, and make sure that your current coverage will meet your needs for the coming year.

You can make as many changes as you need to your Medicare coverage during Fall Open Enrollment. The changes you can

make include:

1. Joining a new **Medicare Advantage Plan**
2. Joining a new **Part D prescription drug plan**
3. Switching from Original Medicare to a Medicare Advantage Plan
4. Switching from a Medicare Advantage Plan to Original Medicare (with or without a Part D plan)

You should consider:

- Your access to health care providers you want to see
- Your access to preferred pharmacies
- Your access to benefits and services you need
- The total costs for insurance premiums, deductibles, and cost-sharing amounts

If you have Original Medicare, visit www.medicare.gov or read the 2022 *Medicare & You* handbook to learn about Medicare's benefits for the upcoming year. You should review any increases to Original Medicare premiums, deductibles,



Dear Marci

and coinsurance charges.

If you have a Medicare Advantage Plan or a stand-alone Part D plan, read your plan's Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC). If you do not receive these notices by the end of September, contact your plan to request them. Review these notices for any changes in:

- The plan's costs
- The plan's benefits and coverage rules
- The plan's formulary (list of drugs your plan covers)

Additionally, make sure that your drugs will still be covered next year and that your providers and pharmacies are still in the plan's network. If you are unhappy with any of your plan's changes, you can enroll in a new plan. If you want assistance reviewing your options, contact your State Health Insurance Assistance Program (SHIP) for unbiased counseling. To contact your SHIP, visit

www.shiphelp.org or call 877-839-2675.

Even if you are happy with your current Medicare coverage, consider other Medicare health and drug plan options in your area. For example, even if you do not plan to change your Medicare Advantage or Part D plan, you should check to see if there is another plan in your area that will offer you better health and/or drug coverage at a more affordable price. Research shows that people with Medicare prescription drug coverage could lower their costs by shopping among plans each year; there could be another Part D plan in your area that covers the drugs you take with fewer restrictions and/or lower prices.

Best of luck to you this Fall Open Enrollment Period! Following the advice above, you can make sure your health coverage will meet your needs in 2022.

-Marci

Most Older Americans Believe Health Care Workers Should Be Vaccinated: Poll

Eight in 10 older Americans think health care workers should be vaccinated against COVID-19, according to a new poll.

Among 50- to 80-year-olds, 61% of respondents said the vaccine should be required for all health care workers. Another 19% said vaccination should probably

be required. The remaining 20% oppose mandatory vaccination, the findings showed.

The results are from a nationwide poll taken in August prior to a federal push to require vaccinations for nearly all health care workers whose employers



accept Medicare and Medicaid — an estimated 17 million people.

"As our country tries to get the coronavirus under control, it's important that health care employers and health providers hear the voices of those who are most likely to turn to them for

help," said Dr. Preeti Malani, an infectious disease doctor at Michigan Medicine in Ann Arbor who directs the National Poll on Healthy Aging. "Those voices, overwhelmingly, are saying, 'Please get vaccinated to protect your patients and yourself.'" **...Read More**

Time Is Brain: Mobile Stroke Units Reduce Disability

Every second counts after having a stroke, and rapid-response mobile stroke units can start clot-busting drugs quickly, potentially staving off lasting damage, new research finds.

Mobile stroke units are special ambulances equipped with imaging equipment and staffed by experts who can diagnose and treat strokes in the moments before arriving at the hospital. Typically, people who may have had a stroke must wait until they get to an emergency room for evaluation and treatment, which can cost valuable time.

In this study, people who were treated on a mobile stroke unit had lower levels of disability three months after their stroke, compared with folks who received treatment when they got to the ER.

"Bringing stroke treatment to the patient using a mobile stroke unit ... results in more patients getting treated, faster treatment,

and most importantly better outcomes, such as less paralysis, loss of speech or intellect, which results in less disability from the stroke compared to standard management where treatment is not started until after emergency department arrival," said study author Dr. James Grotta.

Grotta is director of stroke research at the Clinical Institute for Research and Innovation at Memorial Hermann-Texas Medical Center in Houston and founder and director of the Houston Mobile Stroke Unit Consortium.

The study showed that for every 100 people who have a stroke and get treated in a mobile unit, 27 will have less disability and 11 more will completely recover, Grotta said.

More than a half-hour saved

The study also found a 36-minute shorter median time from



stroke onset to start of treatment (72 minutes versus 108 minutes).

And after three months, 55% of the mobile unit patients had returned to normal activities versus 44% of standard emergency-care patients.

Ischemic strokes are the most common type of stroke. They occur when a blood clot cuts off blood supply to the brain. A clot-busting drug, tissue plasminogen activator (tPA), is extremely effective at preventing lasting disability such as paralysis or speech issues following a stroke, but only if it is given within 4.5 hours of stroke onset, and the sooner, the better.

The study began in 2014 with the launch of the UTHealth Mobile Stroke Unit in Houston and ran through 2020. It included more than 1,500 patients and was expanded to six cities. Overall, 1,047 people were deemed eligible to receive

tPA. Of these, 617 received care on the mobile unit.

People treated on the mobile unit were more likely to receive this drug in the critical first hour after a stroke. Up to 70% of people who are treated with tPA in the first hour will recover without any lasting damage, Grotta said.

Time is brain, he added.

"Brain cells die within minutes when deprived of blood and the oxygen that blood carries," Grotta said. "Getting the artery open as fast as possible is the key to successful treatment."

The cost of running one of these units is a consideration. A mobile stroke unit costs about \$1 million to buy and about \$500,000 a year to operate, Grotta said. "It's expensive, but it saves lives and money to the health care system by reducing the need for long-term disability care," he said....[Read More](#)

Could Cheaper, Over-the-Counter Hearing Aids Finally Be Here?

Until now, folks suffering from hearing loss typically have had to fork out thousands of dollars for a device that could be adjusted only by a professional audiologist.

No wonder that only one-quarter of the nearly 29 million U.S. adults who could benefit from a hearing aid have actually tried one, according to the U.S. [National Institutes of Health](#).

Less costly high-tech, over-the-counter hearing devices are being developed, and some have even arrived on the market from companies like the speaker manufacturer Bose.

But these newer and more affordable options exist in a medical gray area, as hearing experts and federal regulators grapple with the problems posed by a class of devices that could be purchased without [seeing a doctor for a hearing test](#).

A 2017 law requires the U.S. Food and Drug Administration to establish a category of over-

the-counter hearing aids, as well as the standards for them. The FDA missed its August 2020 deadline to propose those new rules, blaming the COVID-19 pandemic for the delay.

But the wait for consumers might be over soon: President Joe Biden has ordered the agency to finish its draft rules by November.

"We are waiting for the FDA to come forward with guidelines that we think should be released very soon, that would guide over-the-counter requirements and labeling," said Angela Shoup, president of the American Academy of Audiology. "That would then determine what manufacturers would be able to move forward with."

The FDA itself has muddied the waters by allowing companies like Bose to move ahead with devices that appear to fit this new but yet undefined mid-range category.

In 2018, the FDA approved a



Bose hearing aid for direct sale to consumers, based on clinical trial evidence showing that people themselves could fit it as well as could a professional audiologist.

The Bose device costs \$850, compared with the \$2,000 to \$8,000 cost of buying and getting fitted for a pair of standard hearing aids.

An Illinois company, Lexie Hearing, has started selling its own \$799 hearing aids direct to consumers online and through Walgreens drug stores in five Southern and Western states.

These newer devices are meant to fill a large gap in the hearing aid market, which now offers people two options — either go through the pricey process of getting fitted with a full-fledged hearing aid, or spend much less on a gadget called a personal sound amplification product (PSAP).

Who's diagnosing?

PSAPs generally cost less than \$500, and Amazon sells some

for as low as \$60. But experts warn that you get what you pay for — PSAPs will amplify all the sound around you, but they don't allow for other adjustments to account for distortion or loss of hearing at different pitches.

"There's not really a lot of customization outside of maybe turning a volume control up and down," said Hope Lanter, lead audiologist at Hear.com, a Netherlands-based online hearing aid retailer. "An amplifier makes everything this much louder. It's not necessarily shaping the sound to the person's hearing loss, but just making everything louder. When you do that, it may actually create more distortion or more of a magnification of the problem."

In comparison to PSAPs, the Bose and Lexie devices both allow consumers to make adjustments themselves using a smartphone app, with options for both volume and specific frequencies....[Read More](#)

ECMO Life Support Is a Last Resort for Covid, and in Short Supply in South

Hospital discharge day for Phoua Yang was more like a pep rally.

On her way rolling out of TriStar Centennial Medical Center in Nashville, Tennessee, she teared up as streamers and confetti rained down on her. Nurses chanted her name as they wheeled her out of the hospital for the first time since she arrived in February with covid-19, barely able to breathe.

The 38-year-old mother is living proof of the power of ECMO — a method of oxygenating a patient's blood outside the body, then pumping it back in. Her story helps explain why a shortage of trained staff

members who can run the machines that perform this **extracorporeal membrane oxygenation** has become such a pinch point as covid hospitalizations surge.

"One hundred forty-six days is a long time," Yang said of the time she spent on the ECMO machine. "It's been like a forever journey with me."

For nearly five months, Yang had blood pumping out a hole in her neck and running through the rolling ECMO cart by her bed.

ECMO is the highest level of life support — beyond a ventilator, which pumps oxygen via a tube through the windpipe, down into the lungs. The ECMO



process, in contrast, basically functions as a heart and lungs outside the body.

The process, more often used before the pandemic for organ transplant candidates, is not a treatment. But it buys time for the lungs of covid patients to heal. Often they've been on a ventilator for a while. Even when it's working well, a ventilator can have its own side effects after prolonged use — including nerve damage or damage to the lung itself through excessive air pressure.

Doctors often describe ECMO as a way to let the lungs "rest" — especially useful when even

ventilation isn't fully oxygenating a patient's blood.

Many more people could benefit from ECMO than are receiving it, which has made for a messy triaging of treatment that could escalate in the coming weeks as the delta variant surges across the South and in rural communities with low vaccination rates.

The ECMO logjam primarily stems from just how many people it takes to care for each patient. A one-on-one nurse is required, 24 hours a day. The **staff shortages** that many hospitals in hot zones are facing compound the problem....[Read More](#)

Could You Help Prevent a Suicide? Know the Warning Signs

(HealthDay News) -- Knowing the warning signs of suicide can save a life, experts say.

Suicide is the 10th leading overall cause of death in the United States, and number two among people between the ages of 10 and 34.

Most suicides result from depression. It can cause someone to feel worthless, hopeless and a burden on others, making suicide falsely appear to be a solution, according to the **U.S. National Institute of Mental Health**.

"Suicide risk is very hard to predict," said Dr. Paul Nestadt. He's an assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, in Baltimore. "Even seasoned experts are hard pressed to accurately determine the risk."

The general warning signs may include a change in usual activities; isolation; losing interest in people and activities that previously brought joy; new or increased use of drugs or alcohol; unintentional weight loss or low energy; negative self-talk; and suicidal thoughts, Nestadt said in a Hopkins news release.

More than 15,000 people under the age of 34 died by suicide in 2019 in the United States, according to the U.S. **Centers for Disease Control and Prevention**.

Dr. John Campo is director of the division of child and adolescent psychiatry at Johns Hopkins School of Medicine. He said, "Pandemic or no pandemic, suicide kills way more kids than



infectious diseases every year, including during the COVID-19 pandemic. Even if we take the pandemic off the table, we've been asleep to the risk of suicide to kids."

Nestadt and Campo acknowledged that suicide is hard to discuss, but they explained that talking about it openly and honestly can help save a life.

Nestadt said, "If you are concerned about someone having suicidal thoughts, it is appropriate to ask 'Are you having thoughts that life is not worth living?' or 'Are you thinking about suicide?' These questions will not 'plant the idea' or otherwise increase the risk of suicide, but they are good ways to tell if someone may be at

risk."

Here are some ways you can help a loved one:

- ◆ Offer help and support and encourage them to get care.
- ◆ Limit access to weapons. Guns should be locked away or removed from the house. Even small barriers can be lifesaving.
- ◆ Reach out for help when struggling. Be honest and trust your support system.
- ◆ If you think your child might be at risk, talk with his or her pediatrician or mental health professional.
- ◆ If you or a loved one is in crisis, call the National Suicide Prevention Lifeline at 800-273-8255. It's available 24 hours a day, seven days a week, and all calls are confidential.

President Biden and House Democrats Unveil Plan To Lower Drug Prices

Last week President Biden's administration unveiled its plan to lower prescription drug prices that includes a number of aggressive proposals but that are basically the same proposals that Democrats have pushed for years, many of which Democrats in Congress are currently working on to include in upcoming legislation. The plan would allow Medicare to negotiate drug prices with manufacturers, a longstanding pledge from Biden, Democratic

lawmakers, and every Democratic presidential candidate in 2020. It also would limit yearly price increases, allow the importation of drugs from Canada, and place a cap on out-of-pocket spending for Medicare beneficiaries

House Democrats unveiled a range of health care measures to be included in their coming \$3.5 trillion package, including provisions to lower prescription drug prices and expand Medicaid



in the 12 GOP-led states that have refused to do so. The measure unveiled by the House Energy and Commerce Committee includes legislation to allow the Secretary of Health and Human Services to negotiate lower drug prices, known as H.R. 3.

Separately, the House Ways and Means Committee Means Committee approved the largest expansion of Medicare since the addition of drug benefits two decades ago.

The bill would provide seniors with vision benefits in 2022, hearing benefits in 2023 and some dental benefits by 2028. Progressives are pushing for an earlier start to the dental benefits and that the government increase its share of the cost, which ramps up to 50% by 2032.

Democrats have delayed the start of the program in part because of its cost and an agreement to limit the overall spending in the bill to \$3.5 trillion.

What to know about recovering from shingles

Shingles is a viral infection caused by the reactivation of the varicella-zoster virus (VZV), the same virus that causes chickenpox. It results in an itchy, painful blistering rash that lasts for 3–5 weeks in most cases.

Shingles is a viral infection that affects roughly **1 in 3 Trusted Source** people in the United States. While it can happen to anyone who previously had **chickenpox**, it is more common in older people and immunocompromised individuals.

After a person recovers from chickenpox, the virus remains

dormant in nerves within the body. Reactivation of the virus causes itchy, painful, blistering rashes on a strip of skin supplied by the affected nerve. It can happen anywhere in the body but usually affects one side of the face or torso. Usually, a person will only develop shingles once in their life, but shingles can **reactivate several times** in some people.

Shingles typically follows a pattern as the rash progresses, blisters, crusts over, then begins to clear. Most cases of shingles last for **3–5 weeks**.



In this article, we discuss how quickly a person may recover from shingles, and what treatments can help speed up the recovery process.

How quickly can a person cure shingles?

In most cases, the time from when symptoms first appear to when the skin clears can take about 3–5 weeks. However, in some cases, people may recover in roughly **2 weeks Trusted Source**

Rashes typically appear between **1–5 days** after the initial symptoms of **tingling**, **numbness**, and **burning pain**.

Then, it takes about 7–10 days for the blisters to dry up and crust over and a few more weeks for the scabs to clear up.

Taking antiviral medications, such as **acyclovir**, **valacyclovir**, and **famciclovir**, can help treat shingles and **shorten the length Trusted Source** and severity of the illness. These drugs can help speed up skin healing, reduce pain, and reduce potential complications. They are most effective if a person starts taking them as soon as possible after the rash appears....**Read More**

Aging and Your Eyes

As you age, it is normal to notice changes in your vision. A few common changes for older adults include:

- ◆ Losing the ability to see up close
 - ◆ Having trouble distinguishing colors, such as blue from black
 - ◆ Needing more time to adjust to changing levels of light
- These problems are often easily corrected. Glasses, contact lenses, and improved lighting may help and enable you to maintain your lifestyle and independence.

Your risk for some eye diseases and conditions increases

as you grow older, and some eye changes are more serious. Keep your eyes as healthy as possible by getting regular eye exams so any problems can be spotted early.

What can you do to protect your vision?

Have your eyes checked regularly by an eye care professional — either an ophthalmologist or optometrist. Finding and treating any problems early can help protect your vision and prevent vision loss. Make a list of your questions and concerns to share with the doctor. Tell them which medications you are taking.



Some can affect your eyes.

Normal changes in the aging eye usually do not harm your vision. However, sometimes they can be signs of a more serious problem. For example, your eyes may leak tears. This can happen with light sensitivity, wind, or temperature changes. Sunglasses and eye drops may help. Sometimes, leaking tears may be a symptom of **dry eye** or sign of an infection or blocked tear duct. Your eye care professional can treat these problems.

Many people don't notice any signs or symptoms in the early stages of eye diseases. A dilated

eye exam performed by an eye care professional is the only way to find some common eye diseases while they're easier to treat — and before they cause vision loss. Everyone over age 50 should have a dilated eye exam every year or as recommended by your eye care professional, even if you have good vision and don't wear contacts or glasses. After age 60, you should get a dilated eye exam every year or two. Most people with diabetes or high blood pressure need to get a dilated exam at least once a year...**Read More**

Could Traffic Noise Raise Your Odds for Dementia?

(HealthDay News) -- It's more than just an annoyance: Long-term exposure to traffic and train noise may increase the risk of dementia and Alzheimer's disease, Danish researchers report.

The study authors said that more than 1,200 of Denmark's nearly 8,500 cases of dementia in 2017 may have resulted from exposure to noise, which means that reducing traffic noise might help prevent the thinking, memory and behavior problems associated with this condition.

The study, published online Sept. 8 in *The BMJ*, doesn't prove noise causes dementia or Alzheimer's, only that there appears to be a link.

"Expanding our knowledge on the harmful effects of noise on

health is essential for setting priorities and implementing effective policies and public health strategies focused on the prevention and control of diseases, including dementia," the researchers said in a journal news release.

Prior studies have linked transportation noise to coronary heart disease, obesity and diabetes, said study author Manuella Lech Cantuaria, assistant professor at The Maersk McKinney Moller Institute, University of Southern Denmark, Odense, Denmark, and colleagues.

If the new findings are confirmed in future studies, the researchers said they could have a large effect on estimation of the



burden of disease and health care costs attributed to transportation noise.

For this study, the investigators compared long-term residential exposure to road traffic and train noise with dementia risk among 2 million Danes over 60 years of age.

The team combed national health registers to find cases of dementia and Alzheimer's disease, vascular dementia and Parkinson's disease-related dementia over an average of nearly nine years. Between 2004 and 2017, more than 103,000 new cases of dementia were identified.

After taking into account other factors related to residents and their neighborhoods, the researchers found that a 10-year

average exposure to road and railway noise increased the odds of dementia. There was a general pattern of higher risk with higher noise exposure.

The study authors reported that road and railway noise were linked with a 27% higher risk of Alzheimer's disease. Only road noise, however, was tied with an increased risk of vascular dementia.

The researchers said these associations might owe to the release of stress hormones and sleep disturbance, leading to coronary artery disease, and changes in the immune system and inflammation, which are seen at the start of dementia and Alzheimer's disease.

Is Your Workplace an Asthma Trigger?

Workers, take heed: Your place of work can help bring on or exacerbate asthma, a new study suggests.

Common workplace triggers include poor ventilation and moldy air conditioning systems, cleaning products and even the toner used in printers, the researchers said. Employees with asthma caused by the office environment often quit, the researchers said, especially if employers don't do anything to correct the problems.

"All patients with asthma should have work-related causes considered at the point of diagnosis," said study leader Dr. Christopher Huntley.

Adjustments, such as reducing or removing exposure to the trigger, can ensure workers will continue employment, he noted.

"If there is an occupational cause to the asthma, removal from this exposure will help to improve the patient's symptoms and likely help maintain their employment in the long term,"

Huntley said.

For the study, his team at University Hospitals Birmingham NHS Foundation Trust in the United Kingdom studied cases of 47 office workers with occupational asthma.

Their **findings** were presented Monday at an online meeting of the European Respiratory Society. Findings presented at meetings are considered preliminary until published in a peer-reviewed journal.

The small study identified three key causes of occupational asthma. First, triggers found inside the office, such as mold, printer toner, floor tile adhesive and cleaning products. Second, triggers from the ventilation system, including mold in air conditioning and ventilation shafts installed incorrectly. And third, triggers from the surrounding environment, including nearby workshops, paint and vehicle fumes.

If employers didn't make adjustments to support workers



with occupational asthma, employees were 100 times more likely to quit, the study found.

According to Dr. Meredith McCormack, a medical spokeswoman for the American Lung Association, "Work-exacerbated asthma is common and should be suspected when being in the workplace is associated with symptoms such as wheezing, coughing and chest tightness. Other symptoms may include runny nose, watery eyes or throat irritation."

So what should you do if asthma symptoms arise at work?

First, talk with your physician, said Dr. John Raimo, chair of medicine at Long Island Jewish Forest Hills, in New York City.

Next, try to pinpoint the cause of your symptoms.

"It can help to keep a log of their symptoms detailing where they were and what they were doing at the time," Raimo said.

"People should specifically look for times of improvement in

symptoms during days off or on vacation. Since the time to develop symptoms after workplace exposure can vary greatly, occupational asthma should be considered in all patients with adult-onset asthma or in any patient that notes clear improvement during days off."

Finally, talk things over with your boss.

"Often changes can be made by employers to remove or limit exposures to [asthma] triggers," Raimo said.

McCormack agreed, noting that "workers are entitled to accommodations from their employers."

Changes that can be made include removing the source of exposure, such as eliminating mold and remediating sources of moisture that contribute to mold; changing to less irritating substances; and using masks or personal protective equipment.

"Changing assignments or location of the workplace may be a solution in some cases," McCormack added.

Average COVID Hospitalization Is 150 Times More Expensive Than Vaccination

(Healthy Day News) While the cost of administering COVID-19 vaccines is nominal – and free to consumers in the United States – the cost of paying for hospitalizations for people who've contracted the virus is dramatically higher.

The average financial cost of hospitalization for a COVID-19 patient insured by Medicare – at \$21,752 – is about 145 times the reimbursement Medicare pays for vaccinating one person, *CNN* reported. The news agency analyzed billing documents from government health insurers Medicare and Medicaid.

That \$21,752 is for an average

9.2-day stay, *CNN* noted.

When someone's condition requires a ventilator and longer hospitalization (an average of about 17 days), bills to Medicare rise to an average of \$49,441, more than 300 times the cost of one person's vaccination.

"We know the pathway to end this pandemic," U.S. Surgeon General Dr. Vivek Murthy told *CNN*. "That's getting vaccinated."

While the average eligible American can get their COVID-19 vaccine for free, Medicare reimburses providers who administer the shots – \$40 for each dose and \$35 for each time



the provider administers a dose in the Medicare patient's home or group living setting. That's true for both of the existing two-dose mRNA vaccines, Moderna and Pfizer/BioNTech.

In June and July alone, more than 100,000 unvaccinated people were hospitalized with preventable COVID-19 cases, according to a Kaiser Family Foundation analysis. That means the United States paid more than \$2 billion to care for those unvaccinated patients, if their care was estimated at costing roughly \$20,000 each, *CNN* said.

Currently, about 102,000 COVID-19 patients are

hospitalized in the United States, including 25,800 in intensive care unit beds, according to U.S. Department of Health and Human Services data.

The federal government continues to urge people to get vaccinated. About 53% of all Americans are fully vaccinated, according to the U.S. Centers for Disease Control and Prevention, but children younger than age 12 are not yet eligible for a vaccine. Overall, this means that about 27% of the American population now eligible for vaccination have not yet gotten their shots, *CNN* said.

Most Alzheimer's Patients Wouldn't Have Qualified for Controversial Drug's Trial

U.S. approval of the Alzheimer's drug Aduhelm is already mired in controversy. Now a new study finds that most Alzheimer's patients could not have taken part in clinical trials that led to the green light.

In June, the U.S. Food and Drug Administration gave

accelerated approval to Aduhelm (aducanumab) for treating patients with mild cognitive impairment or mild dementia from Alzheimer's disease.

The decision quickly came under fire because of the Biogen drug's high price -- \$56,000 a



year -- and questions about possible collaboration between regulators and the drug's maker.

Now, this new study points to other limitations.

The phase 3 trials of the drug showed an increased risk of

certain adverse vascular events. Although the trials excluded elderly patients, those with certain chronic diseases and those using blood thinners, the FDA approved use of the drug in these patient populations without noting any precautions....**Read More**

New Tally Adds Extra 16,000 U.S. Nursing Home Residents Lost to COVID

The number of cases and deaths from COVID-19 in U.S. nursing homes appears to have been grossly underestimated.

According to a **new study**, that's because U.S. federal guidelines did not require nursing homes to report cases and deaths until May 24, 2020, months after the pandemic began.

"Because of the delay in the federal reporting system for cases and deaths in nursing homes, there were roughly 68,000 unreported cases and 16,000 unreported deaths from COVID-19 in the early months of the pandemic," said lead researcher Karen Shen, an applied public and labor economist at Harvard

University.

"Accounting for underreporting changes the understanding of the toll on nursing homes across places and across facilities," she added.

For instance, using the reported figures without factoring in the delay implies similar numbers of nursing home residents died in New York (5,776) and California (5,622), or about 5 deaths for every 100 beds in both states, Shen said.

Once the unreported deaths were accounted for, however, the figures changed dramatically, she said.

"We estimate that nursing homes in New York experienced



9,276 deaths [8 deaths per 100 beds], compared with 6,487 in California [5.5 deaths per 100 beds]," Shen said.

The delay in federal reporting substantially affected nursing home counts, and Shen said the data should not be used without some qualification or correction.

"We would also hope that in future situations, there would be a faster and clearer data collection effort that would avoid some of the confusion that resulted during this pandemic," she added.

For the new study, Shen and colleagues compared COVID cases and deaths reported to the U.S. National Healthcare Safety Network (NHSN) and state

health departments by May 31, 2020.

The sample included numbers for 20 states and nearly 12,000 nursing homes. Researchers expanded these data to include more than 15,000 nursing homes nationwide.

On average, 44% of COVID cases and 40% of deaths were reported to state health departments, but not to the NHSN, the study found. That suggests more than 68,600 cases and more than 16,600 deaths were not reported to NHSN.

But, Shen said, these figures may only be a fraction of unreported COVID cases and deaths in nursing homes....[**Read More**](#)

Vaccinated Have 1 in 13,000 Chance of Breakthrough Case Needing Hospitalization

With tens of millions of Americans now vaccinated against COVID-19 by the end of August, so-called "breakthrough" cases are bound to occur. But there's reassuring news from new data: Most such cases are mild and those leading to hospitalization are exceedingly rare.

Overall, the latest data from the U.S. Centers for Disease Control and Prevention found that as of Aug. 30, there have been 12,908 cases of COVID-19 resulting in hospitalization or

death among vaccinated Americans, *CNN* reported.

Considering that more than 173 million Americans had been vaccinated by Aug. 30, that works out to a one in 13,000 chance of a vaccinated person getting a case so severe that hospitalization is required, the news agency said.

Compare that to unvaccinated adults, whose risk of needing hospital care if they contract the new coronavirus is now 17 times that of their vaccinated peers, according to one study published



last week in the online preprint journal *medRxiv*, which has not yet undergone peer review.

Fully vaccinated people now make up only 4% of cases of people hospitalized with COVID-19, *CNN* reported. Among these rare cases of vaccinated people getting a breakthrough illness that requires hospitalization, 70% occurred among adults aged 65 and older. For breakthrough cases resulting in death, 87% of patients were

65 or older.

The new CDC data is based on voluntary data from states and could be incomplete, but other studies are mirroring these trends. For example, in the *medRxiv* study looking at cases from Jan. 1 through June 30, 2021, the median patient age was 73 and about 71% had three or more underlying conditions, including diabetes, heart disease, autoimmune conditions and others....[**Read More**](#)

Fatal Opioid ODs Keep Rising in Black Americans

The decades-long U.S. opioid epidemic could be hitting Black people harder than white folks as the crisis enters a new phase.

Opioid overdose death rates among Black Americans jumped nearly 40% from 2018 to 2019 in four states hammered by the epidemic, researchers found.

Fatal ODs among all other races and ethnicities remained about the same during that time.

This represents a significant shift in the opioid crisis, which in the early 2000s largely affected white people in rural areas, said lead researcher Dr. Marc Larochelle, an assistant professor at Boston University School of Medicine.

"Since 2010, we now recognize what people call the 'triple wave' of the opioid epidemic," he said. "The first wave was prescription opioid analgesics, and then 2010 to 2013, increases were largely driven by heroin, and from 2013, it's been illicit fentanyl infiltrating the drug supply."

Racial inequities in U.S. health care and social services are a likely reason for the continued increase in OD deaths among Black Americans, even as deaths among other ethnic groups have leveled out, said Larochelle and Dr. Kenneth Stoller, director of the Johns Hopkins Broadway



Center for Addiction in Baltimore, who reviewed the study findings.

The spread of the powerful opioid fentanyl throughout the nation's illegal drug market has also probably played a role, both added.

"Cocaine and methamphetamine are increasing tainted with fentanyl," Stoller said. "These other drugs are causing overdoses in people who aren't used to using opioids, whose bodies aren't tolerant to those opioid drugs."

Larochelle's team gathered data for this study as part of the Helping to End Addiction Long-Term Communities Study, a

federally funded effort to stem OD deaths in 67 communities hard-hit by the opioid crisis.

Those communities are in Kentucky, Massachusetts, New York and Ohio. The project has "a goal of reducing opioid overdose deaths by 40% in three years," Larochelle said.

Overall, opioid OD death rates were flat in the targeted communities between 2018 and 2019, researchers reported Sept. 9 in the *American Journal of Public Health*.

But looking more closely, researchers found a 38% increase in opioid overdose deaths among Black people....[**Read More**](#)