

RETIREE news & views

A PUBLICATION OF LOCAL 237 RETIREE DIVISION

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Happy Holidays!

From the Local 237 Retiree Division

Martin Luther King, Jr Program



Online Programs



Our first online programs included the Veterans information session and Caregiver workshop.

RETIREE DIVISION A YEAR IN REVIEW

As the year comes to a close, we would like to review what the Retiree Division made available to you, our special community. The year commenced with our annual program honoring Martin Luther King, Jr. In February, the Black History Committee hosted Eric K. Washington and his presentation of his award-winning book, *The Boss of the Grips: The Life of James H. Williams and the Red Caps of Grand Central Terminal*. In March, due to the Coronavirus the office was closed. But that did not deter the Retiree Division Staff. For the first time, the Division went digital with offering the following programs online: Pre-Retirement Planning, Orientation for New Retirees, Caregiving Workshop, and the Veteran's Benefits Program. We also started a telephone support group which some of you have joined. If you participated in any of these programs, we hope you found them helpful to you.

2020 has been a challenging year and has prevented us from seeing you. We miss you and as always, the Retiree Division is here for you. In 2021 we wish to offer you more online/ telephone programming. ■

Black History Month Celebration



Retiree Division Holiday Gatherings Throughout the Years



Retiree Division Staff and Their Families



Julie Kobi



Susan Millistis



Noelia Quinones



Edith Johnston



Shavon Banks



Luz Carty and Santa
AKA retiree Milton Wadler



by Gregory Floyd

President, Teamsters Local 237
and Vice President-at-Large on the
General Board of the International
Brotherhood of Teamsters

In 1974, during the Watergate scandal, renowned children's book writer, Dr. Seuss, sent a copy of his book, "Marvin K. Mooney" to newspaper columnist Art Buchwald, in which "Marvin K. Mooney" had been crossed out and replaced with "Richard M. Nixon." In the book, Mooney had been asked repeatedly to leave—possibly by his father or granddad. He was given many ways to go, such as leaving by boat, balloon, bike or elephant. He chose none of them. The exasperated narrator tells Marvin: "You can go by foot. You can go by cow. Marvin K. Mooney, will you please go now!" Finally, he just went. And just like Mooney, after Buchwald used the altered version for his column on July 30, President Nixon resigned on August 9th.

Current political frustrations in America are not so much about one individual, but about the collective identity of the American people: Our values, our traditions, things we thought mattered and the things we thought were a given. Of course, the devastating impact of the Coronavirus

a message from the president

As Long As We Have We

has ripped our senses raw and shattered our sensitivities. But through it all — the injustices the pandemic revealed, the lack of preparedness and leadership — the American flag, albeit at half mast, still flew over every government building throughout the nation.

After President Clinton took the oath of office, waiting for him on his desk at the Oval Office was a letter from the outgoing President George H. W. Bush, which read in part: "You will be our President when you read this note. I wish you well. I wish your family well. Your success now is our country's success. I am rooting hard for you. Good Luck, George." From a Republican President, to a Democratic one, one could ask, is this a remarkable gesture? In light of the fact that a recent Politico/Morning Consult poll, which indicated that 70% of Republicans do not believe that the Presidential election was fair — which is a slightly better finding than another poll taken shortly after the official count that was called in Joe Biden's favor, in which 77% of Republicans surveyed disputed the results, and claimed Donald Trump was actually the winner—it's not so much a remarkable gesture, as it is a sign of the times. Now, we wonder, what kind of note, if any, will be left for President-elect Biden?

More important than a Presidential note, is the assault on our time-honored practices and policies that we are experiencing. Adding insult to injury: Where is the commitment to ensure that our democratic way of life continues with a smooth transition from one administration to the next? — a transition that should have no political

party, just government staffers at work for the good of all Americans. A cornerstone of our democracy has always been the peaceful transfer of power. No chaos, just continuity. Where is the outrage from our leaders who should decry placing party over people — especially as this nation is in the grip of a pandemic? Has our international role as the leader of the free world become a mockery... an outdated standard we no longer strive to uphold? Worse yet is that perhaps some might question, despite the current administration's campaign to "Make American Great Again", was America ever really that great?

Back to Dr. Seuss, he may have some answers. In his famous book, "The Grinch Who Stole Christmas", the last several lines spoken by the Grinch at a Christmas gathering — the first one he ever attended after years of hating the holiday because he was deprived of them as a young man — he declares: "Maybe Christmas doesn't come from a store, maybe Christmas means a little more... Christmas Day will always be as long as we have we." The principles of the American democracy may derive from documents like the Constitution and the Bill of Rights, but the values of the American people derive from a much deeper source. 73 million Americans voted for Donald Trump. 79 million voted for Joe Biden. The key word here is: Voted. 152 million people felt the duty, the obligation, the right to make their opinion known. No, democracy is not a glitz gift. It's not an empty promise to be ignored nor is it a sign on a bumper sticker that peels off in time. It's much more. It will live on as long as we have we. ■

a message from the co-directors

THE HOLIDAY SEASON DURING THE CORONAVIRUS PANDEMIC

This year the holiday season will look very different from years before. With an uptick in new cases of the Coronavirus, we must explore alternative ways to enjoy the holidays in the safest way possible in attempts to reduce the risk of contracting or spreading the Coronavirus. The CDC has guidelines for a safe way to celebrate the holiday: wear a mask covering your nose and mouth securely, social distance with those who do not live in your household, and wash your hands often. If attending a gathering, the CDC recommends bringing your own food, drinks, plates, cups, and utensils to gatherings. People should also avoid going in and out of areas where food is being prepared or handled. Social distancing should be practiced, and masks should also be worn when not eating or drinking. Attending a gathering or hosting a gathering is a personal decision only you can decide. It can be very upsetting during the holiday season to cancel gathering especially if you are used to large family/ friend gatherings. There is a little guilt that comes with canceling

events especially if you are used to hosting a gathering. If you do have to cancel, it is totally ok to cancel to keep you and your family safe. Your friends and family will understand. You may want to consider alternatives such as hosting a virtual celebration using web applications such as Zoom, What's App, Skype or video calling or even telephone calling relatives. You might share some of those yummy family recipes with family members. You may also want to consider having a good old fashion game night with the members in your household — there is nothing like a good game of charades or scabble. There are many ways to celebrate the holidays safely. Whatever you decide, trust us this will be the holiday season to remember.

Another important aspect of celebrating the holiday is to be kind to yourself and check in on yourself—how are you feeling emotionally. Feeling down and isolated during the holiday season is very common especially now during the pandemic where isolation and loneliness play a large part of our everyday lives. Feelings of sadness may linger longer than we would like. There are some healthy ways to cope with our feelings. Here are a few suggestions. Seek company — reach out to a friend on the telephone or you may find comfort in speaking to someone at your church, synagogue, mosque or with others who may share the same beliefs. Share your feelings — be honest with the people you trust about how you are feeling. Divulging these feelings is a vulnerable and daring act which most people will appreciate. Do not be surprised if your family or friend feel the same way you do. This can be an opportunity to grow close and support each other during this difficult



by Susan Milisits, LCSW & Julie Kobi, LMSW

Co-Director of the
Retiree Division



Co-Director of the
Retiree Division

time. It's essential to take good care of yourself. Engage in activities that brings you joy and get some rest. Most importantly, you should seek help if you are experiencing profound depression. The signs of depression may include loss of pleasure in doing things you once enjoyed, trouble concentrating, changes of appetite and changes in sleep patterns. The good news is that, in most cases, depression is treatable in older adults. The right treatment plan may help improve your overall health and quality of life. Your medical provider can help with the process. Many of the mental health providers are providing telehealth appointment so you will not have to leave home. Depression is a sensitive topic and can be difficult to talk about. The Retiree Division is here to help. Please feel free to reach out via telephone at 212-807-0555.

(Please note: For updated information please check the CDC website as new developments can occur while the newsletter is printing)

For more information regarding this article and depression, please visit the following websites, <https://www.nia.nih.gov/health/depression-and-older-adults> <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/thanksgiving.html> ■

RETIREE news & views

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Injectable Drug Coverage

by Mitch Goldberg

Director of the Retiree Benefit Fund

Recently the Retirees' Fund and Retiree Division staff have received many calls regarding injectable drugs and immunization agents (such as the shingles shot, pneumonia shot and flu shots). The benefit works differently for Pre-Medicare and Medicare Eligible retired members. Through this column, I hope to explain what is covered and what is not covered by the Local 237 drug plans.

Pre-Medicare retirees are covered for injectable drugs by the city plan called PICA. PICA is short for Psychotropic, Injectable, Cancer and Asthma. Originally the PICA program covered all of these four categories of drugs for all Active and Pre-Medicare retirees. Around 2002 the plan was changed and currently only the Injectable and Cancer portions are covered under the PICA program. The Psychotropic and Asthma portions are covered by the Union Welfare or Retirees' Fund drug plans.

Pre-Medicare retirees are covered by their Medical Insurance for Insulin and certain immunization agents such as the flu shot, pneumonia shot and the shingles vaccine as well as other immunization agents. The Retirees' Fund does **NOT** cover injectable drugs for Pre-Medicare retirees under any circumstance.

Medicare eligible retiree injectable coverage is different from coverage for pre-Medicare retirees. According to the Center for Medicare Services, Medicare prescription drug coverage (Part D) may cover insulin, certain medical supplies used to inject insulin (like syringes), and some oral diabetes drugs. The Teamsters Medicare equivalent drug plan covers diabetic supplies. These supplies include: insulin, syringes, test strips and other diabetes related items.

The only other injectable drug covered by the Fund is **beta-interferon** when ordered by a physician as an injectable or when otherwise prescribed. The Fund does not provide benefits for immunization agents such as Flu shots, Hepatitis B shots, Pneumococcal shot and the Shingles vaccine.

Flu shots: Medicare normally covers one flu shot per flu season. Some high risk retirees may receive a high dose flu shot with twice or four times the normal dosage in one or several injections. You pay nothing for the flu shot if the doctor or other qualified health care provider accepts assignment for giving the shot.

Hepatitis B shots: Medicare covers these shots for people at medium or high risk for Hepatitis B. Some risk factors include hemophilia, End-Stage Renal Disease (ESRD), diabetes, if you live with someone who has Hepatitis B, or if you're a health care worker and have frequent contact with blood or body fluids. Check with your doctor to see if you're at medium or high risk for Hepatitis B. You pay nothing for the shot if the doctor or other qualified health care provider accepts assignment.

Pneumococcal shot: Medicare covers a pneumococcal shot to help prevent pneumococcal infections (like certain types of pneumonia). Medicare also covers a second shot if it's given one year (or later) after the first shot. Talk with your doctor or other health care provider to see if you need one or both of the pneumococcal shots. You pay nothing for these shots if the doctor or other qualified health care provider accepts assignment for giving the shot.

Shingles vaccine: while covered by some Part-D plans the Retirees' Fund does **NOT** cover this vaccine nor does Medicare under Part B.

This article represents a truncated explanation of your Medicare benefits regarding injectable drugs. Please refer to the publication **Medicare and You** for a complete explanation.

Most retired members use their pharmacy benefit without difficulty. However, if you do experience any issue with your pharmacy benefit, please call the Fund office and let our staff assist you. The Fund office receives calls from 8:30 A.M. until 5:00 P.M. Monday thru Friday. The phone number for assistance is **(212) 924-7220**.

If you receive your prescription drug through your Medicare Advantage Health Insurance Plan (for example HIP/VIP) – the rules of that plan apply to your coverage.

Your President, Gregory Floyd and the Local 237 Executive Board are committed to ensuring that our slogan: "Retired from Work, Not from the Union" is reflected in the delivery of quality services to our retired members. The staff of the Retirees' Benefit Fund are here to help. ■



by Mary E. Sheridan, Esq.

Director of Local 237

Legal Services Plan

Need a Lawyer? Local 237 Legal Services Plan is Here to Help

Covered members and retirees are eligible for free legal representation on a wide array of legal matters. Not only is an attorney provided at no charge, after paying a \$150 deductible, you are entitled to up to \$500 toward your litigation expenses such as court filing fees and process server charges.

Representation covers 11 New York counties: the five counties of NYC, Nassau, Suffolk, Westchester, Rockland, Orange and Putnam counties.

Covered matters include:

- Matrimonial actions including divorce actions and separation agreements
- Family Court proceedings including Custody, Visitation, Orders of Protection, Abuse and Neglect, private Adoption and some Child Support matters
- Consumer Matters such as consumer debt actions, foreclosures and personal bankruptcy proceedings
- Preparation of Wills, Health Care Proxies and Powers of Attorney
- Purchase and Sale of a primary residence including coop, condo, one and two family homes
- Eviction and Non-Payment proceedings in Housing Court

Retirees living outside of the covered area may be entitled to reimbursement for a portion of attorney's fees spent for covered matters.

During the COVID pandemic we are providing telephonic appointments for your protection and seamless representation. If you need a lawyer, you can call the union at (212)924-2000 and request a call back. There are 12 attorneys available for advice and representation. Do not wait if you have a problem or question, we are here for you during these trying times. ■



Tips to Celebrate with Diabetes

by Luz Nieves-Carty, MPA

Assistant to the Director, Retiree Division

Living with diabetes can present many challenges. The Holiday season can be even more challenging. We know this year the holidays may be very different from before. Still rise with a purpose, list things you are grateful for and reach out to friends and family. Celebrate, even if you're the only one at the party! This too shall pass, and we will get through it together.

The American Diabetes Association shares tips submitted by their members. We hope these creative tips will add a little joy to managing your diabetes this holiday season!

Serve any caloric beverage, like wine or a cocktail, in a champagne glass for portion-friendly sipping. — Jackie Newgent, RDN, CDN

For a festive garnish, moisten the rim with diluted sugar-free syrup, then dip it into crushed sugar-free candy.

If I go out golfing in cold conditions, I wear my rain pants—they're waterproof, wind resistant, and insulated—and I make sure my pump is under them. That way, it stays dry and gets the advantage of the insulation, plus the pants retain my body heat. —Paul Jordan

The hardest part about Boston winters is waiting for public transportation in the cold. To make sure my diabetes supplies stay warm, I turn my pump so that the insulin is closer to my body. I also use a cross-body purse and put my meter in it, under my coat, to keep it warm. —Phyllis Kaplan

You can lower the carbohydrate in your homemade brownies by using black beans instead of flour. Use 1 cup of canned black beans—rinsed, drained, and pureed—as a sub for 1 cup of white flour. Canned black beans have half the carbs of flour and are packed with fiber. The brownies end up more fudgy than cakey, but they're surprisingly yummy! —Susan Weiner, CDE, MS, RDN, CDN

At restaurants, I divide the food on my plate into two portions: one to eat and one to take home. I do this before I start eating to help regulate portion size. —Shelley Rau

I protect my feet by checking them every morning. To make sure I don't forget, I put something in my socks that must be removed—a tennis ball or my watch, for

instance. Whatever you use as a reminder should be big enough that, if you have nerve damage, you don't run the risk of forgetting to remove it and walking around on it all day. —Christel Oerum

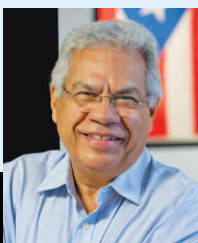
I put emergency glucose tablets in my husband's work bag. If I go low, it's easier for him to locate them there than it is to enter a very scary woman's handbag! —Jeribelle2000

I hadn't eaten pizza since I was diagnosed almost three years ago—until I came up with this healthier version: whole wheat crepe with tomato sauce and low-fat cheese, plus my favorite topping—anchovies and garlic. It tastes so good and doesn't send [my blood glucose] rocketing! —JM1977

Remember, YOU are in control. Moderation is the key to keeping your sugar levels down. Stay active, dance and enjoy the virtual company of loved ones. Get more tips, recipes and information at www.diabetes.org or by calling 1-800-DIABETES. Happy Holidays! ■

Puerto Rico, el folclor y las navidades: aclaraciones -1

Por Néstor Murray-Irizarry
historiador y gestor cultural



Néstor Murray-Irizarry
Photo by George Malave

Existe un país en el mundo que las navidades se extienden desde el 28 de noviembre: Día de Acción de Gracias; hasta el 14 de enero {que son las llamadas octavas o sea 8 días después del Día de 6 de enero} y las *octavitas* que se terminan el 22 de enero de cada año {que son 8 días adicionales contándose desde el último día que finalizan las *octavas*}. La tradición del 24 de diciembre: Día de Noche Buena; el 25 de diciembre: Día de la Navidad [Día de San Nicolás] el 31 de diciembre: Víspera de Año Nuevo y el 6 de enero: Día de Los Tres Reyes Magos. Son días muy festivos para los puertorriqueños. Sagrados para muchos. Sin embargo, es muy bueno clarificar que cada rey mago tiene un día especial para su celebración: en un barrio de Morovis los adoraban el día 7 a Baltasar, el Ocho a Gaspar y el 9 a Melchor; mientras que en un barrio de Jayuya adoraban a Melchor, el 5 de enero, a Gaspar el seis y a Baltazar el 7 de enero.

El pueblo del folclor ha hecho sus ajustes durante siglos de como celebrar las navidades. En diferentes momentos de nuestra historia las navidades han tenido cambios significativos. En los primeros siglos de nuestra historia las festividades estuvieron más cercanas a la Iglesia Católica y a sus templos, particularmente en las áreas urbanas. En la medida que las zonas rurales se fueron integrando con las urbanas, las actividades navideñas fueron cambiando. Esas transformaciones, se le conoce en el folclor, como *funcional* o sea que pierden una función para cambiarse por otra función. Ejemplo, una tina o tinaja de barro se usaba antiguamente para mantener el *agua fresca* o *al tiempo*, lista para el consumo humano sin calentarse. Hoy en día, para ese propósito se usan las neveras y la tinaja como pieza de coleccionista o para sembrar plantas.

También los eventos *regionales* le dan un sentido de diferenciación de las tradiciones y costumbres. Son muy distintas en cada calle, en cada hogar, en cada barrio, en cada pueblo, en cada ciudad. Las costumbres y la tradición nunca son uniformes, nunca son globalizadas. En cada lugar, en cada rincón son distintas. Las golosinas o dulces nunca saben igual. En mi familia la receta del arroz con dulce de doña Carmen, solo compara con otro ejemplo, que tengo en mi recuerdo de mis 74 años de vida. Me refiero a un arroz con dulce que me obsesquiaron en una fiesta en el barrio Coto Laurel de Ponce. Todos los arroces con dulce, no me saben igual. Doña Carmen Álvarez, conocida entre sus familias, como Tata, se llevó la receta del maravilloso arroz con dulce que ella confeccionaba. Me copio en una libreta todas sus recetas, pero no escribió la receta del arroz con dulce. Esa receta murió con ella.

Al parecer una de nuestras costumbres tiene que ver con la *secretividad* o sea guardarnos para si nuestra recetas u oraciones religiosas, que deben morir con el último ser humano de la familia que represente a la generación que produjo la razón del *secreto*. Estoy casi seguro que es así. Conocí a muchos médicos folclóricos o curanderos de barrios que no quisieron darme sus oraciones. Me dijeron que era un *secreto del oficio*.

Así creo que también sucede con muchas recetas de familia, como me dijo en la década de 1960, cuando entrevisté, a una señora en Añasco. El folclor es sencillamente así; además, es *popular*: que *pertenece a todos por igual*. Pero ese *igual* se refiere a un grupo muy reducido de personas; una familia, una tribu, un gremio de maestros del mismo oficio; etc. No se trata de un grupo grande de personas.

Otra de las características del folclor en es lo *tradicional*: que se transmiten los conocimientos y las destrezas de generación en generación; sin la intervención de libros y sin que la escuela intervenga para nada. Cuando se hace acopio de materiales folclóricos y se publican, se convierten en folclor histórico, según muchos estudiosos del tema.

Lo tradicional, es la fuerza motora que nos permite preservar nuestra cultura. Un buen *pastel Boricua* siempre sabe muy bueno si se prepara según nuestra tradición, no importa que el sabor cambie. Podrá cambiar el sabor, pero la esencia de su preparación sigue siendo, aunque transformado, un *pastel Boricua*.

También quiero aclarar que lo típico no necesariamente es lo tradicional. Lo típico en la mayoría de las ocasiones está vinculado a un área geográfica y a un grupo de personas en particular. Lo típico no es necesariamente tradicional. En muchos casos es algo muy distinto.

— Continuará



NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

Trusted Partner of New York City Employees for 100 Years

The New York City Employees' Retirement System (NYCERS) was founded by the New York State Legislature in 1920 with 13,331 members. Today, NYCERS has grown into the largest municipal public employee retirement system in the United States with more than 350,000 active members and retirees including civilian employees such as clerical workers, accountants and social workers, and uniformed employees such as New York City Correction Officers and Sanitation Workers.

What is NYCERS?

NYCERS is a defined benefit retirement plan, meaning a member's benefit is defined by law, not by the condition of the stock market on a given day. NYCERS membership is available to civilian and uniformed employees of the various agencies, boards, and commissions of the City of New York, as well as employees of public benefit corporations such as the NYC Transit Authority and NYC Health + Hospitals. Retirement benefits provided by NYCERS, based on a member's years of service, age, and compensation base, are funded by employee and employer contributions and from earnings on the invested assets of the system. Other benefits of membership include the ability to borrow against your pension contributions, portability between NYS and NYC public pension systems, and disability and death benefits.

Transforming Our Clients' Experience

NYCERS is dedicated to a client-centered approach to quality service delivery and performs many functions for active members and retirees. On the occasion of NYCERS' October 1, 2020 100th anniversary and beyond, its focus is on strengthening core business capacities through several major technology modernization projects. Those projects include a Customer Relationship Management system (CRM), state-of-the-art Call Center technology, greatly expanded online services, and a replacement of the legacy pension administration system. The first phase of our journey to transform the members' experience was the launch of our CRM system in August 2019, enhanced in 2020 with more than a dozen new online features, including NYCERS' first mobile app.



NYCERS HISTORY



- Today, NYCERS remains the largest municipal public employee retirement system in the United States, administering 62 different retirement plans for more than 350,000 active members and retirees.
- The COVID-19 pandemic reached the United States and heavily impacted New York City, forcing NYCERS employees to work remotely and the NYCERS' Walk-In Center to close effective March 18 with a partial reopening on August 24 by appointment only. NYCERS operations and service to its members continued, thanks to ongoing technological modernization and employees performing essential functions on site as needed. The new, improved MyNYCERS was launched in March 2020, followed by the MyNYCERS mobile app in July 2020. MyNYCERS account holders can now complete more than 20 different secure transactions online during their membership lifecycle – from applying for membership, loans and buybacks, to filing for retirement and electing an option.
- On October 1, 2020, NYCERS celebrates its 100th Anniversary!



UNDERSTANDING PALLIATIVE CARE

by **Edith Johnston, LCSW**
Assistant Director, Retiree Division

The World Health Organization describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual." In the past, palliative care was a disease specific approach, but today the World Health Organization takes a broader approach, that the principles of palliative care should be applied as early as possible to any chronic and ultimately fatal illness.

The field of palliative care is relatively new and a lot of people do not know much about it. It's often associated with Hospice Care as it was first used in 1967 to assist hospice patients to manage their symptoms. At the present, palliative care is used to treat people with different illnesses and at different stages of their disease process. It can be used for a short period, until the symptoms are controlled. Many hospitals have palliative care teams that are available to do evaluation when the patients are inpatient or when they are outpatient. A very important aspect of a palliative care team is the team approach provided. They work with the patient and family members to provide the support needed. A palliative care team includes doctors who are palliative care trained, nurses, social workers, and chaplains. The team works together to help the patient on all different aspects of the process as in many cases taking care of the pain is not enough; taking care of the patient psychological stress is also important. Additionally, the palliative care team can provide support to the family to reduce the stress and to cope with their caregiving responsibilities. It is really important that the patient, the family and the palliative care team have a good communication in order to tailor a treatment plan that addresses the needs of patient and the family. The family and patient communication with the palliative care team also makes a big impact in implementing the treatment plan.

Many people have misconceptions about palliative care. I worked for many years before coming to the Local 237 with a major hospital in the city that has a very robust palliative care program. They do consults for all the departments, inpatient and outpatient. They have an inpatient unit, and I was involved with that unit as many of the patients I worked with were often referred to them for symptom control. Many families were confused when referred to the palliative care unit as they were afraid that it meant the end of life. I worked closely with the inpatient palliative care team and I helped many patients and families to understand the importance of pain and other symptom control in order to improve their quality of life. After a few years at the hospital and getting to know the importance of palliative care I did a one-year post master's program in palliative care in order to improve my work with patients. I would love to provide answers about palliative care if any of you have questions. Please feel free to reach out to me at 212-807-0555, Retiree Department of Local 237. ■

COMPRESIÓN DE LOS CUIDADOS PALIATIVOS

La Organización Mundial de la Salud describe los cuidados paliativos como "un enfoque que mejora la calidad de vida de los pacientes y sus familias frente a los problemas asociados a enfermedades potencialmente mortales, mediante la prevención y alivio del sufrimiento mediante la identificación temprana y la evaluación y tratamiento impecables de dolor y otros problemas, físicos, psicosociales y espirituales". En el pasado, los cuidados paliativos eran un enfoque específico de la enfermedad, pero hoy la Organización Mundial de la Salud adopta un enfoque más amplio, según el cual los principios de los cuidados paliativos deben aplicarse lo antes posible a cualquier enfermedad crónica y, en última instancia, mortal.

El campo de los cuidados paliativos es relativamente nuevo y mucha gente no sabe mucho sobre él. A menudo se asocia con cuidado de hospicio, ya que se utilizó por primera vez en 1967 para ayudar a los pacientes de hospicio a controlar sus síntomas. En la actualidad, los cuidados paliativos se utilizan para tratar a personas con diferentes enfermedades y en diferentes etapas de su proceso de fallecimiento. Puede utilizarse durante un período breve, hasta que se controlen los síntomas. Muchos hospitales tienen equipos de cuidados paliativos que están disponibles para hacer evaluaciones cuando los pacientes están hospitalizados o cuando son pacientes ambulatorios. Un aspecto muy importante de un equipo de cuidados paliativos es el enfoque de equipo. El equipo trabaja con el paciente y los miembros de la familia para brindar el apoyo necesario. Un equipo de cuidados paliativos incluye médicos capacitados en cuidados paliativos, enfermeras, trabajadores sociales y capellanes. El equipo trabaja en conjunto para ayudar al paciente en todos los diferentes aspectos del proceso, ya que en muchos casos cuidar el dolor no es suficiente; cuidar del estrés psicológico del paciente también es importante. Además, el equipo de cuidados paliativos puede brindar apoyo a la familia para reducir el estrés y hacer frente a sus responsabilidades de cuidado. Es realmente importante que el paciente, la familia y el equipo de cuidados paliativos tengan una buena comunicación para poder diseñar un plan de tratamiento que incluya las necesidades del paciente y la familia. La comunicación de la familia y el paciente con el equipo de cuidados paliativos también tiene un gran impacto en la implementación del plan de tratamiento.

Muchas personas tienen conceptos erróneos sobre los cuidados paliativos. Trabajé durante muchos años antes de llegar al Local 237 con un hospital importante en la ciudad que tiene un programa de cuidados paliativos muy sólido. Realizan consultas para todos los departamentos, hospitalarios y ambulatorios. Tienen una unidad para pacientes hospitalizados, y yo participé en esa unidad, ya que muchos de los pacientes con los que trabajé a menudo eran referidos a ellos para el control de sus síntomas. Muchas familias se sintieron confundidas cuando se les remitió a la unidad de cuidados paliativos por temor a que significara el final de sus vidas. Trabajé en estrecha colaboración con el equipo de cuidados paliativos para pacientes hospitalizados y ayudé a muchos pacientes y familias a comprender la importancia del dolor y el control de otros síntomas para mejorar su calidad de vida. Después de unos años en el hospital y de conocer la importancia de los cuidados paliativos, realicé un programa de maestría de un año en cuidados paliativos para ayudar mejor a mis pacientes. Me encantaría brindar respuestas sobre los cuidados paliativos si alguno de ustedes tiene preguntas. No dude en comunicarse conmigo en el Departamento de Jubilados del Local 237. ■



by **Anny Rosario Diaz**

Assistant District Manager,
Social Security in Downtown Manhattan

Understanding Social Security Survivors Benefits

We are here for surviving family members when a worker dies. In the event of your death, certain members of your family may be eligible for survivors benefits. These include widows and widowers, divorced widows and widowers, children, and dependent parents.

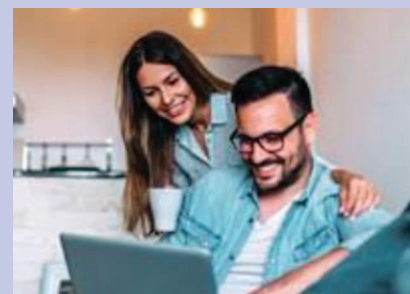
The amount of benefits your survivors receive depends on your lifetime earnings. The higher your earnings, the higher their benefits. That's why it's important to make sure your earnings history is correct in our records. You can do this by creating a personal *my Social Security* account at www.ssa.gov/myaccount. A *my Social Security* account is secure and gives you immediate access to your earnings records, Social Security benefit estimates, and a printable *Social Security Statement* to see an estimate of survivors benefits we could pay your family.

You may also want to visit our **Benefits Planner for Survivors** to help you better understand your and your family's Social Security protections as you plan for your financial future at www.ssa.gov/planners/survivors.

Please visit www.ssa.gov or read our publication *Survivors Benefits* at www.ssa.gov/pubs/EN-05-10084.pdf for more information. You can also help us spread the word by sharing this information with your family and friends. ■



Social Security Program Experts can Answer your Important Questions



There are many online resources about Social Security, so it is important that you come to us as the first place for answers. You can find many of the answers about our programs and services on our Frequently Asked Questions page at faq.ssa.gov. We feature our most-asked questions at the top of the page to help you find answers to the most common questions quickly, like:

- Are Social Security services affected by Coronavirus (COVID-19)?
- What should I do if I receive a call from someone claiming to be a Social Security employee?
- How do I change or correct my name on my Social Security number card?
- How do I apply for a new or replacement Social Security number card?
- How can I get a Social Security Statement that shows a record of my earnings and an estimate of my future benefits?

You can also browse by topics like:

- Disability.
- Social Security Payments.
- Retirement.
- Medicare.

You can visit our publications library at www.ssa.gov/pubs for detailed information on nearly all of our topics. We make each publication available in text, audio, and downloadable formats. ■

on a personal note... In Memoriam

To the family of retiree Lillian Arzola, we extend our deepest sympathy. Ms. Arzola, a retired NYCHA Caretaker, passed away on September 14, 2020.

Archiving a pandemic: Retirees sharing their story



Mr. Frank Aiello
Retired from NYCHA and
is an active member on the
Italian Heritage committee.

How did your overall daily life change? I like to take my boat out. I could not take my boat out, which was disappointing. Shopping for groceries was a challenge, waiting on line for 20 minutes and then they didn't have what I wanted.

What are some of the ways you have tried to maintain normalcy? I always enjoyed watching television at home so find myself watching a little more than usual.

What did you notice in the way people interacted with each other? People were more distant and not as social and friendly as before.

How did you maintain connections with people in your life? Communication is mainly Skype with my son and grandchildren, text and phone calls as well.

Did you ever think you would experience something that would impact society on a larger scale? No, I never thought I would see anything as drastic.

Do you remember older members of your family ever talking about the Influenza Pandemic of 1918? No, I do not recall.

What would you want someone 100 years from now to know about this pandemic? What thoughts and advice might you have for them? Communication is the key to keep people on track so we know what is going on. Technology will be the answer to overcome a situation such as this. ■

RETIREE news & views

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Affiliate of



NOVEMBER/DECEMBER 2020

PERIODICALS
POSTAGE
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NEW YORK,
NY

From the Alzheimer's Association

November is **National Alzheimer's Disease Awareness Month**, a month to increase awareness about the most common type of dementia, Alzheimer's disease.

The number of people affected by Alzheimer's disease and other dementias grows steadily. Statistics show that 5.8 million people are currently living with Alzheimer's disease. Individuals may experience one or multiple warning signs in varying degrees, and one does not have to experience all 10 warning signs to be concerned. The Alzheimer's Association has listed the 10 warning signs as a guide to identify problems that may be related to Alzheimer's disease or another dementia and should be brought to the attention of a health professional.

Let's take a look at those signs:

If you or someone you know is exhibiting one of these signs, act quickly and seek medical help. Benefits to early detection include access to targeted treatments, planning for the future, and participation in clinical trials etc.

We have free services available to support

someone dealing with Alzheimer's and other dementias. We offer a variety of education programs to increase knowledge and support groups to give caregivers an opportunity to develop a support system, exchange practical information on caregiving, and talk through ways of coping. Our early stage programs allow persons with dementia to socialize with their peers. Our care consultations offer the chance to meet with our social workers and counselors to address any need. The Alzheimer's Association is available for around-the-clock care and support at our 24/7 Helpline at 800-272-3900. ■

1	2	3	4
Memory loss that disrupts daily life	Challenges in planning or solving problems	Difficulty completing familiar tasks	Confusion with time or place
5	6	7	8
Trouble understanding visual images and spatial relationships	New problems with words in speaking or writing	Misplacing things and losing the ability to retrace steps	Decreased or poor judgment
9	10		
Withdrawal from work or social activities	Changes in mood and personality		

10 Warning Signs of Alzheimer's



RETIREE'S CORNER

Retiree Hitting the Road



by **Neftaly Velez**

Retired NYPD Hostler

Neftaly Velez, retired NYPD Hostler recently purchased a trailer and enjoys spending his retirement traveling. Mr. Velez enjoys the outdoors and being surrounded by nature.

AN IMPORTANT REMINDER

Please be sure to contact the union if your phone number or address has changed. In addition to notifying the union please contact the social security administration, your pension system, and the Office of Labor Relations. You do not want to miss out on important information.

