

Social Security, Medicare Must be on the Top of New President's Agenda

Last week we reported on the release of a new estimate from the Social Security Administration regarding the status of the Social Security Trust Fund if the halt to the collection of payroll taxes ordered by the President is made permanent. That order is in effect from Sept. 1 through the end of this year and although the taxes are deferred they have to be repaid next year. However, the President has said if he's re-elected he will seek legislation to permanently eliminate those taxes.

The new report that came out last week said the Social Security disability trust fund would become insolvent by mid-2021 and the retirement trust fund would become permanently depleted by 2023, just three short years from now.

But as things stand right now there is no plan anywhere on how to shore up Social Security, even if the Payroll tax deferment is not made permanent.

Of course, Medicare would

also be affected by a permanent reduction in payroll taxes. And there is no plan to shore up Medicare, either.

So no matter who is elected, and no matter whether the deferred payroll taxes have to be repaid or not, when January arrives the new President and Congress will need to develop a plan to address both Social Security's and Medicare's solvency, and decide who will pay for it.

The choices for doing so fall into a few broad categories:

- ◆ require Medicare beneficiaries or taxpayers to pay more to support the program
 - ◆ reduce the Social Security COLA each year below the inflation rate, which would mean every Social Security recipient would lose purchasing power
 - ◆ pay health care providers less for the care they provide to beneficiaries
- increase how much the federal



government spends on Medicare.

Each of these choices will have major opposition. The first two would hit seniors at one of the most vulnerable times in their lives when so many depend totally on Social Security for their income and on Medicare for their health care. Certainly TSC will mount major campaigns to stop either of those from happening.

With unemployment at its highest level since the Great Depression, working Americans are not likely to accept new or higher taxes or paying more for Medicare services. Providers have suffered financially during the pandemic and paying them less would likely cause more to stop accepting Medicare payments, meaning fewer would accept Medicare patients. And increasing government spending on Medicare means either increasing the country's debt or making cuts to other federally funded programs.

Even before the coronavirus

emergency hit us, Medicare trustees had projected that the trust fund would become insolvent in 2026. That time frame has accelerated as payroll tax revenue flowing into the trust fund in the next few years is anticipated to be far lower due to the economic recession resulting from the pandemic.

At the same time, health care costs and money paying for those costs out of the trust fund are similar to pre-pandemic levels. In addition, per-enrollee payments, which pay for each person covered regardless of how much health care that person uses, and which play a growing role in Medicare, prohibit any reduction in health care spending.

Neither Presidential candidate has said a word about how they would propose to fix Social Security and Medicare. But like it or not, those issues will be staring the new President in the face when he takes office in January.

Here's what Trump's executive order deferring payroll taxes means for workers

What is this executive order about?

The order deals with payroll levies known as FICA taxes that are paid to support Social Security and Medicare. Workers pay 6.2% of their wages to help finance Social Security, while employers pitch in another 6.2% on behalf of employees. These taxes are paid on the first \$137,700 in wages (for 2020), with no taxes on income above that. Employees and employers also pay another 1.45% each to

support Medicare.

The executive order delays withholding and payment on the 6.2% employee Social Security portion only, said Mark Luscombe, principal analyst at researcher Wolters Kluwer Tax & Accounting.

Is this relief permanent or temporary?

Temporary. The payroll tax will be postponed for four months, from Sept. 1 through Dec. 31.



After that, the tax will need to be withheld and paid back.

Does this undermine Social Security?

That concern has been raised in response to the executive order, by AARP and others. Social Security's finances already are under strain, with the latest Trustees' report predicting the current surplus will be depleted by around 2035, after which an across-the-board benefit cut or similar action

might be necessary.

If all these withheld payroll taxes eventually are remitted after the delay, the order might not have much long-term impact. In addition, the Trump Administration has vowed to borrow money to finance any temporary shortfall, with Larry Kudlow, the White House economic adviser, calling it a "very manageable number."

Still, it's hard to view interruptions like this to Social Security's revenue flow without

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Senate Republicans Fail to Pass their “Skinny” COVID-19 Relief Bill

After a summer recess and district work period, Congress returned to Washington this week to stalled negotiations on much-needed COVID-19 relief. Completing work on the bill remains a top priority for many lawmakers, but the House and Senate continue to have very different visions for a final package.

House Democrats support the **HEROES Act**, which they passed in May. That comprehensive, \$3 trillion bill contains several policies that would help older adults, people with disabilities, their families, and caregivers during the pandemic and beyond. The bill’s critical Medicare reforms include

a coronavirus-specific Part B Special Enrollment Period, improvements to nursing home and resident safety, increased Medicaid funding for states, and changes to make care and treatment more affordable.

Instead of advancing the House package, Senate Republicans released their own, smaller bill, the \$1 trillion **HEALS Act**. In taking a scaled-back approach to pandemic response, it omitted these and other HEROES Act provisions.

Ultimately, lawmakers were unable to reconcile the differences between the two bills before adjourning for summer recess and a district work period.



In a sign of how frustrated the negotiations remain, Senate Republicans recently unveiled an even narrower relief **package**. The new “skinny” bill—so-named because of its more limited scope and lower \$500 billion price tag—is even farther away from the HEROES Act. Like the HEALS Act, the skinny bill fails to anticipate and respond to the unique needs of people with Medicare.

Today, the “skinny” bill fell short of getting the 60 votes needed to advance in the Senate, and it is not expected to gain traction in the House—potentially derailing COVID-19

relief talks indefinitely. If a bipartisan consensus can’t be reached in the coming weeks, additional support may not arrive until after the November elections, if at all.

To ensure your Senators understand the urgent need for meaningful legislation, we encourage you to weigh in with them directly, and often. Ask them to reject a “skinny” approach in favor of comprehensive relief. Congress must act without delay to pass a bill that promotes the health, safety, and independence of people with Medicare.

Trump Signs New Executive Order On Prescription Drug Prices

President Trump **signed an executive order** Sunday that he says lowers prescription drug prices “by putting America first,” but experts said the move is unlikely to have any immediate impact.

The action comes nearly two months after the president signed a different executive order with the exact same name but held it back to see if he could negotiate a better deal with drug companies. “If these talks are successful, we may not need to implement the fourth executive order, which is a very tough order for them,” Trump said at the time.

The new executive order repeals the original and expands

the drugs covered by Trump’s proposed “most favored nations” pricing scheme to include both Medicare parts B and D. The idea is that Medicare would refuse to pay more for drugs than the lower prices paid by other developed nations.

“It is unacceptable that Americans pay more for the exact same drugs, often made in the exact same places,” the executive order declares.

The new order, like the earlier one, which was signed July 24 but not released, prompted quick condemnation from the drug industry. Trump revels in the pushback during campaign



speeches, saying he must be doing something right if drug companies are criticizing him.

“The focus of any reforms must be on lowering costs for patients, ensuring patients’ access to medicines, addressing the misaligned incentives in the pharmaceutical supply chain and protecting the critical work being done to end COVID-19,” said Stephen Ubl, president and CEO of the drug industry lobbying group Pharmaceutical Research and Manufacturers of America in a statement. “Unfortunately, instead of pursuing these reforms the White House has doubled down on a reckless attack on the

very companies working around the clock to beat COVID-19.”

Ubl described the order as “an irresponsible and unworkable policy that will give foreign governments a say in how America provides access to treatments and cures for seniors and people struggling with devastating diseases.” The order calls on the health and human services secretary to “immediately take appropriate steps to implement his rulemaking plan to test a payment model,” putting in place “most favored nations” policy...[Read More](#)

Seema Verma, the administrator of the Centers for Medicare and Medicaid Services racked up \$3.5 million in consulting charges

The person in charge of providing health care for low-income Americans spent several million dollars of taxpayer money on furthering her own career, a congressional investigation has found.

Seema Verma, the administrator of the Centers for Medicare and Medicaid Services and a member of the coronavirus task force, racked up \$3.5 million in consulting charges, event costs, and other things that developed her connections within the Republican party, [Politico reports](#) via the

investigation set to be published Thursday. That included nearly \$3,000 on a “Girl’s Night” party, about \$1,000 to place an op-ed with Fox News, and dozens more line items before Verma was cut off last year.

[Politico](#) first **reported** Verma’s excessive spending in March 2019, and her contracts with the consulting firm Nahigian Strategies were soon cut off. But [Politico](#) also sparked a congressional probe into those contracts, and investigators sifted through thousands of pages of



Verma’s emails and billing records. They found that Verma spent more than \$3 million over two years in the Trump administration on “handpicked communications consultants used to promote Administrator Verma’s public profile and personal brand,” congressional Democrats said in a Thursday statement.

Among the charges, investigators found Verma spent \$115,000 with one consultant who “tried to broker conversations between Verma and well-known Washington

reporters,” booked conservative media appearances, and even tried to connect her with then-White House communications director Bill Shine, [Politico](#) writes. Verma also diverted \$13,856 to shoot an “eMedicare” video, including \$450 for a makeup artist, and spent at least \$3,400 in consulting charges to arrange an appearance on [Politico’s](#) Women Rule podcast, among many other charges. Read more at [Politico](#).

KHN's 'What the Health?': The Politics of Science

The headlines from this week will be about how President Donald Trump knew early on how serious the coronavirus pandemic was likely to become but purposely played it down. Potentially more important during the past few weeks, though, are reports of how White House officials have pushed scientists at the federal government's leading health agencies to put politics above science.

Meanwhile, Republicans appear to have given up on using the Affordable Care Act as an electoral cudgel, judging, at least, from its scarce mention during the GOP convention. Democrats, on the other hand, particularly those running for the U.S. House and Senate, are doubling down on their criticism of Republicans for failing to adequately protect people with preexisting health conditions. That issue was key to the party winning back the House in 2018.

This week's panelists are Julie Rovner of Kaiser Health News,

Joanne Kenen of Politico, Mary Ellen McIntire of CQ Roll Call and Sarah Karlin-Smith of the Pink Sheet.

Among the takeaways from this week's podcast:

- ◆ The Affordable Care Act has become a political vulnerability for Republican officials, who have no interest in reopening the debate on it during this campaign. Trump vowed before his 2016 election to repeal the law immediately after taking office and members of Congress had berated it for years. But they could not gain the political capital to overturn Obamacare.
- ◆ Trump's comments to journalist-author Bob Woodward about holding back information on the risks of the coronavirus pandemic from the public may not have a major effect on the election since so many voters' minds are already set on their



choices. For many, the president's statements are seen by partisans as identifying what they already believe: for Trump's supporters, that he is protecting the public; for his critics, that he is a liar.

- ◆ The number of COVID-19 cases appears to have hit another plateau, but it's still twice as high as the count last spring. Officials are waiting to see if end-of-the-summer activities over the Labor Day holiday will create another surge.
- ◆ The stalemate on Capitol Hill over coronavirus relief funding shows no sign of easing soon. Republicans in the Senate are resisting Democrats' insistence on a massive package, but it's not exactly clear what the GOP can agree on.
- ◆ The vaccine being developed by AstraZeneca ran into difficulty this week as experts seek to determine whether a

neurological problem that developed in one volunteer was caused by the vaccine. Some public health officials, such as NIH Director Francis Collins, said this helps show that even with the compressed testing timeline, safeguards are working.

- ◆ Nonetheless, another vaccine maker, Pfizer, said it might still have its vaccine ready before the election.
- ◆ The recent controversy at the FDA over the emergency authorization of plasma to treat COVID patients and the awkward decision at the Centers for Disease Control and Prevention to change guidelines for testing asymptomatic people have created a credibility gap among some Americans and played into concerns that the administration is undercutting science

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Hospitals, Nursing Homes Fail to Separate COVID Patients, Putting Others at Risk

Nurses at Alta Bates Summit Medical Center were on edge as early as March when patients with COVID-19 began to show up in areas of the hospital that were not set aside to care for them.

The Centers for Disease Control and Prevention had advised hospitals to isolate COVID patients to limit staff exposure and help conserve high-level personal protective equipment that's been in short supply.

Yet COVID patients continued to be scattered through the Oakland hospital, according to complaints to California's Division of Occupational Safety and Health. The concerns included the sixth-floor medical unit where veteran nurse Janine Paiste-Ponder worked.

COVID patients on that floor were not staying in their rooms, either confused or uninterested in the rules. Staff was not provided highly protective N95 respirators, said Mike Hill, a

nurse in the hospital intensive care unit and the hospital's chief representative for the California Nurses Association, which filed complaints to Cal/OSHA, the state's workplace safety regulator.

"It was just a matter of time before one of the nurses died on one of these floors," Hill said.

Two nurses fell ill, including Paiste-Ponder, 59, who died of complications from the virus on July 17.

The concerns raised in Oakland also have swept across the U.S., according to interviews, a review of government workplace safety complaints and health facility inspection reports. A KHN investigation found that dozens of nursing homes and hospitals ignored official guidelines to separate COVID patients from those without the coronavirus, in some places fueling its spread and leaving staff unprepared and



infected or, in some cases, dead.

As recently as July, a National Nurses United survey of more than 21,000 nurses found that 32% work in a facility that does not have a dedicated COVID unit. At that time, the coronavirus had reached all but 17 U.S. counties, data collected by Johns Hopkins University shows.

KHN discovered that COVID victims have been commingled with uninfected patients in health care facilities in states including California, Florida, New Jersey, Iowa, Ohio, Maryland and New York.

A COVID-19 outbreak was in full swing at the New Jersey Veterans Home at Paramus in late April when health inspectors observed residents with dementia mingling in a day room — COVID-positive patients as well as others awaiting test results. At the time, the center had already reported COVID infections among 119 residents and 46

virus-related deaths, according to a Medicare inspection report.

The assistant director of nursing at an Iowa nursing home insisted April 28 that they did "not have any COVID in the building" and overrode the orders of a community doctor to isolate several patients with fevers and falling oxygen levels, an inspection report shows.

By mid-May, the facility's COVID log showed 61 patients with the virus and nine dead.

Federal work-safety officials have closed at least 30 complaints about patient mixing in hospitals nationwide without issuing a citation. They include a claim that a Michigan hospital kept patients who tested negative for the virus in the COVID unit in May. An upstate New York hospital also had COVID patients in the same unit as those with no infection, according to a closed complaint to the federal Occupational Safety and Health Administration....[Read More](#)

Drug prices: It's time for the federal government to step in

Fran Quigley writes for **Common Dreams** about the need to end pharmaceutical company monopolies if drug prices are going to come down. The federal government right now could exercise its "march in" rights and do just that if it chose to. But, it is so beholden to the pharmaceutical industry, it is not clear when it will.

We do not have a free market for prescription drugs. Pharmaceutical companies have **monopoly pricing power** for brand-name drugs only because Congress has given them patent protections. Without those protections, drug prices would come down substantially.

It costs drug companies pennies to manufacture a drug. But, because of their patent protections, pharmaceutical companies can charge prices that are literally thousands of times more than it costs to

manufacture and distribute the drugs. And, insurers pay them; they profit from these high prices.

Today, we are paying for the discovery of many drug innovations, from which pharmaceutical companies profit handsomely, with our tax dollars. The National Institutes of Health funds most drug research. In fact, it has funded research for **every new drug developed in the last ten years.**

The consequence of pharmaceutical patent protections: A large proportion of Americans cannot afford the medicines they need.

The House of Representatives passed **HR3**, which would allow the government to negotiate the price of hundreds of drugs over the next 10 years. And, it would limit the price of these drugs to around what other



wealthy countries pay for them. But, the Republican-controlled Senate has let this legislation sit on the cutting room floor.

Until HR3 or other legislation is enacted to lower drug prices, the Department of Health and Human Services should exercise its power to make drugs affordable for everyone. It has the power to issue licenses to other drug companies to manufacture and distribute drugs that are priced too high—"compulsory licensing" power. The government also has the power to directly manufacture these drugs. Either way, the patent holder is paid a fee. However, the government has not used this authority.

The government's power stems from the Bayh-Dole Act of 1980. It gives the federal government "march in" rights to

issue a compulsory license for any drugs discovered with federal funding. The only condition is that the drug must be deemed not to be available on "reasonable terms."

We should also nationalize the vaccine industry and give government the ability to innovate and produce critical medicines. By so doing, we would not have to rely on the pharmaceutical industry for critical drugs.

There is no reason we need to be beholden to Big Pharma. The US has used compulsory licensing as a threat many times before. In dozens of instances, prices have come down. But, President Trump's administration won't use it or even threaten to. Instead, they force millions of Americans to go without needed medicines they cannot afford.

What are the consequences of voting twice in an election?

President Trump has in recent months roiled an election already upended by the coronavirus pandemic, alleging repeatedly without evidence that voting by mail poses security concerns.

The president sparked further criticism when he suggested that supporters in North Carolina vote in person after casting their absentee ballots. This week, officials in Georgia said they were investigating 1,000 cases of people voting twice in state elections - though questions remain as to whether they did so intentionally.

With Election Day approaching, here's a look at what the consequences are of voting twice in an election.

Is voting twice illegal?

Voting twice is illegal in federal elections under federal law. Voters who cast "votes more than once in an election" will be fined "not more than \$10,000" and "imprisoned not more than five years, or both," according to **federal law**.

State penalties vary across the country. According to a database from the **National Conference**

of State Legislatures, at least 28 states say it is a felony to vote twice in the same election. A number of other states classify it as an infraction or misdemeanor.

What happens if someone gets caught voting twice?

Penalties for double voting vary by state, though they can include jail time.

Several states mandate that those found guilty of violating their election laws serve prison time or pay a fine. For instance, Pennsylvania says those who vote twice can be fined up to \$15,000 and/or serve as much as seven years behind bars. Other penalties include serving parole and losing voting rights.

However, most people who vote twice do not face lengthy prison sentences. Prosecutors have a fair amount of leeway in deciding how strictly they want to go after voters who cast two ballots.

The decision, according to Steven Huefner, professor at the Ohio State University Moritz College of Law, is often based on intent, with prosecutors



determining if the votes were an "innocent mistake," such as forgetting that a voter had already sent in an absentee ballot, or an "intentional effort to manipulate the results."

How common is it?

Voting twice, like all other **forms of voter fraud**, is exceedingly rare.

"Before the chief executive United States suggested and encouraged it ... not that often," said Justin Levitt, an election expert and professor at Loyola Law School, when asked how frequently people vote twice.

"Of the very few times that it happens, most are due sometimes to mistakes," he added, saying mistakes include voters forgetting they had already cast mail-in ballots, confusion over having two residences in different jurisdictions and false flags if two voters have the same name and date of birth.

Voting twice is also viewed as a particularly ineffective form of swaying an election if done intentionally and easy for

election monitors to notice.

"As a method of attempting to gain an electoral advantage, it's a pretty shoddy method," Levitt said.

Georgia Secretary of State Brad Raffensperger (R) **raised eyebrows this week** when he said that 1,000 people had voted twice in the state's primary elections in June and said prosecutors may press for felony charges after an investigation is completed.

Raffensperger told reporters that approximately 150,000 voters who applied for absentee ballots also appeared in person at polling places on election day. But that high figure could potentially be the result of a data or clerical error.

"It is often the case that a first cut of the voter list of who's voted will raise flags about a number of possible instances of double voting that upon investigation just evaporate," Huefner of Ohio State University said....**Read More**

EXCLUSIVE: Trump administration secretly withheld millions from FDNY 9/11 health program

The Trump administration has secretly siphoned nearly \$4 million away from a program that tracks and treats FDNY firefighters and medics suffering from 9/11 related illnesses, the Daily News has learned.

The Treasury Department mysteriously started withholding parts of payments — nearly four years ago — meant to cover medical services for firefighters, emergency medical technicians and paramedics treated by the FDNY World Trade Center Health Program, documents obtained by The News reveal.

The payments were authorized and made by the National Institute for Occupational Safety and Health, which oversees the program. But instead of sending the funds to the city, the Treasury started keeping some of the money.

"This was just disappearing," the program's director, Dr. David Prezant, told The News. "This is the most amazing thing. This was disappearing — without any notification."

Prezant said he was docked about half a million dollars each

year in 2016 and 2017. Then it crept up to about \$630,000 in 2018 and 2019. This year, Treasury has nearly tripled its extractions, diverting \$1.447 million through late August, according to Prezant.

"Here we have sick World Trade Center-exposed firefighters and EMS workers, at a time when the city is having difficult financial circumstances due to COVID-19, and we're not getting the money we need to be able to treat these heroes," said Prezant, the FDNY's Chief Medical Officer.

"And for years, they wouldn't even tell us — we never ever received a letter telling us this," he explained.

Prezant was never able to get an explanation from NIOSH or the mammoth Department of Health and Human Services which has the agency under its umbrella.

After years of complaining, Prezant did get a partial answer when Long Island Republican Rep. Pete King put his political



weight behind the inquiry. That answer was that some other agency in the city has been in an unrelated feud with the feds over Medicare bills.

For some reason, Treasury decided to stiff the FDNY. Neither the Treasury Department nor the White House answered requests for comment.

King said whatever the circumstance is that forces a premier program for sick 9/11 first responders to go begging for help on the eve on the 19th anniversary of the attack — it has to end.

"It's disgraceful," King said. "I don't even care what the details of this thing is. That fund has to be fully compensated, fully reimbursed. I mean, this is absurd," he said. "If anyone were true American heroes, it was the cops and firemen on 9/11, especially the firemen, and for even \$1 to be being held back is absolutely indefensible."

King wrote to Treasury Secretary Steve Mnuchin over the summer asking what the

problem was and for a solution. He got no response and has fired off another letter.

Congress created a temporary health program in 2010, with the James Zadroga 9/11 Health and Compensation Act. The program was extended by 75 years in Dec. 2015, after sick and dying 9/11 workers made hundreds of trips to the Capitol pleading their cause.

"I'm not sure what quite what to make of this other than it's despicable," said Jake Lemonda, president of the Uniformed Fire Officers Association. "We've fought very hard for many years for these funds to provide proper medical treatment for our sick and injured. The withholding of these funds without a legitimate explanation is inexcusable."

Prezant said he's been able to keep functioning because the Fire Department fronts the program the money, with the understanding that the feds will reimburse it under the 9/11 Health and Compensation Act.

Trump officials interfered with CDC reports: Politico

Politically appointed members of the Department of Health and Human Services' communications teams were allowed to review, change and delay reports authored by the Centers for Disease Control and Prevention, according to a bombshell **report published by Politico late Friday.**

The Politico report said that the CDC's Morbidity and Mortality Weekly Reports, a public report compiled by scientists that's served as the key communication avenue between the CDC and health care providers, researchers, journalists and the public since the 1980s, has been tinkered with when CDC findings didn't align with President Donald Trump's public statements about **coronavirus.**

ABC News has not independently confirmed the Politico report.

"[The assistant secretary for public affairs] clears virtually all public-facing documents for all of its divisions, including CDC," Michael Caputo, a spokesperson for the Department of Health and Human Services, confirmed to ABC News.

"Our intention is to make sure that evidence, science-based data drives policy through this pandemic -- not ulterior deep state motives in the bowels of CDC," Caputo, a former Trump campaign official with no scientific or medical background, said in a statement.

According to Politico, in one instance, Caputo and his team pushed to retroactively adjust CDC reports that they said inflated the risk of COVID-19. The critique, in the communication team's opinion, was that the CDC reports did not



explicitly point out that Americans with COVID-19 could have become infected because of their own behavior, according to the Politico story.

In another instance, Caputo's team tried to slow down a CDC report on hydroxychloroquine, the controversial malaria drug that Trump frequently referenced as a potential COVID-19 treatment during press briefings. A report about hydroxychloroquine that said "the potential benefits of these drugs do not outweigh their risks" was withheld for roughly a month while the team investigated the CDC author's political leanings, **according to Politico.**

Several CDC staff members told ABC News they were infuriated to learn Caputo's team made attempts to revise the

weekly reports in ways inconsistent with science, something they would have previously thought not possible.

Democratic nominee Joe Biden weighed in on the Politico report via his campaign manager.

"When Donald Trump told Bob Woodward that he wanted to downplay the virus, this is the exact kind of repugnant betrayal that he meant," Kate Bedingfield, Biden's deputy campaign manager, said in a statement.

"This report is further proof that the Trump Administration has been systematically putting political optics ahead of the safety of the American people," she added. "Trump's failure has left us with 6 million infected, millions more unemployed, and the worst outbreak in the developed world. We deserve so much better."

AstraZeneca Pauses Covid-19 Vaccine Trial After Illness in a U.K. Subject

AstraZeneca PLC said Tuesday it paused clinical trials of an experimental Covid-19 vaccine after a participant in a U.K. study had an unexplained illness.

AstraZeneca, which licensed the vaccine from developers at the University of Oxford, said the pause will allow an independent committee to review safety data.

The pause affects a study that

began last week in the U.S. aiming to enroll 30,000 people, with funding from federal agencies. The study is testing whether the vaccine reduces the rate of Covid-19 cases compared with unvaccinated study subjects. AstraZeneca and Oxford had started a large study of the vaccine in the U.K. in the spring.

AstraZeneca  The company is also testing the vaccine in studies in Brazil and

South Africa.

AstraZeneca called the pause a "routine action which has to happen whenever there is a potentially unexplained illness in one of the trials, while it is investigated, ensuring we maintain the integrity of the trials."

The company said it is committed to the safety of study participants and the highest standard of conduct in trials.

AstraZeneca has signed supply contracts with the U.K. and U.S. that could result in the delivery of initial vaccine doses in the fall.

The study halt was reported earlier Tuesday by Stat.

Telehealth is likely here to stay

It seems as if **telehealth** is working quite well for a large segment of the US population during the novel coronavirus pandemic, including older adults and people with disabilities. The Centers for Medicare and Medicaid Services (CMS) is covering telehealth services broadly, allowing people with Medicare to get care electronically—through their smartphones and computers—while the novel coronavirus rages on and millions are making use of these services. There's now a large push to make this change permanent

According to CMS, in the last

few months, people with Medicare used telehealth services for primary care visits 40 percent of the time. They are able to get care they need without having to go into their doctors' offices. Before then, telehealth had accounted for one-tenth of one percent of all primary care visits.

People seem to like telehealth services. One University of Michigan poll found that more than seven in ten people want to use telehealth for follow-up visits with their physicians. Almost two-thirds of people feel comfortable using video



conference as a substitute for an in-person visit. But, if traditional Medicare is to continue providing telehealth services once the pandemic is behind us,

Congress will need to enact legislation approving it.

For now, many in Congress on both sides of the aisle see telehealth as valuable. It allows for better care coordination and monitoring. It makes it easier to deliver mental health services. It opens up access to care for people who live in rural communities and nursing homes.

But not everyone thinks telehealth is terrific. Many

people still believe that telehealth could compromise the quality of their care. They believe quality turns, at least in part, on a physical exam. And, some people worry about losing their privacy.

Many experts ask: If the government opts to extend coverage for telehealth services so that it continues post pandemic, how will it ensure quality and address fraud. How will frail older adults and people with disabilities benefit from telehealth?

Trump calls question about why he 'lied' about COVID-19 a 'disgrace'

President Trump on Thursday scoffed at a question about why he lied to the American public about the severity of COVID-19 in the early stages of the pandemic, calling it "disgraceful" in a contentious press conference amid fallout over his comments to **Bob Woodward**.

"Why did you lie to the American people, and why should we trust what you have to say now?" ABC News correspondent Jon Karl asked during a news conference, referencing the president's comments in audio recordings from February that COVID-19 was "deadly" even as he publicly minimized the threat of the virus.

"That's a terrible question and the phraseology," Trump said. "I didn't lie. What I said is we have to be calm. We can't be

panicked."

"The way you phrased that is such a disgrace," Trump added. "It's a disgrace to ABC Television Network. It's a disgrace to your employer."

Karl pressed Trump, noting that he told Woodward in early February that COVID-19 spread through the air and was more lethal than a "strenuous flu" even as he publicly compared the emerging outbreak to the common flu.

"What I went out and said is very simple. I want to show a level of confidence, and I want to show strength as a leader and I want to show our country is going to be fine one way or the other," Trump said. "There was no lie here. What we're doing is we're leading, and we're leading in a proper way."

When another reporter noted



that other world leaders, such as German Chancellor Angela Merkel, managed to lead a response to the pandemic without setting off panic,

Trump brushed off the comparison by arguing that the European Union is dealing with an uptick in cases.

While some European countries have seen increases in infections, they are a percentage of what the U.S. has dealt with for months. The United States has the highest number of reported cases and deaths from COVID-19 of any country in the world, with 6.3 million and roughly 191,000, respectively, according to Johns Hopkins data.

The president took three questions total during Thursday's news conference before leaving the briefing room.

Trump has been on the defensive since Wednesday afternoon when the first excerpts of Woodward's book were published.

The president's remarks to the Watergate journalist underscored how Trump privately talked about the severity of COVID-19, even as he brushed it off in public remarks in January and February.

"I wanted to, I wanted to always play it down. I still like playing it down, because I don't want to create a panic," Trump told Woodward in a recording from mid-March.

The president on Wednesday acknowledged that "perhaps" he misled the American public about the severity of the virus in order to reduce panic.

What happens to the brain as we age?

Brain aging is inevitable to some extent, but it is not uniform; it affects everyone, or every brain, differently.

Slowing down brain aging or stopping it altogether would be the ultimate elixir to achieve eternal youth. Is brain aging a slippery slope that we need to accept? Or are there steps that we can take to reduce the rate of decline?

At around 3 pounds in weight, the human brain is a staggering feat of engineering, with around **100 billion neurons** interconnected via trillions of synapses.

Throughout a lifetime, the brain changes more than any other part of the body. From the moment the brain begins to develop in the third week of gestation to old age, its complex structures and functions are changing, networks and pathways connecting and severing.

During the first few years of life, the brain forms more than **1 million** new neural connections every second. The size of the brain increases fourfold in the preschool period, and by age 6, it reaches around **90%** of its adult volume.

The frontal lobes are the area

of the brain responsible for executive functions, such as planning, working memory, and impulse control. These are among the last areas of the brain to mature, and they may not develop fully until around **35 years of age**.

Normal brain aging

As people age, their bodily systems — including the brain — gradually decline. “Slips of the mind” are associated with getting older. That said, people often experience those same slight memory lapses in their 20s but do not give it a second thought.

Older adults often become anxious about memory slips due to the link between impaired memory and **Alzheimer’s disease**. However, Alzheimer’s and other **dementias** are not a part of the normal aging process.

Common memory changes that are associated with normal aging include:

- ◆ **Difficulty learning something new:** Committing new information to memory can take longer.
- ◆ **Multitasking:** Slowed processing can make planning parallel tasks more difficult.
- ◆ **Recalling names and**



numbers: Strategic memory, which helps with remembering names and numbers, begins to decline at age 20.

- ◆ **Remembering appointments:** Without cues to recall the information, the brain may put appointments into “storage” and not access them unless something jogs the person’s memory.

Although some studies show that **one-third** of older adults struggle with declarative memory — that is, memories of facts or events that the brain has stored and can retrieve — other studies indicate that one-fifth of 70-year-olds perform cognitive tests just as well as people aged 20.

Scientists are currently piecing together sections of the giant puzzle of brain research to determine how the brain subtly alters over time to cause these changes.

General changes that researchers think occur during brain aging include:

- ◆ **Brain mass:** Shrinkage in the frontal lobe and hippocampus, which are areas involved in higher cognitive function and encoding new memories, starts at around the age of 60 or 70

years.

- ◆ **Cortical density:** This refers to the thinning of the outer-ridged surface of the brain due to declining synaptic connections. Fewer connections may contribute to slower cognitive processing.
- ◆ **White matter:** White matter consists of myelinated nerve fibers that are bundled into tracts and carry nerve signals between brain cells. Researchers think that myelin shrinks with age, and, as a result, processing is slower and cognitive function is reduced.

- ◆ **Neurotransmitter systems:** Researchers suggest that the brain generates fewer chemical messengers with age, and it is this decrease in dopamine, acetylcholine, **serotonin**, and norepinephrine activity that may play a role in declining cognition and memory and increasing **depression**.

In understanding the neural basis of cognitive decline, researchers can uncover which therapies or strategies may help slow or prevent brain deterioration....[Read More](#)

With COVID-19 Lurking, the Flu Vaccine is More Important Than Ever this Flu Season

The 2020 flu season is just around the corner. Like every year, the flu will be best contained when as many people as possible get a flu vaccine, and this is especially important this year as the health system continues to grapple with the COVID-19 public health emergency.

People can contract the flu at any time during the year, but the rates of the illness **increase throughout the fall and generally peak in winter**.

While some people who are infected with an influenza virus might have only mild symptoms, for others the virus is deadly. **The flu kills thousands of people each year**. The flu vaccine is available every year, but public health officials warn

that too few people take advantage of it. Last year, **45% of Americans got a flu shot**.

This year, flu season will hit while COVID-19 is still a major threat. Telling the two infections apart will be difficult since the symptoms are quite similar, including fever, cough, shortness of breath, and fatigue. Both diseases can also cause a range of reactions, from mild illness to severe cases that require hospitalization and can be fatal. **Only laboratory tests** will be able to distinguish accurately between the two infections.

Experts at the Centers for Disease Control (CDC) and other institutions worry that the combination of a bad flu season



and COVID-19 **could be too much for hospital systems**. That’s why the flu vaccine will be more

important than ever—to reduce the incidence of flu and take pressure off of a strained health care system. The CDC has contracted with vaccine manufacturers to have more doses of the vaccine available to ensure everyone who wants the flu shot can get access.

Not every person can safely get a flu shot, and everyone should consult with their health care providers before getting vaccinated. But it is important that everyone who can get vaccinated does. This reduces the risk of the individual getting sick and cuts down on transmission from person to

person. Getting vaccinated protects others in the community who cannot get the flu shot.

Most people with Medicare **will pay nothing for a flu vaccine**, and many other sources of insurance cover the flu shot as well. Check with your health insurance provider before getting any vaccine to understand the costs.

[Read more about the flu.](#)

[Read more about what makes 2020 different.](#)

[Read more about the difference between the flu and COVID-19.](#)

[Find a place near you to get your flu shot.](#)

Is Rural Appalachia a Hotspot for Alzheimer's?

(HealthDay News) -- Alzheimer's disease is more common in rural Appalachian areas of Ohio than in other rural parts of the state, new research shows.

For the study, the investigators analyzed 11 years of Medicare data, ending in 2017, and found that Alzheimer's rates were 2% to 3% higher in rural Appalachian counties than in other rural counties in Ohio.

The study, published online recently in the *Journal of Alzheimer's Disease*, raises a number of concerns, according to the authors.

"Those who live in rural Appalachia, in particular, are both much more disadvantaged

on the whole from a socioeconomic perspective and have a higher burden of Alzheimer's disease and related disorders compared to those who live elsewhere. It's a double whammy," said Jeffrey Wing, an assistant professor of epidemiology at Ohio State's College of Public Health.

Wing also noted that there are barriers to care in rural Appalachia, particularly specialized care.

"You really need to see a neurologist to get diagnosed with Alzheimer's, and that is likely more challenging for many in Appalachia than it is for people



elsewhere in Ohio," Wing said in an Ohio State University news release.

There is no cure for Alzheimer's, but early diagnosis can delay disease progression, improve a patient's quality of life, and provide an opportunity for patients and caregivers to connect with other supportive resources, according to Wing.

"There aren't many studies that have been able to provide an estimated prevalence of Alzheimer's in geographically diverse populations, and we're hopeful that this information will help illuminate potential needs in Appalachia -- that could include

more screenings, earlier screenings and reallocation of medical and support resources," he said.

The researchers also want to identify the factors that might be associated with the higher rate of Alzheimer's in rural Appalachia.

"We're trying to think about some structural and sociodemographic factors that may be driving this, including race and ethnicity, as proxies for racism, education and income," Wing said.

More information

The U.S. National Institute on Aging has more about [Alzheimer's disease](#).

Isolation, Loneliness of Lockdowns Is Tough on America's Seniors

(HealthDay News) -- Seniors are among those most at risk for dying from COVID-19, and so they've been urged to socially distance during the pandemic.

But experts fear this isolation, while protecting them from a potentially fatal infection, might be wearing away at their health in other ways.

"By older adults being less socially engaged and less active, they are absolutely seeing changes in physical function and in cognitive sharpness," Dr. Carla Perissinotto, associate chief of geriatrics clinical programs at the University of California, San Francisco, said during an [HD Live interview](#).

Social isolation has been associated with a 50% increased risk of developing dementia, according to a report released earlier this year from the National Academy of Sciences (NAS).

Isolation is hard on the body as well, the report says. Loneliness has been associated with a 59% increased risk of functional decline and a 45% increased risk of death.

Poor social relationships specifically appear to increase a person's risk of heart disease and stroke, the report found. For example, loneliness among heart failure patients nearly quadruples their risk of death,

and it increases their risk of hospitalization by 68%.

Even prior to the pandemic, social isolation was a major concern among aging Americans. About 1 in 4 people aged 65 and older were considered to be socially isolated, the NAS report said, and 43% of those 60 and older reported feeling lonely.

Now, people in long-term care facilities have gone months without being able to see their loved ones due to COVID lockdowns, and even seniors still living independently are going long stretches without seeing friends and loved ones.

"We are in this crisis time where we're having to physically distance, and it is literally putting these problems right in front of us and making us not put them on the back burner anymore, as we used to," Perissinotto said.

Perissinotto and other gerontologists are concerned that the social distancing measures used to protect older folks from COVID-19 are damaging their mental and physical health, and that these effects may be long-lasting.

"The longer we go on ignoring the importance of social connection, the worse the



outcomes are and the harder it's going to be to come back to a period of normalcy," Perissinotto said.

Despite these concerns, Perissinotto warned against assuming that your older friend or relative is unhappy just because they're isolated.

"You can't assume that because someone is alone, that they are lonely. And the reverse is true -- because they're with other people, that they're not lonely," Perissinotto said.

Instead, keep an eye out for telltale signs of decline.

"If they're showing more signs of withdrawal and even worsened confusion, this may be a sign that there needs to be increased socialization and stimulation," Perissinotto said. "Is someone more disheveled? Are they losing weight?"

Folks also might be anxious or depressed from the pandemic, or could be suffering medical problems like high blood pressure because they're having difficulty filling their usual prescriptions, she added.

People worried about older friends or relatives should ask them to see their doctor, who can use validated tools to assess whether they are truly suffering from loneliness or isolation, Perissinotto said.

Technology like Zoom or FaceTime can help ease loneliness for some, but not all.

"It's not going to work for some people who have severe cognitive impairment or hearing impairment or visual impairment," Perissinotto said. "For others it might accentuate more of the loss of not being able to see people in person."

There are creative ways to reach out to seniors you love, to let them know they're not alone.

"I was pleasantly surprised by receiving a letter in the mail from someone I hadn't seen in a long time," Perissinotto said. "That was a new way of connecting that was old-school, but I felt just as connected to that person had I seen them in person."

Neighborhood dwellers also might want to check in on the elderly person down the street, to make sure they're in good shape.

"Look around you. You may have neighbors you have assumed were OK. There's nothing wrong with a ring on the doorbell to say, 'Hey, do you need anything?'" Perissinotto said.

More information

The U.S. Centers for Disease Control and Prevention has more about [social isolation in seniors](#).

Untreated High Blood Pressure a Growing Problem Among Americans

(HealthDay News) -- Uncontrolled high blood pressure is becoming more common among Americans, putting them at increased risk for heart attack and stroke, a new study shows.

Previous research showed that in 1999-2000, 32.2% of Americans maintained blood pressure less than 140/90 mm Hg, but the rate rose to 54.5% in 2013-2014. However, the rate fell to 48% in 2015-2016.

Unfortunately, this new study found the proportion of adults aged 40-59 with successfully managed blood pressure fell nearly 10 percentage points from

2009 to 2018 (56.3% vs. 46.6%, respectively). Successful blood pressure management also fell among adults 60 and older by almost 6 percentage points from 2009 to 2018 (53.6% vs. 47.9%, respectively).

The study will be presented at a virtual American Heart Association meeting, being held Sept. 10-13. Such research is considered preliminary until published in a peer-reviewed journal.

"We cannot assume improvement in blood pressure management will continue, even after 35 years of success. High



blood pressure is a serious health risk and deserves constant attention to prevent as many heart attacks and strokes as possible," said lead author

Dr. Brent Egan, a professor at the University of South Carolina School of Medicine.

The reasons why fewer Americans have successfully managed blood pressure varies by age and requires further study, according to the researchers.

"A closer look at our findings revealed the fall in blood pressure control in older adults was mainly due to less effective

use of blood pressure medication and management, so we need to focus on making sure the level of treatment is adequate for this age group," Egan said in a meeting news release.

The American Heart Association and American Medical Association have launched a national program called "Target: BP" in response to the high rate of uncontrolled blood pressure.

More information

The U.S. National Heart, Lung, and Blood Institute has more on [high blood pressure](#).

Poll Finds Pandemic Surge in Loneliness Among Older Adults

(HealthDay News) -- The constraints of the coronavirus pandemic have many more older adults feeling lonely this summer than in years past.

According to a new poll, many older adults are feeling isolated while they protect themselves from the virus.

In June, the National Poll on Healthy Aging surveyed more than 2,000 U.S. adults ages 50 to 80.

More than half said they sometimes or often felt isolated from others, which is more than double the 27% who reported the same feeling in a 2018 poll.

And the share of older adults

who said they infrequently interacted with friends, neighbors or family outside their household also grew from the prior poll.

Nearly half of those polled in June of this year said they only interacted with these groups once a week or less, compared with the 28% who said this in 2018.

And while technology such as video chat and social media can be a great way to connect during the pandemic, those who used these tools were more likely to say they felt isolated.

A majority of the sample



reported that they maintained a healthy lifestyle, with eight out of 10 saying that they were getting enough

sleep and eating a healthy diet. But those experiencing loneliness were less likely to report engaging in healthy behaviors such as getting outside and exercising.

Similarly, those who said they lacked companionship were more likely to report that their mental and physical health was fair or poor.

These results could point to an intersection between loneliness and health, which is an area that

"needs much study," John Piette said in a University of Michigan news release. He's a professor at the University of Michigan School of Public Health who worked with the poll team.

"Past studies have shown that prolonged isolation has a profound negative effect on health and well-being as much as smoking 15 cigarettes a day," added Alison Bryant, senior vice president of research for AARP, which helped support the poll.

"All of us can take time to reach out to older neighbors, friends and relatives in safe ways as they try to avoid the coronavirus," Piette added.

New Dental Treatment Helps Fill Cavities and Insurance Gaps for Seniors

DENVER — Dental hygienist Jennifer Geiselhofer often cleans the teeth of senior patients who can't easily get to a dentist's office. But until recently, if she found a cavity, there was little she could do.

"I can't drill. I can't pull teeth," said Geiselhofer, whose mobile clinic is called **Dental at Your Door**. "I'd recommend they see a dentist, but that was often out of the question because of mobility challenges. So visit after visit, I would come back and there would be more decay."

But now Geiselhofer has a weapon to obliterate a cavity with a few brushstrokes.

Silver diamine fluoride is a

liquid that can be painted on teeth to stop decay. Fast, low-cost and pain-free, the treatment is rapidly gaining momentum nationwide as the cavity treatment of choice for patients who can't easily get a filling, such as the very young or the very old.

"It has been life-changing for my patients," said Geiselhofer, who has been using the treatment for about 18 months.

Geiselhofer has not been able to go into nursing homes during the COVID-19 pandemic, but she uses the liquid on the older adults she visits in private homes. She also uses it to treat



the cavities of patients in homeless shelters, jails and Head Start programs — now wearing greater protective gear, including gloves, a surgical mask, an N95 mask and a face shield.

The topical medication is an especially good option for seniors, dental industry experts say, because dental care has remained a major gap in health insurance coverage despite poor dental hygiene being linked to heart disease and other health problems like diabetes and pneumonia. Medicare doesn't cover most dental care, and patients on a fixed income often

can't afford treatment. But because of the effectiveness and low cost of silver diamine fluoride, more state Medicaid programs now cover it — and older adults who pay out-of-pocket can afford it outright.

Silver diamine fluoride has been used in other countries for decades, and studies have proved it safe. Its biggest downside is that it permanently turns the decayed area black — a turnoff, in particular, for people with decay on a front tooth.

Pediatric dentists have embraced it as a solution for kids who can't sit still for treatment and whose parents want to avoid general anesthesia...[Read More](#)

Teens, Seniors Are Often Driving the Least Safe Car

Seniors and teens are more likely to drive vehicles that lack important safety features, a new study finds.

That adds to risks on the road. Newly licensed drivers have the highest crash risk of any age group, while older drivers have the highest fatal crash rate, according to experts at the Center for Injury Research and Prevention at Children's Hospital of Philadelphia.

They analyzed crash and licensing data for New Jersey from 2010 to 2017, and National Highway Traffic Safety Administration data on safety features of each vehicle involved

in a crash.

Those features included front, side and curtain airbags as well as electronic stability control (ESC). ESC helps a driver maintain control on slick and curvy roads and reduces the risk of dying in a crash by roughly the same amount as seat belts.

The study found that teens and adults 65 and older were more likely than middle-aged adults to drive older cars that lacked ESC or side and curtain air bags. It also found that drivers of all ages from lower-income neighborhoods were less likely



to drive newer, safer cars.

On average, teens from lower-income neighborhoods drove vehicles that were nearly twice as old as teens from more affluent neighborhoods. Teens from wealthier neighborhoods were 53% more likely to drive cars with side airbags than teens from poor neighborhoods, and older drivers from wealthier neighborhoods were 35% more likely to have vehicles with side airbags than older drivers from poor neighborhoods.

"All drivers should strive to be in the safest vehicle they can

afford, regardless of age or income level," said first author Kristi Metzger, a statistical scientist at the Center for Injury Research and Prevention.

"There are many vehicles available with key safety features that won't break the bank, some for less than \$7,000," she said in a hospital news release.

The findings were published Aug. 27 in the journal *Traffic Injury Prevention*.

More information The U.S. National Highway Traffic Safety Administration has more on [road safety](#).

NIH 'Very Concerned' About Serious Side Effect in Coronavirus Vaccine Trial

The Food and Drug Administration is weighing whether to follow British regulators in resuming a coronavirus vaccine trial that was halted when a participant suffered spinal cord damage, even as the National Institutes of Health has launched an investigation of the case.

"The highest levels of NIH are very concerned," said Dr. Avindra Nath, intramural clinical director and a leader of viral research at the National Institute for Neurological Disorders and Stroke, an NIH division. "Everyone's hopes are on a vaccine, and if you have a major complication the whole thing could get derailed."

A great deal of uncertainty remains about what happened to the unnamed patient, to the frustration of those avidly following the progress of vaccine testing. AstraZeneca, which is running the global trial of the vaccine it produced with Oxford University, said the trial volunteer recovered from a severe inflammation of the spinal cord and is no longer hospitalized.

AstraZeneca has not confirmed that the patient was afflicted with transverse myelitis, but Nath and another neurologist said they understood this to be the case. Transverse myelitis produces a set of symptoms involving

inflammation along the spinal cord that can cause pain, muscle weakness and paralysis. Britain's regulatory body, the Medicines and Healthcare Products Regulatory Agency, reviewed the case and has allowed the trial to resume in the United Kingdom.

AstraZeneca "need[s] to be more forthcoming with a potential complication of a vaccine which will eventually be given to millions of people," said Nath. "We would like to see how we can help, but the lack of information makes it difficult to do so."

Any decision about whether to continue the trial is complex because it's difficult to assess the cause of a rare injury that occurs during a vaccine trial — and because scientists and authorities have to weigh the risk of uncommon side effects against a vaccine that might curb the pandemic.

"So many factors go into these decisions," Nath said. "I'm sure everything is on the table. The last thing you want to do is hurt healthy people."

The NIH has yet to get tissue or blood samples from the British patient, and its investigation is "in the planning stages," Nath said. U.S. scientists could look at samples from other vaccinated patients to



see whether any of the antibodies they generated in response to the coronavirus also attack brain or spinal cord tissue.

Such studies might take a month or two, he said. The FDA declined to comment on how long it would take before it decides whether to move forward.

Dr. Jesse Goodman, a Georgetown University professor and physician who was chief scientist and lead vaccine regulator at the FDA during the Obama administration, said the agency will review the data and possibly consult with British regulators before allowing resumption of the U.S. study, which had just begun when the injury was reported. Two other coronavirus vaccines are also in late-stage trials in the U.S.

If it determines the injury in the British trial was caused by the vaccine, the FDA could pause the trial. If it allows it to resume, regulators and scientists surely will be on the watch for similar symptoms in other trial participants.

A volunteer in an earlier phase of the AstraZeneca trial experienced a similar side effect, but investigators discovered she had multiple sclerosis that was unrelated to the vaccination, according to Dr. Elliot Frohman,

director of the Multiple Sclerosis & Neuroimmunology Center at the University of Texas.

Neurologists who study illnesses like transverse myelitis say they are rare — occurring at a rate of perhaps 1 in 250,000 people — and strike most often as a result of the body's immune response to a virus. Less frequently, such episodes have also been linked to vaccines.

The precise cause of the disease is key to the decision by authorities whether to resume the trial. Sometimes an underlying medical condition is "unmasked" by a person's immune response to the vaccine, leading to illness, as happened with the MS patient. In that case, the trial might be continued without fear, because the illness was not specific to the vaccine.

More worrisome is a phenomenon called "molecular mimicry." In such cases, some small piece of the vaccine may be similar to tissue in the brain or spinal cord, resulting in an immune attack on that tissue in response to a vaccine component. Should that be the case, another occurrence of transverse myelitis would be likely if the trial resumed, said Dr. William Schaffner, an infectious disease specialist at the Vanderbilt University School of Medicine. A second case would shut down the trial, he said....[Read More](#)