Hot Notes™

HOT NOTES • VOLUME 21, ISSUE 7 • JULY 2021

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# WAKE UP CALL

After 2010, working-age mortality decreased 16 high income countries while it increased in the United States.

*"Although the increase in mortality was first described among White middle-aged males, mortality is now increasing among young and middle-ages adults and in all racial groups...claiming lives during the prime working ages."*

Kathleen Mullan Harris, PhD
University of North Carolina
*Journal of the American Medical Association*
325, 20(May 25,2021):2045[editorial

Harris and her coworkers reported that drug and alcohol use made the largest contribution to 2010-2020 working-age excess mortality.

And further that drug and alcohol-linked deaths increased even more with the COVID-19 pandemic.

Meanwhile, in our collective improvidence we scuttled fluid screening and did so dramatically at the ages where we are now most vulnerable.

If you believe insured lives mortality has a rosy outlook, you have my condolences.

# TACKLING INSURANCE FRAUD

While election fraud is an exploited fantasy, insurance fraud is very real and poses a huge threat to our industry.

If you want to maximize your understanding of this complex phenomenon and develop effective countermeasures, you need to be dialed in to the 2021 RGA Fraud Conference on July 16-20.

I had the privilege of presenting at the 1st and 2nd Fraud Conferences and they just keep getting better. One reason is the expert faculty RGA recruits nationwide.

My old friend and fellow Northwestern Mutual alum Alan Hobbs FSA manages this much anticipated event. He runs a tight ship so count on this 9th conference being a thoroughly enjoyable experience.

For more or to register:
**www.rgare.com/fraud-conference**

## InsureIntell

Top 10 most read articles from Insureintell.com ending June 30, 2021:

1. White Paper: Underwriters Ask — To Fast or Not to Fast?
2. The Loneliness of the Long-Distance Underwriter – Harnessing Remote Risk Assessment Technology
3. The Human Factor: Underwriting with Precision Calculation
4. U.S. Individual Life COVID-19 Mortality Claims Analysis
5. Insurers Begin Lifting COVID-19 Underwriting Guidelines
6. A New Age of Genetic Screening is Coming — And We Don't Have Any Rules For It
7. Life Insurance Fraud in the Time of COVID-19
8. COVID-19 and Diseases of Despair
9. Life and Health Trend Spotlights: Mind Matters
10. 5 Questions to Ask When Evaluating an Automated Life Insurance Underwriting System for Your Business

# EVICTION MORATORIUMS, REDLINING & COVID-19

Leifheit (UCLA) and her 6 coauthors from 5 other universities sought to ascertain whether the lifting of eviction moratoriums bore any meaningful relationship with COVID-19 (C-19) mortality. 43 states and the District of Columbia had these moratoriums in place by April 30, 2020.

The number of new C-19 diagnoses went up 60% within 10 weeks after the ban on evictions was canceled.

After just 7 weeks, C-19 mortality also increased 60% as compared to the months when evictions were outlawed.

At the end of their follow-up period (16 weeks), the authors found that states had, on averaged:

- 2.1 times more C-19 infections
- 5.4 times higher mortality

They calculated that eviction moratorium discontinuance accounted for 433,700 excess C-19 cases and 10,700 extra deaths.

The worst excesses in cases and deaths occurred in Texas. at rates nearly 4 times higher than any other state.

Why do these findings matter to us?

Because of the stark racial discrimination in home ownership and renting endured by Black Americans.

Despite being outlawed in the 1960s, redlining's effects continue to be the culprit driving this discrimination.

Redlining involved assigning grades to residential neighborhoods to demarcate their "mortgage security." Neighborhoods graded A were considered the best. Those graded D were deemed "hazardous."

In D neighborhoods, it was once virtually impossible to get a home loan. Although mortgages eventually became more accessible, they had less favorable rates and other contractual disadvantages compared to those offered in A neighborhoods

Black homeowners are 4.7 times likely to live in D neighborhoods.

And those Black families still residing in former D neighborhoods (upgraded by gentrification or changes in corporate geography) are now largely renters.

Bottom line: disparate discrimination in housing makes Black homeowners and renters uniquely vulnerable when:

1. Eviction moratoriums are lifted
2. Related credit attributes are used in underwriting algorithms

https://www.redfin.com/news/redlining-real-estate-racial-wealth-gap/

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3739576


At LexisNexis® Risk Solutions, we understand that more consumers today want the peace of mind that comes with knowing they have the right amount of life insurance in place—and that insurers want to help them obtain that essential coverage. But consumer expectations have changed, and insurers must find viable ways to meet individuals' concerns quickly, while still gathering the data needed to properly assess risk.

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Our goal is to enable the life insurance industry to revolutionize the consumer's experience in securing life insurance. LexisNexis is staffed with experts from the industry who have built products to help you expedite the policy issue process, from point of application to delivery—and even *after* issue, so you can know your customers better and deliver an exceptional experience for many years to come.

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# AGENTS OFFER REALITY CHECK ON HOW SPEEDY UNDERWRITING WORKS

## WARREN S. HERSCH

This article originally appeared in the June 4 issue of Life Annuity Specialist, a unique subscription-based newsletter. The author, Warren S. Hersch is a highly-regarded reporter of what's happening in our industry.

I'm grateful for permission to reprint this article in Hot Notes. As an avid reader of Life Annuity Specialist, I can tell you that there is a lot of content that is strictly need-to-know for anyone involved in new business management.

If you'd like to sign up for a trial of Life Annuity Specialist, click here.

That's how I discovered the huge payoff from this resource.

Accelerated underwriting sounds great in theory: shave weeks or months off the life insurance application process.

Insurers regularly trumpet gains that they've made in their fast-underwriting programs, such as in lifting coverage limits.

What's the real experience like though, trying to shepherd through someone trying to purchase a policy?

We decided to reach out to agents and advisors to find out. And in their view, accelerate underwriting isn't living up to its billing. Many applications they try to send through the process get bumped to the more conventional route, resulting in often lengthy delays.

"It's a mixed bag," Ben Offit, a certified financial planner at Offit Advisors, says of accelerated underwriting. "It's not quite as good in practice as it is in concept or theory."

He estimates that about half of the life applications he submits are turned down for faster underwriting. The lack of a perfect, clean bill of health can drag out the process for otherwise good candidates, he notes.

Scott Brennan, an advisor, says that only about one in five life applications he submits get through. The rejects span all ages, he says, adding that the chances of an application being delayed "go up precipitously" for face amounts topping $500,000.

To try to speed things along and secure a better risk class for his customers, Brennan includes cover letters with his applications. But, he notes, most of the time they don't get read.

"That's always been a fascinating thing to me," says Brennan, who is also past president of the Million Dollar Round Table, an association of top-producing agents and advisors. "When I've asked underwriters about it, they've told me, 'Well, you don't get the information to us in order. So if you do write a cover letter, I believe you, but it's not coming in chronological order.'"

Often, he adds, applications don't qualify for accelerated underwriting because something in the documentation sends up a red flag. Example: A prospective buyer who was admitted to an

emergency room months ago after experiencing a bad headache.

Securing charts documenting the person's condition and care received can add eight weeks more to the process, he adds.

**What Industrywide Data shows**

Brennan's experience dovetails with findings of research based on a survey of insurers.

Life insurers wave through about one in four life insurance applicants for accelerated underwriting, but the approval rates vary widely, according to an Aité Group report. They range from 15% of applicants at one carrier being okayed for accelerated underwriting to 60% at another. Several factors influence whether a carrier is likely to approve accelerated underwriting. Insurers tend to favor the speedy process for product distributors that offer both insurance and financial planning.

Carriers that have invested more in digital automation or use a range of data sources typically have higher approval rates. So do those that better align third-party tools with internal processes, rules and underwriting practices, according to the report.

The insurer's culture, such as its tolerance for risk, profitability criteria and underwriting philosophy, also influence the likelihood that an applicant will be allowed to go through fast underwriting, the report notes.

**Additional Perspectives**

Joyce Yoo, an executive partner at Wisely Financial Strategies & Insurance Solutions, says applications for large amounts of coverage — many of her clients seek $2 million to $3 million or more in death benefit — qualify for accelerated underwriting applications where she can procure

**Warren S. Hersch**

electronic medical records. If not, getting the needed records can take a long time working through third-party vendors, particularly when interfacing with certain hospitals in California, where Yoo is based.

For very large cases, such as applications for $10 million or more in coverage, there's another underwriting component to deal with: financial verification and background checks. The carrier needs to make certain that the buyer is insurable for the coverage sought, and that the application isn't fraudulent.

Financial underwriting has improved, she notes. Whereas in past years carriers conducted face-to-face interviews with people, today companies specializing in such due diligence do these checks.

"If it's a very large case, getting the financial underwriting done can take between a week and a half and two weeks," she says. "The medical underwriting is whatever — however long the medical underwriting takes."

She adds that the procurement of medical records could be sped up if health-care organizations were to consolidate them in a central repository.

The buying process could also be more efficient if insurers' applications were put into a common database for any firm to download, according to Nadine Marie Burns, president of the Financial Planning Association of Michigan.

"We need the equivalent of ANSI standards for all companies and all forms," she says, referring to the American National Standards Institute, a nonprofit that oversees the development of voluntary standards for products, services, processes and systems. "The association who takes this on could be a hero."

**Shunting Aside the Agent**

Though valued for its speed, accelerated underwriting can raise concerns for advisors and their clients.

Aprilyn Chavez Geissler, president of Geissler Insurance and Financial Services, cites a female client, a widow who had applied for life insurance after her husband declined coverage, then suffered a fatal heart attack. The widow was forced to work directly with the insurer during the application process — and then complete the application herself — though she preferred having her agent be in charge.

Geissler says she tried to work with the carrier's new underwriting system so she could remain involved — to no avail. All she could do was submit a pre-application with basic information about the prospective buyer.

"The agent is kind of cut out of the process," Geissler says.

She worries that other insurers angling to debut their own accelerated underwriting platforms will follow suit but hopes that alternative options will be offered to agents who want or need to stay involved.

# OUTTAKES

## Pot Delta-Whatever

If you're curious about the differences between Delta-9 tetrahydrocannabinol (THC) and the Delta-8 and Delta-10 varieties, you can expand your knowledge by reading a short article titled "The Emerging Marijuana Challenge: Δ8-THC."

This article by Kuntz et al was published by CRL Insurer Services.

I added "whatever" above because, from an underwriting point of view, delta status doesn't matter.

It should be crystal clear by now that temperate recreational consumption of non-synthetic marijuana should not be an obstacle to insurability at non-tobacco rates.

We have reached the point where screening for pot is an embarrassment.

## Unintentional Injury Deaths

Ahmed and Anderson reported on the leading causes of death in 2020.

What caught my eye was the 11.1% jump in deaths due to unintentional injuries.


Industry news from the insurance carrier's perspective
See why 9 of the 10 largest life insurance carriers already subscribe.
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or contact sales@lifeannuityspecialist.com
life annuity specialist
FT SPECIALIST
A service from the Financial Times

| | Unintentional Injury Deaths |
|---|---|
| 2017 | 169,936 |
| 2018 | 167,127 |
| 2019 | 173,040 |
| 2020 | 192,176 |

A sizeable portion is doubtlessly accounted for by the increase in (ostensibly) unintended opioid and other fatal drug overdoses.

Either way, that's a major increase not directly attributable to COVID-19.

Ahmed. Journal of the American Medical Association. 325 (May 11, 2021):1829editorial

## Context Matters

According to Investopedia, Insurtech companies "use technology innovations designed to squeeze out savings and efficiency from the current insurance industry model."

An essay by the CEO of an Insurtech-based life insurer articulates alleged advantages argued by some to be inherent in the Insurtech model.

He calls upon those who fear automating risk appraisal "to remember that 'perfection is the enemy of good' "

I cannot find where that statement as worded has been attributed to anyone! Nevertheless, its meaning is fairly straightforward and probably germane to some contexts.

Underwriting, however, is not one of them.

The closer to "perfection" we get by using the science and art of underwriting, the better our decisions will be.

From the perspective of bottom-line mortality outcomes, it makes far more sense to say:

"Good simply isn't good enough."

Jeffrey. ThinkAdvisor. December 7, 2020

## Faux Insight

"Life Insurance and Covid-19: Something Doesn't Make Sense" was posted May 26 at the website of the Ron Paul Institute for Peace and Prosperity. Th author implies that he was an agent who hasn't "written a policy for several years." Ergo, he wanted to find out "what was going on".

He contacted brokers doing business with "hundreds of big life insurers", leading him to advise readers that, pandemic wise, things were "business as usual."

He concludes that life insurers "couldn't care less" and their treating COVID-19 "as a nonevent should be an indicator that something is very wrong with the whole narrative."

I trust you see what is "very wrong" here. Too bad this is posted where readers are at risk for believing it!

http://www.ronpaulinstitute.org/archives/peace-and-prosperity/2021/may/26/life-insurance-and-covid-19-something-doesn-t-make-sense/

## Medical Debt and Credit Attributes in Underwriting

*"The federal Consumer Financial Protection Bureau has estimated medical debt makes up 58% of all debt collection actions."*

Jennie Deam

*ProPublica*
June 14, 2021

It disproportionately affects people of color as well as persons living in poverty. It is due to our archaic health insurance system, the leading cause of bankruptcy.

Its use in underwriting as blatant disparate discrimination.

## Restless Regulators

We have it on good authority that regulators at the spring meeting of the National Association of Insurance Commissioners were up in arms, so to speak, about the use of certain risk markers in underwriting, such as the applicant's education and marital status...

...and credit attributes.

They expressed their dissatisfaction that we weren't committing to eliminating these sources of unfair discrimination against protected classes such as race and ethnicity.

*Quite a shocker, eh?*

What ensued over the alleged challenges inherent in merely defining accelerated underwriting 'tis a puzzlement (in the words of Richard Rodgers, as uttered by "the King of Siam").

Makes you wonder if there's any foot dragging going on.

# GETTING AT WHAT MATTERS

## An interview with Intelliscript's Susanna Gomon

*I had a long conversation a few weeks ago with Susanna Gomon, Marketing Manager at Milliman Intelliscript, right here in sub-tropical (89F as I write this!) Milwaukee.*

*We got to talking about stuff like e-health records and automation.*

*She had a rare inventory of knowledge and insight for someone new to this industry...so I couldn't resist asking to interview her for Hot Notes.*

*Here's what she had to say in response to my four questions.*

**How do you envision IntelliScript risk assessment resources helping underwriters do their job?**

Our insurtech resources liberate you from the laborious parts of your work so you can make decisions about risk much faster and with greater authority.

We instantly serve up volumes of multidimensional, real-time data in a nice, tidy package—that's the faster part. You get seven years of an applicant's prescription histories, medical claims, credit attributes, and criminal records (plus the standard MIB, MVR, and application info), all churned through our Irix® interpretation engine, scored for risk, and delivered as a highly accurate policy or triage decision.

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Irix runs on the staggering brainpower of our small army of actuaries, clinicians, analysts, and developers while being calibrated to the carrier's own underwriting standards—that's the authority part. Underwriters are freer to sleuth out the details and nuances of tougher cases so you can more precisely match risks with policies and be all around better at what you do.

**What do you envision as the future of EHRs? Are medical claims data a stop-gap in this regard?**

Medical claims aren't a temporary stand-in for EHRs. The way we see it, electronic health records will settle into a functionality much like attending physician statements; they'll be valuable assets ordered reflexively toward the end of the underwriting evaluation. Medical claims data, on the other hand, offers prompt, standardized, and comprehensive insight at the beginning. Many carriers use it for automation or acceleration, others for triage. They love that they get FCRA-actionable, interpreted information from several providers in one fell swoop, including emergency departments, hospitals, substance abuse facilities, tobacco treaters—it casts a wider net than EHRs and reveals an applicant's health in a flash.

Carriers are eager for EHR data, of course, and we intend to give it to them in the same nice, tidy package that we deliver our other products. We're partnering with sources like Greenlight and Clareto to organize and interpret the data so that it's truly easy to use. That said, we don't think it advisable for carriers to forego medical claims data while holding out for a supposed EHR holy grail. It's not an either/or choice, plus there's a good chance that their competitors are using claims data.

IntelliScript's Medical Data product has been adopted rapidly and widely across the industry. The "hit" rate is 60 percent and climbing, and at least 50 studies validate its substantial protective value

**Susanna Gomon**

and cost-savings power. Meanwhile, we've doubled down on our efforts to keep improving Medical Data's quality and efficacy. For instance, we'll be incorporating EHR data into the product. All this indicates that medical claims are here to stay.

**How do data-driven solutions illuminate substance abuse and depression risks, especially amid COVID-19-related pressures?**

We know this is a subject that's near and dear to your heart, Hank, and rightly so. These risks are considerable, and they bear heavily on mortality. Mental health and substance abuse can indeed be very hard for underwriters to root out when relying on traditional requirements alone.

Take this real and poignant example of a life insurance applicant in his mid-twenties: clean application, paramedical exam passed with flying colors, negative labs, and an APS that proclaimed him the picture of health. In 42 days, the carrier cleared him and issued a policy. IntelliScript collected and interpreted the electronic data on that very same applicant, and guess what we found in the medical claims codes? A heroin overdose. The data-driven solution brought that hidden deal-breaker to light in seconds.

These magnificent digital tools peer around corners and under rocks to find risks underwriters might otherwise miss. Claims codes show suicidal ideation and attempts, ED treatments for opioid overdoses, acute psychiatric inpatient care, visits to substance abuse facilities... And it's important to note that many alcohol and drug treatment providers don't have EHR systems at all, let alone those that integrate with HIEs and other health systems—but their treatments do turn up in the claims data.

The pandemic fallout has certainly made people more vulnerable to mental health and substance abuse struggles. And COVID-19 itself is a risk: studies show that those who have been diagnosed with it are more prone to anxiety and mood disorders. This is an opportune time to make use of data-driven solutions for help finding psychiatric risks, particularly as in-person exams and fluid collections are less tolerated by consumers.

**Underwriters do a lot of investigating and discerning to get to the essence of an applicant's risk. Do you think automation can ever equal or surpass human underwriters' intuition and experience?**

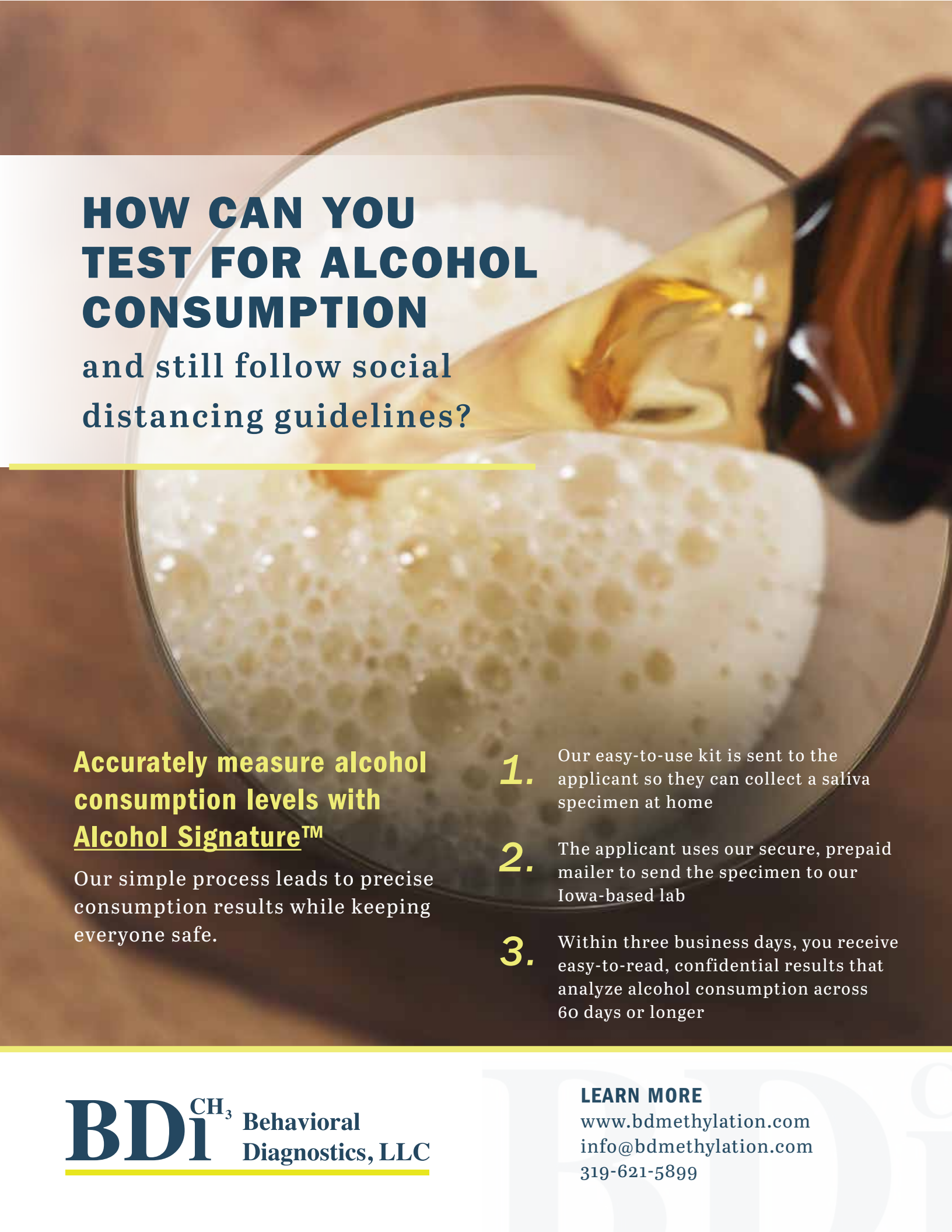
Well, Hamlet didn't say, "What a piece of work is automation! How noble in reason, how infinite in faculty..." Our insurtech is wondrous! But, it's not here to supplant underwriters' unique faculties. Its purpose is to assist them in carrying off these analyses with even greater precision and confidence.

Tradition's largesse leaves plenty of room for technology. Umpires go to the monitors, and we trace the speed and arc of a pitch in real time, and yet baseball remains baseball.

We'd be remiss not to mention the profession's succession threat. Underwriters are an endangered species and may soon feel the burdens of the looming shortage. We can help fill in the gaps with proven, reliable resources. Tools like Risk Score, for instance, which predicts relative mortality with mind-blowing accuracy, lend tremendous insight on risk assessment and selection. Taking advantage of the science will only heighten the underwriter's art. Insurtech is your ally.

*Thank you, Susanna, for doing this interview in such an erudite manner!*

*Susanna Gomon is the marketing manager at Milliman IntelliScript. She has 20 years' experience in corporate communications, marketing, and public relations, Susanna holds a B.A. in English from Gonzaga University.*



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## LONELINESS AND SOCIAL ISOLATION

We have 3 studies to share with you about the insurability implications of these 2 prevalent burdens.

Loneliness, we are told, is due to fewer social contacts than desired and/or the perception such contacts are of poor quality. It is typically measured with a questionnaire that scales its magnitude.

Social isolation (SI) is essentially objective, based on the absence of social contacts/relationships. A questionnaire is also used to assess SI.

The 1st of the 3 studies investigated the associations of loneliness and SI with certain chronic diseases, based on data from 2 Danish surveys.

Christiansen and 6 coworkers found that at study onset 18% of their 3566 subjects were lonely and 11% were socially isolated.

After 5 years, loneliness exhibited a "significant indirect effect" on CV disease, driven primarily by 4 risk factors: stress, insufficient sleep, daily smoking and obesity. The risk in lonely subjects was 30% higher than in those free of loneliness Social isolation also had an effect via 3 of the same drivers (excluding obesity), with a 24% greater CVD risk in those who met the criteria for SI.

Loneliness and social isolation had an even greater effect on the risk of diabetes, increasing DM odds by 98% and 56% respectively.

And those with both loneliness and SI fared even worse.

Stress is key here because it incites inflammation and excessive adrenergic activity.

**Bet on loneliness and social isolation contributing big time to the rising incidence of deaths of despair.**

The 2nd study involves team of 10 UK researchers dissected how death by suicide and hospitalization for self-harm are impacted by loneliness.

They used data from the UK Biobank and defined loneliness with 1 question: do you often feel lonely?

In men, loneliness doubled the odds of suicide and that was after adjusting for 9 cofactors including employment status, depression, BMI, alcohol use and smoking.

Loneliness was not a significant marker for suicide in women.

The likelihood being an inpatient because of self-harming behaviors were 1.6 and 1.9 times higher in lonely men and women respectively.

The 3rd study encompassed 6915 community dwelling participants age 50 and older in the Irish Longitudinal Study of Aging. Ward and his 5 fellow Dubliners analyzed the combined effects of loneliness and social isolation.

These investigators used a loneliness scale and a social network index.

They used their data to identify 4 groupings:

| Group | Loneliness | Social Isolation |
|---|---|---|
| 1 | High | High |
| 2 | Low | Low |
| 3 | High | Low |
| 4 | Low | High |

High = favorable score = little or no loneliness or SI
Low = unfavorable score = excessive loneliness or SI

36% of subjects were in Group 2, 26% in Group 1 and 19% each in Groups 3 and 4.

This is how the groups correlated with all-cause mortality:

| | Adjusted Hazard Ratio |
|---|---|
| Group 1 | 1.00 |
| Group 2 | 1.43 |
| Group 3 | 1.26 |
| Group 4 | 1.37 |

In other words, compared to those with little or no loneliness and social isolation (Group 1), those with excessive amounts of both (Group 2) had 43% higher all-cause mortality.

One of their closing observations is well worthy citing boldly:

"Loneliness and social isolation will have been impacted dramatically during the pandemic and this will have negative consequences for the physical and mental health of older adults."

Christiansen. Annals of Behavioral Medicine. 55(2021):203
Shaw. Journal of Affective Disorders. 279(2020):316f
Ward. Age and Ageing. E-published 2/11/21

## "CURED" HEPATITIS C AND GGT

Direct acting antiviral (DAA) drugs are now eradicating well over 90% of hepatitis C infections. However, curing the infection does not necessarily equate to eliminating existing liver damage or preventing progression to a fatal outcome.

In fact, there is a significant risk of hepatocellular carcinoma (HCC) for at least 10 years after achieving sustained viral eradication (SVR) with DAA.

A team of Warsaw hepatologists measured GGT and alfa-fetoprotein (AFP) in 111 subjects before and after attaining a SVR with no detectable HCV RNA.

Failure to have substantial GGT and AFP reductions correlated with a heightened liver cancer risk.

This is also true for advanced liver fibrosis (based on biopsy or liver elastography) even if AFP is normal.

Chronic HAA "cured" with DAA is obviously not a sensible candidate for accelerated underwriting. Therefore, we should have GGT and the aminotransferases (AST and ALT) on most cases.

If GGT is elevated - and doubly so when the aminotransferases are also raised - the heightened liver cancer risk must be carefully considered before taking favorable action.

Orzechowska. Clinical and Experimental Hepatology. 7(2021):93

# Join Your Worldwide Peers in the Fight Against Fraud

Amid the disruption of a global pandemic that has impacted countless people and communities around the world, insurance fraudsters have continued to pursue and often advance their destructive work.

To help ensure the industry stays connected in the fight against fraud, RGA will be hosting the **9th Annual RGA Fraud Conference virtually August 16-20**. The event will consist of two morning sessions each day and offers an agenda filled with the compelling, useful content you've come to expect. And as always, there is **no cost to attend**.

This year's presentation lineup features a full complement of subject matter experts covering today's most pressing fraud-related issues: the latest in schemes, detection techniques, and approaches to preventing pervasive insurance and financial fraud. Following record attendance in 2020, we plan to make this year's conference the best-attended RGA Fraud Conference ever, featuring fraud experts from across industries, functions, and geographies.

Register now to ensure you receive conference updates and login information for what promises to be an incredible event!

VIEW THE AGENDA AND REGISTER TO ATTEND
**rgare.com/fraud-conference**

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AUGUST 16 - 20 • ONLINE

## SMN IN CCS

SMN = 2nd malignant neoplasms

CCS = childhood cancer survivors

In 1980, I wrote a 100-page FALU thesis on this subject.*

4 decades later, the overall 5-year survival rate is > 80% for cancers diagnosed at age 18 or earlier. Which should translate to a noteworthy industrywide volume of CCS cases.

Lynch and his 7 University of Virginia associates focused on 3 specific second malignancies in CCS: breast carcinoma, colorectal carcinoma and cutaneous melanoma.

For each one, the mean age at diagnosis was far younger in childhood cancer survivors compared to controls with the same 3 neoplasms who did not have childhood cancer.

But what matters most to us are the age-adjusted hazard ratios for overall 5-year overall mortality, again as compared to control subjects.

| | Hazard Ratio |
|---|---|
| Breast | 3.38 |
| Colorectal | 2.45 |
| Skin Melanoma | 6.50 |

**Bottom lines:**

1. **Applicants surviving childhood cancers and then developing any of these 2nd malignancies have a much higher mortality risk.**

2. **Conventional guidelines for BC, CRC and melanoma are obviously insufficient to cover the risk in CCS.**

* For the record, back then you had to write a project paper to put FALU after your name. There was no "final exam" option. Trouble was, most underwriters had their fill of writing papers in university and thus we had miniscule FALU graduating classes each year. This changed abruptly with the embrace of the third exam in lieu of the paper.

Lynch. Journal of Surgical Oncology. E-published 2/11/21.

## COVID-19 UPDATE

Once again, we will refer to COVID-19 as C-19 in order to save space... plus wear and tear on my 2 warped, Heberden node-bearing typing fingers!

### Long C-19

"The term long covid embraces a wide spectrum of organ involvement, with no clear evidence yet to help inform efficient diagnostic pathways or specific treatments or to indicate probable prognosis."

Manoj Sivan et al
University of Leeds
British Medical Journal.
373(2021):n853

For these reasons plus its prevalence, long C-19 is now one of the most important factors determining insurability.

In a nutshell, the problem is we don't have much data on extent to which certain worrisome persistent/late manifestations will impact survival.

## Characteristics of Long-term Survivors

30 Columbia University investigators used EHRs to track 929 consecutive C-19 patients who survived after C-19 care at their facility between 3/1/20 and 4/8/20.

570 had at least 1 follow-up encounter for persistent symptoms over the ensuing 6 months, 282 of whom were seen on this basis after both 3 and 6 months.

The range of manifestations is based on the most common persisting symptom groups at 6 months:

| | |
|---|---|
| Cardiopulmonary* | 28% |
| Generalized** | 26% |
| Neuropsychiatric | 24% |
| GI or Urinary | 21% |

* #1 cardiopulmonary symptom was dyspnea
** Fatigue, myalgias, arthralgias, etc.

When sorted on the basis of limitations after 6 months, the importance of C-19 severity is evident:

| | COVID-19 | | |
|---|---|---|---|
| | **Mild** | **Moderate** | **Severe** |
| Reduced Mobility | 9% | 18% | 60% |
| Reduced Independence | 9% | 19% | 52% |
| Now Needing Dialysis | 2% | 3% | 6% |

Shoucri. BMJ Open. 11(2021):e0499488

## Persistent C-19 Symptoms

Nasserie and her Stanford team did a systematic review of post-C-19 symptoms. The threshold defining persistent was 60 days.

They dissected 45 studies with 9751 total C-19 patients. 72.5% reported at least 1 symptom still around after 60 days.

These are the 7 most common persistent symptoms:

- Shortness of breath/dyspnea
- Fatigue/exhaustion
- Cough
- Depression and/or anxiety
- Loss of smell (anosmia)
- Loss of taste (ageusia)
- Atypical chest pain

Cognitive outcomes were cited in 13 studies:

- 6 reported cognitive deficits
- 5 documented memory loss
- 4 found difficulty concentrating (dubbed “brain fog”)

Nasserie. JAMA Open. 4(2021):e2111417

A similar study was done by Hirschtick (University of Michigan) and her 7 associates.

They conducted a survey of community dwelling C19-surviving Michiganders.

| | **% 60-day Symptom(s)** |
|---|---|
| All C-19 Cases | 35% |
| Non-Hospitalized Cases | 27% |
| Mild Cases | 25% |

7 most prevalent symptoms after 60 days

| | |
|---|---|
| Fatigue | 53% |
| Dyspnea | 44% |
| Taste/Smell Deficit | 19% |
| Arthralgia/Myalgia | 18% |
| Weakness | 16% |
| Cough | 16% |
| Headache | 10% |

Hirschtick. Clinical Infectious Disease. E-published 5/19/21

We have one more new study on "post-acute" C-19.

A multidisciplinary Athenian team reviewed organ-specific post-acute C-19 sequelae. Here are some nuggets from their in-depth analysis:

- The correlation between C-19 severity and long COVID severity is poor.
- The most common symptoms in epidemiological studies have been fatigue, daily/persistent pain, dyspnea with any exertion and confusion.
- The lungs are the most common site of serious injury.
- Lung fibrosis is the worst of the lot and it can be detected just 3 weeks after C-19 onset regardless of acute C-19 illness severity.
- The effectiveness of respiratory and antiviral Rx in long COVID lung disease is unknown.
- Myocardial inflammation and/or scarring occurs in 15% to 60% in various studies, including both asymptomatic and mild cases.
- C-19 can exacerbate existing neurologic and immunologic disorders.
- The incidence of a neurological or psychiatric diagnosis in the following 6 months post-acute C-19 was 33% in a huge study.
- Blood abnormalities associated with heighten clotting risk are often sustained months after acute C -19 recovery.
- Acute Kidney injury is common in hospitalized C-19, often persists and it can culminate in chronic renal insufficiency.

Korompoki. Journal of Infection. E-published 5/13/21

**BOTTOM LINES**

1. **The inventory of post-acute C-19 symptoms with potential excess mortality continues to expand.**
2. **We cannot set viable underwrite practices at this time.**
3. **Companies that ignore these realities are likely to regret it.**

## Psychiatric Issues in C-19

10 colleagues at Australian National University sorted the risk factors for sustained high scores on depression (PHQ-9) and anxiety (GAD-7) rating scales.

Subjects surveyed multiple times.

These are the hazard ratios of persistent high scores:

| | High PHQ-9 | High GAD-7 |
|---|---|---|
| Any Mental Disorder Clinically diagnosed | 4.95 | 5.32 |
| COVID-Related Financial Distress | 3.29 | 3.88 |
| Any Neurological Disorder Diagnosis | 1.98 | 2.23 |
| Other Significant C-19-Related Issues | 1.93 | 1.89 |

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Not unusual to see 2, 3 or even all 4 in a given applicant's history!

Batterham. Medical Journal of Australia. 214(2021):462

Perlis (Harvard) and 7 peers used a monthly survey between May 2020 and February 2021 to compare major depression (MD) in individuals with vs. without a prior C-19 diagnosis.

Average responder age was 42. 6.5% had prior C-19 and 31.2% reported moderate or greater MD.

Several aspects of MD in those with prior C-19 get our attention:

- They were more likely to have delirium, which increases cognitive dysfunction
- They experienced more physical/functional manifestations of depression.
- They had a significantly higher suicidality risk.

Lastly, while one would expect depression symptoms to decline with greater post-acute C-19 intervals, just the opposite occurred in those prior C-19. Their inventory of moderate-to-severe depression symptoms increased!

Perlis. JAMA Network Open. 4(2021):e2116612

**Bottom Line: post C-19 moderate-to-severe depression and anxiety are poised to ratchet up the deaths-of-despair risk.**

## Prostate Cancer During C-19 Pandemic

Italian urologists reported the extent to which the burdens of the pandemic altered PC prognostic parameters.

Patients managed over a 12-month interval in 2020-2021 differed big time from those seen over the same duration prior to March 2020.

The number of care visits and biopsies declined steeply.

Unfortunately, just the opposite was true for adverse findings:

| | Before COVID-19 | During Pandemic |
|---|---|---|
| Advanced (pTG3b) Disease | 11.2% | 25.6% |
| Lymph Node Positive | 14.6% | 46.1% |
| Extra-nodal Metastases* | 5.9% | 9.3% |

* Bone, lung, brain, etc.

Count on excess prostate (and other cancer) deaths for at least the remainder of this decade.

Pepe. Anticancer Research. 41(2021):3127

## C-19 lineage B.1.1.7

3 scientists - 1 each from UK, Malaysia and Australia - looked to see if this variety of COVID-19 posed a greater risk.

To get this done they conducted a meta-analysis of the only 4 suitable studies done to address this question; all told over 2.7 million subjects.

Match against other C-19 variants, mortality was 45% greater when infected with B.1.1.7.

They called for B.1.1.7 screening of all C-19 cases, followed by aggressive monitoring and intervention if B.1.1.7 is present.

Does this higher risk variant also adversely affect the frequency and severity of Long COVID?

Unknown...

Siang Kow, Journal of Infection. E-published 5/13/21

## Aspirin in C-19

5 Indonesian cardiologists looked at whether an active prescription of aspirin prophylaxis (low dose daily) contributed to C-19 mortality odds.

They did a meta-analysis of 6 studies with 13,993 C-19 patients as subjects. Relative death risk 54% lower than in those not on aspirin.

A subsequent UK study did not evidence that aspirin educed mortality.

Then a narrative review of the literature confirmed a significant advantages in selected C-19 cases, mainly those deemed at higher risk for coagulation.

But they considered the matter of aspirin potentially reducing over-all C-19 mortality as unresolved due to conflicting data.

What we'd really like to know is whether prophylactic aspirin therapy has a beneficial effect on long COVID cases.

Martha. International Journal of Infectious Disease. 108(2021):6
Iacobucci. British Medical Journal. 373(2021):n1475
Sayed Ahmed. Family Medicine and Community Health. 9(2021):e000741

## C-19 and Commercial Flying

Air travel bans due to C-19 transmission risk are being at least partially rescinded,

Co-contributors from Australia, Malaysia, Nepal and South Africa have reported on the risk issues.

If seated within 2 rows of an infected person, risk of transmission by virus droplet is 6%. At greater distance, it drops to 2%.

Movement of passengers and crew also facilitates spread as does closing and opening of cabin doors.

60% of cabin air is drawn fresh from outside and the other 40% is filtered and recycled. A HEPOA filter is needed to do this as efficiently as possible. Most modern "bigger aircraft" have them. Less so for the smaller planes.

Their final statement is more (too?) encouraging:

"....evidence so far suggests a minimal risk of in-flight transmission of COVID-19...[that is, provided that]...travelers, crew members and airlines follow adequate COVID-19 safety measures."

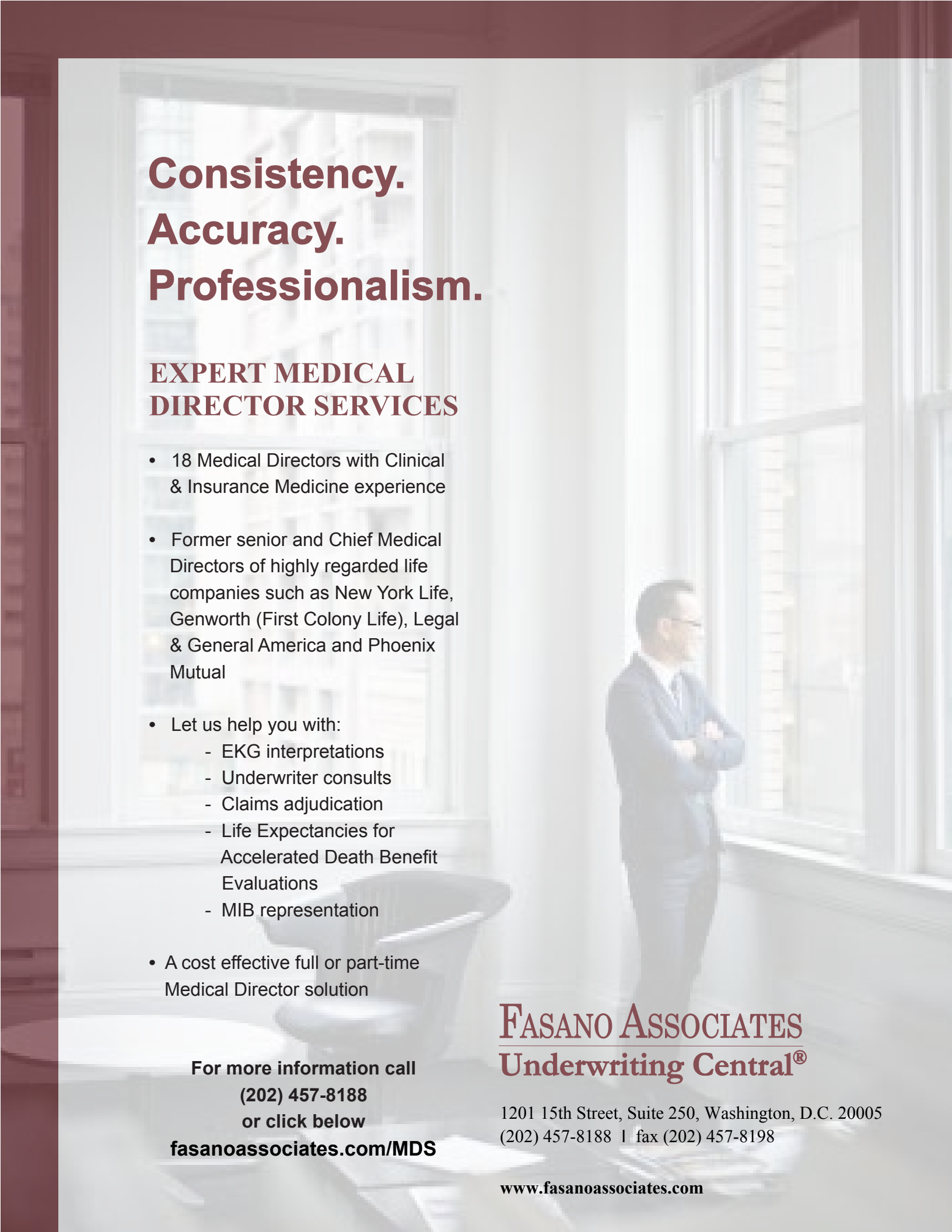
In other words, choose your point of departure carefully.

Bhuvan. Travel Medicine and Infectious Disease. Letter. E-published 6/7/212

## C-19 and ED

Kresch and 10 University of Miami coworkers have shown that C-19 can affect yet another bodily structure; on this occasion, one found solely in a male organ of variable circumstantially-mediated dimensions.

Urologists were advised to consider C-19 in their



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investigation of unexplained erectile dysfunction. Long COVID was mentioned as a context in which C-19 ED might be prevalent.

Kresch. World Journal of Men's Health. E-published 5/7/21

"Due to the purposeful lack of off-patent drug treatments, no cheap universal tests, inadequate contact tracing, and no comprehensive stage 3 trial surveillance of the mRNA [vaccines] the future is very murky, indeed."

BLOG posting by 'Vietnam Vet"

Good money says lack of essential stage 3 vaccine trials is what's going to come back to haunt us in the next 6 months to ? years.

**I hope you found worthy bits of information in this COVID-19 update.**

## ENDOMETRIAL POLYPS

These are focal neoplasms in the uterus.

- They may be single or multiple.
- They range in size from a couple of millimeters to several centimeters.
- They may be pedunculated (on a stalk) or sessile (on a wide base).
- Risk factors include older age, hypertension, high estrogen and especially tamoxifen use (30% to 60%)
- They are often associated with polycystic ovary syndrome, late menopause and chronic liver disease.
- Most are asymptomatic.
- #1 manifestation is abnormal uterine bleeding.
- Removal by polypectomy with hysteroscope for diagnosis.
- The overall recurrence rate is 3% but somewhat higher in cases with either multiple or hyperplastic polyps.

And most important, they are almost always benign.

Vitale and his coworkers wrote a guide to diagnosis and management.

What interests us is the risk of malignancy.

2 recent meta-analyses reported the combined risk of both premalignant and cancerous polyps ranged between 3.4% and 4.9% postmenopausal women vs. just 1.1% in premenopausal subjects.

Polyp size did not affect the odds of cancer, whereas the following were all statistically significant markers for heightened risk of malignancy, in this order in terms of comparative impact:

- Abnormal uterine bleeding
- Age > 60
- Diabetes
- Being postmenopausal
- Hypertension
- Obesity
- Tamoxifen use

When the patient is beyond child-bearing age hysterectomy with bilateral removal of both fallopian tubes and ovaries is done in those with atypical hyperplasia (sometimes just called "atypia"). In some cases younger women will choose this definitive approach if they do not intend to have children.

If a postmenopausal woman had abnormal uterine bleeding and the question of malignancy was not fully resolved, it makes sense to wait until either surgery has been

done or at least 6+ months have elapsed without further bleeding.

And also consider the aforementioned cancer risk in making your decision...

**...because - as we need to keep saying loudly and clearly - no 2 cases are ever identical, and our customers and our producers expect us to make the best decision possible based on all the facts!**

## BMI IN ACS SURVIVORS

Many survivors of acute coronary syndrome (unstable angina, MI) do not have major cardiac sequelae and thus eventually become insurable.

Therefore, studies that document major risk factors for post-ACS mortality should play a major role in framing our guidelines.

One such risk factor is BMI.

Ratwatte and 8 Aussie coworkers analyzed the impact of BMI on ACS outcomes in 8503 cases managed between 1999 and 2019.

First, a bit about underweight (BMI under 18.5) in ACS survivors:

- 61% are smokers compared to no more than 38% in the other 4 BMI subsets.
- They have more than twice the odds of peripheral arterial disease than any other BMI subset.
- They have the highest risk of severely reduced left ventricular ejection fraction (LVEF).
- As well as the greatest risks congestive heart failure, stroke and TIA

As if these major disadvantages weren't bad enough, low BMI survivors also had the poorest use rates for most CV drugs (both therapeutic and prophylactic)

Now, here are the odds ratios for all-cause mortality based on BMI:

| BMI Range | Mortality OR |
|---|---|
| < 18.5 | 2.71 |
| 18.5-24.9 | 1.00 |
| 25-29.9 | 0.65 |
| 30-39.9 | 0.43 |
| ≥ 40 | 0.58 |

Not much left to one's imagination here!

Morbid obesity conferred a higher death risk than less ostentatious obesity.

Nevertheless it correlates with a greater survival advantage than "normal weight" (18.5-24.9).

Whereas underweight is every bit as undesirable as you'd wager based on its aforementioned eye-opening disadvantages.

In the words of the authors:

"Ultimately, being underweight may be a surrogate for poorer overall health and frailty."

Actually, there is no "may be" about it!

Ratwatte. American Journal of Cardiology. 138(2021):11

## UNDIAGNOSED PANCREATIC DUCTAL ADENOCARCINOMA

Over 50,000 Americans are diagnosed with PDAC every year.

It is the deadliest prevalent solid organ malignancy, as evidenced by a 10% 5-year survival rate.

It is also said to be the most common cause of cancer death during our 2-year contestable period.

Baecker (CLA) and her 8 California coworkers studied 29,646 PDAC patients age 68 or older.

They sought out the factors that were present within 15 months prior to PDAC diagnosis. These are the ones significant enough to be deemed multivariate markers for undiagnosed cases:

| Risk Factor | OR |
|---|---|
| Chronic pancreatitis | 3.48 |
| Acute pancreatitis | 3.11 |
| Diabetes | 1.60 |
| Weight loss | 1.52 |
| Abdominal pain | 1.26 |

A combination of weight loss, diabetes and/or undiagnosed abdominal pain would be a prudent scenario to defer cover 6 months at ages 50+.

Baecker PLoS One. 14(2019):e0218580

## LENTIGO MALIGNA

Lentigo maligna (LM) is a form of melanoma in situ with distinctive characteristics.

Iznardo and his Barcelona dermatologist colleagues recently published a dandy review of lentigo maligna and its invasive relative.

Let's look at some of their pearls to better understand this tumor.

The most important fact about LM is that it can progress to LMM (lentigo maligna melanoma), an invasive malignancy.

Risk of progression ranges from 5% to 30% in various studies, increasing with time since discovery of the in-situ precursor.

The #1 risk factor for malignant change is large and/increasing size.

LM and LMM, taken together, represent < 10% of all pigmented neoplasms but 30% of those located on the head and neck.

The rest are mainly on the trunk in men and the extremities in women.

Persons with chronic sun damage are at higher risk. Which is consistent with LM/LMM being nearly twice as prevalent in Australia as compared to North America.

In addition to solar radiation, there are a number of proven risk factors for LM/LMM:

- Age > 60
- Large numbers of actinic keratoses
- Ditto for small dark skin patches called lentigines
- Prior basal and squamous cell skin cancers
- Rare genetic conditions such as xeroderma pigmentosum and porphyria cutanea tarda

Delays in diagnosis are common and nearly half of cases will be 1 centimeter or larger in diameter (which is not the same as measured thickness!).

All are eradicated by one of several methods including surgical excision, Mohs surgery and topical imiquimod cream.

Radiation therapy is a YELLOW FLAG often seen in recurrent LMs.

"Wait-and-see" is a RED FLAG (i.e., there is something else very wrong, such as multiple major comorbidities).

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The vast majority of correctly diagnosed LMs are curable and the few that are not need to be followed for potential malignant change.

Lentigo malignant melanoma (LMM) is underwritten essentially the same as a superficial-spreading melanoma with similar characteristics (thickness, mitoses, etc.).

Please read carefully (lest you fall prey to disinformation):

All invasive lesions plus those where invasive status is not fully resolved need full underwriting, including all path reports.

These potentially include:

- Excision
- 2nd surgeries to make sure they "got it all" (not uncommon)
- Lymph node biopsies (common in LMM) or dissections (RED FLAG!)
- 2nd opinions (quite common)
- 3rd opinions (becoming more frequent)

If you are dragooned into using a melanoma calculator, you have my sincere sympathies.

Because they undermine proper underwriting.

Iznardo. Clinical, Cosmetic and Investigational Dermatology. 13(2020):837

## DIASTOLIC BP IN TREATED HYPERTENSION

10 researchers from China studied 7515 adults with treated BP with a systolic BP (SBP) < 130 mm Hg. They sought to ascertain whether diastolic blood pressure (DBP) had risk implications in this setting.

Their subjects were participants in 2 major clinical trials, assuring a bounty of BP readings and other data. Mean subject age was 66.

They sorted their subjects in 5 groupings based on achieved DBP and found that smokers were least common and ex-smokers most prevalent when DBP was 60 mm Hg or lower

The primary outcome was a composite of all-cause death, cardiac mortality, nonfatal MI and nonfatal stroke.

These are the adjusted hazard ratios for that aggregation of 4 undesirable consequences based on mean diastolic BP.

| Mean DBP | Hazard Ratio |
|---|---|
| < 60 | 1.46 |
| 60-70 | 1.07 |
| 70-80 | 1.00 |
| 80+ | 1.24 |

The only statistically significant hazard ratio was the first one (DBP < 60).

As we've reported from BP studies done over the last 2 decades:

Low DBP is a RED FLAG for mortality in treated hypertension, most notably over age 60.

*What's in your calculator?*

Li. JAMA Network Open. 4(2021):e2037554

## ANOTHER EPIDEMIC

Sexually-transmitted disease (STD) cases "in the US have risen to historic highs" according to the CDC.

In 2019, there were 2.5 million reported cases of chlamydia, gonorrhea and syphilis.

*Reported?*

How many cases do not get reported to the CDC?

*Syphilis?*

For sure!

There has been a 6-year streak of rising incidences, including congenital syphilis due to subpar prenatal care and lack of treatment of young women known to have syphilis!

In fact, the main culprit for this trend was said to be "reduced access to care".

Most STDs are not or only rarely fatal.

Yet for us this is scant reassurance.

Decades of STD investigations have documented the high prevalence of major death risk factors such as smoking, drug abuse and potentially lethal infectious diseases.

I consider STD resurgence one of the emerging benchmarks for the relentless increase in American all-cause mortality.

News and Analysis. Journal of the American Medical Association. 325,20(May 25, 2021):2040

## MELANOMA LONG-TERM FOLLOWUP

"...even after a period of 5 years free of disease, a patient cannot be considered cured, thus demonstrating the importance of continued follow-up [in melanoma]"

Bernardo Balcalari, MD
Department of Dermatology
Valencia Institute of Oncology, Spain
*European Journal of Dermatology*
31(2021):192

At least 75% of pending cases I've been asked about since 2001 involved melanoma, with questions raised by consumers, producers, brokerage staff, home office underwriters... and progressive medical officers who can handle asking a lay underwriter a medical question!

One issue often gets ignored: adequacy of post treatment follow-up.

Not good, when you consider that sometimes it should be a RED FLAG deal-breaker!

Here is one set of melanoma patient follow-up guidelines:

| Stage | Follow-up |
|---|---|
| 0/IA | Exam every 6 months for 36 months |
| IB/IIB | Exam every 3-6 months and lymph node sonography every 6 months for 36 |
| IIC/IV | Exam, sonography, LDH every 6 months and CT and/or PET at various intervals |

And it doesn't end after 3 years in stages IB-IV, where they advise an exam every 6 months between years 4 and 10, followed by an annual

one every year thereafter.

The various sets of guidelines all differ in sundry ways, but that's the point.

What matters is that melanoma patients compliant with follow-up expectations are less likely to die from recurrences or new melanomas!

I favor questioning all applicants with invasive melanoma (and for that matter darned near all other cancers) about follow-up instructions and txo what extent they adhere to them.

No adherence in melanoma > stage 1A?

PP pending at least a current exam by a veteran dermatologist aware of the history!

Iznardo. Clinical, Cosmetic and Investigational Dermatology. 13(2020):837

## STUFF

**If you're a new reader: welcome!...and please know that STUFF is where we do smaller reports on all sorts of stuff underwriters may find interesting and God willing one day help out a tough case.**

### Prediabetes Matters

Swedish and Chinese researchers followed 2013 Swedes age 60+ for up to 12 years.

32.3% were prediabetic and 7.5% had DM.

After adjustments including the risk of future diabetes, prediabetics had:

- Decreased chair stand time
- Decreased walking speed
- Accelerated disability

All 3 correlate with higher mortality.

Prediabetic elders do not appear to be preferred risk candidates, at least those cases without adequate medical and functional assessment.

Shang. Diabetes Care. 44(2021):690

### Pain

Pain is a marker for increased morbidity, opioid exposure and in certain chronic contexts for higher mortality.

Bad news: 50.2 million adult Americans ( 21% of our post-adolescent population) have pain most or all days.

Independent of the risks conferred by the cause, pain begets a sedentary lifestyle.

We've only see a few thousand studies linking couch-potatoism to premature demise!

When applicants take any pain Rx on an extended and/or dose-escalating basis, it behooves us to ask questions.

Hopefully you won't get any demerits or equivalents thereof for doing your job.

Yong. Pain. E-published 4/2/21

### Endometriosis and Psychopathology

An American team of gynecologists reported on the prevalence of certain psychopathologies in 72,677 endometriosis patients.

These are the adjusted hazard ratios they calculated for patients compared to controls free of endometriosis:

| | Adjusted HR |
|---|---|
| Anxiety | 1.38 |
| Depression | 1.49 |
| Self-Directed Violence | 2.03 |

Depression was most common under age 35.

Estes. American Journal of Epidemiology. 190(2021):843

## Methylphenidate (MPH) for Geriatric Depression

Smith and her 3 colleagues did a review of the literature as regards using this ADHD drug to manage elder depression.

They found 5 prospective trials lasting 8 to 16 weeks where MPH was given as monotherapy or taken with the SSRI citalopram.

MPH was best used with citalopram. And in all cases MPH use should be short term.

If a depressed elder takes MPH, I would take a careful look at the Rx history to see if the applicant did not respond to more conventional drugs or if is another explanation that might explain MPH use.

Either way, "best case" status is unlikely and use of MPH continuously for over 6 months is a YELLOW FLAG.

## Dermatitis Artefacta

This is a rare dermatopathological condition wherein the patient deliberately creates skin lesions.

Not a pleasant experience for even the most incorrigible tattoo lovers.

It is most common in young females and often difficult to diagnose.

Ideally, these cases should be referred to and managed by psychiatrists.

Cerejeira. Dermatology Online Journal. 27(2021):2w2[letter]

## Benzene in Sunscreen

In the summers of my freshman and sophomore years in college, I worked for the small pharmaceutical firm where my dad was a shift foreman.

I ran a jumbo centrifuge and had oodles of contact with chemicals now proscribed for frequent/lengthy human exposure.

The worst of the lot was benzene.

I can still remember the odor. Sickening (no pun).

And I still grimace when I get a CBC, 55 years later.

Anyway, this potent carcinogen has now been found in sunscreens, with concentrations 3 times higher than the threshold for toxicity.

If you use sunscreen more than rarely, visit:

https://www.valisure.com/blog/valisure-news/valisure-detects-benzene-in-sunscreen/

## Paradise, Ayn Rand Style

On average, the CEO-to-worker salary ratio in 2020 was 830 to 1.

In 1965, it was 21 to 1.

In 1989, it was 61 to 1.

From 1978 to 2019, CEO compensation, including stock awards, rose 1,167%.

Typical worker pay at the same corporations increased by 13.7%.

**When is enough...**

**...enough?**

The Economic Policy Institute

## Psychotic Flies

Research at Bristol University has determined the genetic marker for schizophrenia in flies.

The schizophrenic flies partially responded to haloperidol (Haldol).

Which probably made them harder to swat with a rolled-up magazine!

Hidalgo. Transitional Psychiatry. E-published 5/19/21

***Hope you ferreted out a bit of value from this dose of STUFF!***

## QUOTES OF THE MONTH

*"Biden Concerned Ambitious Agenda Could Be Stalled By Him Not Really Caring If It Happens Or Not"*

The Onion

*"I served in all commissioned ranks from Second Lieutenant to Major-General. And during that period, I spent most of my time being a high class muscle-man for Big Business, for Wall Street and for the Bankers. In short, I was a racketeer, a gangster for capitalism."*

Major General Smedley Darlington Butler, USMC
The patriot who saved America from our 1st attempted fascist takeover 90 years ago

*"If conservatives become convinced that they cannot win democratically, they will not abandon conservatism. They will reject democracy."*

David Frum
President George W. Bush's speechwriter

*"Most Americans — 80% or so — live right at the edge, paycheck to paycheck. one small emergency away from total disaster...they can't get decent healthcare, affordable education [and] most will never retire...*

Umair Haque
https://eand.co/if-you-feel-powerless-its-probably-because-you-are-f24a5da61d06

# MOVIES

Finally, a world class American bingeables.

HBO hit a Hail Mary* with
**MARE OF EASTTOWN**
✪✪✪✪✪
a legit rival of the best bingeable ever:
the original Scandinavian version of **THE BRIDGE**✪✪✪✪✪.

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So rare an achievement as to garner the ultimate 6th star.

Already a great actor, Kate Winslet hit a perfect "10," resetting the bar for thespian excellence.

Doubt there'll be a sequel.

Can HBO even afford what Kate should rightly demand?

* A "Hail Mary" in American football is a long pass thrown on the last play of the game, which, if caught against huge odds results in miraculous victory.

- - - - -

I was telling my friend Jo about a Jeff Goldblum classic that "cost me big bucks [chest inflated] decades ago."

Then she said it is free on YouTube.

Massive deflation ensued...

https://www.youtube.com/watch?v=hh5NQG4l5YI&list=PLzY8m1u5A-Epeg5IMmvKji-lmzHYpPPvJ

Watch every minute of
**MR FROST**
✪✪✪✪✪
in a quiet room bereft of other knowable organisms and chew what it is that you chew, quietly (if only this once).

Jeff makes souffles that he throws away.

You see, the chap's deeply troubled; which becomes clear when front yard reeks of decompensation-driven methane farting.

Who (or what) is Mr. Frost?

Watch it up to his first chat with Alan Bates and you'll hold your water 'til the answer.

Which you may even understand.

- - - - - - -

When I clicked to tender up $6.99 I knew it was a grievous error.

75-year-old gits like me should rightly be barred from watching
**THE FATHER**
**NR***
Hopkins flawless portrays the relentless cognitive decline of Anthony, an 80- year-old Londoner, from searching for his watch to crying for his mommy.

I almost buy in when critics call it his best work. But who can say, when his irresistible force (Anthony) collides with his immovable object (Dr. Lector)?

Makes it that much tougher to ward off senility with a stiff upper lip and even moreso that

much easier to catastrophize every episode of forgetting.

Should come with a black box warning (akin to pharmaceuticals the FDA finds the guts to criticize) that bans viewing by geriatric loose cannons.

*NR = not rated due to escalating angst

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It has been 8 painful years since Jodie Walsh lost her 4-year son Daniel in

**THE DROWNING**

✪✪✪✪

In her car, stopped as kids flood the intersection bound for school, Jodie espies the eyes of a sad-faced lad who surely must be Daniel.

Her fixation begets obsession and thus relentless pursuit of the boy, who, as fate would have it, is said to be the child of a disturbingly strict father who ultimately hunts down Jodie to preserve his fatherly dominion.

Jodie "coincidentally" becomes the kid's music teacher and I expect to hear "Julliard"...but instead the battle for "Daniel's" trust reaches a fever pitch.

Then, episode 4 resets reality with a twist that has issues of a verisimilitudinous nature.

Top quintile bingeable; wholly enjoyable

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**SECRET STATE**

✪✪✪✪

went straight to video.

Egad, and to think I gave it 4 stars!

Gabriel Byrne, an Irishman if ever there was one, is cast as Tom Dawkins, who suddenly takes point at 10 Downing Street because the reigning PM succumbs to the suspicious inflight demise of a corporate jet...

...a plane that by all rights he should not have been on!

The archetypal hero of the many and not the elite few, Dawkins cuts a whisper-ridden path through stifling political machinations unleashed by greed and power. If you haven't seen such a bizarre environment, watch the evening news.

It is based on the novel A Very British Coup, which common sense says should have lent its title to this miniseries.

Stellar performances by Bryne, Charles Dance and Rupert Graves saved this series from self-deep sixing!

I loved it...just not the ending. Maybe I missed something but the critical factor in how it all plays out was not revealed.

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Thank you for being a Hot Notes reader.

If you think we can make it better, we're all ears.

Peace to you,

Hank

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