



Trump-Pence: A Ticket to Retirement Insecurity



Rich Fiesta

Richard Fiesta, Executive Director of the Alliance for Retired Americans, released the following two statements regarding

Donald Trump's selection of Indiana Governor Mike Pence as his Vice Presidential nominee:

Selection of Mike Pence as Vice Presidential Nominee Cements Seniors' Worries that Trump would cut Social Security, Medicare

"Donald Trump's choice of Governor Mike Pence as his running mate locks in place a team that endangers the things that retirees care about the most: the protection and expansion of their earned Social Security and Medicare benefits.

"As a member of Congress between 2001 and 2012 then-Rep. Pence voted against the retiree-friendly position on almost every issue. That is why he received just a 3% Lifetime Pro-Retiree

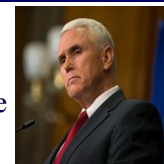
Score in the Alliance for Retired Americans Voting Record.

"Included among those votes was support for the Paul Ryan Republican budget, which would end Medicare as we know it by turning it into a voucher system, shifting thousands of dollars in health care costs to seniors. That means Governor Pence would make older workers, who have trouble finding health insurance in the private marketplace, wait until they reach age 67 to qualify for Medicare benefits.

"In November, 2010 Pence told CNN's Wolf Blitzer, 'I think it's imperative – absolutely imperative – whether its Social Security, Medicare, or Medicaid... with regard to entitlements, we're going to have to take some deep cuts in domestic spending.'

"Both Mr. Trump and Governor Pence have also vowed to repeal the Affordable Care Act. Were that to happen, seniors would lose the preventive care that allows

them to be screened free of charge for blood pressure and cholesterol issues, Type 2 diabetes, colorectal cancer, osteoporosis, breast cancer, and prostate cancer.



Mike Pence

"Since Mr. Trump became the presumptive nominee, he's been backing away from his pledge not to cut Social Security. Sam Clovis, Trump's chief policy advisor and – like Governor Pence – a longtime supporter of privatizing Social Security, said in May that 'a Trump administration would be open to reductions in Medicare and Social Security spending.' The selection of Governor Pence is another major step in that de-evolution. The Alliance for Retired Americans will do all it can before Election Day to educate seniors on the Trump-Pence plans for seniors. Choosing Governor Pence has made our job a lot easier."

Statement two below

Donald Trump and the Republican National Convention just ratified the most conservative, right-wing Party platform in history. Despite repeated assurances from Trump that he will "never cut Social Security," **the official Republican Platform uses coded language to covertly attack Social Security such as:**

"Of the many reforms being proposed, all options should be considered to preserve Social Security. As Republicans, we oppose tax increases and believe in the power of markets to create wealth and to help secure the future of our Social Security system."

These Republican talking points are code for privatizing Social Security and

gambling away your money on Wall-Street. And "preserving" Social Security through benefit cuts and raising the retirement age.

In the past, Donald Trump has called Social Security a "Ponzi scheme" and recommended raising the retirement age to 70. This is perfectly in line with Wall Street's demonization of the program and repeated attempts to get their greedy hands on Americans' hard earned guaranteed retirement benefits.

While Trump publicly proclaims support for Social Security, one of his top advisors is privately telling Paul Ryan and others, "I think after the administration's been in place, then we will start to take a

look at all of the programs, including entitlement programs like Social Security and Medicare."

This is in stark contrast to the Democratic Party's platform – which for the first time includes expanding Social Security benefits – as well as Secretary Hillary Clinton's calls for expansion.

We can never let Republicans cut or privatize Social Security—we should protect and expand it. – Hillary Clinton versus

"With regard to entitlements we're going to have to take some deep cuts." – Mike Pence, Republican Vice Presidential Nominee.

Social Security Workers' Union Blasts House Republicans Vote to Shutdown Social Security



WASHINGTON, July 19, 2016 /PRNewswire-USNewswire/ -- The American Federation of Government Employees (AFGE) National Council of SSA Field Operations Locals (NCSSAFOL) is warning the public and Social Security beneficiaries of the danger of the U.S. House of Representatives Appropriations Committee's decision to cut President Obama's proposed budget request for the Social Security Administration (SSA) by \$1.2 billion, \$263 million below the Fiscal Year 2016 spending level.

Witold Skwierczynski, President of the NCSSAFOL, states that the House budget cuts will result in a ten-day furlough of all SSA workers, an agency-wide hiring freeze, a reduction in local field office hours, permanent closing of many field offices, increases in wait

times on SSA's National 800 number and field offices, and an increase in processing times for benefits.

"This is an outrageous attack against Social Security programs," states Skwierczynski. "This will make it hard for the people who have paid taxes for this program to get their benefits and deal with the SSA and other issues."

The Social Security Administration's administrative budget costs are seven tenths of one percent (.7%) of beneficiary outlays. These costs make SSA the most cost effective program in the US government and private sector alike.

"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. We will not be able to address lost benefit payments, changes to

benefits, process applications for Social Security numbers, collect overpayments, engage in program integrity work, and more. It is irresponsible for the House of Representatives to think that shutting down SSA and punishing the public is warranted," states Skwierczynski.

Skwierczynski states, "AFGE highly recommends that the public weigh in on this vote, which was supported solely by the House Republicans in the Appropriations Committee. Members of Congress are returning to their districts for the next 7 weeks; perhaps they need a call to remind them whom they represent!"

The AFGE National Council of SSA Field Operations Locals represents 28,000 employees in 1250 Social Security field offices and 28 Teleservice Centers across the country, including Puerto Rico, and the Pacific Islands.

Social Security Administration Faces Record-High Workload with Fewer Resources

Congress is refusing to allow the Social Security Administration to devote adequate funding to its operating budget - and that has serious consequences for beneficiaries.

On July 13, 2016, Rep. **Mike Quigley** (D-IL) introduced an amendment to increase SSA's operating funds. It was rejected in a party line vote - every Republican present voted "no."

The worst part? These operating funds come from workers' payroll taxes, not general revenue. And SSA is already run extremely efficiently, spending under a penny in administrative costs for every dollar in benefits (far below any counterpart private program.) Congress is preventing the agency from using its own dedicated funds in a sensible manner.

Social Security Administration Faces Record-High Workload with Fewer Resources

SSA's core operating budget, which pays for determining eligibility for retirement, survivor, and disability benefits, paying benefits accurately and on time, responding to questions from the public, and updating benefits when circumstances change, has shrunk by 10 percent since 2010. Here are some of the human consequences of the cuts:



Deterioration in phone service

Because of budget cuts, callers to SSA's 800 number wait over 15 minutes for a live agent — if they get through. Nearly 10 percent of callers receive busy signals.



Cuts to field office staff and hours

In-person service also suffered as staffing declined. SSA has cut field office hours and has closed 64 field offices and 533 mobile offices since 2010. Many applicants wait a month or more for an appointment.



Backlogged Disability Insurance claims

During the Great Recession, the number of Disability Insurance applications — and rejections — spiked. Yet budget cuts forced applicants who appeal their rejections to wait a year and half for a hearing and led to a backlog of more than 1 million cases.

Medicare Prepares To Go Forward With New Hospital Quality Ratings



Despite objections from Congress and the hospital industry, the Obama administration

said it will soon publish star ratings summing up the quality of 3,662

hospitals. Nearly half will be rated as average, and hospitals that serve the poor will not score as well overall as will other hospitals, according to government figures released Thursday.

The government says the ratings, which will award between one and five stars to each hospital, will be more useful to

consumers than its current mishmash of more than 100 individual metrics, many of which deal with technical matters. The hospital industry, however, fears the ratings will be misleading and oversimplify the many types of care at the institutions.... **[Read More](#)**

Palliative Care Sometimes Adds To Families' Stress Burden, Study Finds



Palliative-care counseling from trained specialists is not routinely needed for all families of patients

with chronic critical illnesses and sometimes it might worsen their emotional distress, cautions **a recent study**.

Habitually providing scarce palliative care services to cases indiscriminately may be ineffective when the meetings are limited to just one or two sessions, reported researchers in the July 5 issue of JAMA.

Family caregivers were no less depressed or anxious when they received

only routine counseling from staff members in intensive care units, researchers found. With further support and training, ICU teams could deliver primary palliative care for surrogate decision makers of some patients, they suggested.

Palliative care specialists provide information and emotional support to patients suffering from serious chronic illnesses, such as cancer and cardiac disease, and their families, to try to improve the quality of life for both.

Dr. Shannon Carson, the study's lead author and the division chief of Pulmonary Diseases & Critical Care Medicine at the University of North Carolina's School of Medicine at Chapel

Hill, said ICU clinicians can provide palliative care when they have the experience, training and time, but time can be limited for physicians burdened by heavy caseloads.

The study compared two groups of families of patients with chronic critical illnesses who had been on mechanical ventilators for a week. One group participated in two structured meetings for information and emotional support with teams of specialists — a palliative care physician, a nurse practitioner, possibly along with chaplains and social workers — and also received normal counseling from ICU staff. The second group only had routine family meetings with ICU teams...**[Read More](#)**

Few Young Doctors Are Training To Care For U.S. Elderly

By Kara Lofton, West Virginia Public Broadcasting

At Edgewood Summit retirement community in Charleston, W.Va., 93-year-old Mary Mullens is waxing eloquent about her geriatrician, **Dr. Todd Goldberg**.

"He's sure got a lot to do," she said, "and does it so well."

West Virginia has the third oldest population in the nation, right behind Maine and Florida. But Goldberg is one of only **36 geriatricians** in the state.

"With the growing elderly population across America and West Virginia, obviously we need healthcare providers," Goldberg said.

That includes geriatricians —

physicians who specialize in the treatment of adults age 65 and older — as well as nurses, physical therapists and psychologists who **know how to care** for this population.

"The current workforce is inadequately trained and inadequately prepared to deal with what's been called the silver tsunami — a tidal wave of elderly people — increasing in the population in West Virginia, across America and across the world really," Goldberg said.

The **deficit** of properly trained physicians is expected to get worse. **By 2030**, one in five Americans will be eligible for Medicare, the government

health insurance for those 65 and older.

Goldberg also teaches at the Charleston division of West Virginia University and runs one of the state's four geriatric fellowship programs for medical residents. Geriatric fellowships are required for any physician wanting to enter the field.

For the past three years, no physicians have entered the fellowship program at WVU-Charleston. In fact, no students have enrolled in any of the four geriatric fellowship programs in West Virginia in the past three years...**[Read More](#)**



Fraud Concerns Emerge As Compounding Drug Sales Skyrocket



Government spending on "compounded" drugs that are handmade by retail pharmacists has skyrocketed, drawing the attention of federal investigators who are raising fraud and overbilling concerns.

Spending on these medications in Medicare's Part D program, for example, rose 56 percent last year, with some of the costliest products, including topical pain creams, priced at hundreds or

thousands of dollars per tube. The federal workers' compensation program has also seen a recent spike in spending.

The spending jump, along with a sharp increase in the number of patients getting the compounded drugs "may indicate an emerging fraud trend," said Miriam Anderson, who helped **oversee a June report** on the Medicare spending by the inspector general's office at the Department of Health and Human Services.

Some of the prescriptions may not have

been medically necessary — or even dispensed at all, notes the report, which also details recent fraud cases brought by U.S. attorneys in several states.

The practice of compounding drugs, which is done by mixing drugs in pharmacies or special compounding centers by licensed pharmacists, is as old as the pharmacy profession itself. By creating specifically tailored medications, compounding is aimed at patients who can't take commercially available, FDA-approved medications...**[Read More](#)**

Tracking Cancer In Real Time



California is overhauling the way it collects information for its massive cancer database in the hope of improving how patients are treated for the disease.

Pathologists at a dozen hospitals in the state are part of a pilot project — the first of its kind in the United States — in which they are reporting cancer diagnoses in close to real-time to the California Cancer Registry. And they are using standardized electronic forms to make their reporting more consistent and accurate.

That represents a significant change for the registry, which traditionally relies on data up to two years old.

Physicians and researchers say the

state's partnership with St. Joseph Health in Orange County and UCSF Benioff Children's Hospital in Oakland could become a model for cancer registries in other states. The changes in California are in line with Vice President Joe Biden's "cancer moonshot," which is intended, among other things, to facilitate cures through better data sharing, they said.

California's registry, run by the state Department of Public Health, has amassed data on more than 4.5 million cancer patients since it began collecting information in 1988. It contains data on cancer diagnoses, including the type and extent of the cancer, screening, patient demographics, initial treatments and outcomes.

If the cancer registry had current

information from around the state, medical providers could see what treatments were most effective and make more informed and timely decisions with their patients, said Dr. Lawrence D. Wagman, executive medical director of the Center for Cancer Prevention and Treatment at St. Joseph Hospital in Orange. That, he said, could improve outcomes.

Eventually, doctors could also use it to direct patients to suitable clinical trials, said Michelle Woodley, chief nursing information officer at St. Joseph Health System.

"Our driving force is making sure we can get the patient to the right treatment, the right trials as quickly as possible," she said...[Read More](#)

Diabetes Linked To Risk Of Mental Health Hospitalization In Young Adults: Study

Young people with diabetes were four times more likely to be hospitalized for mental health or substance use treatment in 2014 than were young adults without the disease, according to a recent study that shines a harsh light on the psychological toll the disease can take on this group.

For every 1,000 young adults aged 19 through 25 who had diabetes, 37 were hospitalized for mental health/substance use, compared to nine young adults without diabetes. The study by researchers at the Health Care Cost Institute also

found the incidence of such hospitalizations is on the rise for these patients. The 2014 rate was 68 percent higher than two years earlier, when the rate of mental health/substance use hospitalizations per 1,000 for that group was 22.

"It was definitely not something that we were expecting," said Amanda Frost, a senior researcher at HCCI, who worked on the recently published study. HCCI researchers will examine the trend more closely in future work, she said.

The study analyzed the insurance claims of more than 40 million people younger than age 65 from 2012 through 2014 with work-place provided coverage from three major health insurers. No other age group showed such high rates of hospitalization for mental health or substance use, according to the study. The rate for children up to age 18 with diabetes was second highest, at 21 per 1,000 in 2014...[Read More](#)



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

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

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

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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

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