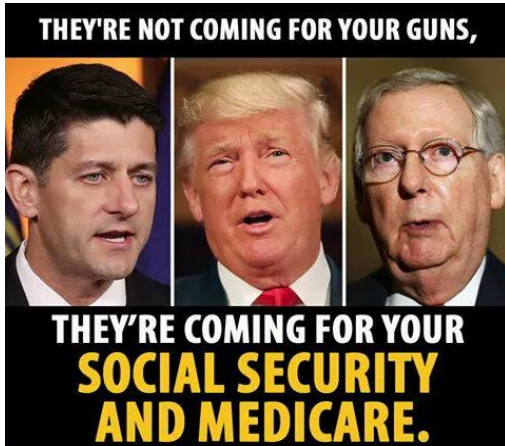


Trump Says He Supports Slashing Social Security From A ‘Moral Standpoint’



May 12, he told the House Speaker that he does indeed favor cutting Social Security, but he’s afraid to say so publicly because it would doom his chances in November. *Bloomberg* cites an unnamed source who was in the room when the meeting was held.

According to the source, Trump told Ryan:

“From a moral standpoint, I believe in it. But you also have to get elected. And there’s no way a Republican is going to beat a Democrat when the Republican is saying, ‘We’re going to cut your Social Security’ and the Democrat is saying, ‘We’re going to keep it and give you more.’ ”

This is in stark contrast to what Trump has repeatedly said on the campaign trail. Trump has said time and time again that he would leave Social Security alone.

Alex Lawson, executive director of Social Security Works, believes the real intent of Trump is the same as that of most Republicans: Drastically cutting benefits while pretending to support the program:

“It is really clear: Donald Trump would 100 percent go along with the Republican donor class position of cutting Social Security. He openly says he will lie to the people about it because he knows that the people are against it.

“In his eyes the ‘moral’ thing to do is to steal people’s hard-earned benefits and not talk about it.”

As senior citizens, retirees, working Americans, young and old, we must stop this egregious attack.

SOCIAL SECURITY DOES NOT CONTRIBUTE to any DEFICIT!!!

Social Security has been called the third rail of American politics: Touch it and you die. And if that is indeed the case, then Donald Trump might want to start picking out a nice casket.

Bloomberg is reporting that when the GOP nominee met with Paul Ryan on

Donald Trump Ran on Protecting Social Security But Transition Team Includes Privatizers

DONALD TRUMP CAMPAIGNED on protecting Social Security. At the Miami GOP presidential debate in March, he said he would “do everything within my power not to touch Social Security, to leave it the way it is; to make this country rich again.” In August, his campaign told CNNMoney that “We will not cut Medicare or Social Security benefits, but protect them both.”

But two of the people said to be helping the president-elect’s Social Security Administration (SSA) transition team have a record of hostility to the program.

In an email obtained by The Intercept, unions representing Social Security employees reported that they had been notified of the names of four SSA

veterans who were picked to run the transition team.

They are Mike Korbey, former senior advisor to the principal deputy commissioner in George W. Bush’s SSA; former Reagan SSA commissioner Dorcas Hardy; former SSA Inspector General Patrick O’Carroll; and former SSA General Counsel David Black.

Korbey is a long-time right-wing activist who has argued incorrectly that Social Security is “broken and bankrupt.” He worked for an organization called United Seniors Association, a sort of conservative counterpart to the AARP, that pushed for George W. Bush’s Social Security privatization scheme — and was hired by Bush to help tout his failed push for

changes.

Dorcas Hardy, a Reagan administration SSA veteran, has also called for privatizing

the program — in 1995, she took part in a press conference at the libertarian Cato Institute to advocate for that idea. The SSA cannot unilaterally privatize the program. That takes legislation that Congress has to pass and the president has to sign. But if these are indeed the people the Trump administration is picking to helm the SSA, it’s a signal that he may be far more open to cutting benefits or privatizing the program than he let on.



Paul Ryan Says Medicare Privatization Is On

During the campaign, coverage of the issues was blotted out by coverage of Hillary Clinton's emails and Donald Trump's broad suite of sociopathic tendencies. And of the issues that did receive any attention, a conspicuously missing one was Paul Ryan's plan to push Medicare beneficiaries into private health insurance. Reporters just assumed that, since Trump never talked about it, it won't happen. But Paul Ryan still wants it to happen. And in a Fox News interview with Bret Baier, Ryan said Medicare privatization is on.

"Your solution has always been to put things together, including entitlement reform," says Baier, using Republican code for privatizing Medicare. Ryan replies, "If you're going to repeal and replace Obamacare, you have to address those issues as well. ... Medicare has got some serious issues because of Obamacare. So those things are part of our plan to replace Obamacare."

Ryan tells Baier, "Because of Obamacare, Medicare is going broke." This is false. In fact, it's the complete opposite of the truth. The Medicare trust

fund has been **extended 11 years** as a result of the passage of Obamacare, whose cost reforms have helped bring health care inflation to **historic lows**. It is also untrue that repealing Obamacare requires changing traditional Medicare. But Ryan clearly believes he needs to make this claim in order to sell his plan, or probably even to convince fellow Republicans to support it.



2017 Medicare Parts A & B Premiums and Deductibles Announced

Today, the Centers for Medicare & Medicaid Services (CMS) announced the 2017 premiums for the Medicare inpatient hospital (Part A) and physician and outpatient hospital services (Part B) programs.

Medicare Part B Premiums/ Deductibles

Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

On October 18, 2016, the Social Security Administration announced that

the cost-of-living adjustment (COLA) for Social Security benefits will be 0.3 percent for 2017. Because of the low Social Security COLA, a statutory "hold harmless" provision designed to protect seniors, will largely prevent Part B premiums from increasing for about 70 percent of beneficiaries. Among this group, the average 2017 premium will be about \$109.00, compared to \$104.90 for the past four years.

For the remaining roughly 30 percent of beneficiaries, the standard monthly premium for Medicare Part B will be

\$134.00 for 2017, a 10 percent increase from the 2016 premium of \$121.80. Because of the "hold harmless" provision covering the other 70 percent of beneficiaries, premiums for the remaining 30 percent must cover most of the increase in Medicare costs for 2017 for all beneficiaries.

Human Services (HHS) will work with Congress as it explores budget-neutral solutions to challenges created by the "hold harmless" provision.... **Read More**



It Looks Like Donald Trump Did Really Well With Union Households & Seniors That's A Bad Sign For Unions & Seniors



**Unions
campaigned
hard against
the nominee,
but exit polls**

suggest he did much better with union households than other Republican candidates have.

Back in January, the labor group Working America **raised an alarm** for Democrats: Their canvassing near Pittsburgh and Cleveland suggested Donald Trump had undeniable appeal in areas with high union membership. His outsider message, built on assailing trade deals such as NAFTA, was resonating with white folks with union cards who might normally vote Democratic.

That became the conventional wisdom. But as time passed and the summer wore on, unions said that Trump's support

among union members was overblown. The AFL-CIO union federation, which rarely releases its own internal poll numbers, produced some data from Midwestern states showing Trump's strength with union workers **falling off a cliff**. They said he was **polling worse than Mitt Romney** was among that demographic in 2012.

The message: Everybody relax. Union workers won't be there for Trump at the end of the day. But like so many other polls and prognostications (including ours, and just about everybody else's), that one didn't look so hot on Nov. 9. Turns out Working America's early read was the right one, and unions had plenty of reason to fear Trump's draw with working-class union households.

Caveat: There is no completely reliable data on the votes of union members

specifically. But most of Tuesday's exit polls, which deserve a grain of salt, suggest Hillary Clinton did worse among union households than the Democratic candidate has done in recent elections. ("Union household" is different from union member — the designation includes not only union members but voters who live with one.)

Both **CNN** and **Fox** exit polls gave Clinton an 8-point advantage in union households. ABC's exiting polling wasn't as bad for Clinton; those numbers gave her a **16-point margin**.

But those would still be weak performances compared with other recent candidates. Exit polls from 2012 showed Obama taking union households **by 18 points**.... **Read More**

Continued next page

It Looks Like Donald Trump Did Really Well With Union Households & Seniors That's A Bad Sign For Unions & Seniors



Although we are deeply disappointed by the results of last week, we are very proud of all of your efforts to elect pro-retiree candidates. Our activism and advocacy was strong and appreciated by our endorsed candidates and allies.

We will need to carefully analyze the updated voter file once this year's turnout is available we have some information of how older voters and union members voted. So below is some preliminary data.

Senior vote

According to the national exit poll, Trump beat Clinton 53% to 45% among 65+ voters, an 8-point margin. This is an improvement of 4 percentage points for the Democratic candidate from 2012 when Romney outpaced Obama with 65+ voters by 12 points, 56%-44%. In fact, this year's 53-45 spread is identical to the 2008 McCain-Obama result. 65+ voters were the only age group that moved more Democratic this year.

Union vote

AFL-CIO data show that Clinton won union voters 56% to 37% nationwide, a 10% drop from the 66% for Obama in 2012. Trump was 4 points better than Romney. In the battleground states the

margin was 54% to 40%. Roughly 8% of union voters did not vote for any presidential candidate or cast a vote for a third party.

Among union voters, union retirees were the most solidly behind Clinton, 65% to 33%.

Bright spots

The election of Catherine Cortez-Masto, Tammy Duckworth and Maggie Hassan to the U.S. Senate were bright spots – all are replacing senators with poor records on retiree issues. Voters also approved minimum wage increases in four states. A right to work constitutional amendment lost in Virginia. The TPP is not moving forward.

Threats

Paul Ryan already is signaling that he wants to “reform” Medicare as part of the repeal/replacement of the Affordable Care Act. The ACA itself provided significant benefits to Medicare beneficiaries – free wellness checks, disease and cancer screenings, and the closing of the doughnut hole for prescription drugs. We are working on a grass roots lobbying plan to push back against these changes and apply pressure to Congress. The people

who are reported to be working on Social Security for the Trump transition team are known advocates of privatization, service cutbacks and local office closures. Already, language on the Trump website to rein in the cost of prescription drugs has disappeared.

We have a difficult path ahead of us, but we must not shy from the fight to protect our core values and the programs that provide the opportunity for a secure retirement after a lifetime of hard work.

Although we are deeply disappointed by the results of last week, we are very proud of all of your efforts to elect pro-retiree candidates. Our activism and advocacy was strong and appreciated by our endorsed candidates and allies.

We will need to carefully analyze the updated voter file once this year's turnout is available we have some information of how older voters and union members voted. So below is some preliminary data.

Breaking Down Plans to Privatize Medicare



Blog

You may be reading news reports about how some members of Congress want to privatize Medicare. By no means is this new news, but this week's election results brought about renewed interest in these plans.

In years past, proposals to privatize Medicare—**commonly known as premium support**—relied on vouchers that people with Medicare would receive from the federal government to purchase

private health plans. Past proposals had important differences: some introduce vouchers for future beneficiaries, some preserve Traditional Medicare as an option, some include defined benefits and consumer protections, etc.

While premium support proposals differ in their details, nearly all share a common and troubling theme—increased costs and diminished access to needed care for people with Medicare. Half of all people with Medicare live on **\$24,150 per year**, and already they pay nearly **three times** as much on health care as non-Medicare households. Most older adults and people with disabilities simply cannot afford to

pay more for health care.

Read Medicare Rights' fact sheet on past proposals to privatize Medicare:

Paying More for Less: Premium Support. As new proposals emerge, Medicare Rights will evaluate them and weigh in with Congress and the new Administration, working to ensure they keep in mind what's best for the health and well-being of people with Medicare above all else.

this group, the average 2017 premium will be about \$109.00, compared to \$104.90 for the past four years.

Politics, Truth and Our Aging Parents



No one knows whether the election will impact our aging loved ones in any way

but here are some thoughts from AgingParents.com where we talk with caregivers and aging folks every day.

Currently, over 60 million people are caring for an aging or disabled person at home. Most of those providing caregiving for parents are women. Of course some are the sons as well but women are the majority of caregivers. When it comes to long-term care, the government offers no help whatsoever unless the elder is totally impoverished. At that point Medicaid pays for long-term nursing home stays and in some places, a limited amount of in home care in states and counties that see the necessity. Will the election have any effect on this? It could destroy any federal funding that helps elders stay at home. Public benefits that prevent our aging citizens from being on the street could be eliminated in rampant budget cuts. Proposals to wipe out programs that protect the vulnerable are constantly being fought over in Congress. The heat will likely rise from these fights now.

The Fears

Many elders fear becoming dependent upon their adult children. Adult children fear that they will have to partially or totally support their aging parents. Longevity is steadily increasing yet we are unprepared for the caregiving crisis. Most Americans do not have the financial resources to hire outside help to assist with daily long-term care at home for frail elders or those with dementia. No government assistance is offered to pay the family caregiver for leaving one's normal occupation to provide caregiving and as a result women suffer economically. Women lose both salary and benefits because of leaving the workforce. Social Security and other retirement funds are reduced. This impacts their financial security in their own aging process. They also face the stress of long term caregiving for aging loved ones. Is the party in charge going to change this? Not likely.

No political party has articulated a clear plan or any plan to remedy the huge issue of caring for aging adults at home. The reasons are obvious. It costs a lot, the problem grows bigger by the day and the Federal government is not increasing the benefits it pays to aging people or their

families. There is plenty of talk about "reining in spending" and eliminating waste and abuse. That means that what our government pays for benefitting elders is far more likely to be decreased, not increased. When budgets get slashed, the weakest suffer. They could be your parents.

Although lip service in one proposal has been mentioned about giving a woman leaving the workforce to care for an aging loved one the sum of \$5000 over a year, this would do very little to offset the enormous damage done to unpaid caregivers. If daily care, sometimes around the clock is needed, how much good will \$5000 do for anyone? Better than nothing? Yes. Truly a solution? No. If it were a tax credit, it would be no help to a person who has no income because she is caring for a loved one full time at home. Tax credits for those without salary are a joke. My guess is that the majority in our legislature would respond to the very idea of a caregiver subsidy with the retort that we need to cut government spending not increase it. The wealthy buy the care their elders need. The less fortunate must provide it with their own hands.

Study Shows Promise for Expensive Cholesterol Drugs, but They Are Still Hard to Obtain



If there is one thing decades of studies with tens of thousands of heart disease patients have

revealed, it is that lowering **cholesterol** can reduce the risk of heart attacks and deaths. Now, with new drugs on the market that can **plunge cholesterol levels lower** than ever thought possible, researchers are eagerly waiting for an answer to the next question: Is there a limit to the benefits in high-risk patients? After a certain point, do benefits level off or even reverse?

A **new study** suggests there is no leveling off. But that good news comes in

the context of unexpected problems with the new drugs, known as PCSK9 inhibitors.

On Nov. 1, Pfizer, one of three companies developing such drugs, **announced** that it was stopping the project after spending years and huge sums on the drug's development and after clinical trials with 27,000 patients were well underway. Patients developed **antibodies** to the drug, which canceled its effects.

And while two other PCSK9 inhibitors approved for sale last year do not have such a problem, they have another issue. With their high price — **Amgen's list price for its drug is \$14,000 a year** —

insurers are refusing to pay for them.

For now, the PCSK9 inhibitors, heralded as a triumph of basic research, are turning into expensive headaches.

The new 18-month study involved 968 heart patients. They were randomly assigned to take a statin or a statin plus the Amgen PCSK9 inhibitor, evolocumab. It, like the PCSK9 drug developed by Sanofi and Regeneron, can drive levels of LDL cholesterol, the dangerous kind, to what Dr. Peter Libby of Harvard calls "subterranean levels." (Dr. Libby was not associated with the new study.)...**Read**

More

Study: Many Caregivers Spend \$7K Annually Out Of Pocket



Denise Sleeper has sold her home, spent most of her retirement savings and quit her job to

care for her husband since his Alzheimer's disease struck two years ago.

"It's been like a tsunami in my life," said Sleeper, of Gilford, N.H.

She's drained \$168,000 from the couple's retirement account since her husband, Scott, was diagnosed with the degenerative illness. At first, she cared for him at home, but he's in a nursing home now. Sleeper gets by on his disability checks and the \$32,000 left in their 401k.

Stories like those are common among

the nation's 40 million family caregivers whose out-of-pocket costs are under-recognized, according to an AARP survey out Monday.

More than 3 out of 4 caregivers absorb out-of-pocket costs currently averaging nearly \$7,000 a year, AARP found. Those costs consumed the equivalent of a fifth of caregivers' incomes on average — and the burdens were even greater for those with lower incomes, the group reported. The most financially strapped caregivers tap savings or take out loans to meet expenses.

AARP conducted its survey of 1,864 family caregivers in July and August. Participants also kept diaries tracking

their personal spending.

"As technology increases and people live longer and live with more complex care needs, the family has been picking it up, not the formal health care system," said Susan Reinhard, senior vice president and director of AARP's Public Policy Institute.

Patients with dementia such as Scott Sleeper make the heaviest claims on caregivers' personal resources. Annual expenses are almost \$10,700 for someone with dementia — nearly twice what caregivers spend for someone without dementia, AARP reported.... [Read More](#)

Community Paramedics Work To Link Patients With Mental Health Care

For Kelly Kjelstrom, plugging the gaps in mental health care can mean something as simple as a late-night taco and a friendly chat.

Kjelstrom, 45, is a community paramedic in Modesto, California. Part of his job is to help psychiatric patients in need of care avoid winding up in the emergency room, where they can get "boarded" for days, until they are released or a bed frees up at an inpatient facility.

Here's how the concept of community paramedics works. When the local 911 system comes upon a patient with a potential mental health crisis, these specially trained paramedics are dispatched to the scene. They've learned to identify problems, intervene and de-

escalate the situation.

After a physical assessment, paramedics like Kjelstrom talk to the patient — to figure out what, precisely, the issue is, asking also about issues like a patient's mental health history, drug use and insurance status. They use that information, along with details about resources available, to figure out the next steps for the patient — maybe it is a hospital or a psych facility, or maybe it is outpatient care.

Increasingly, these paramedics also become involved in follow-up. Kjelstrom estimates that, on visits, he spends twice as long with patients as he used to. He builds relationships with them. While out on duty, if he runs across a familiar face,

he stops and checks in. Like over a night-time snack.

"One of the patients we see on a regular basis," Kjelstrom said. "I buy him a taco, no big deal, and I remind him to take his meds."

That simple interaction, he said, can keep someone out of the ER, and on the path to better health.

The Modesto pilot program launched a year ago. Similar projects are also underway in North Carolina, Minnesota, Texas, Colorado and Georgia. Other states, such as Washington and Nevada, have shown interest.... [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

ADD
YOUR
NAME

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