



© RI ARA 2015  
All Rights Reserved

# RI ARA

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



Publication 2015 / Issue 04  
Published in house by the  
RI ARA

## January 26, 2015 E-Newsletter

### **Retirees Voice Satisfaction with State of the Union Address Paid Family Leave for All Workers Would Help Seniors**

*The following statement was issued tonight by Richard Fiesta,  
Executive Director of the Alliance for Retired Americans:*



"Members of the Alliance for Retired Americans listened to President Obama's State of the Union address on Tuesday night and voiced satisfaction with what they heard.

"The Alliance believes that paid family leave for all workers would benefit seniors, because their caretakers are often their working-adult children. Allowing medical leave for those caregivers would get the sick back to health more quickly, while also bringing the U.S. more in line with what other developed nations around the world allow.

"The expansion of Individual Retirement Accounts (IRAs), while well-intentioned, is not our preferred solution for improving retirement security. Retirees agree with those who say that 'you can't save what you don't earn.'

"An increase in the minimum wage, which the President supports, would do more for future retirement security. Higher wages would allow for more retirement savings and improve retirees' Social Security earnings. A higher minimum wage would also mean more money being paid into the Social Security Trust Fund, improving solvency projections. Overall, we need a new economy that works for all where increased productivity leads to higher wages.

"The Alliance does not support Fast Track trade authority. Proposed Fast Track legislation includes provisions that empower foreign drug makers to challenge drug pricing and preferences in programs like Medicare and Medicaid. That would raise drug costs for all Americans, especially hurting seniors. It could also delay the introduction of generics into the market, in turn raising drug prices.

"We are relieved that the President did not mention support for the chained CPI cut to earned Social Security benefits. Now, we must work to expand Social Security benefits."

### **Social Security Administration Announces Extended Field Office Hours**

The Social Security Administration (SSA) announced on Thursday that starting on March 16<sup>th</sup>, all Social Security Field Offices will be open an additional hour on Mondays, Tuesdays, Thursdays, and Fridays. Hours generally vary between offices, but this change will mean that most offices will now stay open to the public until 4pm on these days. Most offices will continue to close at noon on Wednesdays. These extended hours are a result of Congressional approval on the FY 2015 budget, which allocated money to keep these offices open for extended hours. SSA resources are also available at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling their assistance number, 1-800-772-1213.



### **SaveOurRetirement.com Launches to Prevent Conflicted Investment Advice**

On Tuesday, the AFL-CIO and coalition partners including AFSCME, Better Markets, the Consumer Federation of America, and the Pension Rights Center launched a new web initiative, [www.SaveOurRetirement.com](http://www.SaveOurRetirement.com). This website aims to educate retirees about loopholes in Department of Labor rules that allow financial advisors to give advice that furthers their own financial interests. These organizations want to change rules these so that retirees can be better protected from Wall Street financiers and others who put their savings at risk.

"This website has the potential to mobilize thousands of retired Americans in support of changing these rules," said Alliance Secretary-Treasurer Ruben Burks.

## Medicare, Medicaid leader Marilyn Tavenner resigns

Notifies her staff by email she is leaving as leader of Centers for Medicare and Medicaid Services



Marilyn Tavenner, head of the U.S. Centers for Medicare and Medicaid Services, plans to step down at the end of February, she told her staff in an e-mail, according to [Bloomberg News](#).

Officials in President Barack Obama's administration confirmed the resignation to [The Huffington Post](#).

They also said Andrew Slavitt, the agency's second-ranking official, will take over in an acting capacity.

In November, Bloomberg reported Tavenner acknowledged that her agency had made a mistake in its calculation of the number of people enrolled under Obamacare. About 393,000 individuals with both health and dental coverage were "inadvertently counted twice," she said in a letter to Representative Darrell Issa, a California Republican whose committee discovered the error.

Robert Pear of [The New York Times](#) notes, "She was a senior official at the [Medicare](#) agency, which insures one in three Americans and has an annual budget of more than \$800 billion, before she was [confirmed by the Senate](#) in May 2013 as administrator. Sylvia Mathews Burwell, the secretary of health and human services, accepted the resignation in a statement filled with praise for Ms. Tavenner."

Senate Finance Committee Ranking Member, Sen. Ron Wyden, D-Ore., released the following statement regarding Tavenner's announcement:

"Marilyn Tavenner has worked tirelessly and effectively to improve health care for millions of Americans as administrator of the Centers for Medicare & Medicaid Services at a time when the job was more difficult, complex and politicized than ever before.

"Most Americans do not know Ms. Tavenner or the job she is leaving after five challenging years. But more than 100 million Americans who are enrolled in Medicare and Medicaid, and countless others who have a family member or friend in these programs, benefit from her dedication, her steady hand and her stewardship of these touchstone programs.

"Ms. Tavenner has left an imprint in other ways too. One of the most significant came in 2014 when the number of uninsured Americans fell to its lowest rate since Gallup began tracking the statistic in 2008.

"Her contributions to health care policy improved the way health care is provided in every corner of this country. All of us should thank her for that service and wish her well."

---

## New England Teamsters & Trucking Industry Pension fund NOTICE OF CRITICAL STATUS

Under the Pension Protection Act of 2006 (PPA), a multiemployer pension plan generally will be considered to be in "endangered" status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent or in "critical" status if the percentage is less than 65 percent (other factors may also apply). If a pension plan enters endangered status, the Trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status, the Trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

On December 15, 2014, the Fund's Actuary certified to the U.S. Department of the Treasury and to the Board of Trustees that the Fund will be classified in the critical status category for the 2014 - 2015 Plan Year (which began October 1, 2014) due to an expected funding deficiency for the current year. Further the Fund was in Critical Status last year and, over the next 9 years, the Fund is expected to have an accumulated funding deficiency for all years.

The PPA permits pension plans in critical status to reduce, or even eliminate, benefits called "adjustable benefits" as part of a rehabilitation plan. The Fund offers early retirement subsidies, disability benefits (not yet in payment) and death benefits other than the Qualified Survivor benefits which are considered "adjustable benefits". The Trustees did eliminate some "adjustable benefits" in 2009 as part of the current rehabilitation plan. No other benefit reductions have been implemented since 2009. If the Trustees determine that further benefit reductions are necessary, you will receive a separate notice in the future identifying and explaining the effect of those reductions.

In an effort to improve the Pension Fund's funding situation, the Trustees adopted a Rehabilitation Plan on January 15, 2009 and updated that Rehabilitation Plan effective December 2013. In addition to certifying that the Fund remains in critical status for the 2014 - 2015 Plan Year, the Fund's Actuary certified that the Fund is making scheduled progress in meeting the requirements of its adopted Rehabilitation Plan.

The Multiemployer Pension Reform Act of 2014 was recently signed into law. This law will have a significant impact on many multi-employer pension funds across the country. It is not possible to determine what impact, if any, the law will have on this Pension Fund until all of the regulations are published and reviewed by our staff, attorneys and actuaries. It is our understanding, at this time, that the law would allow for the cutting of benefits for those pension funds facing immediate insolvency. Since the regulations may not be published for another six months or more, there is little to report. As soon as a determination is made as to what impact, if any, the law will have on this Pension Fund and its participants and retirees more information will be made available. The Trustees remain committed to seeking all available alternatives before any existing benefits are affected.

You may obtain a copy of the Pension Fund's Rehabilitation Plan and the actuarial and financial data that demonstrate any action taken by the plan toward fiscal improvement by contacting the plan administrator. Or you may obtain this information directly from the Pension Fund's website on the internet at <http://www.nettipf.com>.

## Despite efforts to keep senior citizens from falling, it seems to be more common

Study finds those who have fallen in last two years is more prevalent than in 1998



Falling is bad news for senior citizens - it is the most frequent cause of injury in older adults in the U.S. and leads to substantial disability and mortality. The really bad news is that despite increased cautions to seniors about these dangers the number of people 65 and older that are falling is increasing.

The prevalence among the elderly that say they have experienced a fall within the last two years has increased since 1998, according to a research letter published online by JAMA

Internal Medicine.

But, there is some good news and some indication that all the warnings extended to seniors are having some benefits. The researchers did not find an increase in injuries from falling.

“We expected an increase because older adults are getting older and there are more 80 and 90 year old adults than before, but we were very surprised to find that the increase in falls was not due to the changing demography,” says lead author Christine Cigolle, M.D., M.P.H., assistant professor in the departments of Family Medicine and Internal Medicine at the University of Michigan and a research scientist at the VA Ann Arbor Healthcare System Geriatric Research, Education and Clinical Center (GRECC).

“We saw a higher number of falls across all age groups - not just the oldest –and that was unexpected.” [Read More](#)

## Salt intake by seniors not linked to mortality, cardiovascular disease or heart failure

New study indicates salt consumption not as bad for senior citizens as many assumed

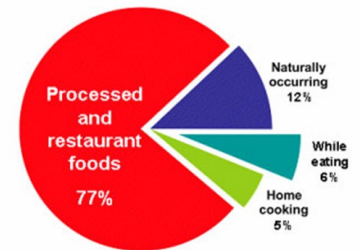
Most seniors like the taste of salt but are also aware of the frequent health warnings about consuming too much. A new study, however, has come up with a surprising finding - eating salt was not associated with mortality or risk for cardiovascular disease (CVD) and health failure (HF) in senior citizens.

The study published online by *JAMA Internal Medicine* is based on self-reported estimated sodium intake.

Data on sodium restriction among older adults are scarce, especially those with their blood pressure on target. Achieving a sodium intake of less than 1,500 mg/day as currently recommended for adults over 50 also is difficult for older adults in part because of long-held dietary habits. So the incremental benefit of restricting sodium to lower targets needs to be evaluated, according to background information.

Andreas P. Kalogeropoulos, M.D., M.P.H., Ph.D., of Emory University, Atlanta, and coauthors looked at the association between dietary sodium intake and mortality, CVD and HF in a group of 2,642 adults who ranged in age from 71 to 80 (51.2 percent of the participants were female and 61.7 percent were white)....[Read More](#)

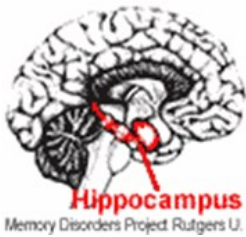
### Most Sodium Comes from Processed and Restaurant Foods



## Blood vessels in older brains break down, possibly leading to Alzheimer's

USC study finds breakdown in brain's memory and learning center

can be detected before cognitive loss begins, important implications for dementia patients



Another puzzle to preventing risks that can lead to Alzheimer's disease may have been solved by neuroscientists at the University of Southern California. The brain's protective blood barrier becomes leaky with age, starting at the hippocampus, a critical learning and memory center that is damaged by Alzheimer's disease.

Researchers at Keck Medicine of USC used high-resolution imaging of the living human brain to make this “first time” discovery.

The study indicates it may be possible to use brain scans to detect changes in blood vessels in the brain's hippocampus before they cause irreversible damage, which can lead to dementia characterized by progressive loss of memory, cognition and learning....[Read More](#)



## Living alone a deadly risk after stroke, especially for older men

People living alone are less likely to take medicine, wait longer to see doctor, live less healthy lives



A study of adults in western Sweden, who had experienced a stroke before the age of 70, found those who live alone are the most likely to die within 12 years but men have a considerably greater risk of dying prematurely than women or men who live with a partner.

As part of the Sahlgrenska Academy Study on Ischemic Stroke (SAHLISIS), Petra Redfors examined the long-term prognosis for 1,090 victims of ischemic stroke before the age of 70 and compared the results with 600 controls. It was presented in her doctoral thesis.

### Excess mortality

According to her findings, 36% of patients who were living alone, as opposed to 17% of those with partners, died within 12 years after a stroke. Among men, the gap widened to 44% when living alone vs. 14% when living with a partner.

Excess mortality associated with living alone was still found after adjusting for physical inactivity, high alcohol consumption, low educational level and other known risk factors.

“Among the conceivable causes are that people who live alone lead less healthy lives, are less prone to take their medication and tend to wait longer before going to the emergency room,” Dr. Redfors says.

“For the healthy controls, excess mortality was also greater among men, particularly those living alone.”

### Multiple risk

Cause also played a key role - having had a stroke due to large vessel disease, a blood clot from the heart or diabetes was an additional risk factor.

The study demonstrates that stroke victims faced 10 times as great a risk of recurrence within 12 years as healthy controls. The risk of myocardial infarction (heart attack) was twice as much.

“The pattern of excess mortality among people who live alone showed up here as well,” Dr. Redfors says.

“Among the other risk factors for recurrence were the severity of the original event, along with diabetes or coronary artery disease. Physical inactivity increased the risk of cardiac infarction after stroke.”

### Long-term cognitive loss

The thesis also found that a large percentage of stroke victims were still experiencing memory, concentration, cognitive and other loss at 7-year follow-up. Because many of them are of working age, the personal and social impact is enormous.

“Our results underscore the importance of intensive, long-term prevention among stroke patients, including medication for hypertension, diabetes and other underlying conditions, along with lifestyle changes,” Dr. Redfors says.

“Above all, serious consideration needs to be given to providing greater support and more thorough information for patients who are living

---

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 67 and Senate Concurrent Resolution 26 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 3118 & S 896**

ADD  
YOUR  
NAME

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

---

Rhode Island Alliance *for* Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525

401-722-2770 • [www.ri-ara.org](http://www.ri-ara.org) • [riarajap@hotmail.com](mailto:riarajap@hotmail.com) • <http://www.facebook.com/groups/354516807278/>