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OSARC newsletter

In This Issue

- 2 - COMRO Report
- Holiday Party
- Dues Are Due
- 3 - Records You'll Need
- NYCARA Report
- Backup Sec'y Needed
- 4 - A 9/11 Memoir
- 7 - 9/11 Workers' Comp
- Delivering Us From
Healthcare
- 9 - OSARC Mulls City
Health Plans
- 10 - Travel Survey
- UBS Gallery A Find



OSARC

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VOLUNTEERS OF OSARC?

It's holiday time and the Volunteers of America are fielding Sidewalk Santas far and wide, ringing bells and collecting donations for those in need. While we know what the Volunteers of America (visit www.voa.org/GetInvolved) are doing, the nagging question is, what are the volunteers of OSARC up to?

At the December OSARC meeting, members are encouraged to report on the volunteer work they are engaged in during their retirement. Do you work for a charity? Volunteer in the schools? Help out in a museum? Volunteer in the political arena? Work for a union? Tell us!

The upcoming meeting is a chance not only to inform other OSARC members about the volunteer opportunities out there, but it's a chance for you to encourage others to join you in a rewarding volunteer opportunity. By the way, the Mayor's Volunteer Center has an online database of volunteer opportunities which you can search by borough, area of interest, and key word. Go to www.volunteernyc.org/uwnyc/volunteer.

And, the union is in an organizing drive to represent a new title series in the Health and Hospitals Corporation and is seeking volunteers to work with our organizing department on that drive. If you'd be interested in becoming involved, call Rob Spencer at (212) 686-1229. He'll take your information and our organizing staff will get back to you.



TIME TO RENEW YOUR DUES

As the end of the year approaches, all good treasurers' thoughts turn to money. We remind you that your OSARC dues for 2007 are now due.

A dues payment form (wouldn't you know it, green, like money) is enclosed with this issue of the *Newsletter*, along with a self-addressed envelope for your convenience. As always, this edition of the *Newsletter* is going out to all OSA retirees.

[continued, page 2]

Next Organization of Staff Analysts' Retirees Club Meeting

Wednesday • December 13, 2006 • 12:30 -2:30pm

OSA Union Office • 220 East 23rd Street • Suite 707 • NYC

**Making a Difference In Retirement:
Volunteer Opportunities**

Invited Guest: YOU! Bring the Story of
the Volunteer Work You Are Doing in Retirement.

OSARC Officers 2006-2007

Co-Chair.....	Betty Henderson
Co-Chair.....	Kaye Lee
Co-Vice-Chair.....	Regina Berry
Co-Vice-Chair.....	Fred Ranzoni
Treasurer.....	Jean Anmuth
Acting Secretary.....	Betty Henderson
COMRO Representatives.....	Jim McKeon, John Ost, Edna Riley


 Newsletter Editor/Photos.....Rob Spencer

We'll Be Seeing You in All the Old Familiar Places

Forty-nine (49) members and friends attended the November OSARC meeting:

Alice Allen, Leslie Allen, Jewel Bachrach, Regina Berry, Renée Bash, Elizabeth Borden, Joyce Cleary, Vincent DiGesù, Joan Doheny, Bill Douglas, Manny Friedman, Tom Gorse, Richard Guarino, Al Gundersheimer, Phyllis Hailstock, Betty Henderson, Barbara Hunt, Flora Jones, Kaye Lee, Joel Leichter, Rosanne Levitt, Eileen Lovett, Marvin Lutenberg, Hank Mandel, Nilsa Mangual, John Mazarella, Jim McKeon, George McKie, Dan Morgan, Melba Neely, Bob Pfeifferman, Edna Riley, Frances Rosenbaum, Nancy Russell, Waguih Sabongui, Michael Schady, Barbara Schwartz, Tomi Smith, Joe Sperling, Tom (Chun-Hwai) Su, Sallie Stroman, Ana Vives, Nona Volk, Richard Walters, Herb Wasserman, Donald Weinberg, Jim Wertheim. Yvonne Williams, Leola Zeigler.

We look forward to seeing *you* at our next meeting.

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OSA Holiday Party Set For December 14

A reminder that OSA's annual Holiday Party will be held on Thursday, December 14th at a new location – Grand Prospect Hall in Brooklyn, starting at 5pm. If you haven't yet sent in your RSVP, please call George Morgan at the union office at (212) 686-1229 and let us know you are coming. Grand Prospect Hall is located at 263 Prospect Avenue. Take the R train to Prospect Avenue and walk one block to Fifth Avenue.

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2007 Dues Are Due *[continued from page 1]*

We encourage all of you to renew your OSARC membership for the new year or to consider joining for the first time (or rejoining, if you let your membership lapse).

Dues are a modest \$18 a year. You receive 10 issues of this *Newsletter*, invitations to monthly OSARC meetings that feature guest speakers on issues of retiree concern, and the chance to stay in touch with your fellow retirees.

So, take a moment now to write a check to OSARC – and an early Happy New Year to you and your family!

COMRO Report

Jim McKeon reported at the November OSARC meeting that the Council of Municipal Retiree Organizations (COMRO) discussed the November national and state election results and their impact on issues affecting retirees.



Jim McKeon

He noted that a big issue for retirees remains President Bush's attempts to "improve" Social Security. The election results, he noted, now make successful movement by Bush on this issue unlikely. It was agreed that bills on raising the minimum wage and for the implementation of universal health care, which were going nowhere in the Republican Congress, might now get some traction.

COMRO delegates also discussed the implementation of means testing for Medicare Part B premiums and expressed concern that the threshold for means testing would fall in future years. It was agreed to continue monitoring the issue.

McKeon reported that it was his understanding that the City would reimburse Part B premiums fully, even for those paying increased premiums due to means-testing.

The Mayor, Jim reports, is likely to go to the Municipal Labor Committee (MLC) with proposals that workers pay more for health insurance than at present - most likely as a percentage of wages. Jim noted that the City pays \$3 billion a year for health insurance, \$1 billion for retirees and \$2 billion for active employees.

McKeon referred to an article from the November 8 *New York Times*, "New York Looks at Workers' Health Costs," that describes the Bloomberg administration's desires to achieve savings on health coverage for municipal employees. The article quotes the Mayor as saying that Municipal Labor Committee chair Randi Weingarten "has said a number of times she has a commitment to try to see if the city can't provide better benefits more economically." Weingarten was quoted in reply "we will always meet with the city to engage in ways to find affordable, quality healthcare. There's no commitment beyond that."

He also referred to another *Times* article, "Once Safe, Public Pensions Are Now Facing Cuts," which ran on November 6. McKeon described the article's coverage of the situation in San Diego, where municipal workers had been promised certain pension benefits, but are now facing cuts in benefits due to San Diego's finances.

The article also described ways that various municipalities were seeking to find loopholes in state laws guaranteeing pension benefits.

COMRO is working on a resolution supporting the preservation of benefits and pensions for City employees.



Vincent DiGesù

Secretary Found. Backup Still Needed.

Al Gundersheimer has agreed to serve as OSARC secretary, replacing Dan Morgan, who is stepping down. However, we could use another volunteer as backup, especially if Al is unavailable for a particular meeting.

The secretary plays a pivotal role in OSARC and the success of this *Newsletter* by taking notes during the monthly membership meetings and typing them up post-meeting. The notes form the basis of many of the stories that appear in these pages. If you can help, please call co-chair Betty Henderson at (718) 853-4652.

Time to Start Pulling Your Records Together

Medicare-eligible retirees will recall that the arrival of the Medicare Part D drug plans in January of 2006 introduced changes in both premium deduction rates for the optional drug riders on City-approved health plans for Medicare-eligibles, and the rules surrounding the deductions and their partial reimbursement by the Organization of Staff Analysts' Welfare Fund.



Barbara Schwartz

Prior to 2006, the City automatically **REDUCED** the deduction for the drug rider premium on pension checks by the amount of the Organization of Staff Analysts Welfare Fund's reimbursement.

In other words, OSA paid the Welfare Fund's reimbursement directly to the City rather than directly to you. Until 2006, you did not need to do anything to obtain the Welfare Fund's payment.

Starting this year, the City decided it would no longer perform this function. The City has told the union it will not even produce a list

of those Medicare-eligible retirees who pay for drug riders and the number of months in 2006 that they were paying for that drug rider.

This means that the OSA Welfare Fund will now have to directly reimburse Medicare-eligible retirees for themselves and their covered spouses or domestic partners, in the form of a lump sum check to be mailed by sometime in mid-2007.

Also, prior to this year, the OSA Welfare Fund was able to reimburse the City \$50 per month per covered member and spouse or domestic partner if they were GHI Senior Care participants who paid for a drug rider. Those in Medicare HMOs, such as HIP VIP, had their entire drug rider premium reimbursed to the City. The constant escalation in drug prices made the cost of that full reimbursement unsustainable.

Therefore, starting with calendar year 2006, all Medicare-eligible retirees will be reimbursed directly for themselves and their covered spouse or domestic partner, up

to \$50 per person per month or up to \$600 each per year, if they were paying for a drug rider for the full calendar year.

The January edition of this *Newsletter* will be mailed along with a letter detailing all of the procedures to follow and a form to complete and return with documentation of your optional rider premium payments, but it is not too early to start pulling together the records you will need for reimbursement.

The Welfare Fund will need copies of your pension checks for January 2006 and December 2006 if you were Medicare-eligible and on a drug rider for the full year.

If you became Medicare-eligible or started a drug rider in the middle of 2006, you will need to supply a copy of your pension check for the first month that shows deductions for a Medicare-eligible drug rider and for December 2006.

If you are on direct deposit, you will need to provide a copy of the relevant quarterly statements from NYCERS. The last quarter's statement is usually received sometime in early 2007.

Please do not send anything in to the union until it is requested with next month's mailing.

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NYCARA Report

The New York City Alliance for Retired Americans met on November 22nd and discussed the impact of the mid-term elections on various policy issues including Social Security and Medicare. The consensus was that the election results would likely forestall Bush's Social Security privatization efforts, but that without the support of moderate Republicans, not much would be accomplished by the narrow Democratic majority.

NYCARA is scheduled to hold a town hall meeting on the impact of the election on December 6th and we hope to bring you information on that event in our next issue. Scheduled speakers include State Comptroller Alan Hevesi; Basil Paterson, former Secretary of State of NY; State Senator Diane Savino; Michael Burgess, Executive Director of the NY State Alliance for Retired Americans; and Heather Beaudoin, the newly named Political Director for the NYC Central Labor Council.

Also discussed were New York's failure to select new voting systems to replace the current lever machines and the plan to close a number of hospitals in New York City and across New York State.



A surprised co-chair Betty Henderson



Eileen Lovett

The Air We Breathed: A City Worker's Memoir

by Kathryn Nocerino, OSARC member



When we came back to work, the fires were still burning. Please excuse me in advance for being inexact; it's been a while since all of that happened, since 9/11, and I've been away from the job for a few years.

I remember that the phone rang while I was watching the coverage on TV, the antlike activity of lifting, sorting, removing, categorizing. To my recollection, the message from my agency went as follows: Everyone will be returning to work on September 17. Annual leave requests are not encouraged. Any sick leave requests will be closely scrutinized.

I worked at the headquarters of the Human Resources Administration at 180 Water Street, a building only minutes down the hill from the World Trade Center. When we stepped out onto John Street, our front entrance, on the morning of September 11, we saw the still upright towers in flames.

Not only could you see the disaster, you could close your eyes and smell it simply by breathing in. Once home, I closed the windows of my apartment on 19th Street to escape the odor, a frightful amalgam of burnt metallic, chemical and

organic matter which I have not experienced before or since. A cousin of mine who, at the time, owned a business in Port Jefferson, on Long Island's North shore, told me that the unique bouquet was perceptible that far away.

Until September 15, you couldn't even get downtown. I remember standing, on September 12, in front of a police blockade on West 14th Street, trying to persuade the officers to let a woman through. Her husband was in intensive care on Beekman Street after an apparent heart attack. She was turned away.

Suddenly, the gates to Lower Manhattan opened. The Mayor and the Governor – in fact everyone who could get airtime, told us that Lower Manhattan was coming back. Kind words about the toughness and resilience of New Yorkers followed close behind.

So there I was, climbing the steps of the Fulton Street subway station. I emerged into a literal ghost town. The customary weekday crowds, with whom I usually went mano-a-mano on the narrow streets, were nowhere to be seen. The few people I did see were National Guard dressed in camouflage and sporting filtered gas masks, which made

them look like insects from outer space.

Buildings, street, and landscaping were covered with a fine whitish dust. The color and texture of that dust reminded me of what I saw when a friend opened a little cardboard box of ashes – formerly his uncle – before he scattered the contents into the waters of Broad Channel.

And the air hit me like a sledgehammer. My throat began to close. Extracting a crumpled tissue from my handbag, I held it over my mouth and nose until I reached the office.

In short order, I began running spectacular respiratory symptoms: I was so congested that I had to cough constantly in order to clear my airways. I was not only hacking stuff up, it was even escaping from my tear ducts.

Virtually everyone on staff had, at the very least, a rough throat. Naturally, the composition of the air became one of the main topics of conversation in the office. I could not shake the feeling that, in addition to who knows what chemicals, I was taking in carbonized human remains. That feeling profoundly disturbed me and, although I exerted a great deal of effort to suppress it, it kept breaching my consciousness.

The air hit me like a sledgehammer. My throat began to close. Extracting a crumpled tissue from my handbag, I held it over my mouth and nose until I reached the office.

On September 18, day two of our return, Christie Whitman, head of the federal EPA (Environmental Protection Agency) stood in front of the TV cameras and, in a clear, firm voice, said, "I am glad to reassure the people of New York...that their air is safe to breathe and their water is safe to drink."

The Federal Occupational Safety and Health Administration (OSHA), Mayor Giuliani and other City officials, including the head of the City Department of Health (DOH), repeated this pledge.

I, and a few of my staff, approached management and requested that additional indoor environmental testing be conducted. After a little hemming and hawing and essentially calling us a big bunch of sissies, management complied. They undoubtedly had the same concerns we did.

A memo from Ralph Permahos of HRA, also dated September 18, accompanied by a report from "Public Testing Laboratories, Inc.," read in its entirety [emphases are mine], "*I am aware that many staff at 180 Water Street are concerned about the air quality inside and outside the building. Please be advised that last Saturday, the City opened up the area East of Broadway and South of Canal Street to businesses and residents. Prior to making that decision, the City's Department of Environmental Protection took air samples and determined the air quality was acceptable. Further, on Sunday the 16th, HRA took air samples within the building and found the fiber count to be below acceptable limits and, in fact, negligible. This is not surprising as all asbestos was removed during the renovation of the building prior to our initial occupancy. As a further measure, masks are being handed out in the lobby to those who want them.*"

The renovation Permahos referred to had occurred months before the attack on the World Trade Center. I don't know why he mentioned the earlier cleanup, since the two events had nothing to do with one another, and since the attack obviously caused a profound change in the local environment.

The City Health Department's website advised downtown residents and businesses to clean their own buildings.

Juan Gonzalez of the *New York Daily News*, a reporter who, in the early days after 9/11, was the only voice of dissent challenging governmental assurances of air safety post-9/11, provides a sample of the Health Department's September 17, 2001 methodological advice: "*The best way to remove dust is to use a wet rag or wet*

mop...If curtains need to be taken down, take them down slowly to keep dust from accumulating." This advice violated EPA regulations, which require that asbestos cleanup be conducted only by licensed professionals wearing appropriate protective clothing.

Meanwhile, at 180 Water, we were all as sick as a dog. An article about toxins from the collapse accumulating to a greater extent in indoor air appeared in, I think, the *Times*. I, and a few of my staff, approached management and requested that additional indoor environmental testing be conducted. After a little hemming and hawing and essentially calling us a big bunch of sissies, management complied. They undoubtedly had the same concerns we did.

I am not sure who did the testing. All I remember is that the man who came to present the results would not make eye contact with any of us as he gave the building's air a clean bill of health.

Several of us "sissies" informed management that, since the only other people on the street were wearing respirator masks, we should be issued some kind of respiratory protection – the masks alluded to in the Permahos memo. They were not immediately available. As I recall, this protection arrived about a week later in the form of those little paper things secured by rubber bands, the ones that come three to a package and cost a dollar. People buy them when they're about to sand a piece of furniture or clear out an attic.

The public face presented by the various levels of government regarding the Post-attack safety of Lower Manhattan differed starkly from the research these same agencies were developing.

I am greatly indebted to the writing of Juan Gonzalez whose excellent book, *Fallout: the Environmental Consequences of the World Trade Center Collapse* (New Press, New York, 2002, ISBN 1-56584-845-4) provides an alternate timeline of events post-9/11.

I now quote directly from Gonzalez's book (once more, the emphases are mine): "*...officials knew that their own preliminary environmental tests of the air, dust and water in Lower Manhattan...found considerable amounts of asbestos and heavy metals had been detected in dust samples throughout the area...aerial surveys conducted by the U.S. Geological Survey (USGS) pinpoint[ed] the precise locations of asbestos 'hot spots' on rooftops, buildings, and streets throughout the area, including some that were half a mile or more from the collapsed buildings. Before the end of September, the USGS would also report that dust on the ground and in the air downtown was highly caustic, with alkalinity levels that made it as potent as household drain cleaner.*"

In addition to asbestos, contemporary government tests – unreleased to the public at the time – found benzene, dioxin, PCBs, lead, mercury, chromium, and diesel fuel oils in both the air and water. Some estimates held that



anywhere from 200,000 to 400,000 pounds of lead were released into the atmosphere during the fire and collapse.

Gonzalez also reports that, at the same time Christie Whitman was serving as a one-woman back-to-downtown cheering section, her agency was conducting asbestos testing, using much finer measuring devices, inside and outside its own facility at 290 Broadway, about half a mile north of the disaster site.

On the basis of these tests, EPA professionally cleaned its lobby, replaced all building heating and air conditioning filters, and *offered its own staff respirators!* EPA did not share this information with the public until, much later, it was legally compelled to do so.

In October 2001, The Federal Centers for Disease Control (CDC) and the NYC Department of Health (DOH) conducted a survey of the surrounding residential areas, which revealed widespread respiratory illness. Like the EPA, they delayed release of their findings until much later.

Gonzalez reported on August 23, 2006 that, in the first few days after the attack, the City's Department of Environmental Protection (DEP) tested 38 sites around the ruins for asbestos. Their findings were not released to the public until much later. Twenty-seven of the 38 samples showed unsafe levels. Eighteen of the samples could not be read because "the test filters were so clogged they couldn't even be read..."

The pipe organ of Trinity Church was stilled by an accumulation of dust from the explosion and collapse.

On-site monitoring by a University of California at Davis team called air pollution levels in Lower Manhattan during October 2001 "*worse than the Kuwaiti oil fires after the Gulf War.*"

Juan Gonzalez's timeline indicates that "*Dozens of fires [were still] burning at temperatures as high as 1,000 degrees Fahrenheit and persisting despite all efforts to extinguish them.*" As they continued burning, these fires released additional compounds into the atmosphere. It was not until early 2002 that they were finally contained.

At around the same time, a private testing firm, HP Environmental reported "*unusually high levels of asbestos inside two buildings near Ground Zero. A high proportion of the fibers...were of*

microscopic size, a result of the enormous pulverization of matter...caused by the original collapse of the towers."

Gonzalez published the findings in the *Daily News*. The NYC Partnership and Chamber of Commerce promptly called this study a "Halloween prank", and Christie Whitman went on record to refute them.

Two areas of business contribute the lion's share of the New York City economy and fuel its political establishment. These are real estate and finance. Logic and the use of a calculator tells us that both sectors would have been profoundly affected by the long-term cessation of business in Lower Manhattan.

The government should have been able to predict the environmental and health risks of the World Trade Center attack because it had the results of research done at several previous disasters including the MGM Grande Hotel Fire (Nevada, 1980), a Chester, PA chemical fire (1978) and the New York Telephone Company Fire (1977).

Why did all levels of government collectively bury their heads in the sand? An old auditing rule comes to mind here. Follow the money! Two areas of business contribute the lion's share of the New York City economy and fuel its political establishment. These are real estate and finance. Logic and the use of a calculator tells us that both sectors would have been profoundly affected by the long-term cessation of business in Lower Manhattan.

So where does that leave the first responders and the thousands of workers, residents, and schoolchildren who were lied to?

There is a World Trade Ctr Health Registry [www.wtregistry.org], but this is not connected to the provision of actual health care. Workers' Compensation claims have been routinely disallowed. Workers too ill to continue on the job have lost pensions and benefits.

I know that my own respiratory health has not been the same since September 11. I stay ill longer after colds and I have a sporadic cough which makes people turn their heads.

At least one co-worker who was also compelled to return to 180 Water Street while the area was unsafe has been diagnosed with reactive airway disease. He receives antibiotics and corticosteroids on a regular basis.

On Sunday, October 29, through a friend, I spoke to one of the first responders, a detective with the Suffolk County Society for the Prevention of Cruelty to Animals who immediately volunteered to supervise the handling of the search and rescue dogs. Even though he wore a respirator off and on, he reports that his health is much worse today.

More fortunate than most people, he receives care and monitoring from the Mt. Sinai World Trade Center Medical Monitoring Program, one of two existing medical monitoring and treatment programs. [*Mt. Sinai's program is limited to workers and volunteers at Ground Zero. The other, at Bellevue, came about through the hard work of community activists representing residents of Chinatown and the Lower East Side and is open to residents and office workers.*]

The first responder rattled off the names of about seven medications he takes on a regular basis, three of which I've never heard of. They've found nodules on his lungs and are watching them.

When I asked this man how many of his fellow volunteers have become ill, he said he didn't know.

The World Trade Ctr Health Registry, which does not publish regularly, has now been supplemented, out of necessity, by parallel databases maintained by the Police and Fire unions.

Questions remain. Why is there still no adequately funded long-term centralized source of World Trade Center-related healthcare screening, treatment and research for everyone affected by 9/11? [*A very limited 5 year \$16 million expansion of the Bellevue program was announced in September 2006 by the Mayor.*]

Why, at this late stage, is there no comprehensive centralized collection and reporting of all WTC-related health problems?

Why were the results of the government's own tests not released to the public so that they could have made educated decisions about whether to return to the area?

Why did the EPA offer its staff respirators while the City did not make a corresponding offer to its employees?

Why did the City give unsafe clean-up instructions to Lower Manhattan residents and businesses when the City's own tests revealed asbestos contamination?

Why are WTC-related Workers' Compensation and Survivors' Benefits claims still being routinely disallowed?

Can all of this be due simply to incompetence or is it something much darker, an unwillingness to assist those who breathed that air or a greater concern for the financial impact than for the health of citizens?

Answers to some of these questions may come from several lawsuits which are moving slowly through the courts, some naming the EPA and Christie Whitman as defendants, others naming

the City, all seeking to hold agencies accountable for their misstatements and misrepresentations.

Why did the City give unsafe cleanup instructions to Lower Manhattan residents and businesses?

And there have been some positive developments. The opportunity to reserve the right to file a WTC-related workers' compensation claim was recently reopened. [see *Protect Your Right to File*, box below]

And, since 9/11, residents and workers and their organizations have been coming together to fight to protect the health and safety of those affected by the World Trade Center collapse.

Environmental and workplace safety activist groups such as the New York Committee For Occupational Safety and Health (NYCOSH) and 9/11 Environmental Action, along with resident and

tenant groups such as the Independence Plaza North Tenants Association and the World Trade Center Residents Coalition, and labor unions, including the Organization of Staff Analysts, have been working to have the EPA test and clean all affected areas in downtown Manhattan and parts of Brooklyn, obtain adequate federal funding for long-term health screening, treatment and research for 9/11-related illness, and to ensure the safe demolition of those large-scale "toxic towers" such as Deutsche Bank at 130 Liberty Street and Fiterman Hall at 30 West Broadway, which, to this day, entomb massive quantities of World Trade Center contaminants.

You can get more information on this ongoing work at the websites of the New York Committee For Occupational Safety and Health (NYCOSH) at www.nycosh.org and 9/11 Environmental Action at www.911ea.org (or by calling 911EA at 917-647-7074). Both organizations have email lists on WTC-related issues. Request that your email address be added.

Protect Your Right To File

Earlier this year, Governor Pataki signed into law legislation that allows more time to file Workers' Compensation claims for 9/11-related illnesses. To protect your right to file a WTC-related claim in the future, [you must register with the New York State Workers' Compensation Board by August 14, 2007.](#)

Whether or not you have already filed a claim, are sick now or are feeling well, you should file to protect your rights if you get sick in the future.

Everyone who performed [any type of rescue, recovery, or clean-up work for any period of time between 9/11/01 and 9/12/02 anywhere in Manhattan south of Canal or Pike Streets](#), or at the Fresh Kills Landfill, or at the New York City Morgue or the temporary morgues, or on the barges between the west side of Manhattan and the Fresh Kills

Landfill is eligible.

The scope of the program and qualifications are being interpreted broadly by the New York Committee For Occupational Safety and Health (NYCOSH) which is leading the outreach campaign.

Downtown residents and office workers who engaged in any sort of cleanup or rescue activity, paid or volunteer, should file. For example, you cleaned your own office or apartment of WTC dust upon return downtown or helped a co-worker get out of a building on 9/11.

Don't assume because you were not a first responder you are not eligible. Take the time to get more information and the proper forms to complete to preserve your right to file a later claim at www.nycosh.org/911info/index.html or call NYCOSH at 1-866-WTC-2556.

Quote Without Comment

The *Newsletter* recommends Paul Krugman's September 22, 2006 *New York Times* column "Insurance Horror Stories," which argues for a system of universal healthcare in the United States, as in other industrialized nations. We particularly liked the following excerpt:

Between 2000 and 2005, the number of Americans with private health insurance coverage fell by 1 percent. But over the same period, employment at health insurance companies rose a remarkable 32 percent. What are all those extra employees doing? Now we know at least part of the answer: they're working harder than ever at identifying people who really need medical care and ensuring that they don't get it.

Did you participate in **RESCUE**, **RECOVERY** or **CLEANUP** after the **World Trade Center** collapse?

9/11 Workers and Volunteers! Register Now to Protect Your Right to Workers' Compensation Benefits Go to **WWW.NYCOSH.ORG**

If you did paid or unpaid rescue, recovery or cleanup work in Lower Manhattan during the year after 9/11, you may be eligible for medical and wage replacement benefits — but only if you register first with the New York State Workers' Compensation Board!

If you worked or volunteered:

- anywhere in Manhattan south of Canal or Pike Streets, or
- on the barge operation between Lower Manhattan & Staten Island, or
- at the Staten Island landfill, or
- at the New York City morgue; AND,
- you are currently sick, psychologically distressed & haven't filed a workers' compensation claim;
- you are not sick, but were exposed;
- you've filed and been denied;
- you have filed a successful claim but are concerned that you might develop a different illness in the future — you need to REGISTER!

Registering now will preserve your right to file a workers' compensation claim for a 9/11-related disorder — no matter when it develops in the future.

**But you must
act soon!**

Registration closes on
August 14, 2007.

**Don't Delay –
Register Today!**

If you miss this deadline, you will **not be eligible** for lost wage benefits or free medical care provided by worker's compensation for 9/11 illnesses or conditions you may develop in the future!

For complete information, eligibility requirements and to obtain all the necessary forms for registration, visit www.nycosh.org or call **1-866-WTC-2556**

**Protect Your
Future –
Register NOW!**



NYCOSH

New York Committee for
Occupational Safety and Health

This project is conducted in cooperation with BALDWIN, the Business and Labor Coalition of New York, the World Trade Center Medical Monitoring Program, and The New York State AFL-CIO.

This fact sheet made possible by funding provided by the United Church of Christ Disaster Response Ministry, www.ucc.org/Disaster and by a September 11 recovery grant from The American Red Cross Liberty Disaster Relief Fund.



OSARCers Know Health Plans

In a presentation prepared by OSARCers Renée Bash and Regina Berry at the November meeting, OSARC members received an overview of issues of concern to retirees in choosing one of the City's health benefits plans. Since November, 2006 was the once-every-two-year plan reopener for retirees, it was important for members to know whether to maintain the coverage they have or switch to another plan. Although the reopener is now closed, it probably makes sense for members to review their plan on an ongoing basis to determine if it still meets their needs.



Renée Bash

Between reopeners, retirees can also take advantage of a “once in a lifetime” change of plan at any time, but as the phrase implies, it’s best to reserve this for emergency need.

Bash and Berry handed out information from the Office of Labor Relations that summarized the various plans available to Medicare and non-Medicare retirees.

The same information is available on the City’s website at www.nyc.gov/html/olr/html/health/health_benefits_prog.shtml.

Renée presented a framework to use in comparing the various health plans. There are two basic models, she observed.

The first has several names: fee for service, PPO (preferred provider organization), POS (point of service), or indemnity. GHI is the example of this type of plan that OSARCers are most familiar with. Typically, there is a deductible. There are different rates of reimbursement, depending on whether the physician is in- or out-of-network. There's a small co-pay for doctors in the network. Frequently, the patient pays up front and then waits for reimbursement. According to Renée, the GHI schedule for reasonable and customary charges is currently outdated and other plans have reasonable and customary rates that are closer to what doctors currently charge. In GHI, the patient can use any doctor anywhere.

The other model is the health maintenance organization (HMO). The example of this type of plan that OSARCers are most familiar with is HIP. Traditionally, HIP clinics were a group of physicians in practice together. Usually, the patient must use a participating doctor. Generally, there are no deductibles, but there may be special fees for specialists. Usually, the patient must be referred by their primary doctor to a specialist. Today, large numbers of doctors belong to HMOs and they are not as limited as they used to be. Each HMO covers a specific geographic area. However, there is coverage for emergencies that occur outside the primary plan coverage area. A major advantage of the HMO model is that the patient knows, in advance, how much he or she will be paying.

Renée outlined the ABCs of Medicare. Medicare Part A

covers hospitalization. Medicare Part B covers medical services. The cost for the Part B premium is deducted from your Social Security check. It is reimbursed by the City to municipal retirees in the following year in a lump sum payment

If a doctor's fees are greater than the amount allowed by Medicare, the patient has to pay the difference. This led to the development of insurance plans known as Medigap or Medicare supplemental plans. GHI Senior Care, Health Net, and Empire Blue Cross Blue Shield are three examples, said Renée. GHI has some deductibles.

Medicare Part C (Medicare Advantage) refers to plans outside of traditional Medicare that use the HMO model. These plans have a network of physicians with defined fees to provide all the medical services to which the patient is entitled. One chooses or is assigned a primary physician, who is responsible for overall care and referral to specialists. Some of these plans may include other services such as dental and vision care.

Medicare part D is the prescription drug benefit with the notorious “donut hole.” This year, for straight Med D plans, after the patient has received \$2500 worth of drugs, the patient must then pay out-of-pocket for \$3600 worth of drugs before coverage resumes and 95% of the cost is covered.

In our case, there are different formulas than the straight Med D plan for the drug riders for Medicare-eligible retirees using GHI and HIP and the other City plans. For example, those in HIP VIP, the Medicare-eligible version of HIP pay \$10 per prescription for generics, \$15 per prescription for brand name formulary drugs and 50% of the cost of brand name non-formulary drugs. OSA picks up \$50 a month of the drug rider premiums for Medicare-eligible retirees. The Welfare Fund also will cover those drug costs not covered by the basic health plan after a member has \$3,600 in true out-of-pocket expenses.

It may be worth doing research and checking the prescription benefits before choosing your main health plan.



**Mohammad Ibrahim
of HIP**

A representative from HIP, Mohammad Ibrahim, explained that the HIP VIP Medicare plan provides 100% coverage of medical and hospital expenses. With the drug rider in HIP, members do not have to worry about the donut hole or catastrophic coverage, because the drug costs remain constant based on the type of drug and how it is purchased. There is \$0 co-pay for the primary doctor and hospital and \$5 co-pay for visits to a specialist, \$0 co-pay for diagnostic procedures and a free annual physical. Outpatient surgery is covered in full.

There is a \$50 co-pay for an emergency room visit. There's 24/7 coverage for emergency and urgent care, and no charge for inpatient mental health. HIP covers up to 100 days at a skilled nursing facility. HIP has modest co-pays for routine vision care and preventive dental care. There's a \$500 credit towards hearing aids every three years and \$5 for a hearing exam. Eye exams are \$15

and one pair of eyeglasses per year are included. Private duty nursing and durable medical equipment are covered in full. HIP, he noted, has over 43,000 doctors and medical specialists in the local area. In response to a question, he said that a HIP member could remain out of the primary service area for up to six months. HIP has a mail-order and online plan for prescriptions through Express Scripts. For more information go to www.hipusa.com.

One OSARC member requested that nutrients be included as part of the prescription drug plan. Mr. Ibrahim suggested that speaking to one's member of Congress would be the appropriate way to achieve such a change.



Nona Volk

OSARCer Nona Volk described her plan – Empire Blue Cross Blue Shield Medicare Supplemental. She chose this plan because she spends several months each year in Montana and travels overseas on lengthy trips. Using this plan, she can visit a doctor wherever she is. She mentioned that there were two choices available in indemnity plans –

Empire Blue Cross Blue Shield and GHI. She says she has never had a co-payment for anything other than drugs. For more information, visit www.empireblue.com

Bob Pfefferman spoke about GHI. He suggested that members explore GHI's benefits in conjunction with OSA's Welfare Fund benefits. The optional drug rider makes drugs quite affordable, as long as one can pay the drug rider premiums and the co-pays. For more information, visit www.ghi.com

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Another NYC Gallery In View



Sallie Stroman

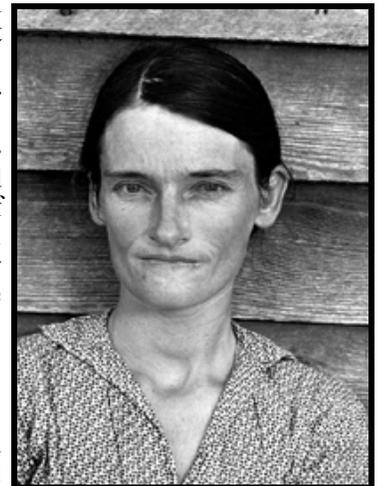
One of the joys of Manhattan is the enormous number of art galleries and smaller museum spaces that supplement the large established institutions like the Metropolitan, the Whitney, and the Museum of Modern Art.

Museum maven Sallie Stroman recently visited the UBS Art Gallery to take in an exhibition of Walker Evans' photographs. Evans, who lived from 1903-1975, took up photography in his twenties and is one of the pivotal American photographers of the 1930's.

He is perhaps most famous for his work for the Farm Security Administration in 1935-6, documenting the impact of the Great Depression on rural families. In 1938, he received the first one-man photography exhibit mounted by a major museum at New York's MOMA.

The majority of the works on display at UBS were from Evans' books *American Photographs* (1938) and *Let Us Now*

Praise Famous Men (1941). The exhibit explored the difference between gelatin silver printing and ink-jet printing from digital files. Michael Kimmelman, reviewing the exhibit in the *NY Times*, said that the images "are so seductive and luxurious — velvety, full of rich detail, poster-size in a few cases and generally cinematic — that they raise some basic issues about the nature of photography."



The UBS Art Gallery is located at 1285 Ave. of the Americas between 51st and 52nd Streets on the ground floor. Exhibition hours are Monday–Friday, 8am-6pm. Admission is free.

Walker Evans: Alabama Cotton Tenant Farmer's Wife (1936)

Upcoming exhibitions include Children's Art (November 30-January 12); Gifts of the Forest, Native Traditions in Wood and Bark (January 25 – April 27, 2007); and Mariana Yampolsky Photographs (May 10 – August 3, 2007).

For the latest information on exhibits visit www.ubs.com/1/e/about/sponsor/culture/ubs_art_gallery.html.

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OSARCers – Tell Us Where To Go!

Enclosed with this issue of the *Newsletter* is a survey for you to complete that will help shape the OSARC travel committee's agenda for 2007 and later years. If you have ideas that are not on the sheet, please suggest them. Others may like them as well. Be as specific as possible.

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City Fails In Bid to Halt GHI/HIP Merger

An eleventh hour bid by the Bloomberg administration to stop the merger of health insurance giants Group Health Incorporated (GHI) and Health Insurance Plan of Greater New York (HIP) failed, at least temporarily, in late November, as a US District Court judge rejected the City's request for a temporary restraining order.

The City argued against the merger as anti-competitive and likely to drive up costs to the City for healthcare provision to its active and retired workers.

The City unions, led by MLC chair Randi Weingarten, contended in the press that the City was simply trying to create leverage to stake a claim to a share in the proceeds should the merged company convert from non-profit to for-profit status, a move that analysts think is highly likely down the road.



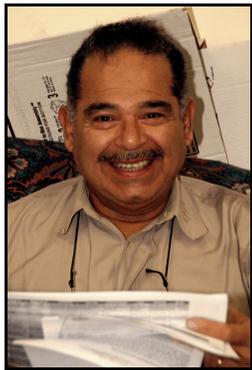
Flora Jones

Happy Birthday to OSA Retirees Born in December!

Tiva Amaritnant, Michael Ambrosia, Elliot Ames, Carlton Baldwin, Mary Bardy, Edith Joan Barrow, Richard Barth, Eileen Bartky, Yolanda Womack Beckett, Anne Beller, Carolyn Bennett, Edward Bianchi, Joseph Bonelli, Elizabeth Borden, Harry Bragg, Helen Brandt, Connie Bray, Joyce Bronstorph, Joseph Brunson, Brian Burke, Michael Calabrese, Francisco Cales, Denise Campbell, Peter Chan, Lana Cherry, Arthur Chigas, Ida Chin, Irwin Cohen, Sandra Cuyala Cubi-Harris, Stanley Cutchins, Richard M Dalrymple, Pratip Dasgupta, Vincent Dufour, Denham E. Ehlers, Philip Eisman, William Fellows, Diana Ferebee, Flora Foster, Mary Giralddi, Edwina Glasco, Irwin Goldberg, Mary C. Gorman, James Green Jr., Mary Gropp, Tilak R. Gupta, Edmund Hall, Sharon Harris, James Hazley, Gerald Heller, Gwendolyn Henderson, Joseph Holdampf, Rita Honekman, Daniel Jacobson, Anna James-Bowers, Elizabeth Jones, Peter Kanakaris, Frances Keenan, George Keenan, Marina Khasileva, Anita King, Alfred Klein, Henry Korobelnik, Edward S Lakner, George Lang, Robert Lawrence, Richard Leonard, Martin Lewis, William Linhart, Claire Linnie, Mary Linn, Richard Matarangelo, Neil Mendelsohn, Terrence Mennuti, Caroline Miles, James Moss Jr, Patricianne Murnane, Virginia Murphy, Thomas Rasul Murray, Theresa Norris, Gloria Page, Larry Pappert, Robert Pellicci, Peter A. Prestia, Risa Puld, Harris Rachlin, Theodore Reich, Ruth Reinecke, Shirley Ricks, Patricia Robinson, Frances Roker, Selma Rubinstein, Claire Samuel, Rekha Schoumaker, Naresh Sharma, Gail Siegal, Lois Sims, Thomas Smith, Pearl Sternberg, Larry Stevens, Elbert Sweat Jr, Ekram Tadros, Elizabeth Thomas, Sarah R. Vilar, Michael J. Vincent, Bassanio Wong, Geraldine A. Wooden, Simeon Wright, Stephanie Zino, Margie Zinzi.



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[continued, page 11]