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# RI ARA

Affiliated with the Rhode Island AFL-CIO  
"Fighting for the future of our members"  
"NOW, more than ever!!!"



Publication 2016 / Issue 33  
Published in house by the  
RI ARA

## August 22, 2016 E-Newsletter

### Social Security is Under Siege and No One is Talking About It

CELEBRATING 81 YEARS OF  
SOCIAL SECURITY



"We can never insure one hundred percent of the population against one hundred percent of the hazards... but we have tried to frame a law which will give some measure of protection to the average citizen against poverty-ridden old age."

- President Franklin D. Roosevelt



On every paycheck you earn, you're made a promise. The money deducted for Social Security is a promise that protects us all against the risk of lost income for our family in the event of the disability or death of a breadwinner, and in retirement. Social Security isn't just a promise from the U.S. Government – it's a commitment we've made to each other.

Social Security helps everyone, from the retirees who receive benefits after decades of hard work, to millions of children who depend on it to survive. In 2014, 3.2 million American kids directly received Social Security benefits, mostly as the result of a parent passing away. It also serves as a lifeline to the 10 million workers who are too injured to work, or disabled.

Social Security has changed the lives of hundreds of millions of people. For 81 years, it has worked just as President Franklin D. Roosevelt intended, to "give some measure of protection to the average citizen and to his family against the loss of a job and against poverty-ridden old age." for millions of seniors, Social Security is their only form of income.

But powerful special interests and their wealthy allies in Congress are licking their chops in sight of the vast Social Security funds that currently serve one in six Americans. They want to gamble with our future by privatizing Social Security, letting it ride the stock market, and

handing more wealth to the Wall Street executives that sunk our economy just 7 years ago.

They're trying to increase the retirement age beyond when many of us are able to work. Don't be fooled: they say they want to cut benefits now to avoid cutting benefits later, but most Americans know not to go 'all in' on the stock market. We've seen it upend too many lives already.

But the second part of their plan is just as bad. In addition to cutting benefits, they want to limit our ability to access Social Security in our own communities by closing down or understaffing Social Security offices.

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#### Here's Their Plan:

The House Appropriations Committee cut President Obama's proposed budget for the Social Security Administration (SSA) by \$1.2 billion. If they get their way, SSA will be forced to operate on \$263 million less than it does now – even though it's already struggling to meet public demand.

**Six ways the agency, its employees, and the American people will be hurt if they get their way:**

- ◆ A 10-day furlough of all SSA employees

- ◆ An agency-wide hiring freeze
- ◆ A reduction in local office hours
- ◆ Permanent closing of many field offices
- ◆ Increases in wait times on the national 1-800 number and field offices
- ◆ An increase in processing time for benefits

So even though these lawmakers have not succeeded in reducing the amount of money on your Social Security checks or increasing the retirement age, they are making it harder for you to access your legally earned benefits now.

"It is irresponsible for the House of Representatives to think that shutting down SSA and punishing the public is warranted," said Witold Skwierczynski, president of AFGE's National Council of SSA Field Operations Locals. "Ten furlough days equates to a two-week shutdown of Social Security. This means that for two weeks, we will not take retirement, survivors, or disability claims."

They will not be able to address other issues either, like lost benefit payments and applications for Social Security numbers.

SSA employees would face double the abuse. Combined with lawmakers' efforts to cut Social Security benefits, SSA employees would lose income now due to the furlough and a lost future income when they retire if the benefits are cut.

"This is not the way to treat your employees and certainly not the way to lead the country," said AFGE President J. David Cox Sr. Cox said. "The goal of Social Security is to protect all Americans – the young, the old, the disabled -- this plan does exactly the opposite."

## Report: Walmart Workers Cost Taxpayers \$6.2 Billion In Public Assistance



Walmart's low-wage workers cost U.S. taxpayers an estimated \$6.2 billion in public assistance including food stamps, Medicaid and subsidized housing, according to a report published to coincide with Tax Day, April 15.

Americans for Tax Fairness, a coalition of 400 national and state-level progressive groups, made this estimate using data from a 2013 study by Democratic Staff of the U.S. Committee on Education and the Workforce.

"The study estimated the cost to Wisconsin's taxpayers of Walmart's low wages and benefits, which often force workers to rely on various public assistance programs," reads the

report, available in full here.

"It found that a single Walmart Supercenter cost taxpayers between \$904,542 and \$1.75 million per year, or between \$3,015 and \$5,815 on average for each of 300 workers."

Americans for Tax Fairness then took the mid-point of that range (\$4,415) and multiplied it by Walmart's approximately 1.4 million workers to come up with an estimate of the overall taxpayers' bill for the Bentonville, Ark.-based big box giant's staffers.

The report provides a state-by-state breakdown of these figures, as well as some context on the other side of the coin: Walmart's huge share of the nationwide SNAP, or food stamp, market.

"Walmart told analysts last year that the

company has captured 18 percent of the SNAP market," it reads. "Using that figure, we estimate that the company accounted for \$13.5 billion out of \$76 billion in food stamp sales in 2013."

Walmart spokesperson Randy Hargrove described this week's report as "inaccurate and misleading," referring to its use of extrapolated data and adding that public assistance program eligibility requirements vary from state to state.

"More than 99 percent of our associates earn above minimum wage," he said. "In fact, the average hourly wage for our associates, both full and part-time, is an average of \$11.83 per hour."

He said the company had no internal figures to share on the number of workers receiving public assistance."..[Read More](#)

## BREAKING: Republicans To Raise Medicare Eligibility Age For Seniors

Republicans in the U.S. House of Representatives unveiled an alternative plan to overhaul the nation's healthcare system on Wednesday, slamming Obamacare even as they aimed to keep some of its more popular provisions.

Their proposal, part of broader effort by House Speaker Paul Ryan to offer a Republican agenda ahead of the Nov. 8 elections, is conservatives' latest bid to "repeal and replace" the 2010 law.

Ryan, the country's highest-ranking elected Republican, is offering the proposal as the party seeks to maintain control of both the House and the Senate and take over the White House. Other proposals cover tax reform, address poverty as well as national security.

Republicans have challenged President

Barack Obama's signature Affordable Care Act since it was enacted and have voted repeatedly to repeal it. Obama, a Democrat, has said it has helped some 20 million Americans get health care coverage.

Ryan acknowledged his agenda was unlikely to displace current law anytime soon.

"We're not going to repeal Obamacare when the current president of the United States is a guy named Obama," he told reporters. "What we are laying out today is a first-time-in-six-years consensus by the Republicans in the House on what we replace Obamacare with."

In their plan, which is not formal legislation, House Republicans blasted Obamacare for limiting patients' choices,

increasing consumer costs, and burying employers and health care providers under new regulations.

Ryan's proposal would keep some popular pieces, including not allowing people with pre-existing conditions to be denied coverage and permitting children to stay on their parents' coverage until age 26.

It would also allow states that have already expanded the number of people eligible for Medicaid under the law to maintain the additional coverage, although it would prevent any new states from doing so....[Read More](#)



## New England ARA Chapters Regional Meeting



L-R Brendan Kelly, John A. Pernorio & Roger Boudreau

On August 12, 2016, the ARA New England Chapters help their Regional meeting in the AFSCME Council 94 hall.

We celebrated the 81st Birthday of Social Security & the 51st Birthday of Medicare & Medicaid.

Representatives from

the New England ARA Chapters, Brendan Kelly, ARA Field Director, our Congressional members, Social Security, Medicare & Medicaid, Dr. Joseph Boffa, ARA CAN Board Member and Mark Mancinho from the RI AFL-CIO attended the meeting.

Along with the birthday celebrations, we discussed the future of these important programs and what it means to retirees pass, present & the future.

Brendan Kelly discussed how the

upcoming election will impact retirees.

Helen Mulligan from Medicare, passed out information on new Medicare rules and the Observation Status that has concerned us.

Cathy LeBlanc from Social Security talked about the new [MySocialSecurity](#) web site for retirees.

A lunch was served from Eastside Market Place and the RI AFL-CIO picked up the bill. **THANK YOU.**

## Elderly Patients In The Hospital Need To Keep Moving



BIRMINGHAM, Ala. — Thelma Atkins ended up in the University of Alabama at

Birmingham (UAB) Hospital-Highlands after a neighbor in her senior living center ran over her feet with a motorized scooter.

Terri Middlebrooks, a nurse at the hospital, tried to figure out how active the 92-year-old Atkins was before the incident. "Are you up and moving at home?" she asked.

"I can manage, but I have to have help sometimes," Atkins replied.

Atkins said she uses a walker to visit friends and to get to the communal dining room. But she's also fallen a few times in recent years.

"Don't quit walking here,"

Middlebrooks told her. "It's the most important thing you can do. ... This bed is not your friend."

Middlebrooks is the coordinator of a unit designed to address the challenges specific to caring for the elderly. She told her new patient that throughout her stay, one of the main goals would be to keep her active.

The medical center's effort to get older patients up and moving while they are in the hospital is far from typical. Despite a growing body of research that shows staying in bed can be harmful to seniors, many hospitals still don't put a high priority on making them walk.

At UAB Hospital-Highlands' 26-bed geriatric unit, known as the Acute Care for Elders unit, or ACE, patients are encouraged to start moving as soon as they

arrive. The unit is one of a few hundred around the U.S. that is attempting to provide better and more tailored care to geriatric patients.

The hospital opened the unit in 2008 with the recognition that the elderly population was growing and that many older patients didn't fare well in the hospital. ACE units are based on the idea that if the unique needs of seniors are met, they will have better outcomes and their care will be less costly.

Research has shown that the units shorten patients' stays in the hospital, reduce their likelihood of returning too soon after discharge and make it less likely they will be sent to a nursing home....[Read More](#)

## Medicaid expansion leads to better healthcare outcomes, study finds

Medicaid expansion was associated with improved quality of care and health outcomes among low-income U.S. adults, a 22.7 percentage-point reduction in the uninsured rate, and increased access to healthcare services, according to a [study](#) published Monday in JAMA Internal Medicine.

The study researchers compared data from November 2013 through December 2015 on U.S. citizens in Kentucky, Arkansas, and Texas aged 19 to 64 years old with incomes below 138% of the federal poverty level.

Such expansion was associated with an increase of access to primary care (by 12.1 percentage points), according to the authors.

Expanding access to Medicaid services was one of the biggest milestones in the Obama's administration plan for healthcare reform. However, some states continue to forgo expansion plans. As of July 7, 31 states and the District of Columbia had expanded Medicaid, [according](#) to the Kaiser Family Foundation.

Kentucky opted to expand the program in 2014. More than [400,000 residents](#),

representing more than 10% of the state population, enrolled in Medicaid – an 87% increase in average monthly enrollment from 2013. Arkansas used Medicaid funds to purchase private coverage for low-income adults while Texas has not expanded the program whatsoever.

HHS Secretary Sylvia Burwell says it is [only a matter of time](#) before all states adopt expansions, citing a higher rate of hospital closures in non-expansion states; and the number of working people who are working and playing by the rules is something that is an important concept most people agree on," she said in February.

The Urban Institute last month [reported](#) the country's uninsured rate would decrease by an additional 5 million individuals if all of the remaining states were to adopt Medicaid expansion in 2017. Texas, Georgia, and Florida would have the biggest drops, according to the analysis.

Other notable study findings from the JAMA study show that Kentucky's expanded Medicaid program and

Arkansas' private option include reductions in ER visits, as well as increases in

outpatient visits, preventive care, and the number of adults who are reportedly in "excellent health." In addition, expansion was associated with quality of care ratings noting with a reduction in "fair/poor quality of care" by 7.1 percentage points.

"Aside from the type of coverage obtained, outcomes were similar for nearly all other outcomes between the two states using alternative approaches to expansion," the researchers concluded.

From a politics standpoint, the study doesn't paint a good picture for Kentucky's governor Matt Bevin (R) who earlier this year stated he would [reverse the state's Medicaid expansion](#). While he later toned down his promises and stated he would [seek a federal waiver](#) to make changes to the program, subverting a program associated with positive health outcomes for a large amount of voters can't be a good strategy for the health of a population.



## Successful Aging: A brain game that reduces dementia risk



Last week, M.J. wrote that she was frustrated with her physical limitations to exercise, feeling doomed both physically and mentally.

She asks, "Is it all downhill?"

We previously addressed the physical part of her question. This week, we'll focus on the mental aspect.

Keeping our memories sharp and our reasoning skills at their optimum has been addressed by well-marketed and big business enterprises — the brain game industry. The number of games available

is astounding. Writer Amber Hensley identifies online "100 awesome anti-aging brain games" and divides them into categories such as online brain sharpeners; puzzles and word games; video games; Wii games; board, card and strategy games; classic games online and more. Many claim to mitigate risks of dementia.

Henry Mahncke, CEO of Posit Science, says that there is only one problem with the brain games — the lack of sound scientific evidence. That's about to change.

At the recent Alzheimer's Association

International Conference in Toronto, Jerri Edwards, an associate professor in the School of Aging Studies at the University of South Florida, announced a breakthrough study that reduces the risk of dementia with compelling scientific evidence.

The study was conducted over a 10-year period with 2,802 healthy adults living in the community, age 65 and older. The bottom line: An exercise was found to cut the risk of dementia by 48 percent in people asked to train 14 hours....[Read More](#)

## How to Identify Alzheimer's Symptoms

On a beautiful summer day, Mr. M drove to his mother's house to take her for a walk at the botanical gardens. He called her when he left his house, which was 10 minutes away. Then when he arrived at the apartment, his mother was still in her pajamas, despite the fact that they had discussed the trip to the botanical gardens the night before. Mr. M's mother didn't ask who was at the door — she just opened it. Then, Mr. M noticed that his mother's apartment was filled with newspapers, and that there were multiple messages on her answering machine. When he played back the messages, he realized his mom's primary care office had been calling to schedule her annual appointment. There were also messages from a fraud detection

agency attempting to verify use on her credit card, and a follow-up message from the landlord in regards to the fire department coming to his mother's house earlier that week, a result of his mother's alarm going off due to her leaving the stove on.

Feeling troubled, Mr. M asked his mom if he could accompany her to her next doctor's appointment. At that appointment, Mr. M learned that his mom's blood pressure was elevated and that she could not name any of her medications, nor provide her pharmacy information. During the visit, he also learned that his mom's diabetes was poorly controlled. It was not that she had eye disease or poor dexterity, but that she

was having trouble with her memory and adherence to medication — and apparently had been for quite some time.

Cognitive impairment is unrecognized in 27 to 81 percent of affected patients in primary care. Patients with memory trouble may also be non-compliant with medical care.

The doctor remarked to Mr. M and his mother that they would be doing some testing and that he recommended Mr. M return with his mother during her next visit. He also mentioned that he would be providing all her medications in a "brown bag."...[Read More](#)



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

**Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"**

ADD  
YOUR  
NAME

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

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

ADD  
YOUR  
NAME

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

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

ADD  
YOUR  
NAME

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