



January 9, 2017 E-Newsletter

THINK THIS LADY IS PISSED?

If you are over 50, you need to read this. If not, don't bother, you are already screwed.

Alan Simpson, the Senator from Wyoming calls senior citizens the Greediest Generation as he compared "Social Security" to a Milk Cow with 310 million teats. Here's a response in a letter from PATTY MYERS in Montana ... I think she is a little ticked off! She also tells it like it is!

"Hey Alan, let's get a few things straight!!!

1. As a career politician, you have been on the public dole (tit) for FIFTY YEARS.

2. I have been paying Social Security taxes for 48 YEARS (since I was 15 years old. I am now 63).

3. My Social Security payments, and those of millions of other Americans, were safely tucked away in an interest bearing account for decades until you political pukes decided to raid the account and give OUR money to a bunch of zero losers in return for votes, thus bankrupting the system and turning Social Security into a Ponzi scheme that would make Bernie Madoff proud.

4. Recently, just like Lucy & Charlie Brown, you and "your ilk" pulled the proverbial football away from millions of American seniors nearing retirement and moved the goalposts for full retirement

from age 65 to age, 67. NOW, you and your "shill commission" are proposing to move the goalposts YET AGAIN.

5. I, and millions of other Americans, have been paying into Medicare from Day One, and now "you morons" propose to change the rules of the game. Why? Because "you idiots" mismanaged other parts of the economy to such an extent that you need to steal our money from Medicare to pay the bills.

6. I, and millions of other Americans, have been paying income taxes our entire lives, and now you propose to increase our taxes yet again. Why? Because you "incompetent bastards" spent our money so profligately that you just kept on spending even after you ran out of money. Now, you come to the American taxpayers and say you need more to pay off YOUR debt.

To add insult to injury, you label us "greedy" for calling "bullshit" to your incompetence.

Well, Captain Bullshit, I have a few questions for YOU:

1. How much money have you earned from the American taxpayers during your pathetic 50-year political career?

2. At what age did you retire from your pathetic political career, and how much are you receiving in annual retirement benefits from the American taxpayers?

3. How much do you pay for YOUR

government provided health insurance?

4. What cuts in YOUR retirement and healthcare benefits are you proposing in your disgusting deficit reduction proposal, or as usual, have you exempted yourself and your political cronies?

It is you, Captain Bullshit, and your political co-conspirators called Congress who are the "greedy" ones. It is you and your fellow nutcase thieves who have bankrupted America and stolen the American dream from millions of loyal, patriotic taxpayers.

And for what? Votes and your job and retirement security at our expense, you lunk-headed, leech. That's right, sir. You and yours have bankrupted America for the sole purpose of advancing your pathetic, political careers. You know it, we know it, and you know that we know it. And you can take that to the bank, you miserable son of a bitch.

P.S. And stop calling Social Security benefits "entitlements". **WHAT AN INSULT!!!!**

I have been paying in to the SS system for 45 years "It's my money"-give it back to me the way the system was designed and stop patting yourself on the back like you are being generous by doling out these monthly checks .

EVERYONE!! If you agree with Patty Myers, says, please PASS IT ON!!!!

Resolution to Congress by John A. Pernorio, RI ARA President

Whereas members of Congress make a career out of politics serving their special interest, members of congress will be limited to; US Congressman, no more than 4 consecutive 2 year terms. US Senators, no more the 2 consecutive 6 year terms.

Social Security; Members of Congress will contribute to the Social

Security system (FICA) as all hard working people do. Upon reaching retirement age, Congressman & Senators will collect Social Security benefits in conjunction with the Social Security rules governing all other participating workers.

Healthcare; members of Congress will have a health care program compatible with the best health insurance

in the market place. Upon reaching retirement age, Congressman & Senators will be afforded the same Medicare & Medicaid benefits that are in conjunction with the Medicare & Medicaid rules that are in effect at that time.

This is just a start. Campaign reform is next. Too much corporate money in politics.

Social Security's maximum benefit: Is there any way you'll get it?



Most retirees need as much income from Social Security as they can get. That's what makes Social Security's maximum benefit so appealing: The prospect of getting the largest possible monthly benefit check from Social Security seems like an obvious solution to retirees' financial worries. Unfortunately, getting the maximum amount that Social Security will pay takes a lot of effort, and almost no one will be able to hit that theoretical maximum amount. Below, we'll look at Social Security's maximum benefit and why most people will inevitably fall short of receiving it.

What Social Security's maximum benefit is.

Each year, the Social Security Administration announces the maximum monthly Social Security benefit that's available to retirees. For 2017, the maximum benefit for someone retiring at full retirement age will be \$2,687 per month. That's up by \$48, or 1.8%, from 2016's maximum benefit of \$2,639 per month. On an annual basis, that amount will produce nearly \$32,250 in income in 2017.

However, one thing that affects the true maximum benefit from Social Security is the age at which you decide to file for benefits. The amount above assumes that you take benefits at full retirement age, which is 66 for those who were born in 1951 and are retiring in 2017. If you claim your benefits earlier than that, then you'll get less. For instance, if you claim

benefits at the earliest possible age of 62 in 2017, then your maximum possible benefit would be \$2,153 per month -- about a fifth less than the full-retirement-age maximum. On the other hand, if you turn 70 in 2017 and take benefits, then your maximum is much higher at \$3,538 per month.

This is because the longer you wait to claim your Social Security benefits, the larger they will be. This makes sense when you think about it. If you file for Social Security early, then you'll naturally get more checks during your lifetime, and thus the Social Security Administration compensates by reducing the amount of your monthly payments...[Read More](#)

Why you get your Social Security payment when you do

Ever wished you could get your Social Security check earlier or wondered why it comes when it does. It may not cross the minds of senior citizens who filed for benefits before May 1, 1997: they get their payment on the third day of the month, unlike more recent filers who get it on the second, third or fourth Wednesday of the month.

When are payment days if you filed for benefits May 1, 1997 or later?

If you file for Social Security benefits May 1, 1997, or later, you are assigned one of three new payment days based on the date of birth of the person on whose record your entitlement is established (the insured individual):

- ◆ The payment day for insured individuals born on the 1st through the 10th of the month is the **second Wednesday** of each month;
- ◆ The payment day for insured individuals born on the 11th through the 20th of the month is the **third Wednesday** of each month; and
- ◆ The payment day for insured individuals born after the 20th of the month is the **fourth Wednesday** of each month.

If the scheduled Wednesday payment day is a Federal holiday, payment is made on the preceding day that is not a

Federal holiday.

More about those who filed before May 1, 1997

Social Security payments are usually dated and delivered on the third day of the month following the month for which the payment is due. For example, payments for January are delivered on February 3.

If the third of the month is a Saturday, Sunday or Federal holiday, payments are dated and delivered on the first day preceding the third of the month which is not a Saturday, Sunday, or Federal holiday. For example, if the third is a Saturday or Sunday, payments are delivered on the preceding Friday.

When are you paid on 3rd of month, even if you filed on or after May 1, 1997?

You will receive your Social Security payment on the third of the month if you are any of the following:

- ◆ A beneficiary who also receives SSI payment;
- ◆ A beneficiary whose income is deemed to an SSI recipient;
- ◆ A beneficiary whose Medicare premiums are paid for by the state in which you live;
- ◆ A beneficiary living in a foreign country;

- ◆ A beneficiary entitled to payments on the third of the month, who later became entitled on another record, as long as there is no break in your entitlement;
- ◆ A recipient of garnished payments, tax levy case payments, or payments made via the critical payment system; or
- ◆ A beneficiary entitled on the same record as one of the above.

Can payment days be changed?

If you are paid on the third of the month, you can volunteer to change your payment day as long as all beneficiaries receiving benefits on your record agree. The date-of-birth formula determines the payment cycle for beneficiaries. The decision to change to a cycled payment day is permanent.

When are payment days for SSI?

SSI payments are usually dated and delivered on the first day of the month that they are due. However, if the first falls on a Saturday, Sunday, or Federal holiday, they are dated and delivered on the first day preceding the first of the month that is not a Saturday, Sunday, or Federal holiday.

[Click here to view the 2017 Schedule of Social Security Benefit Payments.](#)



Aging population faces challenges in aging homes



Within the next few decades, rural areas will see more growth in the 65-and-older population than urban areas, according to a report from the Urban Institute. Many of the homes in rural areas are aging fast as well, and these aging homes may not be suitable for elderly homeowners.

The report suggests that urban population growth will outpace rural population growth, which could shift the focus on new and updated housing away from rural areas. The report calls for increased rehabilitation of aging homes in

rural areas, and for increased training and capital for rehabilitation projects. Moving into smaller, newer homes may also be better for seniors. And expanding **home equity** programs to allow older homeowners who are still mobile to tap into home equity and update properties could be helpful.

“The number of aging homes that are good candidates for rehabilitation is expanding much faster than new households throughout rural America, making this rehabilitation need urgent,” the report said. “Many households can make the investments themselves, and installing energy-efficient systems can offer savings. And as demand grows for

home retrofits, so will the experience of local contractors and the **building industry** more broadly, increasing innovation and decreasing cost.”

According to the 2016 Aging-in-Place Report released recently by HomeAdvisor, 61% of homeowners age 55 and older plan to remain in their homes indefinitely. This report also recommends that homeowners who want to **age in place** prepare to do so by making certain upgrades. But what’s needed is more education that explains what it means to not just age in place, but also to “thrive in place,” says the report....

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Hospitals And Surgery Centers Play Tug-Of-War Over America’s Ailing Knees

Five years ago, Dr. Ira Kirschenbaum, an orthopedic surgeon in the Bronx who replaces more than 200 knees each year, would have considered it crazy to send a patient home the same day as a knee replacement operation.

And yet there he was this year, as the patient, home after a few hours. A physician friend pierced his skin at 8 a.m. at a Seattle-area surgery center. By lunch, Kirschenbaum was resting at his friend’s home, with no pain and a new knee.

“I’m amazed at how well I’m doing,” Kirschenbaum, 59, said recently in a phone interview, nine weeks after the operation.

What felt to Kirschenbaum like a bold experiment may soon become far more

standard. Medicare, which spends several billions of dollars a year on knee replacements for its beneficiaries — generally Americans 65 and over — is contemplating whether it will help pay for knee replacement surgeries outside the hospital, either in free-standing surgery centers or outpatient facilities.

The issue is sowing deep discord in the medical world, and the debate is as much about money as medicine. Some physicians are concerned that moving the surgeries out of hospitals will land vulnerable patients in the emergency room with uncontrolled pain, blood clots or other complications.

But proponents of the change say it can give patients more choice and potentially

better care, as well as save Medicare hundreds of millions of dollars. Already, an “overwhelming majority” of commenters said they want to allow the surgeries out of hospitals, according to recent rule-making documents.

The final decision, which could come within a year, would also act as a test of sorts for Donald Trump and his new administration. They will weigh whether to limit government controls, as Trump has often suggested, or to bend to pressure from hospitals and doctors, many of whom oppose the change....[Read More](#)



When Looking For A Nursing Home, You May Get Little Help From Your Hospital



At age 88, Elizabeth Fee looked pregnant, her belly swollen after days of intestinal ailments

and nausea. A nurse heard a scream from Fee’s room in a nursing home, and found her retching “like a faucet” before she passed out.

The facility where she died in 2012 was affiliated with a respected San Francisco hospital, California Pacific Medical

Center, and shared its name. Fee had just undergone hip surgery at the hospital, and her family, pleased with her care, said they chose the nursing home with the hospital’s encouragement.

Laura Rees, Fee’s elder daughter, said she was never told that the nursing home had received Medicare’s worst rating for quality — one star. Nor, she said, was she told that state inspectors had repeatedly cited the facility for substandard care, including delayed responses to calls for

aid, disrespectful behavior toward patients and displaying insufficient interest in patients’ pain.

“They handed me a piece of paper with a list of the different facilities on it, and theirs were at top of the page,” Rees said in an interview. “They kept pointing to their facility, and I was relying on their expertise and, of course, the reputation of the hospital.”...[Read More](#)

When Friends Become Caregivers



As a growing proportion of America goes gray, the demand for **caregivers** is increasing.

Caregivers help loved ones **age in place** and assist adults of all ages to **manage chronic conditions** and deal with physical or mental disabilities. And though most often those duties fall to family, research shows that sometimes it's friends and neighbors who take on the role of caregiver.

“Caregiving in the U.S. 2015,” a report conducted by the nonprofit National

Alliance for Caregiving and AARP, found that while 85 percent of caregivers were a relative, 10 percent were friends, 3 percent were neighbors and 2 percent were another non-relative. “There are a lot of people who have no other family, and so their friends, their neighbors are the people they’ll turn to,” says Gail Gibson Hunt, president and CEO of the National Alliance for Caregiving. It might start with something as simple as taking a neighbor to the grocery store or picking up that person's groceries, she says, and then extend to taking that individual to the doctor or advocating for him or her in health-related matters.

“As the population ages, there’s an increasing proportion of adult children who are taking care of their aging parents,” says **Melinda Abrams**, vice president for delivery system reform at The Commonwealth Fund, a health care and policy foundation. “But as families no longer live in the same community, there’s also an increasing proportion of non-family members, such as friends, neighbors, community members who are volunteering and helping to take care of their elderly, aging and disabled neighbors.”...**Read More**

Keeping Lonely Seniors Company Can Help Keep Them Healthy

Emil Girardi moved to San Francisco on New Year’s Eve in 1960. He loved everything about the city: the energy, the people, the hills. And of course, the bars, where he mixed drinks for most of his adult life.

About 10 years ago, the 83-year-old New York native had a stroke and collapsed on the sidewalk near his Nob Hill home. Everything changed.

“I didn’t want to go out of the house,” Girardi said, adding he only felt comfortable “going from the bedroom to the dining room.”

He started to fear the city’s streets — and growing older.

An out-of-state friend worried about his isolation and called a San Francisco-based nonprofit called Little Brothers, Friends

of the Elderly. The organization works to relieve isolation and loneliness among the city’s seniors by pairing them with volunteers.

Little Brothers matched him with Shipra Narruhn, a computer software trainer who became involved with Little Brothers after her mother’s death. The organization started in France after World War II and now operates in several U.S. cities, including Chicago, Philadelphia and San Francisco.

Cathy Michalec, the executive director of the local nonprofit, said older adults often become less mobile as they age. Cities like San Francisco, because of their hills, crowded streets and old housing stock, are difficult for many seniors. That can lead to isolation and loneliness, she

said.

“Those 50 stairs you used to be able to go up and down all the time, you can’t go up and down all the time,” said Michalec. “The streets are crowded and sometimes unsafe. ... Sometimes, our elders say, it’s easier to stay in the house.”

Across the nation, geriatricians and other health and social service providers are growing increasingly worried about loneliness among seniors like Girardi. Their concerns are fueled by studies showing it is linked to serious health problems....**Read More**



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

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SIGN THE PETITION!!!!**